



NHP

Living connected
and fulfilling lives

Psychologically Informed Framework



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Living connected and fulfilling lives



The National House Project (NHP) works with young people in care to help them to develop as a group, learn together and support each other to move in to their first homes in a positive way.

Children in care will, by the very nature of having entered and lived in the care system, have complex histories of survival, attachment disruption and experience of adversity. Whole systems can often become challenged as to how to effectively meet the needs of some of these young people with the most complex of presentations. They often get passed between and within systems, each one with a different 'treatment' and ethos (social care/ education/CAMHS/CJS). The intra and inter-system conflict that arises from this approach also impacts on workers and organisations as well as young people. As a result, inconsistency in approach can reinforce behaviours and beliefs and young people's needs are not met effectively. It is not unusual to see a deterioration in wellbeing, increasing problems in emotional regulation and a breakdown in relationships within the support systems.

Young people can present with complexity. Young people's lived experience and presentation cannot (and should not) be explained by a single 'label', and we believe that this is an unhelpful (and sometimes harmful) way of working with young people. NHP aims to accept the complexity of working with young people and work with them, in a proactive way, that recognises their unique lived experience to support them to live connected and fulfilling lives.

Our starting point is that thoughts, feelings and behaviours are all interlinked and that all behaviour has meaning and is understandable in its context and in the context of the lived experience of the young person.

The framework which underpins the project is psychologically informed and draws on several theories to help build a safe and robust practice framework (ORCHIDS). It uses multiple and developmental 'meta' perspectives, with the aim of integrating theories and operationalising them into practice.

Work with young people draws from the theories of attachment, trauma, adolescent development, resilience and self-determination.



Attachment and Trauma

Attachment theory is a concept in developmental psychology that deals with the importance of “attachment” in relation to personal development. Psychologist John Bowlby (1969) was the first to coin the term. His work in the late 60s established the precedent that childhood development depended heavily upon a child’s ability to form a strong relationship with ‘at least one primary caregiver’. Generally speaking, this is one of the parents.

Mary Ainsworth (1973) developed many of Bowlby’s ideas. In particular, she identified the existence of what she calls ‘attachment behaviour’ examples of behaviour that are demonstrated by children experiencing distress in an attempt at establishing or re-establishing an attachment to a presently absent caregiver. Since this behaviour occurs uniformly in children, it is a compelling argument for the existence of “innate” or instinctual behaviour.

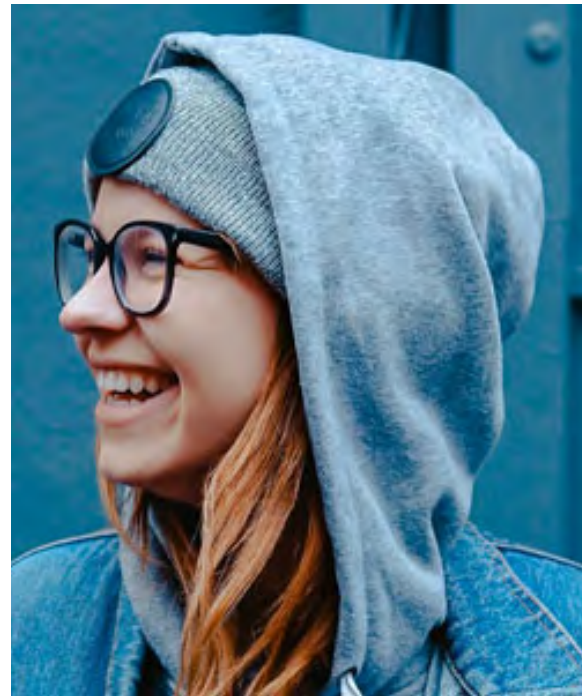
An understanding of attachment styles and the resulting behaviours is important in order to understand the most effective way to support the children and young people we are working with.

In very general terms attachment styles fall into three categories – avoidant, secure and ambivalent. Much has been written in this area. The work of Dan Hughes and Kim Golding (2012) has enhanced our understanding and they provide a rich platform on which to base our work. This includes the PACE Model. PACE (playfulness, acceptance, curiosity and empathy) is a way of thinking, feeling, communicating and behaving that aims to make the young person feel safe.

We recognise that young people within the care system will have experienced trauma within their own families, followed by the potential trauma of living in new settings, with the likelihood of several moves added to this. Reactions to trauma vary from person to person. Across the continuum, people will have experienced disrupted attachments and may experience anxiety, shame, emotional numbness, disconnection, intrusive thoughts, helplessness and powerlessness. Early trauma can have especially negative consequences and impact on developmental progression. Memory can sometimes be affected— people may not remember parts of what happened, but at the same time may be overwhelmed by sporadic memories that return in flashbacks. Nightmares, low mood and anxiety, irritability, and jumpiness are common. Any of these responses can interfere with an individual’s sense of safety, self, and self-efficacy, as well as the ability to regulate emotions and navigate relationships.

Local House Project (LHP) staff receive training from a Psychologist to help them understand young people’s attachment strategies and explore the most appropriate ways to respond, enabling staff to be consistent in their approach. We work from a basis of not ‘what is wrong with each young person’ but rather understanding them and their behaviours in relation to what has happened to them. The psychologist supports the team in exploring their own experiences and understanding to develop a ‘formulation’ (or ‘shared understanding’) of each young person and their context. This recognises the dynamic, multi-systemic and multi-factorial complexity of each individual’s presentation. Monthly consultations are then offered to ensure clinical oversight of the support that is being offered for each young person and the staff team as a whole.

NHP works on the basis that ‘every intervention matters’ and staff are encouraged to model relationally sensitive, trauma-informed and emotionally attuned behaviour accordingly. The stability of relationships is paramount and LHP staff aim to build honest and trusting relationships with young people, enabling them to support each young person in the most appropriate way. We have high aspirations for young people, but these are based on realistic expectations and we recognise that each young person’s route to moving to their first home will be different.



Self Determination Theory (SDT)

The House Project approach has its roots in the theory of self-determination (Ryan and Deci 2000). This is a motivational theory that has been shown to correlate positively with self-worth and wellbeing. SDT proposes that human beings require three core needs to be met in order to promote motivation and psychological health:

The House Project approach aims to address these core needs via the **ORCHIDS** practice framework:

- **Ownership (Autonomy)** - I have control over my life; As part of a team I help to shape my LHP; I can make up my mind about things.
- **Responsibility (Autonomy and Competence)** - I take responsibility for getting things done; I can ask for help when I need to; I can take responsibility for sorting things out when they go wrong; I've been dealing with problems well.
- **Community (Relatedness)** - I feel I am part of a group that supports and cares for each other; I've been feeling close to other people; I am involved in group decision making and co-production of the project.
- **Home (Autonomy)** - I have my own personal space that I can call home; I feel safe in my own home; I can relax in my own home.
- **Interdependence (Competence and Autonomy)** - I can sort out practical stuff (cooking, money, travel, getting help); I have been thinking clearly; I've been feeling useful.
- **Developmental Direction (Competence and Autonomy)** - I have goals, a plan and the skills and confidence to get there; I've been feeling optimistic about my future.
- **Sense of Well Being (Competence, autonomy and relatedness)** - I wanted to do 'this' and I did it; I go to work/education/training, I do my best and people recognise this; I am able to do the things I need to do in my life and when things don't go according to plan I know what to do or where to get help; I get on well with my neighbours and the rest of the House Project and I have a role to play; I have plans for what I want to do with my life.

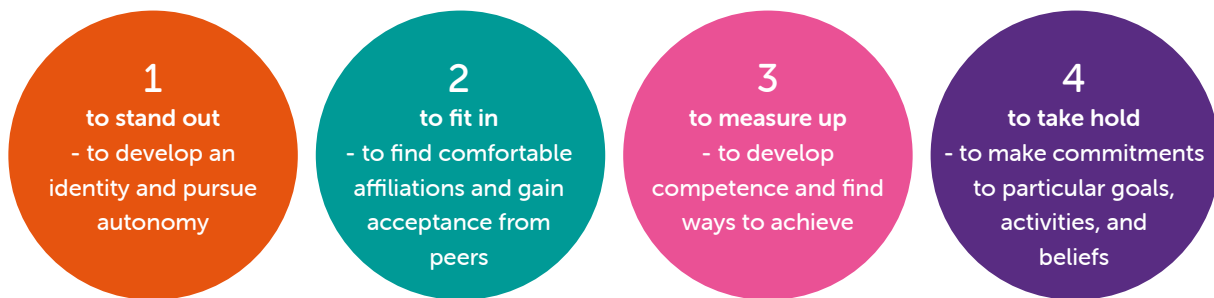


Adolescent Development

The ORCHIDS framework also promotes the notion that support should be developmentally aligned. As such, young people are met 'where they are at'. This support is informed by an understanding of child and adolescent development.

The neurobiological processes that define adolescence and influence risk-taking are complex, and the role they play is emerging as a key factor in adolescent behaviour. These processes must be understood in the context of psychological development and social influences.

There are four key tasks of adolescence:



The drive for affiliation and acceptance at this stage makes adolescents more open to peer influence and also tends to promote the rapid development of new relationships—with less time spent on negotiation of the basis for the friendship than at other stages of life. Researchers (e.g. [Berndt, 1979](#); [Brown et al., 1986](#)) have identified a linear pattern that associates age and openness to peer influence, with a peak of openness to antisocial influences at 14/15yrs.

Adolescents are not mini adults and to treat them as such is unhelpful. For adults, various parts of the brain work together to evaluate choices, make decisions and act accordingly in each situation. The prefrontal cortex is a section of the brain that weighs outcomes, forms judgments, controls impulses and emotions, helps people understand one another and communicates with the other sections of the brain. The prefrontal cortex in particular is immature in teenagers as compared to adults and does not fully develop until the mid-20s. Trauma can also have a particularly unhelpful impact on the development of the brain. LHP staff receive training in this area so that they can align their expectations and support accordingly.

Resilience

Finally, our practice framework also considers the nature of resilience. We define resilience as the ability to work through periods of challenge and grow and develop through this process. It is the ability to 'bounce back' from setbacks. Resilience develops when we feel supported, purposeful, confident and are adaptable to change. Our view is that resilience is a dynamic process and that it is context specific. Resilience is therefore not a fixed characteristic that we either have or don't have, it is an everchanging process of harnessing and adapting resources to sustain wellbeing. We need therefore to support young people with the resources that facilitate their ability to develop resilience, construct meaning in life and maximise their future opportunities.

In order to develop resilience, young people need to:

- **FEEL SUPPORTED.** They need relationships around them that are positive and supportive and learn how to ask for help. Relationships provide emotional security and form the basis of young people being able to develop a sense of resilience.
- **FEEL PURPOSEFUL.** They need to have a purpose and over time understand their higher purpose – not just knowing that they want to do something, but also understanding why they want to do something
- **FEEL CONFIDENT.** They need to feel competent and have belief in their ability to achieve their purpose. They need to know that people have faith in them.
- **BE ABLE TO ADAPT.** They need to be able to take what they have learnt in one situation and apply what they have learnt somewhere else. They need to be able to respond if things go wrong and know that they can change things.
- **HAVE HOPE.** They need to see that their lives make sense, despite what may have happened and a belief that they can achieve.

What is a team formulation for a young person?

The point of a team formulation is to start to increase our understanding and empathy for a young person and to develop a proactive approach to supporting and building a relationship with the young person.

It is called a team formulation meeting because we bring together key professionals who work with the young person (the team) to come up with ideas about how to help the young person day-to-day. A team formulation meeting is about starting to make sense of:

- **what** we are seeing that we need to understand and support;
- **why** the young person is having these experiences; and
- **how** we can help and what is the basis of a consistent approach.

We won't come up with all the answers during this meeting, but that's OK.

It's a starting point in thinking about a young person's strengths and needs, and how best to support them. Indeed, the formulation is a tentative understanding of a young person's strengths and needs, based on historic and current information. It draws on psychological constructs such as attachment, trauma, the developing brain and contextual or systemic factors. The team formulation is also a chance to understand and process the team's feelings (such as feeling stuck or worried) and their hopes for the young person. When we bring professionals together, to share their understanding of the young person compassionately, the aim is to strengthen our understanding of the young person, so that we can strengthen our connection with them.

How we support staff to deliver the House Project approach

Everything we do centres on relationships. Young people tell us that strong, positive, enduring, relationships are the thing that makes the biggest difference to them. Having knowledge of the theories that underpin our work is important but unless you can work relationally you will not be able to put these into practice or deliver the House Project approach. We recognise that working in this way can be emotionally demanding and we are keen to ensure that staff are supported well by providing psychological support and training.

Psychological support

Each LHP works collaboratively with an applied psychologist or systemic therapist. The aim of the psychologist is to support the staff in their connections with young people. They use a framework called 'nested mentalisation', where the psychologist 'holds the team in mind' (understands the team and helps the team to reflect), and this in turn helps the team 'hold the young people in mind' (understand the young people and help the young people to reflect). So, the psychologist doesn't meet directly with each young person; instead, the psychologist supports the team who have a direct connection and relationship with the young people in the House Project.

Each LHP has the following psychological support:

- **Consultation**
LHPs receive monthly psychological consultation. These meetings take place with individual staff members and the team as a whole. The consultation gives space to reflect on how the team are currently managing, how individuals on the team are managing, and how to help the team to continue to support young people.
- **Team Formulation**
As on page 6 of Psychologically Informed Framework document.

- **Learning Workshops**

The learning workshops are offered to all staff in the House Project community. The workshops focus on making links between theory and practice and offer staff a chance to think and learn together. It is an opportunity for staff to share good practice, talk about challenging situations and think about how they might do things differently.

Suggested bibliography and reading

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