

**Safe Places for Children UK
(SPFCUK)**

Outreach Intervention Program

Updated: May 2023



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1. Rational

Safe Places for Children UK has developed an intensive support model for Young People that reside outside of our therapeutic residential service. Safe Places for Children UK will be offering this program to young people aged from 8-18 years of aged, based on a referral being received from a Local Authority or from the Relevant Trust.

The individual support package will be assessed by Safe Places and the Local Authority. Safe Places for Children will match our workers based on the support needs of the young person. The length and time of this intervention will be agreed between the referral agent and Safe Places for Children.

The overall aim of this intervention is to:

- Offer Young People support in a therapeutic mentoring outreach capacity.
- To provide support in building and maintaining consistent positive relationships.
- To develop self-esteem and confidence
- To improve emotional resilience with regards to managing difficult situations.
- To create a safe and caring environment for the young person to succeed in an informal capacity with skilled trained workers.
- Practical advice and guidance.
- To provide informal family structured support to care workers, family or authorities with parental responsibilities.

The outreach program has taken some of the key themes from the Safe Places for Children Integrative Practice Framework and has developed them into a program to support Young People with extreme needs within their communities.

2. Theory

Safe Places for Children is aware of the need to support families/carers and Young People within the community. Extreme behaviours can be found to be the result of complex trauma which has been defined as 'the experience of multiple, chronic and prolonged, developmentally adverse traumatic events. For Looked After Children, this has usually occurred within the context of a care-giving relationship. Complex trauma can compromise the development of relationships, thinking, memory, self-worth, health, and a sense of meaning and purpose in life (van der Kolk, 2005). According to Allan Schore (2003), the most significant consequence of early relational trauma is the loss of the ability to regulate the intensity and duration of emotional states.

In the absence of a care-giving system that supports the development of more sophisticated skills, children are unable to regulate internal states, such as fear, anger and sexual impulses, and are forced to either disconnect from their feelings or use unhealthy coping skills. Not only do these children not develop the capacity to regulate emotions, but under conditions of chronic, overwhelming trauma, the child's stress activation system becomes overly sensitive to potential danger, and can trigger fight, flight and dissociative mechanisms in response to even minor stressors.

Emotional identification and monitoring Children who have experienced trauma are often unable to identify internal emotional experience, or to understand from where these emotions come. Through Trauma and Attachment training and TCI training, Safe Places equips all its workers with a range of strategies that support children to build a vocabulary for emotional experience, and to form connections between identified emotions and precipitating events, physiological states, behaviours, coping styles, and the impact of past experiences on current situations. The



Cornell University TCI training utilised by Safe Places is a fundamental part of this process, as the training incorporates a number of strategies that support the child to identify his or her emotions in real-time through reflecting back and labelling feeling states during the triggering phase.

Later, using the Life Space Interview (LSI) process, the child is supported to connect identified emotions to triggers, behaviours and experiences. Care workers are trained to ensure that the implementation of these strategies always occurs using the principles of Daniel Hughes' PACE model (Playfulness, Acceptance, Curiosity and Empathy), which ensures that children are constantly receiving feedback about their emotional state, even when at base-line, through the care worker's attuned and curious stance.

Care workers are also equipped with a range of mindfulness activities that assist young people to build their capacity to monitor and modify their emotional state. The act of being mindful, involves the conscious direction of awareness to the present moment in a non-judgmental way. Mindfulness activities can involve being purposefully aware of our thoughts, emotions, body, sensory experiences, and connections to others or our environment. Engaging in mindfulness practices has been shown to improve self-awareness, empathy, concentration, impulse control and our capacity to regulate emotions (Siegel, 1999)

Emotional modulation Children who have experienced trauma often live within bodies that feel overwhelmed or shut down, with few strategies to modulate arousal effectively. In the absence of a reliable, predictable, responsive caregiver, children do not experience the usual healthy ongoing arousal-relaxation cycle, within which the child is continuously soothed and redirected following periods of normal stress associated with care needs. As a result, the child is often delayed in their capacity to modulate arousal, which is then often compounded by the deleterious effects of abuse.

The Safe Places Integrative Practice Framework draws on a range of practices that target a child's ability to tune into, tolerate, and sustain connection to internal states, and to identify and use strategies to manage her or his emotions. As part of the Trauma and Attachment training, all care workers are trained in the core principles of Bruce Perry's Neuro-Sequential Model of Therapeutics. This provides care workers with information critical to understanding why, and how easily, traumatised children can be triggered by their environment (below conscious awareness), and the important cognitive capacities that deteriorate once they move into a hyper-aroused or dissociative state. This training also supports the care workers to more accurately assess the child's state and tailor a response to their level of arousal. The importance of continuous co-regulation through the use of empathy, soothing and playful redirection is taught within Daniel Hughes' PACE model, and a range of specific strategies for supporting redirection and maintaining safety during periods of escalation are provided to care workers as part of their TCI training.

Sharing emotional experience is a critical aspect of human relationships; the inability to effectively communicate emotions prevents children from being able to form and maintain ongoing healthy attachments. Safe Places works with children to identify safe emotional resources and build skills to effectively communicate inner experience. The use of LSI and Collaborative Problem Solving ensure that the child has regular, structured opportunities at which a curious and attuned care worker supports the child to articulate needs, feelings and concerns. Each LSI validates experience and helps the child to integrate his or her own needs with the feelings and concerns of others.

In order to regulate emotions, manage behaviour, achieve autonomy and self-reliance, and develop a sense of self, a child must have confidence in, and feel secure with, an adult. Through



building attachments with safe adults, children can learn to trust, feel safe, develop relationships, overcome obstacles and solve problems.

Safe Places recognises that the young people suffering from trauma may have difficulty forming positive attachments. In line with the Attachment domain of the ARC model, the Safe Places Integrative Framework targets three key areas of Attachment: Care Worker Emotional Management, Attunement, and Consistency.

2.1. Youth worker emotional management

Youth workers' ability to recognise and regulate their own emotional experience is fundamental to the workers' capacity to facilitate healthy attachment in the children they support. In line with the ARC, CARE and Sanctuary models, all Safe Places care workers receive training around the impact of trauma and disrupted attachment on a child's functioning both during induction and on an ongoing basis through refresher and ongoing development training.

2.2. Attunement

Attunement is the capacity of caregivers and children to accurately read each other's cues and respond effectively. Both the ARC and CARE frameworks place significant emphasis on incorporating interventions that target a caregiver's capacity to recognise and respond to the emotional needs underlying a child's distressing behaviours or symptoms. In line with these recommendations, and as part of the training in Trauma, all Safe Places staff are provided with training around Daniel Hughes' Dyadic Developmental Principles for Facilitating Attachment in Maltreated Children. This approach draws on contemporary understandings of developmental attachment and the theory of inter-subjectivity. Safe Places staff through this training understand to maintain engagement, soothe/co-regulate, and support the development of empathy in children through taking a calm, playful, accepting, curious and attuned response. This process of safely reflecting the child's emotions replicates the same pattern of engagement that occurs in a healthy infant-parent exchange, allowing care workers to help the child rebuild the early templates for trust and connection that they did not previously experience.

2.3. Consistency

Due to the aggressive, controlling and avoidant responses characteristic of children who have experienced complex relational trauma, Safe Places staff understand the ability to respond consistently and appropriately to the child's behaviour is often compromised, especially at times of crisis. Safe Places recognises the importance of having a clear system of strategies for consistently responding to young people at different stages of crisis, it ensures that all staff receive Therapeutic Crisis Intervention (TCI) training as part of the comprehensive induction program prior to beginning frontline work with YP.

The TCI system is a crisis-management protocol developed by Cornell University. Its purpose is to provide a crisis prevention and intervention:

- Preventing crises from occurring
- De-escalating potential crises
- Effectively managing acute crisis phases
- Reducing potential and actual injury to children and staff
- Learning constructive ways to handle stressful situations
- Developing a learning circle within the organisation.

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The TCI system is further embedded into the Safe Places model through the provision of regular refresher training, the use of TCI flash cards, prompts in incident reports, formal post-crisis debriefing and reflective individual supervision.

2.4. Family

Safe Places recognises the importance of involving a child's family in the child's care whenever possible, and where emotionally and physically safe to do so. The child's ethnic, racial and cultural identity is all tied to the child's family, which is particularly relevant to children and people from culturally and linguistically diverse backgrounds. While it is not always possible or safe for the children in our programs to have contact with their families, we recognise that engaging in cultural activities alone is not enough, and that children need to experience their culture within the context of a relationship and ideally a community. Children also need permanent ties to caring and nurturing adults. Consequently, children require focus and encouragement to form and maintain ongoing connections to external support people.

Building family connections Involving a parent or other concerned adult in the child's care and treatment, as well as planning adequate supports for the child's return to the community, are two of the few indicators of 'successful treatment' with empirical validation (Curry, 1991; Whitaker & Pfeifer, 1994)

These outcome studies highlight the need for contact and involvement with the family, both during and after placement. While the responsibility for authorising and coordinating family contact typically sits with each State's relevant Child Protection Agency, Safe Places takes an active role in supporting the child to explore potential connections with family, and advocates on the child's behalf to establish and maintain these relationships. As part of this process, case managers meet with each child entering the program, and on an ongoing basis use the Safe Places Care Map to explore and develop a list of family members and other significant relationships. This information and the child's wishes are then explored in collaboration with the relevant Child Protection Agency and used to establish or improve existing connections that can continue to ensure the child has some form of attachment base following their transition from Safe Places.

Safe Places takes an active role in supporting this process through helping children to write letters home, supporting contact with siblings and parents out in the community, and planning for successful weekend stays in relatives' homes. Safe Places also recognises that promoting healthy attachment to a young person's family also requires helping the child to cope with the grief and loss of separating from her or his family or previous attachments. In some respects, the CARE framework is similar to the Safe Places Integrative Practice Framework.

3. Proposed Model of Outreach Intervention Program

The model of intervention would be to support the most vulnerable young people in the community to help them to build their confidence, sense of belonging and an attachment to their respective communities, as well as enabling them to build their resilience within difficult situations. The model of intervention would be based on providing the outreach within their areas and building opportunities for them to engage positively in their areas.

Young People would be referred into the service through their allocated social worker. This process will be monitored, and appropriate matching of young people will be determined by Safe Places for Children, these referrals (if accepted) will then be administrated to the team. The team will have fortnightly team meetings to discuss referrals that are received and appropriately match these based on the needs of the young people. The team meeting will also provide the opportunity for the team to discuss reviews, progress and difficulties with their



current caseloads that they are supporting. During these team meetings it will provide an opportunity for the team to create options and further ideas to support the young people.

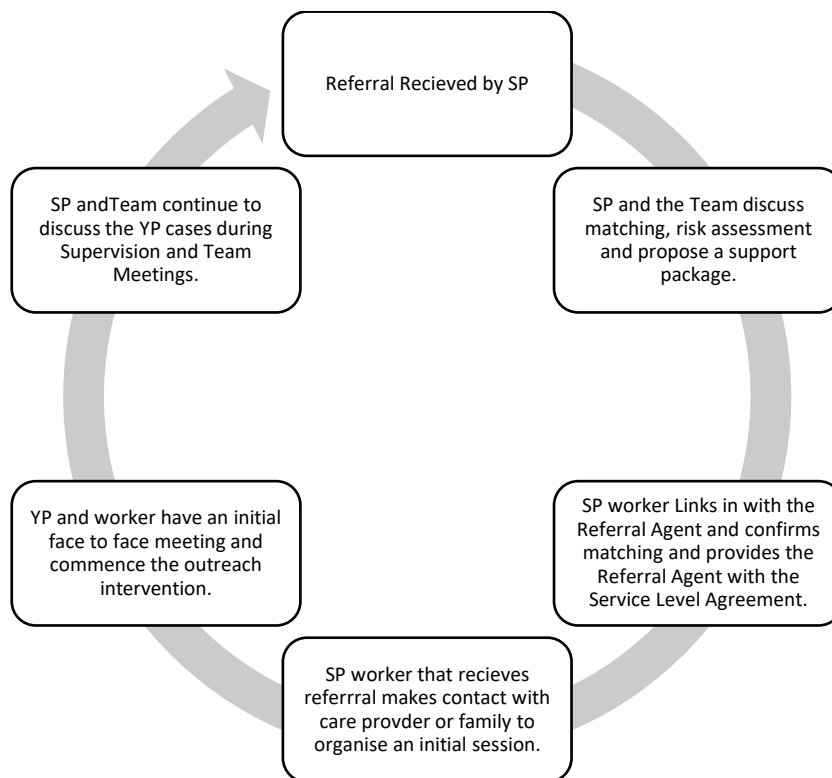


Figure 1: Model of Assessment, Matching and Entry into the Outreach Intervention

The outreach intervention service would be tailored to meet the specific needs of the young person, with a small consistent team, depending on the initial assessment by the Outreach Team, and the Referral Agent. The Service Level Agreement will detail the model of care that will be provided to the young person.

The outreach would be based on agreed focused outcomes that would be measured over the course of the young person's engagement and reported on by the following mechanisms, shift reports, Critical Information Reports and, Meetings and service user feedback,. All this information would be collated and presented through to the referral agent at the end of the engagement.

Each young person that is referred into the program will receive an introduction or meet and greet session to their staff member. During this session the focus would be on reaching an agreement on desired goals, outcomes and develop an action plan.

The support provided can look different for each young person but can include, educational options, joining a sports program or engaging in a community activity. These outcomes can be measured using progress reports. Safe Places staff members would support the young person through a mentoring relationship to break down the barriers that have prevented them from completing their goals / outcomes.

The aim of the program and through this proposed intervention would be to provide stability and foundations that will enable to the young person to remain within their current residential setting; build positive attachments, support the YP and their family/foster careers.

The staff members are required to undertake continuous training and refreshers in Therapeutic Crisis Intervention; attachment training; first aid, safeguarding, fire awareness and would be

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introduced to new systems and processes as required under SLA to record and monitor each session.

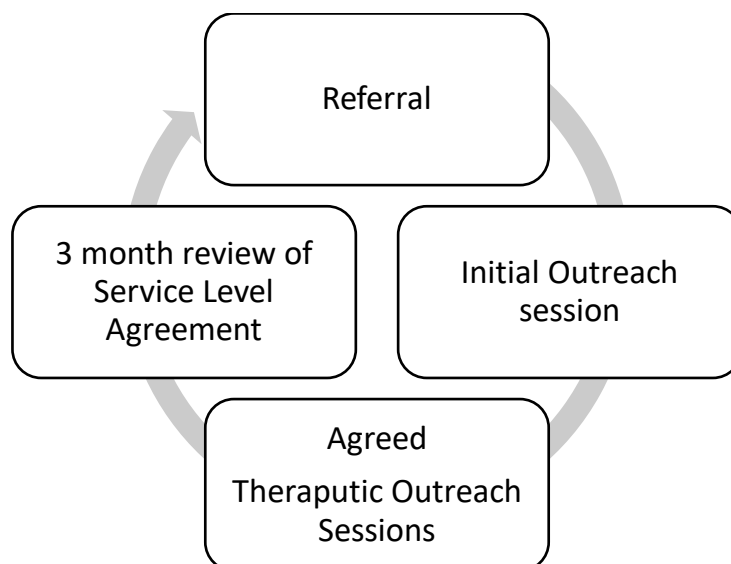


Figure 2: Proposed Model of Practice – Safe Places Reaching Out Program

The Outreach Intervention will have an opportunity for the team, referral agent and the family to engage in a bi-monthly case clinic with Safe Places Quality and System Manager. This can be an opportunity to review the program so that the progress will be monitored and the environment for the team to be able to discuss other options, techniques and tools that can be used to improve the overall quality and standard of care that can be provided.

Rewards and Pocket Money Charts are used to support behavioral change tool that Safe Places know will add value to any young person that enters into the Outreach Program. The use of the rewards and pocket money charts will be important in terms of providing structure and routine that can help with the young person with having some predictability. Safe Places uses the rewards and pocket money charts as a tool to target agreed behaviors that the young person wants to change or amend. These can then be provided to the family or care provider within the placement area.

Our costing includes our staff team being able to deliver diversionary activities and food that can be used with the young person during their engagement in the program. This can help to teach them skills that relate to independence, life skills and to have positive engagements within their community through paid and unpaid activities. The costings allow for all the program needs to be catered for and therefore will give the young person a better supporting opportunity to achieve their desired outcomes. The use of these budgets can allow for positive engagements, opportunities for healthier choices to be offered to the young person and a positive environment to re-establish community engagements and attachment.

Informal Family Support will be an engagement that Safe Places staff members will want to undertake as part of this outreach intervention program. The family support will be based on the needs of the family members or care providers of the young person, this can be delivered through phone contact, meetings and if required informal catch up with the family member around the progression that the young person has been making with this service. It is important to build connections and relationships with the family or care givers in order to improve the young person's overall situation by sharing information, knowledge, resources, strategies and informal training.

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3.1. Referral Stage

- The referral is made through the social worker for the YP.
- Outreach team sends the social worker the Safe Places Outreach referral form which is to be completed and emailed back to manager before outreach can begin
- Line manager links in with social worker and organizes the required hours for the YP.
- Once the Service Level Agreement, has been signed by all parties, final copies will be sent to the social worker, which will include details of service and all agreed hours for the month (see appendix) that needs to be signed. This agreement and hours are reviewed the first Monday of every month and re-sent out.
- Safe Places Outreach Team will engage with the rest of the team and undertake an assessment with them at the team meeting. This will enable an appropriate matching.

3.2. Initial Assessment

- An initial assessment session would be conducted between the staff member's and the young person.
- This assessment would be to identify areas of improvement and agree working goals together.
- During this assessment it will provide an opportunity for them to be able establish a relationship and start the process to ensure that staff and young people are matched correctly.

3.3. Therapeutic Outreach Sessions

- These sessions will be based on a therapeutic framework and structured to have appropriate measures in place to capture the work being completed.
- The therapeutic mentoring sessions would be established based on the staff members completing the mentoring skills program and further developing the work towards completing the goals / outcomes.
- The therapeutic mentoring sessions will be designed and based on the action plan that has been agreed between staff member and the young people and agency.

4. Key Indicators / Outcomes for Purposed Program

As with any Safe Places intervention it is important to measure the progress and distance of the young person. It is proposed that the following will be monitored and measured over the life span of the young person's participation.

- Confidence
- Self-esteem
- Community Engagement
- Positive Relationships
- Resilience
- Coping skills
- Level of Engagement and Participation

These will be monitored through the weekly progress reports. Additionally, the organisation will complete stakeholder response and young person responses. This information will be collected and reported through to the social worker at the end of the engagement.

These will be monitored, and evidence would be captured using an initial baseline questionnaire, mid baseline questionnaire and a final baseline questionnaire. These questionnaires will be based on a scoring and the data produced will provide any evidence of change. Additionally,



the organisation will complete stakeholder response and young person responses this information will be collected.

Safe Places will undertake focus groups and annual reviews of the program with young people. These will provide evidence for the benefit and success of the program. These will be completed at the residential stage of the program. These focus groups will help shape and improve the program over its life span.

5. Costing

Safe Places will use individualised invoices for each Young Person and these will be invoiced to the health and social care trust/Local Authority weekly.

- Costing's for our individual worker model: £30 an hour
- Costing's for our Two worker model: £60 an hour
- Mileage rate: 50p per a mile (Mileage from Safe Places base)
- Added food and Activities as agreed budget with the Local Authority depending on needs.

Our model of care will be able to facilitate engagement with any young person between Monday – Sunday, from 9am – 9pm. It will be the same hourly rate for evening or weekend hours that can be delivered to all young people.

6. Staffing Model

Safe Places outreach intervention program is managed directly by the operational manager and this person is accountable for the overall engagement with social services and the direct management of the team. The Outreach team has overall responsibility for the delivery of the program and is accountable for standard of care and overall development of the program.

The keyworkers appointed are to provide the outreach team with assistance for providing the complete care to the young people. The keyworker will be responsible for providing on call support and completing reviews, attending LAC or Case Reviews and assisting with the practice audits. The keyworker will still have engagement with young people face to face.

The appointed Youth Worker will be responsible for the direct engagement and face to face work with the young people. The youth worker will be responsible for ensuring that all sessions are interactive, recorded and delivered in line with the outcomes that have been agreed with the referral agent.

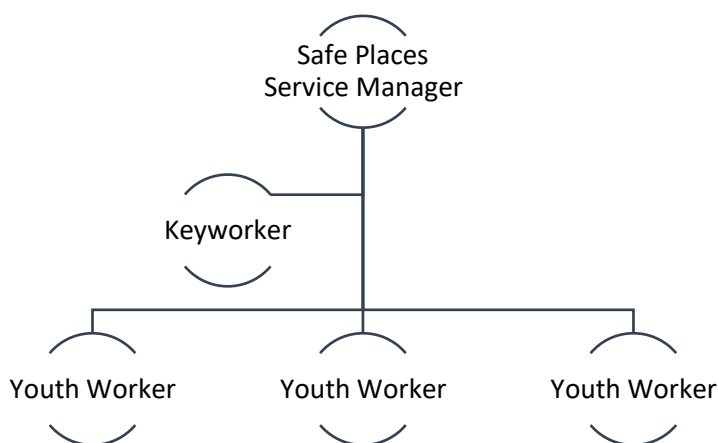


Figure 3: Management Structure for Outreach Intervention Program.

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7. Internal Auditing

Safe Places have established the Quality and System team that has been appointed to ensure that standard of care is being provided to all young people. The Quality and System Manager (QSM) operates separate from the operations team and this ensures that they are able to be impartial. With the QSM being impartial this can ensure that standards are being maintained.

One of the main functions of the QSM is to carry out monthly audits of all cases, this relates to reviewing cases and staff, to ensure that appropriate support and standards are being maintained that relates to the care of the young people. QSM will provide feedback and work with the Outreach team to ensure all Quality and Progress.

8. Recruitment & Training

We have developed a core induction training that all staff members must complete. The below table highlights the training that is to be completed by staff members. The training is recorded in the staff members training register, this is continually reviewed by the QSM.

Training	YW	OM	QS	Timeframes for Completion
Therapeutic Crisis Intervention	X	x	TxT	Three Days
TCI Post-Crisis Response	KW	x	TxT	2 Days – As Required
Internal Trainers Workshop	x	x	x	As Required
First Aid Training	x	x	x	As Required
Child Protection (Safeguarding) Training	x	x	x	As Required
Food and Hygiene Course	x	x	x	As Required
Fire Safety Training	x	x	x	As Required
Health and Safety	x	x	x	As Required
Risk Assessment Training	x	x	x	As Required
Designated Child Protection Officer	KW	X		As Required

KW = Keyworker

9. Reporting Processes and Procedures

Safe Places operate with strict reporting processes and privacy guide-lines to ensure confidentiality, using our secure online case management site. Safe Places aims to have transparency between stakeholders and the Social Worker for every young person in our care.

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9.1. Progress Report

Progress Reports are sent to the referral agent, usually every fortnight but they can be provided weekly should this be required. This provides the referral agent with an overview of the work that has been completed with each young person that has been referred into our Outreach Intervention Program. The shift report will look specifically at programme / routine, pain-based behaviours, strategies, health, education, social activities, child requests, and safety.

9.2. Critical Information Reports

The Critical Information Report is a key internal process of reporting any concerns to the child or young person's referral agent. This is focused on ensuring that all relevant information is passed on with regards to the wellbeing of the young person. A Critical Information Report is required to be verbally reported to the named Social Worker or to the Duty Social Worker if outside normal hours.

The Critical Information Report relates to the following;

<p>Potential or disclosed harm to child or young person by team member</p>	<ul style="list-style-type: none"> • Any physical discipline • Any type of physical aggression towards child or young person • Any type of abuse or neglect by team member (e.g. verbal, emotional, physical, sexual) • Accidental injury caused by worker
<p>Potential or disclosed harm to child or young person by external person (e.g. neighbour, friend, family)</p>	<ul style="list-style-type: none"> • Any physical discipline • Intimidation or threats • Any type of physical aggression towards child or young person • Any type of abuse or neglect (e.g. verbal, emotional, physical, sexual) • Accidental injury caused by an external person
<p>Placing self at risk of harm</p>	<ul style="list-style-type: none"> • Self-harm by the child or young person (threat, attempt, actual) • Child or young person has unprotected or underage sex.
<p>Placing other child or young person at risk of harm</p>	<ul style="list-style-type: none"> • Child or young person threatens another child or young person. • Any type of physical aggression towards another child or young person • Any type of abuse or neglect (e.g. verbal, emotional, physical, sexual) • Provoking another child or young person to engage in high-risk behaviour • Causing accidental injury to another child or young person
<p>Placing Safe Places team at risk of harm</p>	<ul style="list-style-type: none"> • Child or young person threatens worker with/without weapon. • Child or young person punches, pushes, shoves, hits, and/or kicks worker. • Child or young person bites or pulls worker's hair. • Police called due to unsafe or uncontained situation

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	<ul style="list-style-type: none"> • Child or young person causes accidental injury to worker.
Verbal aggression	E.g., screaming, demanding, abusive, name calling, threatening
Property damage	Accidental or intentional damage of significance, e.g., broken windows, holes in walls
Sexualised behaviours	Sexual comments or actions
Illegal activity	Any illegal activity
Suicidal Ideation	Thoughts of engaging in suicidal behaviour, with or without a specific plan
Reactive responses and Prohibited Practices	Refer to the Positive Behaviour Support Policy, Youth Worker Booklet.
Other concerns	<ul style="list-style-type: none"> • High-risk activity not already known to the Department • Stressful-to-manage behaviours like smearing/soiling • A breach of organisational policy that is of a serious nature • A breach of the Statement of Standards Policy • A serious fire or fire-related behaviours • Potential or actual media attention to child or young person or agency • Attending hospital for any purpose • Child or young person or worker's permanent injury • Child or young person or worker's death
Critical Information Category for Absent/Missing/Abducted	<ul style="list-style-type: none"> • Absent - A child who is absent for a short period without permission, where the child's location is known or can be quickly established. • Missing - A child whose location is unknown and there are fears for their safety or concerns for their welfare - attend the local Police Station and make a missing person report. • Abducted - call Police "999".

This information is recorded online on the young person service case site and emailed directly to the Social Worker and Senior Social Worker by the Outreach worker. The Critical Information Report is emailed through within 24 hours after the incident occurring or before 9am on Monday morning.

The Critical Information Report will be closed out internally within 7 days off the incident but can be reopened at any given time by the referral agent.

9.3. Monthly Report

As mandatory reporters, Safe Places reporting, and communication is exceptional.

Monthly Report is kept up-to-date with SMART (Specific, Measurable, Accurate, Realistic and Targeted) Plans and takes its goals from the young person, referral agent and the family. The Outreach worker is responsible for the processes around the Monthly Report while all team members are responsible for working towards the goals whenever they have contact with the children and young people.

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The Monthly Report must be updated and distributed monthly to the referral agent and approved stakeholders.

10. Service Level Agreement

A service level agreement (SLA) is a contract between a service provider (either internal or external) and the end user that defines the level of service expected from the service provider.

SLAs are output-based in that their purpose is specifically to define what the customer will receive, the timeframes, agreed costings, three-month reviews and a commitment that has been invested into the program from the customer and service provider.

Safe Places will enter SLA's with the referral agent for a 6-month period with a 3-month review that will be completed between the Referral Agent and the appointed Safe Places Manager.

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