

November 2008



Action for Children briefing



Action for Children's work with children in care – the value of therapeutic treatment

Summary

This briefing paper highlights the importance of therapeutic treatment for children and young people in care. Action for Children recognises the need to support this vulnerable and often emotionally demanding group, and has sought to integrate therapeutic support into our work with the children and young people in our care.

We believe that therapeutic treatment must be available for all children and young

people who need it. We know that therapeutic treatment is a valuable tool in increasing emotional wellbeing and improving outcomes for some children and young people in the care system.

Therapeutic treatment can help make the care experience for children and young people a better one. We believe opportunities to expand therapeutic treatment further must be explored.

Therapeutic interventions for children in care

Action for Children has a number of services that incorporate innovative therapeutic interventions and we work with children and young people who need additional support while in care. Some of these services have been developed internally and others in support of government pilots; all aim to improve outcomes and support the emotional wellbeing of children and young people.

Action for Children is using therapeutic treatment to help children and young people in care who have complex needs and challenging behaviour, including offending

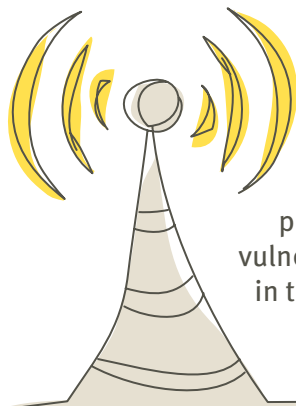
behaviour. Therapeutic interventions are being successfully used to maintain stability and security for children and young people and to prevent foster care placement breakdowns. Therapeutic intervention is also being used to support carers to ensure that every child or young person's experience of living in care is positive.

This paper explains how Action for Children uses therapeutic treatment to support children and young people through their time in care and demonstrates the positive effect this has on their lives.

as long as it takes

Government pilots: foster care

As a group, children and young people in care have faced more troubles than others. Up to 70 per cent of teenagers in care have psychiatric disorders compared with 10 per cent living at home.¹



The Multidimensional Treatment Foster Care pilots are an extension to the Government's ongoing agenda of improving the outcomes for children and young people in care, by targeting the most vulnerable and troubled young people in the care population.

The pilots are based on the Oregon Social Learning Centre model. This model provides a wrap-around, multi-level intervention for young people who are placed in the foster home. The programme aims to provide the young person with a secure base, systematic responses to their behaviour, opportunities to develop normative and pro-social behaviours, opportunities for improved relationships with their families and increased problem-solving, academic and relationship development skills.²

Action for Children Fostering Service – Multidimensional Treatment Foster Care pilot

Action for Children Fostering works in partnership with a local authority partner in the North East of England to provide multidimensional/multi-agency intensively supported foster placements for young people with complex needs aged 12 to 17.

Young people's progress is monitored on a weekly basis by a multi-disciplinary team of well-trained, committed foster carers and professionals responsible for the young person's welfare, placing a strong focus on positive outcomes.

Stability and continuity are primary considerations. Action for Children Fostering has successfully:

- ▶ worked with young people who have had adverse or abusive experiences, with mental health needs, with loss, confusion, no nurture relationships and attachment problems
- ▶ worked with young people who have experienced multiple placement breakdowns
- ▶ worked in partnership with health and children's services to successfully reduce anti-social behaviours, develop self-esteem, confidence and a strong sense of identity and work towards rehabilitation or preparation for long-term placement of young people

Case study

Multi-dimensional Treatment Foster Care – Jack’s story

Jack (aged 14 at the start of the placement) came into care under section 20 of the 1989 Children Act. His parents were separated but neither of them felt able to manage Jack’s behaviour and both refused to have him live with them.

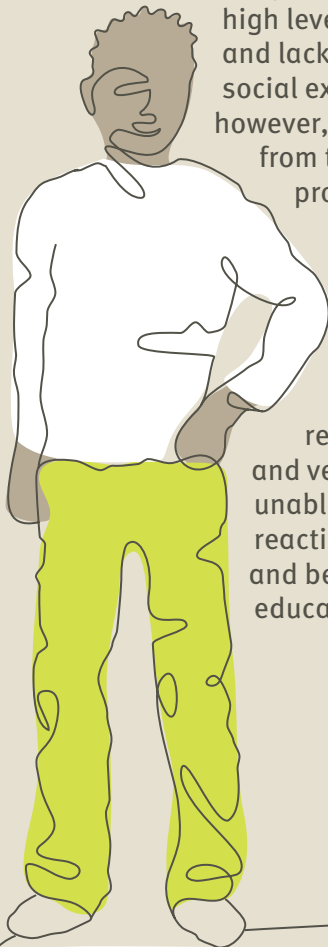
Jack was assessed as needing residential care. It was felt that he could not be managed in a family situation due to his high level of challenging behaviour and lack of willingness to conform to social expectations. The social worker, however, hoped that Jack would benefit from the Treatment Foster Care programme (TFC) and referred him.

At the beginning of the placement, Jack was described as having low confidence and self-esteem, unable to sustain friendships or positive relationships, violent, aggressive and verbally abusive. He was also unable to control his emotions and reactions. Jack attended an emotional and behavioural difficulties (EBD) educational facility.

Jack successfully graduated from the TFC programme at the 12-month point. He responded to the firm boundaries and found the points and levels system gave him the incentive to improve his behaviour. While the foster carers provided a high level of one-to-one attention, the foster home was often the centre of wider family activity that Jack learned to be a part of, without becoming disruptive and attention seeking.

There were opportunities to provide good role modelling in social situations. The foster carers, under the guidance of the clinical team, worked to help Jack understand his emotions and recognise how they affected him on a day-to-day basis. By the end of the programme, Jack had learned to understand and respect himself, and his behaviour was vastly improved. He achieved five passes at GCSE level, and made excellent progress in a number of areas of vocational studies.

Jack is now in further education and has been supported to live within his extended family.



Targets

The targets of the Treatment Foster Care programme were:

- ▶ to support Jack in his education to ensure good attendance and the best possible exam results
- ▶ to help build confidence and self-esteem and develop pro-social relationships with peers
- ▶ to promote access to appropriate social and leisure activities
- ▶ to encourage the use of independent living skills

In addition to the Multidimensional Treatment Foster Care pilots, the Government is also piloting an intensive fostering programme.

The pilots are based on the Oregon model and has been funded, commissioned and supported by the Youth Justice Board (YJB).

This programme provides an alternative to custodial sentences for young offenders who instead receive a community-based sentence working with a specially trained foster carer.

The aim of intensive fostering is to decrease anti-social behaviour and increase appropriate behaviour by developing pro-social skills through a combination of close supervision, fair, consistent limits and clear consequences for negative behaviour. All of this takes place within the context of a supportive relationship. The programme also includes work with birth families to cement the changes the young people are making so their return home can be successfully managed.

Action for Children Wessex Community – Intensive Fostering

Action for Children Wessex Community – Intensive Fostering started using the Oregon model to deliver an intensive fostering programme in September 2005, with their first young person in place by March 2006. The pilot has been funded, commissioned and supported by the Youth Justice Board (YJB).

To date, 12 young people have fully graduated from the programme, fulfilling every requirement – a real mark of success. All the young people have been in school, training or employment at the point of graduation, with the majority of young people moving on to suitable accommodation at this point.

This is all the more impressive when you know that of all of the young people who started on the programme, only one came from a mainstream school and none were regularly in education.

The majority of young people who successfully graduated are now in full-time education, with many attending mainstream schools. None of the young people who have successfully graduated have been found guilty of any offence while on the programme, and the majority of young people have not committed offences after graduation.

Innovative services

For 140 years our work has focused on helping and supporting children and young people who cannot live with their birth families.

We have a long tradition of seeking out, experimenting and innovating to meet the needs of children and

young people in care, which is why over a number of years we have been developing our therapeutic treatment projects. One such project is the Multi-disciplinary Intervention Service Torfaen (MIST).



as long as it takes

Action for Children Multi-disciplinary Intervention Service Torfaen (MIST)

MIST is a 'wraparound' therapeutic service established in 2004. It is managed by Action for Children Cymru and is based in Torfaen. It works with children in care, aged 11 to 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 MIST team works with a clear therapeutic orientation derived from a health and development viewpoint in which psychological wellbeing is seen as being enhanced. The team is positively focused towards young people and their development.

The operational elements of the MIST service include the multi-disciplinary members of the MIST team, highly committed foster carers and the wider network of professionals involved with the young people. The MIST service forms a team around the child and provides support and advice 24 hours a day.

In its first three years, the project has achieved significant changes for the children, young people and families they have worked with. For example, for one young person, this meant that support was given to reduce her risk-taking behaviour and episodes of self-harm; she now no longer runs away from her carers. Other outcomes include:

- ▶ a reduction in the number of young people involved in the youth justice system
- ▶ maintaining young people in their educational placements
- ▶ ensuring placement and stability for the children and young people in the project
- ▶ a reduction in the need for children and young people to be placed outside their communities, which has led to improved family relationships and improved parental emotional health and wellbeing (the number of out-of-county residential placements from Torfaen has fallen from 13 in 2003 to three in April 2007)

Action for Children has recently commissioned an external evaluation of the service that concluded: *'MIST clearly is operating very well and provides an excellent service for this challenging client group. It is working well because it has:*

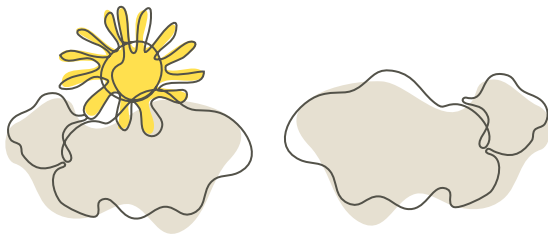
Excellent integration of its three components: the team, foster carers and the wider network. The team manages this through the process of therapeutic key working, good-quality foster placements that are very well supported and trained, and the ongoing construction of a professional team around the young person.'

MIST

Embedding best practices

With the knowledge and expertise that has been acquired through working with children and young people using therapeutic treatment, Action for Children has put in place a team that delivers responsive specialist support and interventions to staff and carers of looked-after children. These specialists help Action for Children staff and carers share and develop their skills, enabling them to deliver a better, more emotionally aware service.

Our specialists include clinical psychologists, attachment theory specialists, counselling psychologists, counsellors, parent/child international practitioners, child and adolescent, psychotherapists, senior social work consultants, solution-focused brief therapy practitioners, specialists in working with children on the autism spectrum, systemic family practitioners and psychotherapists, disability specialists, child sexual abuse specialists.



Conclusion

Action for Children continues to support therapeutic treatment for children in care, seeking to improve upon current services and to evaluate the long-term outcomes of the interventions to ensure that every child in care is supported to have a positive childhood.



For more information about Action for Children services, please contact the Action for Children Public Affairs team on **020 7704 7132** or at **publicaffairs@actionforchildren.org.uk**

