



My name is Naomi Trentham, I am co-director of MITOS Global limited, an organisation that provides training, coaching and intervention for all ages and stages, though at the moment our provision is mainly given to children between years five to eleven.

Our offering includes Emotion Coaching, speech & language therapy, sensory assessments & profiling, vocational support, neurodiversity support, and currently 12 hours per week of Alternative Education for three vulnerable students.

We operate privately direct to families, as a service through schools and as a direct provider to the Local Authority. We serve over sixty children and young people every week, from group work in schools to 1:1 therapeutic coaching for children with complex needs. We have a number on our current caseload who are either adopted or in foster care.

Where possible, we work with the whole family.

Why does this matter?

There is a lot of data out there around children, attendance, school refusal and more. There is also a lot of talk about parents being the problem. But what are we seeing on the ground?

We are seeing a disparity in provision and support for parents and carers, with funding made available for children with a view to keeping them safe or to get them engaging in full time school. There is a lack of joined up approach across the services, due to time and financial limitations.

Current caseload examples:

Single mum of four:

Child 1. ADHD, SEMH, PTSD due to horrific knife attack (MITOS checking in, very concerned).

Child 2. Groomed online, ADHD, ASD, PexEd from school, CLA, now stable (MITOS – 2 years).

Child 3. ADHD, School refusing.

Child 4. School refusing, now stable (MITOS – 7 months)

No help provided to mum – PTSD due to DV, how is she expected to do better? We are now her reference point, this is not funded.

Single mum with addiction:

Child 1. Full time foster care, significant trauma, steady and engaging well now (MITOS 3 times/week for 3 months so far)

Children 2 & 3 at home under CHIN plans, not attending school, mentoring offered once a fortnight.

Children 4 & 5 in kinship foster care.

3 social workers. No meaningful intervention for mum. Children don't see each other.

MITOS seeking to work more broadly with the family, social workers are keen to join up care.

Single mum with alcohol addiction:

1 Child, developmental delays, carer for mum who has significant physical needs. School were not

aware of level of need at home. Two other intervention packages, focused only on education with other providers before MITOS. If only the whole picture had been seen sooner.

One family we know of have one child with serious medical disabilities who is under the care of the Disable Children's Team, one attending HERS due to emotional mental health and one with ADHD who is struggling to attend so is under the SEND team. Three different teams, three different case officers and one single mother who has no services offered. There is no one practitioner overseeing the family and the mother is terrified her children will be taken. Any emotional validation and care offered is met with walls coming up and a combative response. Why? Because if she acknowledges her needs and the help isn't there she feels like she will fall apart.

Imagine if all the professionals involved could work together and look at the whole family, instead of each child? If the funding was pooled and the provision broadened?

Yet, hospice care for a four year old child with terminal illness, saw specific intervention for siblings and parents, support for wider family, grandparents etc in the short, medium and long term.

We recognise there are many excellent providers in B&NES and incredible LA staff on the ground – how are we different?

We work collaboratively with families, schools and other agencies, taking a whole child/whole life approach, and then we stay for as long as we can or as long as we are needed, we don't stop when a goal has been reached, we stop when we're no longer needed. We seek to build healthy relationships with our clients, fostering trust and connection, which we believe lies at the heart of any long term success.

Early intervention for children is better than intervention when in crisis, of course, but we believe meaningful and sustainable impact will only come when there is a focus on the whole family.

Thank you.

Naomi Trentham
naomi@mitos.org.uk

Further thoughts / insights can be offered on:

- The many success stories we have.
- The significant increase of ADHD/ASD diagnoses and SEMH challenges. Why the lack of play is at a significant cause.
- How the rigidity in allocation of funding is a stumbling block to whole family care.
- Identified gaps through discussions with LA leaders from Virtual schools; SEND; Children Looked After; Care Leavers; Fostering Families; Alternative Learning Team.
- Significant pressure identified in Secondary Schools in B&NES around SEMH and attendance through discussion with SLT at Ralph Allen; St Gregory's Hayesfield & Oldfield
- Lack of governance/accountability for Alternative Provision
- Significant costs of alternative providers
- The experience and needs of Children in Care
- Our plans to open a centre that meets the whole family needs alongside education.
- Research to evidence our methods, the neuroscience, and ways forward