

# Dudley Lighthouse Links

## Service Overview

### Introduction

It is well known and widely agreed that children in care are at risk of and present with more mental health problems (including severe and enduring mental illness) as well as wider behavioural and emotional difficulties than other young people. For example, almost half of children and young people in care meet the criteria for a psychiatric disorder (Luke et al. 2014).

From research (e.g. Tarren-Sweeney, 2008) we know some of the factors contributing to this outcome are:

- Young people coming into care will already have had trauma and experienced life difficulties over and above those experienced by most of their peers
- Most will have suffered a degree of abuse or neglect or experienced bereavement, disability or serious illness in one of both parents.
- Many are from disadvantaged backgrounds
- Coming into local authority care can involve major and sometimes traumatic upheaval
- Changes and a lack of permanence in the arrangements for many children in care are unsettling and can hamper effective work with children
- The stigma of being in care may inhibit children from asking for help or wanting to use facilities or services that are on offer
- Social care staff often have difficulty in finding appropriate placements that meet the emotional, behavioural, physical and cultural needs of children in care.
- Various transitions can be really disruptive to a young person's well-being and development. Key challenging transitions include placement breakdowns and moves, school exclusions and moves, leaving care.

These risk factors for difficulties contribute to a lack of resilience or protective factors for this group of children and young people which include (Jones et al. 2011):

- Placement stability
- Secure attachments
- Positive relationships
- Positive parenting
- Good self-esteem
- Sociability
- Educational achievement
- Problem solving skills

Therefore identifying the emotional health needs is about screening for mental health, psychological, emotional, behavioural and social difficulties as well as identifying the presence / absence of key risk and protective factors. Meeting and supporting these needs is about both minimising risk factors and promoting resilience and as well as protective factors.

## Service Scope

The **general aim** is to achieve improved emotional health and wellbeing outcomes for children looked after or subject to a Special Guardianship Order (SGO).

The overall **service goal** is to improve placement stability in order to improve outcomes for children and reduce the number of children in high-cost, external and out of borough placements.

**In order to meet the general aim and overall goal the specific aims for children and young people looked after in Dudley are to ensure:**

- their emotional health needs are satisfactorily identified and met
- they are screened comprehensively and promptly
- their immediate emotional and mental health needs are supported promptly
- they benefit from a focussed therapeutic service that meet their psychological, emotional, behavioural, social and mental health needs as soon as they are identified

### Who can refer?

See Referral and Exclusion Criteria Document in Appendix

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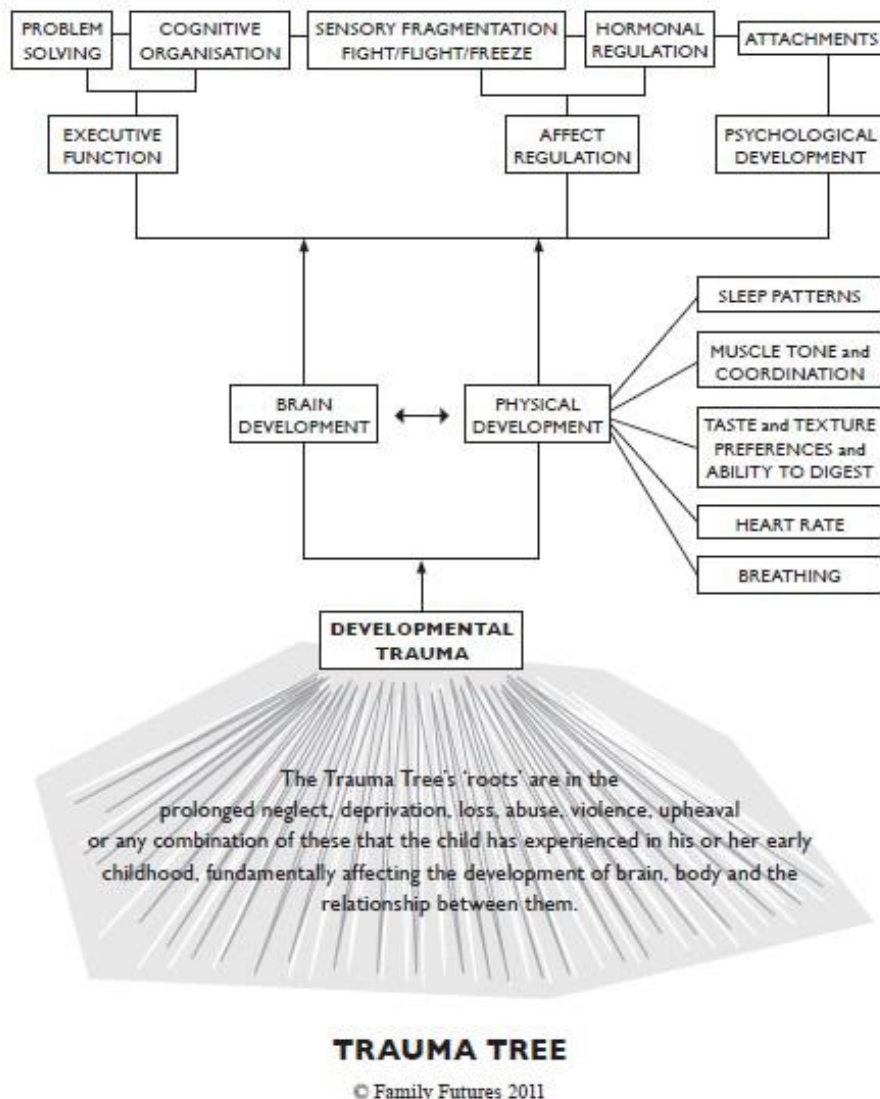
## Therapeutic Models Underpinning the Service

Children in care can all be considered to have suffered from a range of difficulties that can be considered under the umbrella of developmental trauma. This includes all of the risk factors outlined above in addition to a lack of resilience and protective factors.

Neuro-scientific and psychological research (e.g. Van der Kolk, 2005) indicates that children who have suffered developmental trauma are at risk of a range of behavioural, emotional and social and mental health difficulties including difficulties in these areas:

- |                 |                           |
|-----------------|---------------------------|
| - Attachment    | - Biological and physical |
| - Cognitive     | - Regulation of emotions  |
| - Dissociation  | - Social / moral          |
| - Sense of self | - Control of behaviour    |

The diagram below depicts the range of difficulties associated with developmental trauma.



As a result of this research, neuro-scientists and psychologists have been re-formulating infant development and the impact that good enough or insufficient parenting has on child development. This has broadened the way people are starting to think about therapeutic programmes for children in care by including the biological and neurological context in addition to the cognitive and psychological aspects (Perry, 2009; Burnell and Vaughan, 2012).

Those working to help fostered or adopted children recover and heal effectively need to develop integrated multidisciplinary treatment programmes. It is now thought that these programmes need to address all aspects of a child's development, and, most importantly need to be implemented at the earliest opportunity (NICE Guidance – Children's Attachment, 2015).

Helpful guidance for working in this area have been incorporated into the service model for Lighthouse Links:

- SCIE – Therapeutic interventions after abuse and neglect, 2017
- NICE – Public Health Guidance 2015 and Quality Standards for Looked after children and young people 2013
- NICE – Quality Standard Children's attachment, 2015
- NICE – Quality statements for corporate parents and providers on health and well-being of looked after children and young people 2016

There are a number of established models with help service provider consider how to best meet the needs of developmentally traumatised children. These align with the guidelines listed above:

- Triangle of therapeutic needs and assessment grid for children looked after (Golding, 2015)
- Neuro-sequential models of therapy (e.g. Burnell and Vaughan, 2012; Perry 2009)

## **Service Model**

To meet the emotional and well-being needs of children in care a whole system approach across children's services is required (SCIE, Expert working group into improving mental health support for children and young people looked after, 2017). Thus it is important for Lighthouse Links to have good links with other teams within the Local Authority as well as links to other agencies and relevant services. The service will offer both preventative as well as reactive approaches to meeting the needs of the children and young people in Dudley.

### **Preventative whole system elements**

The aim of the preventative strategies is to increase the chances that referrals into the responsive part of the service are received in a timely manner with the correct information so that the service can respond quickly and effectively to meet the needs of the children and young people. Crisis referrals are thus avoided and placement breakdowns are minimised. In addition to the specific preventative elements provided by Lighthouse Links, the service is embedded within Dudley Children's Services where other preventative aspects of work will also be delivered to complement the Lighthouse Links service e.g. placement finding, fostering support and guidance.

#### *Use of SDQ as screening measure*

SDQ's are completed when a child or young person becomes looked after for the first time and then every 12 months as part of their health medicals. Lighthouse Links will score and interpret these measures and send the results to the child or young person's social worker. Social workers are asked to consider referring into the service if the total score is found to fall within the clinical range.

#### *Ongoing training programme*

It is considered that all children's social workers, supervising social workers and foster carers would benefit from having a basic knowledge base and understanding of developmental trauma, how that impacts upon young people and how therapeutic services might help with these difficulties. Once established, such a training programme would mean that anyone referring into the reactive part of the service has some knowledge and understanding of the approaches used within the therapeutic service. Currently Lighthouse Links offered an Introduction to Attachment and Trauma training and an Attachment and Therapeutic Parenting Course.

#### *Consultation to children's homes*

Staff in the Dudley LA run children's homes will receive regular consultations from Lighthouse Links with the aim of improving staffs' understanding of the needs of young people and how to support young people therapeutically in their day to day practice. These consultations will also be used to discuss referrals into the service for those young people whose difficulties are having an adverse effect upon them or the placement stability.

### *Duty system*

A member of Lighthouse Links team will provide a duty system 9am – 5pm across the working week. Professionals can phone to ask advice about cases and discuss potential referrals. The duty system will also be used to make phone calls or follow-up on things important for children accepted into the service when the resources of other workers are stretched or members of the team work part-time and things cannot wait. In this way young people receive a continuity of service not dependent on the availability of particular workers.

### **Responsive elements**

In terms of the responsive approach these are required when the needs of individual children in care require a direct therapeutic service, this does not necessarily mean they will receive direct therapy.

The aim is for Lighthouse links to be able to provide a range of evidence based approaches suitable for children and young people looked after. Following referral into the service the needs of the child, their carers and the wider system will be considered and a support plan will be written for the young person.

The support plan (see Appendix for template document) will summarise the main areas of concern, the strengths of the young person, any presenting risk issues, consider appropriate goals for the young person and then consider what therapeutic elements are required. The aim of the support plan is to document and co-ordinate the different therapeutic elements. Underpinning the consideration of therapeutic need is the evidence and knowledge base related to the impact of developmental trauma, abuse and neglect and guidance as to appropriate evidence based interventions. A care co-ordinator will be allocated to each case to make sure the various elements of the plan are carried out according to the goals and within the time scales specified in the support plan.

Thus for each child, young person, associated carers and professionals there will be a menu of therapeutic services available and the combination and timing of what is offered will be considered by the team to align with the goals, wishes and needs of the child and the system at that moment in time.

**Therapeutic Interventions available within Dudley Lighthouse Links & staffing –  
any of these can be included on support plan**

**Assessment**

- Gathering of more information to gain better view of difficulties over that provided on referral form
- General psychological assessment
- Specific psychological assessments e.g. WISC, attachment style
- Parent Daily Report, Story Stem and Child Attachment Interview

Team manager  
1.0 FTE

Clinical Lead  
1.0 FTE

Clinical Psychology  
0.5 FTE

0.5 FTE    0.5 FTE

**Consultation / advice (could be one-off or ongoing)**

- Foster carers / special guardians / Dudley children's homes
- Local authority professionals
- Schools
- Wider network surrounding child

**Skills work**

- Production of resources to support transitions or behavioural and emotional needs in placement
- Direct work with child to promote specific skill development

Teacher  
1.0 FTE

Skills Coaches  
1.0 FTE    0.5 FTE

**Foster carer group interventions (therapeutic parenting)**

- KEEP 16 week carer programme
- Nurturing attachments training programme
- Trauma- focused parenting intervention

Social worker – KEEP –  
0.4 FTE

**Education input**

- Supporting schools to undertake specific pieces of work with children
- Support around key transitions
- Support on formulation of the behavioural and emotional aspects of EHCP assessments

Nurse / emotional well-being practitioner / OT  
1.0 FTE

Family support worker  
0.5 FTE

**Network / transition management**

- Liaison / communication and joint working with external services
- Management of key transition including to adult mental health

Social worker  
2 x 0.8 FTE

**Direct therapeutic intervention**

- DDP (can include carers)
- Psychotherapy (can include carers)
- CBT including trauma focused
- Theraplay
- EMDR
- IPT
- CFT
- Therapeutic Social Work
- Life story work

Psychotherapist – 1.0  
FTE

Admin support  
3.0 FTE

Training	What for?	What is it?	Who does it?	Client group	Scale of evidence
CBT	Anxiety Depression Trauma (PTSD) UASC	CBT is a type of talking treatment which focuses on how your thoughts, beliefs and attitudes affect your feelings and behaviour	Jo Bodkins (Therapeutic Social Worker)-completed Mark Palmer (Therapeutic Social Worker)-training	0-25	Evidence based
EMDR	Developmental trauma and PTSD UASC	EMDR promotes the brains natural healing abilities to process experiences of trauma	Faiza Nasir (Clinical Psychologist)-completed level 1-6. Not accredited	0-25	Evidence based
IPT	Depression	The main focus of IPT is on difficulties in relating to others and helping the person to identify how they are feeling and behaving in their relationships	Lucy Atkins (Therapeutic Practitioner)-completed BABCP registered	0-25	Evidence based
DDP	Attachment and developmental trauma	A family focused approach that uses attachment theory to think about repairing attachments	Sarah Wassall (Clinical Psychologist)-level 2 and undergoing accreditation	0-25 (attachment figure needed)	Promising
Psychotherapy	Attachment, trauma and mood manifestations	A psycho-analytic approach to consider the role of dynamics in	Abbie King Psychotherapist	0-25	Evidence based

		difficulties experiences			
Compassion Focused Therapy	Developmental trauma and shame	Is an approach for problems associated with shame, self-criticism and self-hate, which can be strongly associated with childhood trauma.	Faiza Nasir (Clinical Psychologist)- foundation training	0-25	Research based
Theraplay	Attachment and bonding	Family focused assessment and intervention exploring 4 dimensions of attachment (challenge, nurture, structure and engagement)	Faiza Nasir (Clinical Psychologist) Emma Raybould (Life Skills Coach) Lee Holland (Life Skills Coach)	0-18 (less likely to be used with older yp in purist form)	Research based
Child attachment interview	Assessment	The Child Attachment Interview (CAI) is a narrative based assessment designed to elicit children's internal working models of attachment relationships	Lucy Atkins (Emotional Health and Wellbeing Practitioner)	8-12 year old	Evidence based



## References

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## Appendix

Includes the following documents:

- Referral and Exclusion Criteria

- Who can refer

- Support Plan – template

- Draft pathway between Lighthouse Links and CAMHS