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Consulting to a medium-term residential childrens' home

A proposed model

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There is a trend for new consultant posts in child psychiatry to be linked to Social Services Departments. I recently took up such a post, with four of my sessions funded by the local Social Services Department. Training of child psychiatrists for such consultative posts is variable, but I was fortunate to have trained as a senior registrar at the Tavistock Clinic, where one of the training options was a link with Camden Social Services through a placement at Camden Assessment Centre.

My training involved attending a weekly business meeting for the residential social workers from two of the medium-stay children's homes, followed by a staff meeting in one of these homes. A frequent experience was that the children would be discussed and the residential social workers would complain that there was no coherent plan for the work with the children following their placement. There was tension between residential and field social workers, with the residential workers frequently angry at the lack of availability of the field social workers responsible for the children's care, and at the way they experienced their treatment by field social workers as that of second-class citizens. I was particularly struck by the way that the residential workers passively accepted this role, and their complaints were largely directed in inappropriate places or in an ineffectual manner.

Setting up a new consultation

On beginning my post, I learnt that the staff at a medium-term children's home were hoping that I would consult to their staff group. This home can accommodate up to 12 children, mainly adolescents, for periods up to two years. My previous experience in consultation work owes much to the ideas of Caplan[1], who stresses the importance of making personal contact with the authority figures of the consultee institution. I therefore began by arranging to meet the principal child care officers, in order to explore what was requested of me and what ideas they might have.

I subsequently visited the officer in charge of this home. I was informed that the staff wished to hold weekly case discussion meetings, each on an individual child in their care, and that all the day staff would be present for these meetings. I then visited a short-stay children's home in the District and learnt from the officer-in-charge that all admissions are followed by an initial planning meeting within 48 hours of the child's entering the home, which the area team field social worker must attend.

The format

A further suggestion of Caplan[1] which I have found essential is that a consultant should follow the

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requests of the consultees, and do what is asked, not what he or she wishes to do. However, I proposed a particular model of weekly case discussion meetings, whereby the child to be discussed was decided on two or three weeks in advance. The field social worker responsible for the child's care, together with his/her senior, could then be invited to the case discussion.

This is scarcely a novel idea, as the meetings bore some resemblance to a mini case conference, and on occasions representatives from the children's school have also been present. However, the meetings did add a new perspective to the care of the children, permitting a more co-ordinated plan to be developed. The residential social workers were able to convey their experience of living with and working with their charge; the field social worker could explain the thinking behind a particular plan of action, and could be appraised of difficulties that the residential staff were experiencing. The net effect has been that the residential social workers see their work as more highly valued, and more realistic plans for the children become possible. The whole process facilitates communication between professionals, the importance of which is stressed by the Lasks[2]. My role was as a co-ordinator of the discussions, and as a mediator between the various staff.

Examples of case discussions

Case A A request for psychiatric assessment

A 10 year old girl had been subjected to sexual over-stimulation and probable sexual abuse by both parents. Although this girl was a Ward of Court, a High Court Hearing had decided six months previously that she could return home for fortnightly unsupervised access visits on her own. Over this period, the Home had noted that she was making increased sexual comments, for example requesting members of staff to stroke her in the bath, and also accusing the staff of not caring for her, particularly around the times of access visits.

These facts had been communicated to the field social worker, but the case discussion meeting was able to marshal all the concerns, and allow the formulation of a coherent plan which included suggestions for the staff to follow to help the girl make a disclosure, a return to Court to request supervised access only to continue, and a request for a full psychiatric assessment.

Case B A case management problem

A 12 year old boy was being transferred from a short-term children's home. He was a scapegoated member of his original family, the only child to have left. He also showed a propensity to light on a placement of his choice and then put enormous pressure on his carers to move him. At the initial case discussion meeting, his field social worker and representatives from the short-term home were unable to attend. The residential group used this meeting to register their dismay at the timing of his transfer, shortly before Christmas when his residential worker would be on leave, and the lack of plans about how he would spend Christmas.

At a subsequent meeting, two weeks later, the field social worker and the deputy officer-in-charge of the short-term home were able to attend. The timing of his transfer could then be explained and thought through more carefully, and contingency plans for Christmas were formulated. The field social worker was also helped to see that, because of the family's extreme ambivalence, a return to the boy's own home was not a viable option in his long-term plans.

Case C A request for psychotherapy

A 15 year old girl had recently been transferred from a short-term children's home. This girl was the middle child of three in a single parent family, and had been scapegoated and rejected by her mother. The field social worker and a representative from the short-term children's home were present at the case discussion meeting. The field social worker was requesting psychotherapy for the girl; the social worker from the short-term children's home felt she was not ready for this. The case discussion meeting was able to show all the workers that the main problem that required solving was the girl's impending loss of her field social worker, who was pregnant. This was a repetition of the home experience for the girl, and thus a double deprivation which was obscured by the issue of the girl's moving placements.

Comments

I have chosen three brief and over-simplified examples to illustrate a model of consultancy to a medium-term children's home. This model is essentially a limited application of a systems approach, as proposed broadly by Kearney[3]. It could easily be expanded, for example, to include all professionals involved in the child's care, such as school teachers, psychologists, probation officers and other agencies. However, this does risk the case discussion meetings becoming unwieldy, and has implications for the confidentiality of such meetings.

In addition, this is by no means the only method of working that I employ with this group. On occasions we set aside time to discuss specific issues such as violence to staff, child sexual abuse, or how the staff handle children's leaving the home. More recently the group has been discussing initiating an in-house meeting for staff and children together. However, this particular model does have advantages in terms of offering a basic way of improving communication between workers involved with children in residential care.

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