



Who are we, and how to we promote relational practice?

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Who are we and what do we do?

- We are a **multi-disciplinary** team of therapeutically skilled workers that are based within Sutton Children's Social Care (CSC). We work in partnership with the social work teams and CAMHS/education but operate **independently** of them.
- We work with **all** of the social work teams in Sutton CSC and so can work with children and young people that are **open** at any stage of their social care journey. However, we prioritise our resources on edge of care and reunification work.
- We can provide children, young people and families with **short-term interventions**, or support workers that are already involved to do the work that's needed if it's safe and appropriate for them to do so. If we cannot assist then we signpost.
- We provide **consultations** to ensure those working with families fully understand them and their needs and therefore the best way to work with them.
- We make our decisions and do our work with **restorative** and **trauma-informed** principles in mind.
- We try to fill **gaps** (more on this later)
- One of our work streams includes completing parenting assessments for those in care proceedings, which includes completing a **Therapeutic Parenting** intervention alongside a substantive assessment.

Responsibilities

CONSULTATION & ADVICE



- Providing case consultations to social workers and other multi agency professionals.
- Fostering Surgery providing advice and support to foster carers.
- Advice to in-house residential home staff.

ASSESSMENT & INTERVENTION



- Conducting screenings/ assessments of need with children and parents.
- Delivering time-limited interventions to reduce risk/need.
- Developing group work for CLA, UASC, etc.

SUPERVISION



- Delivering restorative group supervision to social work teams and residential care staff.
- Providing clinical supervision.

TRAINING



- Delivering workshops and training to staff in CSC and the wider LSCP on topics such as RP, trauma informed practice, communication needs.
- Psycho-education sessions with schools etc around trauma

Areas of Expertise



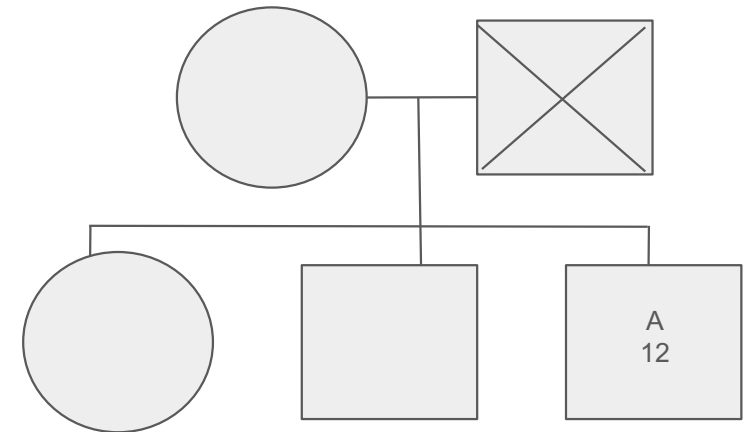
Case example (anonymised)

Background

- 12 year old male subject to care proceedings and living in foster care.
- Family experienced 2 significant bereavements in a 4-month period; father and grandmother.
- Mother's alcohol use significantly increased thereafter which exacerbated her mental health needs. By private family arrangement the 3 children (2 adults, 1 minor) went to live elsewhere in order to give mother a break. 1-year later, A returned home to his mother who was under the influence and who subsequently assaulted him. He was then removed by Police and care proceedings began thereafter.
- Mother did not initially engage with the proceedings but eventually did.

Intervention

- Parenting assessment alongside Therapeutic Parenting intervention to increase mother's insight into her own trauma and that of her child/ren.
- Speech, language and communication needs of A were screened upon entering care and needs passed to virtual school.
- Meetings held with the network to promote understanding and to 'dilute' the findings from expert assessments/ alcohol+drug testing.
- Signposted family to access a child and parent 'hidden harm' intervention with local provider - both meaningfully engaged with this.



Outcome

- A returned home and remains so.
- Family continue to meaningfully engage with services.
- Mother continues to prioritise her sobriety and has adapted her parenting to support A's trauma experience and response.
- Family therapy offered by the Hub to support reunification but child wanted support from school instead.
- No further concerns raised re home-life.

Gaps we identified/ are trying to fill

- We started to **screen the communication needs of every child who comes into care**. This is to make sure that they, their schools, and their placements understand them better. This is a joint venture with the Virtual School.
- We run a **Fostering Surgery** every month, so that in-house foster carers and Special Guardians could get advice on how to support their children better. This helps with stabilising placements.
- We developed and now run **Dialectical Behavioural Therapy Skills Groups** and **Therapeutic Parenting with PACE parenting groups** throughout the year, to increase the functioning and parenting of families with significant emotional dysregulation or trauma experiences.
- We developed **Mental Health Passports** - something we complete with CYP and parents/carers with needs that details what their need is, what their triggers are, and what is the best way of working with them/ co-regulating them. These have now been adopted by our local Police force, adult services, and another LA CAMHS provision.
- We provide **training** to social care staff/ residential staff/ foster carers on trauma, effective communication, attachment, etc.
- We provide **assertive mental health outreach** to children and young people who cannot or will not access CAMHS, and/or prepare them to access CAMHS so that their engagement can be meaningful from day one.
- We complete **clinical assessments** of parents/carers with suspected/confirmed mental health needs and then support them into adult mental health services, with whom we have much improved working relationships. We can provide short-term intervention if the parents/carers cannot access NHS support or cannot afford private services.
- We provide **clinical reflective spaces** to the workforce bi-monthly but also ad-hoc after a significant/traumatic event, to help avoid worker burn-out and to increase trauma-informed thinking.

In summary...

- 1) We talk to people (children, parents, professionals, networks) to understand their needs, and help to support them where possible. If it is within our gifts to give, then we give it.

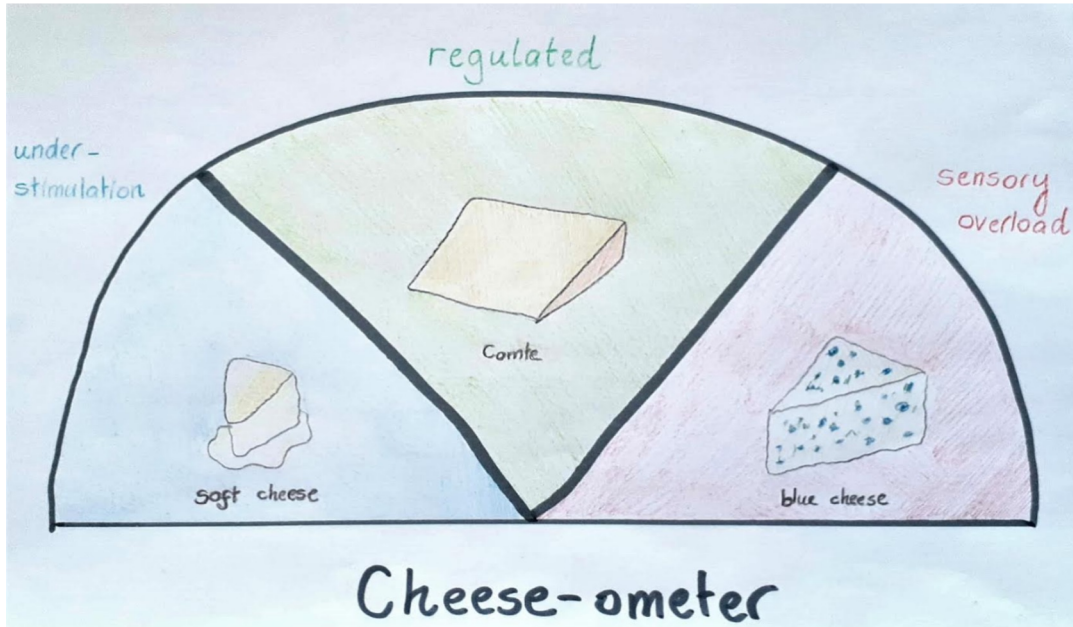


- 1) We are a very dynamic service that is constantly evolving to try and keep up with demand and need.



- 1) We promote best practice and excellence by believing that everyone is doing their best, and just need a helping hand sometimes.

Child/ young person feedback



^ A young person with additional needs (who loves cheese) in a 3:1 residential placement created a 'cheese-o-meter' with us to help her to recognise and communicate her sensory needs, so that staff can help to predict/prevent her "episodes"/meltdowns.

"I've been asking for help for years without getting any... I feel like someone is finally paying attention to me"

"I finally feel like someone understands me"

"After I see you, I feel like a weight has been lifted!"

A young person explaining how useful they found their art therapy

1. How did you feel before therapy?

Angry
 Crying
 Sad
 Neutral
 Happy
 Very Happy

2. During therapy did you feel listened to?

Yes
 Sometimes
 No

Any comments:

Rebecca really helped when I was going through a hard time and I felt like I could ^{talk to her} ~~talk to her~~ ^{talk to her} and everything so I did. I felt comfortable and I ~~was~~ felt safe.

3. Did using art help to speak about things?

Yes
 Sometimes
 No

Any comments:

I enjoyed it and felt it helped express my feelings. When I felt like I couldn't

4. How do you feel after art therapy?

Angry
 Crying
 Sad
 Neutral
 Happy
 Very Happy