



ROSE MODEL

The Rose model of Therapeutic Life Story Work has three main stages:

- Stage One:

The Information Bank: The child's pre- and post-birth history is gathered from social work files, health records and interviews, including with the birth family. It is collated chronologically and can help identify gaps, questions and where to source further information, as well as informing session plans. The aim is to gather multiple perspectives and for this information to be considered from the child's perspective to facilitate exploration of their own story and make meaning of their lives.

- Stage Two:

The Internalisation: The focus is on the process of internalisation through direct work sessions, conducted over several months with the child and their parents, to support emotional security and strengthen attunement and attachment. The aim is for the child to externalise wishes, thoughts, feelings and emotions, using various techniques, which are usually examined and recorded on wallpaper to enable the child to reach new understanding and meanings that are internalised as their own story (Rose 2012 p.29).

- Stage Three:

The Life Story Book: The focus is on creating a book which reflects the process of the work, the meanings made, and celebrates the child's journey. In this way the books differ from the more traditional life story books made for a child at the point of adoption, such as those using the Rees (2009) model, which are designed as a tool to support the child's future journey of understanding their story.

The most significant benefit of The Rose model of Therapeutic Life Story Work is that it offers the child a better sense of self, identity and belonging, and an opportunity to heal emotional ruptures from the past. There will be many challenges to address throughout. It begins the process of healing the trauma experienced, releasing difficult feelings and emotions in a safe environment. The child, their primary carer and the practitioner collaborate to increase the communication of intense emotions, and deepen the understanding of each other's thoughts and feelings, with the outcome of enhancing and strengthening the attachment between the child and their parent.

Adopted and fostered children are likely to have experienced the trauma of abuse and neglect as well as separation and loss of their birth family. Trauma affects development of the brain as well as future attachments (Howe 2009) and can lead to emotional, behavioural, and educational difficulties (Pennington 2012). Howe (2009) and Cairns (2002) both suggest that successful care requires emotional attunement, creativity and a willingness to understand how



the world feels from the child's perspective, all of which are key principles of the rose model of Therapeutic Life Story Work.

For children who have been removed from their birth family, an understanding of their life history can be fragmented. They often have a sense of loss and not belonging which creates a vulnerability to future adversity. The Rose Model of Therapeutic Life Story Work gives these children a voice and an opportunity to explore their past and their feelings about it, in relation to their feelings today. It helps them to answer their questions about the past; with a greater understanding, their behaviour tends to become calmer and more focused.

Greater opportunities to undertake this kind of work have been created by the Diploma in Therapeutic Life Story Work which is now offered by Therapeutic Life Story Work International (TLSWi) in several countries around the world. In 2014, in England, life story work was included as a requirement of the National Institute for Health and Care Excellence Guidance. Also, the subsequent introduction of the Adoption Support Fund in England and Scotland in 2015 enabled local authority adoption and friends and family teams to commission extensive therapeutic life story work for children (up to the age of 21 or 25 if an Education and Health Care Plan is in place) who had previously been in care but were now adopted or living with family members or connected persons under a special guardianship order. Together these factors have served to transform both the status and practice of Therapeutic Life Story Work in England.