Northern Ireland Framework for Integrated Therapeutic Care

For Care Experienced Children and Young People

The Building Blocks

Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Introduction

There is a clear need for consistent, effective and collaborative provision across services to enhance the life chances of care-experienced children and young people by promoting their physical, emotional and social wellbeing. The Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) has been developed in consultation with all five Health and Social Care Trusts as a result of a recommendation in the Review of Regional Facilities for Children and Young People in Northern Ireland (2018) for a single therapeutic model for residential care in NI. This recommendation was extended to include all care experienced children and young people and the NIFITC has been developed with the authority of the jointly-led Departments of Health and Justice Campus Development Programme.

The NIFITC aims to promote implementation of a trauma, attachment and rights-based whole system approach across diverse settings and roles, to enhance child and family resilience and recovery from the impacts of multiple adversities.

Based upon the understanding that relational trauma requires relational repair, every interaction is considered a potential intervention, so all of the multiple people and systems engaging with children and their caregivers play a role in each child's recovery. The NIFITC incorporates four core concepts: Building Safety; Getting The Help That's Needed; Developing Agency and Taking Part; and Addressing Inequalities. Service design and delivery recommendations are organised into a series of building blocks - six system or organisational components and five practice delivery components - that aim to help Trusts, agencies and practitioners provide integrated care to care experienced child and young people and their caregivers. The framework is described in some detail in *Connecting Care: An overview of the Northern Ireland Framework for Integrated Care* (DoH, 2021). In brief, the NIFITC principles and processes seek to support the delivery of:

- Relationally-focused care and interventions to care experienced children and young people and their network of caregivers.
- Structured pathways to increase accessibility to holistic assessment processes ensuring 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, building on strengths and sharing decision-making.
- A diverse, knowledgeable, skilful and reflective workforce, trained in trauma, attachment and therapeutic care practices, adequately resourced 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 current document describes the eleven NIFITC building blocks, each with a list of *essential elements* which are recommended as necessary to provide effective, integrated therapeutic care. It is written for use by Trusts and partner agencies over time to help consider and plan integrated, trauma-informed therapeutic care. It has been reworked from a previous version, responding to feedback from a consultation on the paper with all five Trusts.

The intention of the NIFITC programme of work has been to produce an iterative framework which may evolve as evidence from evaluations and service user feedback is gathered and responded to. Consequently this document may be further revised in the coming years as implementation progresses.

Whole system Leadership and Governance

This building block is central for the **whole system development process** at the heart of implementing a consistent regional approach to integrated therapeutic care for all care experienced children in NI. Creating *sustainable change and alignment* across programmes, settings, disciplines and agencies is a complex and iterative process which will require ongoing focussed effort.

Responding to the complex needs of traumatised children and young people involves a systems approach, requiring trauma-informed leadership. Policy influences the organisation's ability to effectively help its clients, but there is also the potential to contribute to their distress in ways that can be re-traumatising.

Also, working in organisations that respond to individuals who are traumatised can be stressful, so it is essential to have recruitment processes that help get the right people in the most relevant posts. Reflective practice opportunities and other support mechanisms are also essential to help staff to give their best, feel supported and valued, and stay well themselves.

Trauma-responsive organisations are those that respond by '*fully integrating knowledge about trauma into policies, procedures and practices*' (SAMHSA, 2014). Achieving the best outcomes for children requires organisational policy development to underpin the delivery of trauma-responsive care.

Enabling the journey toward whole system development requires **three core elements**:

- **Regional strategic planning and oversight** – cross-system leadership support for the NIFITC strategic vision and underpinning principles, and the creation of advisory and monitoring structures which help keep developments on track and ensure adequate resourcing.
- **Implementation structures and planning processes** - co-operation to support multi-level and multi-setting implementation of NIFITC.
- **Research and evaluation –** a commitment to embedding a critical culture of learning across all organisational developments to build on strengths and ensure services are continuously evolving to effect change for children and young people.

1. Regional strategic planning and oversight

The NIFITC emphasises the central importance of leadership to bring about system change and of governance to maintain delivery and facilitate continued system development. The following structures are envisaged to support this process:

- A regional **NIFITC Implementation Lead** role has been developed within the Dept of Health to facilitate and lead the development and implementation of this regional framework for integrated therapeutic care for care experienced young people.

- **A regional NIFITC Strategic Steering Group** has been established to include representation from DoH, SPPG, Trusts, and other partners. Roles and functions include:
    - Ensuring the ongoing development and implementation of the NIFITC for care experienced children and young people in NI relevant to a range of settings and organisations.
    - Responsibility for establishing regional priorities within the resources available to facilitate NIFITC development and implementation.
    - To provide leadership and support within HSC Trusts and interfacing organisations for the implementation process.
    - To provide regular updates on the achievement of agreed organisational milestones in the implementation of the NIFITC.
    - To ensure a learning culture is established in respective organisations in relation to therapeutic care provision and the key NIFITC concepts and processes.
    - To assimilate and respond to advice and guidance provided by participatory engagement with service users in the development and implementation of the NIFITC.
    - To assimilate and respond to advice and guidance in relation to current and emerging evidence of best practice, service design and delivery for care experienced children and young people.
    - To develop processes to engage input from key partners in service provision for looked after and adopted children.
    - Act as a reference group for the NIFITC evaluation and research programme.
    - Ongoing review and development of NIFITC based on research/governance/co-production data.

- Co-production will be facilitated by engagement with the **Joint Care and Justice Campus Stakeholder Reference Group** and through individual Trust engagement activities co-ordinated by Trust-based Implementation Leads.
- NIFITC review and development will also be supported by a regional **NIFITC Evidence Advisory Group,** comprising the Regional NIFITC Implementation Lead, academic partners, research-involved practitioners and policy colleagues.

2. Implementation structures and processes

A range of roles and processes are proposed to support the development and implementation of the NIFITC:

- Each Trust will appoint a **NIFITC Lead,** 8a banding, accountable within the Trust Corporate Parenting (or equivalent) Senior Management Team and also relating to the NIFITC Regional Implementation Lead.

  - NIFITC Leads will provide a range of development, implementation and support roles with both a regional and individual Trust focus.
  - NIFITC Leads as a group will constitute a regional **NIFITC Project Team** led by the Regional Implementation Lead.
  - NIFITC Leads job plans will include development of Trust level NIFITC implementation teams, support for development of individual Trust Implementation Plans, policy review and development in individual Trusts, interfaces development/management, supporting NIFITC process monitoring and evaluation, training co-ordination/delivery etc.

- **NIFITC Implementation Teams** will be established in each Trust. The NIFITC Lead will establish a team with representatives from relevant staff groupings to develop written policies and protocols and drive the ongoing development and implementation of NIFITC processes and standards.
- **Working Groups** will be developed as required to address specific elements of implementation, for example the initial focus on key aspects of NIFITC delivery in residential care.
- The NIFITC Project Team in collaboration with NIFITC Trust Implementation Teams and partner agencies will develop and pilot **process templates** providing detailed guidance about implementation for key elements of the NIFITC such as individual health and wellbeing planning, reflective governance etc. Implementing these processes over time will facilitate the gradual introduction and consistent implementation of NIFITC across NI.
- NIFITC Leads will facilitate each Trust Implementation Team to produce an overall **Trust NIFITC implementation plan**.
- NIFITC delivery requires full participation in relevant trauma-informed care training and reflective practice processes, involving all grades of staff including senior management.
- NIFITC implementation requires a review of organisational policies and procedures to ensure that all NIFITC Building Blocks are supported within individual organisations.
- The NIFITC Building Blocks have been developed to represent a framework of processes and standards for implementation of integrated therapeutic care. Indicators of NIFITC delivery are defined as these processes and standards, to include issues such as staff training and support, reflective supervision, formulation-led individual health and wellbeing planning and delivery processes, practice review fora etc.
- Each Trust Implementation Team will identify specific goals/targets depending on agency setting/context/priorities.
- Integrated therapeutic care delivery should be regularly audited utilising regionally consistent process and outcomes indicators which will be developed with the support of the NIFITC Evidence Advisory Group.
- A core value of FITC system review is maintaining safety in governance arenas, to ensure reflection and development are facilitated. This requires:
  - Establishing a reflective practice approach within all teams including senior management teams
  - Strong governance leadership (an AD chaired forum)

- Clarity of NIFITC implementation indicators
- Processes for reporting/collecting/evaluating data
- Processes for the reflective review of practice, incidents etc.

3. Evaluation: Embedding a critical culture of learning

Progress already made in Trusts in delivering therapeutic care is acknowledged and leadership should recognise the concept that becoming trauma-informed is a *journey* rather than a destination (Triesman, 2018). Consequently, embedding a critical culture of learning into all NIFITC monitoring and evaluation processes is necessary to help address practice challenges in different contexts and capture critical learning to enhance ongoing service development.

During the initial phase of NIFITC development a partnership was established with colleagues at QUB School of Social Sciences, Education and Social Work. Work included contributing to the formulation and writing of the NIFITC Core Concepts and Building Blocks, scoping studies and pilot evaluations, development of some of the NIFITC training workshops and materials, and development the NIFITC outcomes framework. Going forward, further partnerships will be established to assist with evaluation of therapeutic care across all Trust areas with the support of the NIFITC Evidence Advisory Group. The aims of these partnerships include:

- Sharing of relevant guidance, evaluation and other information from the contemporary research literature
- Utilising the NIFITC outcomes framework to organise the evaluation of child/young person outcomes, caregiver outcomes and organisational outcomes within each Trust area.
- Aggregating individual Trust evaluation evidence to provide regional review of outcomes and effectiveness of therapeutic care approaches.
- Consulting on the NIFITC across stakeholder groups including different levels of staff and senior management across Trusts and agency focus/settings.
- Communicating with children, families, caregivers and staff about NIFITC implementation progress and on-going learning/developments.
- Creating opportunities for specific research projects relating to the delivery of therapeutic care and whole system development.

Key elements for successful implementation of the Whole System Leadership and Governance Building Block:

- Cross-system leadership support for the NIFITC strategic vision and underpinning principles
- A regional NIFITC Implementation Lead to facilitate NIFITC development, implementation and evaluation.
- A regional NIFITC Strategic Steering Group to include representation from DoH, SPPG, Trusts and other partners.
- A NIFITC SW Lead in each Trust to champion trauma-informed practice and facilitate NIFITC implementation and evaluation.
- A NIFITC Implementation Team in each Trust to develop policies and protocols and drive the implementation of NIFITC processes and standards.
- A number of Working Groups in each Trust as required, to plan and oversee specific elements of implementation.
- A bespoke overall NIFITC implementation plan in each Trust.
- Individual Trust and regional evaluation and research partnerships to assist with the development, implementation and evaluation of the NIFITC across all Trust areas.

Integrated Networks

Recovering from the impacts of relational adversity and trauma requires a foundation of physical, relational and emotional safety, so much has to be done by all of the important adults in children and young people’s lives – their overall *care network* – to help them be and feel safe. Each child’s care network is made up of a *caregiving* element and a *professional* element. Depending on their circumstances, the child’s *caregiving network* is likely to include multiple adults such as important members of their birth family, adoptive family, foster carers or residential social workers, while their *professional network* might be made up of involved professionals such as field or residential social work staff, teachers, youth workers or therapists. Some individuals, such as foster carers and residential social workers, may be in both the caregiving and professional elements of the care network. These formal (professional) and informal (caregiving) networks need to feel secure in their caring roles, know that they are all valued and supported, and that what they do matters. Co-ordinating this complex web of important relationships and services can be a challenge.

Children and young people who have experienced trauma and early-life adversities need to know that the adults around them are working together to help them recover and thrive. This requires effective professional network integration ensuring that all the helping systems and networks the young person and their caregivers engage with are working in partnership, towards common goals. Children, young people and families also need to feel that they are meaningfully involved in planning and decision making about their care and the services provided to support them (See *Supporting Participation for Children, Young People and their Families Building Block).* Integrating the provision of therapeutic care requires:

- A commitment across all involved agencies and services to collaborate in the best interests of the child/young person.
- Commitment to participatory working with children and families
- A shared knowledge base within and between care-giving networks underpinning trauma, attachment and rights-based working.
- Consistent operational processes for collaborative assessment, planning, provision and monitoring of trauma-informed care, education and treatment across multiple services and settings.
- Meaningful relationships and connections across formal and informal networks of support.
- Transparent accountability and responsibility within and across networks (role clarity).

The NIFITC highlights two operational processes pivotal to achieving professional network integration for care experienced young people that should be implemented by all Trusts:

Therapeutic Partnership Forums **(TPFs)** are provided by representatives of statutory and non-statutory specialist services. They are designed to support Social Work staff to formulate young people's needs and to assist young people and their caregivers to access the most appropriate therapeutic supports at the right time.

***Care Network Meetings* (CNMs)** provide a forum for developing ideas around an individual young person's care planning, coordinating multi-disciplinary inputs and reflecting on progress. CNMs seek to ensure that everyone involved in the *team-around-the-child* is aware of the other people who form part of the child and family's support network, and that they are working effectively *with* each other to achieve the best outcomes for the child. CNMs are central to delivering a *one-child-one-plan* approach.

1. Therapeutic Partnership Forums

The Therapeutic Partnership Forum is a multi-agency decision-making panel, the purpose of which is to ensure that young people and their caregivers can access the right interventions at the right time and avert situations escalating to crisis. The TPF will provide an initial consultation to social workers who have concerns about a young person's emotional wellbeing and help formulate plans in respect of accessing specialist services. The panel should consist of representatives from CAMHS and relevant non-statutory providers and be chaired by a senior Scaffold Service* clinician. All Trusts should operate a regular (minimum monthly) Therapeutic Partnership Forum distinctly from other panels.

Where the forum concludes that a young person (and their caregivers) requires support from a specialist service, the following issues should be addressed:

- The pathway to accessing this support should be clarified.
- The make-up of the professional network for that young person should be clarified and confirmed.
- Plans should be established for participation of the professional network in regular Care Network Meetings to progress collaborative planning and review.

All Scaffold Services provide a stepped care service response (See *Targeted Therapeutic Interventions* Building Block). All cases referred on to any service as a result of a TPF consultation should be opened to the Scaffold Service at step 1. This ensures that Scaffold Service input is available to facilitate reflective practice at the CNM, support holistic assessment and trigger escalation through the service's stepped responses if appropriate.

Access to specialist services for care experienced young people should always be as a result of referral through a TPF. Where a young person has accessed a specialist service as the result of a crisis or emergency - including regional secure residential provision - the supervising social worker should make *a subsequent referral* to the TPF to consider the young person's needs from the perspective of the multiple services and agencies which may be relevant.

2. Care Network Meetings

Care Network Meetings provide a forum for the team-around-the-child to come together and develop a holistic understanding of the individual young person's needs as well as their caregiver's support needs. CNMs are designed to assist care planning, co-ordinating multi-disciplinary inputs and reflecting on progress. They are a useful context for planning and monitoring young people's care, education and personal development needs in conjunction with the LAC Review of Arrangements, and are an essential aspect of case management where specialist services become involved. The CNM is the core vehicle for developing a shared formulation and *one-child-one-plan* approach to integrating care, education and therapeutic provision.

All Looked After Children and Young People

Regular CNMs should be organized and chaired by an appropriately senior social worker for *all* looked after children and young people. Each young person's Care Plan (including and integrating their Personal Education Plan or Pathway Plan) should be developed through participation in CNMs (see Individual Health and Wellbeing Planning Building Block).

Core CNM membership should include the young person's social worker and family placement link worker or residential key-worker and co-worker, ReSET peripatetic support worker, foster carers etc., depending on the type of placement. Others may be invited to attend as appropriate. This can include representatives from school or Education Services, and representatives from the Youth Justice Agency.

Because the focus of the meeting is the organization, integration and review of service delivery, young people are not typically present for the full meeting, however young people and their families must be given the opportunity to influence the CNM agenda and make their views known. They should also be invited to attend the meeting if they wish to and the meeting should be structured so that the professional providers have time for discussion and are then joined by the young person and/or family. All CNM participants should have explained their role to the young person and should evidence in the meeting that their contribution has been discussed with the young person and family/caregivers and meaningfully reflects the young person and family's thoughts and wishes.

A *formulation* of the young person's needs should be developed by the professionals involved collaboratively with the young person and family, considering how the past has affected them and carefully exploring the types of difficulties the young people may be experiencing as well as their personal resources and the network of supports available to them. All care planning should reflect the understanding of the young person's strengths, needs and history articulated through this formulation.

Frequency of CNMs should be determined by the level of complexity in relation to individual young people, but there should be at least one meeting between the six-monthly LAC Reviews, resulting in a planning/review meeting frequency of *at least once every three months*. Regular CNMs should be used to facilitate collaborative working to complete core tasks, such as health and emotional/social wellbeing screening, planning of personal development supports and completing/reviewing the Personal Education Plan/Pathway Plan.

Young people referred to specialist services

Where specialist services have become involved with a young person as a result of discussion at a Therapeutic Partnership Forum or because the young person is placed in residential care or intensive support foster care**, the frequency of CNMs may increase, at least until the roles and inputs of all services and agencies involved have been clarified and integrated into the Care Plan.

All young people referred to specialist services should receive a *comprehensive assessment of their emotional, social/relational and psychological needs*. This assessment will be multidisciplinary, involving Scaffold and Social Work staff and colleagues from other specialist services such as YJA/CAMHS/DAMHS/AMHS when appropriate. Core elements and processes of this collaborative assessment are described in the *Individual Health and Wellbeing Planning* and *Targeted Therapeutic Inputs* building blocks. Young people and families/caregivers should be fully involved in completing the assessment and developing the care plan.

3. Commitment to service/agency collaboration

Successful integrated practice requires all HSC Trusts, the Youth Justice Agency, Education Authority, Probation Board of Northern Ireland and third sector providers to commit to the collaborative processes described in this Building Block at Director and Operational Management level. Rapid escalation arrangements should be in place to deal with any delay, dis-engagement, or difficulties with availability of staff and provision of relevant information.

Key elements for successful implementation of the Integrated Networks building block:

- **All Trusts to establish Therapeutic Partnership Forums for care experienced children and young people, to meet at minimum once monthly to facilitate access to the most appropriate specialist services.**
- **Therapeutic Partnership Forums should Incorporate the appropriate range of relevant voluntary and statutory services, with representatives engaging In collaborative formulation and operating as gateway Into service provision.**
- **Regionally agreed policies and procedures to deliver role and interfacing clarity (including remit and referral pathways for specialist services such as TTLAACs, CAMHS, DAMHS, AMHS etc).**
- **Meaningful engagement with young people's informal networks of support as addressed in the Supporting Participation for Children, Young People and Their Families Building Block.**
- **Formulation-informed Care Network Meetings to facilitate integrated service provision and support the care-planning and review remit of the LAC Review of Arrangements.**
- **Training, supervision and consultation supports to help social work staff undertake assessment and formulation.**
- **Multi-agency training and engagement activities to promote shared understanding of intra and inter-agency working and coherent processes and practices.**
- **Consistent screening, assessment and review processes to identify need.**
- **Auditing procedures with data collection, data linkage and information sharing capabilities to support intra and interagency system integration.**

* Each Trust has a dedicated consultation and therapy service for care experienced children and young people. These multidisciplinary teams are known as *Scaffold Services*.

** All young people in residential care and intensive support foster care are understood to have complex needs and require higher levels of support. TTLAAC involvement including individual assessment, planning and co-ordination of the helping network should be triggered automatically for *all* young people in residential care and intensive support fostering placements.

Supporting Participation for Children, Young People and their Families

Care-experienced children and young people are likely to have had experiences that made them feel powerlessness or fearful, and where life felt chaotic or out of control. Such confusing early experiences can profoundly shape young people's identities as they grow and develop. Recovery from the effects of such experiences requires care and relationships that enable children to feel safe, respected, valued and heard.

Relationships and everyday interactions with important people such as their birth family, adoptive family, foster or kinship carers and residential workers, as well as teachers and others, can help care experienced young people to develop an increasing sense of control or agency in their lives. They will feel valued and heard 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. 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 valued belonging, 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 in their lives and the possibility of a hopeful future.

The need to be included, listened to and meaningfully involved in decision-making extends to children's family and caregivers, as well as other staff in the team-around-the-child. Birth families may also have experienced trauma and adversity and may feel that they have limited influence in their interactions with professionals. Organisations committing to working collaboratively with families and staff will value everyone's contribution to the important relational experiences that are essential to care-experienced children's recovery and development, building on what's working well while also clearly and fairly addressing difficulties.

1. Participation rights and duties

As well as being necessary for trauma recovery, *participation* is recognised as a right in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), so children and young people in public care should expect to:

- be involved in accordance with their evolving capacities, in decisions that affect them and exercise growing responsibility for decisions they are competent to make for themselves,
- have their expressed views listened to and acted upon appropriately.

(UNCRC, 1989)

All health and social care staff have a legal duty under the UNCRC to **respect, protect and fulfil children and young people's rights, involving them in all matters that are related to them and also ensuring that their families are partners in this.** Within legislation and policy in Northern Ireland the activity of participation is known as *'Personal and Public Involvement'* (Health and Social Services (Reform) Northern Ireland Act 2009). This extends to the involvement of both children and adults who are engaged with statutory services.

- ***Personal involvement*** – refers to decisions that are personal to people as individuals (e.g. a child's care plan).
- ***Public involvement*** – refers to decisions that affect people as a group (e.g. policies related to care-experienced children, foster carers etc.).

The UNCRC asserts that children and young people not solely *'passive recipients'* of adult care and protection, but can be *'agents of transformation'* if enabled to exercise their legal rights of involvement and participation (UNCRC, 1989).

2. Supporting participation: What we need to do.

The 'Lundy Model' of child participation (2007) has been adopted by a range of international organisations and is central to the Irish National Children's Participation Strategy (2015). The model proposes four core principles, summarised in the diagram below, to ensure participation is meaningful.

These principles of participation are relevant to all aspects of the NIFITC which emphasises collaboration so that children, young people and their families and caregivers can participate meaningfully in decision-making which relates to them individually on a *Personal* level and collectively on a *Public* level.

Space

HOW: Provide a safe and inclusive space for children to express their views

- Have children's views been actively sought?
- Was there a safe space in which children can express themselves freely?
- Have steps been taken to ensure that all children can take part?

Voice

HOW: Provide appropriate information and facilitate the expression of children's views

- Have children been given the information they need to form a view?
- Do children know that they do not have to take part?
- Have children been given a range of options as to how they might choose to express themselves?

Audience

HOW: Ensure that children's views are communicated to someone with the responsibility to listen

- Is there a process for communicating children's views?
- Do children know who their views are being communicated to?
- Does that person/body have the power to make decisions?

Influence

HOW: Ensure that children's views are taken seriously and acted upon, where appropriate

- Were the children's views considered by those with the power to effect change?
- Are there procedures in place that ensure that the children's views have been taken seriously?
- Have the children and young people been provided with feedback explaining the reasons for decisions taken?

All care experienced children and young people

At this level HSC staff work to establish safe and trusting relationships with children and young people, their families and caregivers, adopting a person-centred and rights-based approach to help them make sense of what has happened to them, agree on how best to respond and work together to bring about change. All staff will need training commensurate with their role addressing person-centred, rights-based practice, Personal & Public Involvement (PPI), and how these issues relate to theories of trauma recovery.

Staff also need the knowledge, skills, confidence and support to create *SPACE* and relational safety so that the child/young person and their family and caregivers are enabled to develop their views and express their preferences. Staff will need to consider issues such as:

- How the environment in which they meet with children and families can enable or block participation;
- How to engage with young people who may have difficulty expressing themselves verbally;
- How to engage the young person's advocacy worker with the caring network;

- Ensuring that all members of the caring network engage with the young person and their families and caregivers in a collaborative manner.

Creating a safe space to enable children and young people to share their thoughts, feelings, experiences, hopes and worries is not a one-off event. It is a continually evolving process that starts from the very first point of contact and continues right through to the end of their journey in care. A proactive, collaborative approach should be evident in all areas of work, including:

- The initial stages of relationship building; responsible staff (field or residential social worker) outline the right to be involved and explore initial ideas about what this might look like for each young person, their family and caregivers. This stage should also involve connecting the child/young person and their families and caregivers to relevant advocacy workers to groups to support them.
- Assessment and care-planning; the child or young person's wishes and choices should help shape care-planning. Eliciting their views and identifying what matters most to them should be clearly recorded.
- Monitoring and review of care-planning; this will be achieved through regular Care Network Meetings (see also Integrated Networks and Individual Health & Wellbeing Planning BBs) which will also inform the Looked After Children Review process. Children and young people should be enabled to contribute to both these meetings if they wish, providing them with VOICE, AUDIENCE and INFLUENCE in relation to their care-planning.

Reflective supervision should regularly address young people's participation and how it is facilitated for individual children and young people, their families and caregivers. It will be necessary to think carefully about this to ensure participation is meaningful for children of different ages and abilities.

Collaboration should be continuous within the caregiving network, so that the young person and their family experiences an ongoing dialogue in which they receive feedback and are helped to understand how decision-makers have given their views or preferences due consideration and reached their conclusion. This will include providing support for a young person or family to hear and understand decisions which may not fully reflect their wishes.

- **Public**

Children, young people, their families and caregivers should be partners in planning, designing and delivering services. At the individual Trust level a range of engagement activities can be facilitated by NIFITC leads along with other colleagues. Engagement activities will assist with a range of development tasks and provide a means to understanding the different needs and views of children and young people who are care experienced and the important adults in their lives. These engagement activities should include:

- Partnerships to facilitate co-design and co-production of NIFITC training materials.
- Partnerships to facilitate co-design and co-production of standards for service delivery; setting out what children and young people, their families and caregivers should expect from services in relation to their right to participation.

- Specifically, a set of standards should be co-designed and co-produced for person-centred, rights-based planning to inform all practice and service delivery, and shared with all children, young people and families.
- Routine and systematic collection of the views and experiences of children, young people and important caregivers (birth family, kinship and foster carers, residential workers and adoptive families) in the context of monitoring, review and service development to build a comprehensive picture of service provision and enhance service delivery, leading to improved policies and practices and in turn better outcomes.

Co-production will also be facilitated by engagement with:

- Trust Personal and Public Involvement Teams: these ensure service user involvement in the design, planning and delivery of HSC services. NIFITC Leads should establish links with the Directorate PPI Lead
- Local Engagement Partnership (LEP) group: these consist of HSC staff, stakeholders, community members and service users, and they exist to support collaborative engagement for service improvement.
- Advocacy groups and voluntary agencies: they can assist with NIFITC co-production and training delivery

The Regional Facilities Stakeholder Reference Group and the NIFITC Strategic Steering Group should be regularly updated regarding collaborative working and co-production, as well as the learning from monitoring, review and service development processes.

It is acknowledged that processes are already in place for participation at the *Personal* and *Public* levels within current Looked After Children and Residential Childcare policies, procedures and regulations. Promoting Agency and Taking Part is one of the four core concepts in the NIFITC and a critical component of trauma and attachment-informed care. This Building Block reflects how it can be challenging to make this process meaningful for children and young people, their families and caregivers, and the importance of a whole system commitment to collaboration and partnership in all aspects of care delivery.

Key elements for successful implementation of Supported Participation of Children and Young People and their Families building block:

- Collaborative working should be established between individual Trust NIFITC leads, Trust PPI, Directorate leads and Local Engagement Partnerships.
- A Trust FITC Lead should be nominated to provide liaison with the Campus Stakeholder Reference Group and NIFITC Strategic Steering Group in relation to programme engagement and co-production activities.
- A set of standards should be co-designed and co-produced for person-centred, rights-based planning to inform all practice and service delivery, and be shared with all children, young people and their families and caregivers.
- Regionally agreed policies, procedures and regulations should provide governance and accountability with regard to participation activity.
- Co-produced and co-delivered staff training on children's rights, participation and person-centred working.
- Regionally consistent processes for individual child assessment and personal development/therapeutic planning should incorporate a collaborative approach informed by the Lundy participation model.
- All relevant processes and documentation within the Looked After Children, Aftercare and Residential Childcare systems should reflect participation principles. Consultation with children/young people, their families and caregivers should be explicitly recorded along with details of actions taken in response.
- Views and service experiences of care experienceed children and young people, their families and caregivers should be routinely and systematically collected in service review processes to influence regional understa ding of service provision and development needs.

Supporting the Caring Network

The FITC Core Concepts and Building Blocks aim to clarify the knowledge base and delivery processes required to assist the caring network do the best job possible to help young people recover and thrive. There is also a personal context to be addressed to help caregivers and involved professionals feel safe, supported and valued and help maintain their capacity to support children's recovery and growth. Therefore, supporting self-awareness and emotional containment within the caring network as well the skills and capacity to respond to children in the most helpful ways is a priority in delivering therapeutic care.

The ongoing stresses of caring can impact the wellbeing of caregivers and may reduce their capacity to provide therapeutic care through relationships which are calm, consistent and connected. ***Blocked Care*** can be the result, where a caregiver or professional lacks or loses the capacity to accurately *read* the young person's behaviour, making sense of the behaviour as communication and responding compassionately. Just as we acknowledge children's vulnerability and seek to support their wellbeing and recovery, there is a need to acknowledge the vulnerability of both caregivers and staff and to implement strategies for attending to their support needs, wellbeing and practice development.

1. Supporting a culture of care

In order to *scaffold* the development of nurturing relationships for care experienced children and young people, it is necessary to promote a culture of care within the entire system, including children's caregivers and the workforce. The aim is to promote self and other awareness, and a consistently compassionate approach to self and the care of others.

Overall, the NIFITC aims to support practitioners and caregivers to be:

- Knowledgeable
    - about the impacts of developmental and relational trauma on children's lives and behaviours
    - about their vital role in supporting the child's recovery
- Skilful
    - in relational practices
    - in therapeutic parenting
- Resourced and connected, with access to
    - formal and informal support networks
    - purposeful training opportunities
- Safe and supported
    - through structured reflective practice opportunities to enhance understanding, wellbeing, self-awareness and satisfaction

These areas enable practitioners and caregivers to be flexible and responsive, adjusting their approach to the needs of the child and knowing how to access timely support for themselves and/or the young person when they need to. The strategies referenced in this Building Block are proposed to help achieve these aims.

2. Caring network support strategies: The importance of reflective practice

In the context of professional practice, reflection is considered vital to maintaining a culture of openness and empathy, aiding compassionate care, developing learning and supporting therapeutic relationships and professionalism. Under the NIFITC, it is considered essential that foster carers (kin-/non-kin) and other caregivers have access to the same reflective spaces and forums as practitioners. Different types of reflective spaces or forums across different contexts are therefore recommended to enhance workforce and caregiver support, wellbeing and practice development. Each forum will have a distinct focus but consideration of the self of the practitioner or caregiver is common across all forums given the reciprocal influence of the self on professional practice.

Different types of reflective forums include:

- *Casework reflective forums:*
    - To help practitioners and caregivers to think creatively and flexibly about children and their relational networks.
    - To develop shared understanding and tailored responses and interventions.
- *Personal and professional wellbeing forums:*
    - To support practitioner and caregiver wellbeing.
    - To support self-awareness and emotional containment.
    - To support practitioners and caregivers in their role.
- Learning and development forums:
    - To develop workforce knowledge and skills through training courses and workshops.
    - To facilitate service development/improvement through review of collected data.

Reflective spaces can have various formats and may be facilitated at individual, team, organisational or whole system levels to achieve a range of goals.

The table below provides examples of different types of reflective forums and their aims. These are not intended to be prescriptive but to aid consideration of potential workforce and caregiver reflective spaces and supports.

Workforce	Caregivers
Individual	
Monthly therapeutic supervision includes: • Casework reflection and planning • Developing/reviewing practitioner wellbeing and support plan, including engaging therapeutic support if/when necessary • Professional development reflection and identification of support/development needs/interests • Critical incident debrief (where relevant) • Peer mentoring	**Individual caregiver support meetings** to include: • Reflection on care practice with child/young person/family • Developing/reviewing caregiver wellbeing and support plans • Supporting connection with external support/advocacy agencies such as fostering network • Peer mentoring
Team/group	
Casework reflective practice forums Examples Include: • Care network meetings • Young person focused team meetings • Team critical Incident debrief **Learning collaboratives** to maintain skill development. Examples may Include: • Team discussions following training inputs • Any activity aiming to embed knowledge/skill development **Team wellbeing and development forums** Examples Include • Team meetings • Staff support/reflective practice	**Group reflective practice** opportunities with other caregivers: • to embed learning from training initiatives • to support wellbeing through peer support **Advocacy groups** **Carer support groups facilitated by Trust staff** **Peer support groups**
Organisational	
Workforce training including: • Importance of self of practitioner • Understanding of vicarious/secondary trauma **Organisational critical incident debrief and learning forums**, for example: • reflective governance meetings)	**Caregiver training** including • Importance of self of caregiver • Understanding of vicarious/secondary trauma **Experiential training re. therapeutic parenting** (including residential workforce)
Whole system	
Whole system critical incident reviews, for example: • Case management reviews • Serious adverse incident reviews **Linkages with wider human resources issues, policies and initiatives** such as: • Organisational wellbeing initiatives (e.g. stress management initiatives) • Supervision policies and initiatives • Workload management/staff resourcing • Physical environment • Finance	**Development of connections with community peer support/advocacy networks**, e.g. • Advocacy groups for birth families, foster carers, kinship carers and adoptive families) **Linkages with wider human resources issues, policies and initiatives** such as: • Organisational wellbeing initiatives • Physical environment • Finance

Key Elements for implementation of the Supporting the Caring Network Building Block:

- Written policy underpinning staff support and reflective practice provision.
- Audit and evaluation processes to assess and monitor the availability and usefulness of caring network supports.
- Regular audit of workforce and caregiver wellbeing across residential, fostering and adoption services using validated measures
- Training in NIFITC support model incorporating *Understanding and Responding to the Impacts of Adversity and Trauma* Building Block.
- Development of individualised caregiver and practitioner wellbeing and support plans, including personal (peer, community support/resources) and organisational (workforce development/health promotion initiatives) supports. Audit of these plans to be implemented as agreed locally.
- Creation of a regional working group to support development of birth family and foster carer Advocacy and Community Support Networks regionally.
- Development of peer mentoring initiatives for caregivers and the workforce.
- Monthly Reflective/Therapeutic Supervision for all practitioners accompanied by regular audit.
- Development of Reflective/Therapeutic Supervision policies, training and support forums for team leaders.
- Development and use of Group Reflective Practice Forums to enhance team relationships and support; consider the impact of the work upon the self and vice versa; promote peer support for case formulation and intervention plans.

Physical Environment

Creating *therapeutic environments* means taking a holistic approach to providing good care. As well as social and cultural aspects of care-giving, the physical spaces where care is provided influence people's experience of services and outcomes for service users. Carefully managed environments can help support a sense of safety and convey that service providers are interested in service users and committed to meeting their needs. But environments can also have the opposite effect, perhaps triggering negative reactions or a sense that the service user cannot be confident the service is fully committed to understanding and working with them. So, the physical design of service environments has an important role to play in alleviating some of the challenges service users experience and promoting service engagement.

1. The physical environment as intervention

Models of trauma-informed care recognise how organisational culture and the physical environment are interlinked, with space itself considered a therapeutic tool. The physical environment *sets the tone* for the service, creating a welcoming atmosphere to all service users, and environments where people feel safe and valued have been shown to help achieve positive outcomes.

The physical design of service environments can also help promote social interaction and positive relationships with peers, families and extended networks. Involving service users as key partners in the design and review of care environments reflects the values and practices of trauma-informed care described in the *Supporting Participation of Children, Young People and Families* Building Block.

Research shows that even small and relatively inexpensive changes in the working or living environment can make a positive difference. The physical design of work environments also affects staff wellbeing. For example, design features which help reduce challenging behaviours in turn reduce staff stress and fatigue, improving wellbeing and mitigating staff turnover. Careful design and use of team working environments can also contribute to improved working relationships and help create a reflective and supportive culture.

2. Undertaking a review of the physical environment

Service providers should develop processes involving care and therapeutic providers, Estates and Finance colleagues and service users to review the physical spaces in which young people live, are educated and receive therapeutic and other support services. As well as the physical aspects of these spaces, policies and procedures should be reviewed including issues such as occupancy levels in residential care and rules for usage of shared spaces.

Commitment to developing trauma-informed physical spaces should be evident within Trust policy for facilities administration and estates planning activities. Considerations for review of the physical environment include:

Different perspectives: Review of spaces should include children and young people as well as the important adults in their lives. For example, what messages does a facility give to parents and family members? Does it help family members know they are welcome too? It is also important to review the physical environment from a staff perspective.

Service user differences: Service users need their differences to be taken account of in the physical environment. For example, it is important to consider the *ages* of young people who use a service as they will experience the physical environment differently. It is also important to think about differences such as *gender; race, culture and ethnicity; ability/disability; sexuality.*

Different spaces: There are different types of spaces in the physical environment - both indoors and outdoors. Analysing how spaces are used by different groups of service users and staff, and for what purpose helps to build an understanding of the physical landscape of the service.

Using all the senses: Because environments are experienced through all of the senses, and because sensory sensitivities can be a particular difficulty for children who have experienced trauma, any review of physical environments needs to take all of the senses into account. Occupational Therapy staff can help to ensure a multi-sensory approach is taken to the design and review of physical spaces.

Prioritising residential facilities: The lifespace of children living in residential care is in part defined by the residential home, the pivotal physical environment in which they live and grow up. Trauma-informed research highlights some particular design issues to be considered in design and review:

- *Size and density:* smaller units are considered more suitable for trauma-informed care, creating a safer and more home-like environment.
- *Noise reduction and lighting* are important for a calm environment in which young people and adults impacted by early life trauma can feel safe. This should include consideration of furnishings and staff alarms etc. It may be important that outdoor spaces are well lit to promote a sense of safety.
- *Balance between private and shared spaces* is required to support social interaction as well as opportunities for privacy. These are complex issues that need careful consideration from a risk management perspective.
- *Comfortable, moveable furniture* which can be grouped together in flexible ways may assist social interaction and help promote some control of the environment for young people.
- *The décor of all spaces* should be well cared for and home-like to promote a welcoming and inclusive atmosphere, communicating to service users that they are valued.
- *Single rooms and bathrooms* are considered important for promoting safety and fostering control for children and adults impacted by early life trauma. Where

communal facilities are used, effort needs extended to help foster a sense of safety and control.

- It is important to have *safe spaces* for people to go to when tensions escalate. These can be quiet spaces or they can be creative or outdoor spaces. They may be most useful when designed with residents.
- Staff need access to *quiet space for completing work* such as writing up therapeutic plans etc. Avoiding overuse of staff only space is important however, to avoid fostering a sense of 'them' and 'us', and help reduce power differentials.
- *Access to outdoor areas and activities* are of particular importance to help with emotional regulation.

Key elements for implementation of the Physical Environment building block

- **Trusts and relevant agencies should establish processes to review the physical environments in which young people live, are educated and engage in other support services. Reviewers should access standards and guidance for trauma-Informed environments and consider both Indoor and outdoor spaces**
- **Feedback and views sought from service users should be meaningfully responded to in service and estate planning. Staff should also be involved in reviewing the spaces in which they work.**
- **Trusts should aim for low occupancy levels in residential children's homes In order that the physical environment can support young people's needs for safety, including predictability of the environment and manageable levels of stimulation.**
- **As part of any review of incidents where acts of violence or aggression have occurred (including any incidents of restraint), the physical environment should be considered as a discreet element of in-depth analysis to generate learning.**
- **All relevant buildings should have *safe spaces* in or close to them to allow staff and service users to remove themselves from stressful/triggering situations and help them to regulate when necessary.**
- **The physical décor of the homes young people live in – especially personal spaces such as bedrooms – should convey that the adults who care for them are interested in their opinions and views and remind young people that they are valued.**
- **Review of environments such as children's homes should ensure there is a mix of shared and private spaces where young people can engage with peers and staff informally and more formally, including group discussion and one to one meetings, and that there are comfortable spaces for young people to meet with their families and caregivers.**

Responding to Diversity and Inequalities

Many of the NIFITC principles and practices are underpinned by the need to respond effectively to issues of diversity and inequality. Trauma and adversity exposure and the related impacts on children, young people and their families are unequally distributed throughout society, with marginalised populations generally more affected. Consequently, service design and delivery needs to pay close attention to the complex social differences that affect the experiences and identities of care-experienced children and young people, their families and caregivers. To promote best outcomes *for every child*, it helps to recognise that achieving equality of outcome can require inequality of effort, with many young people and families requiring additional supports and uniquely tailored service responses.

It is impossible to address the experience of trauma and adversity without also taking account of the wider context of poverty and other social inequalities which affect many families engaged with child welfare services. These issues influence service provider/service user power differentials, particularly where statutory services have to remove a child from their birth family and make decisions about future living arrangements. Such actions can leave families feeling ashamed, judged and powerless which influences their service engagement.

Identity-making and the provision of care

Multiple dimensions of lived experience influence people's identities, including *their experience of relative privilege or disadvantage* impacted by issues such as race and ethnicity, sexuality and gender identity, socio-economic status, religion, ability/disability, age etc. Because people's experiences continually change, identity-making is recognised as a fluid, life-long activity.

This is an important concept for children and young people who are care-experienced as their developing sense of self and belonging is often disrupted by experiences of adversity and relational fracture. Helping children and young people who are care experienced to make sense of all their experiences is essential for the development of a positive identity and a sense of belonging.

The multiple differences between people are important because parenting or caregiving practices are influenced by social class, gender, ethnicity, religion, geography and, for some, individual histories of adversity and trauma. The unique everyday practices of caregiving that emerge in each family represent their particular *culture of care*. Alternative care (whether foster care, kinship care, adoptive care or children's residential homes) is inevitably culturally diverse as children are placed in homes where caregiving practices, communication and expectations will be different to their birth family experiences.

'Cultural competency' emerged in the 1980s as a framework to set out the practices, attitudes and policies that come together to enable a system, agency and practitioners to work effectively in cross-cultural situations. Such frameworks have expanded to include concepts such as *cultural sensitivity* as a means of continuously considering and responding to cultural differences in a respectful manner with the support of supervision and reflective practice processes. Culturally sensitive practice demands enhanced awareness of one's own assumptions and bias, with practitioners and organisations encouraged to remember that their own cultural backgrounds and history will influence their perceptions of clients and caregiving practices. Meaningful engagement with relevant community advocacy groups can help to promote a sense of cultural safety. A care approach that values and incorporates a child and family's cultural background as a means of supporting positive identity-making can be described as *culturally responsive*.

Cultural responsiveness as a framework helps organisations, teams and practitioners to consider:

- How are the multiple aspects of service users' lives and identities acknowledged, reflected upon and responded to in our service design and delivery?
- How are they interwoven with policies, processes and practices? E.g. How are they considered in our assessment and individual care and treatment planning processes, training, supervision, reflective practice forums, recruitment processes etc.?
- Are there identities (age, gender, race, culture, disability, sexuality, socio-economic status etc.) that are given preference? Which identities might experience silencing or neglect?
- How curious are we about the whole person in context? How do service design and delivery consider people's complex identities?
- What differences, biases and inequalities might there be in the treatment and engagement of different people?
- How can we better acknowledge and respond to these multiple aspects of lived experience to more effectively support trauma recovery for care-experienced children and young people as well as their families and caregivers?

Key Elements for the implementation of the Responding to Diversity and Inequalities

Responding to diversity and inequalities requires organisations, teams and practitioners to:

- **Commit to ongoing review of policies and practice considering the social, political and cultural context of the organisation and its staff, as well as the complex Identities of the children, young people and families being served. This Involves a commitment to critical reflection on values, assumptions, attitudes and biases and requires identification of specific strategies for delivery.**
- **Reflect upon how *inequalities and power imbalances* impact on the communities being served (as well as staff) and *take action* to address social inequalities, differences and biases. This involves careful consideration of:**
    - **the differing identities of children, their families and caregivers**
    - **complexities in communication, use of language, choice of words and descriptive labels**
    - **choice of placement; choice of therapist/practitioner/key worker**
    - **the accessibility and appropriateness of services, materials, programmes and approaches**
    - **additional resources required to enhance service access and engagement for all children, their families and caregivers,**
- **Consult with service users about their service experience and engage with relevant advocacy groups to help embed a reflective learning culture at the heart of organisational and service development.**
- **Consider how the principle of inclusivity applies across all aspects of the organisation including the workforce profile; recruitment practices; ongoing training, development and reflective practice opportunities; the physical environment such as use of images, materials and facilities; service accessibility; assessment processes; individual care and treatment planning; information collected/not collected and data systems.**
- **Ceate *organisational working groups* to feed into the design and delivery of services to ensu due account is taken of differences and inequalities, and that a culture of respect, inclusivity and collaboration is fostered across all aspects of the organisation's work.**

Understanding and Responding to Adversity and Trauma

Care experienced children and young people are likely to have been impacted by a range of adverse childhood experiences. Often relational in nature, these can include different forms of abuse (physical, emotional, sexual) or challenges at home such as family mental ill-health, substance abuse, conflict and domestic violence. Experiences within the statutory care system are also recognised to frequently compound children's difficulties due to multiple placements and transitions as well as caregiver and staff changes.

There is also a well-established association between childhood adversity and socioeconomic disadvantage, highlighted in the *Responding to Diversity and Inequalities* Building Block. Children in the most deprived neighbourhoods are significantly more likely to be on the statutory Child Protection Register and in NI many children enter the care system as a result of 'neglect'. This is often associated with their family's experiences of multiple disadvantage which may have impaired their caregiving capacity in different ways including the impact of poverty, insecure housing, unemployment, community disruption and violence, and other systemic inequalities such as racism and sectarianism. Research also tells us that many parents involved with statutory child welfare services have experienced significant trauma and adversity themselves.

The combined impacts of childhood adversities can result in a range of attachment and trauma-related difficulties referred to as **relational and developmental trauma**. Children's behavioural presentations in everyday life will reflect these trauma-related difficulties, which underpins the need to make sense of behaviours in the context of past and present circumstances. Behaviour therefore is a form of communication, providing information about need. Making sense of children and young people's behaviour - or indeed that of their parents or family - in the context of their life histories and the everyday challenges they face is at the core of providing responsive therapeutic care. This focus on making sense is characteristic of a 'trauma-informed' approach.

Supporting caregivers and the workforce to develop and use the knowledge and skills required to provide care in this trauma-informed way is central to the aims of the NIFITC which emphasises the need for *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*.

1. The knowledge base for an adversity and trauma-informed approach

An adversity and trauma-informed approach seeks to respond in the most helpful way to children and families, maximise engagement and ensure that services do not re-traumatise. It is most effective when it characterises the *culture and practice of a whole organisation or* *system*. This means that all levels of the workforce (both staff and children's caregivers) must understand the underpinning principles and how their role can make a positive difference to the lives of children and families.

It also means that the organisation must have clear policies for trauma-informed service delivery to both support the workforce and hold them accountable to these values. This means having identified training in staff development plans, acknowledged through appropriate awards within professional development frameworks. The knowledge base also needs to be shared within and between Trusts, across professional disciplines and service sectors, and related organisations across NI.

As well as receiving training, professional staff and caregivers require space and support to implement this adversity and trauma-informed approach in their practice. Organisations need to have in place supervision and reflective practice processes to ensure service delivery reflects trauma-informed values and guidance (see *Supporting the Caring Network* Building Block).

A trauma-informed approach also implies commitment to working openly and collaboratively with service users. This involves using language that everyone understands, sharing learning about adversity and recovery and how we understand their needs, and being interested in understanding their perspectives and planning the way forward together. The workforce must be supported to understand the importance of this collaborative approach and to be able to consider and understand the perspectives of all those involved.

The NIFITC emphasizes the importance of meaningful involvement of children, their families and caregivers in individual care planning and service development (see *Supported Participation of Children, Young People and Families* Building Block) including co-producing training and governance tools and processes whenever possible.

2. Developing workforce knowledge and skills on adversity and trauma recovery

In summary, a regionally consistent knowledge and skills curriculum is required to underpin integrated therapeutic care delivery to care-experienced children and young people across Northern Ireland. This model should include:

- A range of resources and training modalities for professional staff at all levels, children and young people, their families and caregivers.
- Processes to support workforce reflective practice and supervision
- Regionally consistent governance processes for workforce training, reflective practice and supervision review (including incident debriefing).

A training framework for workforce and caregiver knowledge development for trauma-informed therapeutic care should be developed for NI to guide the development and delivery of training inputs regionally. This training framework would include inputs at four levels described below, similarly to the Scottish Trauma Training Framework.

- ***Level 1: Baseline knowledge and skills required by everyone within the organisation to enhance understanding of adversity and trauma-informed practice.***

This initial level of training should be delivered to the full workforce and caregivers with the aim of raising awareness of the potential impact of adversity and trauma on individuals and communities and introducing the core principles of trauma-informed care. The training developed as part of the Safeguarding Board NI EITP Trauma Informed Practice (TIP) project meets these aims and organisation wide delivery can build a foundation for subsequent levels of NIFTIC training.

- ***Level 2: Knowledge and skills required by staff who have direct and/or substantial contact with individuals affected by trauma/adversity and contribute to assessing, planning, intervening and reviewing the needs of children, their families and carers.***

Training at level 2 for workforce and caregivers should include introducing the NIFITC, engaging reflection on the experience of care for young people and families and exploring therapeutic parenting concepts and children’s rights.

- ***Level 3: knowledge and skills for staff who have regular and intense contact with those affected by trauma and provide specific supports and intervention or manage teams/services for those affected.***

Inputs at level 3 would typically be delivered as group experiential workshops and training programmes, focussed on further developing knowledge about child development, attachment, adversity, children’s rights and therapeutic care, and self-care for caregivers and professional staff. The group workshop format provides opportunities for reflection on parenting, care practice and self-care/wellbeing for both staff working directly with young people and for families and caregivers.

The training should also provide information about and practice with some of the core NIFITC processes and tools such as formulating, therapeutic planning and Lifestory work.

- ***Level 4: Knowledge and skills for staff who have a specialist role in directly providing evidence-based psychological interventions or therapies, offering consultation to inform care and treatment or managing/leading trauma-specific services and/or co-ordinating multi-agency service-level responses to trauma.***

This specialist training level is focussed on Senior Social Work Managers and Therapeutic providers. It addresses the knowledge and skills involved in creating and sustaining a trauma-informed organisation and the specialist therapies/interventions that are accessed through dedicated multidisciplinary therapeutic services for care experienced children and young people.

3. Evaluating training provision and knowledge and skills development

The outcomes and impact of training and other workforce development activities should be routinely evaluated to inform continuing development of NIFITC training resources and delivery, and to maximise effectiveness. Where possible, training outcomes should be assessed over time to explore and ensure longer-term impact on service delivery. As a considerable amount of the training is focussed on informal caregiving networks (foster carers), they should also be a focus for evaluation. Both qualitative and quantitative strategies should be employed to explore caregiver and professional staff experience of training and how it may be influencing practice and care for children and young people.

Key Elements for the implementation of the Understanding and Responding to Adversity and Trauma Building Block

- **A training framework for workforce and caregiver knowledge development for trauma-Informed therapeutic care should be developed for NI to guide the development and delivery of training inputs regionally.**
- **A range of training inputs and resources are required for professional staff at all levels, children and young people, their families and caregivers.**
- **Processes for workforce reflective practice and supervision should be developed in Trusts to help consolidate learning and skills development.**
- **Regionally consistent governance processes should be adopted for workforce training, reflective practice, reflective supervision and debriefing/reviewing following incidents.**
- **Training delivery and impact should be evaluated on an ongoing basis using a regionally consistent approach.**

Building Caring and Purposeful Relationships

All children need to feel cherished and that they belong, to be able to develop and thrive. For children and young people who are care experienced, relationships with important adults will have been disrupted, impacting their sense of self and belonging. Relationships, therefore, are at the absolute heart of helping children, young people and their families to recover from trauma and adversity. This requires multiple, long-term, nurturing relationships with caring adults, as well as wider family and community connections and friendships. The *Care Network* around a child or young person provides a web of human relationships that can be *purposeful and reparative* in that they:

- Provide a context for building children's sense of physical, relational and emotional safety and a valued sense of self and belonging.
- Provide a secure relational context within which children's development can be *scaffolded*.

The overall care network or *team-around-the-child* also includes 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). It may also include adults who are *both* caregivers and professional staff such as residential social workers or professional foster carers. All of these people play different but important caring roles in supporting children's wellbeing.

Building and sustaining relationships with children and young people who have experienced relational trauma - and members of their family who may also have a history of adversity and trauma - can be challenging and requires active supports to both the caregiver and professional networks.

1. The caregiving network

Relationships that effectively repair the harms caused by trauma, supporting recovery and growth are proactive, warm and involve doing things together and for each other. They involve holding young people in mind, enjoying relationships with them, having a good understanding of what each child or young person wants and needs and looking constantly for opportunities to meet those needs. These *reparative relationships* result from providing purposeful care and affirming life experiences in children's everyday life involving adults who are:

- ***Calm*** – in all circumstances and at all times, even when the situation may be highly stressful.
- ***Connected*** – having a good understanding of the child or young person they care for that keeps them attuned to the child's feelings and needs, even when the expression of those needs and feelings is very challenging.
- ***Consistent*** – responding to the child or young person in ways that are predictable, safe and intended to support their development; focussing on growth and encouragement and avoiding punishment and shame.

To best support recovery, children and young people's lives also need to be characterised by experiences which are:

- ***Constant*** – regular, predictable daily patterns of family, school and community life which provide a sense of safety and counteract feelings of chaos or being out of control that are caused by trauma.
- ***Confirming*** – both familiar and new experiences providing opportunities to make decisions and take action. Positive affirmation of efforts from caring adults helps children and young people to recognise their strengths and the progress they're making, and to value themselves.
- ***Constructive*** – opportunities to be challenged by new experiences and to build strengths and capacity, supported by caregivers and other adults who assist by knowing what is manageable and patiently building upon what has been achieved to date.

2. The professional network

The professional network is the group of staff in the team-around-the-child who are actively involved in the care and support of the child or young person, their families and caregivers. The professional network aims to:

- Get to know each young person, seek to understand what matters most to them and build relationships that support their meaningful and active involvement in all aspects of their lives.
- Strengthen and maintain the compassion and resilience of families and caregivers, who may be experiencing intense and/or rejecting relationships with young people.
- Support reflective engagement between members of the caring network where the stress of responding to traumatised young people may cause distress and conflict.
- Facilitate the family or caregiver's developing understanding of the child/young person and her/his needs and notice how they themselves are impacted by the relationship.
- Nurture the development of attachments between children and young people and their primary caregivers.
- Support families, caregivers and other direct service practitioners such as social workers or therapists to cope with stress including understanding how their own lived experience, beliefs, values and stressors relate to the challenges of caring.

Building and maintaining relationships within the professional network requires agreed processes which will;

- Clarify membership of the professional network and expectations about the purpose and frequency of meetings and communication.
- Ensure all involved professionals and primary caregivers have a shared formulation and understanding of each young person and their needs.

- Facilitate purposeful reflective practice opportunities in the interests of strengthening the support available for children and young people and promote caregiver and staff wellbeing.
- Identify family and caregivers' needs for support to help them to maintain their caring ability.

The professional network should also build safe and purposeful relationships directly with the child/young person to scaffold and support competency and identity development and healing. Building a scaffold of care and meaningful engagement requires knowledge of child development needs and processes as well as an understanding of each young person's individual needs in the context of their life and care history. This helps identify how a young person's development can be supported in a variety of social contexts (e.g. community-based sports/arts/adventure activities) as well as in the direct family or caregiving context and as opportunities arise within the daily lifespace.

Key elements for successful implementation of the Building Caring and Purposeful Relationships Building Block

- **Training for all families, caregivers and professional staff in adversity and trauma, attachment, child/adolescent/young adult development, trauma recovery and self-care.**
- **Training and support for families and caregivers in relational working and therapeutic care/parenting approaches.**
- **Collaborative working practices with young people and families to identify goals that are important to them and how to help reach them.**
- **Regular meetings of the care network to plan supports and monitor progress.**
- **Opportunities for a range of reflective practice supports for professional staff and caregivers including foster/kinship carers and residential staff.**
- **Effective support and supervision for families, caregivers and the professional network to help them clarify aims and assist a child/young person to achieve developmental targets.**
- **Access to relational therapies for children, young people, families and caregivers who are dealing with significant difficulties.**
- **Access to tiered therapeutic support resources for staff, families and caregivers when needed.**

Individual Health and Wellbeing Planning

A single, regionally consistent integrative care planning process is required for collaborative assessment, planning, delivery and review of the full range of holistic supports and interventions care experienced children and young people may need to be able to thrive.

1. Individual assessment

The development of the Care Plan, led by the child's field or residential social worker, should be fully participatory with the young person and the important adults in their life. The plan should be based on a comprehensive assessment and ***formulation*** of the young person's strengths, needs and circumstances, integrating knowledge of their history and the impacts of relationships, contexts and experiences on their development to date.

Adopting a *formulation-based approach* involves:

- An assessment process that enables social work teams to combine information regarding the young person's current presentation and functioning, developmental history, relationships and experiences into an understanding of need that is essential to delivering attachment and trauma-informed care.
- The assessment should provide a broad and balanced picture of the young person and lead to a shared understanding within the caring network of the impact of circumstances and life experiences on the child or young person and of their health and wellbeing needs.

The collaborative, team-around-the-child approach should underpin a one-child-one-plan focus with all relevant professionals and agencies working closely together to contribute. This requires full participation of all involved professionals in regular care network meetings, which are the key vehicle for co-ordinating assessment, planning and review.

2. Planning

Care Network Meetings should ideally act as the main planning and review forum for the child's or young person's care, with the Looked After Child Review maintained in line with statutory requirements, monitoring Care Planning and focussed on the formal legal aspects associated with the child's care status and placement.

Care Plans should be detailed and pro-actively focussed, addressing the following, among other issues identified:

- How the young person's and their family's views and wishes can be responded to through care planning.
- How the young person will be supported by a network of positive relationships at home and in their school and community.
- How carers will be supported to deliver therapeutic care and parenting where the young person lives
- How the young person will be helped to make sense of their past and present circumstances and plans for their future care.

- How the sorts of recreational, sports and arts activities that also support positive development will be accessed.
- How specific, targeted therapeutic interventions will be provided for those who require them.

Collaborative, young person-centred assessments should be updated regularly and amended during the young person's journey in care to help capture strengths, achievements, successes and future goals as well as newly identified challenges. The Care Plan and strategies identified to support health and wellbeing development should be updated in line with this evolving understanding of needs.

Developing user-friendly plain English documents for the young person and caregivers summarising assessments and plans is an important aspect of helping empower young people to actively influence decision-making about their care.

Training in trauma-informed assessment, formulation and support/intervention planning should be provided for relevant professional staff. Social workers should receive regular reflective practice support from their own line management in relation to individual planning and providing support for team-around-the-child networks.

3. The caregiving context

Individual planning should reflect the differing contexts in which care is delivered, recognising also that significant numbers of care experienced children and young people at any time are not receiving specialist services. Therefore planning processes will differ at times, depending on context:

- *Young people in foster or kinship care* or with birth family subject to a care order, who are not referred for specialist assessment/planning should have a Care Plan addressing individual personal development support needs instigated by their LAC social worker and supported by team-around-the child-processes.
- *Young people who require specialist services* should be referred through an initial approach to a Therapeutic Partnership Forum. A set of targets for therapeutic provision should be developed collaboratively by the LAC social worker and allocated LAAC Therapeutic Team staff, engaging input from other relevant teams/agencies. Utilising team-around-the-child processes to plan and review, these health and wellbeing targets should be integrated into the Care Plan.
- *All young people entering residential care* should be supported by the residential assessment and care planning process managed collaboratively by the residential key worker, field social worker, residential care psychologist and any other relevant teams/agencies, including the Youth Justice Agency where involved, with identified health and wellbeing aims and strategies fully integrated in the Care Plan.
- *Young people who are placed in secure care* will receive the assessment and planning supports relevant to the secure setting. This secure care assessment and therapeutic planning should link seamlessly with the established community-based services team-

around–the-child-processes, so community staff can expect to be fully involved in planning and providing supports and interventions for the period of secure care, and in planning the transition back to community and ongoing supports. Where a young person has not been receiving specialist therapeutic support prior to secure care placement, the LAC social worker should refer as soon as possible to the Therapeutic Partnership Forum in order to engage community staff in ongoing planning and service delivery.

Inter-sectoral collaboration should always be supported by clear communication, information sharing and, where possible, shared training opportunities with relevant partner agencies. Expectations regarding collaboration with team-around-the-child processes should also be explicit in any service level agreements with non-statutory providers.

4. Delivering health and wellbeing supports

The *Targeted Therapeutic Inputs* Building Block provides detail of how identification of need and delivery of therapeutic interventions can be organised consistently across all five Trusts. The focus of much of this intervention is therapeutic care and parenting delivered by carers where the young person lives, supported by the professional network. Many young people need to access additional supports. Therapeutic Partnership Forums should be in place as the point of entry into specialist therapeutic services (apart from crisis services) for care experienced children and young people, and to support social workers who are worried about a young person's emotional and social wellbeing to formulate those concerns.

Specialist therapeutic services

Accessing specialist therapeutic services should result in clear goals and identified support/intervention strategies for individual children and young people being integrated into the Care Plan.

For young people in residential care or intensive support foster care, complexity of need is implicit and access to the specialist therapeutic service for looked after and adopted young people should be automatic. Individual health and wellbeing planning should be provided for every young person in residential care led collaboratively by the residential key worker, LAC social worker and residential psychologist. It is of utmost importance that the young person's voice is front and centre of the assessment, planning and review process.

Given the complexity of care experienced children's needs, it is essential that specialist services such as LAAC Therapeutic Teams, are adequately resourced and commonly configured to deliver equitable support and service access across NI.

Community integration and access to community-based arts, sports and recreational experiences

Provision should be available to deliver community-based arts, sports and recreational experiences to support relationship and competency development, with opportunities matched to assessed capacity and need. Identifying the supports needed to help a young person engage meaningfully in community-based activities is as important as identifying the activity itself, and both should be a part of care planning. Being part of a club, team or society is a significant source of belonging for young people, validating interests and enhancing their sense of identity. It also provides opportunities to develop relationships and relationship skills, further promoting a sense of stability and enhancing the potential for better life opportunities.

Supporting and accompanying a young person to engage in new experiences or to take up old interests and hobbies can help alleviate associated anxieties and provide the opportunity to *scaffold* interpersonal competencies. Young people should also be helped to reflect on their experience of participation, to maximise the impacts of these experiences on their developing capacities and self-awareness.

Community integration should be supported by a range of key adults in the young person’s network including foster and kinship carers, fieldwork and residential care staff. Social work teams and therapeutic services need regular updates from community-based providers of education, youth justice services and vocational supports, activities, sports, arts and cultural experiences in order to help match young people’s goals and needs to appropriate activities. The individual skills, hobbies and interests of key adults in the young person’s life, and their related networks, should be engaged where applicable to encourage young people to explore new activities.

Within residential services, the ReSET Peripatetic Support Teams have a central role in community navigation, developing familiarity with community resources that facilitate matching opportunities for engagement to young people’s assessed needs and capacities. By establishing relationships with community providers and helping them understand a young person’s particular profile of support needs, ReSET staff can support both young people and providers to engage with each other, *scaffolding* the provider’s ability to support the young person’s participation as well as the young person’s capacity to take part.

Preparing community partners to include care experienced children and young people will sometimes involve a level of disclosure about the child’s circumstances. This can be necessary to help the provider know and understand what to expect and how to support the young person to adjust to a new setting and relationships. A balanced approach to considering the young person’s confidentiality and participation needs is required and decisions should always be made with the young person’s full involvement.

Trust Community Development Teams or equivalent, where they exist, can be engaged to help develop relationships between social care staff and community groups. Where appropriate, community groups may welcome training in trauma-informed working and the impact of adverse childhood experiences to help them understand the challenges faced by care experienced children and young people.

Relationships should continue to be nurtured and developed with neighbourhood policing teams to support understanding of care experienced young people and draw on creative initiatives provided by the police.

Educational and Vocational Supports

School is an extremely significant part of children and young people's everyday lives and educational achievements can greatly influence their sense of self and evolving life chances. Liaison with education services is therefore an important part of individual planning. All care experienced young people should have a Personal Education Plan (PEP), or Pathway Plan for older adolescents. The process of developing and reviewing these plans should be supported by the team-around-the child network planning processes and identified goals and recommended support and intervention strategies integrated into the Care Plan.

Engagement with the team-around-the-child through Care Network Meetings is an ideal way to integrate education with other areas of planning. Where a young person is receiving specialist educational support (eg. Attending EOTAS), relevant education staff should be included in the regular CNMs. For other children and young people, the formulation-based health and wellbeing assessment that should underpin Care Planning can inform the PEP which can be developed with the support of the Care Network at the CNM.

Generally, Social Work Teams should work in close partnership with education-based advocacy and other support projects such as The Attach Programme (TAP) and Youth Services engaged in work with schools. Creative approaches to learning for care experienced children and young people can be the key to maximising their potential and taking account of developmental trauma.

Youth Justice

Research highlights that a significant number of care-experienced young people, especially those in residential care, become involved in the youth justice system, some for a considerable period of time. This can be greatly detrimental to children's sense of self and future life chances. Every effort should be made to actively prevent children becoming involved with the formal justice system. Where children are at risk of becoming or are already involved in offending behaviour, Residential and Fieldwork Teams should work in close partnership with the Youth Justice Agency to divert young people from offending. This work should utilise the team-around-the-child planning and review processes to minimise the potential negative impact of children's involvement in the formal justice system, especially where this involves custodial experiences. It is essential that full account is taken of the potential connection between children's developmental trauma, adverse life experiences and their offending behaviour.

Key elements for successful implementation of the Individual Health and Wellbeing Planning Building Block:

- Trust training strategy should include a focus on assisting social work staff to undertake trauma-informed assessment, formulation and care planning.
- Each Trust should have in place a tailored assessment process to capture the young person’s story, engage them in planning and decision-making and collaboratively identify what is required to promote safety, stability and improved life opportunities for the young person.
- A regionally consistent holistic health screening and assessment process should be utilised to support needs identification and individual planning.
- Trusts should implement team-around-the-child processes to support and integrate individual planning, support and intervention, developing these processes in collaboration with relevant partner agencies.
- Each young person’s caring network should meet regularly to review and develop care plans, which should include a focus on therapeutic care and interventions and associated planning activities such as completing the PEP or Pathway Plan.
- Trusts should implement Therapeutic Partnership Forums to manage the pathways into services for young people identified as requiring specialist support and intervention.
- Access to relevant health and wellbeing therapeutic provision should be assured for those young people identified as needing such inputs.
- Residential services should be resourced to facilitate individualised planning and delivery of therapeutic care for *all young people*, involving appropriately trained and supported residential staff teams, dedicated multidisciplinary TTLAAC input and a peripatetic support service.

Targeted Therapeutic Interventions

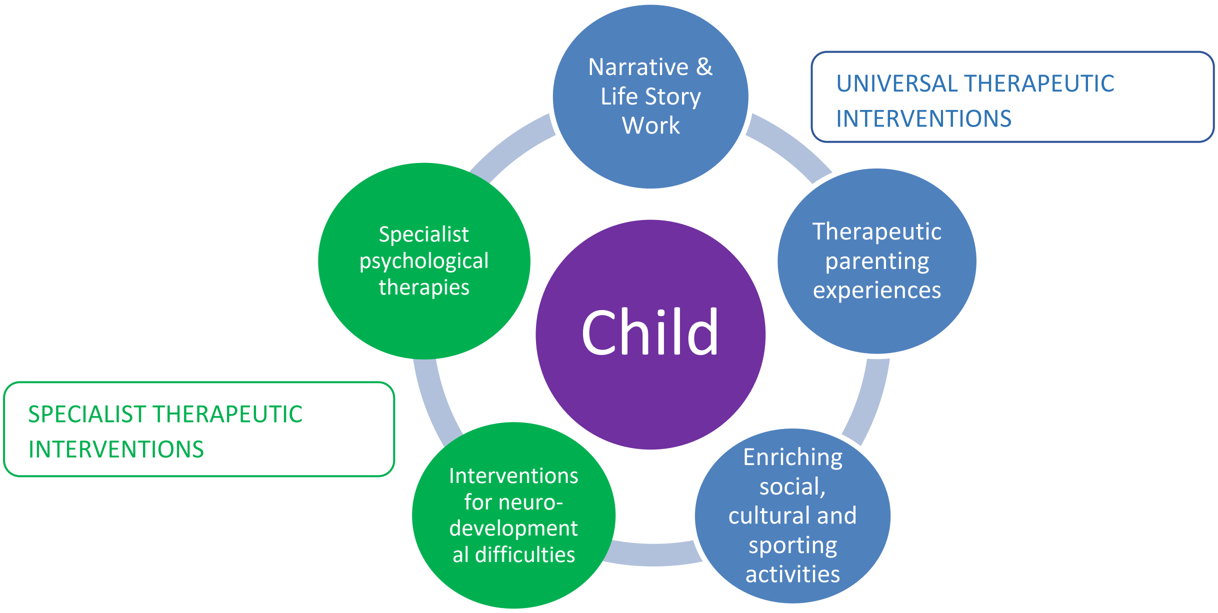
Research and practice literature emphasises that recovery from trauma progresses through different stages and can require differing types of support and intervention at various times.

1. Types of therapeutic care and Intervention

Therapeutic parenting – referenced in the *Building Caring and Purposeful Relationships* Building Block - refers to the provision of consistently nurturing, responsive relational care. When this characterises family life, along with access to stimulating, enriching experiences outside the home, at school and in the community, it can be sufficient to bring about change and recovery for children and young people who have experienced adversity in early life. Children also need help to make sense of their experiences and therapeutic parenting sits alongside Narrative and Lifestory work as interventions that have clear aims and should be provided universally to all care experienced young people.

Children's primary caregivers – their birth and adoptive families, foster and kinship carers - may also require therapeutic support to help them to provide the relational care children need and to support stability where they live.

For some young people the impacts of adversity on their emotional, cognitive, physiological and psychosocial development - referred to as *developmental and relational trauma* - may result in need for additional therapeutic intervention to help them recover and thrive. This may require access to specialist therapeutic interventions.



Types of therapeutic provision for care experienced children and young people

The *Integrated Networks* building block describes how social workers considering the need for additional therapeutic support for a child or young person should be able to make a referral to a Therapeutic Partnership Forum. The Forum - consisting of a range of relevant statutory and voluntary/community therapeutic service providers - will provide initial consultation to help social workers develop a formulation of the presenting concerns, identify which service/s may need to be accessed and act as the gateway into these services. All children and young people who access specialist therapeutic services should receive a comprehensive, multidisciplinary assessment of their emotional, relational and psychological needs leading to identification of therapeutic goals and strategies being integrated into the Care Plan (see *Individual Health and Wellbeing Planning* building block) and helping to identify the network of professionals who should be involved.

All children and young people who require specialist therapeutic provision should be open to the Scaffold Therapeutic Team following presentation at the Therapeutic Partnership Forum and a psychologist identified to provide a co-ordinating role at CNMs. The LAAC Therapeutic Team may also provide consultation and direct therapeutic input as necessary.

Scaffold Therapeutic Teams cannot provide all forms of therapy that may be relevant. This emphasizes the need for careful planning and highlights that some children may at times require access to other forms of intervention from within Trust providers such as CAMHS and DAMHS, from partner agencies such as YJA or from non-statutory providers with whom Trusts may have service level agreements such as the NSPCC or Barnardo's. It is crucial that such partners participate fully in the *team-around-the-child* planning and review processes throughout their involvement.

2. The role of Narrative and Lifestory Work

Care experienced children's lives involve more change and inconsistency than most other children. There are more experiences to make sense of and many of these experiences will be hard to understand. In addition, differing opinions and perspectives within families and the professional network can add to confusion as a young person struggles to make sense of what has happened in their lives, where they belong and what the future holds. Narrative and Lifestory work refer to practices aiming to help children and young people make sense of their lives, circumstances and feelings. This work also seeks to ensure that children understand they are not responsible for their family's difficulties as this can be a common response to complex childhood experiences.

While Narrative work focusses on clarification of circumstances and plans for the future and is important to deliver as early as possible when a child enters care, Lifestory work relates to activities that aim to help children and young people reflect on their life experiences and relationships and provide a language for talking about complex experiences in an age-appropriate manner. This process contributes to a young person's sense of having some control and developing a more coherent and hopeful narrative of their lives and relationships in the past, present and future. Lifestory work evolves as the child develops and may have different questions about aspects of lives.

Narrative and Lifestory work should be provided to all care experienced children and young people by a social worker with whom they have an established and positive relationship, in collaboration with family and other carers. It is important work that requires an understanding of child development and the skills to pace and tailor the conversation to the needs and interests of the individual child or young person. The work may take place over an extended period of time and is likely to be repeated at different stages in the child's journey as they get older or as circumstances change. It does not replace the need for specialist therapeutic work to help a young person address effects of their past, but it should be considered as a prerequisite to such work.

3. The role of dedicated therapeutic services

All five HSC Trusts have established consultant-led multidisciplinary therapeutic teams for care experienced children and their caregivers, known as Scaffold Consultation and Therapy Services. The range of roles provided by these teams was described in a Commissioning Specification paper jointly produced by the five Trusts and HSCB in 2015. They operate a regionally consistent stepped care service model, providing training, consultation and direct therapeutic work in response to assessed need. In the interests of regional consistency, service quality assurance and safety, all dedicated statutory therapeutic provision addressing the emotional and psychological wellbeing needs of care experienced and adopted children should be delivered in the context of these consultant-led services.

This single multidisciplinary team approach, embedded within Looked After and Adopted Children and Young People's Social Care Services, facilitates consistency in governance arrangements in terms of local and regional organisational accountability. It also provides a framework for clinical supervision, accountability and line management, ensuring equitable access to high quality, evidence-based services across NI.

Scaffold Therapeutic Services should be adequately resourced to deliver the relevant evidence based therapies which include:

- Specialist intervention for neurodevelopmental difficulties including sensory functioning/integration and speech, language and communication needs
- Attachment interventions such as Dyadic Developmental Psychotherapy, Theraplay, Video Feedback Approaches.
- Trauma processing/resolution therapies including somatic/sensory psychotherapeutic approaches
- Systemic family therapies
- Therapeutic modalities that do not rely on verbal expression including art, music and movement-based therapies.

4. Collaborative planning and review

Plans for therapeutic provision should be designed in collaboration with young people and the adult caregivers in their lives and summarised for them in accessible, easy to understand documents.

Children, young people and their caregivers should be involved in Care Network Meetings to ensure their thoughts, wishes and feedback are properly considered. Should they not wish to attend they should be consulted beforehand about their thoughts, wishes and feedback and they should receive prompt feedback about the discussions that take place and how their views have been taken account of and responded to. Children and caregiver views on the proposed plan must be sought regarding any decisions or actions before these are progressed.

It is important to help children and young people understand how therapeutic services are offered in response to their needs and life experiences, and that the aims of these services/interventions are to help them recover and thrive in all aspects of their lives. Therapeutic provision should adopt a neurosequential approach which means recognising that a child's developmental stage in relation to a range of different capacities should inform therapeutic planning. Different types of therapeutic and/or enriching activities may be required and may need to be sequenced to the young person's particular stage of development, considering how their development and needs have been affected by individual histories of relationship, nurture and adversity. This helps ensure that children and young people are never presented with therapeutic activities they are not ready for, and young people's choices about when and how to engage in therapeutic working should always be respected.

Key Elements of Successful Implementation of Targeted Therapeutic Inputs Building Block

- Care provided to all care experienceed children and young people should reflect a trauma-Informed, therapeutic parenting approach, with carers and professional staff supported as necessary by dedicated therapeutic providers.
- All care experienced children and young people should be offered Narrative and Lifestory Work to help make sense of their lives and circumstances. Social Workers should be provided with the necessary training, consultation and support, including allocated time, to undertake this skilful therapeutic engagement.
- Social workers who believe a child, young person or their primary caregivers require additional therapeutic support should be able to refer to a Therapeutic Partnership Forum for help with formulating their needs and timely access to the appropriate services.
- Therapeutic Partnership Forums should incorporate the appropriate range of relevant voluntary and statutory services, with representatives engaging in collaborative formulation and operating as the gateway into service provision.
- Therapeutic assessments should be holistic and systemically focussed, leading to phased interventions that are responsive to young people's changing needs and developing capacity.
- All care experienced young people accessing therapeutic services should have goals and strategies for intervention clearly identified, agreed with them and integrated into their Care Plan. Progress should be reviewed in close collaboration with them and their primary caregivers.
- Regular feedback regarding the young people’s service experience and outcomes should be gathered as a means to ensure interventions are effective, and the young person is receiving the right intervention at the right time.
- Scaffold Therapeutic Teams should be resourced, configured and operationalised to deliver stepped-care consultation and therapeutic intervention equitably across all five Trusts in a way that is regionally consistent, integrating relevant AHP provision as well as the delivery of psychological therapies

Transitioning to Adult Life

Most young people have the opportunity to adapt to major life changes over an extended period of time. Care experienced young people however can be expected to undertake these major life changes at an accelerated pace. This risks denying them the opportunity to safely experiment from a secure relational base and find their way to gradually adapt to managing the challenges and changes associated with adult life. The importance of long-term support is emphasised by research and practice experience that consistently demonstrates poorer outcomes across the life course for care experienced young people in comparison to the general population. Pushing young people into independent living situations too quickly or without adequate support greatly increases the likelihood of crisis, break down or longer-term problems.

Long-term support for young people before, during and after their transition to adult life is vital to avoid the risk of them becoming anxious, isolated and feeling they have no one to turn to, triggering critical emotional issues that resonate with earlier experiences of insecurity and deficit care. Research has shown that in the first 12-15 months after leaving care, around two fifths of young people experience deterioration in their mental health. Therefore, approaches to building and sustaining young people's relational support networks and providing integrated, collaborative planning and holistic supports are as important during the transition out of care and into adult life as at any other time.

1. Transitioning to adult life: Important principles

Young people transitioning from care will need a range of supports into their adult life. In planning these supports it is important to consider:

- **Transitions should reflect the young person's developmental pace, rather than their chronological age**

  A young person's transition out of care should not be based strictly on age thresholds. Rather, it should be based on an individual's need, at a pace that is developmentally appropriate and a time that is relatively stable for them.

- **Transition planning should include a focus on building and sustaining an informal relational support network around the young person**

  The National Institute for Health and Care Guidance (NICE, 2016) recommends that where possible young people should be allowed to stay with their foster carers after the age of eighteen. Benefits can include:

  - Experiencing life transitions in a similar way to peers.
  - More stability and continuity in a nurturing and familiar environment.
  - More control over the timing of the move from their foster family home into new living circumstances.

- **Long-term supports**

  Considering the range of adjustments young people are required to make when transitioning from care, they often require a range of formal support services over a number of years.

Achieving longer term stability is often most difficult for those young people who need the most support, such as those in residential homes or those who have had multiple placements. In these circumstances, it is essential as the young person enters their late teenage years to focus on building an informal network of supportive adults around the young person who can help them feel connected and supported during this critical transition process.

Young people's informal network may include supportive adults in their extended birth family, foster family connections, community contacts and supportive peer relationships. A rich and stable relational network is central to wellbeing, so it is essential that the young person's key worker and the network of involved professionals identify who these people are or might be for each young person and work in a planned and focused way to support their engagement with the young person.

Some young people will want to return to living in family contexts from which they were earlier removed. Service providers may find this a difficult situation and worry for the young person's wellbeing. However, where the young person is of an age and has the capacity to choose, they should be supported with planning for this by carefully identifying supportive adults in their families and communities and considering contingency plans.

2. Transitioning from care: Preparatory planning

Care planning for all young people transitioning out of care and into adult life should identify the range of supports required to help them increase their confidence and skills for moving out of a family home or residential care situation and living in new circumstances. Personal Advisors and the pathway planning process assist social work teams to work effectively with young people and the supportive adults in their lives to develop transition plans and ensure that a full range of formal and informal supports are readily available.

Considerable attention should be given to a young person's emotional and social wellbeing needs at the pathway planning stage, involving close collaboration between agencies to ensure needs are not missed and young people are not confused by overlapping planning arrangements.

The proactive, collaborative team-around-the-child approach to personal development planning used throughout a young person's time in care should continue in transition planning, maintaining the focus on ensuring robust and preferably long-term relational supports and holistic interventions. Young people should have continuous access to specialist mental health support where needed. This involves ensuring some services, such as Scaffold Therapeutic Teams, are available as the young person moves into early adult life.

3. Transitioning from care: Key support networks

Personal Advisors

All care experienced young people, not just those in education, should have a Personal Advisor (PA) up to the age of 24, if they want one. The PA should become involved in getting to know the young person long before the leaving care stage, to help build a trusting relationship that can help sustain the young person over an extended period of time that involves many challenges and changes. Due to the nature of this work, PAs should receive training on trauma and attachment and how to provide emotional support to help young people manage the challenges of adult life. Supervision and emotional support for the PA is also important because of the intensive, relational nature of the role.

Dedicated Primary Mental Health Workers

Feedback from care experienced young adults about adult mental health services has consistently indicated perceptions that services are complex, inflexible, not relevant to their needs, and that they are not always treated with respect. Consequently, they often feel reluctant to ask for help. Access to these services can also be denied without a specific diagnosis of a mental health disorder.

LAAC Therapeutic Teams should include Primary Mental Health Workers working closely with Leaving and Aftercare Services to provide brief, intensive support where needed and help connect young people navigate and engage with appropriate services and supports. Having access to a dedicated primary mental health worker (PMHW) can support a more person-centred response and provide young people with the confidence to approach and maintain contact with these important services.

Peer support

It is known to be difficult for young people to talk about their fears and concerns about moving out of care and into new living circumstances. Young people may find it helpful to talk to other young people with care experience who have already made this transition, either individually or in a group context. Where possible, peer supports should be identified and introduced to the young person at an early stage.

4. Transitioning from care: Team-around-the-child holistic planning processes

Maintaining team-around-the-child planning processes helps ensure interventions and supports are based on a good understanding of the young person’s changing needs and that support services remain integrated.

Maintaining a holistic focus is important because success in one area of life can help develop skills and confidence that generalise to other areas. The opposite can also be the case, however, and young people whose living circumstances remain chaotic may struggle to engage with and get little benefit from mental health or other support services. Matching provision to need is essential and the importance of issues such as the significant impact of the physical environment and access to basic needs are emphasized. Collaboration with housing, and health and social care partners should establish care experienced young adults moving out of care as a priority group. A significant number of care experienced young people also have to make a similarly difficult transition from children’s to adult justice services, and it is important that they are provided with appropriate support to do so.

Additional services

A young person leaving care may not be ready or wish to engage with the direct therapy provision of LAAC Therapeutic Teams, CAMHS, AMHS etc. However, they may benefit from other types of supports available from non-statutory providers, youth services etc. Stepped models of care and service provision incorporating preventative supports, combined with specialist provision when appropriate are necessary for young people transitioning to adult life as well as at earlier stages in their care trajectory.

Key elements for successful implementation of the Transitioning to Adult Life Building Block

- Where possible, young people should be supported to remain living with their foster families into their young adult years.
- Transition planning should include building an informal network of supportive adults and peers around the young person to help them feel connected and supported.
- Where young people wish to return to living in family contexts, they should be supported with planning for this by carefully identifying supportive adults in their families and communities and resourcing these relationships.
- LAAC Therapeutic Teams across NI should be resourced to accept referrals up to the age of 21 and to extend involvement up to the age of 24 for those young adults who are actively engaged in therapy.
- Trusts should have Primary Mental Health Worker provision within their LAAC Therapeutic Teams, working closely with Leaving and Aftercare Teams to provide intensive support where necessary and liaison for young people accessing or transitioning to Adult Mental Health Services.
- The team-around-the-child integrated network planning approach should be maintained up to the age of 21 years, with the potential to extend up to the age of 24 where necessary, to facilitate effective collaboration between agencies and services involved with supporting young adults.
- Collaborations between housing, and health and social care partners should establish care experienced young adults moving out of care as a priority group.
- Personal Advisors should be available up to the age of 24 years for any young adult who has left care and wishes to have one.

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