

# Contact Us



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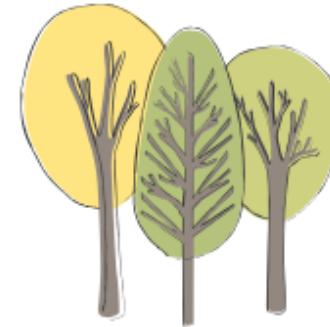
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[www.gov.gg/RCT](http://www.gov.gg/RCT)



REPARATIVE CARE  
TEAM

HELPING YOU GROW



States of Guernsey  
Children and Family  
Community Services

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# INTRODUCTION

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The Children & Young People's Plan 2017- 2022 outlines the way in which Children & Family Community Services will meet the requirements of 'the Children Law' (2008). The Reparative Care Team forms part of this plan in line with the 2020 vision as well as the Corporate Parenting Strategy.

The Reparative Care Team works with the network around and directly with children who do not live in the care of their birth parents, whether they be Looked After, Adopted or live with carers who are in receipt of a Residence Order allowance.

The primary aim is to support the understanding of the child's emotional and psychological needs in order to support the recovery of developmental trauma.

**Theraplay®** is an interactive child and family therapy, designed to enhance attachment, self-esteem, trust in others, and joyful engagement. Parents or care providers are central to the therapy. Theraplay promotes the kind of play between children and their caregivers that nurtures a lifelong capacity to relate to others. Theraplay activities are geared to the child's emotional needs and capacity to self-regulate. Because attachment is formed during the early months when the right brain is dominant and co-regulation is essential, efforts to change negative patterns must be interactive, direct and emotionally focused. Theraplay uses the nonverbal language of the right brain to provide appropriate responses of stimulation to the areas of the brain that are involved in affect regulation.



**Systemic Reflection Meetings** aim of these meetings is to assist the network in thinking and developing a multi-services approach to weave together a helpful network of care provisions, focused on understanding and caring for a child in an integrated context. These offer a Therapeutic space for a group of professionals whose aim is to enhance psychological understanding and knowledge of a particular child. It will offer the opportunity for therapeutic insight into a child's history and ideas on possible structures of a child's inner world. New insight and change can emerge, supporting planning and actions but also enhancing relationships between members of the network.

**Therapeutic Life Story Work** can help children and adolescents not living with their birth parents who are struggling with the impact of their past. It is an intervention designed to strengthen the relationship between the child and their carer through exploring together the child's history. It aims to help the child make meaning of their lived experience by exploring, questioning and understanding the past events of their lives, giving them a deeper understanding and acceptance of their life history and more positive and healthy self-identity.

The Reparative Care Team knows that parenting some children who are adopted or in care can present challenges and requires significant emotional resilience. In order to support carers and help create change, the team provide evidence-based interventions that best meet the needs of these children and their families. We appreciate that each family has different strengths and needs; therefore, we provide a personalised therapeutic intervention based on a structured Assessment of Support Needs with clearly defined goals and regular reviews as agreed. We believe that every child requires a contextual assessment of their distress.

Additionally, the NSPCC 'Letting the Future In' programme is provided through the Reparative Care Team for any child in Guernsey who has experienced child sexual abuse.

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## OUR MISSION STATEMENT

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We recognise that children traumatised within family relationships require exceptional re-parenting to heal and recover and this is best achieved when they experience safety.

Our work with children and young people living away from their birth parents, supports the parent/carers and networks around each traumatised child to help them feel more secure in order to improve their emotional well-being.

**NVR** is an innovative approach which has been specifically developed for responding effectively to aggressive, violent, self-destructive, and controlling behaviour in children, adolescents, and young adults. NVR is rooted in the Socio-Political Movements of leaders such as Gandhi and Martin Luther King and applies them to work with families, with schools and with communities. The approach supports adults to raise their presence, rebuild relationships and to resist harmful behaviour.

**Solution Focused Therapies** aim to empower children and young people accessing our service by helping them envisage future goals for themselves and identify positive directions in their lives. A key tenet in solution-focused therapy is that causes of problems are often extremely complex, but usually their solutions do not need to be. By helping find positive direction and identify practical solutions to difficult problems, children and young people will feel less helpless, hopeless, and more able to actively address difficulties head-on.



**Emotion Coaching** is an approach that can be used by professionals, parents, and carers to support children and young people experiencing heightened moments of emotion resulting in behaviours, to guide and teach more effective responses. Emotion Coaching is based on the principle that nurturing and emotionally supportive relationships provide optimal contexts for the promotion of children's outcomes and resilience. Through empathetic engagement, the child's emotional state is verbally acknowledged and validated, promoting a sense of security, and feeling 'felt'. This activates changes in the child's neurological system and allows the child to calm down, physiologically and psychologically.

**Eye Movement Desensitisation and Reprocessing Therapy (EMDR)** is a specialised procedure for resolving trauma and is a well-researched psychotherapy treatment for trauma related treatment. The therapist guides the client in concentrating on a troubling memory or emotion whilst applying bilateral stimulation through either eye movement or tapping. It is used to treat post-traumatic stress in addition to attachment difficulties, depression, anxiety and phobias. It can also be used to enhance emotional resources such as confidence and self-esteem.

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## OUR VISION STATEMENT

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To create healthier family environments by addressing early childhood trauma. The Reparative Care Team aims to fully consider and embrace the following concepts:

- That every child is unique.
- That the child, family and the systems around the child are experts on their own experience and crucial to our understanding.
- That relationships are central – children have the right to have a contextual and developmental understanding of their distress explored through building therapeutic relationships.
- That it is often far more effective to work with the adults proximal to the child, than direct one to one therapy. Growth and change happen through relationships.

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## OUR AIMS

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### The Reparative Care Team aims to:

- Offer an Initial Assessment of Therapeutic Support Needs for any eligible referral made into the service which would determine the level of therapeutic intervention and support required for the child.
- Offer a timely response to children and their carers where placements are in crisis or at risk of disruption.
- Provide consultations to professionals and carers within the child's network regarding emotional and social well-being of children who meet the service criteria. Additionally, we endeavour to provide consultations to professionals involved with children who do not meet service criteria but need therapeutic support via the professional seeking a consultation.

**Creative Therapies** can include a solo programme or a mixture of Art and Play Therapy and other relational based interventions.

**Art based work** uses art media as its primary mode of expression and communication. Within this context, art is not used as diagnostic tool but as a medium to address emotional issues which may be confusing and distressing for children and young people.

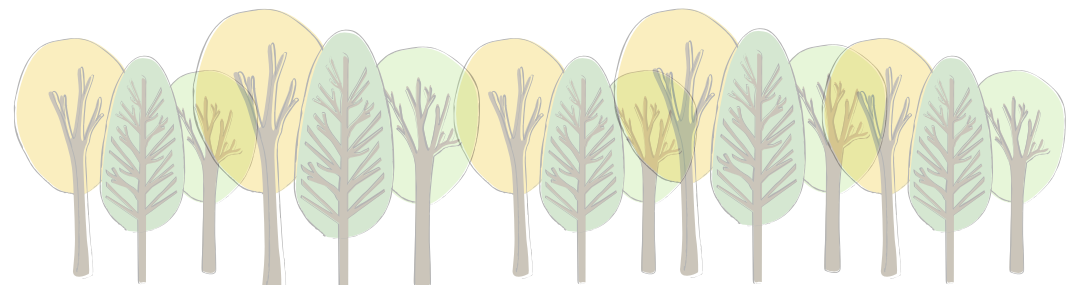
**Play Therapy** is a psychotherapeutic approach primarily used to help children explore their lives and freely express repressed thoughts and emotions through play. Therapeutic play normally takes place in a safe, comfortable playroom, where very few rules or limits are imposed on the child, encouraging free expression, and allowing the therapist to observe the child's choices, decisions, and play style. The goal is to help children learn to express themselves in healthier ways, become more respectful and empathetic, and discover new and more positive ways to solve problems.

**Cognitive Behavioural Therapy (CBT)** helps improve a child's moods, anxiety, and behaviour by examining confused or distorted patterns of thinking. CBT helps to teach children that thoughts cause feelings and moods which can influence behaviour and during CBT, a child learns to identify harmful thought patterns.

### **Consultations**

The Reparative Care Team provide varying levels of consultations to both professionals and carers. These consultations aim to help carers and professionals make deeper emotional connections with the children in their care, which can be particularly hard for children and young people who have difficulties trusting and relying on adults due to their past experiences. These consultations are done using DDP informed practice which specifically aims to support carers to understand developmental trauma, how trauma can be impacting their child's behaviour and functioning and exploring the child or young person's psychological, emotional, and developmental needs, and how these can be met through therapeutic parenting strategies.

- Provide training to eligible professionals, families and carers to promote the understanding of the child's emotional and psychological needs to support the recovery of developmental traumas through therapeutic re-parenting.
- Provide a specialist assessment for any child eligible for service, who requires direct therapeutic intervention to determine which intervention is most appropriate.
- Provide the specialist NSPCC 'Letting the Future In' Programme for any child in the community who has experienced sexual abuse.
- To provide support via an Adoption Support Services Advisor to adult adoptees and birth parents.



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## OUR OBJECTIVES

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The Reparative Care Team's primary objectives are:

- To promote a greater understanding in carers and professionals of the impact of developmental trauma and therapeutic re-parenting strategies needed to repair this trauma.
- To assist in the care planning processes for looked after and adopted children, with an emphasis upon assessment, planning and reviewing of therapeutic care needs.
- To provide evidenced-based therapeutic interventions as determined by Therapeutic Assessments of Support Needs.

**Post Adoption Direct Contact**, also known as face to face contact involves adopted children meeting with one or more members of their birth family. This is usually a discretionary arrangement unless directed by the Court whereby a decision has been made by the adopters that an adopted child would benefit from this arrangement. Direct contact post adoption is facilitated by the Reparative Care Team who holds responsibility for Post Adoption Support Services.

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## FURTHER INFO

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**Acceptance and Commitment Therapy (ACT)** encourages people to embrace their thoughts and feelings rather than fighting or feeling guilty for them. ACT develops psychological flexibility and is a form of behavioural therapy that combines mindfulness skills with the practice of self-acceptance. When aiming to be more accepting of your thoughts and feelings, commitment to your values plays a key role.



**Subject Access Requests (SARS)** - The Children & Family Community Services recognises it is important for those wishing to access care records to have additional support services in place and therefore have implemented a system whereby the Reparative Care Team will undertake the initial first meeting and sharing of the redacted records in order to support the well-being of the individual accessing their social care records.

- To provide training, reflective practice workshops and systemic reflection meetings for foster carers, adopters, Residence Order allowance carers, residential staff, social workers, and other professionals in the child's network.
- 'To promote stability of placements to those eligible to access our service by providing relevant consultations and training to carers to equip them in caring for this cohort of children.

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## CONTACT SERVICES

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**Letterbox Service** (indirect contact) is a voluntary arrangement entered into by adopters and birth family members and aims to provide the opportunity for a reciprocal exchange of letters, progress report and photographs. This can help children to develop a sense of identity and to reassure the adopted child and birth relatives of continued well-being. Indirect contact post adoption is facilitated by the Reparative Care Team who holds responsibility for Post Adoption Support Services.



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## OUR THERAPEUTIC INTERVENTIONS

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Following receipt of a referral and where eligibility is met, an Assessment of Therapeutic Support Needs will be completed to consider the child and family's needs before a Clinical Recommendation is provided to inform the most appropriate intervention.

### How the Reparative Care Teams selects therapeutic interventions:

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The following areas of service delivery are directly accessible to the groups of people who qualify for the service and do not require an Assessment of Therapeutic Support Needs. These include:

- Access to Records,
- Adopted Adults Birth Records Counselling,
- Birth Relative Support,
- Letterbox Service,
- Post Adoption Direct Contact Service,

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## SERVICES NOT REQUIRING AN ASSESSMENT

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### Services for Adopted Adults

Birth Records Counselling and Access to Adoption Information -The Reparative Care Team has responsibility for delivering post adoption support services and will allocate an experienced adoption social worker to undertake Birth Records Counselling services for adopted adults. Providing birth record counselling and access to information is of vital importance in enabling adopted adults to understand the circumstances of their adoption and enhance understanding of their family of origin.

### Birth Family Support Services

The Reparative Care Team has a responsibility to deliver birth relative support services for those birth family members and or significant others who have been affected by a child's adoption. This is a confidential service which provides support by an experienced adoption social worker with the aim of assisting parents coming to terms with the loss of a child via adoption.

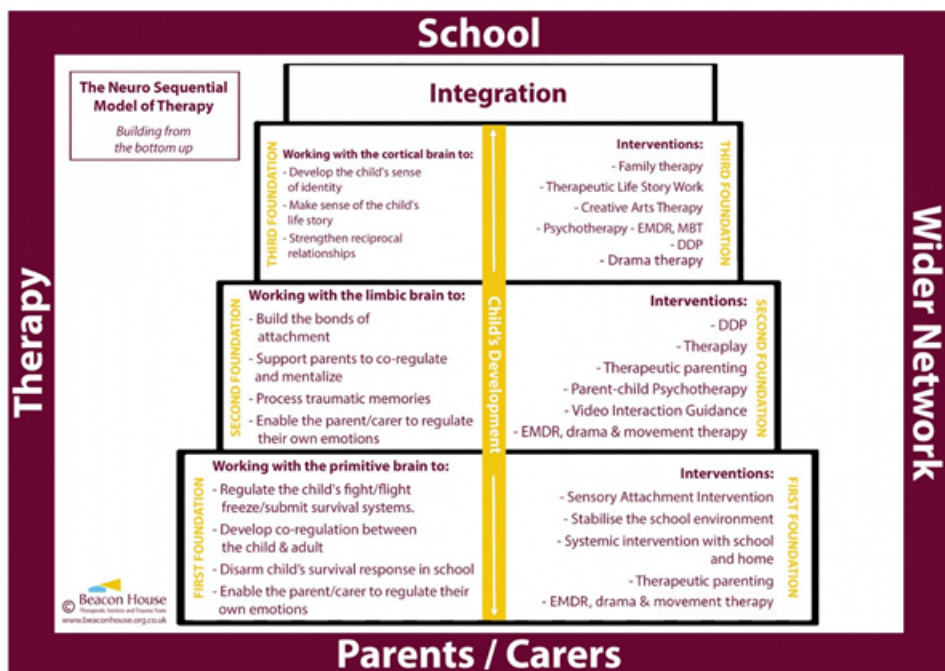
**Occupational Therapy** provides support to children, young people, parents, carers and schools using a sensory, attachment, and trauma-informed approach, to help the network around the child to develop an understanding of sensory regulation strategies, in order to support the health and well-being of the child. Through assessment and observation within the home and school, the occupational therapy service can provide realistic and manageable therapeutic strategies for the parents, carers and teachers of children who have experienced disruptions in their attachments and sensory system development. The support provided will assist parents, carers, and teachers in identifying realistic and meaningful goals, which promote co-regulation with the child, and aim to support the child in learning self-regulation. This sensory and emotional regulation focused support can then, in turn, enhance the child's capacity to form meaningful relationships, participate in daily activities, play, interact and learn.

The remainder of our interventions fall into a tiered system inspired by the work of psychiatrist Dr Bruce Perry and his Neuro Sequential Model of Therapeutics™. This is a developmentally sensitive, neurobiologically informed approach to clinical work. Understanding that brains develop from the bottom up, and the majority of brain development takes place in the first four years of life, we recognize that early developmental trauma and neglect can often interfere with expected brain development, thereby altering the child's brain structure.



The Neuro Sequential Model of Therapeutics™ recommends using a sequence of developmentally appropriate interventions that can help the child get back on a more normal brain development tract. This approach often involves patterned, repetitive somatosensory activities that target the bottom of the brain – the primitive brain – to help develop the child’s capacity for self-regulation before moving on to therapies that will target higher areas of the brain to help with more relational-related problems and then into more cognitive-behavioral based approaches.

## EXAMPLE OF THE NEURO SEQUENTIAL MODEL OF THERAPY



**'Letting the Future In' (LTFI)** is a service designed by the NSPCC for children aged 4 to 17 years who have been sexually abused. It helps children come to understand and move on from their past experiences through activities such as play, drawing, painting and storytelling.

Parents and carers are also offered support to move on from the impact of finding out about the sexual abuse and to help their children feel safe.

LTFI is a structured therapeutic intervention with children affected by sexual abuse and is grounded in an understanding of trauma, attachment and resilience. It is largely psychodynamic in nature and emphasises the therapeutic relationship of the practitioner to the child's emotional responses to abuse, which typically include betrayal, powerlessness, shame and traumatic sexualisation. It sees the therapeutic relationship between child and practitioner as 'core' and employs creative therapies with work on the awareness and management of feelings. It also draws on other methods including counselling and socio-educative approaches.

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## SERVICES REQUIRING A SPECIALIST ASSESSMENT

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### NMT Assessments

As directing by Bruce Perry's Neurosequential Model of Therapeutics™ (NMT) which highlights the need for child therapeutic intervention to be matched at their functioning level. The NMT assessment has been designed by the Child Trauma Academy as a developmentally sensitive, neurobiology informed approach to clinical problem solving while complementing other clinical assessment models. An NMT trained clinician will collect a complete developmental history as well as assess a client's current functioning to inform the NMT Metric Report (including a "Functional Brain Map"). The NMT Assessment process helps identify domains of functioning that are either undeveloped or dysfunctional, which in turn, helps guide the selection and sequencing of developmentally sensitive, neurobiologically guided interventions.

The following pages illustrate the stages of interventions available through the Reparative Care Team which aim to strengthen the child's emotional health and resilience.

Once an Assessment of Therapeutic Support Needs has been completed, the recommendation will consist of one or more of the following Tier 1 or 2 interventions.

### Tier 1 – Working with the child's network to create a 'Therapeutic Web'

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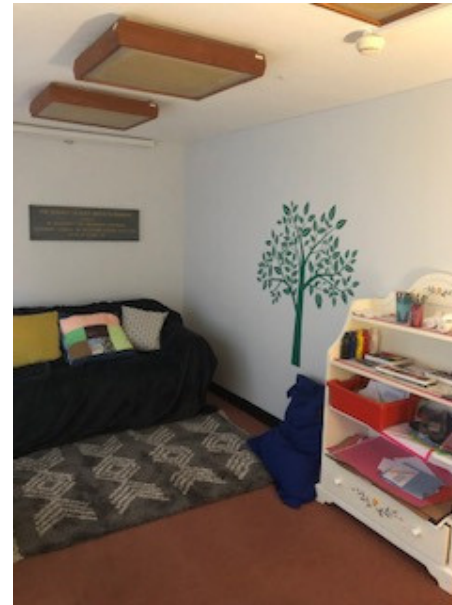
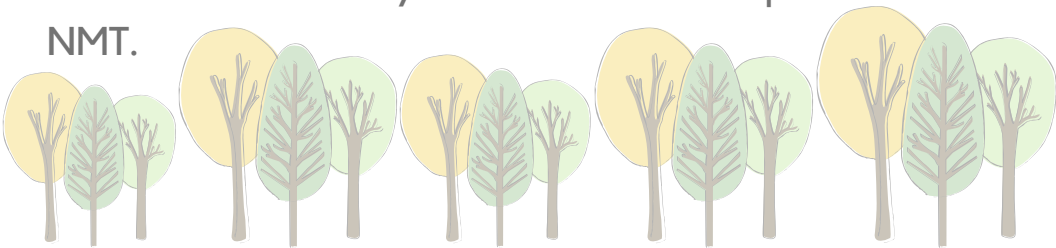
- Access to RCT's Training and Development Programme.
- Access to RCT's Trauma Informed Care Handbooks.
- Access to OT training and sensory regulation package for carers and professionals
- Bespoke Discovering the Child's World Workshops.
- Consultations and telephone advice to professionals.
- Community Around the Child Events.
- Provision of Systemic Reflection Meetings.
- Support to professionals in creating Life Story Books for children in Foster Care.
- Signposting to alternative services.
- The creation of Life Story Books for adopted children.
- Reunification Work



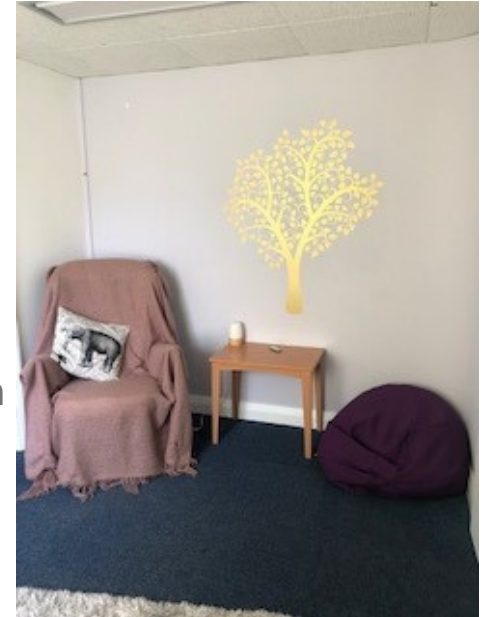
## Tier 2 – Working with carers to heal the child's primitive brain

- Access to OT consultations for carers, professionals, and schools.
- Bespoke Psychoeducation and Therapeutic Parenting Consultations with carers underpinned by DDP Informed Practice.
- EMDR sessions with carers.
- Emotion Coaching with carers.
- Exploring the child's Life Story narrative and creating a book with carers.
- Non-Violence Resistance Work

Tier 1 and 2 interventions may provide sufficient support leading to no further intervention being required. In the event a clinical recommendation states a child requires any direct intervention, a Neuro-Sequential Model of Therapeutics Assessment will be completed with the child to determine which direct therapy is most appropriate for their needs. If a psychological assessment has been completed for the child within the last two years, the recommendations of this assessment will be considered by the clinical leads in place of an NMT.



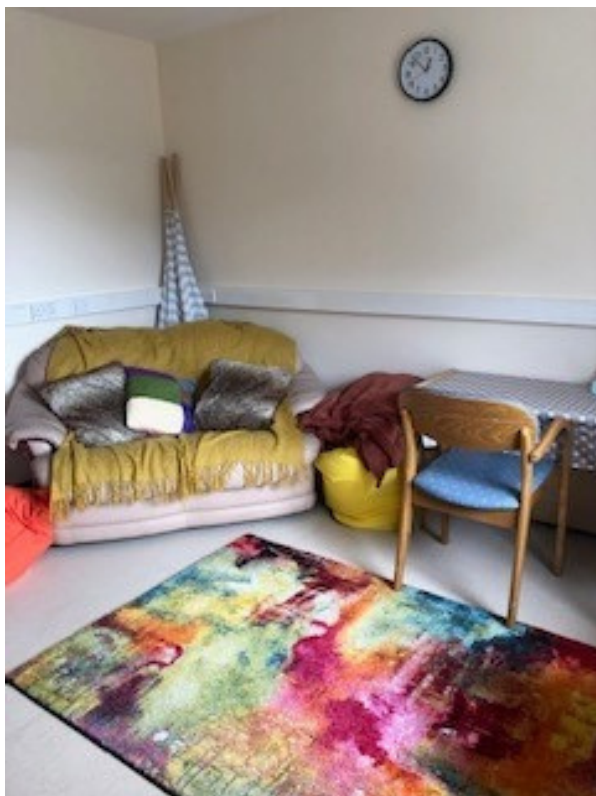
Silver Birch Room



Maple Room



Willow Room



Marigold Room

## Tier 3 – Working with the child to heal their limbic and cortical brain

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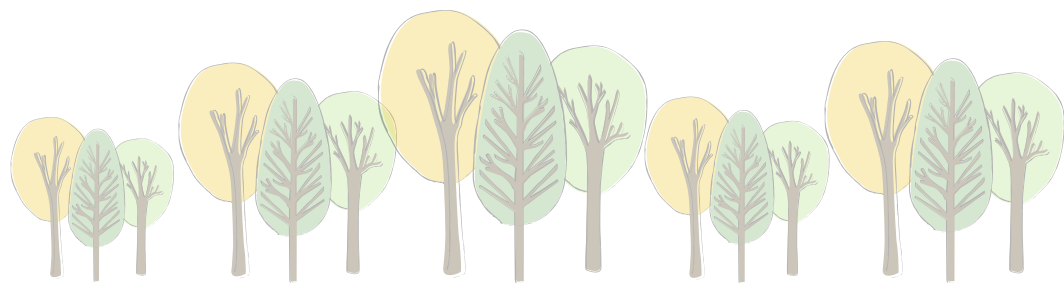
- Acceptance and Commitment Therapy.
- Cognitive Behavioural Therapy.
- Creative Therapies, including Art and Play.
- EMDR.
- Occupational Therapy.
- Solution Focussed Therapy.
- Theraplay®.
- Therapeutic Life Story Work.

## Timescales

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Each intervention has its own timescales which are outlined next, after the set number of sessions, a review will be completed to inform ongoing service provision. Should intervention be completed, 'Keeping in Touch' sessions will be offered in the following years which can vary between 1x per 2 months to 1x per 6 months.

Lavender Room



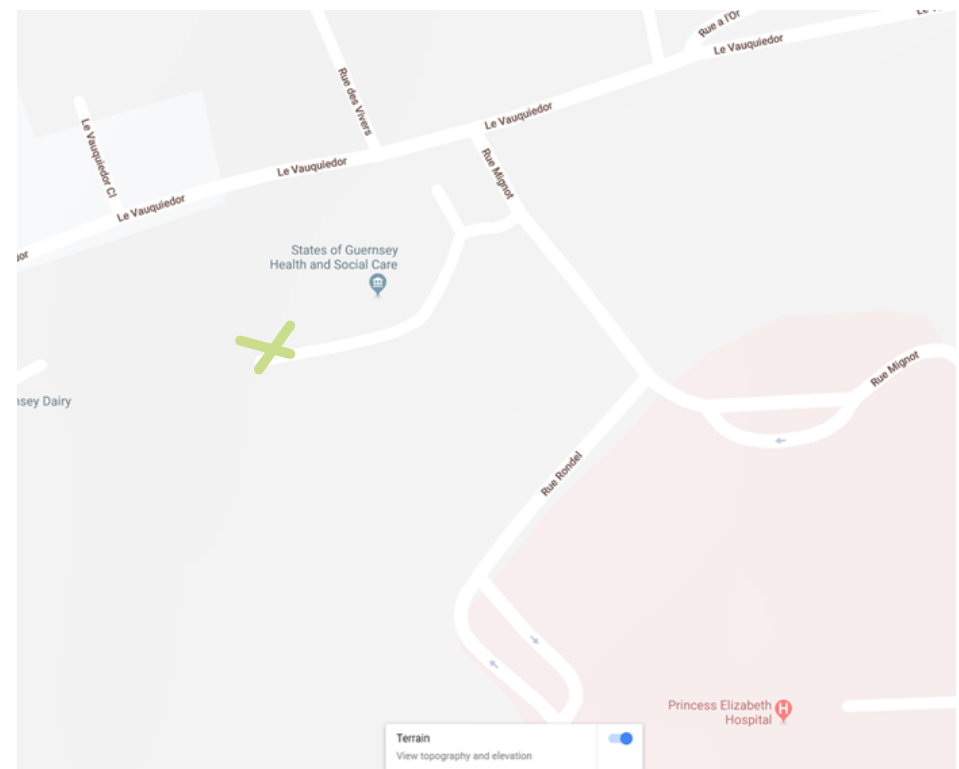
## TIMESCALES

Intervention	Timescale
Access to RCT's Training & Development Programme	Please see Training Programme
Access to RCT's Trauma Informed Care Handbooks	As required
Access to OT training	Groups run
Bespoke Discovering the Child's World Workshop	2 day workshop
Consultation and advice to professionals	4 per referral
Community Around the Child Events and Systemic Reflective Meetings	As required
Support to professionals in creating a life story book for children in Foster Care	2 per referral
Creating of a Life Story Book for Adopted Children	1 book per child
Reunification work	Up to 10 sessions

## OUR ROOMS

The Reparative Care Team Therapy rooms are situated at the Duchess of Kent building on the Princess Elizabeth Hospital site.

Enter the hospital grounds via the Le Vauquiedor entrance and take the first right. Keep to the left at the fork in the road. Entrance to the building is at the top of the hill through the double doors.





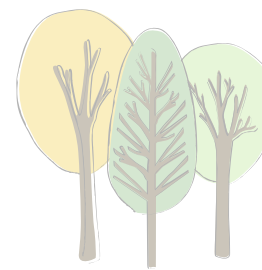
## CONSENT

Consent from an individual with parental responsibility for a child being referred, will have been obtained through the referral process. This consents to an Assessment of Therapeutic Support Need being completed and recommendations for therapeutic interventions in Tier 1 and 2 being made.

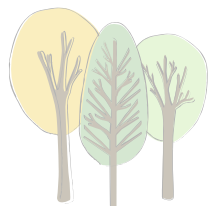
Where direct work with the child is recommended, direct consent will be sought from young people who are Gillick competent to participate in therapeutic work. Young people will be asked to consent to an NMT Assessment being completed and participating in direct work. They will have the right to withdraw consent at any time and direct work will cease.

For those children who are not Gillick competent but receiving direct work, parental consent from the referral will progress this service, however, the child's views will be advocated for through our review process.

Tier	Intervention	Timescale
2	Access to OT consultations for carers, and professionals	Up to 12 sessions
2	Bespoke Psychoeducation and Therapeutic Parenting Consultations with carers underpinned by DDP Informed Practice	Initial 10 and up to 25 sessions
2	EMDR with carers	Initial 10 and up to 25 sessions
2	Emotion Coaching with carers	Up to 8 sessions
2	Life Story Narrative Work	Up to 8 sessions
2	Non Violence Resistance Therapy	Up to 8 sessions



Tier	Intervention	Timescale
3	Acceptance and Commitment Therapy	Initial 10 and up to 25 sessions
3	Creative Therapies including Art and Play	Initial 10 and up to 25 sessions
3	Cognitive Behavioural Therapy	Initial 10 and up to 25 sessions
3	EMDR	Initial 10 and up to 25 sessions
3	Occupational Therapy	Up to 14 sessions
3	Solution Focussed Therapy	Initial 10 and up to 25 sessions
3	Theraplay	Up to 28 sessions
3	Therapeutic Life Story Work	Up to 22 sessions



NSPCC 'Letting the Future In' Programme - Up to 20 sessions

## REVIEWS

The 'Thinking About Your Child Questionnaire', originally developed by Kim Golding, and subsequently developed by Charlotte Granger and Ben Gurney-Smith (2009) is the chosen Outcomes Measure for the Reparative Care Team. This tool will support gathering carer and child relational health information in the Initial Assessment and track progress made via Reparative Care Team intervention through the review process.

