

LOOKED AFTER CHILDREN & YOUNG PEOPLE CARE PATHWAY (HEALTHY YOUNG MINDS TAMESIDE & GLOSSOP): August 2018

A. BACKGROUND

1. Looked After Children and Young People

A child who is looked after by a local authority is defined in Section 22 of the Children Act 1989 and means a child who is subject to a care order (including an interim care order) or who is accommodated by a local authority. (NICE, 2015).

Most children become looked after as a result of abuse or neglect. Although they may have the same health issues as their peers, the extent of these is often greater due to their past experiences. It has been highlighted that among children aged 5 to 17 years who are looked after by local authorities in England, 45% had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders, such as anxiety or depression, and 7% were hyperkinetic (Meltzer, H. et al 2003). As such it should be viewed as all looked after children are vulnerable hence a reasonable expectation that appropriate services should be in place.

In August 2018 there were 647 children and young people looked after by Tameside Local Authority. Of these children and young people, 173 looked after children from Tameside that are placed out of area. There are an additional 328 looked after children placed within Tameside from other boroughs. In March 2018, within the Glossop area, there are 19 looked after children that originate from this area and an additional 4 children and young people that are placed in Glossop from out of area.

As a whole the number of Tameside and Glossop children who are looked after is higher than the England average.

2. HYMs LAC: Dedicated Service Provision for Tameside & Glossop LAC and LAC from a borough within Pennine Care NHS Foundation Trust

Tameside & Glossop Healthy Young Minds (HYMs) have dedicated practitioners who are responsible for meeting the emotional and psychological needs of Local Looked After Children. This is summarised below.

Practitioner	Employed by	Wte for HYM LAC
Highly Specialist Clinical Psychologist (B8a)	Pennine Care NHS Foundation Trust	1wte
HYMs Practitioner (B6)	Derbyshire County Council	0.5wte
HYMs Practitioner (B6)	Pennine Care NHS Foundation Trust	0.15wte

Derbyshire County Council employ a Mental Health Practitioner who sits within HYMs, who time (0.5 wte) is dedicated to meeting the emotional and psychological needs of Glossop looked after children.

These three posts together make up the dedicated HYMs LAC provision. HYMs LAC is responsible for the emotional and mental health of C&YP under Tameside Local Authority and those children living in Glossop under Derbyshire County Council. Additionally, the LAC provision also meets the needs of those looked after children under the care of a LA within the PCNFT footprint (i.e. C&YP in the care of Bury, Rochdale, Oldham, Tameside, Trafford and Stockport LAs).

There is an informal agreement that the dedicated LAC provision of each PCNFT HYM services will provide the same HYM care to LAC C&YP who are from out of area (OOA) but from a LA within PCNFT, to that of their local LAC C&YP. (i.e. we will offer the same HYMs care to Bury, Rochdale, Oldham, Tameside, Trafford and Stockport LAC).

3. Provision to LAC C&YP who are Out of Area and Out of PCNFT

C&YP who are Looked After by a LA outside of Tameside & Glossop and the PCNFT footprint (i.e. C&YP not under the LA care of Bury, Rochdale, Oldham, Trafford & Stockport) are considered on an individual case basis. Currently under development is the start of a working group across all LAC services within Pennine Care to think about the services that are offered to out of area children placed within each of the local boroughs.

In some instance this will result in a full mental health and risk assessment being completed before recommendations are provided to the placing authority for them to then seek specialist support. HYM care to LAC C&YP who are under the care of a LA outside of PCNFT footprint should be arranged within guidelines set out by 'Who Pays? Determining responsibility for payments to providers' (August 2013).

Given the large number of out of area LAC placed within Tameside and Glossop, the development of some working guidelines and perimeters around what services will be on offer for the young people will be crucial in meeting the mental health needs of all looked after children within the locality but help ensure that a high quality service can be offered in a cost effective and timely manner

4. Psychological Framework

Tameside & Glossop HYM LAC service provision is being developed and informed by Attachment Theory (Bowlby 1969) and Dr Kim Golding's Pyramid of Need (2007), see diagram 1.

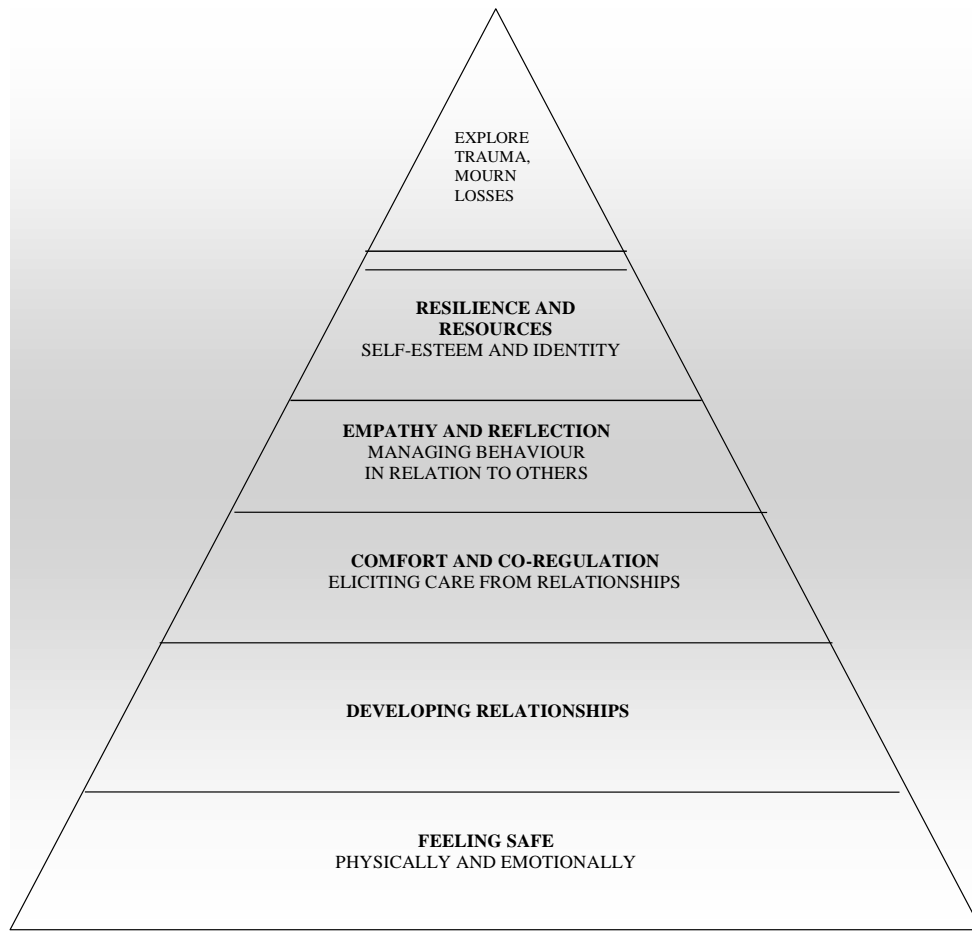


Diagram 1: Pyramid of Need (Kim Golding, 2007)

This model is an adapted version of Maslow's hierarchy of need (1943) that better reflects the needs of LAC C&YP. It promotes the need for children and young people to feel safe and secure, before they can begin to develop trusting relationships within which they can then start to learn the skills that are essential in day to day living, such as emotional regulation, mentalisation, accepting help and comfort.

In line with this, the new proposed HYM LAC provision within Tameside & Glossop aims to provide a service that supports children and young people and their networks at the various stages of their emotional development and needs.

In order to achieve this and in line with the recent and ongoing service transformation, the LAC service care pathway has been conceptualised in a manner consistent with 'Thrive', a model of service delivery for CAMH services developed by The Tavistock and The Anna Freud Centre (Wolpert et al., 2014).

The THRIVE model sets out a service delivery model whereby C&YP's needs are conceptualised within four key domains. These include:

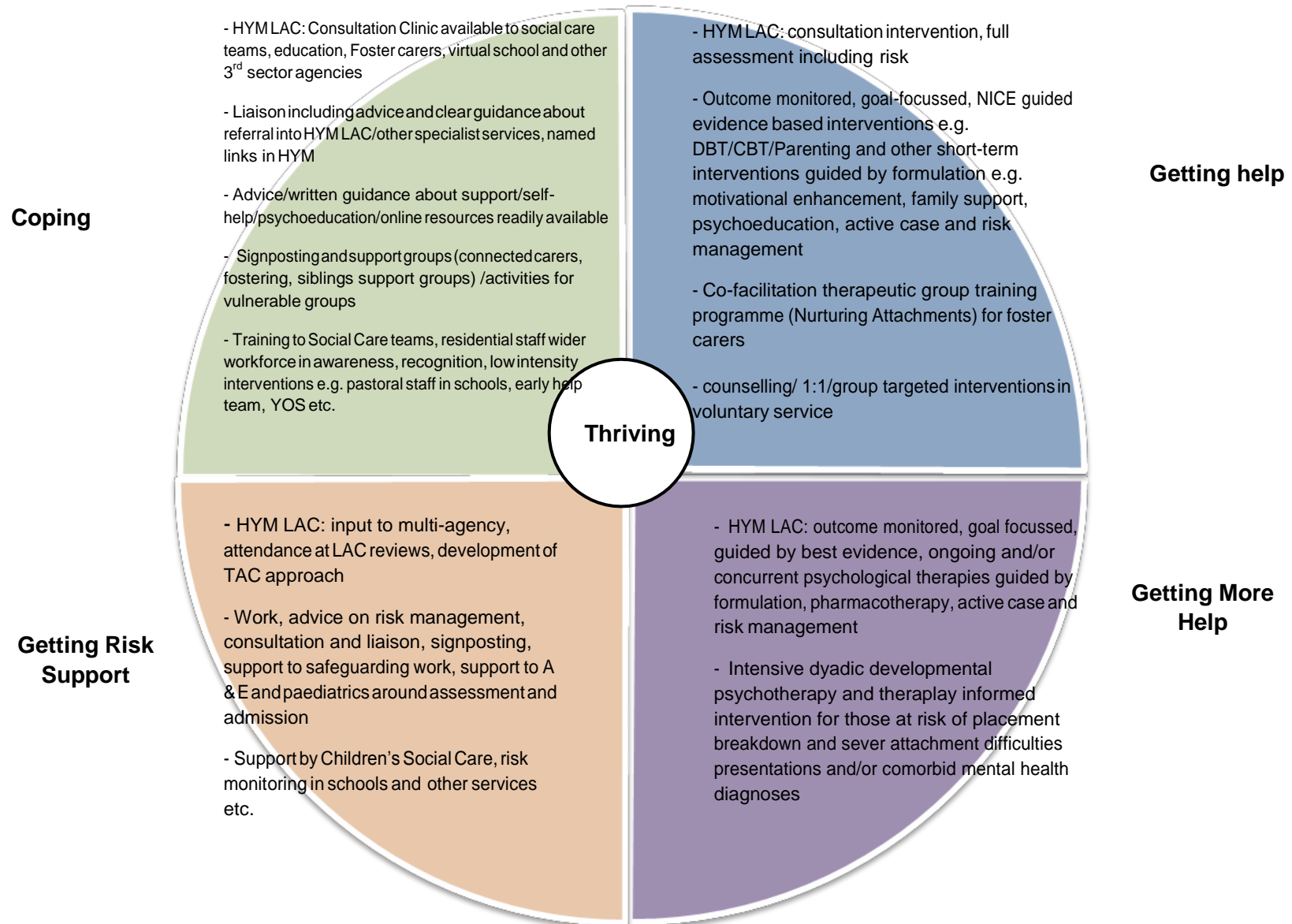
1. Coping
2. Getting Help
3. Getting More Help
4. Getting Risk Support

The LAC service care pathway is an assessment and treatment pathway for those children with a LAC status that present with mental and emotional wellbeing difficulties. This includes C&YP on section 20, interim and full care orders and those up until proceeding for adoption. Below, figure 2 highlights what the service offer includes within each of the four quadrants of the THRIVE model.

Similarly, figure 3, highlights the specific individual components of the THRIVE model and the proposed service provisions and maps this into a Multi-agency Model to supporting LAC C&YP. This also maps onto Kim Golding (2007), Pyramid of needs, highlighting specific interventions and ways of working as the varying levels of need. Along with the THRIVE model this proposes a preventative approach to working with children and young people in care, including identifying potential difficulties early and providing input to reduce the risk of negative outcomes. The model moves away from a 'crisis led' service.

Again this model is currently being successfully implemented within other Pennine LAC services.

Figure 2. The THRIVE Model for LAC Service Provision



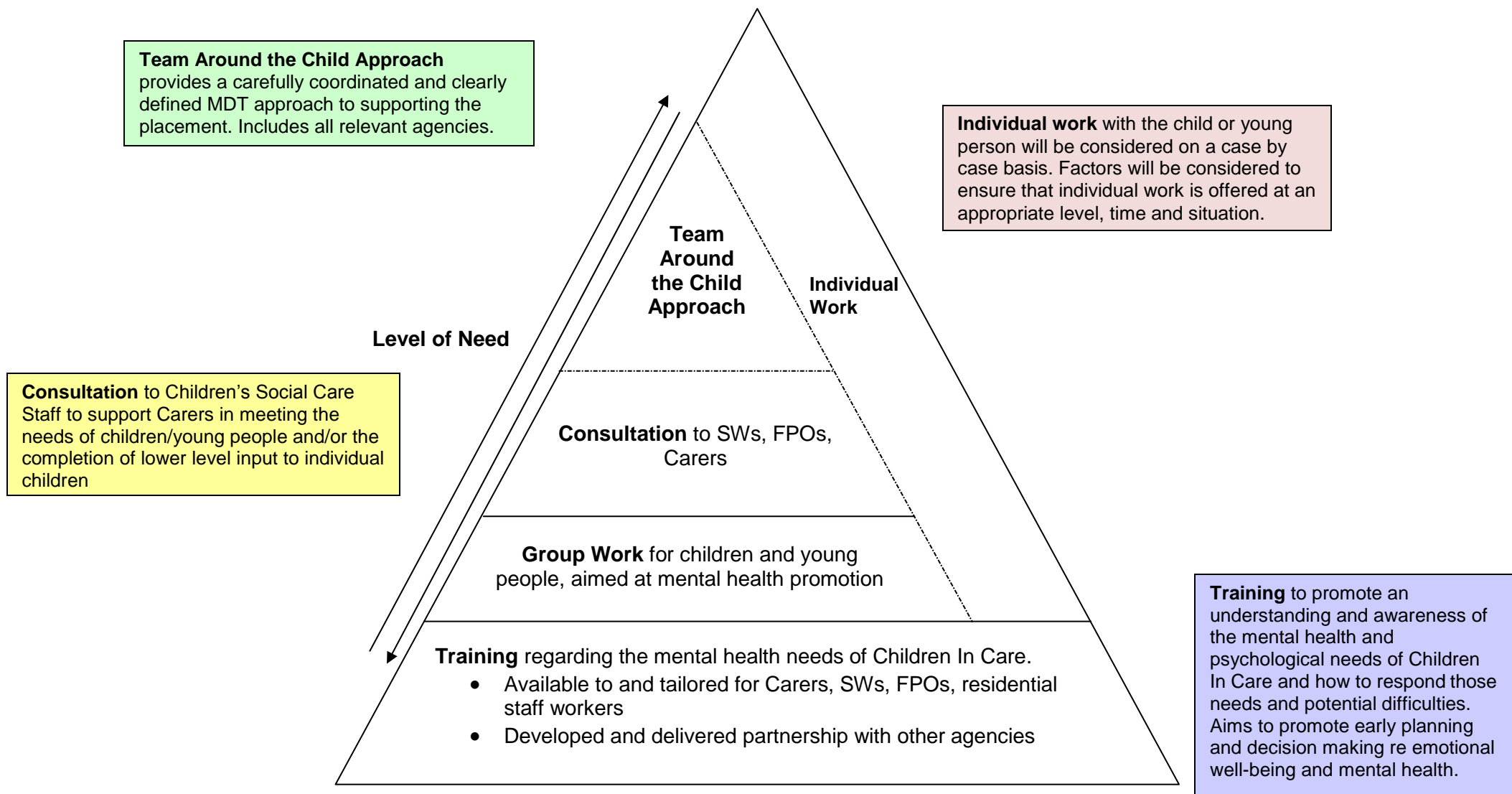


Figure 3. Multiagency Service Model for Looked After Children

5. REFERRAL MATCHING

Referrals will be screened on a weekly basis by the LAC Clinical Psychologist and/or LAC practitioner. **If cases are deemed to be urgent they should follow the same process as other urgent cases.** The following points are used to consider referrals:

Cases Accepted into HYM LAC

Essential

- Under the care of Tameside and Glossop LA **or** the care of a LA within PCNFT footprint and living in Tameside and Glossop areas (Full Care Order [S41], Interim Care Order [S38] or Voluntary Accommodated [S20]).
- 0-18 years of age
- Presenting with difficulties that are suggestive of high levels of distress/difficulty and/or that are significantly impacting on their day to day functioning, e.g. (but not exhaustive)
 - Emotional and behavioural dysregulation
 - Soiling or enuresis
 - Lying and stealing
 - Inappropriate sexualised behaviour
 - Withdrawn or disconnected from relationships
 - Developmental concerns
- Current carers require support to understand and meet the child or young person's needs
- Other appropriate resources and support have been tried (specific support from Supervising Social Worker, school pastoral support, Lifestory Work)

Basis for Urgency

- Serious unassessed and/or unmanaged risk to self or others
- Risk of placement breakdown

Cases Not Accepted into HYM LAC

- Children and young people in Special Guardianship Orders or Residence Orders (these would still sit within generic HYM)
- Children living with relatives and **not** on a Full Care Order (s41) or Voluntary Care Order (S20).

B. CLOSED CASE OFFER

1. Healthy Young Minds LAC Consultation Clinic (Tameside Only)

HYMs LAC offer three one hour consultation clinic slots on a weekly basis at the Denton Centre, the primary base of all social care teams in Tameside. These clinic slots are available to any professional involved in the care of a child or young person under Tameside LA care. They are an opportunity to discuss supporting a child or young person in care and may lead to a referral to specialist LAC service within HYM. If a child has scored above 18 on the Strengths and Difficulties Questionnaire (SDQ), we would advise that carers and professionals attend a consultation.

Professionals can book into these via the Fostering Business Support Team. See Appendix 1 for consultation poster for professionals.

The content of the consultation will be recorded on a 'Record of Consultation' form and copies will be provided to those present and the child or young person's social worker and GP.

Information sheets: Various information resources might be provided during consultation.

Signposting: Various services might be advised such as: Educational Psychology, Action for Children, The Phoenix Team, SARC, The Lucy Faithful Foundation, Rowan House, Early Help.

ROMs: How was this meeting? OR CORC Consultation Feedback Questionnaire.

2. Consultation outside of the clinic provision

HYM LAC offer telephone consultation to any professional involved in a child or young person in care as and when available.

HYM LAC also offer consultation regarding LAC C&YP should this be needed outside of the HYM LAC Consultation Clinic Provision. For example, should there be no consultation clinic slots available in time for a court date, education meeting, etc.

The content of these consultations will be recoded on a 'Record of Consultation' form and copies will be provided to those in attendance.

Information sheets: Various information resources might be provided during consultation.

Signposting: Various services might be advised such as: Educational Psychology, Action for Children, The Phoenix Team, SARC, The Lucy Faithful Foundation, Rowan House, Early Help.

ROMs: How was this meeting? OR CORC Consultation Feedback Questionnaire.

3. Up to three Consultations following referral

If once a referral has been screened and if it is not clear what the role of HYM LAC would be; whether HYM LAC intervention is needed, or it is thought that short term consultation would be the best intervention, then relevant professionals will be invited to a consultation appointment. The referral will be deemed as 'inappropriate' for admin processing purposes.

The consulting practitioner will

- gain written **consent** from an adult with parental responsibility (i.e. social worker) or delegated parental responsibility (foster/residential carer) to
 - share with & request information from relevant agencies.

- submit the child or young person's routine outcome measure data to Improving Access to Psychological Therapy for Children & Young People (CYP-IAPT).

The practitioner will either

- record the content of the consultation on clinical note paper and write a summary letter following completion of the consultation work
- record the content of the consultation on a 'Record of Consultation' form and provide copies of each form following each consultation appointment

Information sheets: Various information resources might be provided during consultation.

Signposting: Various services might be advised such as: Educational Psychology, Action for Children, The Phoenix Team, SARC, The Lucy Faithful Foundation, Rowan House, Early Help.

ROMs: SDQ and/or RCADS beginning and end
Session by session: How was this meeting? OR CORC Consultation Feedback Questionnaire, AND/OR Goal progress chart.

4. Bespoke Training

In total 6 bespoke training days were delivered across the 2017-2018. Across these days, there were a total of 91 attendees from a range of professional settings including; residential care staff from Local Authority homes (24), Tameside LAC Social Workers (11), Education staff from Specialist Schools (27), Child Sexual Exploitation (Phoenix Team) (11) and Tameside Fostering Social Workers (18). All training event for one full day, except the event delivered to Fostering Social Workers which was across two full days. This was at request of the management team within Fostering.

Overall, it was concluded within the full written evaluation (see document entitled: Attachment, Trauma and PACE Training Evaluation August 2018) that the bespoke training day offered across Tameside were extremely successful and has ensured that the recommendations made via the National Institute for Health and Clinical Excellence (2015) were met and adhered to which, should ensure that carers and professionals have a shared understanding of young people and their difficulties and further enable an appropriate care plan for the young person is in place.

Furthermore, from analysis of the data gathered as part of this evaluation it is apparent that the current training has not only developed professionals knowledge and understanding of looked after children and the difficulties they may encounter but further will positively impact on their practise and the way they interact with children, young people and the systems around the child.

Such bespoke training days will continue to be rolled out across professional settings across Tameside and Glossop as part of service provision provided by Healthy Young Minds Tameside & Glossop. Within the next financial year, several training days have

already been arranged covering, mainstream primary schools and Learning Disability social workers and residential staff.

C. OPEN CASE PROVISION

1. Initial Assessment

Pathway to Initial Assessment

Upon receipt referrals are screened for risk and urgency by a multidisciplinary team (MDT) within the Single Point of Entry (SPOE).

If serious risks are identified at the point of referral screening then the C&YP's carers are offered an urgent appointment that is within 7 days by the designated duty worker. The duty worker completes the urgent initial assessment and liaises with HYM LAC regarding an appropriate care plan that will be offered by HYM LAC.

If the referral is from a Children's Ward regarding a request for a risk assessment, the designated duty worker arranges to complete an assessment following the appropriate pathway/protocol. The assessment should be completed within 24 hours of HYM being informed that the young person is medically fit for discharge. The duty worker liaises with HYM LAC regarding an appropriate care plan that will be offered by HYM LAC.

If a referral is not deemed at urgent, then following screening by the MDT at the SPOE the referral will be passed to the HYM LAC team review and respond. HYM LAC offer initial assessment appointments with 4 weeks of HYM receiving the referral.

Initial Assessment

Like all HYM initial assessments appointment the practitioner:

- completes the Patient Assessment Document (**PAD**) which includes the Trust Approved risk Assessment (**TARA**)
- gains written **consent** from an adult with parental responsibility (i.e. social worker) or delegated parental responsibility (foster/residential carer) to
 - share with & request information from relevant agencies
 - submit the child or young person's routine outcome measure data to Improving Access to Psychological Therapy for Children & Young People (CYP-IAPT).

Information sheets: Various information resources might be provided following initial assessment.

Signposting: Various services might be advised such as: Educational Psychology, Virtual School, Barnardos, The Children's Society, The Phoenix Team, The Lucy Faithful Foundation.

ROMs: SDQ and/or RCADS

Adaptations for LAC

In most instances the child or young person is not invited to the initial assessment appointment. This is for various reasons including:

- Sensitive information needs to be discussed at this point and it would not be appropriate if the child or young person was present.
- LAC C&YP already have lots of adults coming in and out of their lives and this is unhelpful for secure attachment development. Until there is certainty that direct assessment or intervention is needed, then HYM LAC will work 'in the background' supporting the child or young person by supporting their network.
- It is likely that the role of the HYM practitioner in the first instance would be one of consultation to professionals and those already involved in the child or young person's life.

Each referral is considered individually and the child or you person is more likely to be invited in the following circumstances:

- Risk needs to be assessed directly with the child or young person
- A young person has themselves requested direct work that would be best offered by HYM LAC.
- Enough is known about the young person and their circumstances (either via previous input or information shared about the young person) to anticipate that direct work would be the best care plan in the first instance.

The HYM LAC initial assessment appointment letter requests that the social worker provide the following documents:

- The child or young person's Social Care chronology
- Any recent & relevant psychological reports

Outcomes of Initial Assessment Appointment

At the end of the initial assessment appointment the following outcomes should have been met:

1. An initial formulation with initial advice to the network regarding supporting the child or young people
2. Agreed Care Plan, to be later summarised in a Care Plan letter. For LAC C&YP this will be routinely copied to the child or young person's social worker and GP.

2. Extended Assessment: e.g. assessment for a developmental disorder, cognitive assessment

These assessment are completed in line with the relevant care pathway.

3. Intervention: Nurturing Attachment Group Training Programme

HYM LAC offer a group training programme for foster and residential carers in collaboration with support from Tameside Fostering Team. The training programme follows the Nurturing Attachments Training Resource (Golding, 2014).

The training programme is based upon attachment theory and an understanding of relationship development and the impact of trauma on children's development and security.

The aims of the group are:

- To provide support to carers who can feel very isolated caring for children with attachment insecurities

- To increase understanding of the children and their behavioural and emotional needs through an increased understanding of attachment theory
- To explore ways of applying this understanding to the parenting of children
- To increase the skill and confidence of the carers

As standard the course consists of 18 2 ½ hour weekly sessions. The course runs two times a year, starting in September and February. There is a course information sheet and standard invite letter (Appendix 2).

There are up to 24 places available for each course. Carers of children and young people who are open to HYM LAC are prioritised for a place on this course. Following that, the Tameside Fostering Team and Residential Care Home managers are asked to prioritise foster carers and residential support workers for places.

If foster carer(s) are not able to access the course then consultation is offered to them (up to six sessions and review, see section C4).

Review: Following completion of the course, foster carers, social worker and supervising social worker are invited to a review meeting to discuss whether further HYM input is indicated or whether child or young person will be discharged.

Information sheets: Group attendees are provided with a hand-outs booklet, activity sheets booklet and a reflective diary booklet. Various information resources might be provided during the training programme.

Signposting: Various services might be advised such as: Educational Psychology, Virtual School, Barnardos, The Children's Society, The Phoenix Team, The Lucy Faithful Foundation.

ROMs: SDQ and Carers Questionnaire beginning and end
Session by session: Goal Progress Chart

4. Intervention: Consultation to a specific part of the child or young person's network e.g. school, foster carers, family worker completing lifestory work

Consultation can be offered to a specific part of the child or young person's network. For example, sometime a child or young person's Lifestory Worker would like consultation to help complete a particularly complex piece of Lifestory Work.

Up to six sessions are offered before reviewing to the consultee and the child or young person's social worker.

This option is offered to foster carer(s)/carers should they not be able to attend the Nurturing Attachment Group Training Programme.

Information sheets: Various information resources might be provided during consultation.

ROMs: SDQ and/or RCADS beginning and end
Session by session: How was this meeting? OR CORC Consultation Feedback Questionnaire, AND/OR Goal progress chart.

5. Intervention: Dyadic therapeutic input

Dyadic work is informed by Theraplay and Dyadic Developmental Psychotherapy.

Dyadic Developmental Psychotherapy informed work (DDP)

DDP can help children who have been hurt and/or neglected within their families in their early years. Children can be traumatized by these experiences and find it difficult to feel safe and secure within their new families. This is sometimes called developmental trauma.

DDP is based on a theoretical understanding of attachment and intersubjective relationships and the impact of developmental trauma.

DDP aims to help children and their parents develop healthy and effective ways of relating and communicating that enable them to feel safe and emotionally connected. Further aims are to help children resolve and integrate the impact of experiences of trauma, loss, increase children's abilities to regulate emotional states, improve reflective functioning and help them socialise with adults and peers.

See <http://ddpnetwork.org/> for further information.

Review: Therapeutic work reviews will occur every 4-6 sessions with the carers. Review of the overall HYM input will occur with the foster carer(s), social worker and supervising social worker every 12-18 session(s).

DDP therapeutic work will end when the HYM LAC worker and carer(s) think that the child is developing some attachment security within the family and family members can continue the process of being emotionally available and intersubjectively connected without the help of the therapist.

Sessions might become less frequent towards the end of the therapeutic work.

Information sheets: Information from the UK DDP website will be provided <http://ddpnetwork.org/>

ROMs: SDQ and/or RCADS beginning, middle and end

Session by session: Choose most appropriate from goal, symptom, impact or feedback tracker

6. Intervention: Individual therapeutic input

Young people might be offered individual therapeutic work. This work will be informed by various psychological models including cognitive behavioural therapy, dialectical behavioural therapy, attachment theory and trauma.

Reviews will be held every 6-8 weeks with the relevant adults (carer(s), birth family, social worker, school.)

If it is thought that a young person might benefit from a therapeutic intervention that is not available from HYM LAC then accessing this will be discussed with main HYM service and the young person would receive input in line with the relevant care pathway.

Information sheets: Various information resources might be provided during consultation. These will be from recognised bodies, such as NSPCC, RCPsych, National Autistic Society, Pennine Care NHS Foundation Trust.

ROMs: SDQ and/or RCADS beginning and end

Session by session: How was this meeting? OR CORC Consultation Feedback Questionnaire, AND/OR Goal progress chart.

7. Intervention: Attendance at Team Around the Child meetings

The Team Around the Child (TAC) Approach is an established way of working within other Pennine LAC service which has been found to be useful in promoting professionals in the child/young person network to share information, ask questions and plan for changes and challenges coming up for the child, young person and their carer(s). Quite often there are lots of people involved in the lives of children and young people in care. Using this approach encourages shared decision making and the thoughtful planning of input for children and young people in care, with the aim of providing the right care and support, at the right time.

The TAC Approach is not a statutory way of working, but rather a framework to support good multiagency communication and joint working. The term was taken from Care Matters: Time for Change (Department for Education and Skills, 2007).

The meetings provide time to share information, ask questions and plan for changes and challenges coming up for the child, young person and their carer(s). Quite often there are lots of people involved in the lives of children and young people in care. Using this approach encourages shared decision making and the thoughtful planning of input for children and young people in care, with the aim of providing the right care and support, at the right time.

See Appendix 3 for further information.

HYM LAC might attend these meetings as a one off closed case consultation basis or they may attend these meetings as part of a more intensive HYM LAC package of support.

D. REVIEW AND DISCHARGE ARRANGEMENTS

The Trust's Care Programme Approach Policy guidelines set out minimum review standards for non CPA and CPA service users. Practitioners should adhere to these guidelines.

These include

- Initial review to be completed 3 months after services begin, or sooner if there has been a substantial change.
- Further review 12 monthly thereafter (or 6 monthly if the person is on a S177) or sooner if there has been substantial change.
- The review should be co-ordinated by the case manager and involve service users (including face-to-face meeting) carers and relevant service providers.
- The review should result in a care plan (including crisis, risk management and contingency plans).

- A copy of the carer plan should be provided to the service user/carers and relevant service providers.
- The review should result in a care plan (including crisis, risk management and contingency plans).
- A copy of the care plan should be provided to the service user/carers and relevant agencies involved with the delivery of care.

When each child or young person is discharged from HYM LAC they will have a clear discharge plan including:

- date of last appointment or review
- brief recap of referral problem and background context
- management and progress summary
- outcome
- formulation (or diagnosis if appropriate)
- summary of risk and advice
- any discharge advice or recommendations
- information about how and when to re-access HYM

REFERENCES

Bowlby, J. (1969), *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books

Care Matters: Time for Change (Department for Education and Skills, 2007).

Golding K. S. (2013) *Nurturing Attachments Training Resource*. Running parenting groups for adoptive parents and foster or kinship. London: Jessica Kingsley Publishers

NICE Guidelines for Looked After Children and Young People, Issued: October 2010, last modified May 2015

Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England. Department of Education and Department of Health, (March 2015).

'Who Pays? Determining responsibility for payments to providers' (August 2013). NHS England

APPENDIX 1

HEALTHY YOUNG MINDS LAC CONSULTATION CLINICS

Are you are struggling with understanding or knowing how to support the emotional needs of a child or young person in care?

Healthy Young Minds LAC hold weekly consultation clinics with the aim of providing support to those involved in the care of children and young people in the care of Tameside Local Authority.

The clinics are for members of the Fostering, Adoption and Leaving Care Teams. We welcome Foster Carers and Residential Carers, but they do need to be accompanied by a member of the Fostering, Adoption or Leaving Care Team for the consultation to go ahead. **Unfortunately we are not able to offer consultation to adoptive parents.** Consultations can be offered to professionals only to think about children pre-adoption. If concerns remain once the adoption has taken place any, please contact your GP.

What to expect

The clinics will be held by Nicola Ellis (Clinical Psychologist) and sometimes accompanied by another member of the HYM's Lac Team.

A session might involve exploring the situation from different angles, thinking about what it feels like to care for the child or young person or thinking about different ways to respond to what the child or young person does or says. At the beginning you will be asked what you would like from the session, so this can be held in mind while we think about the child or young person.

IMPORTANT:

In order to complete the consultation consent to consult with Healthy Young Minds is needed from whoever has parental responsibility. This might be covered by Tameside Children's Services consent paperwork; otherwise please ask for a Healthy Young Minds consent form when booking the consultation.

For recording purposes the following information is also required at the consultation and social workers are expected to provide this:

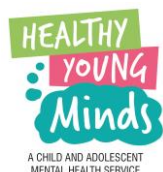
- Child or young person's
 - Name
 - D.O.B
 - Ethnicity
 - Address & Telephone Number
 - School
 - GP
- Name of person with parental responsibility
- Details of other family members
- Whether or not the child and parents have given consent for the consultation to occur

When and Where

The clinics are held at Denton Centre, Acre Street, Denton M34 2BW every Tuesday afternoon from 1pm-4pm.

To book into a clinic slot (1 hour) please contact either Ryan Walker (ryan.walker@tameside.gov.uk) or Emma Mylot on emma.mylot@tameside.gov.uk

APPENDIX 2



Tameside & Glossop Healthy Young Minds
Child & Family Therapy Service
Springleigh
Child Health Clinic
Waterloo Road
Stalybridge SK15 2AU

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Nurturing Attachments Group Training Programme

Healthy Young Minds Tameside LAC (formally CAMHS) and Tameside Fostering Team are running the Nurturing Attachments Group Training Programme for foster carers. Nurturing Attachments is an 18 week group training programme over that is designed to provide support and guidance to foster carers who are parenting children with insecurity of attachment.

You are being invited as your foster child is open to Healthy Young Minds LAC and/or your Supervising Social Worker has put your name forward as someone who might be interested in completing the training programme to help support the needs of your foster child(ren). Therefore, we thought that you might value the opportunity to attend

We have included an information sheet that gives you more of an idea about the aims and content of the training programme.

When and Where is the Training?

This training programme starts on **xxxx**. The course has breaks that coincide with Tameside's school-term dates and there some weeks that are led by the co-facilitator due to my availability. The sessions are at **Denton Festival Hall, Peel Street, Denton, Manchester, M34 3JY**.

The dates for each of the training sessions are:

XXX

Who will be running the training programme?

The training programme will be facilitated by Dr Nicola Ellis (Clinical Psychologist, Healthy Young Minds LAC) and supported by a member of Tameside Fostering Team.

What does the training programme involve?

Signing up to the training programme would mean that you agree to attend each training session and complete the tasks asked of you in between sessions. Foster carers will receive a copy of Kim Golding's book, 'Nurturing Attachments: Supporting Children who are Fostered and Adopted' (2008) and you will be asked to read the relevant chapter in preparation for each session. You will also be asked to keep a Reflection Diary that you will be provided with. We appreciate that there will be some weeks when this just doesn't happen, but the aim of asking you to do these tasks is help you to get the most out of the training.

You will be encouraged to contribute to group discussion and think about and share your experiences of caring for your foster children. The training programme aims to be a safe and supportive space, where foster carers can do this at their own pace.

We would ask you to aim to attend all 18 of the sessions. This is because each week builds on the previous week(s); therefore if sessions are missed it is difficult to get the most out of the programme. We also want group members to feel comfortable in the group and this is usually achieved when the group make-up has some steadiness. We are aware that there will be times when you cannot attend and this is okay, just try to let us know in advance. **If you are unable to attend more than 3 sessions, we would recommend that you wait for the next course.**

Finally, we ask you to contribute to the evaluation of the training by providing feedback and completing outcome measures. This allows us to tailor the course to the group's needs as it progresses and provides information to support continuation of the training programme.

Who should attend?

As with all parenting approaches, where a child has two caregivers, Nurturing Attachments is most effective when both caregivers complete the training programme. However, we appreciate that although this would be something to strive for, this is not always possible.

We have **24 places available** on this course and the foster carers of children and young people open to Healthy Young Minds LAC are prioritised.

Will my foster child then become 'open' to Healthy Young Minds (CAMHS)?

If you are successful in gaining a place and your foster child(ren) is/are not open to HYM's, then they will remain 'not open' to HYM's. If concerns are raised during the training programme, these will be discussed with you and the child's Social Worker.

What to do next?

If you have any question or would like to discuss the training programme further please do not hesitate to contact me or your Supervising Social Worker.

If you would like to request a place on the training programme, please contact me or your Supervising Social Worker as soon as possible and at least by XXX

I look forward to hearing from you!

Nicola Ellis

Clinical Psychologist For Looked After Children

0161 716 3600

Nurturing Attachments Group Training Programme

The Nurturing Attachments Group is a group training programme that is designed to provide support and guidance to carers and adopters parenting children with insecurity of attachment. The Nurturing Attachments Group explores Attachment Theory and links this to the House Model of Parenting (see below). This provides a coherent set of ideas for parenting the children in a way that fosters security of attachment and therefore resilience and emotional growth. Practical suggestions are offered but these are grounded in theory so that carers can develop a deeper understanding about what they are trying to achieve, and can be flexible in the way they use and adapt the ideas being discussed.

Why a group work programme based on Attachment Theory?

“Where the child has been emotionally damaged by their early experience the provision of a stable, loving home is necessary but not sufficient to facilitate developmental recovery” (Quinton et al, 1998)

Children living in foster families have all had to live through the trauma of leaving their birth families and adjusting to a new family. For many of these children they are also leaving behind an early experience of inadequate parenting including abuse, neglect and/or exposure to the trauma of living with domestic violence, drug and alcohol abuse. Early experience of separation, loss and inadequate parenting is likely to leave its mark. Looked after children are at increased risk of attachment difficulties.



An attachment difficulty occurs when a child struggles to trust a carer, compromising the affectional bond between them. The child has difficulties in deriving security and comfort from the carer. Attachment difficulties leave the child at increased risk of later developmental and emotional difficulties whilst the experience of a secure attachment acts as a protective factor against later adversity. Insecurely attached children therefore need their carers to provide nurture and support as they may have a range of difficulties stemming from their early unsatisfactory relationships. They need their carers to find special ways of parenting them to help them experience a secure attachment and develop resilience and emotional health.

In order to do this successfully carers will need support and guidance. In particular these parents need support to understand and manage the complex and difficult behaviour often presented by the children whilst finding ways to meet the emotional needs, however they are presented.

Aims of Group

1. To provide support to carers who can feel very isolated caring for children with attachment insecurities.
2. To increase understanding of the children and their behavioural and emotional needs through an increased understanding of attachment theory.
3. To explore ways of applying this understanding to the parenting of the children.
4. To increase the skill and confidence of the carers and parents.

Content of Group

The programme is divided into 3 modules with 6 sessions per module.

Module 1: Provides an in depth understanding of attachment theory, patterns of attachment and implications for parenting.

Module 2: Introduces the House Model of Parenting, providing guidance on how to help the children experience the family as a secure base.

Module 3: Continues exploring the House Model of Parenting, with consideration of how the

parent or carer can both build a relationship with the child and manage their behaviour. In this way the children's confidence and security increases and in time gives them the ability to manage their own behaviour.

Is the Nurturing Attachments Group for me?

If you like meeting others, sharing your parenting experiences, having a laugh, and exploring new ideas about parenting then The Nurturing Attachments Group is likely to be for you. You will have an opportunity to increase your understanding of Attachment Theory and explore different ways of parenting children who have had a disrupted early start in life. The group is highly supportive, and provides an opportunity to think more deeply about fostering than single training events can allow for.

What have foster carers said about the course?

"Boosted my confidence to carry on"

"Absolutely loved this course 😊 and I'm extremely thankful for my place on it"

The course helped:

"My understanding of my child's difficulties"

"My confidence to manage the challenges of parenting my foster child"

Gave me have the necessary skills to manage the challenges my foster child's presents"

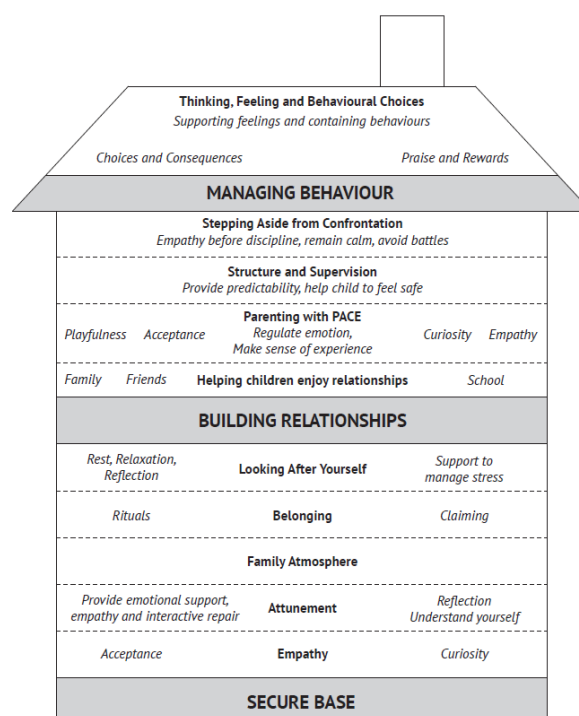
"My foster child's respond to my attempts to help them"

"How secure the placement feels"

"Would recommend all foster carers undertake this course"

Criteria

The Nurturing Attachments Group is an intervention offered to foster carers of children under the care of Tameside Local Authority. Foster carers who foster children are who are currently under the care of Healthy Young Minds Tameside LAC are prioritised. If you would like more information or think the group might be for you, please speak to your foster child or young person's HYMs case manager or your supervising social worker.



House Model of Parenting (Kim Golding, 2007)

Tameside Looked After Children Team Around the Child Approach

What is the Team Around the Child Approach?

The Team Around the Child (TAC) Approach is a way of working that Healthy Young Minds LAC service is promoting for use with the professionals and services involved with children and young people in the care of Tameside Local Authority.

It provides the key people and agencies in a child or young person's life (their network), ***time to develop a shared understanding of the child or young person and think about how they can best work together to meet the child or young person's needs.*** In this sense the TAC Approach helps the child or young person's network work well together for the child or young person's benefit. This happens through regular multiagency TAC meetings.

The meetings provide time to share information, ask questions and plan for changes and challenges coming up for the child, young person and their carer(s). Quite often there are lots of people involved in the lives of children and young people in care. Using this approach encourages shared decision making and the thoughtful planning of input for children and young people in care, with the aim of ***providing the right care and support, at the right time.***

The TAC Approach is not a statutory way of working, but rather a framework to support good practice.

Who is it for?

As this is an approach that aims to promote joined-up working, it would benefit all sorts of children and young people with all sorts of needs.

Primarily the TAC approach is helpful for ***children and young people who are identified as having complex needs in several areas of their life*** and where a highly structured, continuous and collaborative multiagency response is needed to pull things together and keep things on track.

However, TAC meetings would also prove helpful for children and young people with less complex needs, with the meetings likely involving less people and occurring less frequently.

What does it involve?

The ***frequency of TAC meetings depends on need.*** Generally TAC meetings are planned four to six weeks apart. However, if the child or young person has complex needs or has a lot going on for them you will meet more frequently. Likewise if things seem to be ticking along okay, then you might arrange to leave a longer gap between meetings.

Those invited to TAC meetings also depends on need. The child or young person's Social Worker should always be aware of and consent to the TAC meetings.

In addition to the child or young person's Social Worker, their carer(s) and their carer(s)' Supervising Social Worker (if in foster care) should be present, together with any other relevant professionals.

There does not need to be a member of Healthy Young Minds LAC to be involved for the TAC Approach to be started. However, while this is being piloted throughout Tameside, Nicola Ellis (Clinical Psychologist for LAC) will chair and facilitate these

meetings.

At the TAC Meetings

At each TAC meeting ***an agenda is followed*** that covers the following areas: previous decisions/actions made; the child or young person's progress in placement and school; issues related to contact, social care plans and court proceedings; and the child or young person's emotional and behavioural needs.

Those present share information regarding the child or young person and think together to ***aid each other's understanding of the child or young person's needs***. With this, shared understanding decisions are made and support put in place to meet the child or young person's needs.

Agreed actions are recorded at each meeting. These may be actions such as inviting another professional involved to the next meeting, but may also be more subtle ongoing actions such as a change in style of communication with the child or young person. At each meeting the **professionals take it in turns to chair the TAC meetings and take minutes**. An agenda and template for minute taking is available.

By the nature of needing a TAC to be implemented due to the level of need for the young person, TAC meetings should take priorities by all professionals involved in most instances, with the exception of needing to attend court and legal meetings (e.g. LAC reviews & PEP meetings).

Any Questions?

Should you have any questions about this approach please contact Nicola Ellis (Clinical Psychologist for Looked After Children).