



FOSTERING SERVICE STATEMENT OF PURPOSE



Last updated December 2011
Review Due December 2012

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TREEHOUSE CARE FOSTERING

STATEMENT OF PURPOSE

1 INTRODUCTION

This Statement of Purpose is written in accordance with Standard 16 of the National Minimum Standards for Fostering Services and regulation 3 & 4 of the Fostering Regulations 2011.

A copy of the Statement of Purpose is made available, to;

- OFSTED
- Any person working for Treehouse Care
- Any child placed with or under consideration for placement with us
- Local authorities or Children's Trusts who have placed, or are considering placing with us
- All Treehouse Care foster carers
- Any prospective foster carer
- Any parent of a child placed with us, or under consideration for placement with us.

This document will be reviewed and updated in the following circumstances;

- At least annually
- If there are any significant changes to the status and constitution of the agency
- If the purpose of the agency changes
- If there are changes to the services offered
- If there are changes to relevant legislation, regulations or guidelines

The amended document will be signed off by, and agreed by the Board of Directors.

2 VALUES

The Values Statement contained in the National Minimum Standards for Fostering explains the important principles that are the foundation of Tree House Care Fostering.

- The child's welfare, safety and needs are at the centre of their care.
- Children should have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wide range of opportunities to develop their talents and skills leading to a successful adult life.
- Children are entitled to grow up in a loving environment that can meet their developmental needs.
- Every child should have his or her wishes and feelings listened to and taken into account.
- Each child should be valued as an individual and given personalised support in line with their individual needs and background in order to develop their identity, self confidence and self-worth.
- The particular needs of disabled children and children with complex needs will be fully recognised and taken into account
- The significance of contact for looked after children, and of maintaining relationships with birth parents and the wider family, including siblings, half-siblings and grandparents, is recognised, as is the foster carer's role in this.
- Children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions.
- The central importance of the child's relationship with their foster carer should be acknowledged and foster carers should be recognised as core members of the team working with the child.
- Foster carers have a right to full information about the child.
- It is essential that foster carers receive relevant support services and development opportunities in order to provide the best care for children.
- Genuine partnership between all those involved in fostering children is essential for the NMS to deliver the best outcomes for children; this includes the Government, local government, other statutory agencies, fostering service providers and foster carers.

3 OUTCOMES FOR CHILDREN

We work towards the Government's 'Outcomes for Children', which are;

- Being Healthy
- Staying Safe
- Enjoying & Achieving
- Making a Positive Contribution
- Achieving Economic Well Being

More specifically we work towards the outcomes for the child focussed National Minimum Standards for Fostering (NMS 1-12) which are;

- Children know that their views, wishes and feelings are taken into account in all aspects of their care; are helped to understand why it may not be possible to act upon their wishes in all cases; and know how to obtain support and make a complaint.
- The views of others with an important relationship to the child are gathered and taken into account.
- Children have a positive self view, emotional resilience and knowledge and understanding of their background.
- Children enjoy sound relationships with their foster family, interact positively with others and behave appropriately.
- Children feel safe and are safe. Children understand how to protect themselves and are protected from significant harm, including neglect, abuse, and accident.
- Children rarely go missing and if they do, they return quickly.
- Children who do go missing are protected as far as possible and responded to positively on their return.
- Children live in a healthy environment where their physical, emotional and psychological health is promoted and where they are able to access the services to meet their health needs.

- Children are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.
- Children are able to make a positive contribution to the foster home and their wider community.
- The education and achievement of children are actively promoted as valuable in themselves and as part of their preparation for adulthood. Children are supported to achieve their educational potential.
- Children have, where appropriate, constructive contact with their parents, grandparents, siblings, half-siblings, wider family, friends and other people who play a significant role in their lives.
- Children live in foster homes which provide adequate space, to a suitable standard. The child enjoys access to a range of activities which promote his or her development.
- Children are welcomed into the foster home and leave the foster home in a planned and sensitive manner which makes them feel loved and valued.
- Children feel part of the family. They are not treated differently to the foster carer's own children living in the household. The child's needs are met and they benefit from a stable placement.
- Children are prepared for, and supported into, adulthood so that they can reach their potential and achieve economic wellbeing.

4 SERVICE OUTCOMES

The Service Outcomes we work towards achieving are those set out in the National Minimum Standards for Fostering (NMS 13-31) which are;

- The fostering service recruits, assesses and supports a range of foster carers to meet the needs of children they provide care for and is proactive in assessing current and future needs of children.
- The fostering panel and decision maker make timely, quality and appropriate recommendations/decisions in line with the overriding objective to promote the welfare of children in foster care.
- The responsible authority has information and support from the fostering service which it needs to facilitate an appropriate match between the carer and child, capable of meeting the child's needs and consistent with the wishes and feelings of the child, so maximising the likelihood of a stable placement.

- Children, their parents, foster carers, staff and the responsible authority/ placing authority are clear about the aims and objectives of the fostering service and what services and facilities it provides.
- The fostering service's operation meets the aims and objectives in the Statement of Purpose.
- The fostering service is provided and managed by those who are suitable to work with children and have the appropriate skills, experience and qualifications to deliver an efficient and effective service.
- The fostering service is financially sound.
- Where a service is to close or substantially change, there is proper planning, to make the transition for children, foster carers and staff as smooth as possible.
- There is careful selection of staff, fostering households, volunteers and the central list of persons considered suitable to be members of a fostering panel, and there is monitoring of such people to help prevent unsuitable people from having the opportunity to harm children.
- Foster carers receive the training and development they need to carry out their role effectively.
- A clear framework of training and development is in place and this is used as the basis for assessing foster carers' performance and identifying their training and development needs.
- Foster carers receive the support and supervision they need in order to care properly for children placed with them.
- Allegations and suspicions of harm are handled in a way that provides effective protection and support for children and the person making the allegation, and at the same time supports the person who is the subject of the allegation.
- Children and foster carers receive a service from staff, volunteers and panel members and decision makers who have the competence to meet their needs.
- Staff and volunteers are supported and guided to fulfil their roles and provide a high quality service to children.
- The fostering service is managed ethically, effectively and efficiently, delivering a service which meets the needs of its users.

- Records are clear, up to date, stored securely and contribute to an understanding of the child's life.
- The premises and administrative systems are suitable to enable the service to meet the objectives of its Statement of Purpose.
- Payments to foster carers are fair and paid in a timely way.
- Foster carers are clear about the fostering service's payment structures and the payments due to them.
- All significant events relating to the health and protection of children fostered by the service are notified by the registered person to the appropriate authorities.
- Family and friends foster carers receive the support they require to meet the needs of children placed with them.
- Children are cared for in line with their Placement Plan/Short Break Care Plan.
- The fostering service takes action to chase up outstanding reviews or visits from the responsible authority, contributes to those reviews and assists the child to contribute to their reviews.

5 AIMS & OBJECTIVES FOR TREE HOUSE CARE FOSTERING SERVICES

The primary purpose of Treehouse Care Fostering Service is to provide fostering services to meet the needs of each child placed in our foster care households and to fulfil the objectives set out in their Care Plans.

To achieve this we will;

- Recruit foster carers to the highest and safest standards in assessment.
- Ensure children are seen regularly by Treehouse Care staff. We aim this to be at least quarterly.
- Make available foster carers who are able to provide a non-stigmatising, safe, stable, caring home;
- In partnership with local authorities, safeguard and promote each child's physical, mental, emotional welfare and development, by the application of clearly stated principles and established standards of practice and care;

- Balance the child's individual needs with our responsibilities to other children living at the foster carer's home;
- Facilitate and provide practical support as appropriate to ensure that children of school age placed with foster carers have access to education appropriate to their age, ability and level of attainment;
- Ensure that young people over school age are offered an appropriate programme of vocational preparation, training or work experience;
- Ensure that foster carers adopt a positive and proactive approach to each child's health care needs;
- Ensure that the foster carers provide each child or young person with the opportunity to participate in a range of social, recreational and leisure interests;
- Ensure that foster carers provide appropriate opportunities for each child to acquire daily living skills;
- Ensure that foster carers promote the maintenance of contact with each child's family and others in accordance with their Care Plan;
- Ensure that each child is treated as an individual through participation in Review Meetings and (where a child young person is of sufficient age and understanding) participates in the decision making process;
- Allow each child to exercise their right to representation and to make complaints;
- Ensure the foster carers are attentive to each child's individual needs and rights in relation to age, race, language, sexuality and disability, and meet their specific cultural and religious needs.
- Continue to develop our Trauma Intervention Care Fostering Services (TIC), in partnership with Chrysalis Associates to provide therapeutic foster placements.
- The registered manager's monthly report includes; outcome related information, and we are developing an "Outcome Indicators Report", for trial and implementation during the coming year. OFSTED current dataset information is available upon request.

6 SERVICES PROVIDED

We provide safe and nurturing foster placements and flexible packages of appropriate care by offering a range of foster care placements, and by matching children's needs with foster carer households. If we get the matching right we will reduce the chances of placement breakdown and complaints about our services.

We provide a range of services to placing Local Authorities.

- Assessment placements;
- Emergency and respite;
- Short term (including shared care regular respite);
- Medium term,
- Long term;
- Sibling groups;
- Shared care;
- Therapeutic fostering placements (TIC)
- Supervision of contact;
- Escort and transport for professional appointments;

We do not at present make Mother & Baby placements or Family & Friends placements.

In order to increase the number of children who can benefit from our service we set targets to increase the number of approved fostering households and the number of children placed with us.

The Trauma Intervention Care (TIC) fostering service has been developed through a partnership between Treehouse Care Fostering and clinical psychologists Chrysalis Associates (www.chrysalisassociates.org).

The model of intervention is to work therapeutically with the carers, school and extended systems so that they are able to appropriately support the child. This creates a therapeutic and healing environment for the child within which therapeutic interventions can be undertaken. The TIC package is evolving, and will always be bespoke and tailored around the individual child's needs.

The initial Assessment and Treatment Plan will usually include;

- Marshak Interaction method
- Parent Stress Index
- Achenbach Child Behaviour Checklist
- British Picture Vocabulary Scale
- Good enough Draw-a-Person test
- Story Stem Assessment Profile
- Behaviour Rating Inventory of Executive Functioning

As well as the therapeutic intervention, this service includes regular meetings with the local authority, frequent consultation with the foster carer, and an annual report to the Local Authority.

The types of children who might benefit most from this scheme are children who have experienced significant trauma and those with attachment difficulties.

Staff who support the Trauma Intervention Care Service have undertaken specialist training, including Theraplay®, and EASIE (Exercise and Sound in Education), and MIMS (Marschak Interaction Method)

Details of the theoretical background to the TIC Services are attached as Appendix A.

7 SUPPORT TO FOSTER CARERS

All carers sign a comprehensive Foster Carer Agreement with the agency.

Health and Safety and Whistle Blowing Policies are in place for staff and carers.

Home and Safety checks on carer's households are carried out annually.

All carers have a handbook containing all information, policies and procedures and a Safe Care Policy which is updated as required. All children are given a Children's/Young Person's Handbook.

Support to carers is primarily via regular supervisory Link Visits (monthly when a child is in placement), regular telephone contact, support groups, out of hours support and training.

Most of our foster carers are within an hour and half travelling time of their link worker's base. There is one exception to this; a very experienced foster carer with children in place moved to Wales and wanted to remain with this agency. We employ a local qualified agency social worker on a sessional basis to support the placement in addition to support offered by the named link worker.

The Agency has its own fostering panel which is subject to specific procedures.

All placements are matched taking account of things such as preferred geographical location, appropriate skills, experience, and training to meet child's needs, education, health, contact, diversity & equality. This is recorded on our matching form.

All foster carers are paid on time and mistakes are rare.

A caravan at Skegness is available for foster carers and children to use at a minimal rate.

The procedures and processes for recruiting, approving, training, supporting and reviewing foster carers are described in more detail in our policies and procedures folder and are available on request

At the time of writing we have fifty five foster carer households offering a range of placements.

As at 30th October 2011 we have 71 children in placement.

8 ALLEGATIONS

Where foster carers are the subject of allegations of abuse or neglect the Local Safeguarding Children's Board procedures will be followed in all cases, using the Local Authority Designated Officer (LADO) process.

The foster carer will be informed of the substance of an allegation as soon as possible and following advice from the strategy meeting.

Where agreed, the foster carer's link worker in liaison with the social worker representative from the strategy meeting will inform the carer about the investigation. This would usually include;

- The substance of the allegation,
- Who will be involved in investigating the allegation,
- The planned process and time-scales,

- The right of the foster carer(s) to access independent advice and support throughout the process.

In some circumstances a decision may be made in the strategy meeting or by the Police that the carers cannot be informed as it may compromise the investigation.

Where the allegation is against a foster carer, details of the allegation must be entered onto the Complaints/Concerns log.

Where necessary, a review will be held and reported back to foster panel.

As part of this process, the Registered Manager will confirm in writing to the carer the recommendation that will be made to the panel along with a copy of the report.

The foster carer should also be able to attend the panel meeting.

Where a serious allegation against a foster carer is substantiated, consideration will be given to whether the foster carers name(s) should be referred to the Independent Safeguarding Authority.

Tree House Care enrolls and funds all its foster carers' membership to the Fostering Network. Where an allegation is made, Tree House Care strongly recommends that carers access the support/advice given by Fostering Network.

Consideration will also be given to providing support for the foster carer's sons and daughters, whether or not the allegation has been made against them. Independent support should continue to be available throughout any review of a foster carer's approval until consideration of the case by the fostering panel has been completed. Support offered will include helping carers to understand the process, ensuring that they are given all appropriate information and assisting them in their communication with other agencies.

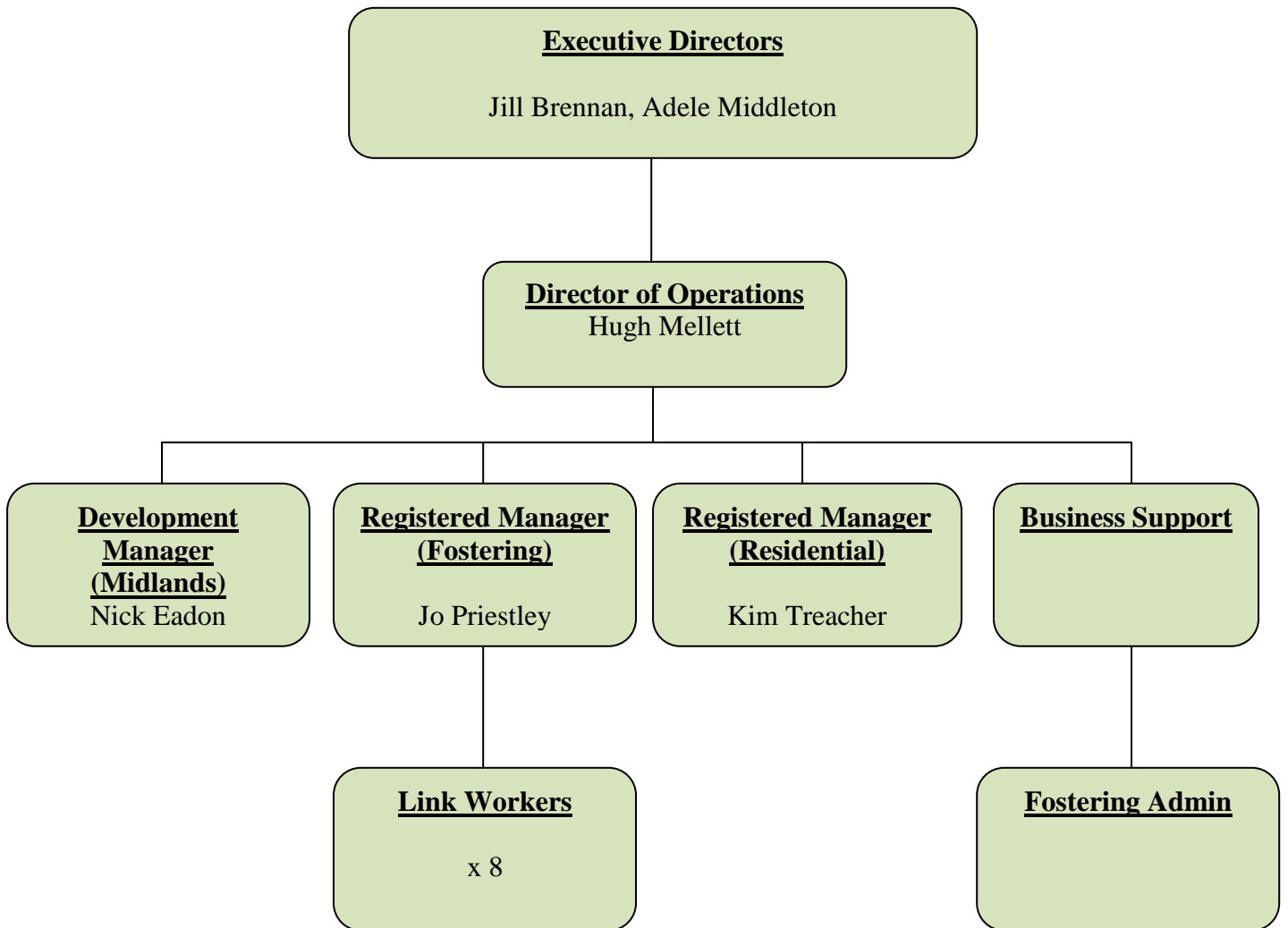
The link worker will have continuing responsibility for being the link between the fostering service and the foster carer, even when the carer has independent support.

9 PARTICIPATION

There are a range of ways children can participate. We encourage every child to take part in their LAC reviews. The Children's Handbook gives a range of ways in which children can make representatives and complaints. We hold an Annual Children's Survey and occasional events where children can make their views known.

We have a dedicated email address havingmysay@treehousecare.org for children to use.

10 STRUCTURE & STAFFING



All of our Fostering Link Workers have previous experience of working in local authorities Children's Services. Their experience is summarised below.

<u>Name</u>	<u>Year of Qualification</u>	<u>Year of joining Treehouse Care Fostering</u>
Wendy Jenkinson	2005	2009
Sally Last	2002	2010
Paul Lydon	2007	2009
Dona Newton	2004	2010
Sally O'Connor	2001	2008
Jenny Owen	2008	2010
Claire Wright	1999	2006
Andrea Sharman	2005	2011

All fostering link workers are registered with the GSCC, and are line managed and supervised by Jo Priestley.

We have appointed a Fostering Development Manager to take the lead in developing a new fostering service in the Midlands and plan to recruit another Fostering Development Manager to oversee operations in the North.

The agency has procedures in place to provide a structured approach to suitable and safe staff selection which also encompasses our Equal Opportunities Policy.

In 2008, we introduced further checks based on Lincolnshire County Council Safer Recruitment Practice Guidelines. During 2010-11 we have proactively made significant improvements to tighten up our safeguarding processes and practice. We have set up a 'Safeguarding Group' that meets regularly.

11 RECRUITMENT AND APPROVAL OF FOSTER CARERS

We have an ongoing programme of recruitment activity, mainly through newspaper advertisement and the internet, with some success. During the last twelve months (September 2010 – September 2011) we have received 850 enquiries to become foster carers, 9 Registration of Interest forms and 54 Applications.

Applications for assessment to become a foster carer are welcomed from people regardless of gender, marital status, sexuality, race, disability, religion, culture or employment status. The timescale between the application and approval will be within eight months.

We do take into account geographical considerations for new applicants, and whether we can realistically support them.

There is immediate exclusion of any applicant who has been convicted of an offence against a child, or any serious offences against an adult.

All foster carers who have offences against their name will have a conviction risk assessment in place.

It is a minimum requirement that all prospective foster carers must have at least one spare bedroom.

Regular foster carer recruitment meetings are held to ensure we keep on top of Registrations of Interest, applications and initial visits. This meeting decides which applications are suitable for further consideration.

If appropriate, following this discussion a home visit will be arranged. This visit is called an "Initial Visit" and is a two way discussion about what fostering is about and whether fostering is right for them.

If it is felt appropriate by all parties to proceed with the application, we will assign a qualified social worker to undertake a competency based assessment with the prospective carer and their family. They will produce a report (BAAF Form F) which covers; individual profiles of applicants, relationships and partnerships, applicants' support network, children in the household and other adult members of the household, childlessness/limitation of family size, description of family life, valuing diversity, parenting capacity and more importantly an analysis of their potential strengths and weaknesses as a foster carer.

The assessing social worker will need to visit the home a minimum of eight visits or sixteen hours (approximately) to spend time working with the applicants on their form F and portfolio. The assessment is a joint project and needs full participation from applicants and their family.

During the assessment, staff at Treehouse Care will undertake a variety of statutory checks, which include;

- Enhanced Criminal Records Bureau check
- NSPCC Checks (England & Wales)
- Local authority checks
- Employer and/or current fostering organisation references
- School/health visitor reports
- Medical Reports

- At least two personal references

A Home and Safety check will also be carried out.

During the assessment or as soon as possible after the assessment, the applicants will usually be required to attend a six-day training course called “Skills to Foster”.

Once the Form F is completed, the applicants will have the chance to read and discuss possible amendments. This report will then be presented to the Fostering Panel, which prospective foster carers are urged to attend. All carers newly approved by our panel in the last year have attended and participated. The Fostering Panel is made up of a variety of professionals and independent members, including foster carers, educationalists and people with experience of the looked after children system.

The Panel members will make their recommendations to Treehouse Care, but the final decision is made by the Decision Maker, Jill Brennan. Upon approval as a foster carer, we will advise them in writing and assign a link worker.

The Foster Panel has an Independent Chair, Sue Proudlove. Sue has been a Qualified Social Worker since 1982 and is currently Service Manager for a local NSPCC project.

We keep aggregated information about referrals, (ages, source, gender and so on) to help us plan services and recruitment drives. We also keep similar information about foster carer enquiries, and the relative success or otherwise of various recruitment campaigns.

Our recruitment and approval processes for our Trauma Intervention Care Fostering Service will follow the same processes, except that before being approved for TIC placements, Chrysalis Associates will undertake an Attachment Style Interview. They will then assess and score this to help determine whether the prospective carers are suitable for this scheme. It is intended that this report will be made available to panel, along with the other paperwork in due course.

Foster carers are reviewed annually, with the first review always going back to Panel. For further information on our Foster Panel, please see the Tree House Care Fostering Panel Terms of Reference.

12 TRAINING FOR FOSTER CARERS

As part of our training and assessment framework, which incorporates the Children’s Workforce Development Council (CWDC) Standards, all prospective foster carers are required to attend wherever possible Skills to Foster training prior to their approval. Occasionally foster carers will be approved without attending Skills to Foster, but they would be required to attend the next available course. Sessions take place over six

full days and are held on a regular basis throughout the year. It includes accredited training in First Aid, Safeguarding and Team Teach.

Other basic subjects covered in these sessions are:

- Promoting sense of identity
- Managing difficult behaviour
- Working in partnership with birth parents and other professionals
- Legislative framework
- Child development
- Attachment and loss
- Safe caring
- Why children come into care
- Awareness of child abuse and child protection issues
- Diversity – challenging discrimination
- Moving on
- How children are placed
- LAC Documentation – Record Keeping
- Safeguarding children/child protection
- Placement meetings

Within the first twelve months carers are required to attend the following courses, in line with the CWDC Training, Support & Developments Standards for Foster Care:

- Attachment
- Safeguarding Children and Safer Caring
- Promoting Healthy Living
- Culture, Religion and Diversity
- De-escalation

- First Aid
- Education
- Contact

Post-approval training is held at various locations, usually during term-time and within school hours to suit most carers.

There is an expectation that all carers will receive training on a regular basis.

Most of our foster carers are enthusiastic about training; however we are exploring various options for the less enthusiastic, such as internet based training.

It is an expectation that all foster carers attend “Team Teach” training in the use of safe restraint techniques and de-escalation skills.

Training relating to placements requiring specific skills will also be provided.

Induction for new carers is individually tailored.

All TIC Carers are expected to undertake the following, all of which have an element of learning and skills enhancement.

- Consultation sessions with a Chrysalis Associates therapist
- Therapy sessions for the fostered child
- Homework tasks for the carer

13 SERVICE MONITORING, QUALITY MANAGEMENT AND SUPERVISION OF STAFF

All staff have a named supervisor and line manager. The required standard for supervision is monthly for all staff. This is always recorded, timed and signed. All staff are required to have an Annual Appraisal.

The Registered Manager produces a monthly report for the Directors covering a wide variety of information, including referrals, foster carer enquiries, notifications, incidents, vacancies, new placements and information about placements deemed to be fragile.

14 ANNUAL SERVICE DEVELOPMENT PLAN

This is produced at least annually and is revised and updated on a monthly basis at the Registered Manager's monthly meeting with the Directors.

15 FOSTER PANEL REPORTS

An Annual Report on Foster Panel will be produced during 2011 – 2012 by the Registered Manager.

Feedback on quality issues are recorded on every case presented at panel, summarised by the Chair. These are incorporated into a report every quarter (from July 2011) and discussed at the Directors quarterly meeting with the Chair.

16 BOARD OF DIRECTORS MEETINGS

The Board of Directors and the Director of Operations meet on a monthly basis and consider;

- Health and Safety
- Human Resources
- Management Information Reports covering; Referrals, Children in placement, Foster Carer Assessments and Finance.
- The Monthly Report from the Registered Manager, who is in attendance.
- Training Report.

These meetings help to ensure that quality of the service to children and foster carers remains high.

The meetings review and update the Development Plan.

17 COMPLAINTS

A complaints procedure is in place, along with a management monitoring system. We tend to try and resolve difficulties and conflicts through dialogue and negotiation whenever possible.

During the last twelve months (November 2010 – November 2011), there has been one formal complaint logged with the Agency. The complaint was from a potential foster carer asking that we reconsider our decision not to pursue her assessment. After taking medical advice, we have restarted the assessment.

We are aware that a low return is not necessarily positive. We have refreshed our children's complaints form, making it more user friendly. We have also produced a version using Widget software for children with communication difficulties.

Information on making complaints can be available in a variety of formats including other languages, Makaton etc.

18 COMPLIMENTS & COMPLAINTS INFORMATION

Contact details;

Tree House Care Fostering

The Old Vicarage
17 Heneage Road
Grimsby
N E Lincolnshire
DN32 9DZ

Tel: 01472 598334
Email: info@treehousecare.org
havingmysay@treehousecare.org

Website: www.treehousecare.org

OFSTED

Piccadilly Gate
Store Street
Manchester
M1 2WD

Tel: 0161 618 8524
Email: enquiries@ofsted.gov.uk
Website: www.ofsted.gov.uk

Office of the Children's Rights Director

Ofsted
Aviation House
125 Kingsway
London
WC2B 6SE

Tel: 0800 528 0731
Website: www.rights4me.org

19 STATUS AND CONSTITUTION

Tree House Care Fostering Limited is an independent fostering agency that seeks to provide the highest quality fostering placements and fostering services to Looked After Children.

The company began providing fostering services in June 2002. The business is owned by Jill Brennan and Adele Middleton who constitute the Board of Directors. The board is ultimately responsible for ensuring compliance with all aspects of quality assurance in relation to the delivery of services and the financial viability to do so.

Both Jill and Adele are professionally qualified social workers and have many years of child care experience between them both in the public and voluntary sector. They have both specialised in fostering services and are fully conversant that aspects of the role and requirements of providing fostering services. Jill holds the Diploma in Management and is a member of the Chartered Management Institute.

Tree House Care Fostering is a private limited company registered under the Companies Act 1985 (Company No. 4456329). We are fully registered with OFSTED (Registration No. SC033189).

The Responsible Person is Hugh Mellett, Director of Operations who can be contacted at;

Tree House Care
Headquarters
The Old Vicarage
17 Heneage Road
Grimsby
N E Lincolnshire DN32 9DZ

Hugh's telephone number is 01472 598334 and his email address is:

Hugh.Mellett@treehousecare.org

The Registered Manager is Jo Priestley. Jo can be contacted at the above address.

Jo's telephone number is 01472 598334 and her email address is:

Jo.Priestley@treehousecare.org

SIGNED ...Original signed by Adele Middleton..... Adele Middleton
DIRECTOR

SIGNED ...Original signed by Jill Brennan..... Jill Brennan
DIRECTOR

SIGNEDOriginal signed by Hugh Mellett..... Hugh Mellett
DIRECTOR OF OPERATIONS

SIGNEDOriginal signed by Jo Priestley..... Jo Priestley
REGISTERED MANAGER

The Theoretical Background to the Trauma Intervention Care Fostering Services

Assessment

Marshak Interaction Method (MIM)

The MIM, is a structured observation technique designed to assess the quality and nature of child-carer interaction to identify how the child reacts to the carer's attempts to:

- Structure the environment and set clear, appropriate expectations and limits.
- Engage the child in interaction whilst being attuned to the child's state and reactions.
- Respond in a nurturing way to the child's needs, including being able to soothe and calm the child when needed.
- Provide and respond to challenge in an appropriate way.

This is completed every six months.

Attachment Style Interview (foster carers only)

The Attachment Style Interview for adoption and fostering (ASI-AF) is an interview between a parent/carer and the therapist in which the therapist will ask the parent/carer about their current relationship with their partner, family of origin and two other adults with whom they feel close. It will also assess their general style of relating to other adults. The ASI is used to help the therapist plan the child's therapeutic intervention taking into account the parent or carer's needs, preferences and style of interaction. This is completed prior to placement only.

British Picture Vocabulary Scale (child only)

The British Picture Vocabulary scale is a measure of a child's receptive vocabulary for standard English which does not require any reading, speaking or writing – the child simply points to the picture cards. This assessment is repeated every twelve months.

Good enough Draw-a-person test (child only)

The Good enough Draw-a-person Test involves the child being asked to draw a pictures of a man, a woman and themselves. It gives an indication both of the child's developmental level and of how they see themselves and others. This assessment is repeated every twelve months.

Story Stem Assessment Profile (child only)

The Story Stem Assessment Profile (SSAP) asks children to respond to a set of narrative story stems. They are given the beginning of a 'story' highlighting everyday scenarios with an inherent dilemma and are then asked to 'show and tell me what happens next?' This gives an insight into the child's perceptions of family roles, attachment patterns and relationships, without asking direct questions about their own family. This assessment is completed prior to therapy commencing.

Behaviour Rating Inventory of Executive Functioning (BRIEF)

Executive function describes a set of cognitive abilities which control and regulate other abilities and behaviours. We use the BRIEF to assess the child's executive functioning in the home and school environment. The BRIEF is useful in evaluating children with a wide spectrum of developmental and acquired neurological conditions. This assessment is completed every twelve months.

Achenbach Child Behaviour Checklist (CBCL)

The CBCL evaluates the behaviour and social competency of children and identifies difficulties in the following areas: Affective Problems, Attention Deficit/Hyperactivity Problems, Oppositional Defiant Problems, Somatic Problems and Conduct Problems. Forms are completed by the child's carer and teacher, and by the child if appropriate. This assessment is repeated every six months.

Children's Problems Checklist (CPC)

This is used to aid in the evaluation and assessment of children and is intended as a survey measure to identify relevant problems and is essentially a structured information-gathering instrument. This assessment is repeated every six months.

Parent Stress Index (PSI)

The PSI is a questionnaire completed by a carer to identify their view of their child and the level of stress that parenting the child causes them. The assessment identifies clear areas of stress for a carer exploring the following domains: the carer's competence, isolation, attachment, health, role restriction and depression and the child's distractibility, hyperactivity, adaptability, demandingness, mood, and acceptability. This assessment is repeated every six months.

Trauma Symptom Checklist for Young Children (TSCYC)

The TSCYC is a standardized, parent/carer report measure of trauma symptoms and evaluates acute and chronic post-traumatic symptoms and other psychological consequences of traumatic events in children.

Randolph Attachment Disorder Questionnaire (RADQ)

The RADQ is used as a screening tool to explore whether the behaviour problems a child has are consistent with the presence of attachment difficulties. A child's score on the RADQ can be used to suggest the severity of attachment difficulties and may indicate whether the child presents with an anxious, avoidant or ambivalent attachment pattern.

THERAPEUTIC INTERVENTIONS

Dyadic Developmental Psychotherapy

Dyadic Developmental Psychotherapy, developed by Daniel A. Hughes over the last two decades, differs from traditional non-directive approaches to child therapy in its involvement of the child's carer throughout the therapy sessions.

It is a treatment approach to trauma, neglect, loss and/or other dysregulating experiences that is based on principles derived from attachment theory and research, and also incorporates aspects of treatment principles for Post Traumatic Stress Disorder (PTSD).

Dyadic Developmental Psychotherapy involves creating a safe setting in which the child can begin to explore, resolve and integrate a wide range of memories, emotions and current experiences that are frightening, shameful or avoided. Safety is created by ensuring that this exploration occurs with nonverbal attunement, reflective (non-judgemental) dialogue, along with empathy and reassurance. As the process unfolds, the child is creating a coherent life-story (or autobiographical narrative) which is crucial for attachment security and is a strong protective factor against psychopathology. Therapeutic progress occurs within the joint activities of co-relating affect and co-constructing meaning.

Nonverbal attunement refers to the frequent interactions between a parent and infant, in which both are sharing effective and focused attention on each other in such a way that the child's enjoyable experiences are amplified and their stressful experiences are reduced and contained. This is done through eye contact, facial expressions, gestures and movements, voice tone, timing and touch.

These same early attachment experiences, which are fundamental for healthy emotional and social development, are utilized in therapy to enable the child to rely on the therapist to regulate emotional experiences and to begin to understand these experiences more fully. Such understanding develops further thought engaging in a conversation about these experiences, without judgement or criticism. The therapist will maintain a curious attitude about the memories and behaviours, encouraging the child to explore them to better

understand the deeper meanings in their life and gradually develop a more coherent life-story.

The primary therapeutic attitude demonstrated throughout the sessions is one of playfulness, acceptance, curiosity and empathy (PACE). For the purpose of increasing the child's safety, their readiness to rely on significant attachment figures in their life, and their ability to resolve and integrate the dysregulating experiences that are being explored, a person who is an important attachment figure to the child, their parent/carer, will be actively present.

The role of the parent/carer in the child's psychotherapy is the following:

- Help the child to feel safe
- Communicate PACE, both non-verbally and verbally
- Help the child to regulate any negative affect such as fear, shame, anger or sadness
- Validate the child's worth in the face of trauma and shame-based behaviours
- Reassure the child that their relationship remains strong regardless of the issues
- Help the child to make sense of their life so that it is organised and congruent

More information about DDP can be found at www.danielhughes.org.

Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR was developed by Dr. Francine Shapiro, Clinical Psychologist, in 1987. Whilst trying to resolve a number of distressing personal issues Dr Shapiro noticed that the emotional impact of the traumatic memories was lessened after a period of bi-lateral stimulation to the brain.

Further research has identified that trauma or phobias can, for some, become lodged within the brain in a manner that makes them irresolvable. As a result the brain acts to understand the experience by continually replaying the trauma in an attempt to help it adapt. This results in symptoms such as flashbacks, nightmares, preoccupations with the incident and constant rumination. The physical consequences of this include hyper vigilance, exaggerated startle response, sleep difficulties and a heightened sense of arousal and anger, which the brain seeks to avoid. As the toll becomes too great to bear, the person/child is at risk of emotionally detaching from reality. This collection of symptoms forms the basis of a diagnosis of Post Traumatic Stress Disorder (DSMIV).

Dr Shapiro identified that if the memory of the incident(s) is recalled, and at the same time the brain is bi-laterally stimulating (using rapid eye movements), it will allow the brain to re-experience the trauma and the related cognitions that may be hindering and distressing them in the present. Once the trauma has lost its emotional impact and the person has become

desensitised to the pain of the memory it is possible to link the memory to a more positive cognition using the same technique (reprocessing).

Further information about EMDR can be found at www.emdr.com.

Theraplay

Theraplay[®] is an attachment therapy developed by Ann Jernberg and Phyllis Booth in the 1960's. The primary focus of the Theraplay[®] model is the parent child relationship, including adoptive parents and foster carers. The aim is to strengthen or re-establish the parent-child bond following loss, trauma or separation. Theraplay[®] is a useful therapeutic model for children with a variety of social and emotional difficulties as well as acting as a useful preventative tool to strengthen the parent-child relationship in the face of increased risk factors.

Theraplay[®] involves emotionally attuned, interactive, physical play, with nurturing touch as an integral part of the therapist, child, carer interaction.

The focus of the therapy is based in the here and now, rather than on an analysis of past trauma experiences, interpretation of play or pretend play. It is geared to the child's emotional level, and therefore may often include games usually played with younger, pre-verbal children.

Within the play the therapist takes charge of all the games, and teaches the carer to do likewise. The goal is to teach the child that adults can be in control as part of a positive, mutually enjoyable relationship, where the parent/carer and therapist work to engage the child in an emotionally healthy, fun manner.

Further information can be found at www.theraplay.org.