TRP is a specialised fostering service for children who are under 11 years of age at the point of referral. The TRP Model is provided through a partnership with the Ashwood Practice (Google it) and Kent Fostering.

**The Ashwood Practice**

Tony Baker (Child Psychiatrist) and Sylvia Duncan (Clinical Psychologist), and TRP Clinical Psychologists (Assessments and Support Group Leaders) Lynne Hipkin, Amanda Shirtcliffe, Emma Hewson, and Rachel Swann.

**The Kent Fostering team**

Tracey Burroughs, Central Team Social Worker(Coordinator); Bobbie Thomas, Michelle Dennis, Sonya Van Rooyen, and Deborah Cumber (Area Fostering Support Team Leads); Ellen, Aileen, and Cassie (Family Support Workers)

TRP is for children whose trauma and early disrupted life experience has led to attachment difficulties as evidenced by their behaviours, emotional responses and relationships with carers and peers. The model recognises that foster carers offer the greatest potential for change alongside school influences. The aim is to use every opportunity to promote an attachment relationship with the foster carers by careful management of the child’s world

The project has worked with 40 children since it began in 2006, and has space for up to 15 children at any one time. Success in terms of stability and permanency is running at over 80%. For an individual child TRP is expected to take 2 years.

**The children**

The model is for children who have been identified as needing a permanent care solution away from their family of origin, subject to an interim or full Care Order. But these children are not ready for permanence and need time, safety, and re-parenting so that they can feel trust in carers who will see them safely into new forever families.

These children will usually be either depressed or withdrawn or both.

Over-active, aggressive or with symptoms such as bedwetting when they arrive. Because their development is so dependent on the quality of the attachments and relationships experienced during their early years these children are often described as having 'disorders of attachment'. The way in which they relate to other people and to situations can be understood better when their early life experiences are also understood.

Sometimes these children have developed acute survival skills and are able to present themselves to social workers who visit them occasionally, as charming and co-operative. However they are usually unable to maintain this behaviour at school or in the home. In more acute cases they may have little awareness or control of physical sensations, they may overreact to minor events, wear inappropriate clothing for the weather, and not know how much they need to eat or be able to distinguish tastes.

They may be fearful of rejection and as a way of increasing their control over their lives may deliberately act in ways to encourage rejection. Sometimes their sense of 'reality' is based on a lack of structure or routine in their lives. As a result they may have little sense of time, the order of events, or they may show little conscience about lying or stealing. They may be unable to show affection or be indiscriminate with affection. They may laugh or cry inappropriately and can act inappropriately in social situations.

They may have a history of a number of disrupted previous foster placements and this experience will have added to their difficulties.

**The foster carers**

Placements are sought where there are two carers who do not have children who are younger than the child who is to be placed. Older children should be more than five years older than the placed child. Pets are at risk so it’s better not to have them.

What does the TRP foster carer do apart from what good foster carers usually do? They are part of the care planning team and undertake some tasks normally done by social workers.

They record the child's progress and advocate for the child to ensure that all who have dealings with them understand and support the important task they are undertaking. They regularly meet with a psychologist and with other members of the care team for the child.

**Keeping birth parents informed**

TRP is for children who are unable to return to their parents care. The project is designed to give the child the best possible chance of successfully joining either an adoptive or family or a long term foster family in the future. Even though the child’s Care Plan is one of not returning home, knowledge of their birth family and sometimes face to face contact remains important for the child. This helps them to develop a clearer identity and to understand their personal history.

The TRP clinicians are happy to meet with parents or other family members, and the child’s social worker, if this helps everyone to understand what TRP does. It is important that parents understand that unless the child has a medical diagnosis of the cause of their behaviour problems, it is very likely that the child's life experiences will have led to their present difficulties. Parents whose children are placed with the project will be helped by the social worker to understand their child's difficulties.

**Talking to the child, and about the child**

It is important that children are informed about plans for their care in an accurate and age appropriate manner. Sometimes these children may be emotionally or intellectually much younger than their chronological age. To enable the child to build trust and a sense of security it is usually important that they see their foster carer as being the source of important information. It is essential that foster carers are kept fully informed of developments at school and therapy.

The description above gives a reasonable guide to the children who are most appropriate for this specialist project.

**The TRP Co-ordinator or the TRP supervising social workers (TRP leads) in each area are available for consultation and this is the first step in making a referral. Before a child can be accepted on to the project, children are referred for a consultation with the KCC/TRP team before the process is properly begun.**

**The referral papers are put before a panel to consider the inclusion criteria and the best interests of the child.**

You and your team manager need to know that if you have a child placed with this project you will both be expected to make a professional commitment that will require regular attendance at Network meetings. A successful outcome for the child is dependent upon the commitment of their social worker. This requires the support and understanding of your managers, and an appreciation of the therapeutic approach and of working together.

**Health and Education**

Good health and an understanding of any health needs are vital for all children. Sometimes it will be necessary for the children from this project to receive additional therapeutic services through the Children in Care CAMHS or other resources.

Area Specialist Nurses for children in care are asked to be part of the network around the child and foster carer to offer health information and interpretation.

Teachers and schools dealing with the children placed with this project will be able to seek additional support when needed. The Area Education Children in Care Advisor has access to the project team. School staff and the Advisors are asked to attend the monthly network meetings.

**Geoff Gurney**

**Interim Assistant Director for Corporate Parenting**

**July 2015**

**Email me if you found this procedure in a nutshell helpful.**