



A multidisciplinary team supporting families, schools, and services.

Proud partners of NHS Health Education England and Council for Disabled Children



Great Minds Together Tier 3.5 Therapeutic Intervention *Learning Disability, Autism and Trauma informed Care intervention model*

Tier 3.5 Programme

The Great Minds Together Tier 3.5 Programme is a specialist therapeutic intervention specifically delivered to prevent wrongful hospitalisation (or tier 4 step down), for young people that may have experienced trauma, have additional needs, learning disabilities, autistic young people/people with mental health difficulties, unmet and/or unidentified needs, as well as prevention of unnecessary police involvement / wrongful criminalisation.

The model we have developed is underpinned by psychological theory, in order to understand young people with trauma and/or additional needs that may be unmet and/or unidentified. The aim is to understand their needs effectively and then upskill their families and the professionals networks around them to be able to effectively meet their needs.

The outcomes of our Tier 3.5 intervention have been extremely positive, resulting in support from NHSE and Health Education England.

All our interventions are fully evidenced based, to ensure that they effectively meet the individual needs of the young people we are supporting. Although our interventions follow a six-phase format, they are flexible, adaptable, and bespoke, non-prescriptive and always adopt a therapeutic, non-demanding approach.

Our programme is specifically created to understand their needs and support those around them to be able to meet their needs effectively as opposed to condition their behaviours. The evidence of our model has shown a therapeutic approach that fully understands the young person's needs, has a positive impact on presenting behaviours and progress. As a result of this, what we usually see is a reduction in trauma-based behaviours and the young people developing the ability to understand themselves and their own needs as well as being able to communicate using their words rather than their behaviours when empowered and skilled to do so.

Our Team

Great Minds Together are a Trauma Informed Organisation. We operate a person centred and solution focussed approach at all times. The young person's voice should always be the loudest and we ensure this is reflected in all our reports and documentation.

Our service consists of a multidisciplinary team of staff made up of Psychologists, Social Workers, Specialist* Registered Mental Health Nurses (*LD/Autism/Trauma**), Teachers, Mentor's, Therapists and LD TiC* (*Learning Disability Trauma Informed Care**) Practitioners. We adopt a multiagency approach to ensure better outcomes for children and young people with SEND and/or SEMH needs. In addition, families can be allocated a "Family Wraparound Co-ordinator" where families have multiple services involved, to ensure effective sharing of information and that parent/carers and the wider family are fully supported. The wraparound support is also extended to all professionals involved in order to support and upskill them to be able to effectively meet the needs of the young person continually throughout our involvement, and beyond, and this includes access to free CPD in relevant subject matters (such as Trauma, Autism, ADHD and more).



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Therapeutic approach

Our model is a holistic model of support that adopts a therapeutic approach.

A therapeutic approach is the theory by which we frame how we view human relationships and interactions as a result of the difficulties people occur throughout their lives, such as neurodiversity and/or trauma experiences (including trauma from unmet needs).

A therapeutic approach does not mean that ‘therapy’ is delivered by sessions from particular people. It is more so an adopted approach delivered by the whole team consistently to ensure a holistic, adaptable and understanding view is taken and delivered in line with the person’s needs.

As part of the evidence base of our work, we gather significant data to allow for psychoanalysis to support the young people to help make unconscious thoughts conscious, and a large part of this intervention is delivered by their direct specialist staff team, with oversight and direction of our Social and Psychology team. The data collected on our Tier 3.5 programme then helps to formulate a truly bespoke intervention in line with the individual needs of the young person and their wider family and professional network, as we help to upskill those around them to effectively meet their needs.

Our intervention utilises one or more of six major theoretical categories: humanistic, cognitive, behavioural, psychoanalytic, constructionist and systemic.

The approach is to understand how the young person see’s themselves, and the world, their thoughts, feelings and behaviours, as well as the underlying patterns of why they do the things they do. It is to help them also understand and provide a nurturing and supportive environment to help them work through their trauma and towards their aspirations. The evidence base helps to understand which elements of behaviour are ‘environmental’ and which elements are ‘cognitive’ or ‘behavioural’.

Phases

Our interventions follow a six-phase methodology. Typically, most young people that have accessed our Tier 3.5 programme have followed these phases, and they have been developed in line with evidence of progress of young people that are at risk of hospitalisation or criminalisation as a result of mental health needs presenting due to trauma, unmet and/or unidentified needs (therefore do not meet threshold for Tier 4).

The phases are flexible to ensure they meet each young person’s individual needs and sometimes the young people regress in phases due to external factors, and are supported to move through the phases again, and this can happen multiple times, specifically when environmental factors are an influence on behaviours.

Phase One (Pre-Week One)

Case intake

Developmental history (with parent or previous carer)



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Initial consultation with parent/carer/professionals
Initial consultation with young person
Attendance at MDT /Care planning meeting to discuss bespoke programme recommendation

Phase Two (Week One and Two)

Stabilisation and relationship building: Staff team/Young Person/Family and Professionals
Establish Multiagency Clinical Supervision / Develop behaviour analysis programme
Development of Great Minds Passport & Multiagency Support Plan (MASP)

Phase Three (Typically weeks three and four)

Attachment behaviours are likely to present, and this period can be challenging
Ensure therapeutic approach is adopted at all times and trust and safety baseline is established
Implement targeted intervention centred around trusted relationships and understanding. Support, listen and re-assure
Initial Psychologist input and report to be formulated during these weeks
Ensure all necessary agencies are involved and any unidentified needs are established

Phase Four (Typically weeks five and six)

Establishing a baseline
Involve family and other professionals in wraparound support and identify gaps in knowledge and support / upskill

Phase Five (Typically weeks seven and eight)

Re-integrate a routine / education / community access / peer support
Begin re-introduction of soft boundaries if appropriate
Begin aspirations pathway and link with all relevant agencies
Distribute initial progress report and detailed behavioural analysis – commence four weekly progress assessment

Phase Six (Typically weeks nine onwards)

Continue aspirations pathway and continual multiagency involvement as long as required

How we are commissioned / what we deliver / what our remit is, and why

We are usually commissioned by the local authority, CCG (ICB) or jointly.

We are commissioned to deliver a specific therapeutic mental health intervention to achieve a specific outcome over a period of time, this is usually to rehabilitate the young person and progress them to be able to either move home with their family or into a longer term placement that will meet their needs once the trauma based behaviours have subsided and they are in a cognitive space to engage positively in support that will meet their needs. Part of the commissioned programme is also to upskill other professionals working with or due to work with the young person and supporting the local authority to find the right placement for them in the next stages of their care plan.



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It is important to note that we are not a care provider. We do not provide personal care services, or regulated activity, unless there is a specific requirement to do so, with relevant oversight from the relevant agencies or if it is written into a court order.

In order to be able to deliver our programme the young person should be either placed in a setting with the oversight of a Registered Manager (and residential support workers where required), who we work in partnership with, or as a placement with parents.

As part of our programme, we provide the following:

- 24 hours support from a specialist 'parachute' (crisis) team
- Quarterly Progress Reports
- Six-Eight weekly Behavioural Analysis reports
- GMT Daily Handover Summaries
- GMT Incident Reports
- Attendance at all MDT, care planning and education meetings
- Identification of need
- Wraparound support for families
- Support with training and upskilling of professionals involved with the young person
- Psychology team oversight and data analysis
- Reflective and Clinical Supervision (Reflective: ongoing, daily and formally Clinically: monthly)

The roles within our team are as follows:

- SEND & Trauma informed Care Specialists
- Learning Disability, Trauma Informed Care Practitioners (LD TIC)
- Mental Health Social Workers
- Trauma Specialist Social Workers
- Psychologists
- Mental Health Registered Nurses (Specialist in LD and Autism)

It is relevant to establish that the team are not residential home staff, they are allocated to deliver a specialist intervention and it is important that these roles and expectations are not blurred, and a collaborative working relationship is established for the programme to be successful.

The processes within our organisation mean that all of the Mental Health Nurses report directly to the Psychology and Social team. It is a multidisciplinary approach as our model is a blend of both the medical and social model. Any decision made is to be discussed directly with the internal MDT within GMT and then furthermore with the multiagency MDT, no one decision should be made by one person, as the multidisciplinary way of working is proven to achieve positive outcomes. This is of critical importance due to the complexity at a Tier 3.5 level.

Due to the specific nature of our intervention and significant expectations on our team from an internal perspective, any requests of the staff team will need to be clarified with the GMT Management team. This ensures resilience levels remain high and the team do not become overwhelmed with competing expectations from different services.



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Whilst we will of course support and be flexible in what we provide, to ensure that local authorities are supported to meet requirements, it is important that we ensure that the team remain focused on the role we employ them to deliver. We have seen/experienced situations previously that have had a detrimental impact on the intervention, which without any disruption has proven and evidenced positive outcomes. The whole team, including specialist mental health nurses, will of course go above and beyond to always prioritise the young person, however, it is important that requests are balanced and that our team are not responsible for tasks that would normally be considered a statutory duty or responsibility. This can sometimes be a challenge to find this balance initially, but we will always work positively to ensure a true partnership approach is adopted with the young person at the centre of everything we do.

We are used to supporting with OFSTED registration and requirements, and as such we have ensured our recording data is in line with what most local authorities need. However, all local authorities are different, and so if there are any additional requirements or amendments required, please let us know, as we will be happy to adapt should this be needed. The people responsible for completing the additional documentation for local authorities in our organisation are the social team (not the mental health nurses), as they are not trained in this and will not have the knowledge of what to include in the way our social team do.

Where we have been involved with Ofsted inspections recently, Ofsted has been very clear. That the local authority is responsible for their own statutory paperwork, and the Great Minds Together team should provide their documentation separately, so it is clearly separate. OFSTED will check that the paperwork has been completed by local authority staff, based on a number of experiences in these cases.

It is imperative to ensure a local authority staff member can be on the ground and has overall oversight of the intervention, as we are not a care provider, this is an OFSTED requirement due to the fact we are not an OFSTED registered organisation in relation to our Tier 3.5 outreach programme specifically. We are happy to explore longer term options under OFSTED registration for specific young people should this be necessary due to lack of provision currently available across the country, and in order to localise placements and support.

Aftercare support

Due to the nature of the work we do, a lot of the young people we support have significant attachment difficulties. As such, we provide a free aftercare support package when a young person transitions to another provider / moves home or to supported or independent living. This is to ensure there is no further attachment disruption and in order to ensure any move or transition is a sustainable one.

The frequency and level of our involvement post our Tier 3.5 support programme is dependent on the young person and their needs. As such this will be discussed at the point of transition and will be built into all transition plans at the point of transition. Great Minds Together are happy to support for as long as necessary to ensure positive and sustainable transitions for our young people, and inclusive of this aftercare support is training and upskilling of new teams or family members that will be responsible for the young person's ongoing care.



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FAQ's

How quickly can you support?

As a crisis team we have a 24-support team meaning we can usually support within 24-48 hours should this be required, particularly when a young person is in a difficult placement or inappropriate setting such as a police station or hospital.

What do your co-ordination fees cover?

Great Minds Together clinical supervision, consultancy, and training of staff team, upskilling of professionals and family members around the young person specifically on any identified need / Trauma based behaviours.

Great Minds Together wraparound support for family where required, co-ordination, and mentor allocation. Support with ensuring the relevant policies and procedures required specific to the setting are in place.

- 24 hour on-call out of hours support for the team from our specialist LD TiC Practitioners.
- Life story work
- Collation of full developmental history from parent/carer
- Detailed ongoing recording of all behaviours to ensure a bespoke intervention and individualised approach
- Daily Handover Summaries
- Detailed Incident Reports
- Psychological oversight and direct support for the family, staff team and wider MDT
- Regular behavioural analysis to ensure all elements of the intervention delivered is evidence based (usually 4-6 weekly)
- Regular progress report (usually quarterly)
- Daily ongoing clinical supervision for the staff team
- Weekly and monthly reflective and clinical supervision (respectively) for the staff team (out of shift hours and so the staff are paid for this additional and more intensive supervision)
- Portion of costs towards activities for the young person including some transport costs
- Direct 1:1 sessions with the young people from our specialist LD TiC practitioners and Mental Health Social Workers
- Direct 1:1 sessions with our Psychologist (where appropriate)
- Attendance at all MDT and care planning meetings
- Upskilling of all professionals involved to understand the needs of the young person
- Detailed reports as and when requested by local authority / court of protection and/or CCG (ICB) stakeholders

Are you registered with OFSTED or the CQC?

We currently fall between the gaps in regard to registration with both OFSTED and the CQC due to the nature of our intervention and how/where it is delivered (being not on our own setting). We are in regular communication with both regulators, and they are aware of our work and have been complimentary of what we provide. There are plans to develop a setting specifically for Tier 3.5, at which point will possibly be required for dual registration, however this is not due to be complete until early 2023. OFSTED and the CQC are notified of all of our Tier 3.5 cases.

What is 'therapeutic' intervention and do you provide sessional therapy?

A therapeutic approach is the theory by which we frame how we view human relationships and interactions as a result of the difficulties people occur throughout their lives, such as neurodiversity and/or trauma experiences (including trauma from unmet needs).



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As part of the evidence base of our work, we gather significant data to allow for psychoanalysis to support the young people to help make unconscious thoughts conscious, and a large part of this intervention is delivered by their direct specialist staff team, with oversight and direction of our Social and Psychology team. The data collected on our Tier 3.5 programme then helps to formulate a truly bespoke intervention in line with the individual needs of the young person and their wider family and professional network, as we help to upskill those around them to effectively meet their needs. Sessional therapy can be provided, if it is deemed necessary and appropriate for the individual.

How long are your interventions?

There is no timescale on our interventions due to the fact it is individual to every young person and can look very different. For example, we have delivered a successful intervention for a young person in 12 weeks but have also seen progress take more than 9 months in other cases for a variety of reasons and usually external factors impacting on the intervention. Our phases are set to an approximation of 4-6 weeks per phase, based on previous interventions and evidence, however this cannot be rushed as every young person follows their own line of trajectory.

Can you provide a setting?

Yes, if it is deemed appropriate, we can support with a setting, including registration for a specific young person. However, this is a timely process and can take on average 6-8 months for completion and registration. Planning permission is usually the longest part of the process.

Can you provide a longer-term team, in replace of your crisis team?

Yes, we have previously recruited teams specifically for individual young people, and it can be a more cost-effective option when delivered in a planned way. However, again this can be a timely process as it requires specific recruitment, phased integration to the team and a 5-week Tier 3.5 training course before each appointed staff member can work directly with the young person.

If there are any further questions that are not detailed on this FAQ you are welcome to email emmamander@gmt.team direct and Emma or one of the team will respond.