SEMoRe (Sleep, Eat, Move, Repeat) intervention protocol

October 2023

Contents

Summary

Brief name	SEMoRe – sleep, diet, and exercise intervention for children in care and looked after
Why	Sleep quality, diet and exercise are important to mental health and well-being. Young people in care who often experienced multiple stressors and adverse life experiences may benefit with focused support to develop health-supporting habits in relation to sleep, diet and exercise. Developing good habits in childhood and adolescence is likely to have a protective impact across an individual's lifespan contributing to positive mental health. Working with children and young people between the ages of 9-15 who are looked after potentially releases a new model and energy and motivation for long lasting benefits to their ongoing mental health.
What (materials)	Mental health practitioner specialist advice, training, practical and emotional (motivational) support tailored to the needs of a particular child /young person working with an embedded practitioner alongside carers and the fostering service. Systemic approaches enabling carers, fostering social workers and LAC medical colleagues to benefit from training and joined up thinking to support children and young people achieve their sleep, diet, and exercise goals. Direct sessions with children and young people to support their priorities. Use of measurement tools including wearable technology, photo and text diaries, meal plans and questionnaires.
What (procedures)	Focus for this small feasibility study is with one local authority fostering service working alongside lead fostering manager and social workers to: • Receive referrals to the programme • Promote access to a range of training sessions for practitioners and carers • Promote access of young people to linked clinician with access to specialist tailored support over 10 sessions, depending on needs of child • Use of diaries, Fitbits, and measurement tools to support motivation and tracking of progress.
Who provided	Thomas Coram Foundation for Children (Coram)

How	Appointment of lead Clinician with access to other specialists and local resources for Diet Sleep and Exercise Advisory group of mental health specialists to advise on best practice and independent critical friend of the programme. Appointment (by Foundations) of Evaluators including Peer Review Direct support to carers, children, and young people to promote wellbeing through sleep diet and exercise guidance and practical support. Supply of Fitbits liaising with carers and LA social workers Supply of measurement tools and associated advice and information and consents. Support in applying Fitbits and measurement tools. Feasibility evaluation and processes explanation and help to those participating.
Where	Initiative set up in partnership with Thomas Coram Foundation for Children and the London Borough of Redbridge. Location of intervention London Borough of Redbridge and in locality venues
When	June 2023 to September 2024
Evaluator	CEI Global
Development stage (Efficacy/Pilot/Feasibility)	Efficacy pilot study to be conducted in partnership with CEI Global. Ethical approval received in August 2023

How to cite this protocol

SEMoRE sleep, diet, and exercise intervention for children in care and looked after, 2023/24 Intervention Protocol. Intervention delivered by Thomas Coram Foundation for Children with London Borough of Redbridge and funded by Foundations What Works Centre for Children and Families

1. Introduction

The SEMoRe project aims to work directly with children and young people who are in care, their carers, and other professionals, to give them a better understanding of the impact of sleep, diet, and exercise on mental and physical wellbeing, as well as practical and positive steps to improve these. The SEMoRe (Sleep, Eat, Move, Repeat) project will be delivered primarily by a systemic psychotherapist who is also a trained mental health nurse, who will work closely with the local authority fostering team, and lead on sleep, diet and exercise linking with local expertise as required. The project is led by Thomas Coram Foundation for Children working in partnership with the local authority fostering services. The main activities of the intervention include:

- Training sessions for professionals (including foster carers, Children's Social Workers, Independent Review Officers (IROs), Supervising Social Workers, and CSC managers) on the importance of sleep, diet, and exercise, and how to support children and young people with this. The core training offer is based on three 90-minute sessions for professionals, previously developed and delivered by Coram and offered in Kent and the City of London
- Direct sessions and workshops for children and young people and their carers around increasing knowledge, and equipping them with tools and strategies to take proactive steps to improve their own health and wellbeing
- Offering individual short-term support and tailored interventions to children and young people who would benefit from additional individual planning. This work will be with foster carers, and parents, as appropriate
- Providing input to discussions such as Child in Care Reviews and highlight issues and plans for Sleep Diet and Exercise, improving wellbeing.

SEMoRe will run for 12 months, with the core training course for professionals delivered as three 90-minute sessions. The project and delivery roles will be inherently flexible – allowing the practitioner to share their expertise and adapt this to the local context and allow tailored responses to the children and young people within the programme. The initial focus will be on delivering the core training to professionals, and after children have been referred to SEMoRe, to then begin offering more support directly to children and young people engaging their carers and linked professionals.

The main provider of the intervention will be a mental health practitioner who will offer and/or coordinate short interventions (up to 12 sessions) to young people and their carers. Some sessions (both online and face-to-face) will focus on information and motivational enhancement in relation to behavioural change. Some sessions may be practical and hands-on, the young person and/or carer working with a personal trainer or nutritionist on making practical changes in behaviour in keeping with their own goals setting. Personal trainers and nutritionists will be outsourced from local services if not available within the local authority team. Programme sessional personal trainers and nutritionists will work with young people and foster carers. Personal trainers will offer more guidance and motivation, while the nutritionist will offer support to children and young people with particular food related needs where this is part of the goals set by the children and young people. Selection of children

and young people to the programme will be in cooperation with fostering social work service teams. Inclusion criteria will involve children and young people aged 9-15 years with low mood/anxiety and sleep disruption, and or low motivations or interest in self-care. Children and young people where there are significant and acute mental health needs including self-harm, social phobia and or severe depression are more likely to be supported through specialist interventions through Child and Adolescent Mental Health Services. Social work practitioners and care givers will inform the referral and the likely benefits with and for individual children and young people.

1.1. Why

The well-being of children looked after is always of paramount importance and care givers, social workers, health practitioners and others strive to provide the best service possible. Engaging and working with children and young people to promote day to day healthy habits and self-understanding of their physical and mental health wellbeing is hoped to bring long term benefits to their wellbeing and can be an area that is overlooked particularly if a child or young person appears to be lacking in self-esteem or motivations towards self-care. We have seen the anecdotal benefits of a similar programme with children and young people elsewhere through Coram's interventions and we believe it has potential for replication and benefits to children in the care system. This programme aims to deliver and do an evaluation in tandem to identify feasibility for future replication.

1.2. What (materials)

The service is providing expertise from mental health practitioners with a focus on sleep diet and exercise:

- Time and space to focus on individual plans
- Input through training and face to face consultations
- Use of progress tools such as fit bits, diaries,
- Use of measurement tools to capture experience
- Evaluation process and report.

2. Business as usual

Services to children and young people in the care of the LA is a strongly regulated domain with adherences to legal and regulatory compliances and care giving and corporate parenting responsibility at the centre. Fostering placements may be short or long term and are always important in a child's life, supporting as they do children through loss and transition with a view to optimising continuing development including identity, attachment, and cultural affiliations. Children and young people participate in independent reviews with independent reviewing officers (IROs) where ascertaining their wishes and feelings and having current care plans in place that meets their needs. Access to the range of services can be difficult with high levels of demand experienced by mental health services and only very high threshold need levels responded to with mental health interventions. This programme aims to work with children and young people and their care givers to reach them in the here and now, providing an outlet for individual support and consultations and practical input around sleep, diet, and exercise to build up their self-awareness to form healthy habits supported by caregivers. Starting with where the child and young person is at providing

input that is meaningful and supportive of their goals for improved sleep, diet and exercise and enabling help to be at hand over the course of the sessions is aimed to provide attuned support for each child contributing to their development and self-esteem. It stands as a unique programme in its focus on elements for sound mental health through the combination of sleep quality, exercise, and diet as a balancing contribution to wellbeing, informing and motivating.

3. Theory of change

3.1. Does the intervention work?

There is growing evidence in relation to the contribution of sleep diet and exercise to mental health and positivity both in formative years and throughout the life span of individuals. Earlier work with Unaccompanied Asylum Seeking Children (UASC) showing deprivation of sleep and dysregulation as a crucial focus for the well-being and adjustment to a new environment of children and young people and support to caregivers. This project will assess if a similar project of tailored intervention will work in a London Borough in close association with fostering services and in a local geographic. A theory of change is in place that will be used as a tool for reflection and ambition of the programme for children and young people.

3.2. How is the intervention expected to work?

By providing state of the art information on sleep diet and exercise and how it works to contribute to mental health and wellbeing by seeking referrals from local fostering services for children and young people who may benefit and having a presence in the local area by providing sessions and intervention plans to support children and young people including goal setting, motivational communication, and self-progress reporting.

3.3. Is the intervention expected to work differently for some groups?

This is a small-scale project involving a maximum of 48 children and young people. It is an important innovation for Redbridge as the partner local authority and will reflect the diverse population of children and young people by age and ethnicity received into care by the local authority at the active point of the study 2023/24. Local data suggests that 64% of young people aged 17-23 are showing problems with sleep 3 or 4 times over the previous 7 nights and higher than 7-16 year olds (within project age range) but is consistent with our ambition to reach children earlier and also noting gender variations. We are offering a relational and tailored approach to the service that will meet variations in a child and young person's choice and take into account race, cultural and religious matters and any protected characteristics identified through the referral process. There is a programmatic element in that the best evidence and understanding of the interrelatedness of sleep diet and exercise and associations with positive well-being will be evidence based though not impositional in the stance taken and the values given the sensitivity and subjectivity of the matters in hand.

3.4. Is the intervention expected to work differently in some places?

At the outset of the project, we are looking primarily at one partnership and location of a London borough. We are not therefore undertaking any comparison research but will make full use of the available data and differing contexts within the one borough.

4. Stakeholder engagement

There are a range of stakeholders important to the child and young person who are involved in promotion of their well-being:

- The child and young person themselves who can opt in or out of the programme
- Foster carers/ care givers/parents/relatives and friends
- Social work and health professionals engaged with the child in the local area
- Corporate parents of the council
- Local child and mental health services
- Local sport and activity centres
- Special interest groups/clubs/cultural or religious centres as relevant to the child/young person.

The service is provided by the engagement of a systemic mental health practitioner who will work with local agencies and stakeholders to enable them to understand the programme and its potential benefits to children and young people.

5. Project management

5.1. Roles and responsibilities

Project team

The project is led by Thomas Coram Foundation for Children (Coram) providing project and operational leadership as the funded organisation to deliver the Sleep, Diet and Exercise project. Coram appoints a mental health practitioner clinical lead for delivery throughout the cycle of the project with sessional specialists in sleep, diet, and exercise (as needed) to enable tailored input to the programme. Coram appoints a nominated clinical supervisor (systemic family therapist) as is required for regulated activity from professionals. The project team includes the local authority nominated lead professional manager and local social work professionals providing fostering services.

External experts or advisory group(s)

An advisory group meets to advise and guide the project at key points in its year's lifespan. The membership of the advisory group includes specialists in mental health, children looked after of national and local interest and standing.

5.2. Timeline

Dates	Activity	Staff Responsible/ Leading
March/ April 2023	Start-up agreements in place and appointment of clinician and engagement of local authority partner.	Cathrine Clarke

April/May 2023	Data protection and intervention protocols and ethical approval	Catarina Lovgren
June 2023	Advisory group set up and meetings arranged	Cathrine Clarke
July 2023	Recruitment and groundwork for project	Cathrine Clarke
November2023	Data protection agreements, intervention, research protocols (2) and ethical approval and initial data collection approach	Catarina Lovgren
Sept-December 2023	Training and awareness sessions with local authority staff and stakeholders including carers, meeting with fostering teams, work with 16 young people across the term, deliver one-to-one sessions as needed. Monthly supervision sessions accessed for Clinical Associate (CA).	Rebecca Clarke Clinical Associate
Jan-April 2024	Training and awareness sessions, meetings with fostering teams, work with 16 young people across the term, deliver one-to-one sessions as needed. Monthly supervision sessions accessed for CA.	Rebecca Clarke Clinical Associate
April- July 2024	Training and awareness sessions, meetings with fostering teams, work with 16 young people across the term, deliver one-to-one sessions as needed. Monthly supervision sessions accessed for CA. support evaluator with data collection exercises.	Rebecca Clarke Clinical Associate
August 2024	Contribute to evaluation process to support data collection, CA continuing work to facilitate longer term implementation through meetings with IRS and other stakeholders to embed sleep, diet, and exercise into LAC review process.	Rebecca Clarke Clinical Associate

5.3. Project-related risks

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Local authority capacity leads to delay in referral of children and young people limiting reach of the programme overall.	3	Close working partnership with the local authority. Clinical lead engaged at local level as intervention point. Leads for project experienced in LA context clear mutual referral pathway established from the start. Leaflets and materials to enable access. Dovetailing with existing meetings to lessen burden/use of Zoom and TEAMs. Contingency engagement of other partner LA at quarterly check in.

		Current recruitment drive for LAC professionals.
Child, carer, or data breach occurs.	3	Strong and robust procedures are in place for the handling, security, and anonymization of data through shared agreements. Notification process is in place for human error. Case recording is built into the security systems of the local authority. All staff have received training on handling of sensitive data and GDPR.
Fixed short term of project does not allow for LA partnership variabilities.	2	Ensure full partnership understanding of the programme at start up. Enable LA to directly refer to CA and build confidence in the process through regular updates and meetings. Ensure the timeline per quarter is adhered to and where there is less uptake of referrals it can be accommodated with more to enable a good throughput of children and young people participating.

5.4. Safeguarding risks

All professionals involved in the programme are recruited through safer caring processes including reference verifications, DBS checks and robust interviews with a diverse panel.

Coram has a safeguarding policy informed by national guidance for safeguarding children and adults and is updated regularly. Each service in Coram has a Safeguarding Designated Lead accountable through a quality assurance system to the Group Head for Quality and Safeguarding who in turn reports to the CEO and Trustees through the Children's committee. Safeguarding Alert forms are completed on any matter of safeguarding, whether a referral is being made to a statutory agency or not, and safeguarding protocols enable that we are continuously responsible through to our partnerships and commissioned services to comply with the Safeguarding Policy of a particular agency. In this regard there is a robust and strong compliance culture including LADO guidance and referrals. Working with vulnerable children looked after by the local authority is a key responsibility and strong partnership and transparency in working practices is built into the culture of the programme. Supervisory and monitoring meetings will take place throughout the delivery programme. The project will follow the guidance of the local authority in terms of all safety protocols. Child and young people and carer data is only shared on a need to know, with full compliance agreements and will be anonymised appropriately.

Effective governance is in place to offset potential data risks in relation to identification of children and young people.

5.5 Risks to inclusivity

There are specifics as to the inclusion criteria for the project that are age specific and focussed on low level mental health needs of children and young people, as seen as in keeping with a timed, short, and preventative early intervention. We are aware that age chronological age is not always a best guide so will engage with local referrers as to inclusion scope, whilst the threshold for a CAMHS service is generally of high need for mental distress and sometimes diagnosed conditions, we will work with local referrers in the event that a child looked after is receiving a CAMHS service and may also benefit from the project on Sleep Diet and Exercise. In terms of diversity of children being referred to the programme we will work locally to enable an inclusive approach and engagement of a diverse group of children reflective of the children looked after population. We are using children looked after knowing it can involve foster care where a child is cared for under a care order or where there is parental responsibility with a parent or guardian who has continuing involvement, and also the involvement of parents through the local authority where there are legal contact arrangements in place. The population of children and young people may also include migrant children who will benefit from the project. Local and national data and learning will be utilised to understand potential barriers to children and young people accessing this service.

Protected Characteristics	Potential impact on each of these groups?	Actions to mitigate impact and advance inclusivity of programme?
Children and young people with sensory or communication or language identified needs.	We will work with the local authority fostering service to engage all children who will benefit from the programme and support their participation, non-participation of children with protected characteristics is not only illegal but will undermine the accessibility of the service to local children and young people and compound potential discrimination earlier experienced.	We will be including an interpreter in the sessions and activities to support them (through the local authority connected translator service) and disability service access adjustments as set out in the care plan for the child and young person. Referrers will be aware that existing supports will follow the child and young persons through to the sessions both for communication continuity and consistency and of right. We will include language and communication translators in online training and briefings to understand the programme and to best support the participants. Inclusion will be a key consideration demonstrated throughout the project.
Age	A 9-15 year age range is identified for the project and excludes children and young	We will work flexibility noting chronological age is not a fixed entity but may vary depending on

	people who may benefit and is therefore detrimental to their care and potential development.	child's needs and attributes. Referrers will be aware through briefings of the receptivity of the programme to consider referrals where a child is marginal to the age range of the programme but may benefit. The evaluation may provide additional insights into the efficacy or not of a specific age range for children and young people that will be used to inform future programmes. Inclusion will be a key consideration demonstrated throughout the project.
Socio-economic class	The socio-economic class will reflect the Child and young person looked after and carer population and that of associated professionals, not accessibility due to social class can compound social disadvantage and exacerbate adverse childhood experiences.	Access is based on child looked after status and not on economic class. Accessibility will be enhanced through a local provision in the geographic. Practical and tailored approach will support accessibility. Inclusion will be a key consideration demonstrated throughout the project.
Disability	The disability ratios of children involved will reflect the current child and young person data for looked after and carer population.	Child and young person data for looked after population will be used to support inclusion of children and young people. Carer access will be considered and the referral process will highlight any special needs arising that may prove a barrier to accessibility and full participation. Tools used may be modified for accessibility for example wearable fit bits are not easy to read for all so adjustments are considered for voice access or as relevant. Inclusion will be a key consideration demonstrated throughout the project
Ethnicity	The ethnicity of the group will reflect the ratios of the child	Child and young person data for looked after population will be

	looked after population current for the LA.	used to support inclusion of children and young people. Referral process will collate data and quarterly check in will enable transparency in the profile of children and looked after children and respective carers and care givers accessing the programme. Inclusion will be a key consideration demonstrated throughout the project.
Religion or belief	Religion or belief of participants will reflect the children in care population and respective carers.	Referral information will set out any specific considerations. Accessibility will be optimised through scheduling to meet access needs and social and religious calendars linked to religion or belief. Inclusion will be a key consideration demonstrated throughout the project.
Gender	Gender profile of intake will reflect the children in care population and respective carers.	Gender accessibility will be monitored as part of profile data at referral. Inclusion will be a key consideration demonstrated throughout the project.
Sexual orientation	Sexual orientation of intake will reflect the children and young people in care population and respective carers.	Sexual orientation of children and young people will be monitored as part of profile data at referral. Inclusion will be a key consideration demonstrated throughout the project.
Gender reassignment	Gender reassignment of intake will reflect the children in care population and respective carers.	Language and pronouns will be as per the choice of individuals taking part. Inclusion will be a key consideration demonstrated throughout the project.
Caring responsibilities	Caring responsibilities of children and young people (young carers) and adults can impinge significantly in participation.	Multiple access and points of contact will be established. Inclusion will be a key consideration demonstrated throughout the project.

Appendices