



DEVELOPMENTAL TRAUMA SERVICE FOR LOOKED AFTER CHILDREN

Dr Libby Erin, Service Lead and
Clinical Psychologist

Rachael Hitchiner, Graduate Mental
Health Worker

Trainee Clinical Psychologist on
rotation

Based in Global Link / St. David's
Hospital

SO FAR

Began August 2016, full time in August 2017

Within Child Psychology, Child Health

Consultation model of service delivery: multi-agency working ('readiness' for therapy)

Small 'caseload' of 5-7 children and young people

Therapeutic orientation: DDP, theraplay and systemic/narrative

Nurturing Attachment Group

CONSULTATION

Foster carers / Kinship carers

LAC Social Services Cardiff and Vale monthly including Vale support worker

ARC – edge of care service monthly

CSE Team in social services bi-monthly

Youth Offending Service ad hoc

LAC Nurses Cardiff and Vale monthly

Psychology team and CAMHS ad hoc

Schools and education services (inc. ed psych) including one hour training introduction to trauma and how to manage it in the classroom

Health – paediatrics, OT, SALT, Health visiting

CIN / Intake teams / CHAD Cardiff and Vale

Adoptive parents

SERVICE MODEL

Referrals from social workers (LAC, CIN, CP), paediatricians, CAMHS, internal psychology team.

Presenting difficulties include: trauma work, attachment with foster carers, lack of therapeutic parenting, compassion fatigue, self-harm, eating disorders, suicidal ideation, developmental delay.

What is helpful?

“Choosing the right therapy and ensuring that this is explained to the service users in the right way.”

“Being able to get an in depth understanding of a child’s behavioural and emotional presentation and how to support them and their carers.”

“Libby’s approach and professionalism towards a young person, who is also an unaccompanied asylum seeking minor was excellent. Libby managed to speak to this young person about her life and worries and gave her hope in her life. She was not able to open up even to her FC of 7 years neither her SW.”

What more would be useful?

“Trauma training for the team”

“We need more opportunities for consultations as the current allocated hours are not sufficient for the level of need from the team.”

“To provide continued services and increased hours.”

NURTURING ATTACHMENT GROUP

6 week programme devised by Kim Golding:

“It has been fascinating to have the reasons behind the behaviour explained in simple terms”

“Coming away from this course I feel more confident that I can help my child and am the right person to do this”

“You have changed our lives. Every foster carer, social worker, health professional and adopters should have this training”

“Really enjoyed Libby and Rachael’s openness. Nothing seemed to shock which was reassuring”

HOPES AND CHALLENGES

Life before the trauma service...

Number of children – service has had ‘contact’ with 204 children.

Logistics e.g. clinic space, admin support

Turning down requests – capacity

Need for O.T. – sensory/body impact of trauma

Therapeutic life story /

Working with other organisations e.g. CAMHS, establishing better pathways

Service-user involvement – money from ASDA

Rolling out group – intervening earlier before placement breakdown and being part of foster care training, teacher training. Evidencing cost-effectiveness of our work.

AN EXAMPLE OF THE WORK

15 year old girl

□ *Key concerns:* No other service available, Life story book = pocket of work completed (challenge of out-sourcing therapy for a piece of work, limited sessions etc.)

Into care age 4 following neglect. Sexual abuse in foster care.

□ Seeing fortnightly for 14 months (with holiday breaks). DDP-informed with foster mum and girl.

□ *Process:* relationship building (including play), therapeutic life story work (making sense), emotion regulation and formulation, trauma work, emotion processing and deeper understanding

Need for long-term work – mistrust at core of work with children who are looked after.