
YOUR SERVICE GUIDE

CONNECT B4 CORRECT CLINICAL PARTNERSHIPS

MAY 2023



Notice

This document provides an overview of the services and support available to you through Connect B4 Correct Clinical Partnerships.

Please do ask us any questions or contact us at any time on:

admin@connectb4correct.co.uk

Or 01795 718728

Update

Document is prepared to be effective from May 2023.

Additional costs, hourly rates and charging structures are available on request.

Appendices

Appendix A – Clinical Leads *Pages 17 & 18*

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Please see our website for further information

www.connectb4correct.co.uk

C4BC (Connect B4 Correct Clinical Partnerships)

The organisation is a leading provider of trauma informed mental health support, treatment and assessment for children and young people.

C4BC was established in 2023 and is working with the following key partners to support children and young people >>



Clinic Leads

- Dr Lesley Hanney is the Strategic Lead, and Jill Hanney is the Clinical Lead for your service and support. Lesley has 30 years experience in Child and Adolescent Mental Health.
- Jill is a CBT psychotherapist with 20 years experience in both Child & Adolescent Mental Health and fostering services.

Please see **Appendix A** for profiles

Family and privately owned

- C4BC is part of the Succeed Partnership Group, which was established in 2019, by Jonathan Toomey and Alison Finn.
- Jonathan and Alison are passionate about supporting children and young people - they have combined experience in the sector of over 45 years.

Meeting your needs

The services for you are through two key areas as summarised below.

1. Evidence based Fostering Intervention and Support, and Training

This is a three staged treatment model for children who are likely to have:

- Suffered trauma or have post traumatic stress disorder
- Been exposed to adverse childhood experiences
- Learning difficulties
- Disabled needs

The service is relevant and can be provided to children and young people, placed with:

- Local authority Foster Parents
- Adoptive Parents
- Families with SGO's

Please see Pages 5 – 8 for details

2. Bespoke mental health services and intervention

This is specific support for any child or young person based on their needs and in any support environment.

This includes:

- Families
- Education
- Residential
- Local Authority Fostering Services
- Adoption & Post Adoption Services
- SEN Services

C4BC's priority is to support children and young people to feel better and improve their mental health and overall well being.

Outputs for your service would cover assessments, intervention and ongoing engagement.

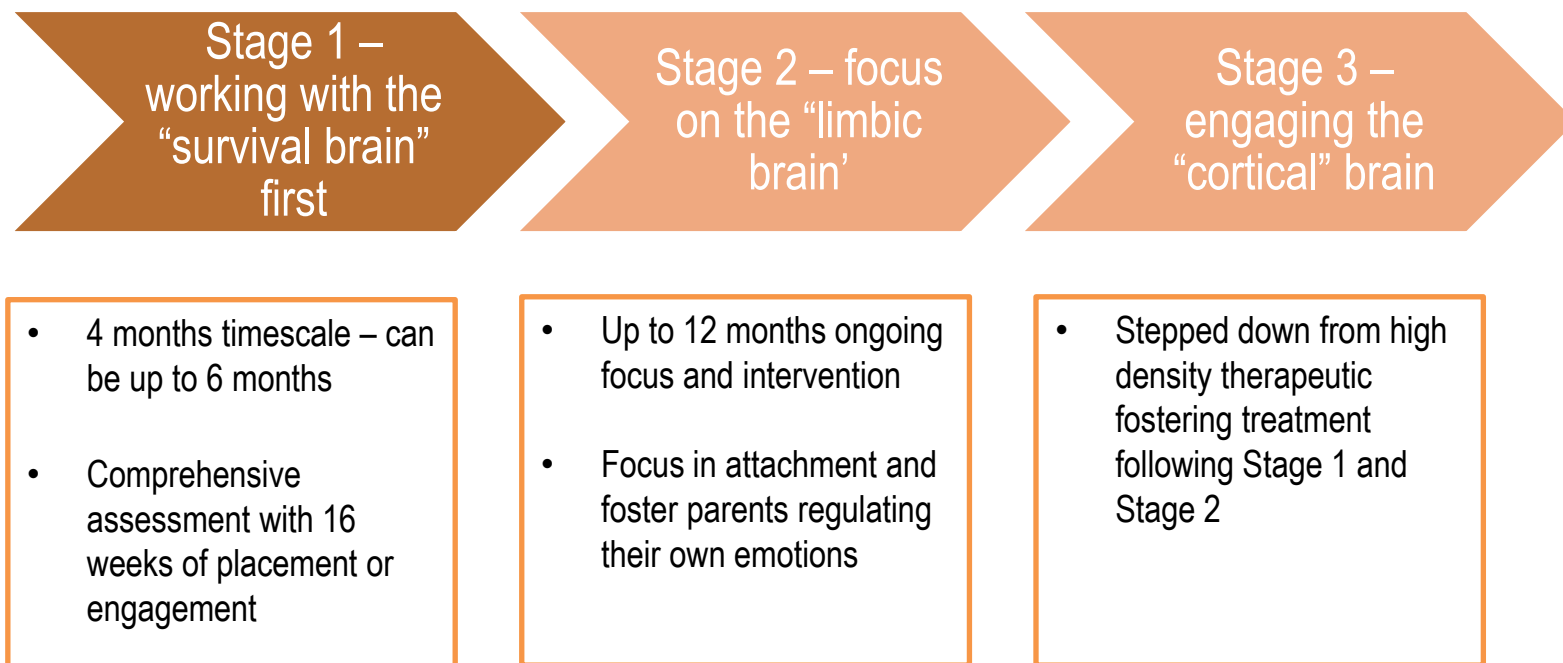
Please see Page 9 for details

FOSTERING ASSESSMENT AND TREATMENT

Three stage model for support to your children and young persons in fostering

The trauma informed 'three-staged' evidence-based therapeutic fostering model reflects the latest evidence on the way children and young people's brains develop.

- Stage 1 > working with the 'survival' brain first, where the trauma is held
- Stage 2 > then the 'limbic' brain, where the attachment and emotional elements are created
- Stage 3 > lastly working with the 'cortical' brain - the 'thinking and reflecting' aspects, where cause and effect is situated.



The relevant stages would all be discussed and agreed between the network before any progression between Stages.

FOSTERING ASSESSMENT AND TREATMENT

Stage 1 – What happens and what services are you engaging? **Working with the “survival” brain**

The summary below covers what the key aims are from Day 1 of the engagement to the end of Stage 1

KEY AIMS

- *Regulate the child or young person's fight/flight/freeze/collapse survival system.*
- *Develop co-regulation between the child or young person and the foster parent/s.*
- *Defuse the child or young person's survival response in school.*
- *Ensure that all relevant neuro developmental assessments (Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactive Disorder) are identified and referred to appropriate services if required.*
- *Support the foster parent/s to regulate their own emotions.*

OUTPUTS AND ACTIONS – WHAT WILL HAPPEN >

Core delivery

- CB4C to establish a bespoke 'Sensory Attachment Intervention' (SAI) daily programme with the support of a SAI trained occupational therapist for the foster parent/s to implement with the child or young person.
- Create a bespoke 'Trauma Profile' for the child or young person to be shared with foster parent/s and all professionals including the school.
- Institute a 'Network' following assessment (4 months) followed by another Network at 9 months post placement and at 12 months post placement.
- Foster parent/s attends a fortnightly, "Reflective 'mindful-based'" therapeutic parenting group – can progress to Mentor role.
- Dyadic Developmental (Informed) Psychotherapy - PACE model.
- Foster parents will receive care and support through supervision from a social worker.
- Foster parent/s will complete a daily behaviour and parental stress indicator (BAPSI), which will be analysed and support targeted specific interventions in consultation with clinical team.
- 1:1 Bespoke targeted interventions as an outcome of the BAPSI.
- Skills workers to support social learning and foster parents to address behaviours identified as stressful to the placement (BAPSI).
- Foster parent/s will attend ongoing relevant targeted therapeutic fostering training.

Additional support (optional)

- Child or young people along with their foster parent/s offered an evidence based Trauma intervention, such as Eye Movement Desensitisation Reprocessing (EMDR).

Stage 2 – What happens and what services are you engaging? **Working with the “limbic” brain**

The summary below covers what the key aims are for Stage 2 and outputs

KEY AIMS

- *Build the bonds of attachment.*
- *Support foster parents to co-regulate and mentalise.*
- *Process Traumatic Memories.*
- *Enable the foster parents to regulate their own emotions.*

OUTPUTS AND ACTIONS – WHAT WILL HAPPEN >

Core delivery

- Ongoing bespoke sensory attachment intervention, reviewed alongside daily support for the foster parents to implement with the child or young person.
- Ongoing reviews of the trauma profile to be shared with foster carer/s and all professionals including the school.
- ‘Network’ meeting held every three months, including all professionals
- Foster parents provide mentor support to other new foster parents ‘mindful-based’ therapeutic fostering.
- Foster parents continue to attend monthly reflective – mindful therapeutic parenting group
- Telephone support to the birth family to enable positive contact when needed, by a clinical member of staff: to be agreed at Network meeting.
- Child or young person provided with two hours per week with a social skills worker to help practice their new ‘emotional regulation’ skills in the community.
- Foster parent/s will receive ongoing care and support through supervision from a Supervising Social Worker.
- Foster parent/s continue to complete our daily behaviour stress response indicator (BAPSI), which will continue to be reviewed and analysed to support targeted specific interventions.
- Foster parent/s will attend ongoing mandatory and relevant ongoing therapeutic fostering training programmes.

Additional support (optional)

- Child or young person, if required to be offered further sessions of Eye Movement Desensitisation Reprocessing (EMDR) with a focus on attachment resource building if required or trauma processing.

Stage 3 – What happens and what services are you engaging? Working with the “cortical” brain

The summary below covers what the key aims are for Stage 3 and outputs

This stage can be stepped down from high intensity therapeutic treatment as determined for each child or young persons based on their progress and overall needs.

KEY AIMS

- *Develop the child or young person's sense of identity via skills work and foster parent.*
- *Make sense of the child or young person's life story.*
- *Build on the resilience already forming.*
- *Strengthen reciprocal relationships.*

OUTPUTS AND ACTIONS – WHAT WILL HAPPEN >

Core delivery

- Ongoing liaison with the 'Network' every three months.
- Ongoing skills work on a weekly basis.
- Foster parent/s will receive ongoing care and support through supervision from a social worker.
- Foster parent/s to attend ongoing mandatory and relevant ongoing therapeutic fostering training programmes.

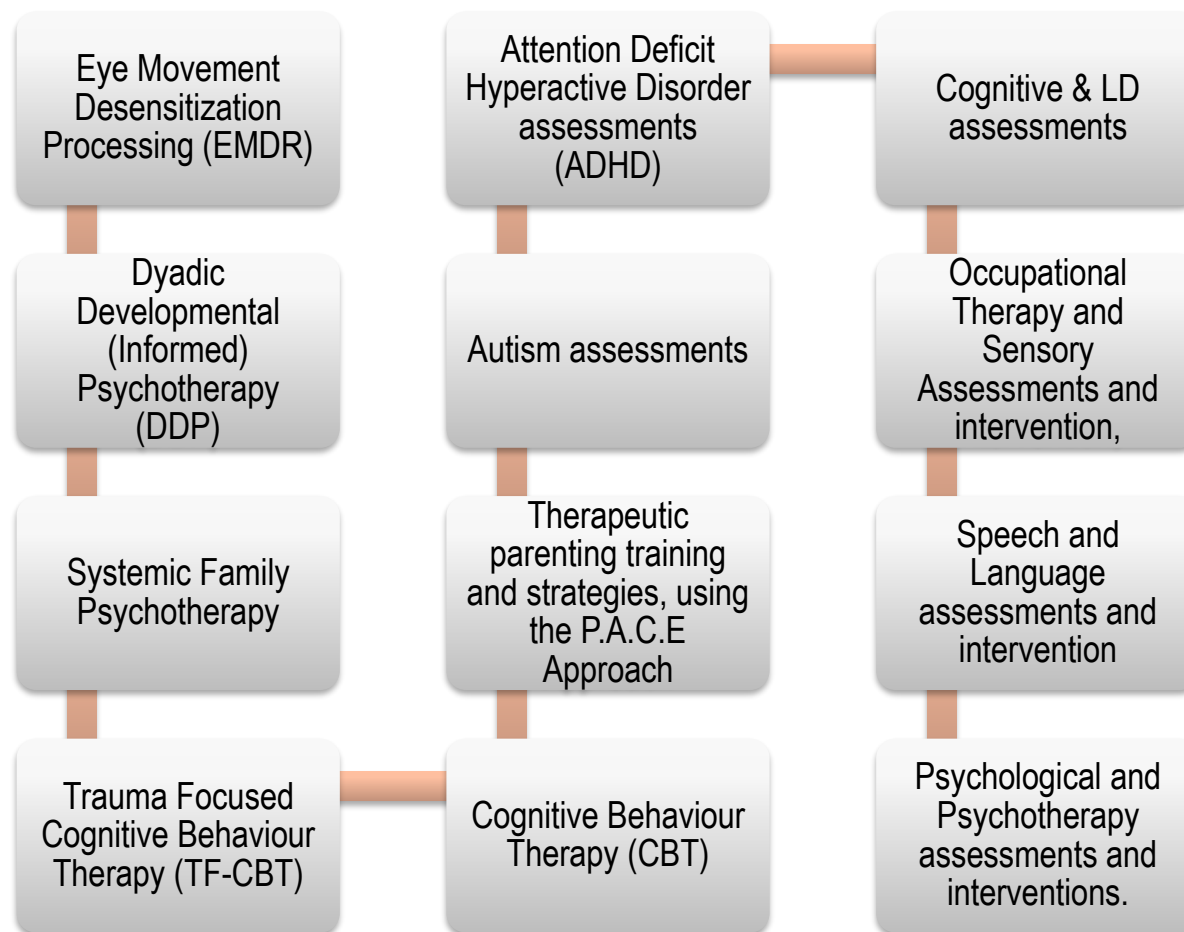
Additional support (optional)

- Psychotherapy or EMDR if required.
- Family Therapy/Drama Therapy if required.
- Review or creation of a 'Life-story' book if required

Targeted clinical support to deliver positive outcomes

Your clinical team at CB4C can provide bespoke services and support to any child and young person based on their experiences, level of trauma and needs. These can be tailored based on reflective practice and consultation to build knowledge and confidence with the relevant foster carer or provider of support.

The full range of targeted intervention and support is listed below. Each can be engaged for a minimum 6 week period up to an agreed timescale thereafter.



YOUR TEAM

Highly skilled and experienced team

C4BC has an extensive resource base with relevant skills and experience. Please see the full team details below or refer to the website for individual profiles.

1 x Strategic Lead & 1 x Clinical Lead (see Appendix A)

1 x Neuro Lead

4 x Clinical Psychologists

Consultant Psychiatrists

Occupational Therapists

Speech &
Language
Therapists

Neuro-
specialist nurse

Play therapists

Drama
therapist

Health &
Education
advisor

Family therapist

Specialist Skills
Workers

YOUR QUESTIONS AND OTHER INFORMATION

Is C4BC Ofsted or CQC Registered?

- Ofsted or CQC registration is not required as CB4C is not directly responsible for the child or young person.

Is the service for any child or young person?

- Yes it is for any child or young person in fostering, residential, post-adoption, specialist education, or with their family. The fostering treatment plan would be for children in fostering only.

What records does CB4C maintain?

- CB4C maintains secure records for each child and young person. These are held securely and all reports would be shared.

Does C4BC hold relevant insurance?

- Yes CB4C holds relevant professional and public liability insurance. Each clinician holds the relevant professional and public liability insurance also.

What safeguarding measures are in place?

- All staff and consultants have an enhanced DBS check (and a range of other safeguarding checks). Safeguarding training is mandatory.

What areas do CB4C cover?

- CB4C is based in Kent, South London and Sussex. All areas can be covered across the South East and London face to face. Virtual support is to any location.

TRAINING PROGRAMME FOR LOCAL AUTHORITY FOSTER PARENTS

Targeted and bespoke training

CB4C provide a range of training options, related to the impact of trauma on brain development, attachment and therapeutic parenting. All training sessions include strategies and approaches that work. CB4C's fostering treatment service is supported by a full 12 week course. Local authority foster parents and/or adoptive parents and/or those working within the social care sector, have access to this where you have commissioned relevant services with CB4C.

Next course dates are from 6th September 2023

12 week Training Programme

Week 1	Introduction - The Developing Brain
Week 2	Brain development and Memories
Week 3	Attachment
Week 4	Attachment & The Internal Working Model
Week 5	Mindful based (MBT) Reflective Fostering
Week 6	Modern Attachment Theory
Week 7	Introduction to Trauma
Week 8	Developmental Trauma – Attachment & Trauma
Week 9	Traditional Parenting V's Therapeutic Parenting
Week 10	Trauma and Therapeutic Parenting
Week 11	Therapeutic Parenting & PACE
Week 12	Compassion Fatigue and Self Care

Delivery

Course sessions are for 2.5 hours and delivered virtually through Teams

Relevant course material is shared before each session

Costs

Each session is £90 per person - £1,080 per person for the complete course.

Next Stage

Following the 12 week programme, reflective parenting workshops are available on an individual or group basis. These workshops are held on a fortnightly basis and are charged @ £65 per person per session.

- CB4C provide the above assessments.
- All assessments are undertaken by a Clinical Psychologist.
- All assessments are overseen and countersigned by the Neuro-Lead.

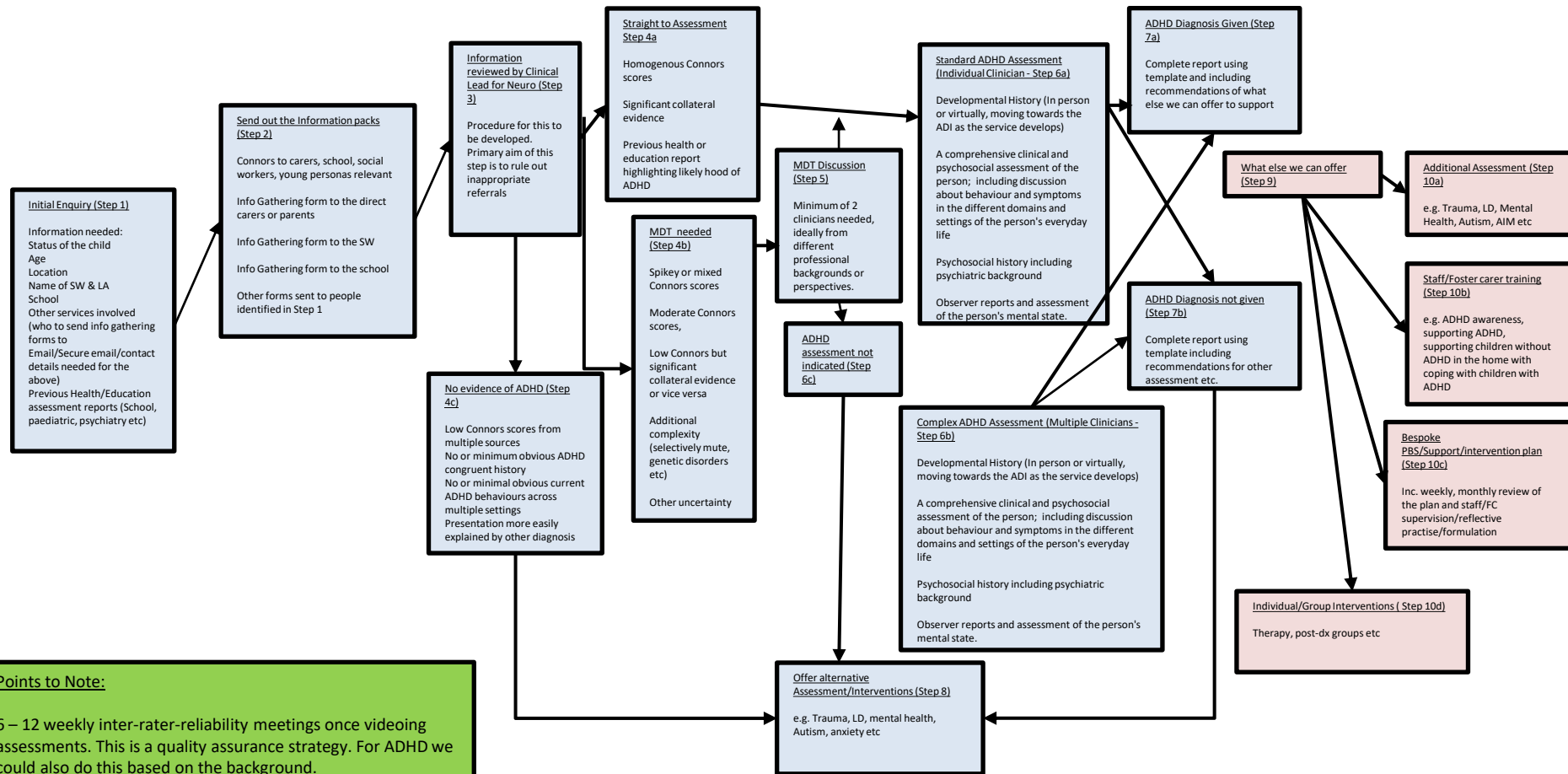
To better understand each assessment pathway, please refer to pages, 14, 15 & 16

In addition:

- CB4C provide Comprehensive Trauma and Attachment Focused Assessments. These assessments are completed by either the Strategic Lead or Clinical Lead, and will include a range of other clinicians, as appropriate, including psychiatry, Occupational Therapist, Speech & Language Therapist.

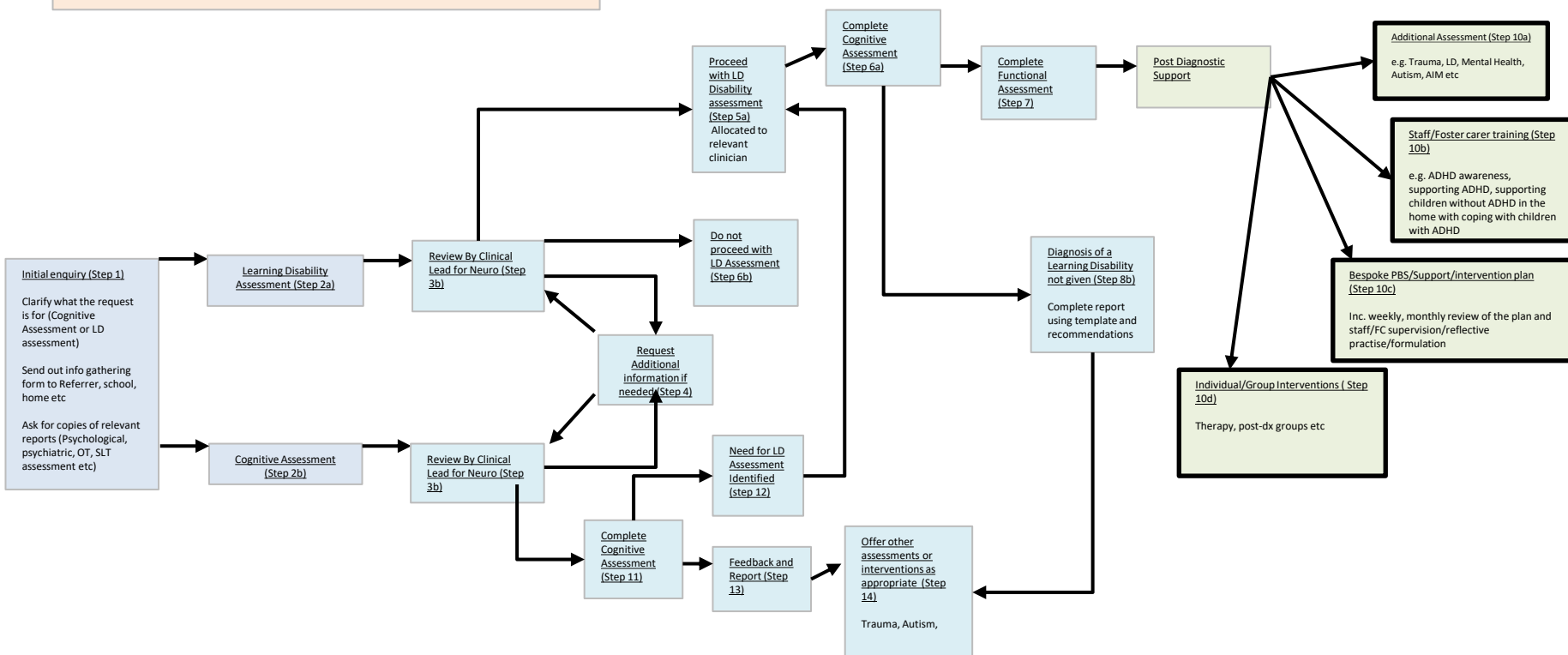
Assessment:	Completion Timescale:	Cost:
Autism	4 – 6 weeks	£1,850.00
ADHD	4 – 6 weeks	£1,850.00
Cognitive or LD	6 – 8 weeks	£2,100.00
Comprehensive Trauma & Attachment focused assessment	14 – 18 weeks	£7,000.00 - £9,000.00 Dependent on specific requirements

ADHD Pathway



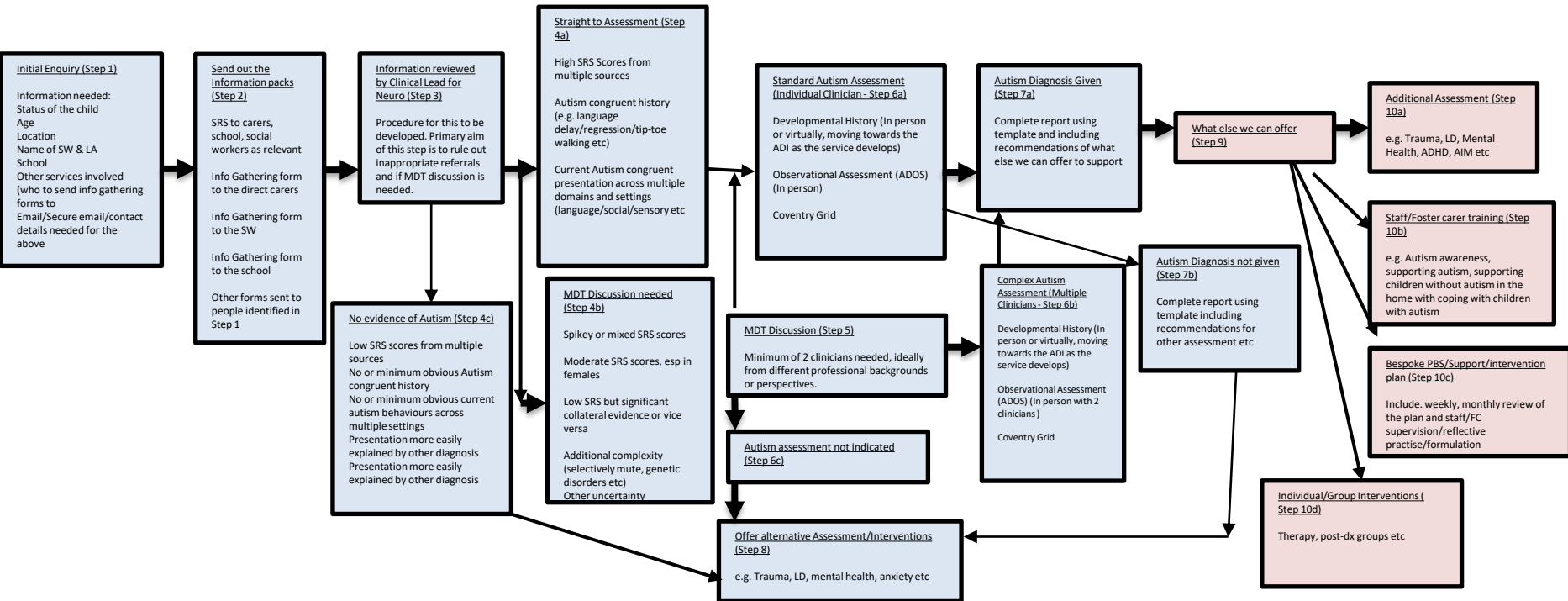
Points to Note:
6 – 12 weekly inter-rater-reliability meetings once videoing assessments. This is a quality assurance strategy. For ADHD we could also do this based on the background.

Cognitive or Learning Disability Assessment



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Autism Pathway



Points to note:

6 – 12 weekly inter-rater-reliability meetings once videoing assessments. This is a quality assurance strategy



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Appendix A – Strategic & Clinical Leads

Strategic Lead – Dr Lesley Hanney

Lesley is a Consultant Systemic Family Psychotherapist registered with:

- United Kingdom Council for Psychotherapy (UKCP)
- Association of Family Therapy (AFT).

Lesley has over 30 plus years' experience in Child and Adolescent Mental Health services, both in the private and public sector. She also trained in Art Psychotherapy and is an Association of Family Therapy Registered Systemic Family Psychotherapy supervisor.

Lesley has worked across various services including:

- *Kent and Medway Strategic Clinical Lead for Children and Young People's Mental Health services (CYPMHS)*
- *Clinical Lead for a locality CYPMHS*
- *Birth family therapist for Multi-Dimensional Treatment Foster Care*
- *Family Therapy Clinical Lead for East Kent CAMHS*
- *Clinical Lead for the Kent Post Adoption Support service*

Lesley has a specialist interest in the impact of adverse childhood experiences on children's neuro development, attachment, and complex trauma and developmental trauma, having published several articles in this area and for many years provided consultation to fostering agencies and Local Authorities across the southeast of England.

Lesley has experience in providing comprehensive assessments and trauma focused therapeutic interventions with birth families, foster parents, residential orders and special guardianship orders and adoptive families and offering consultation to professional networks. She has experience running psychotherapeutic reflective groups for adopted parents and foster parents, multi family therapy groups and in providing developmental trauma training, including therapeutic parenting and supervision programmes for social workers, foster carers and adoptive parents.

Appendix A – Strategic & Clinical Leads

Clinical Lead – Jill Hanney

Jill is an accredited Cognitive Behavioural Psychotherapist, and Eye Movement Desensitisation and Reprocessing practitioner (EMDR).

Jill is registered with:

- British Association for Behavioural and Cognitive Psychotherapies (BABCP)
- EMDR Association

For the past eighteen years, Jill worked in the NHS as a senior clinician in the Child and Adolescent Mental Health Service (CAHMS).

Prior to this Jill worked across various fostering and residential fostering agencies providing individual trauma informed therapeutic interventions for the young people and a reflective supervision groups for the staff.

Jill is also trained in Dyadic Development Psychotherapy a psychotherapeutic treatment method for children and families with complex trauma and attachment difficulties.

Jill's area of interest and specialism is the impact of trauma on children in the care system and providing targeted evidence- based interventions, for both the children and those that care for them, thereby improving the social and emotional outcomes for these children.

Jill is an experience trainer providing training to social workers, foster carers and adopters in the area of trauma and parenting the traumatised child. Her interest in the field of trauma also extends to her role as a foster carer, having fostered adolescents for over fifteen years, enabling her to better understand and emphasise with the challenges faced by foster parents on a daily basis.

CONTACT CONNECT
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The Association
for Child and Adolescent
Mental Health

