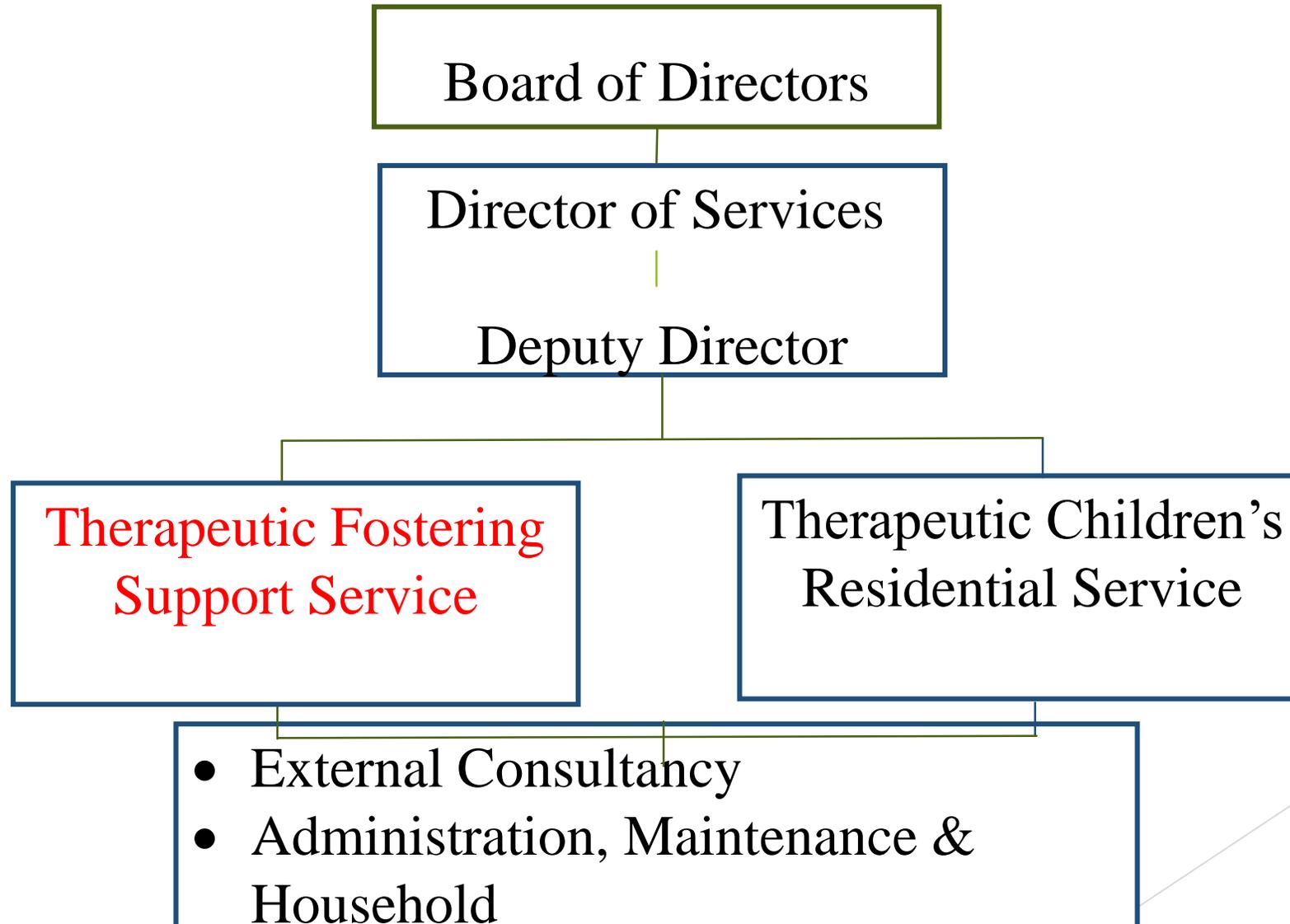


ST. BERNARD'S CHILDRENS SERVICES FOSTERING SUPPORT SERVICE



ORGANISATIONAL STRUCTURE OF ST. BERNARD'S



HISTORY

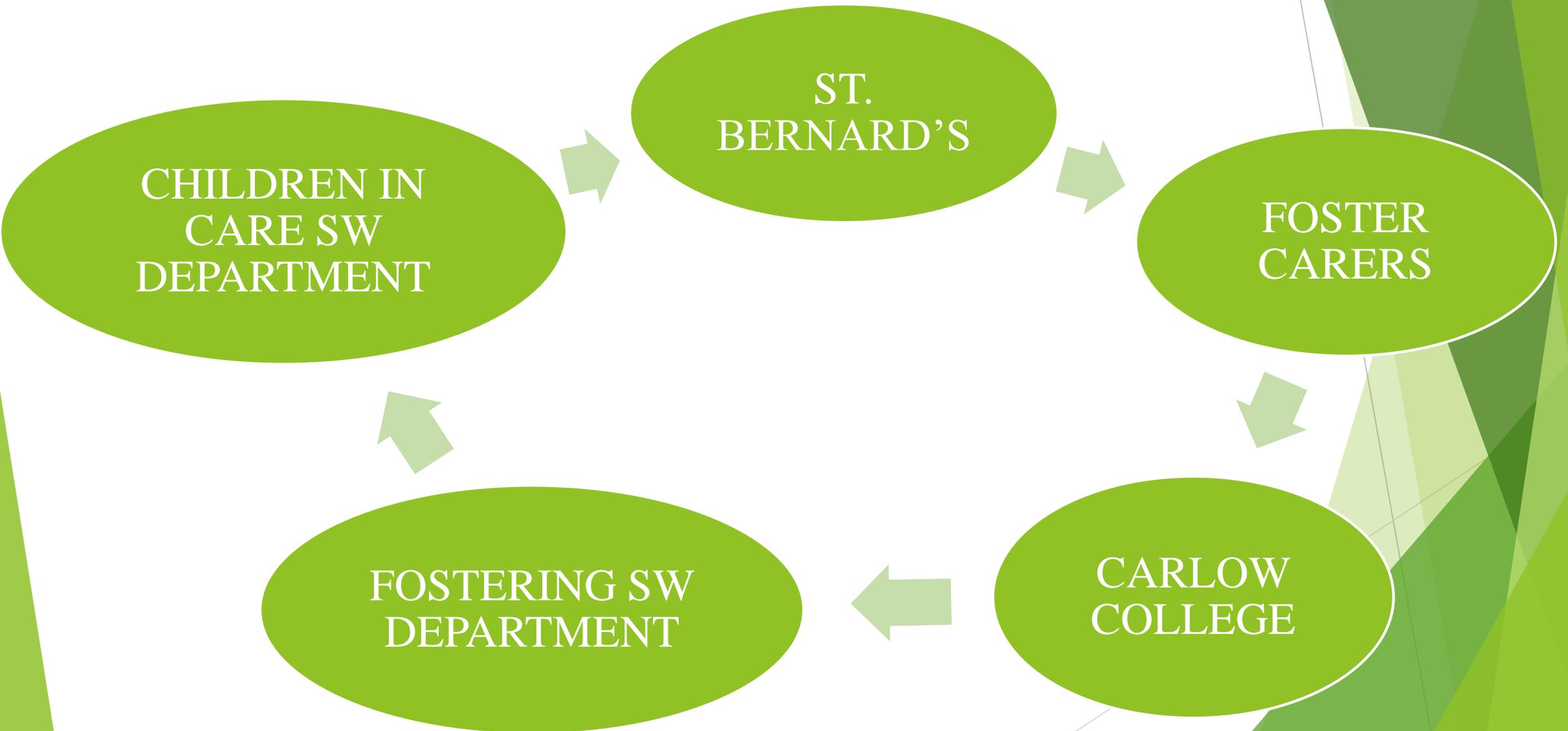
- ▶ Presentation Order providing care since the late 19th century
- ▶ 1908 in response to Children's Act moved to industrial school in Dundrum, Co. Tipperary
- ▶ 1975 in response to The Kennedy Report moved to one of the first purpose built Group Homes in Ireland, in Fethard, Co. Tipperary
- ▶ 1997 began a journey of working therapeutically with children with identified attachment issues utilising a therapeutic community model
- ▶ Foundation of our work has been in residential care

EVOLVING JOURNEY

- ▶ St. Bernard's has demonstrated the ability to meet the evolving needs of society and service users. We have successfully provided numerous services over the last 42 years, including:
 - ▶ Short term residential, including emergency
 - ▶ Long term residential, including high support
 - ▶ Residential disability service
 - ▶ Aftercare residential service
 - ▶ Aftercare outreach service

- Since 2014 we have embarked on providing a community based service, a change from our traditional residential base
- In collaboration with Tusla we developed a Therapeutic Fostering Support Service in the South Tipperary, Carlow/Kilkenny area, for foster carers of children under 12 years, who have been identified as having attachment difficulties
- This service provides attachment and trauma informed support based on the successful Jasper Mountain Treatment Foster Care Model (Oregon) to support foster care placements

STAKEHOLDERS



STAFF TEAM

- ▶ Compromises of Social Care Manager, Social Care Leaders and Social Care Workers

REFLECTIVE PRACTICE AND SELF-CARE IS ENHANCED BY:

- Regular Professional Supervision
- Monthly Group Dynamics Sessions with Group Therapist
- Monthly Consultancy sessions with Clinical Psychologist

PROGRAMME

- ▶ 2 years direct support to foster carers and children
- ▶ Monthly peer support groups on completion of the college course
- ▶ 24/7 on-call service providing phone support and in home intervention by Therapeutic Fostering Support Worker if deemed necessary
- ▶ After 2 years direct intervention ongoing out of hours phone support
- ▶ In partnership with Carlow College a Certificate in Therapeutic Foster Care – consisting of a 16 week course
- ▶ Monthly multi-disciplinary team meeting with external consultant/Clinical Psychologist who provides clinical oversight for the families and children

Creative Community Alternative Program

- ▶ Families and children identified for this pilot programme receive:
 - A continuation of the support offered by the Therapeutic Fostering Support Program and monthly Systemic Therapy sessions

SUPPORTS OFFERED

- ▶ Help to look at behaviour from an attachment and psychodynamic perspective, integrating theory in to practice
- ▶ Supervision of sensory play and non-directive play with the children until foster carer's learn and master the skill
- ▶ Direct work sessions with the children including dealing with feelings, therapeutic stories, life story work, grief work, etc...
- ▶ Facilitation of family meetings in foster carer's homes
- ▶ Intervention/Assessment with birth families as necessary in order to improve the child's experience of access
- ▶ Support with the implementation of therapeutic management techniques

THERAPEUTIC SUPPORT PLANS

- ▶ These are developed for both children and foster carers
- ▶ Assessment process is informed by
 - a) Children – A comprehensive needs assessment
 - b) Foster carers – the Secure Base Interview and Parenting Style questionnaire
- ▶ Plan developed by all professionals involved at a Therapeutic Support Plan meeting. Plans are reviewed and amended as necessary

ATTACHMENT

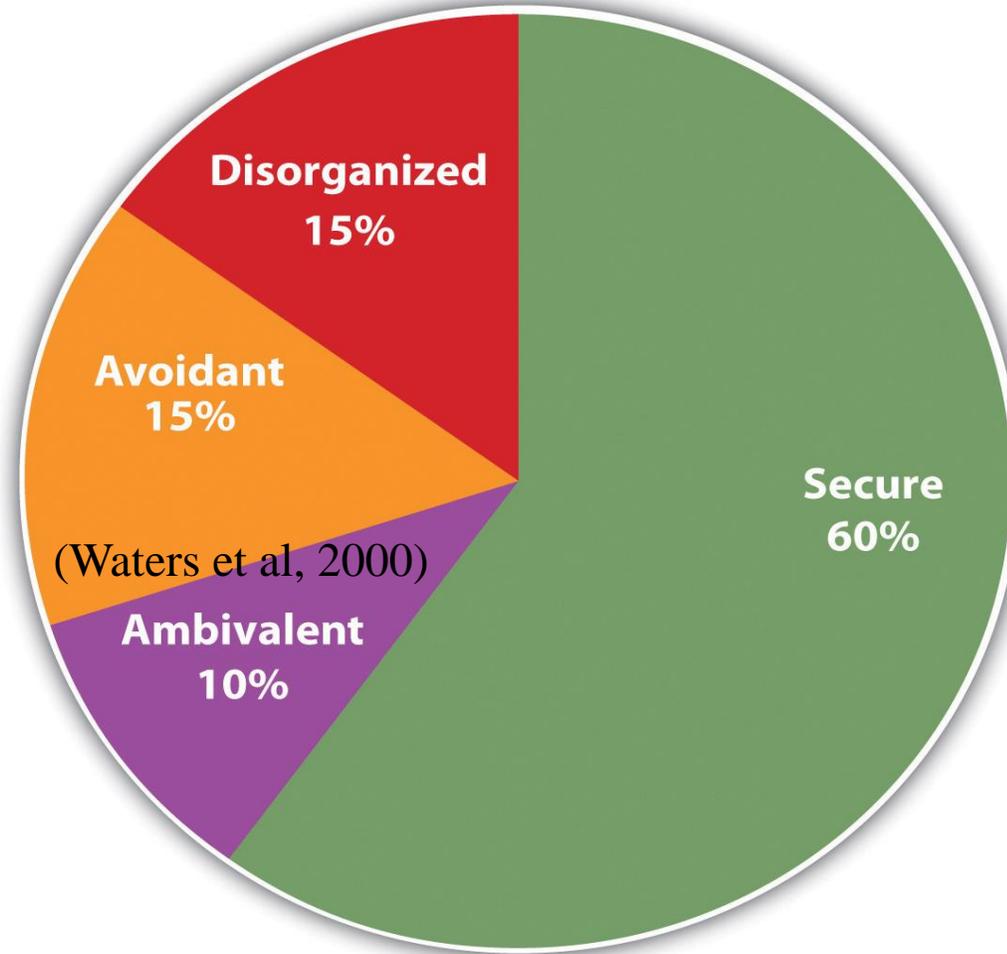


- ▶ “What is believed is essential for mental health is that an infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Bowlby 1953)
- ▶ “Attachment is the bond that ties ...the mother and baby together. it emerges out of evolution. It developed in order to protect us from predators, it is central to our survival and what we are beginning to realise now is that it is central to our well-being” (Svanberg 2005),

ATTACHMENT TYPES

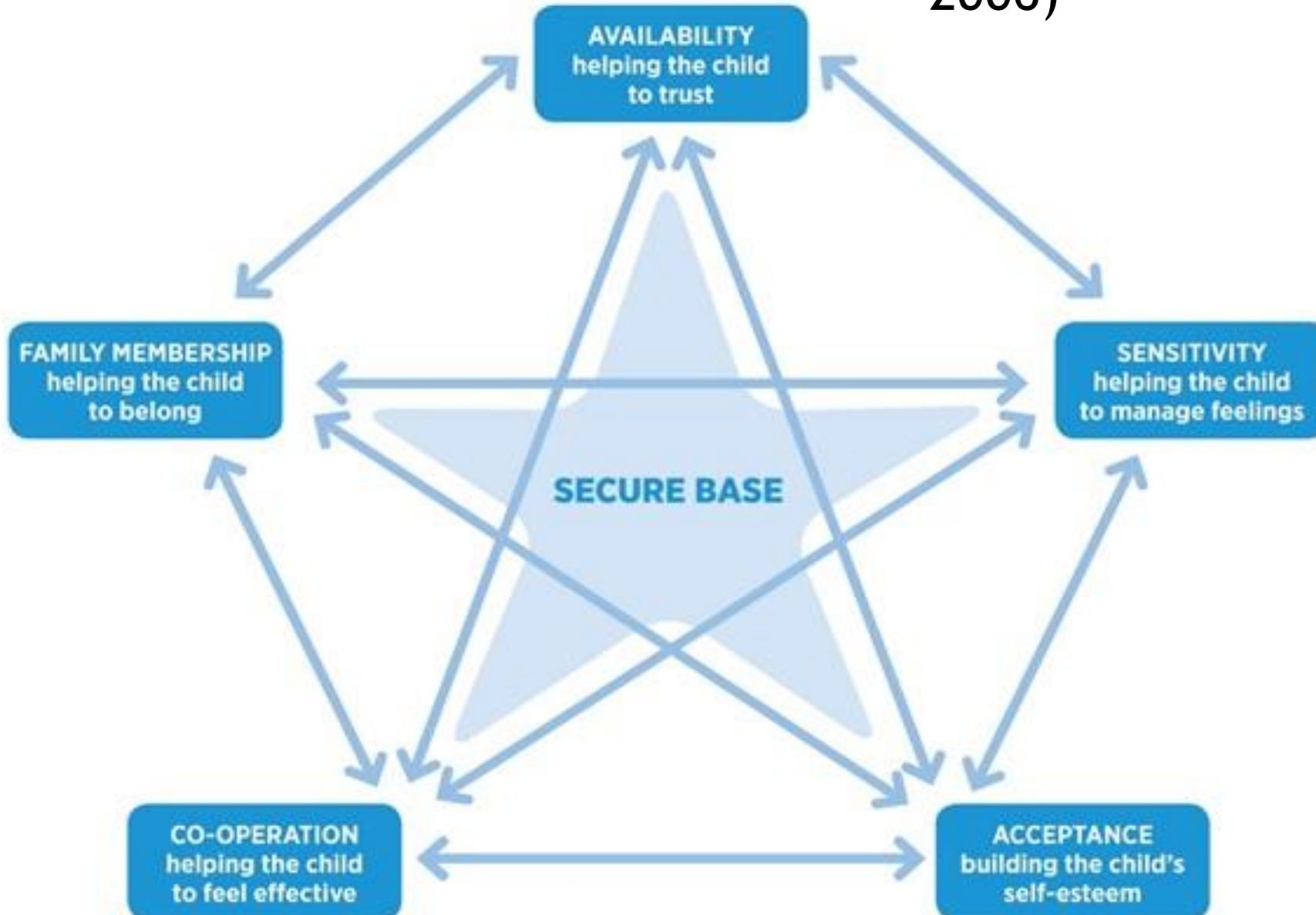
- ▶ Secure (type B)
- ▶ Insecure avoidant (type A)
- ▶ Insecure ambivalent/resistant (type C) (Ainsworth et al 1971)

- ▶ Disorganized (Main & Solomon 1986)



The Secure Base Model

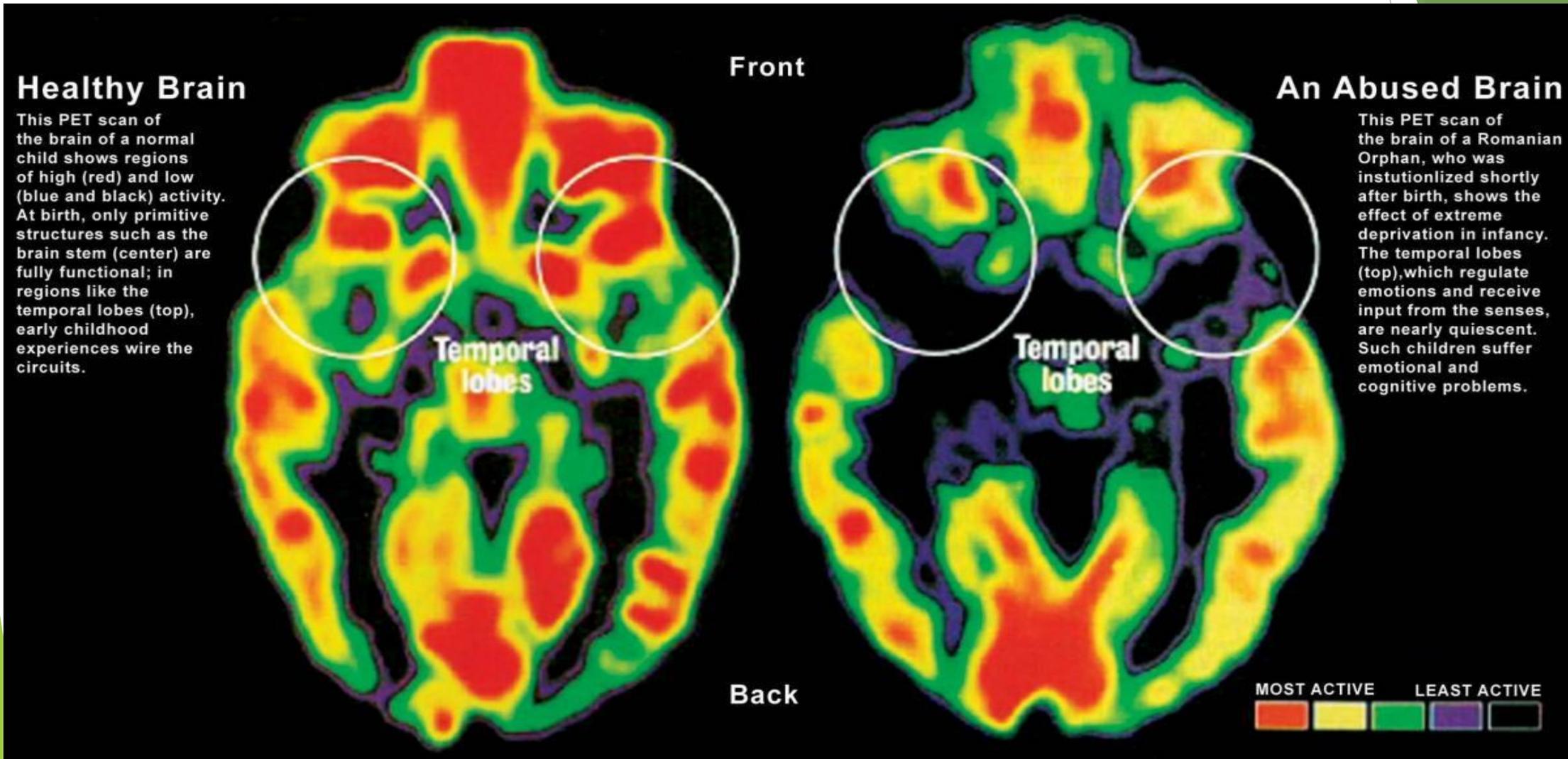
(Schofield & Beek, 2006)



TRAUMA

- ▶ “Trauma is an event or series of events such as abuse, maltreatment, neglect or tragedy that causes a profound experience of helplessness leading to terror” (IRCT 2015)
- ▶ “One of the overriding physiological responses to stress is the increased level of the stress hormone cortisol which can have a negative impact on the physiology of the brain” (Woolgar 2013)

LATEST BRAIN RESEARCH



(Perry 2009)

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