

Mental Health and Wellbeing Services – Children and Young People

Purpose of this Report

The Adult Social Care Health and Wellbeing Sub-Committee has asked for a report providing information on mental health provision for:

- Looked After Children
- Children and Young People involved in Youth Offending
- Children in Crisis

Adult Social Care Health and Wellbeing Sub-committee reflected that looking at the health elements of the pathway in isolation would not give a true picture of how the needs of children on these pathways will be managed, therefore agreed that further details could be included. The focus of this report is therefore on health elements of the pathway but additional detail has been included where that is appropriate.

Background

The main driver for pushing improvements in relation to children and young people's mental health and emotional wellbeing is the publication called Future In Mind, published in March 2015. It describes what the Government's aspirations and expectations in relation to mental health and emotional wellbeing for children and young people.

Each area was required to develop a Local Transformation Plan to reflect how the requirements of Future in Mind would be developed at a local level. The North Tyneside Local Transformation Plan is in its fourth year and is designed to demonstrate how local partners work together to lead and manage change in line the Future in Mind publication and to support improvement in children and young people's mental health and wellbeing. The Plan is refreshed each year to describe progress being made, new initiatives being developed or implemented and it is signed off by the Chair of the Health & Wellbeing Board.

In North Tyneside, a strategic group called the Children & Young People's Mental Health & Emotional Wellbeing Strategic Group has been established which is chaired by the Director of Public Health. Part of this Group's responsibilities is to provide strategic leadership for national, regional and local drivers, for children and young people's mental health in North Tyneside. One of the key pieces of work which this Group oversees is implementation of the North Tyneside Local Transformation Plan 2015-2020.

Before looking at the specific service areas requested by Adult Social Care Health and Wellbeing Sub-Committee, it is relevant to include some context about the current Children & Adult Mental Health Service (CAMHS) in North Tyneside.

In terms of health commissioned services, Northumbria Healthcare NHS Foundation Trust provides specialist CAMHS provision while Northumberland, Tyne & Wear

NHS Foundation Trust provides specialised community and in-patient services. The mental health offer provided to children and young people in North Tyneside is a universal offer and is available to all who require these services providing they meet the criteria for access to CAMH services.

Prior to April 2017, the CCG and Local Authority held a joint service specification with the North Tyneside CAMHS service. However, in 2017, the specification for the Children & Adolescent Mental Health Service was rewritten following the withdrawal of Local Authority funding into the service from the end of March 2017. It is important to emphasise, though, that there are key features which remain in the specification, recognising the importance of appropriate mental health provision for particular groups of children and young people and how organisations must work with one another to meet the needs of those individuals. In fact, in the spirit of partnership, the specification was rewritten with input from the Local Authority, thereby providing assurance that the needs of groups of children and young people who are more at risk were addressed within the specification.

The specification states:

“The service will provide a comprehensive range of high quality, age appropriate tier 2 and 3 child and adolescent mental health and primary mental health worker services accessible to ALL children and young people from birth to eighteen including those children and young people in special circumstances within the borough of North Tyneside.”

Looked After Children

The Local Transformation Plan describes how, for Looked After Children, we, as a system, wish to focus on support with emotional health and well-being for LAC children and increase earlier intervention opportunities. More LAC prevention and reduction was also necessary as was increasing the numbers of specialist foster carers who can work with the most challenging children and young people.

The LAC pathway was recently reviewed and further work will be done in the coming months to ensure this is fit for purpose moving forward to take into account how best to continue to meet the needs of LAC children within funding constraints. There is a commitment from all partners that LAC will continue to be prioritised in any new service model. A dedicated psychologist from the North Tyneside CAMHS team currently supports this pathway and provides advice and support to staff, foster carers and families.

Specifically in relation to children leaving care, the locality teams created by the Local Authority support their emotional health and wellbeing needs, with additional support from CAMHS and RHELAC services. Provision of further training to foster carers is being considered.

We are now starting to develop a second version of the Resource Pack for social care staff, foster carers and the community and voluntary sector. This will become an ‘Emotionally Healthy Organisation Resource Pack’.

As part of the Children's Transformation Board, a number of workshops were held with senior managers, including Looked After Services to look at the mental health skillset needed across our children's workforce, what training can be provided to existing staff, what specialist CAMHS can offer and what other or additional specialist mental health input is required and how these needs could be addressed. This work aimed to ensure our whole workforce is equipped to meet the mental health and emotional wellbeing needs of our children and young people ensuring the needs of Looked After Children are met.

Part of the Looked After Children remit, is the work of the Raising Health and Education for Looked After Children (RHELAC) team. The RHELAC Team has reviewed and renewed its offer to looked after children in North Tyneside. The team consists of a range of trained professionals including a psychologist post based in the CAMHS service, a counsellor, education Psychologists, a CAMHS social worker, a senior teacher, a virtual School Head and, from April 2019, an Occupational Therapist. A range of interventions and support is on offer which encompasses clinical psychology; person centred counselling; theraplay, EMDR; DDP, therapeutic training, friends resilience, mindfulness, sensory attachment therapy.

The team describes its aims for looked after children as:

- That they have the opportunity to recover from any trauma and loss they have experienced.
- That they have the opportunity to build and re-build lasting relationships with the adults in their lives that will see them through to adulthood.
- That their needs are fully assessed and support is available to meet their physical, emotional and educational needs.
- That they experience stability at home and at school.
- That any gaps in their knowledge are filled to enable academic progression and positive outcomes.
- That their needs are fully understood through accurate and timely assessments.
- That the past is not a barrier to the future and dreams and ambitions are nurtured and supported.

This will be done through the multi-agency, trans-disciplinary, co-located team of specialists that work together to support the child and their network as described above. The approach is based on the Neuro-sequential Model of Therapeutics. This works on the basis that children that have experienced adverse childhood experiences have developmental gaps that need addressing. This model recovers and repairs each part of a child's brain in a specific, phased and effective order from the bottom up.

Information on the Therapeutic Offer from the RHELAC team has been provided and is attached in Appendix 1 to this report.

As stated above, there is specific input from the CAMHS team into the LAC and RHELAC services.

A project to improve mental health and wellbeing assessments for children entering care is also underway. Following a competitive application process, North Tyneside

CAMHS and RHELAC services were successful in its bid to be one of nine pilot sites to improve mental health and wellbeing assessments for children entering care. Working with the Anna Freud National Centre for Children and Families, along with a consortium of partners, including Action for Children, Research in Practice and the Children's Outcome Research Consortium over a period of 2 years, a new assessment framework is to be introduced. The aim is to increase awareness of the level of the young person's mental health needs and create a shared understanding of these needs across the child's network.

Youth Offending Team

During 2016, an in-depth needs assessment was completed by Public Health on Youth Offenders in North Tyneside, which identifies the prevalence and trends associated with offending. The needs assessment highlighted the issues and needs of our young offenders and is being used to inform strategic direction and decision, particularly within the Local Authority in relation to its Transformation Care programme. It is expected that this programme will lead to agreeing priorities to improve outcomes and help make services more aligned to needs, as well as informing future service provision. The needs assessment included in depth case studies on 11 of our most prolific re-offenders which highlighted that all had experienced many adverse childhood experiences outlined above. There were also high levels of emotional and mental health needs identified and school exclusions were high. Many of the Young Offenders did not engage with interventions or the local CAMHS service.

In response to the outcomes of the Needs Assessment, partners in North Tyneside submitted and were successful in a funding bid to the NHS Health & Justice Collaborative Commissioning Network to enhance mental health services for children and young people in contact with the justice system. This bid complemented the aspirations within our Transformation Plan. We were successful in our bid and work was therefore undertaken focussing on training children and young people's practitioners working with young offenders and their families in an Enhanced Case Management approach, which is based on the Trauma Recovery Model (TRM). The training:

- Provided YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life events can impact on a young person's ability to engage effectively in youth justice interventions
- Provided a psychology-led approach to multi-agency case formulation and intervention planning. It is expected that this, in turn, would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people.

The training took place in September 2018 at which North Tyneside Youth Offending Team practitioners and a wide range of partners received both Trauma Recovery Model (TRM) training and the Enhanced Case Management (ECM) practice model. The training provided YOT practitioners and managers with increased knowledge and understanding in relation to how early attachment, trauma and adverse life

events can impact on a young person's ability to engage effectively in youth justice interventions.

The TRM has given practitioners a roadmap to follow that aims to address the causes of the offending – abuse, maltreatment, trauma, etc. – rather than the symptoms (the offending itself). The key underlying principle is that behaviour in these children is developmentally driven, so any interventions must be sequenced accordingly.

Following this training, it was highlighted that there is now a need for a clinical psychologist to provide a psychology-led approach to multi-agency case formulation and intervention planning. Having such a post would enable youth justice staff to tailor and sequence interventions more effectively according to the developmental and mental health needs of individual young people. The North Tyneside partners therefore submitted another bid to NHS England (December 2018) to develop the Enhanced Case Management process.

Enhanced Case Management is a process that is lead by the YOT and case formulation undertaken by a Clinical Psychologist. The Enhanced Case Management process will be used for the most complex cases where previous interventions or activities have had no positive impact. Evidence from other areas has showed a vast improvement in Young Offenders behaviour and outcomes using a TRM approach.

The Enhanced Case Management approach uses the TRM to guide both assessments and interventions.

The model draws together knowledge and research from a number of different subject areas:

- Child development
- Attachment
- Early brain development
- Trauma research
- Adverse childhood experiences research
- Criminology & desistance theory

In January 2019, we learned that NHS England will provide funding for the remainder of 2018/19 for this post. NHS England is awaiting confirmation from central government as to their financial allocation for 2019/20 but we have been informed that our bid for additional funding for 2019/20 will be forwarded for funding. We are very hopeful that, assuming the funding allocation is received, that we will receive the funding for 2019/20.

Assuming we will be successful in receiving further health funding for this service, clinical supervision will be offered to Youth Offending Team staff who manage cases under the ECM approach by the clinical psychologist. This will provide an opportunity for staff to:

- reflect on and review their ECM practice;
- discuss individual ECM cases in depth;
- discuss changing or modifying their ECM practice;

- explore and process any personal impact of working with this group of young people;
- identify training or continuing professional development needs in relation to the ECM approach.

Crisis Provision

There is a dedicated 24/7 urgent and emergency mental health service for children and young people and their families in North Tyneside.

The North tyneside CAMHS on-call service operates a 24/7 'on-call' consultant psychiatry service, 365 days a year is to ensure that the urgent mental health needs of children and young people presenting within North Tyneside are met. This also complies to the National CAMHS Proxy Measure, Component 3.

Crisis support is also offered by the Intensive Community Treatment Service (ICTS), which is provided by Northumberland, Tyne & Wear Mental Health Trust, working together with the North Tyneside CAMHS service. The availability of this service is a positive benefit for children and young people, aiming to keep people out of hospital and maintain community links.

The ICTS service manages self-harm referrals and mental health crisis referrals for people who are presenting at A&E. A&E clinicians contact the ICTS. The team will respond immediately if necessary or, if the child or young person is admitted, within 24 hours. The service operates until 6:00pm then CAMHS on-call will cover overnight.

Urgent access to the North Tyneside CAMHS service for children & young people meets, and usually exceeds, the target of 48 hours from the time of referral to being seen. This is monitored through the monthly information provided by the service to the CCG.

In 2016, we commissioned a clinician to research crisis support models for children & young people and to develop a range of options for the commissioners to consider. This was to ensure that we are absolutely confident that we have appropriately considered all options and can be sure that the additional CAMHS Transformation Plan funding we had identified to bolster crisis provision, will have the maximum positive impact. The research report was received in December 2016, and the options considered by the Children & Young People Mental Health & Emotional Well-being Strategy Group. The Strategy Group agreed with the recommendations highlighted in the report that the focus needs to be on preventative services and, in particular, support for schools. We developed a schools resource pack and how we have also invested the funding available via the Transformation Plan monies into the CAMHS team to provide a professional to professional link between the CAMHS team and schools, opened up direct referrals from SENCOS and Headteachers into the CAMHS service and enabled an urgent appointment each day to be available for those particularly urgent referrals.

Tables 1 and 2 below provide an overview of the number of new referrals to the specialist CAMHS team for the period February 2017 to January 2018 and, in Table 2, from February 2018 to January 2019.

Table 1
New Referrals to North Tyneside CAMHS February 2017 to January 2018

| Referrals received | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Yearly total |
|---|------------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|------------|-----------|--------------|
| Accepted | 117 | 125 | 91 | 124 | 106 | 104 | 49 | 86 | 115 | 118 | 92 | 71 | 1198 |
| Rejected | 42 | 34 | 27 | 40 | 60 | 48 | 37 | 41 | 50 | 49 | 41 | 27 | 496 |
| Total number of referrals received monthly | 159 | 159 | 118 | 164 | 166 | 152 | 86 | 127 | 165 | 167 | 133 | 98 | 1694 |
| Percentage of accepted referrals | 74% | 79% | 77% | 76% | 64% | 68% | 57% | 68% | 70% | 71% | 69% | 72% | 71% |
| Percentage of rejected referrals | 26% | 21% | 23% | 24% | 36% | 32% | 43% | 32% | 30% | 29% | 31% | 28% | 29% |

Table 2
New referrals to North Tyneside CAMHS February 2018 to January 2019

| Referrals received | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Yearly total |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Accepted | 128 | 128 | 91 | 148 | 96 | 117 | 77 | 98 | 157 | 138 | 106 | 123 | 1407 |
| Rejected | 27 | 30 | 34 | 45 | 48 | 54 | 24 | 17 | 39 | 32 | 35 | 36 | 421 |
| Pending | | | | | | | | | | | 1 | 3 | 4 |
| Total number of referrals received monthly | 155 | 158 | 125 | 193 | 144 | 171 | 101 | 115 | 196 | 170 | 142 | 162 | 1832 |
| Percentage of accepted referrals | 83% | 81% | 73% | 77% | 67% | 68% | 76% | 85% | 80% | 71% | 69% | 72% | 77% |
| Percentage of rejected referrals | 17% | 19% | 27% | 23% | 33% | 32% | 24% | 15% | 20% | 29% | 31% | 28% | 23% |

* Change in comparison to the number of referrals received over the previous reporting year (Feb'17-Jan'18) – increase by 8%

Tables 3 and 4 below provide a monthly breakdown of the emergency and urgent appointments offered by the service from February 2017 to January 2018 and then from February 2018 to January 2019.

Table 3
Emergency and Urgent Referrals Offered by North Tyneside CAMHS February 2017 to January 2018

| | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Yearly Total |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Number of appointments offered monthly | 7 | 10 | 9 | 14 | 6 | 11 | 7 | 9 | 22 | 28 | 25 | 21 | 169 |

Table 4
Emergency and Urgent Referrals Offered by North Tyneside CAMHS February 2018 to January 2019

| | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Yearly Total* |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|
| Number of appointments offered monthly | 13 | 21 | 16 | 21 | 22 | 23 | 15 | 22 | 31 | 24 | 18 | 18 | 244 |

*Change in comparison to the number of emergency/urgent appointments offered over the previous reporting year (Feb'17-Jan'18) – increase by 44%

It can be seen that the number of referrals to the CAMHS specialist team has increased during the time period within the above tables. It is also useful to note that the percentage of accepted referrals has increased which would indicate that the work undertaken with schools and other referrals has proven beneficial in that more referrals in the period February 2018 to January 2019 are appropriate referrals.

It can also be seen that there is a significant increase (44%) in emergency and urgent referrals being offered by the North Tyneside CAMHS service. Again, this may be as a result of the service reconfiguring, using Transformation Plan funding, during 2018 to enable direct referrals from Headteachers and SENCOs within schools in North Tyneside, which is a positive benefit for children and young people in North Tyneside.

In line with recent national expectations (NHS 10 Year Plan), we will review the possibility of creating an all-age liaison psychiatry services. However, true fidelity to the national model will present issues in North Tyneside for several reasons.

Further work is needed to understand if there is actually sufficient need for such a development. Currently, there is a maximum of 1 referral per week during the out of hours period, and often there are no out of hours referrals. We need to be conscious about our responsibility for efficient use of public funding for a service which may not be sufficiently utilised to justify either the costs of such a service and inappropriate use of valuable clinical time. It is also relevant to note that people from North Tyneside access services via The Northumbria Hospital site at Cramlington and also at the North Tyneside General Hospital therefore, logistically, it would be very difficult to resource a CAMHS presence at both sites. Our current system allows flexibility to

ensure that the on-call and crisis services can access either site and offer the appropriate intervention when and where it is needed.

It may be useful for the Adult Social Care Health & Wellbeing Sub-committee to know that one of the key areas we continue to very closely monitor is use of police cells as a place of safety for children and young people detained under s136 of the Mental Health Act. We are pleased to confirm that police cells have not been used for any children & young people in these circumstances since 2014. We do continue to monitor this and receive regular information at our bi-monthly Crisis Concordat meetings.

Conclusion

The information above provides an overview of some of the areas of joint work between the Local Authority and the CCG, and other partners, with emphasis on the health aspects of the offer.

Further work does need to continue, particularly to review the requirements of the NHS 10 Year Plan and how these may be implemented in North Tyneside. It is through continued joint working that we can continue to improve service provision for children and young people in North Tyneside. We also continue to explore funding opportunities to enhance existing provision and, as we have done in Youth Offending, lead the way on behalf of CCGs in the North East. We expect that this work will continue through the North Tyneside Children & Young People's Mental Health & Emotional Wellbeing Strategy Group.

It is relevant to be aware that there are several opportunities arising in relation to children and young people's mental health and emotional wellbeing. The partners included in the Strategy Group, which involves the voluntary and community sector as well as the statutory sector, are currently reviewing those opportunities, working together to ensure that service developments are cohesive and tailored to meet the needs of children and young people in North Tyneside.

Appendix 1

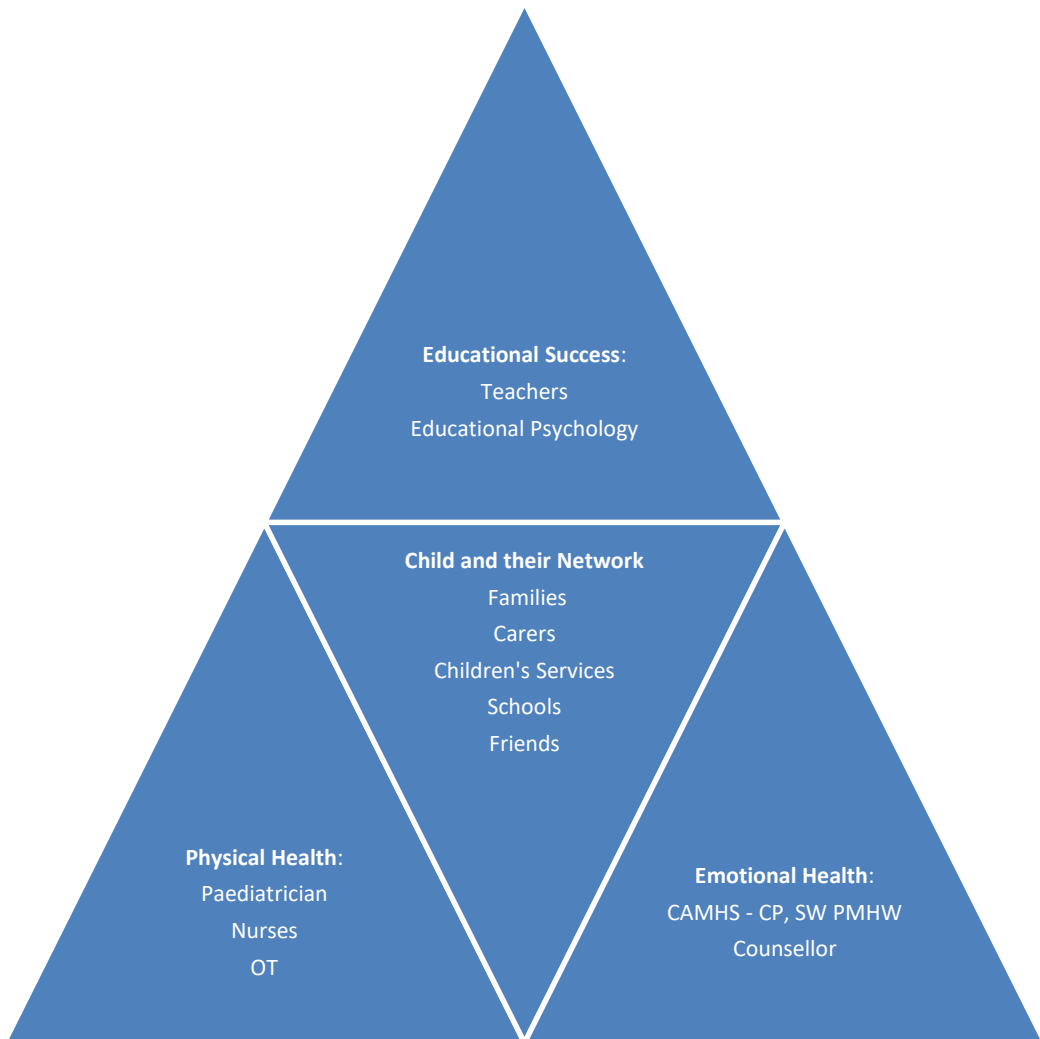
The Therapeutic Offer in The RHELAC Team

The RHELAC Team's wish for looked after children:

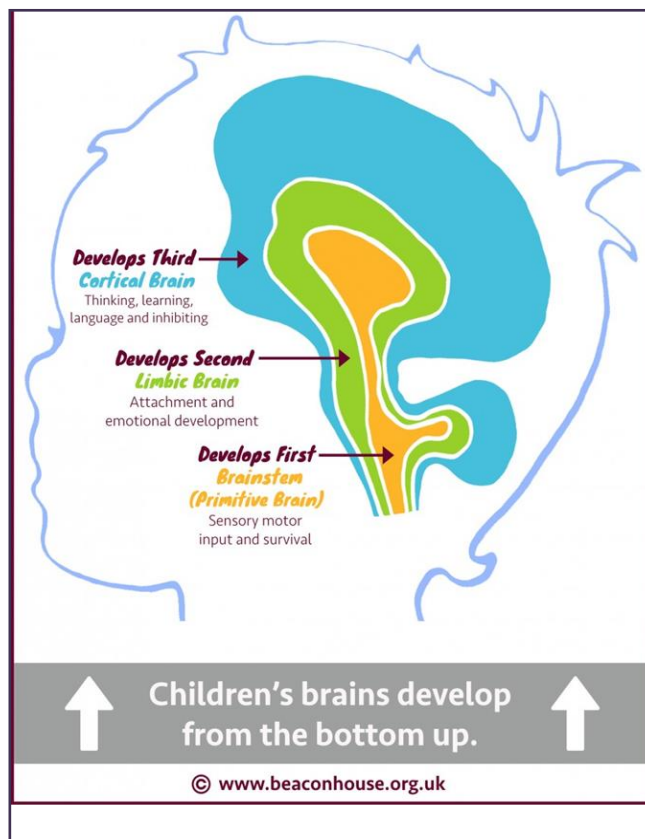
- That they have the opportunity to recover from any trauma and loss they have experienced.
- That they have the opportunity to build and re-build lasting relationships with the adults in their lives that will see them through to adulthood.
- That their needs are fully assessed and support is available to meet their physical, emotional and educational needs.
- That they experience stability at home and at school.
- That any gaps in their knowledge are filled to enable academic progression and positive outcomes.
- That their needs are fully understood through accurate and timely assessments.
- That the past is not a barrier to the future and dreams and ambitions are nurtured and supported.

We do this by having a multi-agency, trans-disciplinary, co-located team of specialists that work together to support the child and their network.

The RHELAC Team Model



Our approach is based on Neuro-sequential Model of Therapeutics. This works on that children that have experienced adverse experiences have developmental gaps that addressing. This model and repairs each part of a brain in a specific, phased effective order from the up.



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Who's in the Team and what do they do?

| Professional | Person in role | Support Provided |
|---|---|--|
| Highly Specialist Clinical Psychologist | Dr Robert Johnson (3 days a week based in CAMHS) | <ul style="list-style-type: none"> • Direct psychological support. • Consultations for carers, social workers and other professionals. Trained in: <ul style="list-style-type: none"> • Theraplay • Video Interaction Guidance • EMDR (Eye Movement Desensitization and Reprocessing Therapy) • DDP (Dyadic Developmental Psychotherapy) Level 2 |
| Counsellor | Karen Logan (4 days a week based in RHELAC Team) | <ul style="list-style-type: none"> • Provides an integrated person-centred approach to counselling children and young people. • Direct counselling support for birth parents. • Consultations for carers, social workers and other professionals. Trained in: <ul style="list-style-type: none"> • Trauma and PTSD • Counselling Children & Adolescents • Bereavement and Loss • Self-harm • DDP (Dyadic Developmental Psychotherapy) Level 2 • Supervision • Draw and Talk • Parent Practitioner • Safeguarding Children |
| Educational Psychologists | Dr Wendy Jackson Victoria Harper Dr Amelia Taylor Sarah Brook Dr Judith Dodd (Based in EP Service – equates to a full-time post from Jan 19) | <ul style="list-style-type: none"> • Pre and post Statutory assessment work if school don't have EP capacity from their own SLA. This incorporates a wide range of educational and psychological assessments. • Solution-focused meetings in schools to support schools to understand pupils' needs, plan solutions and improve outcomes for the pupils, including reducing the risk of exclusion. • On-going psychological consultations to contribute to planning how the pupils needs will be met, advising staff and carers on appropriate strategies and interventions • Training for schools, carers, social workers in various learning and developmental related issues, as well as attachment friendly and trauma informed approaches in education or therapeutic approaches to parenting. • Action research projects with school staff to enable them develop whole school approaches such as restorative justice or attachment |

| | | |
|---------------------------------------|--|--|
| | | <p>friendly schools</p> <ul style="list-style-type: none"> • Provide supervision for school staff. • Direct interventions with children and young people at school and at home, delivered either individually, with an adult or as part of a small group. • Consultations in schools for previously looked after children to contribute to planning how the pupils needs will be met, advising staff and parents on appropriate strategies and interventions. <p>Trained in:</p> <ul style="list-style-type: none"> • Theraplay (also trained to support training and will soon be able to offer supervision) • Video Interaction Guidance (can also offer supervision) • Thrive (also trained to train) • Therapeutic Parenting • Loss and Bereavement • Attachment Lead • Mindfulness • Various therapeutic approaches including Narrative Therapy, Solution Focused Brief Therapy or Cognitive Behavioural Therapy |
| CAMHS Social Worker | Robert Stobie (FT based in CAHMS) | <ul style="list-style-type: none"> • Offer triage for referrals • Consultation for carers and social workers • Direct work with children and young people. |
| Senior Teacher | Frances Brady (FT based in RHELAC Team) | <ul style="list-style-type: none"> • In addition to educational support, also provides some therapeutic interventions in school. <p>Trained in:</p> <ul style="list-style-type: none"> • Thrive • Drawing and Talking |
| Virtual School Head | Jane Pickthall (FT based in RHELAC Team) | <ul style="list-style-type: none"> • Consultation for schools, social workers, carers, parents and guardians. • Training for schools, social workers, carers <p>Trained in:</p> <ul style="list-style-type: none"> • Attachment Lead • Friends Resilience (trained to train facilitators) |
| Coming soon... Occupational Therapist | tbc | <ul style="list-style-type: none"> • To provide sensory based assessments • To be trained in Sensory Attachment Intervention |

Why do we use these approaches and interventions?

| Therapeutic Intervention | Purpose |
|--|---|
| Clinical Psychology | Focuses on diagnosing and treating mental, emotional and behavioural disorders. Some of the more common disorders that might be treated include learning disabilities, substance abuse, depression, anxiety, and eating disorders. Clinical psychology is an integration of science, theory and clinical knowledge for the purpose of understanding, preventing, and relieving psychologically-based distress or dysfunction and to promote subjective well-being and personal development. Our Highly Specialised Clinical Psychologist focuses on working with children that have experienced developmental trauma. |
| Person Centred Counselling | Person-centred counselling, is a humanistic approach that deals with the ways in which individuals perceive themselves consciously, rather than how a counsellor can interpret their unconscious thoughts or ideas. It is a nondirective, empathic approach that empowers and motivates the client in the therapeutic process. It helps our young people to manage their feelings and provides them with coping strategies. |
| Theraplay | Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun. Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. We also use this approach in schools to develop relationships between a child and their support staff / key adult. |
| Video Interaction Guidance | Video interaction guidance is a video feedback intervention through which a “guider” helps a client to enhance communication within relationships. The client is guided to analyse and reflect on video clips of their own interactions. We use this approach to support relationships between carer and child, parent and child, support worker and child and children with a friend to support peer relationships. |
| EMDR (Eye Movement Desensitization and Reprocessing) Therapy | This is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. The person being treated is asked to recall distressing images while generating one type of bilateral sensory input, such as side-to-side eye movements or hand tapping. It helps the person to live with the trauma they have experienced. It also helps with anxiety. |

| | |
|--|--|
| DDP (Dyadic Developmental Psychotherapy) | DDP is a therapy, parenting approach and model for practice that uses what we know about attachment and developmental trauma to help children and families with their relationships. Developing trust with the help of PACE, DDP provides interventions for families and those who support them. This approach involves working with both the parent / carer and the child separately and later, together. We use this with foster carers, adopters / guardians and birth parents. It can also be used in schools. |
| The PACE Approach | PACE is a relationship based approach that builds trust. PACE stands for Playfulness, Acceptance, Curiosity and Empathy. It can be applied at home and at school. Much of our training is based on this approach. |
| Therapeutic Parenting | This refers to high structure/high nurture intentional parenting that fosters the feelings of safety and connectedness so that a traumatized child can begin to heal and attach. It is a very different approach to 'traditional' parenting and provides the parent/carer with a 'toolbox' of strategies to enable them to parent a child that has experienced developmental trauma. |
| Thrive | Thrive is an attachment based approach developed by Margot Sunderland. Through online tools, training and mentoring, the Thrive Approach supports schools in learning about the emotional and social development relevant to a child's age. It also helps staff to understand a child's challenging or troubling behaviour as communication. Every child that is assessed using the online tool gets a personal plan with simple, practical ideas about how to be and what to do to implement the plan. Through the tool each child can be easily monitored to see the difference the approach is having. Many schools are being trained in this approach and we can also offer it from the RHELAC Team. |
| Drawing and Talking | Drawing and Talking is a safe and easy to learn serial drawing technique for use with children and young people who have suffered trauma or have underlying emotional difficulties affecting their mental health and well-being. The technique is based on Jungian and Attachment (Bowlby) theories. Drawing and Talking therapy supports those who are not realising their full potential either socially or academically. Two teacher in the RHELAC Team are trained in this technique and we have arranged for two cohorts of school staff to be trained in it too. |

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|---------------------------------|--|
| Friends Resilience | The FRIENDS programmes are Australian developed, cognitive behaviour therapy (CBT) based programs, endorsed by the World Health Organisation, as best practice for the prevention and treatment of anxiety and depression, promoting resilience in families, schools and communities. Facilitators are trained to deliver the course in school through their PSHE Programme. It helps children to manage their emotions and develops kindness and gratitude. The courses are split into three age groups: Primary, Middle and High. There is also a parent / carer element to the programme. This is to be piloted in January 2019. |
| Mindfulness | Mindfulness is the psychological process of bringing one's attention to experiences occurring in the present moment, which one can develop through the practice of meditation. Five members of The RHELAC Team have undertaken the Begin Course through the Mindfulness in Schools Programme and our Educational Psychologists are trained to deliver the training in schools. |
| Attachment Lead – Team Pupil | An Attachment Lead is someone who advocates for pupils who have experienced significant relational traumas and losses in their lives to dates. These pupils need an Attachment Aware approach to support them in their learning rather than the usual traditional approach used in most schools. Relational interventions are necessary for these pupils to be in a position to thrive in school. The Attachment Leads in North Tyneside are qualified to set up Team Pupil interventions in schools to support our pupils with the most complex needs. This is about pupils not only having a Key Adult, but a team around them to make them feel safe in school and help them access learning. |
| Sensory Attachment Intervention | Sensory Attachment Intervention (SAI) is an integrative approach to the treatment of children and adults who have suffered abuse or severe neglect. Traumatized children and adults tend to operate in persistent fear mode. They maintain a state of hyper-vigilance. This impedes the capacity for filtering out "irrelevant" sensory experiences such as background sights and sounds. There is a tendency to be sensory defensive, as the sensory systems have become sensitised to the possibility of danger. SAI recognises the need to target the areas of the brain that are the source of the dysfunction. The first requirement is to establish regulation of arousal states. It then focuses on facilitating modulation of the body senses through the just right combination of up regulating and down regulating experiences. This in turn enables higher level sensory, emotional and cognitive functioning. |

