

Moving into maturity



growing
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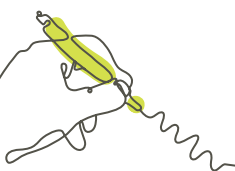
An evaluative review of the Action for Children MIST programme

The Multi-disciplinary Intervention Service Torfaen

as long as it takes

Moving into maturity

An evaluative review of the
Action for Children MIST programme



Eddy Street, PhD
Psychologist

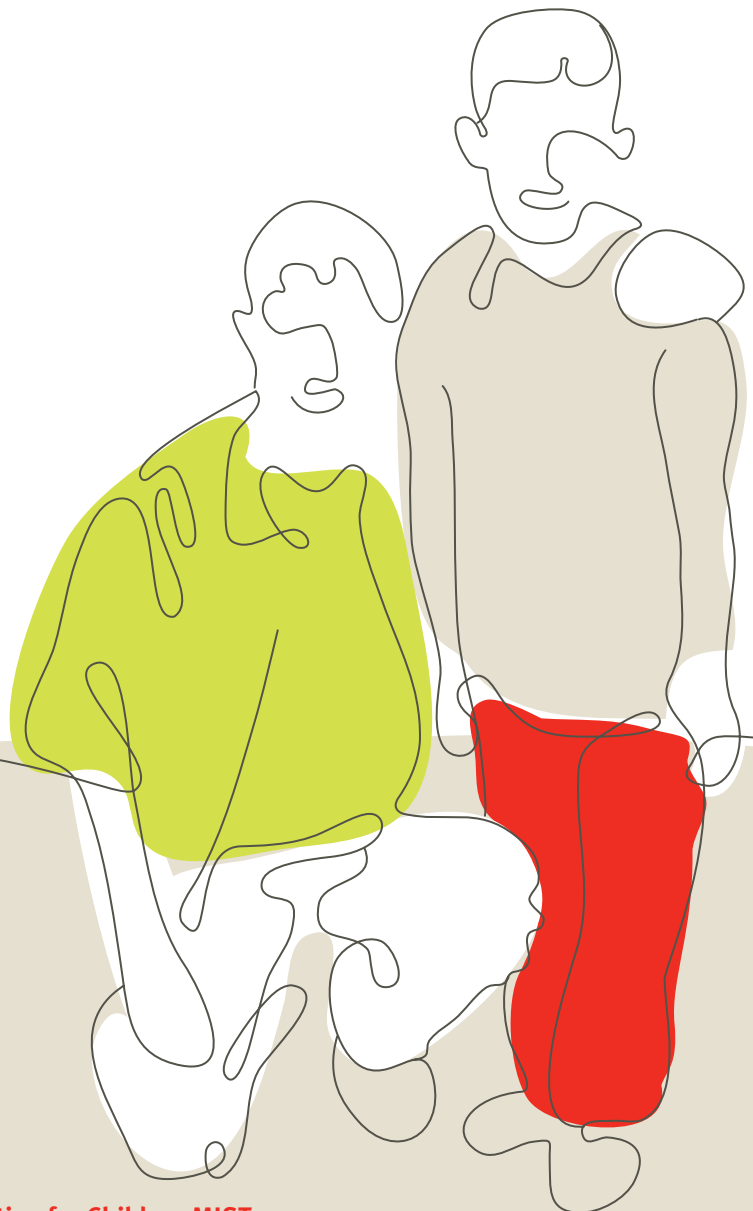
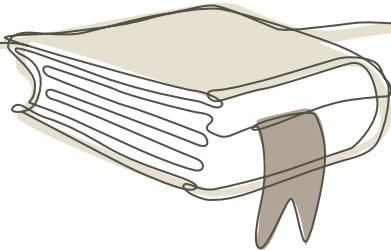


Contents

Foreword	5
Executive summary	6
1. Introduction	8
2. A framework – the evaluation rationale	9
What is an evaluation?	
Types of evaluation	
The evaluation of MIST	
The methodology	
3. The MIST programme	13
Description of service	
4. Observations from review	16
Operational management of the team	
The MIST culture	
Therapeutic keyworking	
Foster carers	
The wider network – the team around the young person	
‘By-product services’	
Summary: It is working well...	
5. Factors affecting successful operation	25
Multi-agency context	
Functioning of local team structure	
Foster placements are unable to subscribe to the model	
Disruption by the major processes of other agencies	
One element necessary in the operation of the project is not incorporated into the team around the young person	
There is an unhelpful geographical location – too near unhelpful people	
6. Issues that require attention	27
Organisational context level	
Management structure level	
Local management level	
Clinical issues	
Ethical issue	
7. The future: for MIST and the local commissioners	28

Emotional wellbeing – that is inner strength, resilience and self-esteem – is a fundamental building block in the development of children and young people. Increasingly recognised as key to becoming a happy, stable adult, emotional wellbeing provides a platform for achieving educational success, and establishing positive relationships and good mental health. Through our Growing Strong campaign, Action for Children's aim has been to raise awareness of the impact of emotional wellbeing on young people's futures and demand a greater focus be given to the issue by any organisation providing services that support children and young people. This report forms part of a programme of research that underpins Growing Strong, helping to build a base of evidence of effective and innovative interventions. For more information on Growing Strong, go to www.actionforchildren.org.uk/growingstrong

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Foreword

I am pleased to write this foreword on behalf of the Torfaen CAMHS management board.

The Multi-disciplinary Intervention Service Torfaen (MIST) was established in 2003 from the proposals developed by a steering group comprising representatives of:

- ▶ Social Services
- ▶ Education
- ▶ Local Health Board
- ▶ Gwent Health Care Trust

At the point of establishing this service, major budget pressures were being experienced in Children's Social Services and Education's SEN budget, as a result of a rising number of out-of-area residential placements.

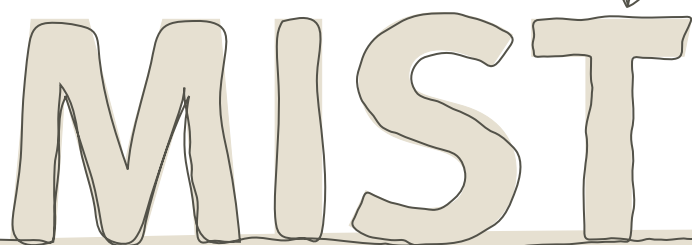
The MIST project became an integral part of the local authority's placement strategy and pivotal in our prevention policy.

The local authority has reduced its out-of-area placements from 13, at its highest, to four. A number of young people have continued to present difficult and challenging behaviour but, through the project, their local placements have been maintained by the intensive support offered.

I have no doubt that without this project more children and young people would have experienced placement moves and some would have ended up in out-of-area residential placements.

The MIST project is an excellent example of partnership working, where professional boundaries have been put aside with the focus being on positive outcomes for children and young people.

Keith Rutherford
Head of Torfaen Children's Services

The word 'MIST' is written in large, bold, hand-drawn style letters. The letters are a light beige color with a darker beige outline. The 'M' is the tallest, followed by 'I', 'S', and 'T'. The letters are positioned on a horizontal line that represents the ground.A speech bubble with a thin black border and a light beige background. It has a tail pointing to the top of the letter 'T' in the word 'MIST'. Inside the bubble, the text reads: 'The MIST project is an excellent example of partnership working'.

The MIST project is an excellent example of partnership working

Executive summary

MIST is a 'wraparound' therapeutic project established in 2004, managed by Action for Children-Gweithredu dros Blant (previously called NCH Cymru) and based in Torfaen. It works with looked-after young people, aged 11–21, who present with such significant challenging and risk-taking behaviour that their placement stability is considerably and regularly threatened. These are young people with complex needs requiring considerable resources to manage them and maintain their safety. The project is in the process of moving into its maturity; it is perceived as providing a highly valued resource and as working very well.

This review was commissioned to establish and separate the factors that currently allow the programme to be successful and those factors that are obstacles to its functioning. This was undertaken by means of a consideration of the programme's delivery and outcomes by an evaluation strategy, which entailed studying the processes involved in the delivery of a service. Additionally, as the evaluation process itself required reflection from the service providers, a culture of 'continuous improvement' was encouraged.

Placement stability is the key outcome measure for MIST, though it is not the only indicator of the effectiveness of its interventions, as psychological and service context perspectives have to be taken into account. To capture all these potential outcomes of how the programme has worked, there was a focus on three individual young people perceived as 'successful' within terms of the project and three perceived as 'unsuccessful'. By interviewing all those carers and professionals involved with these six examples and focusing on the individual and organisational narratives, it was possible to identify the general issues for the service.

The MIST team works with a clear therapeutic orientation derived from a health and development viewpoint in which psychological wellbeing is seen as being enhanced. It is therefore an orientation that is positively focused towards young people and their development. There is a team culture of 'hopefulness'; an approach that does not simplify individuals and an appreciation of the multi-disciplinary context where no one person or idea is right and where everybody has a contribution to make. The team's aim is to connect rather than control, with there being a clear ethic of persistence. The team has a view of the management of risk behaviour as presenting an opportunity that can ultimately be beneficial. The MIST team has an active approach to liaison and works with the professional network so that all professionals involved with any particular young person are actively included and are ultimately seen as working towards the same goal. MIST therefore works to create an active and involved 'team around the young person'.

The foster carers associated with MIST are very committed and are able to work with the young person's agenda; they expect and anticipate problems and they respond in a 'non-emotional' way. They have good communication skills and are not overly psychologically inquisitive of the young people. Carers are particularly pleased with the support they receive for the MIST team.



MIST works with looked-after young people, aged

11–

The review indicated that MIST clearly is operating very well and provides an excellent service for this challenging client group. It is working well because it has:

- ▶ a supportive multi-agency context, which is able to appreciate the needs of a service of this nature and that it is best located within a voluntary sector setting
- ▶ a functioning local structure in which there are capable managers who have considerable experience in this field
- ▶ excellent integration of its three components: the team, foster carers and the wider network. The team manage this integration through the process of therapeutic keyworking, good-quality foster placements that are very well supported and trained, and the ongoing construction of a professional 'team around the young person'

These are the features that would be essential to the establishment of a service similar to MIST in any other location.

Because of its position in the local professional system, some 'by-product' services have developed involving consultation and advice, education and training, and the presentation of a psychological wellbeing perspective throughout the professional network. Through this involvement, the philosophy and orientation underlying the MIST model has become a contributing perspective to the development and management of other services.

There are some potential obstacles to optimal functioning of a project such as MIST. These would include the lack of a multi-agency context and voluntary agency base, the local management structure not functioning well, foster placements being unable to subscribe to the model, disruption by the major processes of other agencies, inability to incorporate one element into the team around the young person and, for some young people, being too close to unhelpful people in their family.

The review identified some local issues that require attention, including the training and management of social workers in psychological wellbeing perspectives, appreciating the full impact of the 16+ processes on this population of young people, systematising the 'by-product services', fully involving educational services at an early stage, the convening of 'disruption meetings' when problems within the professional network have occurred and the importance of maintaining the philosophy/perspective of the project.

An important ethical question in the provision of a programme such as MIST was identified, involving the ethics of offering an attachment-based relationship to a young person lacking in such relationships, with the likely prospect of the significant professionals later withdrawing due to the demands of the programme. To commission services such as the MIST project in an ethical manner involves the commissioning of ancillary services that actively support the psychological consequences of MIST-type outcomes. Because of this issue, there is a need to establish the future direction of the MIST programme, particularly in relevance to its client group, with the options being working with 14+ age group or focusing on younger adolescents in the 10+ age group, as each group will involve slightly different organisational arrangements.



21

as long as it takes

1. Introduction

MIST is a therapeutic project established in 2004. It is based in Torfaen and managed by Action for Children-Gweithredu dros Blant (previously called NCH Cymru). It works with young people, aged 11–21, who are looked after and who present with such significant challenging and risk-taking behaviour that their placement stability is considerably threatened. These are young people with complex needs requiring considerable resources to manage them, maintain their safety and, hopefully, their development. They will have had multiple placement breakdowns and therefore are placed or are likely to be placed in residential provision. Typically, they are excluded from education by their behaviour and attitude and they have frustrated the services of the usual range of child and adolescent helping provision. To address the needs of this client group, the MIST programme provides intensive support to foster carers and intensive ongoing work with the young people themselves.

In developmental terms, the project is in its early stages and is in the process of developing its maturity; it is seen as providing a highly valued resource that is currently perceived to be working very well. This review was commissioned to establish and separate out the factors that currently allow the programme to be successful and those factors that are obstacles to successful operation. It was also envisaged that the process of review would provide several opportunities for feedback and consultation on the process of the programme itself. The fieldwork for this review was undertaken between September and December 2007.

The findings are presented in sections. The first outlines the evaluative review process as applied to MIST. The MIST programme, as it would be described by itself and others, is then presented, thus providing the baseline for review. The third section details the significant observations made during the review, which describes the programme in its optimal operation. There then follows a section on the obstacles to that optimal operation, with some detail on the problems and difficulties that can interfere and handicap such a programme's successful functioning. Recommendations and issues for the future development of the programme and for developing similar services are found in the final sections.



2. A framework – the evaluation rationale

The aim of this work is to evaluate a programme at a particular point in its development in a way that allows the programme developers to reflect on current practices and consider how these could be developed. To evaluate the programme's delivery and outcomes formally, an evaluation strategy based on accepted and transparent processes was used.

What is an evaluation?

An evaluation is applied research for a purpose. It is concerned with making an assessment, judging an activity or a service against a set of criteria that may be set by the service providers themselves. Therefore, the kinds of questions that can be answered are:

How are people responding to our services?

Can we improve the programme?

What happens to our users because of following the programme?

What is actually going on in what we do?

Are we making the best use of our resources in delivering our programme?

In formal terms, therefore, evaluation is the systematic acquisition and assessment of information to provide useful feedback about some activity. The major goal of evaluation should be to influence decision making or practice guidelines through the provision of empirically driven feedback. It needs to be seen a part of a continuous cycle in which the importance of ongoing feedback is emphasised. Hence, the service providers are encouraged to continually reflect on their work and ensure that their services are tailored to meet the changing needs of their clients and, in this respect, the evaluation process built into itself feedback and reconsideration of its outcomes.

The evaluation method therefore entails studying the processes involved in the delivery of a service, whether it is doing what it intends to do and how it can be improved. Additionally, as the evaluation process itself requires reflection from the service providers, a culture of 'continuous improvement' can be encouraged.

Types of evaluation

There are many different types of evaluations, depending on what is being evaluated and the purpose of the evaluation. Perhaps the most important basic distinction in evaluation types is that between formative and summative evaluation.

Formative evaluations strengthen or improve the programme being evaluated – they help form it by examining the delivery of service, the quality of its implementation, and the assessment of the organisational context, personnel, procedures, inputs and so on. These types of evaluations include 'implementation evaluation', which monitors the conformity of the service to its stated goals and procedures, and 'process evaluation', which investigates the process of delivering the service, including alternative delivery procedures.

Summative evaluations examine the effects or outcomes of the programme – they summarise it by describing what happens in the delivery of the service, assessing whether it can be said to have caused the outcome and determining its overall impact beyond the immediate target outcomes. Summative evaluation can include 'outcome evaluations', which investigate whether the programme caused demonstrable effects on specifically defined target outcomes, and 'impact evaluations', which assess the overall or net effects (intended or unintended) of the programme/service as a whole.

Again, specific evaluation projects can use a mixture of these types of processes.

The evaluation of MIST

MIST outcomes

The MIST programme is one in which outcomes, initially, are focused on placement stability. Placement stability is a key outcome measure, although not the only indicator of the effectiveness of MIST intervention. For those young people who are selected for the programme and who remain within a placement over a significant period of time, the work is considered 'successful' on this outcome measurement. For those who do not manage to remain within a placement over a significant period, the work is considered 'unsuccessful' on this outcome measurement.

The outcome of placement stability is, of course, the most obvious outcome when considered from an organisational perspective and this will be linked to the number of children that are repatriated through the process of the programme. However, when the notion of outcome is considered from other perspectives, it includes other issues that need to be taken into account.

From the *individual psychological perspective*, outcomes include educational functioning, ability to deal with life transitions, mental health, reduction of difficult and anti-social behaviour, improvement in relationships with peers, family and other people, and other elements that contribute to the psychological functioning of young people who are known to be troubled and affected by their early developmental history.

From the *service context perspective*, outcomes for a project such as MIST include improvement in understanding of professionals peripheral to the project, development of similar strategies in care contexts that sit alongside the project, improved planning in the caring process, and general improvement in the assessment and recognition of the difficulties that these adolescents bring. These outcomes are the enhancements that arise from placing a specialist programme such as MIST in a particular organisational context.

A further issue that needs to be taken into account when considering the outcomes of a programme such as MIST is that it deliberately selects young people for inclusion who have difficult and troubling behaviour. Therefore, there is a built-in process of selecting adolescents who have been identified as 'failures' in other programmes and with whom it is thought that the provision of typical services will not be sufficient. In this respect, the MIST programme needs to be seen as a 'service of the last resort' in which the usual ideas of success should be absent to some degree.

Therefore, in determining which outcomes to focus on, there are a variety of issues and perspectives to be taken into account. However, some particular issues do need to be noted related to the history of the programme and its size. The programme has not been in existence for very long (four years) and it deals with small numbers of young people at any one time. A consequence of this is that there is a relatively small number of individuals who have completed an accepted period with the programme and, as such, the population to be investigated is quite small.

The MIST programme is one in which outcomes, initially, are focused on placement

Stability

Questions to ask

Therefore, at the current stage in the programme's life, the general questions that need to be asked are:

What works? How does it work? What happens when it doesn't work and why?

Does what is intended happen, and does this provide beneficial outcomes?

What among the programme's components are the most helpful and the least helpful?

Are the programme's components provided in the ways that are intended?

What are the programme's strengths and what are its weaknesses?

When the outcomes are not considered good, in what ways did the programme work and in what ways did it not work?

In what ways does the programme contribute to outcomes that are considered unsuccessful?

However, in order to provide a more focused approach to the evaluation, rather than ask generalised questions about the programme as a whole the evaluation process has concentrated on how the programme has worked for individual young people, particularly for those perceived as 'successful' within the terms of the project and those perceived as 'unsuccessful'. By focusing on the individual, service and organisational narratives of particular 'cases', it is possible to identify the general issues for the service while seemingly dealing with ideographic aspects.

The methodology

Taking all these issues into account, the evaluation strategies suggested by the programme, its context and its questions involve a mixture of qualitative and client participation strategies, with the type of approach being a mixture of formative and summative evaluations. The methods that particularly lend themselves to these issues are focus groups and open-ended interviews.

The basic methodological process is one of a retrospective consideration of the 'history' of particular young people who have passed through the programme. In order to do this, the programme identified three cases of 'successful' placements and three cases of 'unsuccessful/failed' placements. These are cases AC, AIC, JG, LB, NW and TM, and brief histories of these young people are available.

The review process then followed three distinct phases:

A. The orientation phrase

In this phase, the aim was to provide the researcher with an understanding of how the project saw itself in operation and the nature of the difficulties presented by the six identified young people. Within this phase, three activities were undertaken:

1. An orientation discussion with the project manager and clinical lead about the aims and operation of the project and the identification of the six young people to be focused on.
2. A review of the case notes and documentation on the six young people.
3. A focus group with all the project staff considering how the project worked, what the staff felt they did well and what they felt they did not do so well.

The work undertaken in this phase informed the questions that were subsequently asked in the following phase and provided the essential framework for the description of the project.

B. The interviewing phase

This constituted the substantial aspect of the evaluation process, with the aim of obtaining the individual perspectives of professionals, participants and young people on the way in which the project worked. There were two separate components in this phase.

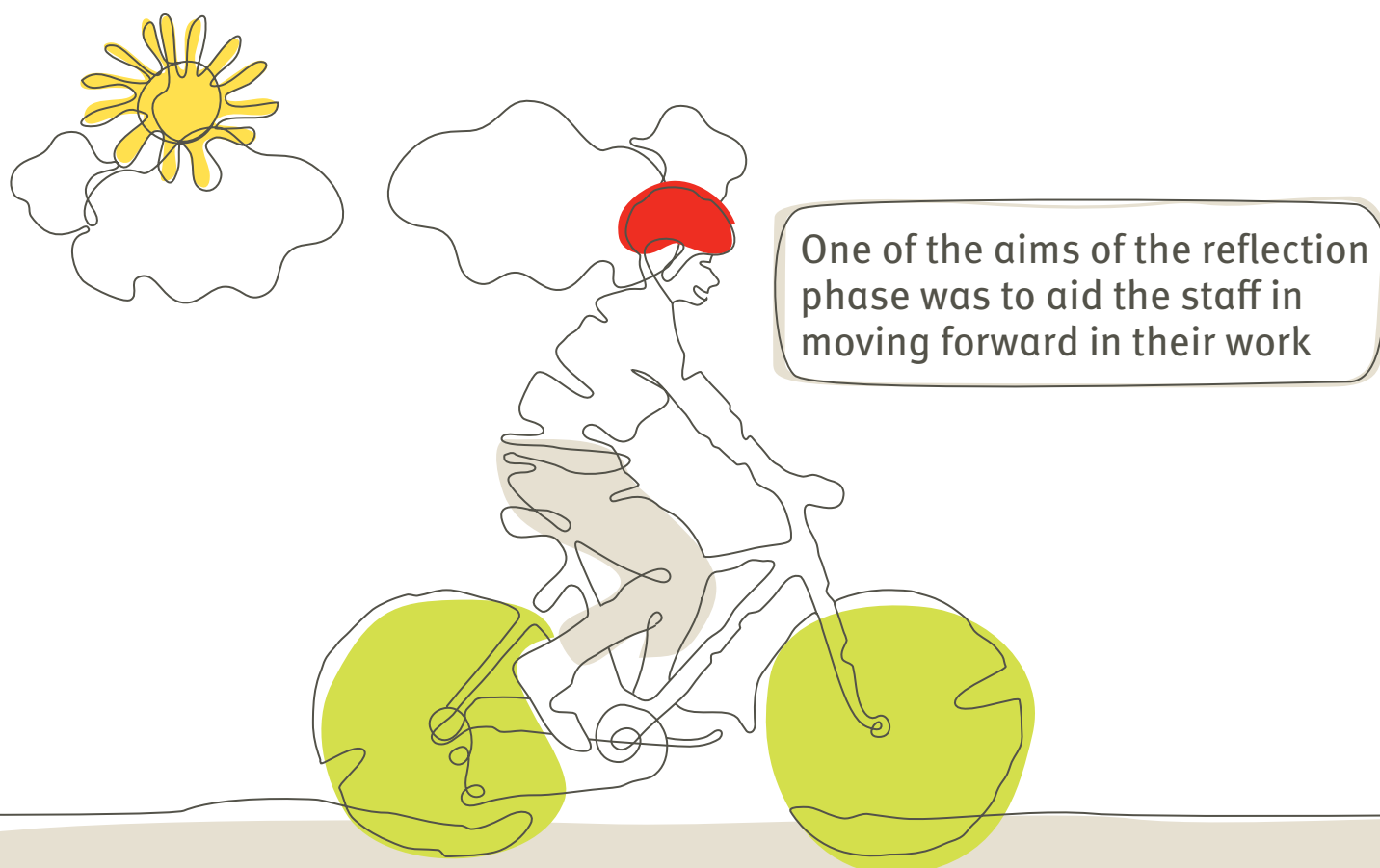
1. Individual open-ended discussions with the project workers, social workers, foster carers, families and other professionals who were involved with the six identified individuals. These conversations were interviews of an open-ended nature designed to identify service delivery and processes that helped or hindered the outcome for that particular individual. This totalled some 26 individual discussions.
2. A focus group of young people on the project (which included one of the six identified individuals) in the form of an advocacy group that looked at what MIST was doing well and what it could do better. This was led by an experienced young persons' advocacy worker, with the researcher attending as an observer.

The work undertaken in this phase, particularly the individual interviews, constitute the bulk of the data assembled during the evaluation process. During each interview, the individual's views on particular themes were noted and were re-presented for the interviewee's further reflection. These interviews were also recorded, with the recordings used to validate recollection on the themes and views established during the interview.

C. The reflection phase

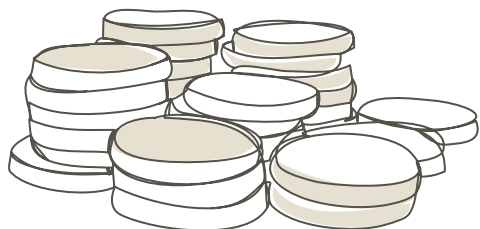
This phase was interspersed with the interviews and involved discussions with the project leaders, both jointly and separately, to reflect on the process of the research. The aim of this phase was to enter into a conversation with the project staff on the research outcomes to triangulate further the validity of the findings, clarifying misconceptions and ultimately aid the staff in moving forward in their work.

The outcome of this phase is reflected in the nature of this final report.



3. The MIST programme

Description of service



Finance and organisational placement

MIST (Multi-disciplinary Intervention Service Torfaen) is jointly funded by Social Services, Education, Health and Action for Children in Torfaen. It is a stand-alone service being managed as an independent project by Action for Children. The programme is financed via funding streams managed by the local authority (Social Services and Education), the Local Health Board, the NHS and Action for Children. It therefore operates organisationally within a multi-agency context. The programme itself is managed by Action for Children, with all of the staff employed by that agency, apart from the half-time consultant clinical psychologist who is employed within the Child and Family Psychology Services of the local NHS Trust. The project is jointly overseen by both statutory and voluntary agencies. The contributing agencies form a service steering group made up of key operational managers and professionals in Social Services, Education and Health. A multi-agency management board also meet to oversee budgets, agree developments and manage agency dilemmas. This group consists of heads of service in all the funding partners.

The programme is an integral part of the Torfaen Social Services placement strategy and there is support for MIST through the decision-making process within this strategy.

Operation of MIST

The original commissioning aim was to ‘repatriate’ looked-after adolescents who were placed in residential units out of county. It fulfils this aim by providing an intensive mental health service to adolescents who either have been in ‘out of county’ residential care or are at risk of being placed in residential care due to their emotional and behavioural problems. Its principal operational focus is to offer an intensive support and intervention service to the young person’s placement, whether this is with family members or in foster care, and as a part of this to work intensively with the young person.

With the resources available to the programme, it operates in three modes by:

- A. providing and supporting therapeutic foster care placements
- B. supporting already established foster care placements
- C. managing family-based care

The programme supports carers in a variety of ways, including a 24-hour on-call service, ongoing advice and supervision, training and education. The service works therapeutically with the adolescents, utilising a variety of individual psychological therapies and activity-based inputs such as drama, music, art, as well as practical support, befriending and learning support. This work with the young person involves regular meetings throughout the week in a variety of locations. Clinical features of the programme involve attempts to promote trust, self-esteem, self-value, autonomy and emotional literacy. It undertakes this by each young person having a therapeutic contract with distinct and specific therapeutic aims for each individual. These aims are reviewed constantly, both with the young person and with the team. Different activities and supports are provided in order to meet the therapeutic aims.

MIST has four therapeutic placements in which the foster carers are employed by Torfaen local authority. The programme is also able to support ongoing placements, as well as kinship placements in which the young person is placed with family members.

There is social services' support for foster carers with regard to management, general support and training. Social services provide one family placement team social worker for all the MIST 'therapeutic' foster carers and this person is an 'external' member of the MIST team and has regular contact. The Recruitment Officer from the family placement fostering team also plays a similar role.

The project works closely with all other professionals involved in the young person's care through consultation, liaison and joint direct work. It, therefore, is a multifaceted programme offering a wide range of intensive supportive inputs and therapeutic interventions individually designed in an overall package to assist in specific circumstances. As such, it is designated as a 'wraparound' service.

The service is jointly managed by a 'project manager', who has a background in mental health nursing for adolescents, and a clinical psychologist with a background in young person and adolescent mental health, who provides the 'clinical lead'.

The referral process

There is support through the social services' management structure for referrers prior to making referrals.

The referral process involves a consultation with the referrer, followed by a letter. At this point, the assessor (usually one of the managers) from the team may determine that, for a variety of reasons, the particular case is not suitable for the involvement of MIST and the referrer would be informed of this. For those cases where MIST is considered appropriate, there is a discussion at the steering group before an assessment is undertaken. Following approval, the assessment process then involves one or two members of the MIST team.

The MIST assessment process

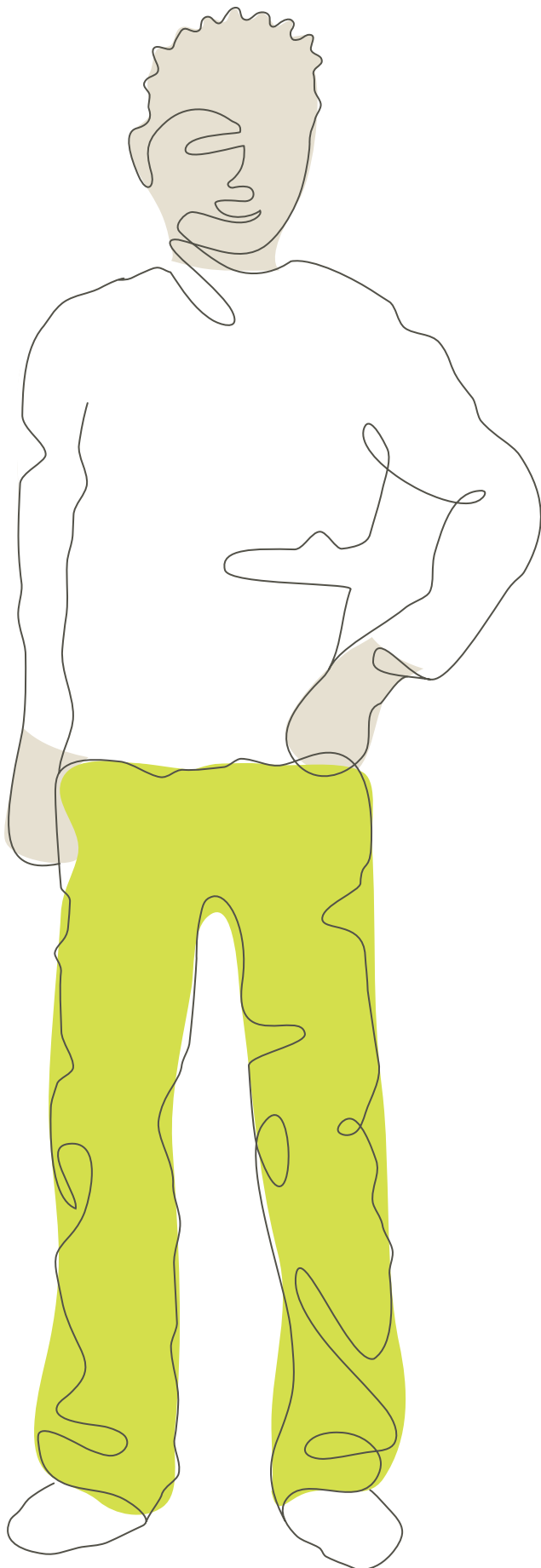
The assessment process involves:

- ▶ some sessions with a MIST team member to consider the process of engagement of the individual young person
- ▶ an assessment of the level of risk and its manageability for this young person
- ▶ a consideration of what foster care needs the young person has and whether these can be matched with the carers available
- ▶ a consideration of what processes are likely to be successful for this individual
- ▶ an assessment of educational issues
- ▶ through assessment interviews, consideration of the family's strengths and resources, particularly noting their commitment to be involved in the process

If it is felt that a wraparound intensive service is not required, then the case is not accepted and consultation/advice is provided to the professionals involved in the case. For those cases that are accepted, the process of preparation for the young person to join the programme is then initiated; this process may be over several months and involve work with residential placements.



Support



Accepted cases

The cases that are accepted have particular characteristics:

- ▶ a history of multiple placements
- ▶ for a variety of reasons the individual may not access educational provision, certainly of a mainstream nature or alternative curricula provision
- ▶ all cases of have had past experiences of CAMHS
- ▶ all young people are involved in significant risk-taking behaviour involving the law, sexual activity and exploitation, drugs or frequent absconding
- ▶ the young people have a variety of difficult, complex relationships with their family, including siblings in alternative care, involvement of the police, and parents' drug dependency and mental health problems
- ▶ the MIST team consider that all the cases they accept have some aspect of 'treatability' in which they stress that there is a potential for change in the young person and possibly in the family

There are approximately 10 cases ongoing in the core service at any time with a three- to six-month period being the most intense activity, beginning three months after the case has been accepted onto the project. The team believe that the ideal placement is 18 months in duration, with an involvement of up to three years. Most individuals require some form of outreach or after-care provision and contact with the young person can continue for some while before the case is closed.

The project works closely with all other professionals involved in the young person's care through consultation, liaison and joint direct work

4. Observations from review

Operational management of the team

Local management

The team is led in a joint manner by two professionals who have extensive child and adolescent mental health service experience. The 'team manager' has experience as a psychiatric nurse specialising in adolescence. The 'clinical lead' is provided by a consultant clinical psychologist who works half-time on the project.

These professionals have extensive experience in providing clinical services of a general nature and therefore are very familiar with the clinical processes associated with children and psychological therapies related to child and adolescent situations. In this regard, they both have experience of intensive work with this client group and of working in clinical services with 'looked-after children' as their clientele. They are also experienced in working in multi-disciplinary and multi-agency settings.

The team managers have constructed a very close and tight-knit team in which all young people on the project are known by all members. Supervision is provided to all team members on a regular basis; this is to ensure that the clinical work undertaken is within the framework and philosophy that has been established. In this manner, the nature of the supervisory and management relationships within the team are similar to those found in therapeutic teams providing services to adolescents within the NHS and the private sector.

As the team is small, it is able to transmit information to and from different members rapidly. As well as the informal process, there are regular reflection meetings about how each young person is progressing and how the programme is developing in response to their needs. These meetings not only focus on how the programme and the young person are managing but how the other professional and non-professional systems around the individual are dealing with the situation.

Managing risk

The team operate with clear guidelines and communications about potential problem areas for each young person. For each individual, each type of risk is evaluated and has an established protocol to follow should that difficult behaviour occur. For example, if a young person absconds, the protocol details who should be contacted, where the young person is delivered when found and how the aftermath should be dealt with. For young people whose behaviour is likely to be very variable at different and problematic times, there are clear placement timetables that are shared with all those involved.

In being a small team with a limited number of clients, it is possible for there to be good communication between team members. Such is the effectiveness of this communication system that any team member can respond with knowledge about any queries concerning a young person or in response to any difficulty. However, this informality of communication has a negative consequence in a somewhat loose approach to record keeping. It is important that the team managers address the issue of the quality of files and record keeping.

Liaison

There is a considerable degree of liaison work with other professionals involved with the young person. This is highly valued, as it is considered important that the system around the young person works collaboratively to support the individual and to model positive relationships. Therefore, each member of the system is fully informed to enable consistency of approach and response. This reduces the potential for division as this decreases confusion for the young person and promotes positive decision making.

Foster care support

The team provides 24-hour advice and consultation to foster carers. During the working day, there is a high degree of involvement between team members and foster carers in which difficult behaviour is discussed and advice on strategy is offered. The 24-hour component is available via telephone consultation and potentially visits outside the working day. There are also regular scheduled supervision sessions for individual foster parents. The carers also take part in the case reflection and review meetings built into the programme and a monthly carers group is also organised.

Overarching perspective

Given the background of the managers and the therapeutic orientation of the project, the overarching perspective is derived from a health and development viewpoint in which psychological wellbeing is enhanced. It is therefore an orientation that is positively focused towards young people and their development.

Stemming from the team managers, there is also a clear, active model of practice that is theoretically based and which directs all aspects of the work of the project. This model has three distinct components: firstly, there is an underlying approach derived from humanistic psychology that informs and is linked to the second component, namely child developmental theories, particularly social learning models and especially attachment theory. These 'internal' psychological models provide a framework for the team activities undertaken with individuals that is delivered in standard 'therapy packages' as well as innovative approaches. The third component is a systemic orientation and understanding of organisations, families and care systems around adolescents and the provision of therapy. This component is obviously more directed at the networks that surround the young person and indeed the programme. The team therefore possess skills in emotional and behavioural containment and the change process at an individual and systemic level.

Supervision

As the work involves close intense therapeutic involvement, the personal element necessary in such activity is also attended to. The managers provide an opportunity for self-reflection for staff in terms of the 'process of the self' in relation to the client. In order for this to be successful, it is necessary for the workers to have therapeutic skills and background and be able to continually reflect on the nature and process of every detail of their relationship with their clients.

Supervision is organised in such a way as to help the staff manage difficult behaviour in adolescence by emotional attunement so that not only is the behaviour managed but also the establishment of trust is an achieved outcome. It is evident that all staff need acclimatisation to this way of working because the behaviour of the young people is challenging, personally pointed, aggressive and often sexually loaded. Only those who have experience of working with young people and are capable of the intensity demanded of therapeutic activity are able to take on this work.

Statistics

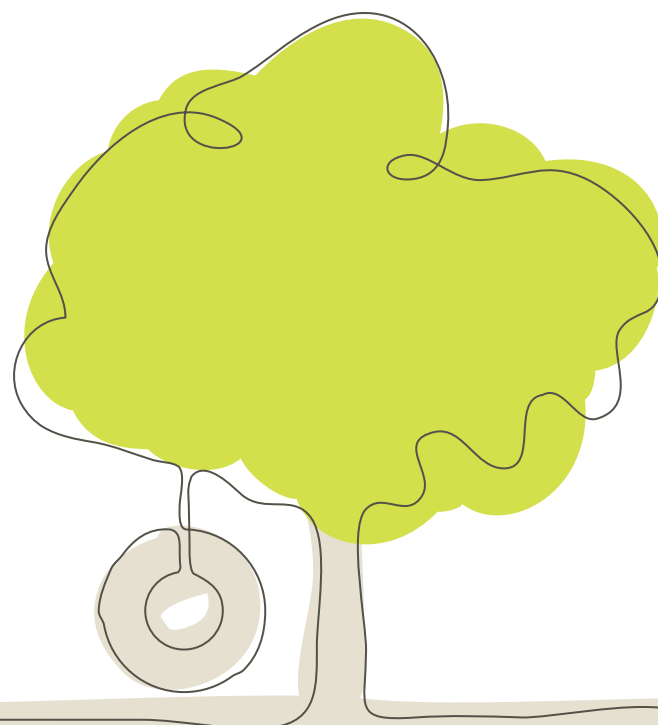
The team keeps statistics that focus primarily on the intensity of involvement and include items such as frequency of telephone calls and personal contacts. This audit process is only able to describe one aspect of the work of the programme. Unfortunately, there is no system for recording the incidence of behavioural problems or difficult situations that arise for each young person. It would be a helpful to develop a system for recording and assessing the incidence of difficult behaviour and problematic situations for each young person. Such an accounting system would also indicate the process of the programme in individual cases. The project managers should address this issue.

The MIST culture

Within the team, it is evident that there is a distinct culture derived from the theoretical and philosophical orientation.

- ▶ There is a notion of ‘hopefulness’ in which it is viewed that everybody can be worked with, and that everyone is worth taking a risk for. This latter point is particularly important as it related to the way in which team members know they will have to operate as active advocates for the adolescent within the immediate professional network.
 - ▶ There is a clear desire not to engage in stereotypical views and prejudices and in this way an approach of ‘not simplifying’ individuals or situations. They consider that everything can be accounted for and understood within some therapeutic and theoretical frame.
 - ▶ They have an appreciation and understanding of the multi-disciplinary context where no one person or idea is right and where everybody has a contribution to make. The fast pace of the work that they undertake requires that different ways of understanding behaviour must necessarily be adopted when there is considerable stress and change. Consequently, they are very aware that no one view can dominate or be seen as being the concrete explanation of what has taken place.
 - ▶ The aim of the work with the young person is to form a trusting relationship in which there is a considerable connection between the worker, foster carer and the young person. In this sense, the aim is to connect, rather than control. Such a view clearly can result in the team holding on to views that conflict with agencies where a different approach necessarily is involved.
- ▶ There is a belief in the team that the community/ network around the young person is vital and that the support and containment needs to be extended to the surrounding professional and family systems. At times, this can result in the team putting more effort into the network than the young person as it is considered that this will be of most benefit to the young person. This belief results in a multi-layered approach to providing support for the network relevant for each young person.
 - ▶ There is a belief that change happens through experience and that, if the opportunity is made available, experience can develop and grow and therefore change can occur.
 - ▶ There is a clear ethic of persistence that derives from a view of the young person being worthwhile. The team operates on a philosophy of ‘stopping not being an option’.
 - ▶ The team have a clear view that crises and problems present the young person, and indeed everybody concerned, with an opportunity to work with an issue and develop from the difficulties that these circumstances produce. The team therefore have a view of the management of risk as presenting an opportunity that could ultimately be beneficial. There is awareness that at times this view may be in conflict with the need to control and manage, and contrasts with the child protection perspective that, of necessity, has to focus on the negatives of situations.

The aim of the work with the young person is to form a trusting relationship



Therapeutic keyworking

Each young person is assigned a keyworker who operates in a variety of modes with the young person, their carers and the wider network. The functions the keyworker attempts to fulfil with a young person include those of befriender, counsellor, mentor, adviser, therapist, programme organiser, liaison worker, advocate etc. The relationship derived from these roles focuses on the establishment and maintenance of trust, with the clear aim of having the young person recognise that he or she is dealing with a 'different type of professional'. Within this relationship, there is a consistent focus on the young person's 'agenda' and in this way much of the content of the conversation is on topics and perceptions that are brought by the young person. From this foundation, rooted in the relationship, it is hoped that more adaptive sets of perceptions and behaviours and a more mature emotional response can be acquired. These gains are not achieved by 'sit down and chat' sessions but via a range of activities and in a variety of locations.

The different activities undertaken include activities to keep fit, creative play, involvement with music, shopping, and also standard packages such as anger management and the improvement of self-esteem. Each young person, therefore, receives an individualised programme of multiple therapeutic interventions designed to assist their particular temperament and difficulties and adapted to their circumstances. All these interventions run alongside an active and involved response to the problems and difficulties that arise through the young person's care, which, for this client group, are numerous and frequent.

Of particular importance for most young people is help with their relationships with their family and this is achieved through the integration of work undertaken with parents and other family members. A feature of this work involves managing relationships and contacts with family members, which may include formalised sessions of family therapy.

Additionally, the keyworker is integral in managing the link between the young person and the educational services. This can range from liaison with professionals to assisting in home tuition sessions and providing active support in schools at problematic times.

The keyworking relationship requires regular intense involvement between the worker and the young person, with meetings three, four or even five times per week. What is different compared to most professionals engaging with young people is the intensity involved, and because of this, it is difficult to estimate and calculate the amount of time to be spent on any particular activity. It is evident that complexity takes time.

The aim is to give the adolescent a different experience of working with their problems and with professionals, and by this means allowing the adolescent to acquire a different meaning about dealing with the issues.

For most young people, it is not possible to provide all the above functions in one person as circumstances often dictate the need to separate out particular activities; for example, working closely with the family and then working closely with the young person. Recently, the team has moved to create clear role definitions and functions for different workers with the same young person and, as the team is small and the internal communication good, a consistency of advice and activity is maintained. The team are now in the process of considering how to balance the different skills necessary for the programme and how to make this clear in the recruitment process.

In clinical terms, the process of the work is to provide an emotional and behavioural containment for the young person. It is undertaken by a mixture of processes and strategies underpinned by an approach that seeks to establish an attachment dynamic between the young person and keyworker, and between the young person and their carer.

When this attachment is established, significant individual changes are seen, providing a firm base for maintaining the adolescent young person in placement and then assisting with future development. However, the clinical process within the programme does not actively move on from the establishment of attachment and the management of difficult behaviour to the challenging of the 'internal working model' of the young person. An approach that takes a further step with young people would be beneficial and should be considered by the project leaders.

The team is appropriately concerned with the issue of 'closing a case' and when to cease their involvement. This is relatively easy for 'unsuccessful cases' where the team can reciprocate the current active internal working model in a positive way, as this allows the young person to determine the process of closure by their own actions. However, it is more difficult for cases that are proceeding successfully as therapeutically meaningful relationships have been constructed that continue to benefit the young person. Importantly, due to the nature of the young person's problems, these relationships are likely to represent their only relationships that hold attachment qualities. Given the developmental history of the adolescents that MIST caters for, it is of central importance that these relationships should continue and consideration needs to be given to how they can be incorporated into the programme. It is important for clear decisions to be made about future involvement with these young people and these decisions may involve the development of outreach services from the current programme.

Foster carers

MIST operates two types of foster care programmes, therapeutic and supported. The therapeutic foster carers attached to the team receive regular supervision and attend a variety of meetings. They also receive a different enumeration package to other foster carers. There is a specific training programme for therapeutic foster carers to which the carers must make a regular commitment. Other foster carers attend the training events at different times. The MIST team managers feel that they can fully prepare the therapeutic foster carers for their role and hence, on occasion, match foster carers with young people. Therapeutic foster carers also provide the possibility, due to their involvement with the programme, of maintaining relationships with young people after they have moved on. Their inclusion as part of the MIST team also allow the managers to be firmer with the therapeutic foster carers about therapeutic goals and therefore be more directive in the way in which they see certain situations develop. When carers are of the 'supported' variety, there is a need for more fluidity in terms of case management, often resulting from the young person being in placement before a referral to the programme was made. There clearly is a difference in the authority relationship between the team and supported foster carers to that between therapeutic foster carers and the team; the team can offer direct instructions to the therapeutic carers whereas they can only offer 'advice' to the supported carers.

Although there are clear differences in organisational arrangements for the two groups of carers in terms of the way in which the programme runs, there is little difference in the day-to-day operation.

A very valuable
characteristic in
a foster carer

Communication

Foster carer characteristics

From interviews with the carers, it is evident that as a group they have particular characteristics:

- ▶ They are very committed to working with this client group and feel a natural affinity for working alongside adolescents who are encountering difficulties.
- ▶ They have a natural way of being involved with the young person so that, in a manner similar to the keyworker relationship, they can work with the young person's agenda.
- ▶ They have good communication skills that are clearly enhanced for communicating with young people.
- ▶ They expect and anticipate problems to arise in the caring of young people and, when such difficulties do emerge, they respond in a 'non-emotional' way. This is demonstrated by dealing with a problem in a matter-of-fact, 'let's get on with it' approach with no outward display of negative emotions. It is an active, problem-solving way of dealing with adolescents but one that does not neglect the authoritative aspect of parenting.
- ▶ Related to the non-emotional response, the carers deal with young people in a manner that is not psychologically inquisitive. Adolescents who meet many difficulties tend to experience questions and inquiries about motivations and reasons for their behaviour as being very intrusive and blaming. An interactive approach that does not imply an immediate wish to discover the psychological causality behind any act is an approach that, in the long-term, encourages more personally reflective behaviour. This approach is found in all the carers.
- ▶ It is very clear that the foster carers bring a wealth of experience of managing young people and different situations, however they temper this experience with a clear view that they do not know everything and there is still much to learn. As a group, they therefore want to take a problem-solving approach and are very willing to take advice.

The foster carers' support involves regular meetings, consultation, supervision training and 24-hour availability. The frequency of contact with each foster carer varies according to the intensity of difficulties the young person presents at any time and ranges from weekly meetings to daily involvement. The support extends to be available during crisis even if this involves some contact out of usual working hours and telephone contact is always available. Even though the frequency of out-of-hour's calls is variable and sometimes not great, its existence is a great support to the foster carers.

The foster carers all pointed out that the way MIST deals with them is different from the usual way that they have encountered from social workers and other professionals. They all describe the MIST approach to them in similar ways:

- ▶ They are actively involved in what is going on in the placement in a day-to-day way and dealing with the pleasures in the same way as the pains.
- ▶ The foster carers saw MIST as having a practical approach, which meant they helped them directly and they did this in a flexible way that corresponded to the needs of the young person. They saw MIST as dealing with the young person in a more 'normal' way.
- ▶ The foster carers clearly saw that the MIST staff were very familiar with all aspects of each adolescent and that they were informed and knowledgeable about how a particular young person was behaving at any given time. They saw the keyworker relationship as being the origin of this knowledge as it operated in ways they could appreciate, given their day-to-day involvement with the adolescent.
- ▶ MIST was seen as having a non-blaming approach not just for the adolescent but also for the foster carer. There was an understanding that mistakes would be made and problems would arise and following acknowledgement of these, it was easy to move on. This perception clearly encouraged foster carers to have more reflective discussions about the difficulties that they were encountering rather than there being a critical inquest into what may have happened on any incident.

- ▶ All carers referred to the way in which the MIST team were consistent in the advice that they offered and that no matter who the carer spoke to, they knew that that person had as much knowledge about the young person as anyone else.
- ▶ The foster carers referred to the way in which they felt empowered by the inclusive way in which they were incorporated into the MIST process and decision making.

The wider network – the team around the young person

MIST works with the professional network in such a way that all professionals involved with a young person are actively included and are ultimately seen as working towards the same goal. MIST therefore works to create an active and involved *team around the young person*. The clear aim is to move professionals from an individual approach based on a sole-agency perspective to one where there is a systemic view and a shared ownership of all problems. Within this, it is recognised that different agencies and individuals will have different thresholds for managing risk, and it is anticipated that by its activity MIST will contain both organisational and individual anxiety about such risk. It does this in the hope that a common approach to difficult and problematic behaviour will be maintained. In many ways, a central function of the MIST team is to assist agencies in managing the risks that these young people bring.

MIST attempts to create within the network an agenda that primarily is involved in maintaining the placement and ‘managing the possible’. This is a straightforward problem-sharing agenda based on the sharing of realistic assessments of both the situation and the young person, and includes the continual support of finding solutions that focus on local circumstances. Within this agenda, there is the encouragement of breaking established patterns of behaviour not just in the young person but also with regard to the agency response to the young person.

MIST is aware of the difficulties that this approach brings as each agency has a different focus and emphasis that does not always allow for the flexibility derived from 24-hour involvement and that does not have a psychological or developmental orientation.

Although the MIST team believe that they provide a separate programme involving family placement, this aspect, apart from obvious placement location differences, does not stand out as a separate entity. The work undertaken with families in this situation is simply an extended version of that based in foster care undertaken with families. The nature of the young person’s family and their own personal difficulties necessitate a comprehensive approach to the network team and can therefore be seen as an extension of this network approach.

Within the terms of the team around the young person, MIST is clearly seen to be working best when it is driving the agenda and when it is leading on the decision-making process. There are, however, clear difficulties in establishing the functioning of this ‘team’:

1. It is evident that due to the way educational services are constructed, with the ‘managers’ (headteachers and project leaders) effectively autonomous, it would appear that they have not been able to adjust their system to account for the processes of the programme in the same way that the social services department have.
2. There is an inherent tension between the activities of social service department social workers and the MIST team, which revolve around perceptions of authority and skill availability. For some social workers, there can be a view that MIST team members undertake some of their tasks and display some of their skills simply because ‘they have more time’ and that the MIST team could potentially seek to direct activities with the young person for whom they ultimately carry case responsibility. At a professional-to-professional level, this issue is managed successfully in most cases; it nevertheless has a continual presence and needs to be considered in all contacts.

3. Some of the above difficulties are related to problems that occur from the time when a young person is accepted onto the MIST programme. Due to the complex nature of the client group's needs and the past problems with a variety of agencies struggling to meet their needs, the outcome can result in the young person entering the programme lacking a comprehensive multi-agency and meaningful care plan. This difficulty also extends to educational services where there tends to be a failure to have in place appropriate educational provision and an individualised learning plan at the time of referral. These difficulties at the outset, although not uncommon for this client group, do tend to handicap the initial stage of working with an adolescent and can and do create problems in identifying and establishing a network team focused on a common goal.
4. Other agencies introduced particular protocols for young people at particular times, which have a disruptive effect on the overall process of a young person's management within MIST. The most obvious example of this is the 16+ service of the social services department. The MIST programme deals with the adolescents at a particular 'developmental age' rather than their chronological age and hence the processes that emerge for dealing with a young person of 16 are not necessarily the same as applied by the processes of the Social Services '16+ Service'. On the occasions where the Social Service's '16+ Service' have become involved with a young person simply due to their age, clear difficulties have emerged in the flow and direction of MIST's work with that particular young person.

'By-product services'

Since its inception, MIST has become involved with a wider range of services dedicated to looked-after children and troublesome adolescents, and its staff have begun to fulfil some other functions as they are seen as possessing expertise with this client group. The MIST team has also naturally extended its training role within the wider range of service provisions to other agencies. Therefore, MIST has come to provide what can be termed as 'by-product services', which were not envisaged when the programme was initially constructed but which have developed in an incremental way from its operation. These by-product services fall into three categories.

Consultation and advice: Initially the team offered their view on situations to those professionals involved in cases that were referred, whether or not they were accepted by the programme. Gradually some social workers have sought the team's views on cases that are understood from the outset to be unsuitable for inclusion in the programme. Advice and consultation are sought on a wide range of problems, either through informal and accidental meetings between professionals or through a more formal request for a consultation 'appointment'. This activity has now been extended to providing consultation and advice to other agencies and authorities investigating the possibility of setting up projects similar to MIST.

Education and training: The MIST team now offer a variety of training packages to Torfaen's professional staff, many of whom are unlikely to have any direct involvement with the team. Such staff groups range from foster carers to teachers and involve training on themes such as attachment, behavioural management in foster care and dealing with troublesome adolescents. As the reputation of the team has grown, so also have requests for team members to provide training and educational inputs on the operation of the MIST programme to agencies and services outside the borough.

Presentation of a psychological wellbeing perspective: As a direct consequence of its multi-agency focus and its support from higher management in the agencies, through its own manager MIST is represented on several fora where services for looked-after children are discussed. Through this involvement, the philosophy and orientation underlying the MIST model has become a contributing perspective to the development and management of other services.

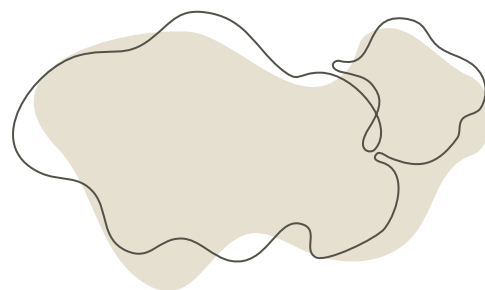
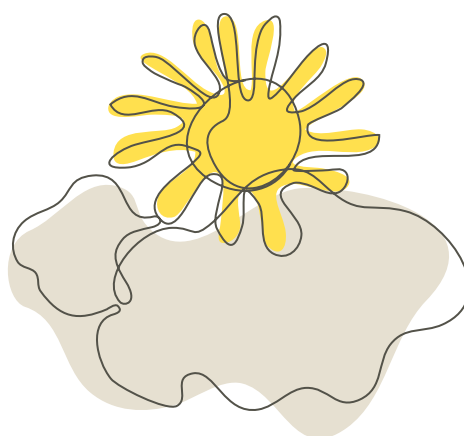
Summary: It is working well...

MIST, clearly, is operating very well and provides an excellent service for this challenging client group.

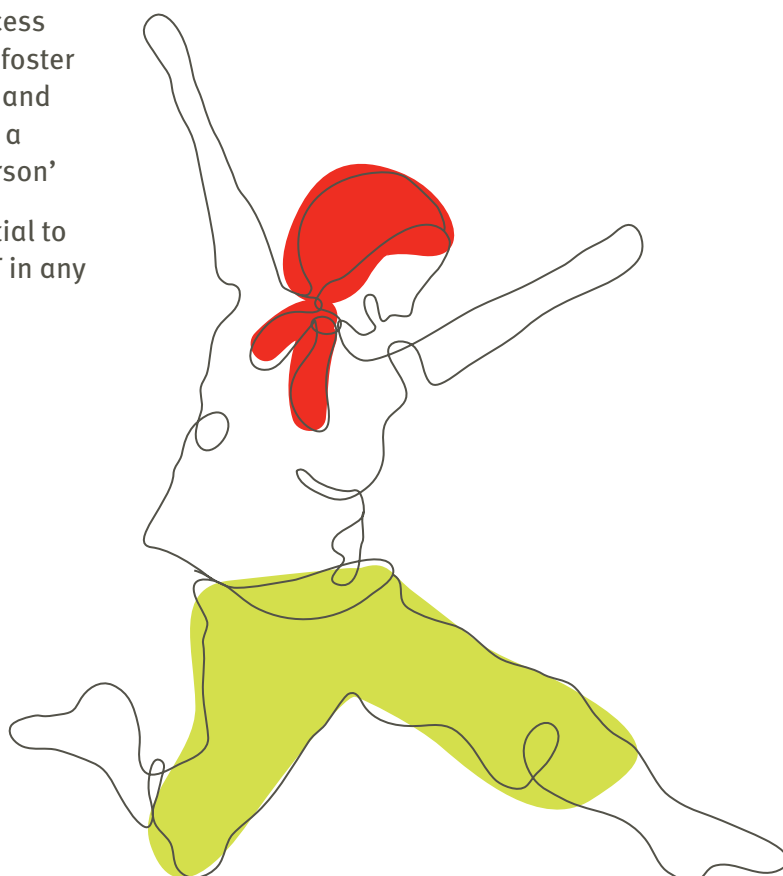
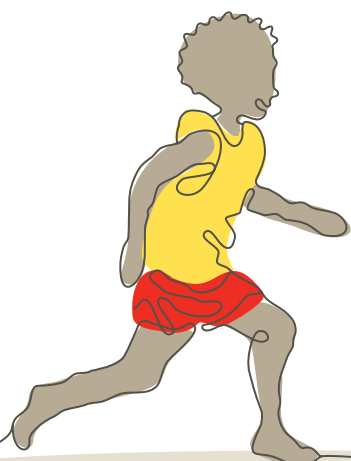
It is working well because it has:

- ▶ a supportive multi-agency context that can appreciate that a service of this nature is best located within a voluntary sector setting
- ▶ a functioning local structure in which there are capable managers who have considerable experience in this field
- ▶ excellent integration of its three components: the team, foster carers and the wider network. The team managed this through the process of therapeutic keyworking, good-quality foster placements that are very well supported and trained, and the ongoing construction of a professional 'team around the young person'

These are the features that would be essential to the establishment of a service such as MIST in any other location.



MIST, clearly, is operating very well and provides an excellent service for this challenging client group



5. Factors affecting successful operation

Multi-agency context

This problem has not occurred in Torfaen, though the understanding of multi-agency working is different at the different levels of each organisation and hence a continuing dialogue between agencies is necessary.

The multi-agency context places the programme within a voluntary agency location and this provides an autonomous position from which the programme can function. A programme of this nature would not prove to be successful in the long term if it were located in the social services department, in educational services or in the NHS, as each of these locations would not be consistently able to provide the philosophy, supervision and team management processes that are necessary.

Functioning of local team structure

There was an issue with this in the past, with an inappropriate appointment. With changes in staff, this matter is now successfully resolved.

The two current job descriptions of the leading professionals in the team reflect a health service model of team manager and clinical lead that presume particular hierarchical arrangements and a division of labour that does not necessarily conform to the activities of MIST and the authority structure necessary in the service. More appropriate designations could be found. It is therefore important that the current job descriptions/person specifications of these two posts be reconsidered, particularly if and when there is a future appointment. This is to ensure that appointments can reflect the ongoing nature of the project where there is no ambiguity about roles, the process of authority and managing clinical practice within the team.

Foster placements are unable to subscribe to the model

There have been occasions when foster placements have been unable to subscribe to the model. The MIST team and the placements team now have a much clearer view of the characteristics of foster carers and the requirements of placements that need to be incorporated into the programme. Successful placements will be achieved by successful recruitment, together with ongoing support and training.

Disruption by the major processes of other agencies

Other agencies undertake major processes with regard to the management of young people at particular points, as this follows their usual practice. These changes can undermine the stability being sought for the young person and possibly creates additional stresses in a situation that is already stressed. This particularly applies to the imposition of 16+ Service transfers within the social services department without long-term planning and due consideration for the particular circumstances of each young person. The social work system and social service management process have not recognised the full impact of the changes that come with the bureaucracy and change of approach that are introduced by 16+ Service. An innovative approach will be required to overcome this issue and will require a continuing dialogue between MIST and Social Service management.

One element necessary in the operation of the project is not incorporated into the team around the young person

For a variety of reasons, some serendipitous, some related to particular personnel and some related to bureaucratic procedures, it is not fully possible to construct and maintain an integrated team around the young person. Examples have been the lack of an allocated social worker, the police having a different approach to a young person, Youth Offending Team procedures etc. When the network team fails, direction and consistency are lost in managing the young person's behaviour. Even though the MIST staff, often supported by other professionals in the network, attempt to eliminate and even surmount such difficulties, these problems do and will continue to occur by the very nature of the work and the systems in which it is embedded. Where such problems are significant, it would be helpful if the equivalent of a 'disruption meeting' be convened so that professionals can be debriefed about their role in the matter and agency managements can reflect on the process.

There is an unhelpful geographical location – too near unhelpful people

A special case of one element not being incorporated into the 'team around the young person' concerns the activity of family members. Not every family is supportive of MIST's and other professionals' efforts. Sometimes, fortunately, this does not interfere with the ongoing work, however, there are times when the nature of familial relationships and interactions handicap a young person's management. A common clinical phenomenon with MIST's clients is that they find it difficult to extract themselves from unhelpful family involvement. At these times, it is invariably the close proximity of the young person to family members that results in a continuation of problems. Obviously, in such situations it is not possible to move the family. Therefore, there are a small number of young people for whom a placement near home (ie Torfaen) may not carry any advantage and indeed be a disadvantage. Therefore, some situations can be envisaged in which the 'location' needs of the young person directly contradict the Welsh Assembly Government's aim to repatriate looked-after children to local placements. This, therefore, is an issue that requires further discussions with policymakers.

There are a small number of young people for whom a placement near home may not carry any advantage and indeed be a disadvantage



6. Issues that require attention

Throughout the evaluation of the MIST programme, particular issues have emerged that need to be addressed at different levels of the system in which MIST operates. These have already been outlined above and can now be listed.

Organisational context level:

- ▶ appreciating that power issues predominate throughout the professional network
- ▶ the training and management of social workers in psychological wellbeing perspectives
- ▶ appreciating the full impact of the 16+ processes on this population of young people
- ▶ securing full involvement of educational services in the process of the project
- ▶ considering that not all young people need to live near their familial home

Management structure level:

- ▶ appreciating that power issues predominate throughout the professional network
- ▶ appreciating the full impact of the 16+ processes on this population of young people
- ▶ systematising the ‘by-product services’
- ▶ management structure, job descriptions and person specification

Local management level:

- ▶ maintenance of philosophy/perspective
- ▶ appropriate management of files and records
- ▶ accounting process for problems – a way to collect statistics
- ▶ the convening of ‘disruption meetings’ when problems within the professional network have occurred

Clinical issues:

- ▶ the project helps individuals deal more appropriately with their ‘internal working model’ – from this base, it is important to develop processes in which there is a confrontation of the internal working model
- ▶ it is important for clear decisions to be made about future involvement with individuals whose time with the programme may be closing

Ethical issue:

- ▶ It has become apparent in undertaking this review that there is a significant underlying ethical question that needs to be addressed by all levels of the organisational network and particularly by commissioners. This issue involves the ethics of offering an attachment-based relationship to a young person/ adolescent who is lacking in such relationships with the prospect of the significant persons later ceasing their relationship because of the professional demands of a programme. There may well be an argument to find ways of maintaining the relationship or strategies for transferring the young person to another attachment-based relationship that is professionally inspired. To commission services such as the MIST project for the population it serves in an ethical manner will involve the commissioning of ancillary services that go on to support the psychological consequences of MIST-type outcomes. The way this particular issue is resolved for MIST will have a considerable impact on how the programme comes to function in the future.

7. The future: for MIST and the local commissioners

There is a need to establish the future direction of the programme, particularly for the client group it is directed towards. The options are:

1. Working with young persons, 14+ years

This would be a continuation of the current practice and it would be important to develop work around the 16+ transition to then include outreach work into young adulthood. It is possible to conceive of a model in which there is 'post-placement' therapy and support undertaken by experienced therapists for clients in the 18 to 21 age group. This could be provided by a group of workers who have involvement with the pre-16 services.

2. Working with younger adolescents, 10+ years

This would focus on a younger age group who would have more active attachment issues. This programme would operate in two phases, in which phase 1 deals with the development of trust and phase 2 challenges the young person's original foundation on which their trust has been based. Once the second phase is completed, it would then be possible to move them on from their placement. Currently the project offers an intensive phase 1 process on placement that is highly successful, with phase 2 aspects (due to the age of the young people) occurring in the post-placement period. The move to a younger and more all embracing attachment model would require services to be developed in a different direction.

'It's no good having bits and pieces of things, you need the whole package. It's like a jigsaw; you can't do it if some bits are missing. MIST is the whole thing and then it's up to you.'

MIST client

At the same time as the evaluation process was undertaken, a research literature review was prepared called *A review of principles, processes and procedures in the foster care of children and adolescents*. This is available from the MIST office.



growing
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The Multi-disciplinary
Intervention Service Torfaen

MIST

Eddy Street, PhD

Eddy Street is a Chartered Clinical and Counselling Psychologist. He is an elected Fellow of the British Psychological Society and a Senior Practitioner on the Register of Psychologists Specialising in Psychotherapy. For over 30 years, he worked in South Wales in NHS Child and Adolescent Mental Health Services. His interests include family interaction, the effect of stresses on children, the means by which families deal with a variety of chronic physical conditions and child development in abusive environments. He has been instrumental in setting up mental health services for looked-after children and has published widely on themes related to his work. He is a past editor of the *Journal of Family Therapy* for the Association of Family Therapy and is an author of standard texts on family therapy. He currently works in a freelance and private capacity.

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