



Barnardo's LINK Attachment Focused Therapy

“When a flower doesn't bloom, you fix the environment in which it grows, not the flower.”

Alexander Den Heijer

For more than twenty years Barnardo's LINK has been providing therapeutic services to anyone affected by adoption.

This includes therapeutic services for prospective adopters, adoptive families, adopted children and young people, adopted adults, birth family members and, in recent years, families where children are placed under a Special Guardianship Order (SGO). This includes therapeutic services for prospective adopters, adoptive families, adopted children and young people, adopted adults, birth family members and Special Guardians.

The Attachment Focused Therapy (AFT) service is designed to encourage the attachment or bonding between the adoptive parent/s and the child/ren in order to build the beginnings of a trusting relationship which gives mutual attachment, predictability, esteem, and pleasure.

This therapeutic parenting model is underpinned by Dyadic Developmental Psychotherapy, promoting the principles of PACE (Playfulness, Acceptance, Curiosity, Empathy), as developed by Dan Hughes.

Adoptive parents will have been introduced to the significance of building mutual attachment between adult and child as part of their preparation training. They will have learnt that the task and challenge is theirs to form a bond with the child they do adopt. Many adoptive parents, however, find that they need therapeutic support once the child is living with them in order to put the theory into practice: looking at what life is like today and the reality of being an adoptive parent.

Working primarily with the adults, AFT will assist adoptive parents / Special Guardians / foster carers to:

- Consider their own personal history of developing and maintaining attachment relationships both as a child and as an adult.
- Gain a deeper understanding of their child's history, recognising the effect that will have had on his or her view of the world and some of their behaviour.
- Develop therapeutic parenting skills and resources based on the unique experiences of both adult and child.
- Set achievable goals for building a family life together, with reasonable and mutual expectations of adult and child.
- Share that knowledge and understanding with, for example, schools and/or extended family members in order to promote consistency of approach and communication.

AFT can be modified in its delivery to address particular challenges the family may be facing at the time, for example:

My Life therapy is undertaken with the parents and child together exploring the relationship between the child's past and present lives. Age-related tools such as Life Roads or a Memory Box can be used, and a pre-existing Life Story Book can be re-worked and updated. This helps the child to understand and express their feelings, to tell their story and to identify the connections between the past and the present.

Reconnect therapy is undertaken with parents and their adolescent or adult child where perhaps a previously good and stable family relationship is at risk of breaking down, or has already broken down. The therapy aims to build bridges, to develop coping strategies, to improve communication within the family and enable the whole family to talk about what they would like for the future.

Stronger Families therapy is a preventive service offered to prospective adopters in the crucial time between linking, matching panel and placement, which helps them to plan and prepare for the particular therapeutic parenting style and skills best suited to the child they are intending to adopt.

Early Placement therapy continues the work of Stronger Families during the important first few months after the placement has been made.

On-going Support therapy can be offered after the completion of an AFT service, with monthly sessions over six months to support the family maintain progress and to address any difficulties or problems that may arise during this period.

Aims & Objectives of the Service

The generic aims and objectives of Attachment Focused Therapy are to:

- Support adoptive parents to build a trusting relationship with their adopted child/ren, one which offers mutual attachment, predictability, esteem, and pleasure.
- Enhance the potential for a positive family life and social relationships.
- Promote family confidence, stability and resilience.
- Provide a stronger sense of hope and of agency within the family.
- Develop family skills in the use of coping and conflict-resolution strategies.
- Offer techniques and tools to develop emotional regulation within the family, and to set achievable behavioural boundaries.
- Share this knowledge and understanding with other people in the child's life, such as schools and/or extended family members.
- Identify and focus on any current crises in the family that risk a disruption occurring.
- Be a preventive intervention from the outset of the adoptive relationship.
- Provide the referring agency with on-going progress information and a final report specifying outcomes achieved.

Intended outcomes and use of outcome measures or indicators

The outcomes intended for AFT will be determined in discussions between the referring agency and the family, as expressed in the referral form, and by any subsequent discussions with LINK.

Based on the expressed presenting needs of the family, a set of objectives or goals will be determined for the therapy to seek to achieve, and then a set of outcomes to validate attainment of the objectives will also be agreed, together with relevant measures and/or indicators.

In many cases it may be helpful to undertake a baseline evaluation of indicators of well-being, such as communication within the family, emotional regulation or capacity for conflict resolution. That exercise is repeated at the mid- and end-points of the therapy to gauge how successful the therapy has been.

Barnardo's LINK is committed to working with all parties to ensure that there is demonstrable evidence of the value of the therapeutic services we provide. We actively seek feedback and comment from families and individuals, but we always accept that it is their right not to give it.

For a family in crisis, where there is an identified risk of disruption, the intended outcome may simply be that a disruption during the therapy has been prevented with the family more stable and resilient, having been supported to find coping strategies and to have a better understanding of the underlying causes of the crisis.

Where a family is at the early stages of their lifelong adoption journey, the purpose of AFT may be to help ensure that the adults are fully aware of the challenges they may face over the years, and that they feel confident and comfortable in building an affectionate and stable bond with their child/ren over time.





Referral, Service Delivery and Reporting Model

Attachment Focused Therapy is eligible for funding through the Adoption Support Fund.

When a completed referral form is received it is triaged by a Practice Manager to assess the suitability of the service for the particular individual and a therapist is allocated to the case. (If more than one family member is to receive a service, a separate referral is required for each person.)

The standard model for Attachment Focused Therapy is twenty 50-minute sessions, which are paced according to the needs and circumstances of the family, generally over a period between six to nine months.

LINK will provide a price breakdown for the service, which the referring agency can submit to the Adoption Support Fund. Where there is an urgent need to begin the service, this can happen if the referring agency is prepared to underwrite the cost in advance of the ASF agreeing the funding.

In addition to the twenty sessions with the family there is a preliminary telephone consultation with them, in order to confirm their particular circumstances and needs, based on the information provided by the referring agency.

Written information about LINK and about the therapy is also provided to the family in order to allay any concerns they may have about undertaking 'therapy'. A LINK therapist is available to have further discussions with the family as needed.

LINK therapists will meet with the family in their own homes wherever possible, which most adults find significantly beneficial in building the therapeutic relationship and it also avoids them having to make and pay for child care arrangements.

Contact and cooperation with the referring agency is maintained throughout, and any matters or concerns requiring an urgent response are reported as they occur. Any safeguarding concerns or alerts are managed according to the relevant protocols and processes of the referring agency.

The therapist provides a written report for the referring agency at the mid-way point and a further report on outcomes is provided at the end of the sessions.

LINK Barnardo's will work within a multi-disciplinary, inter-agency model as required, and will be available for meetings/reviews for the duration of the service, if necessary.

Clinical Governance

Barnardo's has robust governance arrangements in place to ensure that the charity delivers services safely and effectively.

Barnardo's Clinical Governance Strategy sets out our commitment to delivering the highest quality of services to our service users, through a clear focus on the safety, effectiveness and the experience of that care and interlinks closely with the following:

- Barnardo's National Counselling Services Forum (NCSF) Minimum Standards for Counselling-based Services – these ensure safe, effective and ethical counselling practice within the organisation across the UK. These standards are based on current national guidelines within the counselling professions and apply to all Barnardo's services providing specialist support as a primary service or as part of the broader mental health and wellbeing offer.
- Barnardo's organisational membership of the British Association of Counselling and Psychotherapy (BACP) requires all relevant staff to be registered with the relevant professional body and working towards accreditation, if eligible. Additionally, there are minimum qualifications set out in the NCSF Minimum Standards for counsellors/therapists and managers of counselling services. Registration with the relevant professional body is also required in order for independent therapists to be accredited to LINK.

Clinical supervision

As outlined in Barnardo's Supervision Policy, clinical supervision is required for the relevant personnel to ensure professional standards are being met. Depending on the service and therapist, clinical supervision might be provided internally by qualified counsellors, or sourced from external professionals and should be delivered in line with BACP guidelines. All counsellors delivering services for Barnardo's work in line with Barnardo's arrangements and commitment to quality.

Contact

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