THE NATIONAL HOUSE PROJECT

Psychologically informed framework

The National House Project works with young people in care to help them to develop as a group, learn together and support each other to move to independence 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 unhelpful behaviours and beliefs and young people's original / underlying 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 do not fit nicely into boxes - they 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. The House Project 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 independence.

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

The work that takes place 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. More recently 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 child 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. For children, early trauma can have especially negative consequences and impact on their 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.

House Project staff receive training from a Consultant Clinical 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.

The House Project 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 staff in the House Project 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 independence will be different.

Self Determination Theory (SDT)

The House Project 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:

- Autonomy – we all need to feel in control of our own behaviours and goals.
- Competence – we all need to learn different skills and feel good at something.
- Relatedness – we all need to feel connected to others and experience a sense of belonging and attachment to other people.

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

- Ownership (Autonomy) - I have control over my life; I have control over the House Project as part of a team; 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.
- Independence (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' developmentally and therefore the House Project 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:

1. to stand out—to develop an identity and pursue autonomy
2. to fit in—to find comfortable affiliations and gain acceptance from peers,
3. to measure up—to develop competence and find ways to achieve, and
4. to take hold—to make commitments to particular goals, activities, and beliefs.

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. House Project 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 well-being. 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.

Formulation

To help us to understand each young person in the context of what has happened to them and to then provide support in an appropriate way, each young person is understood through the development of a 'formulation'. This is a plausible 'story' or 'shared understanding' of each young person. A shared understanding involves bringing together the known information and often involves the significant adults in a young person's life (foster carer/residential worker/social worker). Where possible, the young person is also involved in the process. A formulation explores the following key elements:

- Brings together known information about the young person's history and helps us to understand their story
- Summarises the young person's core difficulties, specific risk behaviours (not predicated on diagnosis or 'category') and strengths
- Suggests how the young person's difficulties may relate to one another, including an understanding of how a young person's early experiences, including their experience of attachments and trauma, may have shaped their personal meaning, current patterns of coping, their belief system, and ways of relating to others;
- Aims to explain the development, functions and maintenance of the concerning behaviours;
- Identifies protective factors and strengths both for the individual and their support networks.
- Indicates an agreed plan of intervention, which is based on psychological principles, is developmentally attuned and focussed on reducing maintaining factors and promoting protective factors.
- Be open to revision and reformulation.

Suggested bibliography and reading

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