
An Information Guide to Our Service

The Galtee Clinic

Dr Toby Haslam-Hopwood PsyD.

What is The Galtee Clinic?

The Galtee Clinic was set up in 2011 by a multidisciplinary group of professionals with a long standing involvement in working with children, adolescents and their families. The underlying ethos of the Galtee Clinic is a commitment to providing top quality assessment, consultation, treatment and educational opportunities to young people in the care system. This is achieved by a consistent focus on applying evidenced based approaches to our work and ensuring that young people and their families get the best quality service in a cost efficient manner.

The aim of the Galtee Clinic is to expand the range of therapeutic opportunities for young people in the Irish care system. As experience shows there are a wide range of young people who require assistance from the care system, and correspondingly there needs to be a wide range of settings so that the service can fit with the particular needs of individuals. The Galtee Clinic does not intend to eclipse or replace any existing care structures, but simply to widen the repertoire to support the notion that young people need the right service, delivered in the right manner at the right time.

The Clinic is situated in a rural location just outside Ballyporeen, South Tipperary close to the town on Mitchelstown. It is less than 5 KM from a junction onto the M8, the major thoroughfare between Dublin and Cork, meaning that it is easy reached from many parts of the country.



What is Hill House?

Hill House is the Galtee Clinic's therapeutic home for young people. It is registered as a residential children's centre by HSE South and can take up to four young people aged between 12 and 17 years of age. Hill House is set up on the principles of Social Pedagogy which is a European wide professional discipline that aims to promote human welfare through child rearing and educational practices.

Hill House itself is a specifically designed and purpose built detached private residence in a rural setting and less than a mile from The Galtee Clinic. It is a bright and spacious 3,300 sq ft home, set on $\frac{3}{4}$ acre with great views of the surrounding countryside and mountains. The house has six bedrooms, each with en-suite facilities along with a kitchen/dining room, a sitting room and a separate smaller sitting room for private meetings with families/friends and for quiet times.

Hill House is different from the majority of contemporary children's homes in a number of ways. The starkest contrast is that the home is staffed almost exclusively by a professional couple who live in the home alongside the children. Both of these individuals are trained and experienced in working in a social pedagogical manner, particularly in providing therapeutic opportunities through the concept of a shared living space.

Why Social Pedagogy?

Social Pedagogy has been demonstrated to deliver better outcomes for children in care across Continental Europe. As the result of extensive published research, principally from the Institute of Education at the University of London, the UK Government recently recommended the introduction of social pedagogical practices across existing care structures. As part of the Galtee Clinic's commitment to following evidenced based approaches we have incorporated this approach into developing a comprehensive service for young people in the Irish care system.

Why House Pedagogues?

As stated above, Hill House is staffed, almost exclusively, by a professional couple who live in the home alongside the young people. This concept of 'shared living space' is central to social pedagogy, where professionals use naturalistic opportunities in daily life as a conduit for the therapeutic work. In Hill House we have decided to describe their role as 'house pedagogues.' We use this somewhat awkward term purposefully to clarify that they are not foster parents, but professional carers who aim to create a 'family analogue setting' that serves as a safe and secure base for those who live in the home. It also allows us to describe Sam as our 'house pedadog'.

The shared living space helps to provide a sense of belonging and serves to normalize the care home experience. It helps reduce the 'them and us' thinking between children and their carers which is both alienating and pathologising and it challenges the self conception that the young people are so damaged that they cannot live in a normal and regular environment.



The professional couple are supported, in turn, by a comprehensive package. Their clinical work is supervised by the clinical psychologist whilst their day to day work is supervised by the Manager of Hill House. As the home is physically close to the Galtee Clinic there a range of individuals available to them on a 24 hour basis.

It should be noted that having only two carers in the home eliminates another central concern about traditional residential care. The more typical shift-rota system means that young people need to learn to live with large numbers of carers that come in and out of the home in a regular but seemingly rather random manner. This not only leads to difficulties with consistency but, most importantly, undermines the opportunity to develop secure attachments. Secure attachment relationships require availability, consistency, reliability and attunement and it is the internalization of the 'scripts' that evolve from these factors that lead to the ability to regulate emotions and self soothe. Research shows that even those with good attachment histories can only manage three or so close relationships so it is a painful irony that we expect young people with disrupted attachment histories to relate to a dozen or more carers.

What does the programme achieve?



At its core Hill House offers a therapeutic programme that is activity based and is focused on providing opportunities for young people to develop the psychological, interpersonal and practical life skills necessary to make a successful and sustainable transition into adulthood. The programme is multisystemic in its design and aims to address the multiple domains of the young person's life with particular emphasis on helping the young people develop a sense of belonging, a sense of care, a sense of identity and hope for the future which together form the bedrock of resilience.

How are these goals achieved?

During the pre-admission period, the staff of the Galtee Clinic engages with all stakeholders to assess the clinical and psychosocial needs of young people in order to create realistic and measureable goals for the placement. Clearly amongst the stakeholders will be the referring teams, the families and young people themselves that in concert will help form a picture of the presenting concerns from which treatment plans will be constructed. These treatment plans describe the clinical services, support, education and developmental requirements necessary for the young people to leave the Galtee Clinic better prepared to enter adulthood. The treatment is focused on multiple domains and with that needs the conjunction of a number of approaches, which include psychotherapy, cognitive-behaviour therapy, systemic family therapy, equine assisted therapy and learning, activity based learning, psychoeducation and group work. The particular package offered to any young person will be determined by their presenting concerns and the overall goals for treatment.

It is important to note that the majority of the therapeutic work will be conducted over the course of everyday activities. The social pedagogical perspective allows the understanding that engagement in daily living activities are necessary and often sufficient, given the correct stance, to provide for opportunities for growth, learning and change. The theory and practice of using activities as the conduit for treatment lies at the heart of social pedagogy: a principle described in the literature as the "common third".

What sorts of activities are available to young people?

The Galtee Clinic operates out of a smallholding farm, with seven acres of grassland surrounded by 100 acres of forestry. The 'farm' and Hill House operate in a manner similar to a therapeutic community, where all members of the community have a voice and are part of the decision making process regarding the activities involved. The intent is that this serves as a microcosm for the wider social environment around the Clinic, allowing for protected yet naturalistic experiences relating to planning, organizing, ownership and responsibility.

Each of the young people is assigned two Activity Therapists who operate in a manner similar to key workers. As the Activity Therapists are not constrained by a shift pattern they can manage their time to coincide with the particular needs of the young person with whom they work and correspondingly their availability can be far more predictable for the young person. The Activity Therapists work with a young person throughout the course of their stay in the Galtee Clinic and will, hopefully, become a source of support and security for that young person.



The role of the Activity Therapist is vital to the work in the Galtee Clinic. As research evidence has demonstrated identity and self esteem evolve in adolescents from the trying out and developing roles, behaviours and ideologies. It is the Activity Therapist's responsibility to guide and accompany these processes. At the outset of the admission the Activity Therapist explores with the young person and others that know them what interests, skills or even deficits are present. The Activity Therapist then works alongside the young person to identify opportunities and experiences that allow these interests and skills to develop into arenas of competency and even specialization: the very wellspring of resilience.

What about education?

A central feature of the Galtee Clinic programme is the intensive focus on ensuring that the young people are actively involved in education. We recognise, following an evidence based model, that education offers the greatest flexibility, choices and opportunities for the future. Correspondingly, in an effort to make education an attractive option for the greatest number of young people the Clinic provides access to a range of educational options. Therefore, in the pre-admission planning phase an education plan will be developed and every effort will be made to support the plan to bring the identified goals to fruition.

The Galtee Clinic, itself, provides a curriculum through ASDAN, which focuses on providing programmes that “grow skills for learning, skills for employment and skills for life.”

Mainstream opportunities lie in the two secondary schools in Mitchelstown and Youthreach is available in both Fermoy and Hospital.

We also recognize, however, that formal education does not suit everyone. Indeed many young people have found that the formal school environment has resulted in repeated experiences that compound a sense of being a failure or simply not being ‘good enough.’ In these such circumstances we think that the focus should be placed on finding ways for the young person to regain the joy of learning. This is



where our activity programme, in which children ‘learn by doing’, has a great benefit for many young people. Therefore for young people who are better served in this model we place a focus on providing opportunities for real life training and work experience.

In order to create employment experience the Galtee Clinic has contacts with local employers/tradesmen/craft-workers who have expressed interest in taking on a young person from the service. For each young person we set out to find an appropriate education, training or work placement and we will support that placement in order for it to provide the learning, practical skills and associated psychosocial benefit to the young person. As is described above, the young person will be accompanied to these placements by their Activity Therapist, who will work alongside the young person to provide support, encouragement and ensure that safety is maintained for the young person and those with whom they come into contact throughout the working day.

What about families?

It is clear that for any placement to be successful there needs to be an equal commitment from all stakeholders to work cooperatively to make the placement work. Given that most young people have a family of origin that remain interested and concerned about their wellbeing, it is vital that family members feel a sense of connection to the Galtee Clinic programme. Correspondingly, we are committed to working with, and building upon, all existing family resources.



Discussion is conducted with all stakeholders, at the outset and throughout the placement, regarding the family situation and a plan put in place to improve the safety and quality of any family contact. The family is assigned an individual within the service with whom they can have direct contact. According to the plan direct therapeutic work with the family system is offered where necessary and appropriate to improve relationships and safety for all involved. These interventions include, where appropriate, the family having the option of staying close to the Galtee Clinic and being involved in the programme’s therapeutic activities, including the equine assisted learning and therapy and taking part in psychoeducational meetings with the clinical team.

How do we know it works?

The Galtee Clinic has now been providing direct care to young people for over a year. Although we are gathering outcome data and satisfaction surveys from all stakeholders, the real measure is the progress that the individual children are making at the Clinic. We recognize that we are still in the early stages of developing the service but the changes displayed by young people in our care have been described as “amazing” and “extraordinary.” If you are interested in learning specifics do not hesitate to contact us and we can put you in touch with placing social workers who are happy to describe their experience of working with us.



And finally the core team...

Dr. Toby Haslam Hopwood, our Clinical Director, has over 15 years international clinical experience working with adolescents, adults and families in the UK, the US and in Ireland. He currently provides treatment for vulnerable young people within the HSE.

Claire Warren, our Service Manager of Hill House at The Galtee Clinic, has over 11 years experience working in Gleann Alainn Special Care Unit, HSE South, where she held a variety of roles as Deputy Manager, Supervisor and Team Leader.

Arpi and Szuzo Szabo, our two house pedagogues, have between them over 25 years of experience working with a range of clients and services from a social pedagogical perspective. They are both from Hungary where they have provided both direct care and had managerial responsibility for children's homes.

Mary McGrath, our Activity Co-ordinator has a BA in Applied Social Studies in Social Care and has a passion for activities so also undertook a Fetac Level 5 in Sports/Recreation. Mary has training in ASDAN (the Award Scheme Development and Accreditation Network) and is an ASDAN tutor. She has worked in a range of residential children centres, including community based programmes and Special Care Units.