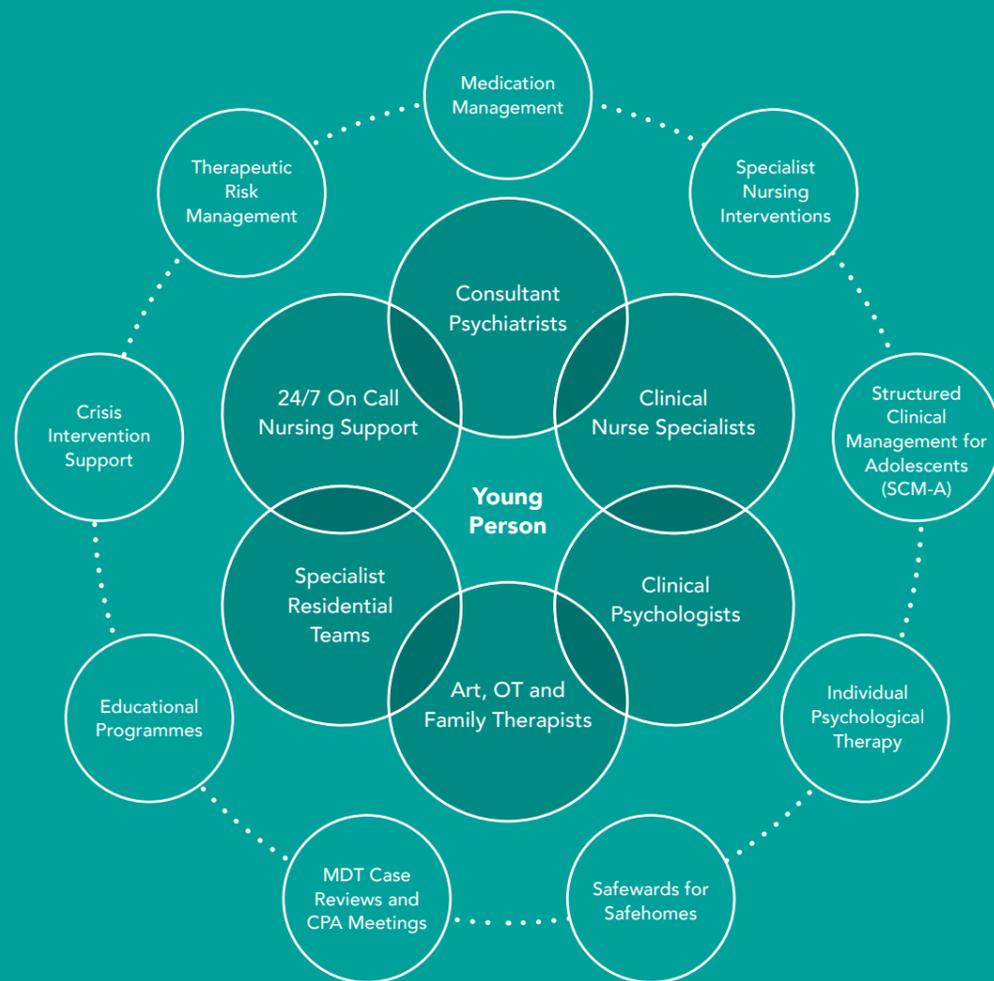


Specialist  
mental health  
residential placements  
for 16-30 year olds



.....  
**Promoting recovery through  
least restrictive practice.**

## Who we are



Since 2012, **Care in Mind** have been offering specialist mental health packages to young people aged 16-30 in residential care settings. Our innovative and evidence-based model of care aims to support young people presenting with high levels of complexity and risk in the least restrictive setting. Many of the young people we work with transition to us from inpatient settings and may have experienced numerous previous admissions

and/or placement breakdowns. We can also provide an alternative to hospital admission as we are able to manage significant levels of risk safely in a least restrictive community setting. Our unique model provides 24/7 on-call and crisis intervention support, which helps us support our young people in maintaining their community placement and avoiding readmission.

// We aim to support young people in managing their risky behaviours, avoid re-admission, engage in meaningful therapeutic programmes and work towards independent life in the community. //



## Who we support

### Our Young Person profile:

Age 16-30  
Gender Male & Female

### We support young people with complex mental health presentations, including:

- A Formal or Emerging Personality Disorder
- Complex Post-traumatic Stress Disorder (PTSD)
- Moderate or severe Depression and/or Anxiety
- Psychotic Illnesses
- Attachment Disorder
- Eating Disorders
- Complex risk presentation (including self-harm)
- Adverse Childhood Experience (ACE)

"Care in Mind tailor a package that is unique to you. In my experience, I was afforded every opportunity to get the help and support that I needed."



To find out more about the way we work contact us on **0161 638 3285** or email [info@careinmind.com](mailto:info@careinmind.com)

## Our values

### Respectful

- We will always listen to and respect each other
- We ensure that everyone is treated with respect and dignity
- We foster a culture of humility, openness and honesty

### Collaborative

- We will ensure that we involve staff and young people to share ideas and bring innovation
- We recognise that everyone has a voice and something to bring
- We work together as a team to put young people at the heart of all we do

### Compassionate

- We will always show an understanding and empathy towards each other and the young people we support
- We understand the difference we can make
- We champion passion and enthusiasm in everything we do to exceed expectations

### Empowering

- We are passionate about providing a positive and enabling environment
- We celebrate achievement and success
- We encourage each other and our young people to make decisions through responsibility and support

### Innovative

- We will think differently to achieve positive outcomes for our young people, staff and the company
- We will always aim to be the best in everything we do
- We inspire one another and encourage new ideas

### Committed

- We will make a difference
- We will never give up and always strive to create a positive impact on the lives of our young people
- We will not compromise on quality and will ensure the care we provide is safe and effective

## Our model of care

At Care in Mind, our specialist model is designed to provide a unique, integrated approach to mental health support within a residential setting. The aim of our services is to:

- Promote independence
- Promote social inclusion
- Build resilience
- Support young people in rehabilitation and recovery
- Support engagement in community, educational and vocational activities

Our residential staff undertake considerable training to support them in managing complex mental health issues effectively, with specialist support provided by our team of clinicians.

Every young person has an allocated clinical nurse specialist and clinical psychologist and is under the care of a consultant psychiatrist. Each nurse and psychologist works across two homes, with a maximum caseload of 10

young people. This enables timely, individually tailored interventions to be delivered to young people, whilst ensuring robust engagement and involvement with the wider MDT and residential team to ensure continuity and consistency of care for all young people.

This approach enables us to support young people with high levels of complexity on their recovery journeys, through safe and clinically effective residential care.

### Activities of Daily Living (ADLs)



Each young person has a structured weekly activity planner to support their engagement in meaningful activity in addition to their planned clinical interventions. Planners are designed to support the development of daily living skills as well as engagement in community and vocational activities.

There is a specific focus on supporting young people to achieve greater independence with shopping, cooking, cleaning, budgeting, laundry and self-care.

### Therapeutic Risk Management



Effectively managing risk is essential to our model of care. Least restrictive practice and a therapeutic risk management approach are central in how we work with young people. We approach risk management in a collaborative way with our young people, co-producing STAR risk assessments and risk management plans.

Our aim is to support young people when taking risks for a more positive long-term gain, helping them to learn the skills to control their own emotions and behaviour and ultimately develop the responsibility to manage their own risks.

### Least Restrictive Practice



The principle of least restrictive practice is core to our ethos at Care in Mind. As such, we are proud to have pledged our support for the Restraint Reduction Network, to demonstrate our commitment to individualised care and working towards restraint-free environments for our young people.

Our "no restraint" policy allows for more respectful and thoughtful relationships with young people and avoids traumatising and consequent escalations in risk.

### Clinical Interventions



Our clinical team includes our consultant psychiatrists, clinical nurse specialists, highly specialised clinical psychologists, art therapists and occupational therapist, who work out of our clinical hubs.

#### Structured Clinical Management (SCM-A)

Structured Clinical Management is an evidence based multi-modal intervention combining individual and group sessions. At Care in Mind we have adapted SCM for adolescents (SCM-A). SCM-A aims to support young people to learn and implement skills in relation to:

- Managing relationships
- Tolerating emotions and impulse control
- Problem solving
- Self-compassion and soothing

#### Psychological Therapies

The psychology team work in an eclectic way drawing on a range of evidence-based approaches, working with young people on an individualised basis to find the best approach for them based on their needs and placement goals. All our psychological interventions are informed by individual clinical formulation and are delivered in line with NICE guidelines.

### Safewards for Safehomes



Safewards is an evidence-based model that identifies factors influencing rates of conflict and containment and considers a range of mediating factors and interventions to support service users that may influence the dynamic. At Care in Mind we have worked with the creators of Safewards to adapt it for the residential setting.

The model identifies ten key interventions to support staff and young people that are evidenced to have a significant impact on the reduction of conflict and containment:

- Soft Words
- Talk Down
- Positive Words
- Bad news mitigation
- Know each other
- Mutual help meetings
- Soothing methods
- Reassurance
- Clear and mutual expectations
- Discharge/positive messages

### Education



Each of our homes has links with local colleges and adult learning centres, and young people are encouraged and supported to access formal education. We recognise that the young people we work with have often experienced significant disruption to their education and may not be ready to engage in a formal education setting.

With this in mind, Care in Mind homes are able to support young people in achieving accredited AQA modules in the home environment. Core modules focus on ADLs, vocational activities and independence skills, however modules can also be built around individual needs and interests. The AQA scheme offers individuals the chance to have their achievements recognised on an individual level and can be used to motivate and engage young people, raising their self-esteem and often acting as a useful stepping stone into formal education.

## Accreditations



# Sarah's Story

**Sarah\* Age on admission: 17**  
**Diagnosis:** Emotionally Unstable Personality Disorder.

Sarah came to Care in Mind aged 17, after a long period in hospital detained under the Mental Health Act. Sarah had a diagnosis of Emotionally Unstable Personality Disorder, associated with intermittent significant risks to self, through overdosing and cutting. Sarah also displayed difficulties in managing her emotions, asserting her needs in a healthy way and vulnerability in relationships.

Sarah had a history of sexual abuse, abandonment and complex family dynamics. She managed her difficulties by either externalising all control and responsibility to others through taking significant risks and requiring others to intervene; or through self-reliance, rejecting and criticising care from others. Sarah struggled to assert her needs or to rely on others for consistent care. Ongoing family dynamics and difficulties served to reinforce her patterns of coping and Sarah was discharged on a CTO in order to support her to maintain her placement and prevent her returning to her family.

Early in placement, Sarah refused to engage in psychological therapy or to take her prescribed medication and managed other professional relationships at a superficial level with little insight into her difficulties.

However, with consistent support through our specialist model of care, Sarah began to engage weekly with her clinical nurse specialist, her residential team, psychologist and psychiatrist. With time, Sarah began to develop insight into her difficulties and increased tolerance of

her emotions. She also developed a greater ability to communicate her needs and appropriately seek support from her team. We also saw a marked increase in resilience during her placement.

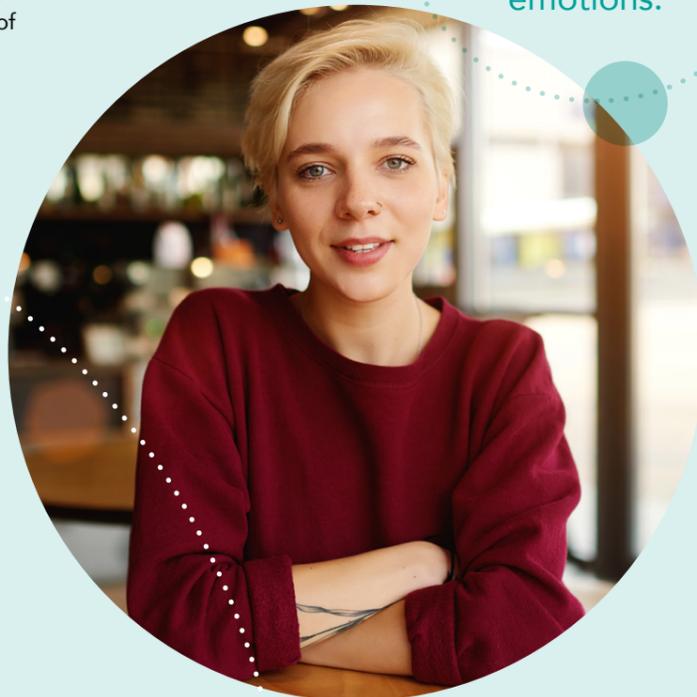
While placed with us, Sarah unfortunately experienced two highly significant bereavements in her family.

However, through this difficult time, she was able to seek support appropriately and worked with her team to process her grief in a healthier way than she would have done previously. Sarah developed increased self-compassion, and a measured approach to her needs and the needs of others, asserting herself in relationships in healthy ways.

At the end of her placement with Care in Mind, Sarah moved into her own tenancy in the community, accepting input from local mental health teams to continue to support her recovery.

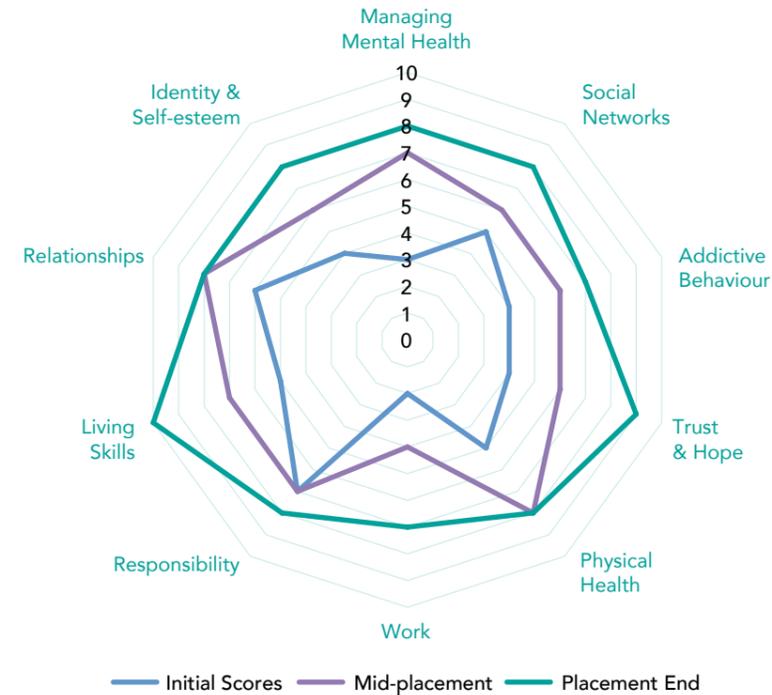
\*Name changed to protect her identity

“Sarah began to develop insight into her difficulties and increased tolerance of her emotions.”



“CIM are a team of dedicated individuals who provide the utmost care and emotional support”

# Sarah's Recovery Outcomes



## Mental Health Recovery Star

Mental Health Recovery Star scores are completed at regular intervals during all our young people's placements.

The Star Chart is co-produced by the young person and staff member, covering 10 key life domains, supporting young people to chart their recovery progress.

Sarah's Recovery Star scores for each domain throughout her placement can be seen on the left.

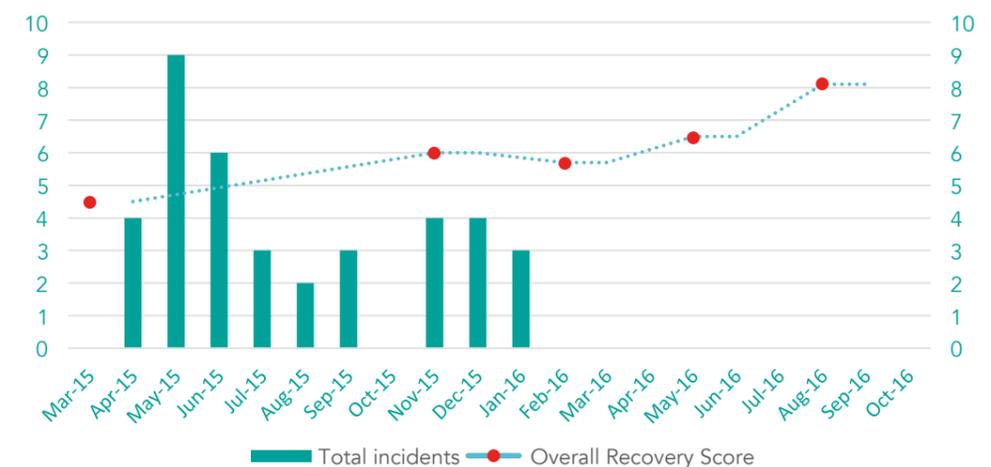
## Recovery timeline

Sarah's overall recovery scores are shown below, mapped against the number of incidents throughout her placement.

As described above, Sarah initially struggled to engage and the incident data shows an increase in incidents initially following her admission to Care in Mind. Ultimately, once Sarah had developed increased insight and tolerance of her emotions, she had no incidents at all during the last 8 months of her placement.

This coincided with a significant increase in Sarah's overall recovery scores; Sarah demonstrated improvement in each of the ten domains, but particularly in some of the key areas she previously struggled with, including Managing Mental Health and Trust and Hope.

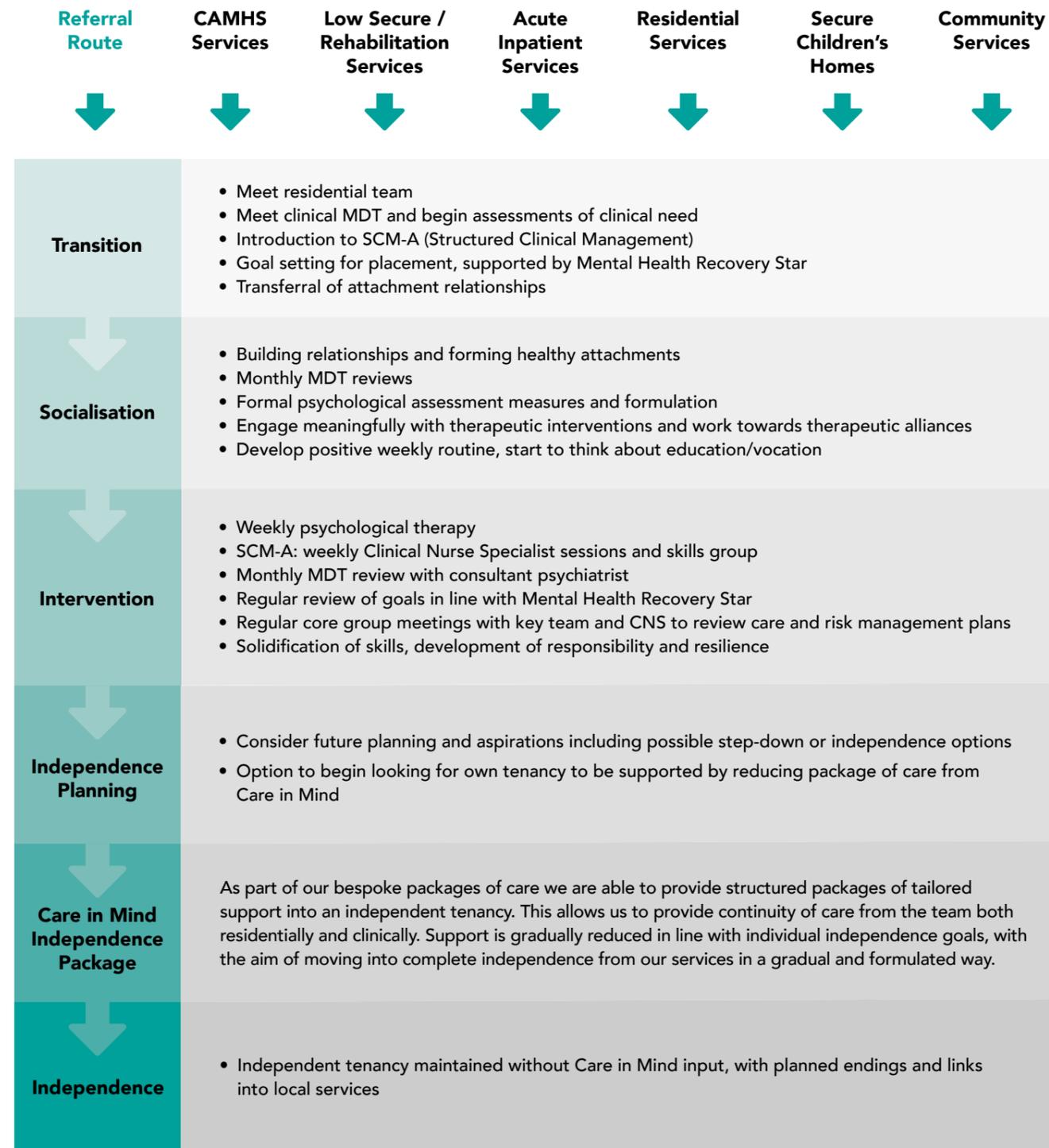
Regular completion of the Recovery Star supported Sarah in recognising how far she had come and understanding when she was ready to move on into the community.



# Our Care Pathway

Care in Mind is a recovery focused service. Our model of care includes a care pathway that begins with specialist and intensive residential care with wrap around clinical interventions. The service aims to create a stable environment where young people are able to develop

secure attachments to their teams and within that context begin to manage their risk and mental health needs more independently, and to learn effective ways to progress with their lives towards independence.



# Young Person Involvement

"No matter what the problem is, big or small, they help me to overcome them."



At Care in Mind, involving the young people we work with in their care and our service development is central to our ethos. We know that often young people who come to us may have had difficult experiences in services and feel like their voices haven't been heard. We want a placement at Care in Mind to feel different and most importantly, involvement needs to be meaningful.

Our Service User Involvement Coordinator who has lived experience, ensures young people's voices are heard across our services, supported by our Young Person's Champions who are experts by experience, having been through Care in Mind services.

## What is different about Care in Mind?

- **Co-production is at the heart of what we do**
- **We collaborate with young people in all the plans we make about their care**
- **We help young people set goals that matter to them**
- **We want young people to feel valued**
- **We avoid 'hands on' approaches and instead use other skills to support young people with their risks**
- **We try to create a culture of respect between young people and staff**
- **We support young people towards achieving independence**

# Staff Support and Reflective Practice

We have a strong culture of sharing and embedding best practice across the services at Care in Mind. Our Quality Assurance Team and Best Practice Facilitator support our teams to remain faithful to our models, as well as leading our robust programme of audit and inspection. The complex presentations of the young people we work with can result in challenging environments, so it is essential that our staff are supported and empowered to deliver high quality care.

**Reflective practice:** Staff are supported through regular supervision, case presentations, post-incident debriefs and monthly reflective practice. We use the **Boundary See-Saw** model to help our staff reflect on their professional boundaries and maintain a healthy relational dynamic with our young people.

**Staff support:** In addition to reflective practice, our psychology team facilitate separate sessions to support staff in developing skills to help them manage the emotional impact of their work.

"Working for Care in Mind has opened my mind to a different way of working with young people"



## Our Referral pathway

STEP

1

### Referral

Our team are available to discuss potential referrals and advise on current vacancies. We will request a completed referral form and supporting documentation including the most recent risk assessments / CPA reports. You will receive an acknowledgement once this has been received.

STEP

2

### Screening (Within 24 hours of referral)

Our team will undertake initial screening to determine if we can provisionally meet the young person's needs and consider appropriate matching with current placements.

STEP

3

### Assessment (Within 1 week of referral)

Following authorisation to complete a face to face assessment we will endeavour to arrange to see the young person at their current placement. As part of this process we would also wish to meet with members of the current care team and families/carers where appropriate to enable a holistic assessment. Assessments are undertaken by one of our clinicians and a residential manager from one of our homes.

STEP

4

### Initial Response Letter (Within 72 hours of assessment)

The assessors will discuss the assessment with the multidisciplinary team and will provide an initial response letter advising of the outcome within 72 hours.

STEP

5

### Full Needs Assessment (Within 1 week of assessment)

A full needs assessment and formal offer of placement will be provided within 1 week of the assessment date.

STEP

6

### Transition (On receipt of signed funding contract / Individual Placement Agreement)

Transition can commence once formal, signed funding contracts have been received. Our team will devise an individualised transition plan, which typically takes place over an average of 4 weeks. This process allows a comprehensive handover as well as allowing the young person time to start building initial therapeutic relationships.



To make a referral or find out more about us, please contact us on:



referrals@careinmind.com



0161 638 3285

care in mind:



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