

1.7.3 Clinical Consultation Policy

Related guidance

England

- [Regulation 11: The positive relationships standard](#)
- [Guide to the positive relationships standard](#)

Wales

- Regulation 15: Personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 18: Provider assessment
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- National framework for well-being outcomes
<https://gov.wales/topics/health/socialcare/well-being/?lang=en>

Additional Guidance

- [Health Care Professions Council – HCPC framework](#)
- [HCPC Standards of conduct, performance and ethics \(2008\)](#)
- [HCPC, Standards of proficiency Practitioner Psychologists \(2015\)](#)
- [HCPC, Standards of proficiency Art Therapist \(2013\)](#)
- [British Association of Counselling and Psychotherapy- BABCP Ethical Framework](#)
- [United Kingdom Council for Psychotherapy – UKCP Ethical Principles and code of conduct \(2009\)](#)
- [British Association of Behavioural and Cognitive Psychotherapy framework](#)
- [British Psychological Society - BPS, Code of ethics and conduct \(2009\), individual professional guidelines for supervision by division](#)
- **References**
Dent, H, R., & Golding, K, S., (2006) Engaging the network: Consultation for looked after and adopted children In Thinking Psychologically about children who are looked after and adopted, John Wiley & Sons LTD: West Sussex.

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1. Principles

Integrated therapeutic care is central to the service delivered by Bryn Melyn. This means that young people are looked after and supported in a consistent way based on therapeutic principles, across the three strands within the organisation.

Integrated therapeutic care involves:

- The allocated clinician working closely with the care and education teams, providing input from a psychological and therapeutic perspective in order to support the care and management of young people;
- Identifying a young person's suitability for and readiness for therapy and making individual therapy available for the young person as and when required.

Integrated therapeutic care is not dependent on the young person taking part in individual therapy sessions. The clinical team has an important role in working with colleagues in care and education in supporting and advising on the care and support of the young person.

2. What is Consultation?

- Consultation is a way of integrating psychological models into everyday childcare and support;
- Consultation is a meeting or discussion between two or more people about any aspect of a young person's care or emotional wellbeing. This should be a two-way process in which the clinician will be able to provide advice and space for reflection;
- In most cases consultation requires a process of joint discovery in which the clinician and staff members are able to explore a situation together;
- Consultation can be informed by many psychological approaches. At Bryn Melyn Care we offer a humanistic approach, including elements of attachment theory, psychodynamic thinking, cognitive psychology and social learning theory. This positions the residential home as a secure base from which the child can explore relationships in the "here and now";
- The House Model of Parenting (Golding, 2007) is a formal therapeutic childcare model developed from Dyadic Developmental Psychotherapy (Hughes, 2006). This model will be supported through the consultation process.

3. Models of Consultation

Consultation is a complex and varied task that can take place in many forms, from a variety of approaches and models and for a number of different purposes. Consultation in relation to young people looked after in Residential and non-family based care is particularly complex, often reflecting the complex lives of the young people in our care. It is due to these complexities that consultation is considered the most beneficial approach when working therapeutically with looked after children. The fundamental aims of consultation for looked after children are always to aim to improve their quality of life both immediately, day to day and in the long term. There are two models of consultation most commonly used (Dent & Golding, 2006):

Network Consultation (wide focus)

Wide focused consultation can take place with a clinical consultant and the professional network or the consultant, carers and the professional network. Examples of professionals within the network include: Social Worker, YOT, LAC nurse, Education professionals, Drug and Alcohol teams, Police officers.

The aims of Network consultation are:

- To gather carers and professionals together to focus on the needs of the young person;
- Share information;
- Encourage understanding of each other roles;
- Find a shared understanding of the young person;
- Find ways of working together consistently.

Spotlight Consultation

This type of consultation is to one part of the network and can take place with the clinical consultant and carers/care team. The aims of spotlight consultation are:

- Support carers in their challenging role;
- Develop therapeutic practice in carers;
- Support direct therapy for the young person.

4. Procedures and Responsibilities

If Consultation is required for a care team, at Bryn Melyn Care it focuses on the spotlight model. As such it addresses the three factors; support to carers in relation to their challenging role, developing therapeutic practice and supporting direct therapy for the young person. This takes place with a whole Care team or Education staff team. For an outline of consultation sessions in Bryn Melyn Care see Appendix

4.1 Format and Venue

The format and venue of consultation should be arranged between the home and allocated clinician. It is recommended that confidentiality and feelings of safety for the team and young people are at the centre of the venue. It would be distressing for a young person to know that consultation was taking place in their home, it would also impacted upon how open and honest carers may be. It is therefore the case that a consultation should take place away from the home. .

4.2 Agenda

1. Care Planning (to include the progress of the young person over the previous month, key working sessions, incidents, self-harm , aggression, or any other target behaviour);
2. Team Consultation (to include team strengths and weakness review, exploring team consistency, joint reflection, problem formulation and solution analysis);

3. Other options: Additional time can be agreed for Psychoeducation/ training on a particular subject (note this is not to substitute formal training), individual staff support and debriefs as needed. Clinicians will also be available by phone/ individual visits in response to incidents if needed;
4. If a team has a specific question or topic they would like to discuss it is often helpful to give the Clinician a question ahead of time so they can prepare if needed. And bring any relevant materials or plan a session.

4.3 Contracts

A consultation agreement document should be circulated to all care and education teams to ensure policy and procedures are understood.

5. Safeguards

The Head of Clinical Service will have oversight of and involvement in any decision to change consultation delivery.

The Head of Clinical Service will report to the Heads of Care, Head of Education and Senior Management Team regarding any issues around consultation engagement or provision.

Appendices

[Click here to view Appendix 1: BMC Clinical Consultation Options](#)

[Click here to view Appendix 2: Consultation Agreement Care Homes](#)

[Click here to view Appendix 3: Consultation Agreement Education](#)

Revision History

Date last updated: May 2020

Date of next review: May 2021

Date of release: December 2018

End