

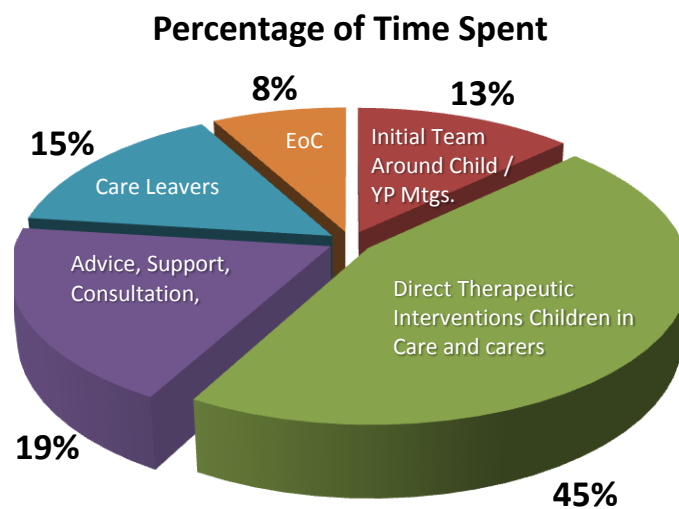


## TESS Service Description and Approach

The Therapeutic Emotional Support Service (TESS) is our in-house emotional wellbeing service for Birmingham's children in care, children on the 'edge of care' and young people who have left care. Its purpose is to promote the health and emotional wellbeing of children and young people and to support those who have responsibility for their care. TESS operates on the same practice principles as the wider Birmingham Children's Trust, which is grounded in the relationship based tradition and heavily influenced by systemic, strengths based and restorative approaches – BCT1 (2017).

Clinical time in TESS is split between the following areas of work:

- Advice, Support, Consultation and Training
- Initial Team Around the Child / Young Person meetings
- Direct Therapeutic Intervention for Children in Care and carers
- Care Leavers
- Edge of Care



### Advice, Support, Consultation and Training

We operate a Helpline from 9:30am to 12:30pm from Mondays to Thursdays telephone **0121 675 5555**. This is available to social workers and carers to ring up for advice regarding children and young people and to discuss potential referrals. There is also a TESS Referrals inbox which is looked at daily for email correspondence. The Helpline can provide immediate advice and support for example where a placement is in danger of breaking down.

All new referrals are screened for level of urgency and the nature of the presenting difficulties by our Senior Practitioners. Children and Young People presenting with an urgent 'mental health' need should be referred direct to the 'Crisis Team' at Forward Thinking Birmingham (FTB) on **0300 300 0099**. FTB also provide general advice and referral support on this number Mon-Fri 8am - 8pm and Sat-Sun 10am - 3pm. The sorts of issues that need an FTB response include suicidal behaviour, serious self-harm, severe eating disorders and severe mental illness. For less urgent presentations, but where there is still a clear need for a mental health response – for example where there are issues around

potential neurodevelopmental problems – children are booked into our joint ‘Initial Meeting’ slots with Forward Thinking Birmingham (FTB). This allows follow-up within FTB without the need for any additional referral process.

Consultation is provided at the three area main offices twice monthly with opportunities for bookable and drop-in sessions with one or two TESS workers. Consultation is provided to the Fostering Service on a monthly basis for social workers and their foster carers.

Consultation is also provided to the Children with Disabilities Service. The consultation sessions can take a number of forms from discussing specific children to providing input on wider themes. This can include supporting social workers to help children with transitions including the use of ‘social stories’ to help children develop a ‘narrative’ around a particular change in their life.

TESS Team Managers attend the monthly external placement review panels and TESS Senior Practitioners attend the Area Resource Panels fortnightly to support case discussions and planning.

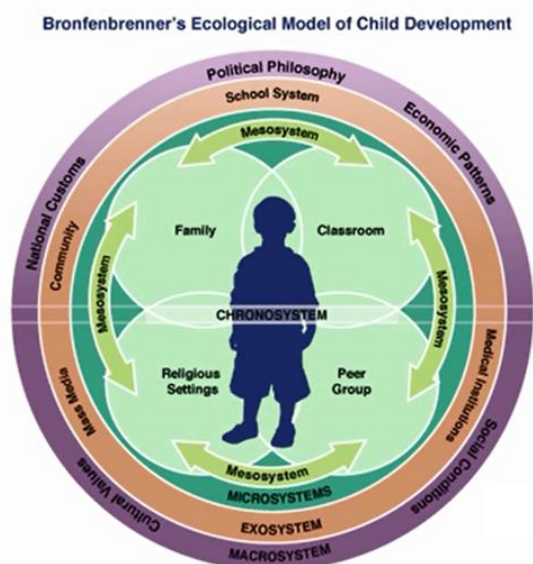
The TESS Head of Service attends the Birmingham Complex Care Panel as part of the multi-agency team looking at meeting the Education, Health and Care needs of the children who are presented for consideration of a multi-agency funded placement.

### Initial Team around the Child / Young Person meetings

We believe that our first intervention with regard to children and young people referred should be an ‘Initial Team around the Child or Young Person Meeting’. This is because we do not believe that the difficulties our children and young people face is primarily within them, but originates from their adverse experiences and the circumstances around them. It is therefore important to draw together those around a child or young person and develop a shared understanding of the difficulties they face. This is founded in our systemic-based

thinking and is graphically illustrated in the following diagram from Bronfenbrenner (1979):

The overall model we use for understanding the child and young person’s attachment and trauma difficulties is Dyadic Developmental Psychotherapy (DDP). As well as providing a common language this framework can also be used as a therapeutic intervention with carers



and children together and as a group intervention for carers through the 'Foundations for Attachment' course.

The meeting will decide whether a direct therapeutic intervention from TESS is appropriate and children will be allocated depending on level of priority and the nature of the intervention required. Other options include 'Watchful Wait'. This is often relevant for children on first admission to care - who may well settle fairly quickly without the need for 'therapy'. Cases can also be followed up via consultation. For children placed out of city support is offered to identify a local service and for children who do not meet the threshold for NHS CAMHS we can commission a local therapeutic service if it is not practical to deliver a service directly from TESS.

### Direct Intervention

As noted above we do not believe that the difficulties our children and young people face are primarily located within them, but they originate from adverse experiences and the circumstances around them. They are often displaying a 'normal reaction to an abnormal situation'. Hence the majority of difficult behaviour children and young people present can be seen as a way of surviving and adapting to their adverse childhood experiences. They will often be highly anxious and 'hypervigilant' in order to respond to real or perceived threats. Where children are going through the court process and their future is unresolved we need to recognise the high levels of anxiety they will be experiencing with a common response being to 'switch off' or dissociate from the world around them. Since this is a survival response we need to be cautious in the extent to which we encourage them to re-connect with the feelings associated with their trauma. For these children the number one priority is to provide them with a regular and reliable relationship with a trusted person who they see on a daily basis within the context of their lives rather than providing them with 'therapy' with an unknown person in a strange environment. We recognise that these children are often in a state of 'hyperarousal' and they firstly need help to regulate their emotions and feel safe rather than engage in 'talk therapy'. We can advise on approaches to support them with their emotional regulation – but these are often best delivered by a familiar and trusted adult – if they have one - and we will often focus on supporting carers to develop a therapeutic parenting approach rather than immediately offer individual work.

For carers on their own we can offer a group intervention – 'Foundations For Attachment' and 'Non-violent resistance' (NVR). We regard these as therapeutic interventions in relation to specific referred children and young people - rather than foster carer 'training'. We can also offer individual sessions for carers, although increasingly we will look to our own foster carer link workers and those of the Independent Fostering Agencies to offer this type of support within an 'attachment trauma' perspective (rather than a purely behavioural approach).

Since our focus is on building relationships and in particular attachment relationships we offer a number of interventions that focus on working with the child or young person together with their carers. These include Video Interaction Guidance (VIG), Filial-based Therapy, Dyadic Developmental Psychotherapy (DDP) informed interventions, Theraplay informed interventions and Systemic Family Therapy. Where appropriate we also offer individual interventions subject to staff availability which include Play & Art Therapy, Integrative Counselling and Psychotherapy, Dialectical Behaviour Therapy Skills (DBT), Cognitive Behavioural Therapy (CBT), and resilience-based approaches. All interventions are delivered with appropriately qualified in-house or external clinical supervision.

### Care Leavers

Our service to care leavers includes elements of all three of the above areas of work and we can call on any member of staff to deliver direct interventions for care leavers as outlined above under 'direct interventions'. The major difference is that these are young adults with a much more limited support network and sometimes much more unsettled living conditions. Our approach therefore has to be highly flexible and recognise that an intervention involving a series of sessions is not always achievable. We aim to help the young people address and manage past traumas and current challenges. We support them to develop coping strategies to help lessen the impact of their emotional difficulties on their day to day lives.

### Edge of Care

Our TESS Systemic Team offers the Edge of Care teams a support, consultation and therapy service to consider issues of 'stuckness' within family relationships and also to address 'stuckness' in the interventions of the Edge of Care service. Our TESS team follow systemic core principles, bringing together individuals including professionals that are affected by the difficulties that are of concern. The systemic approach helps to improve communication, allows family members to understand each other better and helps to avoid unhelpful repeating patterns of behaviour. The team can draw on the wider systemic team within TESS and our in-house therapeutic spaces as well as working in family homes.

**Steve Mennear**  
**Head of Service TESS**  
**November 2018**