Delivering a therapeutic wraparound service for troubled adolescents in care

Eddy Street, Jael Hill and Jennie Welham outline the features of MIST (Multi-disciplinary Intervention Service – Torfaen), a therapeutic wraparound service for looked after adolescents who are very troubled and troubling to others. They describe the general features and philosophy of the project and identify its principal processes: therapeutic keyworking, foster care support and forming a team around the young person. The obstacles that can affect the successful implementation of such a project are enumerated and an ethical issue associated with attachment-based projects is discussed.

Introduction
There is a substantial and growing interest in approaches which could deliver better outcomes for looked after children, with current research into the effectiveness of a variety of therapeutic packages that include multi-systemic therapy and multi-dimensional treatment foster care. This is within the context of it being well known that the prevalence of mental health problems among looked after children across the lifespan is substantially higher than in the general population (see McCann et al., 1996; Phillips, 1997; Saunders and Broad, 1997). In addition, looked after children are at greater risk (in childhood and later life) of offending behaviour, unemployment, self-harm, domestic violence, drug and alcohol misuse, and having their own children eventually removed into local authority care (see Social Services Inspectorate, 1997; Richardson and Lelliott, 2003).

With this population of children and the problems they present, repeated placement breakdown and educational exclusion are common and a variety of specialist services has been constructed to address these issues (Racusin et al., 2005; Biggins, 2006; Roberts, 2006). In practice models, attachment theory (Bowlby, 1988) has been drawn upon extensively as it emphasises the importance of helping looked after children to make meaningful attachments to establish the safety and facilitate the developmental progress upon which future healthy behaviour and relationships are based. Placement stability is not sufficient on its own, but it is certainly part of what is necessary in order to achieve such vital attachments, as is inclusion in education. However, the maintenance of both is fraught with difficulties, not just because of adolescent behaviour but also in the professional systems established to meet the needs of these young people. For example, the recruitment and retention of foster carers who can care for troubled adolescents is difficult, resulting in adolescents being placed in residential units, often with highly questionable benefits for the young people. The evidence suggests that multiple fractured placements and institutional care have poor consequences for young people and for society, and it poses us a challenge to improve.

MIST: a specialist service
MIST is a multidisciplinary team hosted by the charity Action for Children (formerly National Children’s Homes) and funded by social services, education and the local health board in Torfaen, in south-east Wales, and Action for Children. MIST works with young people aged 11–21 who are looked after and who present significant challenging and risk-taking behaviour, such that their placement stability is considerably threatened. Indeed, placement disruptions commonly run to figures of over 30 for young people accessing MIST. These are young people with complex needs requiring considerable resources to manage them and maintain their safety together, hopefully, with aiding their personal development. In addition to having experienced multiple
placement breakdowns, they are likely to have been admitted to residential provision, to have been excluded from education, and to have frustrated the services of the usual range of child and adolescent services, including those of the National Health Service (NHS).

The MIST team incorporates four project workers from different professional backgrounds and experience, combining youth and community work, youth offending, social work, teaching, mental health nursing, family therapy, occupational therapy and play therapy. There is also a community support worker with experience in youth offending. The team is led by a manager who is a mental health nurse with a background in therapeutic communities, youth offending and psychotherapy, and a clinical lead who is a consultant clinical psychologist with a background in Child and Adolescent Mental Health Services (CAMHS) and social services liaison.

MIST was developed in 2004 by a multi-agency CAMHS strategy group in Torfaen, which continues to act as its management group. Initially, its remit was to bring young people in out-of-authority residential care back to kinship or foster care placements in their home communities. With this aim met, it has evolved to work more proactively to prevent young people from being moved to residential care.

In accordance with other services for adolescents with complex needs in ‘wraparound’ foster care, MIST takes an approach that is multi-dimensional and multi-systemic; multiple interventions drawing upon different psychological approaches are carried out concurrently with different configurations of the young person and their network. This work spans various contexts including foster home, family home, school and community. The service does not view young people in diagnostic terms. Instead, psychological formulations are thought to be more useful in understanding young people’s needs and selecting appropriate interventions. Even though MIST attempts to integrate a range of different psychological interventions, attachment-based approaches are privileged, as a safe and meaningful attachment is considered to be vital to the young person’s development.

The service works therapeutically with the adolescents themselves, utilising a variety of individual psychological therapies and activity-based inputs such as drama, music and 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.

In partnership with the local authority’s family placement team, MIST jointly selects and manages four therapeutic foster care placements. It trains, supervises and supports these foster carers and provides 24-hour on-call support. In addition to therapeutic foster care placements, and intensive kinship placements, MIST also supports a small number of ‘ordinary’ foster care placements where a young person lived for some time and formed attachments to carers who display commitment, skills and orientation towards multi-agency working. The service offers continuous outreach work to young people post-placement. It also aims to influence mainstream foster care and the strategic development of services for looked after children locally by providing training, consultation, talks and representation on complex needs panels.

MIST: philosophy and culture

Within the team there is a distinct culture derived from its theoretical and philosophical orientation that blends a number of psychological models. There is an overarching humanistic perspective which focuses on the capacity to develop given the necessary core conditions. There is a systemic framework in which the importance of context, relationship and the co-construction of reality are recognised. Child develop-
ment is believed to be central in understanding presenting issues and informing goals, and attachment theory is drawn upon to guide understanding, action and relationships that facilitate developmental growth. This philosophy leads to a particular culture of action which directs the work:

- 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. An ethic of persistence derives from this view.
- There is a clear desire not to engage in stereotypical views and prejudices and, in this way, to develop an approach of ‘not simplifying’ individuals or situations. It is believed that everything can be accounted for and understood within some therapeutic and theoretical framework.
- There is an appreciation and understanding of the multidisciplinary context where no one person or idea is absolutely correct and where everybody has a contribution to make.
- The aim of the work with the young person is to form a trusting relationship in which there is a considerable connection between worker, foster carer and young person. In this sense, the aim is to connect rather than control.
- There is a belief that the network around the young person is vital and that support and containment need to be extended to the surrounding professional and family systems.
- It is understood that change happens through experience and that if the opportunity is made available, experience can develop and change can occur.
- There is a view that crises and problems present opportunities, together with awareness that at times this view may conflict with the need to control and manage and hence it contrasts with the child protection perspective.

**Key features of the programme**

Key features were identified through the process of an evaluative review (Rossi et al, 2003) undertaken by an independent researcher (ES) between September 2007 and March 2008. This was commissioned by Action for Children with a remit to study the processes involved in the delivery of MIST, whether it does what it intends to do and how it can be improved.

The evaluative review comprised three phases. The orientation phase involved developing semi-structured interviews from a review of case notes, a focus group with the MIST team and interviews with the manager and clinical lead about MIST’s model, practice and outcomes. The review focused upon six young people who were selected as representatives of stable and unstable experiences of therapeutic foster care, supported foster care and kinship placements. The interviewing phase involved 45 face-to-face interviews exploring the perspectives of key stakeholders involved with the six young people, including the carer, MIST keyworker and the social worker, as well as representatives of other important groups, such as young people and social services executives. The reflection phase was interspersed with the interviews and was composed of discussions with the manager and clinical lead to reflect upon the process of the review. The aim of this phase was to triangulate and thereby further the validity of the findings, clarify misconceptions and ultimately aid the team in moving forward in their work.

The young people involved in the review were representative of MIST’s typical service users and shared certain characteristics. Among these were:

- having experienced residential care, secure units or in-patient CAMHS;
- having been excluded from education;
- exhibiting significant developmental, emotional and behavioural problems involving high degrees of risk-taking, such as self-harm, sexual exploitation, drug and alcohol misuse, violence and offending against others;
• having experienced early abuse and neglect over long periods and multiple relationships;
• having been parented by adults experiencing mental health problems, drug and alcohol misuse and severe domestic violence;
• having experienced intervention by CAMHS and/or adult mental health services at all tiers, and having acquired a combination of diagnostic labels including Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Autistic Spectrum Disorders and ‘emerging Personality Disorder’.

The review identified three key features of the MIST programme that delineate different contextual processes through which the work is undertaken and the adolescent engaged. These features are therapeutic keyworking, foster carers and forming a team around the young person.

**Therapeutic keyworking**

Within the project, each young person is assigned a keyworker who attempts to fulfil the functions of befriender, counsellor, mentor, adviser, programme organiser, liaison worker and advocate. The relationship derived from these roles focuses on the establishment and maintenance of trust, with the clear aim of making the young person aware that he or she is dealing with a ‘different type of professional’. 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 initially are brought by the young person him/herself.

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 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 and it provides a firm base for maintaining the adolescent in placement and then assisting with future development.

These gains are achieved via a range of activities including such things as keep fit, creative play, music, shopping and standard packages on themes like anger management and self-esteem. Each young person, therefore, receives an individualised programme of multiple therapeutic interventions designed to assist with their particular temperament and difficulties, adapted to their circumstances. All these interventions run alongside an active and involved response to the problems and complications that arise throughout 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 family relationships and this is achieved through the integration of work with parents and other family members. A feature of this involves managing relationships and contacts with relatives, which may include formalised sessions of family therapy. Additionally, the keyworker is integrally involved in managing the link between the young person and education services. This can range from liaison with professionals to helping with home tuition sessions and providing active support in schools when difficulties arise.

The keyworking relationship requires regular intense involvement between the worker and the young person, with meetings three, four or even five times per week. It is evident that managing complexity of this nature takes time.

**Foster carers**

MIST has recruited its own therapeutic foster carers in partnership with the local authority family placement team. The review identified the characteristics of foster carers working with MIST:

• They are very committed, have good communication skills and prioritise the young person’s agenda.
They value the attachment process in foster care relationships and are therefore willing to offer a meaningful relationship experience to the young person which can, if necessary, continue in some form after the placement’s end.

They expect and anticipate problems to arise in the caring of young people and when such difficulties do emerge, respond in a ‘non-emotional’ way – a matter-of-fact ‘let’s get on with it’ approach with no outward display of negative emotions. It is an active, problem-solving method of dealing with adolescents but one that does not neglect the authoritative aspect of parenting.

They deal with young people in a manner that is not psychologically inquisitive. Adolescents who encounter a number of difficulties tend to experience questions and enquiries about motivations and reasons for their behaviour as intrusive and blaming. An interactive approach that does not imply an immediate wish to discover the psychological causality behind any act, in the long term, encourages more personally reflective behaviour.

Alongside their wealth of experiences, they have a clear view that they do not know everything and there is still much to learn. They, therefore, desire to take part in a problem-solving approach to issues, are very willing to take advice and are prepared to work as part of the team around the young person.

MIST therapeutic foster carers receive regular supervision, training, reflection and support group meetings, and 24-hour on-call support. The team match carer-child dyads and prepare therapeutic foster carers for their role with each young person. Therapeutic foster carers provide the possibility of maintaining relationships with young people after placements have ended. Their inclusion as part of the general MIST team also allows the team to be firmer with these carers about therapeutic goals and hence be more directive in the way in which they see certain situations develop.

Foster carers all report that MIST deals with them in a manner that is different from the approaches typically used in local authority social services and independent fostering agencies:

It is actively involved in what is going on in the placement day to day.

It has a practical approach involving ‘hands-on’ help.

The team is very familiar with all aspects of the adolescent with whom they are dealing, and they are informed and knowledgeable about how a particular young person is behaving at any particular time. Foster carers saw the keyworker relationship, with day-to-day involvement, as being the origin of this knowledge.

It was seen as having a non-blaming approach to adolescents and foster carers. There is an understanding that mistakes will be made and problems will arise and, following acknowledgement of these, it is easy to move on. This perception clearly encouraged foster carers to have more reflective discussions about any difficulties they were encountering.

It is consistent in the advice that it offers and each team member knows each young person.

It includes foster carers in decision-making and this is experienced as empowering for carers.

As mentioned previously, MIST foster carers are specifically recruited, trained and supported to work with the programme. As the approach used became established, so successful recruitment and retention of foster carers followed. When recruiting therapeutic foster carers, MIST has come to look for people who share the philosophy and values of the service, are passionate about vulnerable young people, are able
to tolerate high expressed emotion and risky situations, have experience and skills in parenting of adolescents, can work as part of a team, are self-aware and reflective, can take direction and accept help and have good personal support systems and no other children under 15 years old at home.

As well as regularly attending local authority training along with mainstream foster carers, MIST carers are provided with separate training opportunities. This training specialises in issues relating to long-term work with high-risk behaviours, such as self-harm and suicide attempts, the management of escalating behavioural crises, attachment theory and practice and motivational interviewing. The training programme, its support systems and way of dealing with foster carers clearly contribute to the retention of a stable therapeutic foster carer team.

**Forming a team around the young person**

With regard to the multi-agency/multidisciplinary context of these young people, MIST works to create an active and involved team around the young person. The aim is to move professionals from an individual approach, based on a sole agency perspective, to one where there is a systemic view, a shared ownership of all the problems and a common goal. 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.

MIST tries to create within the network an agenda that is primarily engaged in maintaining the placement and ‘managing the possible’. This is a straightforward problem-sharing agenda based on the establishment of realistic assessments of both the context 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 a process to break established patterns of behaviour, not just in the young person but also with regard to agency responses to him or her.

The approach is seen to be working best when it is driving this agenda and leading on the decision-making process. However, there are difficulties in establishing the functioning of this ‘team’:

- Education services involving effectively autonomous headteachers vary greatly in their flexibility and inclusion of the young people.
- There is an inherent tension between social workers and the MIST team, which revolves around perceptions of authority and skill availability. For some social workers, there can be a view that MIST team members undertake some of their social work tasks and display some of their skills simply because ‘they have more time’. There also can be the perception that the team is potentially seeking to direct activities with the young person for whom it is they, the social workers, who ultimately carry case responsibility.
- Other agencies introduce particular protocols for young people at specific times that have a disruptive effect on the overall process of a young person’s management within MIST. The most obvious example of this is the social services 16+ service. MIST deals with adolescents at their ‘developmental age’ rather than their chronological age, so the processes that emerge for dealing with a 16-year-old are not necessarily the same as those applied by the social services 16+ service.

These issues are addressed within the ‘team’ and MIST’s familiarity with them can and does result in their adverse impacts being minimised.

**Obstacles to the successful operation of the service**

Working in such a direct way with a complex system and meeting complex needs, the project, not unexpectedly, faces specific obstacles that could potentially hinder or have hindered its
operation and development. These obstacles can arise in particular sets of circumstances when:

- The team leadership and the team itself do not share a common philosophy, a respect and understanding of one another’s roles, and a willingness to co-operate and share the elements of the roles that necessarily overlap.
- Foster carers are unable to subscribe to the model and work collaboratively with MIST.
- Instability is created by major processes of other agencies. This particularly applies to the imposition of 16+ service transfers within social services without long-term planning and due consideration for the particular circumstances of each young person.
- One key element is not incorporated into the team around the young person, which can arise for a variety of reasons; serendipitous, personnel-related and bureaucratic. If the network team fails, direction and consistency are lost in managing the young person’s behaviour.
- Young people are repatriated to placements close to unhelpful people who have a destabilising effect upon them, such as biological family members, partners and peer groups who oppose MIST’s work. There are a small number of young people for whom the ‘location’ needs directly contradict the Welsh Assembly Government’s aim to place looked after children in local facilities.

These obstacles have been encountered in individual cases and their presence has placed significant handicaps in attaining positive outcomes for particular young people.

It is especially apparent that the collaborative local multi-agency context greatly assists in the development of the project. If there were no multi-agency context there would be no opportunity to nurture a shared understanding of the difficulties of these young people and the limitations of mainstream services in meeting their needs. It would also not provide a mechanism for the establishment of a vision and commitment to develop improved services. The position of MIST within the voluntary sector of the multi-agency context allows for an autonomous position outside existing agency dogmas, from which the service can be innovative and different, and the lack of such a position would indeed constitute another obstacle if it could not be established.

**Conclusion and ethical issues**

MIST has been successful in its initial aim to move young people looked after in out-of-authority residential care to local foster homes; numbers fell from 14 to three in the first four years of the programme, with this low figure being sustained below Torfaen local authority’s placement strategy target of five. It is evolving towards proactive involvement with young people in early adolescence who are identified locally as being at risk of becoming the next generation to use residential care. MIST placements are, in general, successful in achieving significant placement stability, reintegration with biological families where appropriate and engagement of individuals in meaningful therapeutic work. Placement disruptions in the service as a whole average one per year, far lower than rates before MIST involvement, as well as the national average (Ward and Skuse, 2001). For those young people whose placements are shorter and less settled than hoped for, MIST has been able to assist in the development of the young person and in helping the community of professionals to formulate plans based upon a well-informed, meaningful and positively-oriented understanding of that individual.

In a service such as MIST, drawing as it does on an attachment model, there is a significant underlying ethical issue that needs to be addressed by all levels of the organisational network, and especially by commissioners. The service is set up to provide continuous work with a young person in what, organisationally and managerially, has to be construed as time limited, meaning...
that the young person will eventually move on. Therefore, it has to be asked whether it is ethical to offer an attachment-based relationship to a young person who has no other significant relationship, with the prospect that the attachment figure (worker or carer) will cease their relationship because of the professional demands of a programme. In these circumstances, many workers find informal ways in which they, on their own initiative, try to maintain the relationship; but this is not a good basis on which to proceed and develop services. There may well be an argument to find ways of maintaining relationships or strategies for transferring the young person to another attachment-based relationship that is professionally inspired. It needs to be recognised that to be ethically acceptable, the commissioning of such services as MIST for the population it serves will involve the commissioning of services that go on to support the psychological consequences of MIST’s outcomes.

It should be recognised that to deal successfully with children who are likely to experience a disturbed process of adolescence, by helping them to develop and maintain attachments, takes a considerable amount of time and requires a range of services that mesh together. There is a significant culture gap in how services are organised and how service users are perceived in adolescence and adulthood. Undoubtedly, we need much better processes of helping these vulnerable young people to move more smoothly into adulthood, and retain a possibility of their chronic needs being met in a planned and proactive way over the long term, using a normative lens in which their history and context continue to be held in mind.

References
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