Connecting Care

An Overview of the Northern Ireland Framework for Integrated Therapeutic Care for Care Experienced Children and Young People

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Acknowledgement

This overview has been written by Tom Teggart, Department of Health (DoH) Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) Regional Implementation Lead, and Suzanne Mooney (Principal Investigator), Carolyn Blair and Rachel Leonard (Research Fellows) of the NIFITC Research Team based at Queen's University Belfast.

It reflects the work of multiple people based in Trusts and associated agencies who have taken on tasks and contributed to steering and working groups to share their knowledge and experience and help develop the NIFITC for care experienced children and young people.

The programme of work to establish the NIFITC has been progressed by colleagues at DoH and Health & Social Care Board (HSCB), with particular thanks to Michael Burns (Office of Social Services, DoH), Eilis McDaniel and Joan O'Hara (Family and Children's Policy Directorate, DoH), Deirdre Coyle and Paul Millar (HSCB Commissioning Leads).

Contents

Important terms

The term 'care experienced' is utilised throughout this document to refer to children in all forms of state care (residential, foster care, kinship care, birth family) and adopted children. On occasion throughout the document, the terms 'looked after' and 'adopted' are used separately when referring to different cohorts of children.

The term 'caregivers' refers to the important adults in children's lives who provide a primary caregiving role such as members of the child's birth family and extended family networks, kinship carers, foster carers, adoptive parents and residential caregiving teams.

Section 1:
Setting The Context

1.1 Introduction

The Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) has been developed to guide the delivery of care to care experienced children and young people in Northern Ireland (NI). This overview describes the new Framework, and how it will be implemented and evaluated. The document has four sections. The first section sets the context by outlining the rationale for a new regional framework, providing a brief overview of relevant statistics and a summary of the key issues requiring attention. Section two describes the framework and associated change model, designed to maintain a focus on the vision for improving outcomes for children and young people through the delivery of trauma-informed care. Section three summarises how the framework has been developed and proposals for implementation. The final section describes an outcomes framework developed to evaluate the impact of the NIFITC and a planned research programme which aims to support the implementation of the NIFITC and the future development of integrated therapeutic care for children and young people in NI.

1.2. Why Is A Framework For Integrated Therapeutic Care Needed?

The health and wellbeing of looked after and adopted children and young people (care experienced) is a major contemporary concern across all developed countries. Care experienced children are internationally recognised as a vulnerable social group [1, 2] with the cumulative effects of childhood exposure to trauma and adversity known to detrimentally influence outcomes across the life course [3, 4, 5]. Given the complexity of care experienced children's needs and those of their primary caregivers, multiple services and disciplines are typically involved with individual children. This often complex array of provision requires a shared, evidence-informed framework to deliver coherence and consistency across interfacing services and disciplines to promote children's health and wellbeing and enhance their life chances.

1.3 Policy Vision: A Single Framework For NI

A Review of Regional Facilities for Children and Young People in NI undertaken in 2018 [6] recommended the development of a single therapeutic approach for residential care to enable children's home staff across the five Health and Social Care (HSC) Trusts to support and manage children's behaviours and prevent escalation to regional secure facilities. This recommendation has since been extended to include all looked after and adopted children and young people, irrespective of their placement. These considerations have resulted in the NIFITC, which has been

developed in consultation with all HSC Trusts and with the authority of the jointly-led Departments of Health and Justice Campus Development Programme. This single framework has been informed by knowledge and established best practices in NI, and by contemporary research and practice knowledge as described in international literature. The NIFITC will guide services for all care experienced children and their caregivers across NI, eventually replacing the different therapeutic models and approaches previously adopted by individual Trusts.

The current Strategy for Looked After Children in NI (A Life Deserved: "Caring" for Children and Young People in Northern Ireland) aims to improve children's wellbeing and outcomes to "give them the best chance of the life they deserve" [7]. The implementation of the NIFITC is noted as a central feature of the current Strategy, as a means to create equality of opportunity for care experienced children and young people and to close the outcomes gap between them and their non-care experienced peers.

1.4 Care Experienced Children and Young People in NI: An Overview

Children and young people come into care as a result of concern about significant adversity within their immediate family context which has not resolved despite professional intervention. The types of substitute care placements relevant to the NIFITC include kinship care, foster care, residential care and shared care arrangements with birth parents.

1.4.1 Increasing Numbers of Children in Care

In the ten years from 2010, there has been a 30% increase in the number of looked after children in NI (see Figure 1), rising to 3,519 in January 2021 [8]. This increase is similar to the trend across the UK which is thought to be influenced by an enhanced awareness of child protection issues, greater urgency to take action to protect children who are potentially at risk [8] and increasing levels of poverty and inequality [9].

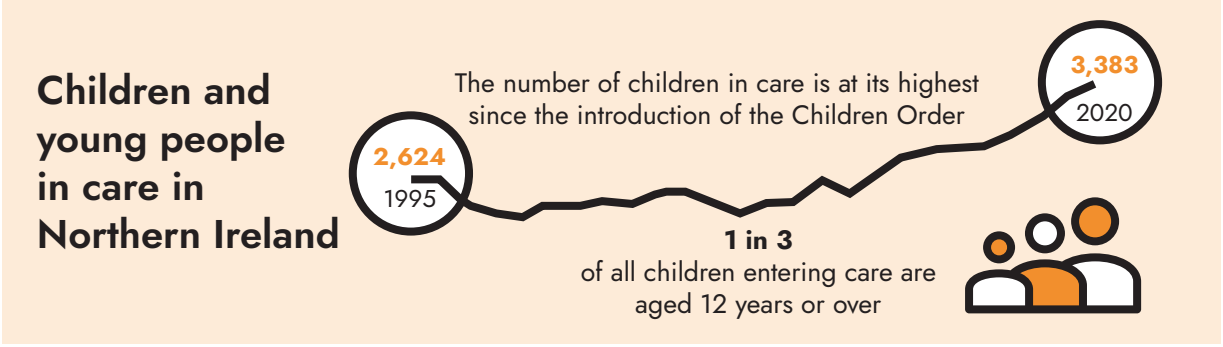
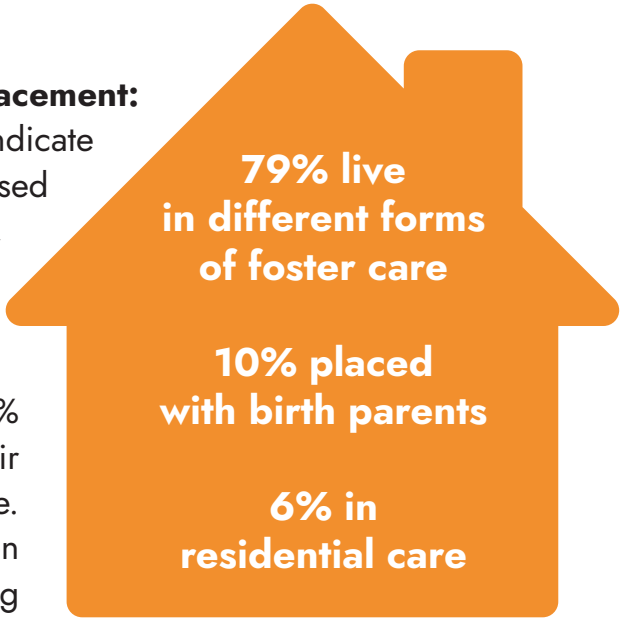


Figure 1: Increasing numbers of children in care [8].

1.4.2 Placement Types



Foster, Kinship and Birth Family Placement: Children's Social Care Statistics 2019/20 indicate that foster care is the most frequently used placement option for children in care in NI, with 79% of children living in different forms of foster care (40% kinship foster care; 32% non-kinship foster care; 7% independent foster care) [8]. A further 10% of children in care are placed with their parents, while 6% are in residential care. Of the 5% in other placements, 65 children were placed for adoption [7]. A growing emphasis on kinship care sees a child placed with a relative, friend or other person with a prior connection with the child. However, the needs and circumstances of each child are unique and a kinship care placement is recognised as not suitable for every child [8].

Children's Residential Homes: At 30 June 2020, there were 48 Children's Residential Homes in NI, 42 homes were statutory and 6 were independent. Statutory homes provided 270 places at an average of 6 places per home (range 5-8), while independent homes provided 26 places at an average of 4 places per home [8]. The Belfast HSC Trust had the highest number of Children's Residential Homes (n=12) closely followed by the South Eastern HSC Trust (n=11). The Western HSC Trust had 9 residential homes, and both the Northern and Southern HSC Trusts had 8 homes respectively. The only dedicated secure children's home provision for looked after children and young people in NI is located within the South Eastern HSC Trust, with a maximum of 16 places. There is also a regional Juvenile Justice Centre, also located the South Eastern HSC Trust with a maximum of 48 places, although currently resourced to accommodate up to 36 children at any one time. Following the Review of Regional Facilities for Children and Young People in NI, plans are currently underway to create a regional shared Care and Justice campus [10].

1.4.3 Demographic Profile of Care Experienced Children and Young People

Poverty: Children from the most deprived areas in NI make up the highest proportion of looked after children at 43% [7]. This over-representation is mirrored across all regions of the UK with children in the most deprived neighbourhoods in NI known to be six times more likely to be on the child protection register and four times more likely to be 'looked after' [11]. Research has established a high correlation between childhood adversity and socio-economic disadvantage [12, 13]. Rising rates of inequality and poverty [14, 15], accompanied by the detrimental impact of austerity measures on services for vulnerable children and families are noted as contributing factors to the increase of care experienced children and young people throughout the UK [9].

Gender: Of those children looked after as of 31st March 2020, a slightly higher proportion were male than female (54% and 46% respectively) [8].

Age: In 2019/20, the age of children adopted from care ranged from 1 year and 2 months, to 14 years and 11 months. As in previous years, the majority of these children were between 1 and 4 years old at the time of adoption [8]. Children in care had an older age profile with 42% of the looked after population aged 12 years and over [8].

Ethnicity: The ethnicity for the vast majority of children looked after in NI is white (92%) with the remaining number (8%) made up of a variety of ethnicities, including Black, Irish/Roma Travellers, Chinese, Indian, Pakistani and mixed/other ethnic groups [8]. Almost all children adopted from care were of a white ethnic background (98%) [16].

Disabilities and additional needs: Care experienced children and young people are known to present with a range of additional needs. Children's social care statistics in NI 2019/20 indicate that 12% of the 3,383 children in care in NI at that time, were recorded as having a disability, nearly half (46%) of these young people had autism, while a further 37% had a learning disability [8]. A NI study about disabled children in out-of-home care in 2016 (n=487 representing 11.2% of the overall looked after population), found that 53% of looked after disabled children and young people in NI were profiled as having challenging behaviours, 23% with speech and language disorders, 21% with ADHD/ADD, and 16% with anxiety [17]. Of the 111 children adopted from care in NI 2019/20, twelve children (11%) had recorded special needs or a disability, this included physical and sensory impairment, learning disabilities, autism, behavioural difficulties and mental health difficulties [8].

Mental Health: Care experienced children and young people are also recognised to be vulnerable to poor mental health. For example, in a review of the physical and mental health of a representative sample of looked after children in NI in 2015 (10% of population), McSherry et al. [18] found that 40% had been diagnosed with behavioural problems, 35% with emotional problems and 21% with depression or anxiety.

1.5 The Needs of Care Experienced Children and Young People

1.5.1 Developmental and Relational Trauma

Care experienced children and young people are known to have experienced a range of adverse childhood experiences (ACEs). Typically relational in nature, these may include circumstances such as family conflict, family mental illness, parental substance abuse and domestic violence [9, 19]. This adversity may be recognised in terms of the experience of trauma (exposure to situations that are overwhelmingly frightening to the child/young person) or neglect (the absence or inadequate provision of physical, emotional and cognitive experiences that support development). In addition, children's experiences within the care system itself are known to compound such relational difficulties given multiple placements, and staff and caregiver changes [20].

As a result of fragmented and adverse relational experiences, care experienced children and young people can experience multiple attachment and trauma-related difficulties [21] which are thought to be at the core of the types of emotional, social and learning difficulties with which many children struggle [22]. These complex and interacting responses to early life adversity are cumulatively referred to as developmental and relational trauma [22].

No two people are affected exactly the same way by trauma. Children and young people who have experienced adversity will have strengths as well as needs, but they often require help and support to develop the relationships and skills they will need for life. Many young people also live with memories of their traumatic experiences – so they have much more to deal with than most young people of their age.

The term 'developmental and relational trauma' describes how children growing up in circumstances that are insecure and unpredictable, or which are regularly distressing and lacking in appropriate stimulation are more likely to experience difficulties with responding to stress, which may impact on their development. How much trauma a child experiences and when it occurs during the sequence of their development will influence the types and extent of such impacts [23, 24]. As each phase of child and adolescent development builds on the foundational capacities established in those that preceded it, there is a risk that earlier developmental disruption can have a cascading effect on skills that should be acquired later.

As well as the impacts of adversities on children's development, young people may have experienced some of the key relationships in their lives as inconsistently nurturing and supportive or perhaps frightening. These experiences over time can

shape the core beliefs young people have about others as being untrustworthy and perhaps dangerous, and about themselves as being at risk in relationships or perhaps not worthy of love and respect. Children need to feel safe and secure in all areas of their lives to minimise the impact of stress and to enable their development. Children may also have developed habitual behaviours or ways of relating in unsafe situations that are harmful to them, although these behaviours may have helped them to be or feel safer at the time. So feeling safe and nurtured in key relationships is central to enabling children and young people to explore more trusting and rewarding ways of relating to others and to themselves in the future. The multiple impacts of developmental and relational trauma can be summarised in five core domains, summarised in Figure 2, overleaf. Individually these areas of need may not reach thresholds for medical diagnosis, but their combined effects can have significant impact [21, 25].

Trauma and attachment theories and knowledge about developmental processes provide a framework for making sense of the impacts of adversity and identifying the types of experience that can lead to recovery. As these theories bring together observations about the range of impacts of trauma and adversity – physical, sensory, emotional, relational, cognitive and behavioural – it is an integrative framework which highlights the range of supports and interventions that may be required to support recovery. All of these interventions, and therapeutic care generally, are fundamentally relational. Young people need to consistently experience nurturing, compassionate relationships that help them develop an internal sense of safety, connectedness and optimism. When this can be delivered, consistently over time, young people can recover and thrive. To ensure that the full range of required supports and interventions are delivered consistently, the organisations that deliver them need to be effectively trauma-informed and trauma-responsive [26, 27, 28, 29].

Every interaction is an intervention (Treisman, 2016)

Figure 2: Developmental impacts of early life adversity

1.6 Service Needs

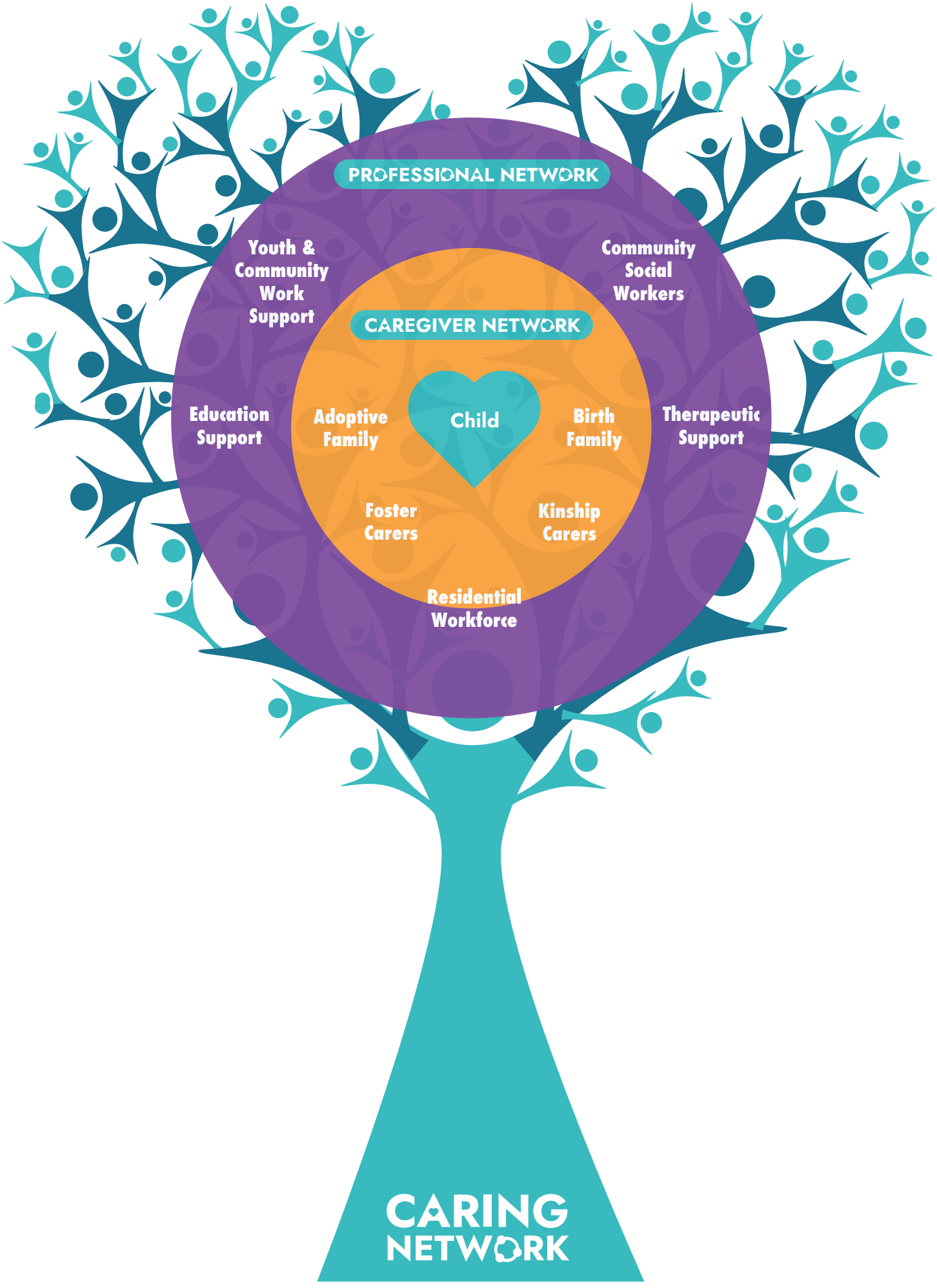
1.6.1 The Need for Service Coordination and Collaboration

The effects of developmental and relational trauma contribute to a picture of complex and interacting needs for individual children and young people. This means that a wide array of supports and interventions can be needed to promote a young person's recovery and support their development [30].

Care experienced children and young people typically have multiple adults involved in their lives who hold some level of caring responsibilities toward them, with whom they have relationships. This *caring network* (Figure 3) includes the child's primary caregivers (*the caregiving network* - such as birth family, extended family networks, kinship carers, foster carers, adoptive parents and residential caregiving teams), as well as the wider professional teams tasked with supporting children and their caregivers (such as fostering and adoption teams, looked after children's social work teams, therapeutic services and other service providers – the *professional network*).

Care experienced children and young people typically have multiple adults involved in their lives who hold some level of caring responsibilities toward them, with whom they have relationships.

Figure 3: The Caring Network



One of the challenges to providing multiple, consistent experiences to support young people's recovery is co-ordinating the inputs of the multiple agencies (social care, health, education, community, sometimes justice) and many individuals (family, caregivers, social workers, teachers, therapists, other healthcare professionals and other community providers such as sports coaches, arts/music tutors, youth justice and youth service workers etc.) that may be involved. These systems and individuals may not always share the same views about what a young person needs and how to help. This can lead to disjointed or fragmented organisation of the system around the young person, a situation sometimes described as a parallel process [31], meaning that the young person's own need for more integrated functioning is mirrored in the system around them.

Young people need to be confident that the people around them are working positively with each other and know how to help. If this is not the case, then it is very difficult for young people to feel safe and secure. This is one of the reasons why effective care and treatment for this population are known to require close collaboration between children's multiple primary caregivers and the range of other involved health and social care professionals and agencies [28].

One of the challenges to supporting young people's recovery is coordinating the inputs of multiple agencies and professionals, and the other important adult caregivers in their lives.

1.6.2 Supporting Phased Intervention

Research and practice literature emphasises the importance of phase-based interventions for recovery from the complex effects of trauma [32]. The initial focus for interventions is to establish a real sense of safety, assisted by intensive, attuned relational support and service responses alongside predictability and consistency in daily life experience. Building on this, children and young people can be helped to develop skills for coping and an understanding of what has happened to them. Making sense of what has happened can involve mourning losses and processing difficult memories, so it is important that this phase of the work is not progressed until a young person is ready in terms of their coping skills, relational supports and their own views and wishes about how to deal with the past. Growing a positive relational support network is an important focus of intervention and support and becomes gradually more achievable as the impacts of trauma diminish. At this stage, opportunities for integration and reintegration into family, social and community life can help to develop and consolidate a changing and preferred sense of self.

The need to deliver a complex set of supports over time requires careful assessment, planning and co-ordination of provision as highlighted above. A shared formulation - a developed set of ideas about how a young person's needs can be understood in the context of their history and circumstances - is also required to help organise planning and supports. This must include consideration of how a young person's developmental capacity is impacting functioning, so that supports and interventions can be chosen and provided at the appropriate level of ability and need throughout the process of recovery and growth. This principle for planning interventions is known as a neurosequential approach [23, 24]. It is enabled when organisational processes are in place that facilitate collaborative working between the young person's caregiving and professional networks.

1.6.3 The Importance of Caregiver Wellbeing and Placement Stability

Primary caregiver and family wellbeing is known to have a direct influence on child wellbeing across the life course [4]. Similarly, children's emotional and behavioural difficulties can have a significant deleterious impact on adoptive and foster families and placement stability [33, 34]. Research indicates the critical need for support for care experienced children's primary caregivers, including birth families, with half of all children in care in NI (50%) returning to live with their birth parents [8]. It is key therefore that foster, kinship, adoptive and birth families in addition to residential care teams are given the right support at the right time, prior to a situation escalating and destabilising a child's placement.

Section 2: The NI Framework for Integrated Therapeutic Care

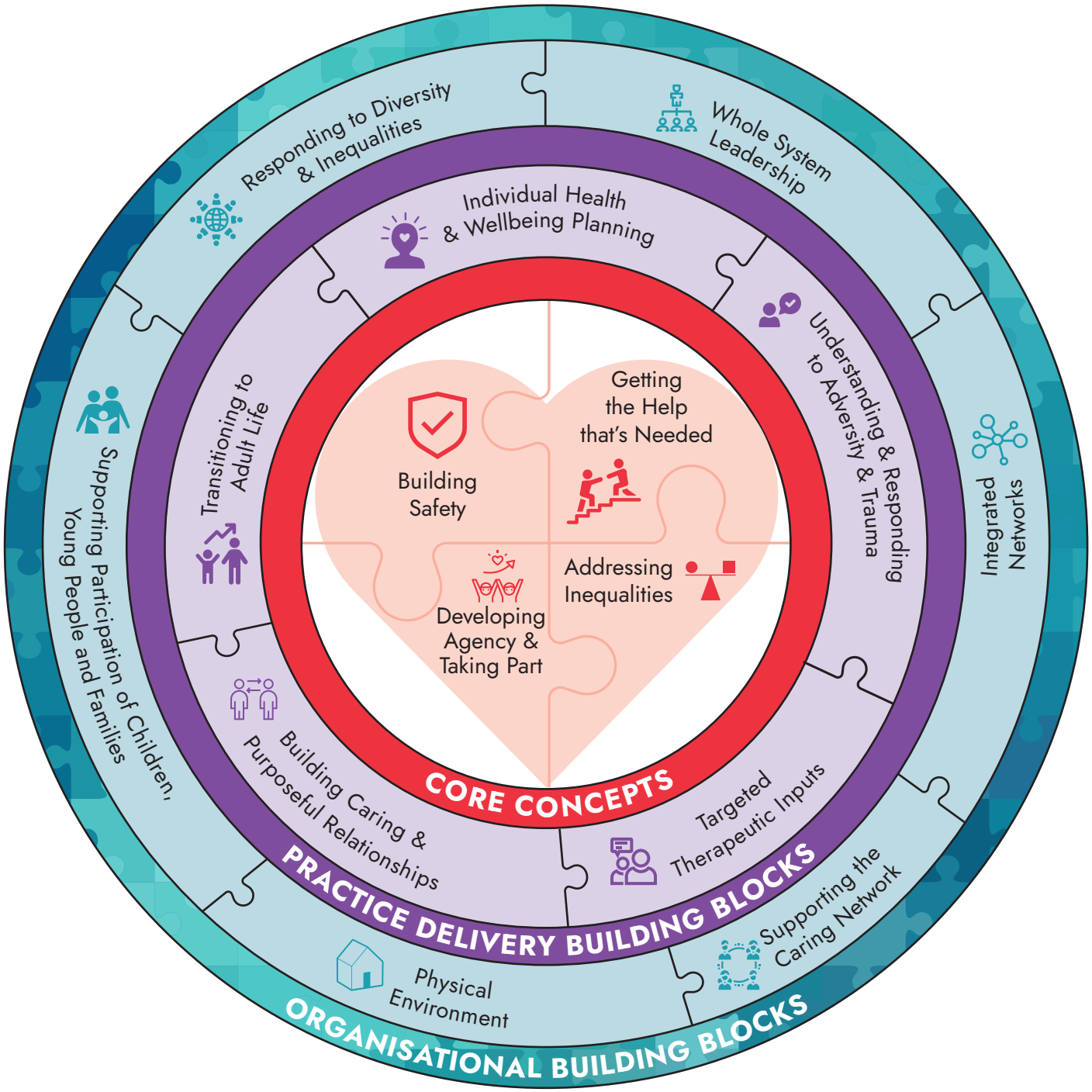
2.1 Framework Overview

The NIFITC incorporates attachment, trauma-informed and rights-based approaches to care and treatment. Four core concepts and a series of building blocks - six system or organisational components and five practice delivery components (Figure 5) - have been developed collaboratively with representatives of all five HSC Trusts. Together they aim to provide guidance for Trusts and associated agencies to deliver integrated therapeutic care to children and young people and their caregivers. In brief, the NIFITC principles and processes seek to deliver:

- relationally-focused care and interventions to care experienced children and young people and their network of caregivers to support children to recover and thrive;
- structured pathways to increase accessibility to holistic screening and assessment processes to ensure children's needs, and in particular developmental and relational trauma impacts, are reliably identified with appropriate services accessed accordingly;
- a single, shared 'team around the child' network planning and review process to deliver a 'one child one plan' approach to ensure seamless interfacing between all involved agencies;
- enhanced participatory working with children, young people, families and caregivers which maximises children's contributions as well as those of their family and caregivers, builds on strengths and shares decision-making;
- a diverse, knowledgeable, skilful and reflective workforce, trained in trauma, attachment and therapeutic care practices and supported by a range of reflective practice and wellbeing opportunities;
- a critical and reflective learning culture at the heart of all service development feeding into organisational policies, processes and everyday practices and ensuring that everyone's contribution is recognised, valued and supported.

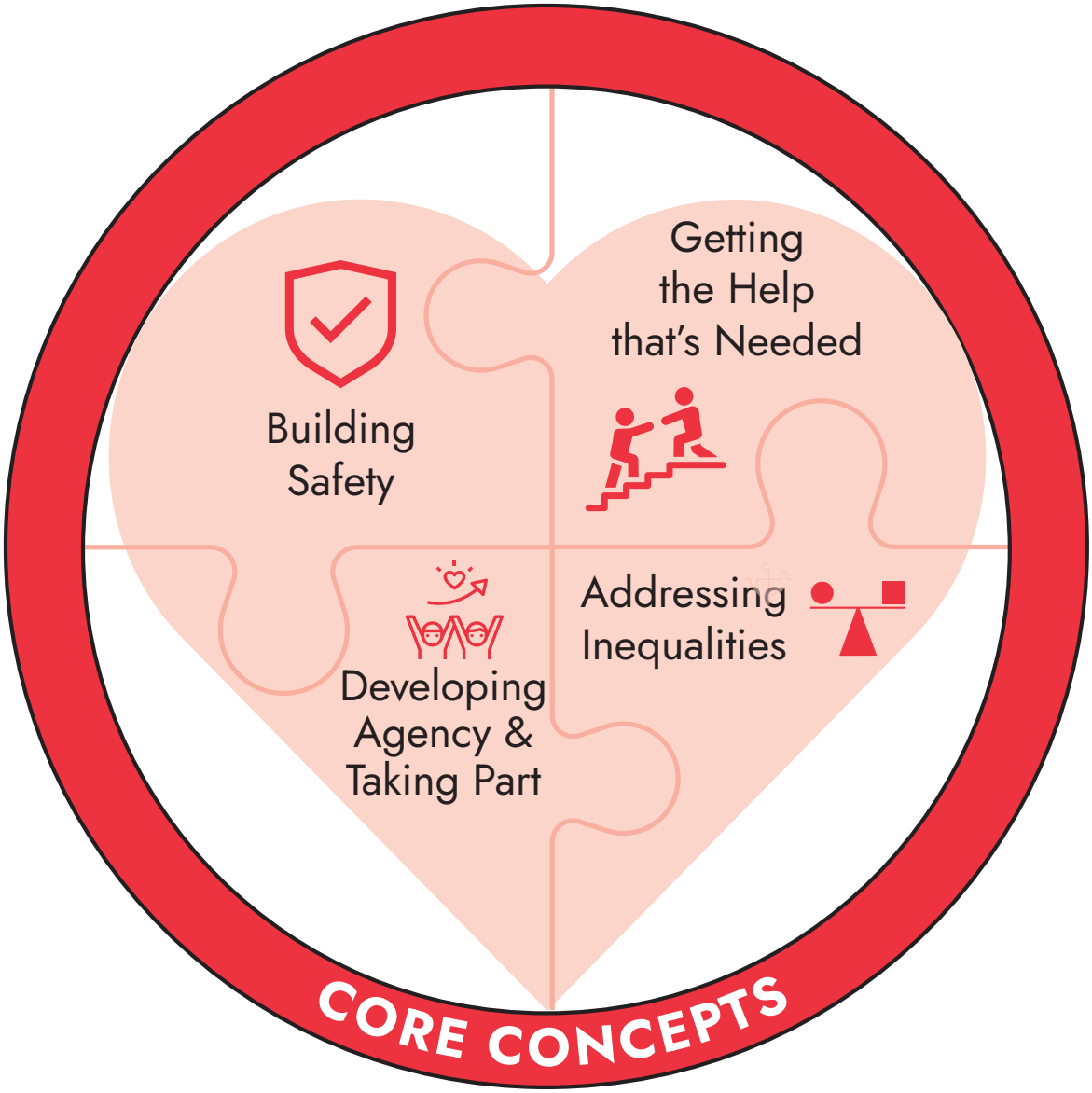
The core concepts and building blocks aim to provide guidance for Trusts and associated agencies to deliver integrated therapeutic care to children and young people and their caregivers

Figure 4: NI Framework for Integrated Therapeutic Care



2.2 FITC Core Concepts

The NIFITC is based upon four core concepts that are central to trauma informed and responsive care: *Building Safety; Getting the Help that's Needed; Developing Agency and Taking Part; and Addressing Inequalities*. These concepts are used to underpin all elements of the Framework to help enhance service and practice coherence.

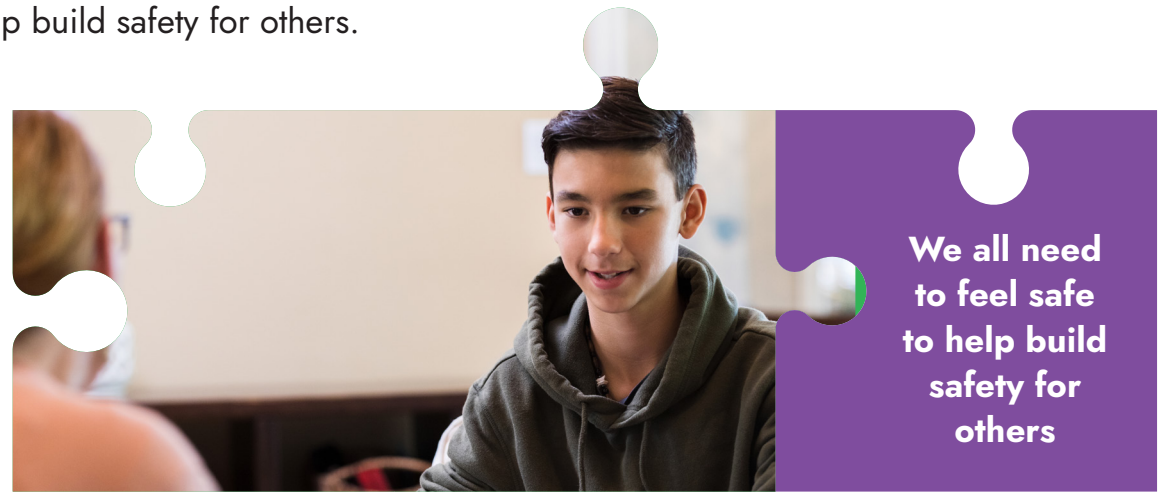


2.2.1 Building Safety

The experience of previous trauma and adversity can cause children and young people to feel unsafe or at risk. This sense of vulnerability means that stress responses are easily triggered even when dangers are not present. Children recover from adversity when their social world does not frighten or overwhelm them, and when they have multiple relationships with safe adults who are reassuring and stimulating. Consistent experiences of safety and opportunities for growth lead to children developing new skills for living and new ways to make sense of their past, present and future.

Children can feel physically unsafe if their lives or environments are unpredictable or trigger troubling emotions or memories, when their own bodies react in ways that feel out of control, or when they fear harm may occur to themselves or others. Children can feel relationally unsafe without a sense of belonging or being valued, and if they cannot trust the adults in their lives to be consistently caring and nurturing and to never cause fear or shame. Feeling unsafe emotionally can be caused by not having ways to make sense of life, not having things to believe in or a sense of a hopeful future, or by not having the skills and confidence to deal with life's challenges.

Recovery and growth can only occur when physical, relational and emotional safety are established, so much has to be done by the important people in children and young people's lives to help them be and feel safe. These people include children's birth family and extended networks, all caregivers such as foster carers and residential social workers, and other involved professionals such as teachers or therapists. This network of caring adults also need to feel secure in their roles, know that they are valued and supported, and that what they do matters. This is achieved when they are helped to deliver care by an organisation that understands we all need to feel safe to help build safety for others.



2.2.2 Getting the Help That's Needed

The provision of consistent nurturing, responsive relational experiences and access to stimulating family and community life is essential to promote the recovery and growth of children and young people who have experienced early life adversity. For some, the impacts of trauma and adversity on their emotional, cognitive, physiological and psychosocial development can mean they need additional therapeutic interventions at different times in their lives to support their development and wellbeing. The important adults in children's lives also need support to deliver the best care in circumstances that can be challenging.

Neurodevelopmental research helps explain how childhood adversity can negatively impact different aspects of children's growth and development and highlights the need for access to a range of holistic interventions. Supports may be needed to enhance children's lives at home and in education and community settings. As well as potential impacts on neurocognitive functioning, care experienced children and young people are likely to have experienced relationships that were inconsistently nurturing and supportive or that were frightening and abusive. All care experienced children and young people require support to help them understand what has happened in their lives. For some children and young people, the emotional impacts of their experiences and their need to make sense of their lives may also require some form of psychological therapy.

Children, young people and their caregivers should receive the interventions and supports they need when they need them, so systems must be in place for screening, assessment and early intervention. Relevant services should also be adequately resourced and organised to respond in the most helpful manner before reaching crisis. Children's needs can be complex and because supports may be required from more than one provider, organisations should collaborate closely as a team-around-the-child to develop a shared understanding of the child and caregivers' needs and a single plan to address them. Delivery of therapeutic services should be individualised and always reflect core trauma-informed values of safety, choice, collaboration and empowerment.

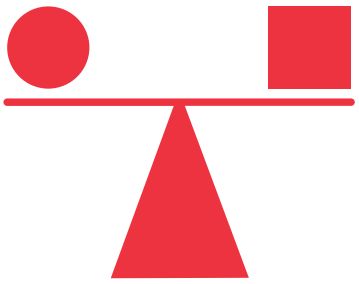
2.2.3 Developing Agency and Taking Part

Children and young people impacted by adversity and trauma are likely to have experienced times when life felt out of control or when they were powerless to influence people's actions or critical events. Sometimes children in such circumstances can feel out of control themselves and struggle to manage their own emotions and behaviours. We know that even very young children are always trying to make sense of their world. This can mean that children and young people feel unduly responsible for difficult life experiences or events that contributed to their entry to care. Such confusing early life experiences profoundly influence children's sense of who they are in the world and can shape their evolving identities across the life course. The birth family of looked after and adopted children may also have experienced trauma and adversity in their early lives and have a sense of powerlessness in their interactions with professionals.

Trauma-informed literature indicates the importance of people regaining a sense of personal agency and influence on their lives to support wellbeing and trauma recovery. Care experienced children and young people feel valued when the adults who care for them as well as others who are responsible for their care are interested in their experiences and views, take time to listen and discuss, and then take action to ensure their views are given due consideration. This can be about small (but important) personal issues in children's everyday lives such as what they wear or eat, what they study or the activities they do, but can also be about bigger decisions that affect their lives, such as where they live and who they have contact with. Ensuring children and young people have safe and meaningful opportunities to contribute their views and know that they have been taken seriously helps them find a sense of personal voice even if their views are not fully agreed or enacted. Children and young people also experience a sense of agency when they are supported to have an age-appropriate understanding of difficult times in their lives. These caring relational actions over-time combine to give children a sense of appropriate influence on their lives and the possibility of a hopeful future.

The need to be included, listened to, respected and meaningfully involved in decision-making extends to children's family and caregivers, as well as other staff in the team-around-the-child. Organisations which have a commitment to working collaboratively with families and staff value everyone's contribution to the important relational experiences that are essential to care experienced children's recovery and development. They seek to work in partnership and share decisions by acknowledging and building on what's working well while also clearly and fairly addressing difficulties.

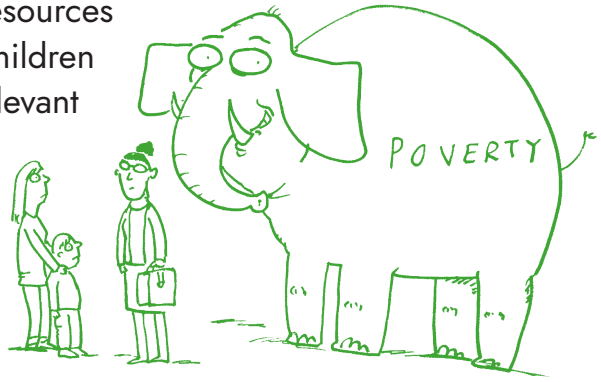
2.2.4 Addressing Inequalities



Exposure to multiple adversities and trauma is unequally distributed throughout society with impoverished and marginalised children, young people and their families bearing the most significant burden and an increased likelihood of becoming engaged with child welfare services. Therefore services have to consider wider contextual influences in addressing the effects of trauma and adversity on children and their families. Associated with this are the differing levels of influence people have over their lives and circumstances, and the impact of this on their sense of who they are in the world and the resources available to them to provide nourishing family caregiving practices.

Children and families can feel powerless and judged in their interactions with child welfare providers and ashamed about aspects of their lives that have contributed to service involvement, leading sometimes to fractious encounters and withdrawal. Staff can also feel unsupported and undervalued in their role. Addressing inequalities throughout the system of care aims to ensure that additional supports are provided where needed, that everyone understands what is happening and why, and knows their experience is recognised and their contribution valued. In these ways, service engagement is promoted, and children's understanding of their lives and evolving sense of identity-making is supported.

Achieving these goals requires agencies and teams to develop a critical learning culture, embedding reflective practice in service development. This includes being curious about how power and privilege relate to policies, organisational processes and everyday practices, and being willing to re-consider personal and societal biases and assumptions. Meaningful action to elicit and take account of the perspectives and experiences of children, their families and caregivers is also required. This includes careful consideration of all aspects of the environment, the use of language and descriptive labels and may require additional resources to enhance service accessibility for some children and their caregivers. Purposeful outreach to relevant advocacy groups and communities with lived experience is also needed to help ensure influences on service delivery are balanced. Such actions demonstrate organisational commitment to a culture of mutual respect, inclusivity and collaboration that can assist more just and compassionate futures for children, their families and caregivers.



ANTI-POVERTY PRACTICE FRAMEWORK FOR SOCIAL WORK IN NORTHERN IRELAND

POVERTY – THE ELEPHANT IN THE ROOM

2.3 NIFITC Building Blocks and Change Model: Linking concepts, processes and outcomes

2.3.1 NIFITC Change Model

The NIFITC Building Blocks have been developed to provide guidance on how services can be delivered to reflect the four NIFITC core concepts leading to specified outcomes defined in relation to these concepts. The outcomes focus developed for implementation of the Framework is described in some detail in section four of this document. The linking of the core concepts, building blocks and multiple levels of outcome represents the NIFITC change model. The model describes the proposal that delivery of services and supports to reflect Building Block guidance should facilitate interim outcomes for organisational practice and caregivers, that lead to improved outcomes for individual young people. The change model is summarised in Figure 5 overleaf.

The change model also provides an implicit structure for evaluation of all aspects of the delivery of the Framework and of its effectiveness, providing system feedback so processes can be further developed and outcomes improved over time. The focus of each of the eleven building blocks is summarised in the tables below and the full building block descriptions are available in a separate document.

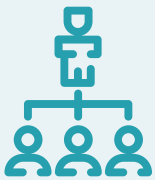
NI Framework for Integrated Therapeutic Care Change Model

Supporting Trauma Recovery & Development

Figure 5: The NIFITC Change Model

2.3.2 NIFITC Organisational Building Blocks

Organisational Building Blocks



Whole System Leadership
Strategies to enable whole system development in alignment with core trauma-informed concepts

Integrated Networks
Strategies to promote shared understanding, communication and collaborative planning and intervention in the team-around-the-child

Supporting Participation of Children, Young People and Families
Strategies to promote the meaningful involvement of children, their families and caregivers in individual care planning and service development

Physical Environment
Strategies to provide welcoming, safe and inclusive spaces and environments for children, families and staff

Supporting the Caring Network
Workforce and caregiver wellbeing and support strategies

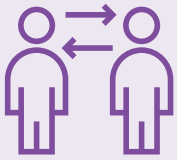
Responding to Diversity and Inequalities
Strategies to understand and address service user/provider inequalities and build a culture of respect, inclusivity and collaboration

2.3.3 NIFITC Practice Delivery Building Blocks

Practice Delivery Building Blocks

Understanding & Responding to Adversity & Trauma

Strategies to develop workforce and caregiver knowledge and skills regarding adversity and trauma informed practice



Building Caring and Purposeful Relationships

Strategies to support families, caregivers and the workforce to develop and sustain safe and nurturing relationships with children and young people

Individual Health & Wellbeing Planning

Strategies to ensure tailored collaborative assessment, planning and access to holistic supports and interventions for all children and young people

Targeted Therapeutic Inputs

Strategies to ensure children and their caregivers have timely access to tailored therapeutic support services to meet identified need

Transitioning to Adult Life

Strategies to support young adults leaving care to maintain and access appropriate support services and build their relational networks as they transition out of care

Section 3: NIFITC Development and Implementation

3.1 The Vision of a Single Regional Therapeutic Model

In December 2018, the Department of Health published the Review of Regional Facilities for Northern Ireland [6]. The Review made a range of recommendations aimed at transforming how social care, health and justice systems in NI respond to young people whose complex needs result in them requiring a period of secure care. Recommendation 7, under the heading of Empowering and Enabling Wider Residential Care, required the establishing of a workstream to 'deliver the early adoption of a single therapeutic model… across all children's homes in Northern Ireland'. In their examination of the roles and functions of the regional facilities and in preparation to establish a new Care and Justice Campus, the Review Team noted that there is 'a clear consensus for greater integration in order to provide young people with more consistent and aligned care' to better meet their needs. The report also pointed to the confusion and inconsistency which occurs as a consequence of the different approaches to therapeutic care when looked after children move to regional facilities, or from one Trust to another. The case was therefore made for a single, regional therapeutic model, based on evidence of best contemporary practice, with a common language and agreed measurable outcomes.

Subsequently, as part of the Transformation of Children's Services 2018-21, the Department of Health commissioned a review by Independent Social Work Consultant, James Marshall [35] to explore the training and skills improvement needs of the residential childcare workforce and the feasibility of an agreed trauma-informed model. The review involved consultations with DoH, HSCB, Trust representatives, the Juvenile Justice Centre (JJC) and the Regulation and Quality Improvement Authority (RQIA). Among the observations made in the review, it notes the similarities in therapeutic approaches adopted in residential care in the Trusts and how evidence does not exist to support any one approach as most effective. The review also noted how some of the Trusts have been developing therapeutic approaches in other areas such as fostering and that Trust representatives expressed interest in an agreed model/framework to "inform a 'menu' of outcome-measured therapies under an integrated, trauma-informed regional therapeutic framework".

These discussions also supported the conclusion that any decisions in relation to a single, regional model of therapeutic care as envisaged by the Review of Regional Facilities should relate to all looked after children, regardless of their care setting. The scope of the recommendation was therefore subsequently extended to include consideration of children in kinship and foster care placements and those living at home with their parents.

3.2 NIFITC Development

In April 2019, the Department of Health began the task of developing and designing this regional therapeutic care framework for looked after children, with the assistance of Dr Tom Teggart who was at the time Consultant Lead Psychologist with the Southern Trust's Scaffold Consultation and Therapy Service for Looked After and Adopted Children. This resulted in the production of a draft regional Framework for Integrated Therapeutic Care and an outline of a development and implementation process. It was envisaged that a five year period of collaborative working with Trusts, other involved agencies, service users and academic partners could deliver practice convergence across NI and the implementation of a bespoke framework for therapeutic care for Looked After Children living in any type of accommodation across the five Trust areas.

A project working group was established in December 2019 to further develop the draft framework and implementation process. This group included Corporate Parenting Senior Social Work representatives and the TTLAAC Consultant Psychologist leads from all five Trusts, as well as representatives from the Education Authority and Youth Justice Agency. Research partnership was also developed with Social Work and Psychology staff at Queen's University Belfast led by Dr Suzanne Mooney at the QUB School of Social Sciences, Education and Social Work. By August 2020, two QUB Research Fellows were appointed to support the further development of the framework and establish an evaluation model.

3.3 NIFITC Implementation Governance

The programme of work developed in 2019 also specified the appointment of Trust-based Implementation Leads, all five of whom were in post by June 2021. Their appointment further enabled collaborative engagement with Trusts to support the iterative development of the Framework utilising a number of strategies including small task-finish groups to assist in the development of specific practice templates and training materials. The original working group, convened to focus on Framework conceptualisation and development, was stood down at the beginning of 2021. It has been replaced with a Regional Strategic Steering Group, the purpose of which is to oversee Framework implementation. The project continues to sit within the DoH/DoJ joint campus programme structure. The NIFITC Strategic Steering Group is central to a governance structure for NIFITC implementation which includes participation of the Regional Facilities Stakeholder Reference Group, a Research and Evidence Advisory Group and Trust-based implementation teams and working groups for progressing elements of the implementation. These Trust-based groups, coordinated by the NIFITC Trust Implementation Lead, reporting to the Corporate Parenting Senior Management Team, will identify the focus of a sequence of implementation projects addressing Framework elements as described in the Building Blocks.

3.4 Implementation Timeline

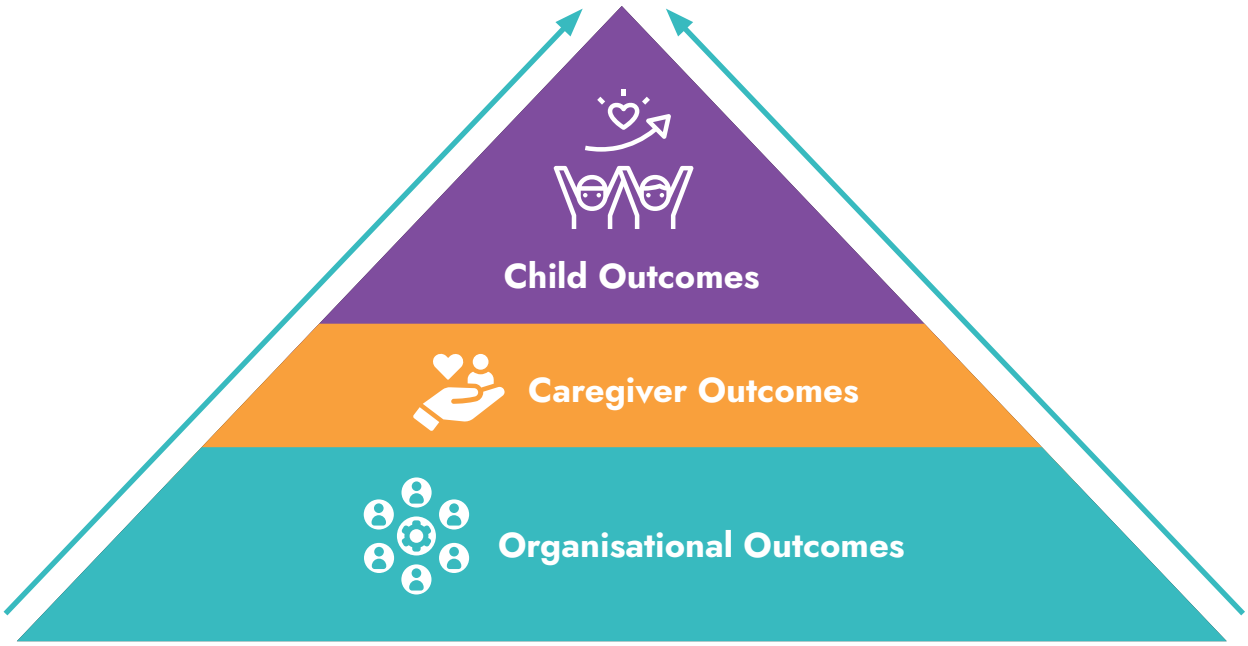
Framework implementation will be progressed over a number of years commencing in the Autumn, 2021. Recognising that Trusts are at different stages in developing therapeutic care practices and have differing levels and configurations of relevant resourcing, a planning tool and process will be developed to help Trusts produce individual implementation plans. The initial implementation, commencing in Autumn 2021, will focus on residential care. This is because the starting points for all five Trusts are closer and more advanced in Looked After Children's residential care settings, reflecting the progress already made over more than a decade in relation to therapeutic approaches. This phased implementation also seeks to maintain alignment with the development of a Regional Secure Campus, in keeping with Recommendation 7 of the Review of Regional Facilities [6].

Section 4: NIFITC Outcomes Framework and Research Programme

4.1 NIFITC Outcomes Framework Overview

The NIFITC outcomes framework encompasses three levels of interdependent outcomes: 1. Organisational outcomes; 2. Caregiver outcomes; 3. Child outcomes (See Figure 6). This framework has been informed by the NI Children and Young People's Strategy [36] and the Strategy for Care Experienced Children and Young People in NI [7] as well as The Promise, Scotland's Independent Care Review [37], Bright Spots Wellbeing indicators [38] and the What Works for Children's Social Care Outcomes Framework [39].

Figure 6. NIFITC Outcomes Framework



The NIFITC outcomes framework is designed to ensure that the wellbeing of children and young people, and their caregivers is kept at the heart of all NIFITC developments and processes. It is based on the premise that better outcomes for care experienced children and young people cannot be achieved in isolation. Instead, a whole system of care is required which considers not only the child, but also their families and caregivers as well as the workforce and the wider organisation. For example, organisational factors are crucial to ensuring that there is a knowledgeable, skilled and supported workforce available to care for and support children and young people, their families and caregivers. Because achieving positive outcomes for children and young people requires nourishing care from the important caregiving adults in their lives, organisational and caregiver outcomes are considered intermediate outcomes that lead to enhanced child outcomes. However, it should be noted that while attaining positive outcomes for caregivers and the workforce is essential for supporting children's wellbeing, caregiver and workforce wellbeing are valued goals in their own right.

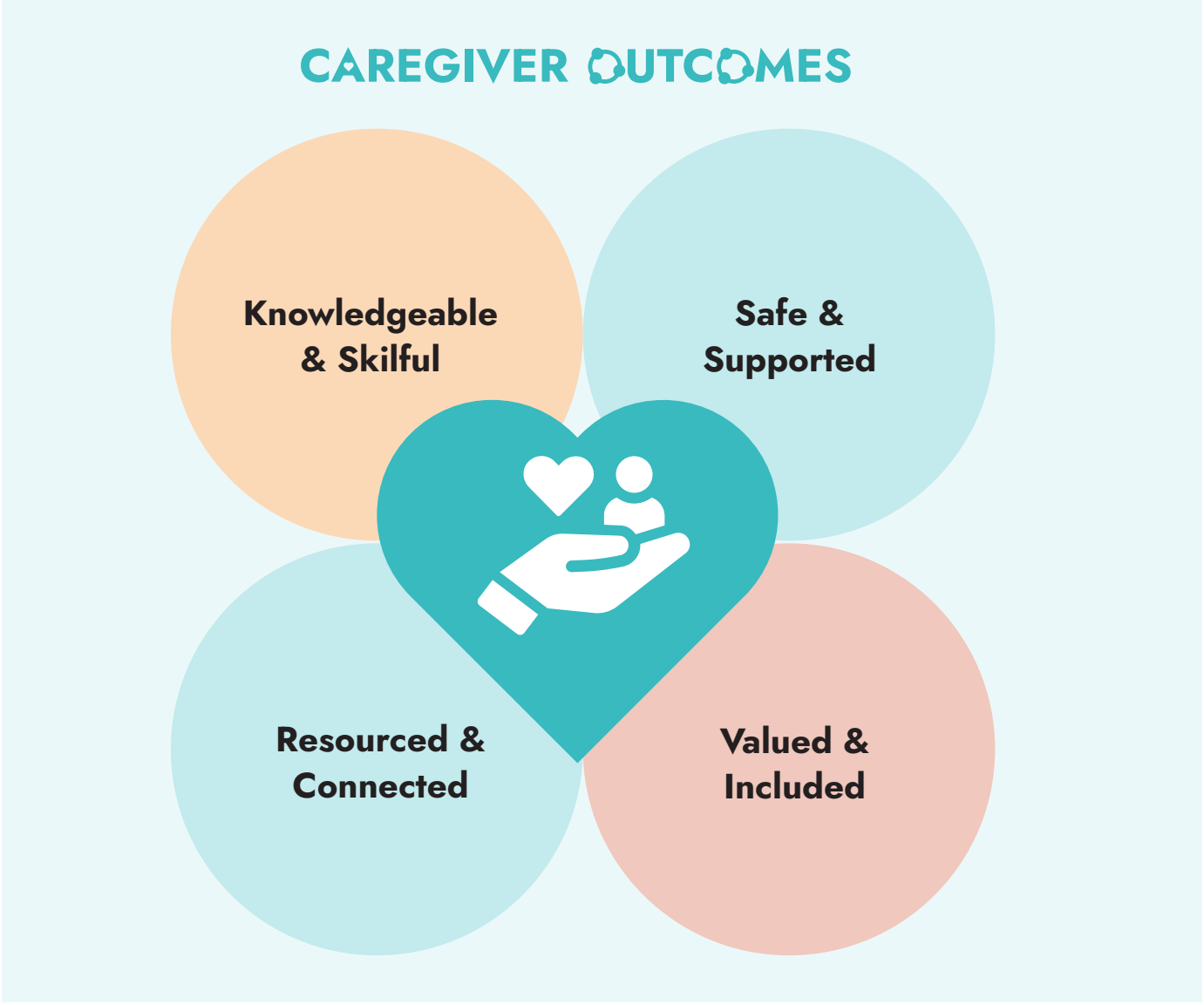
4.2 Organisational Outcomes

Staff working with children and young people who have experienced adversity and trauma can be at risk of experiencing secondary trauma [40, 41]. The working conditions and organisational culture in which the workforce operates are considered crucial to addressing this problem and improving workforce wellbeing [42]. In order for the workforce to effectively care for and support care experienced children and young people, their families and caregivers, they firstly must be 'allowed to flourish and feel valued themselves' [37]. For this to occur, the workforce must feel equipped with appropriate skills and knowledge to competently care for and support care experienced children and their caregivers, while the organisation also considers issues such as staff workloads and environmental conditions [37].

As a result of these considerations, **three sets of organisational outcomes** are proposed for NIFITC implementation, evaluation and governance: whole system outcomes; service delivery outcomes; practitioner and team outcomes.

4.3 Caregiver Outcomes

Caring for care experienced children and young people can be complex [43], with many caregivers expressing feelings of being overwhelmed and ill-equipped to deal with the challenging nature of children's needs [44]. This demanding caring role often results in high levels of stress [45] and compassion fatigue [46]. Nevertheless, it is known that caregiver wellbeing can be enhanced and burnout avoided by providing supportive opportunities for knowledge and skill development [47]. This, in turn, helps reduce the risk of placement instability [48].

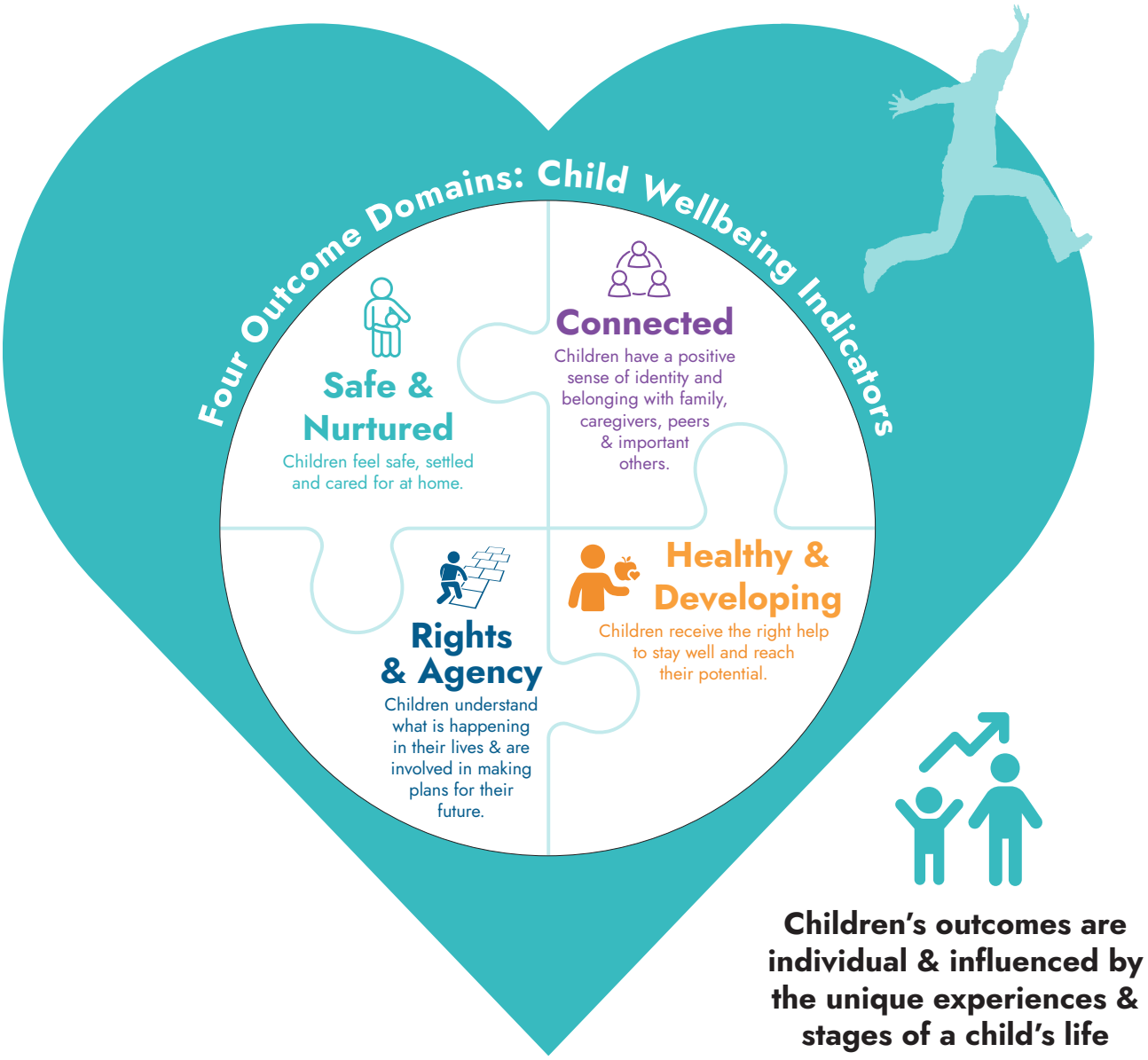


The NIFITC recognises children's multiple caregivers as of central importance to children's wellbeing. Caregivers therefore need to be supported to be knowledgeable and skilful, and resourced and connected in order to carry out their caring role to the best of their ability. They also need to feel valued and included by the organisation, as well as safe and supported in the knowledge that they can access help swiftly when they need it.

4.4 Child Outcomes

Children and young people have unique experiences and needs at different times in their lives. Understanding and providing the right support when they need it helps them grow, develop and reach their full potential [49]. On this basis, services and caregivers must help each child as an individual. This means working closely with the child or young person and their primary caregivers to identify what matters most to them and what they want to achieve, and then working backwards to identify how to get there [50].

NIFITC child outcomes are articulated as four domains: safe and nurtured; connected; healthy and developing; and rights and agency. These domains represent key child wellbeing indicators. While articulated as distinct, each domain connects with others. For example, without a safe and nurturing environment, the right conditions for a child or young person to express their views and be meaningfully involved in decisions which affect their lives will not exist. It is recognised that achieving these outcomes is not a linear process and requires dedicated purposeful effort across all aspects of service delivery.



The NIFITC child outcomes are informed by UK and international policy and research [37,38,49,51], as well as the NI Strategy for Children and Young People 2020-30 [36] and the Strategy for Care Experienced Children and Young People in NI [7]. These NIFITC child outcomes are designed to assist practitioners and services remember the different domains of children's lives and how wellbeing might be expressed in those domains from the child's perspective. It is envisaged that they will be used to inform practice and service evaluation, ensuring that the wellbeing of care experienced children and young people is kept at the heart of all NIFITC developments. These outcomes should be considered in conjunction with the more specific service outcomes outlined in the Strategy for Care Experienced Children and Young People in NI [7].

These NIFITC child outcomes are designed to assist practitioners and services remember the different domains of children's lives and how wellbeing might be experienced from the child's perspective

4.5 The NIFITC Research Programme

4.5.1 Achieving Whole System Change

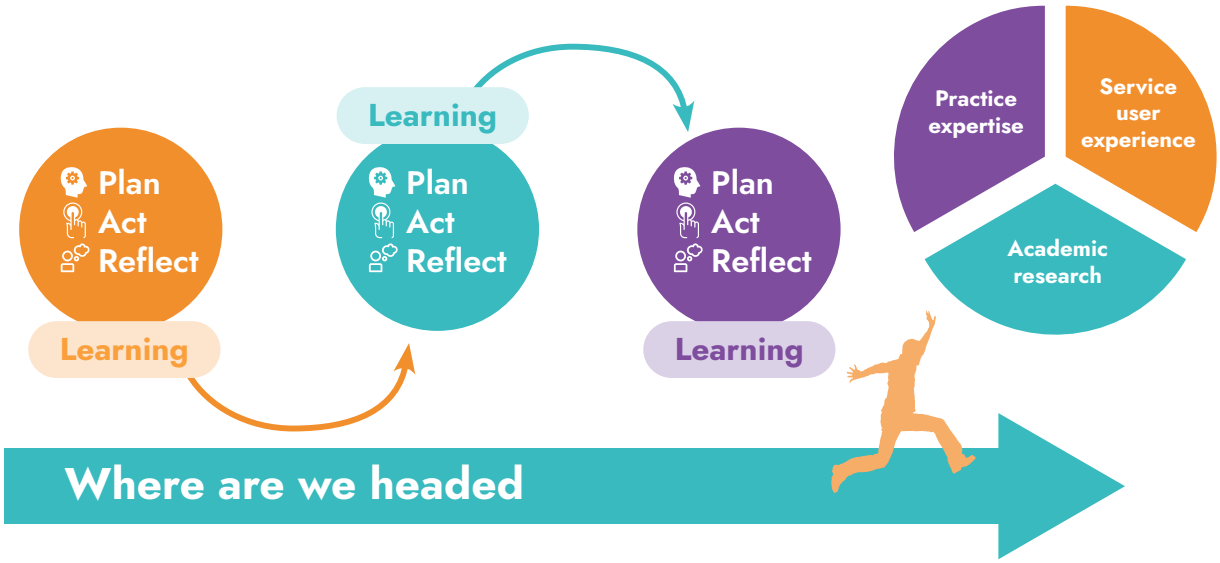
Regional implementation of the NIFITC across all looked after and adopted children services in NI involves a complex whole system development process aiming to improve care experienced children's lives in the short term but also across the life course. It is understood that achieving and sustaining service changes to implement trauma informed care requires organisations to allocate "process time for the slow and organic changes" that must take place to accommodate the new way of practicing into implementation plans (p.12) [52]. Treisman [29] intentionally uses the phrase "moving towards" becoming trauma-informed, to emphasise that this whole system development process is a "journey rather than a final destination, and that organisations need to continue evolving, learning, and developing" (p9). The proposed NIFITC Research Programme is based on this premise, aiming to support and evaluate the implementation of the NIFITC in different settings, and assist the service development process.

4.5.2 Embedding a Critical Learning Culture

A comprehensive research programme is embedded within the design of the NIFITC as a means to inform and support the whole system development process associated with the development and implementation of this single framework for integrated therapeutic care. The NIFITC Research Programme brings together and builds on the respective strengths of:

(i) academic research;
(ii) practice expertise;
(iii) and the experience of those using services.

To support a critical learning culture, *a realist evaluation* [53] will be conducted to examine the implementation of the NIFITC as a 'complex intervention' [54,55,56] which involves developing, piloting and evaluating multiple improvement initiatives in diverse settings. Through the use of longitudinal (where possible) and mixed methods, this realist evaluation will generate new multi-layered knowledge and understanding of what achieves and sustains positive change for care experienced children and young people, their caregivers and the workforce in different service settings and care placements.



4.5.3 Realist Evaluation - Examining Process and Outcomes

A realist evaluation investigates both processes and outcomes to examine the following:

i. *Implementation:* i.e. What is delivered? How is it delivered? E.g. NIFITC improvement initiatives such as therapeutic planning processes; different levels of training
ii. *Mechanisms of impact/change:* i.e. How the delivery of the initiative/intervention produces change?
iii. *Service contexts:* i.e. How does context/setting affect the implementation? E.g. relevant policies, workforce characteristics, physical environment, child population characteristics etc.
iv. *Outcomes:* i.e. What difference has the initiative/intervention made? E.g. child, caregiver and workforce wellbeing; organisational outcomes etc.

The adoption of an integrated process and outcomes evaluation approach aims to establish a comprehensive understanding of the implementation of NIFITC processes and examine overall Framework effectiveness, assisting Trusts to continuously enhance service delivery while maintaining a clear focus on improving outcomes for children and young people.

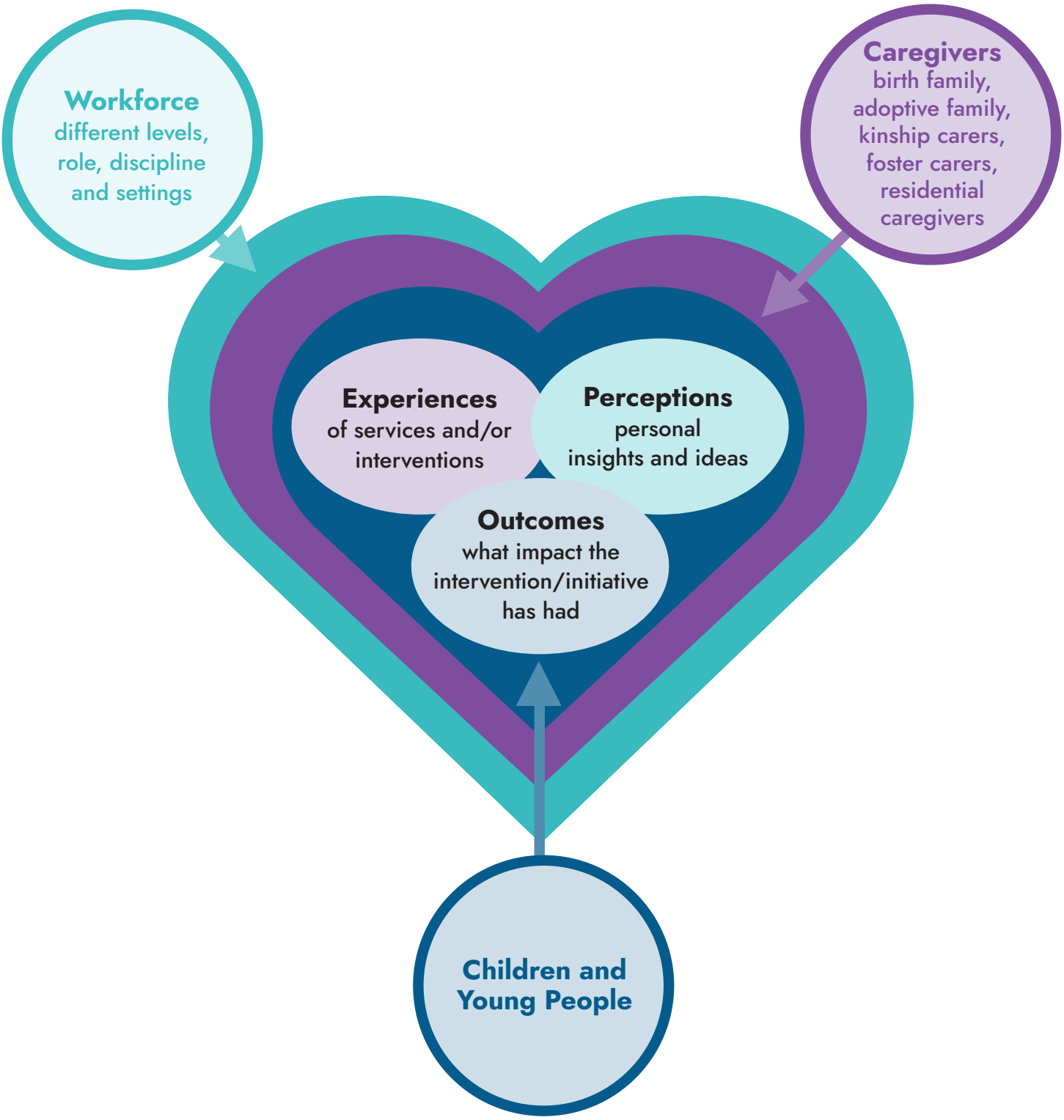
4.5.4 Key Stakeholder Groups

An overarching NIFITC research protocol has been designed. This will be accompanied by separate research processes for each distinct NIFITC implementation initiative. Data collection will focus on three stakeholder groups:

(i) *Children and young people:* attention will be paid to including the experiences of children and young people of different ages, genders and in different types of care placements. Where possible and appropriate, other socio-demographic factors will be considered such as ability/disability, ethnicity, religion, family socio-economic status.
(ii) *Caregivers:* this stakeholder group includes important adults in children's lives who have or have had a primary caregiving role e.g. involved members of the child's birth and extended family, kinship carers, foster carers and residential caregivers.
(iii) *Workforce:* efforts will be made to include the experiences and perspectives of staff members from different disciplines, with different roles, at different levels of seniority, and in different settings.

The NIFITC Research Programme design is intended to examine stakeholder:

(i) *Outcomes:* what impact the intervention or initiative has had
(ii) *Experiences:* stakeholder experiences of receiving or delivering services or interventions
(iii) *Perceptions:* stakeholder insights of what was useful/not useful and service improvement ideas



4.5.5 NIFITC Research Methods

Throughout the NIFITC Research Programme, a mixed methods approach will be adopted with both quantitative and qualitative data gathered. Adopting a mixed methods approach allows consideration of 'the whole person' experience, expanding how organisations 'measure' or assess outcomes and positive change beyond quantitative measures alone. The inclusion of qualitative methods will assist the consideration of 'personal outcomes' [57] where participants have the opportunity to identify what matters most to them to ensure their views are taken account of. Where possible and appropriate, a longitudinal approach will be adopted to understand change over time.

It is envisaged that quantitative data will be used in the NIFITC research process to assess changes in child outcomes (such as validated measures of child wellbeing) as well as changes in the knowledge and skills of the workforce and caregivers to deliver attachment and trauma informed care. Validated quantitative measures will also be used to assess the extent to which NIFITC implementation has reduced secondary trauma or improved workforce and caregiver wellbeing. Qualitative data, on the other hand, will explore the complexities, challenges and organisational development processes required to implement an integrated trauma informed and responsive approach and identify potential improvements for future service delivery.

4.5.6 Research Governance

Research findings will be fed back into the system in a variety of ways including reports to the Strategic Steering Group and to individual Trusts in support of implementation. It is anticipated that findings will also be reported to the wider practice and research community in the form of academic papers and conference presentations. The NIFITC Research Programme will be managed by the NIFITC Regional Implementation Lead within the programme structure of the Department of Health's Regional Facilities for Children and Young People Programme. The Regional Facilities Programme Manager will have an oversight management role and the Programme Team will carry out regular monitoring and evaluation of outcomes achievement and financial regularity. The NIFITC research programme will be supported and informed by a Research and Evidence Advisory Group involving research active or interested professional staff in HSC Trusts and academic colleagues with relevant expertise from across the UK and Ireland.

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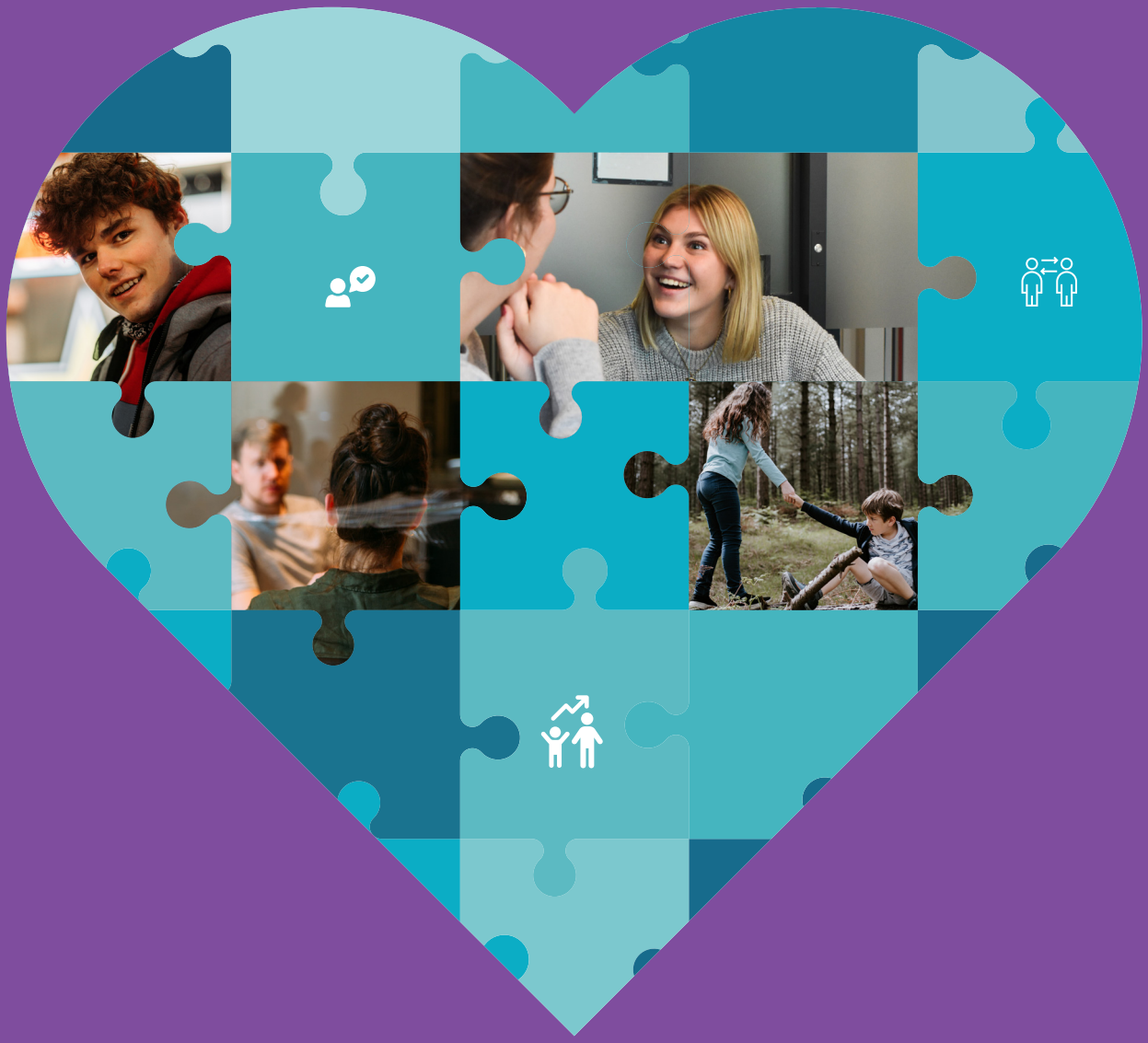

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