Introduction

Multi-dimensional Treatment Foster Care – Adolescents (MTFC-A) is a nationally led, but locally implemented project aimed at improving outcomes for looked after children aged between 10-16 years. The project uses an evidence-based approach, developed at the Oregon Social Learning Centre (OSLC) in the USA, to enable a small number of young people with complex needs to live in specialist foster placements within the community. In particular, the project seeks to provide an alternative for teenagers who might otherwise need to be placed in residential care. The model is based on social learning and systemic theory and uses a skills-based behavioural approach. This involves a team (details given below) providing ‘wraparound’ care and close work with the young person, the foster carers and the young person’s birth family to bring about a change in the former’s difficult behaviours and attitudes. The aim is to support the young people in all areas of their lives and help them develop better relationship and life skills. They and their foster carers are supported on a daily basis by members of the team.

The young person and his or her birth family (if appropriate) must fully agree to the programme and be aware of the implications of this. As such, the programme is not appropriate for young people with significant learning difficulties or whose behaviour is deemed not to be subject to change through the adoption and implementation of this programme.

Kent County Council was one of the first UK local authorities to be awarded a government start-up grant to introduce this kind of innovative intervention. The team was originally based at the Manor House in the grounds of Goldwyn School, Great Chart. It is now based at the Brockman Family Centre in Folkestone. Several people have noted the negative impact this change has had on both team functioning and the delivery of services to young people and new accommodation is currently being sought.

The Kent team comprises of a programme manager, a birth family therapist, an individual therapist, a fostering social worker and social work assistant, two skills workers, the programme administrator who acts as the PDR caller (see below) and the programme supervisor who coordinates individual programmes with foster carers for the young people in need, all working towards the aim of producing a positive outcome for the child. Roles are clearly defined which helps the team maintain fidelity to the OSLC model. All team members are accountable to the programme manager but professional supervision is provided by the seconding partner agencies. Clinical team meetings are also seen as a crucial site for supervision.

It was originally intended that placements last between six and 18 months, with young people following individually tailored plans to change their behaviour and lessen their risk of social exclusion. As can be seen from details in appendix one, seven young people remained in MTFC-A Kent (hereafter MTFCK) placements beyond the 18 month period, the longest being in placement for over 31 months. The National Team (MTFCE) has reported on 56 graduates who had successfully completed the programme after an average of 10 months in MTFC-A. One of the reasons why some MTFCK children have had graduations delayed has been to enable them to sit examinations and complete their secondary education without disruption but for some there have also been difficulties in identifying and securing appropriate follow on placements. Two young people have stayed with their MTFCK carers on graduation and two have been placed with extended family members.
Each plan is based on a "points and levels" system (see Appendix Five) with the young people being awarded points by their foster carers each day to reflect their behaviour at home and at school. Some schools have engaged with the points system more enthusiastically than others. These points can reward positive behaviour or be deducted as a sanction for negative behaviours. The aim is for each young person to work through three levels, with a gradual reduction in structure and an increase in privileges as they progress. The programme intentionally returns responsibility to the child for the consequences of their actions - and removes obstacles between children and their carers by placing them on the same agreed 'contract' for the scheme.

**Work Undertaken**

This final evaluation report is based on the following sources:

- reading relevant case files
- minutes of staff meetings
- minutes of foster carer meetings
- out of hours log,
- respite log
- Parent Daily Reports (PDRs)
- interviews with the MTFCK team (past and present)
  - fostering social workers (x 2)
  - individual therapists (x 2)
  - birth family therapists (x2)
  - skills workers (x3)
  - social work assistants (x 2)
  - programme supervisor
  - programme manager
  - foster carers (inc respite) (x8)
  - children’s social workers (x6)
  - members of management board (x4)

The report presents data on the first 20 young people who have been involved in the MTFCK Programme. Where possible, the layout of the data follows and links into that of the National MTFCE style of reporting to enable easier cross-comparison. The report is divided into two sections, the first focusing on ‘outcomes’, the second on issues of process and the working of the programme.
Summary of Findings

Of the first 16 young people to leave MTFCK, 8 were graduates, 3 late leavers and 5 early leavers.

Graduate placements have been significantly longer (av. 22 months) than the national average (10 months).

Compared with other programmes, nationally, the profile of young people in MTFCK is on average a little older and with more previous placements.

Rates of placement in school (mainstream or special) improved significantly for young people whilst on the programme. This reflects progress in advocating for young people, building relationships with schools and supporting school placements.

Significant improvements were also achieved in terms of improving attendance and reducing exclusions. Several young people made progress in terms of taking examinations but there are no systematic data available to map academic progress.

Work on relationships between young people and their birth families led to a number of renewed and improved contacts and to clarity of arrangements for others.

Levels of involvement in leisure activities increased significantly for young people whilst on the programme, but difficulties remained in relation to friendships and peer interaction.

Amid significant fluctuations, there was an overall trend towards reduction of high risk behaviours, although there was no clear relationship between reduction of reported problem behaviours and graduation from the programme.

Improvements have been made to dealing with entry to the programme, but challenges remain in terms of meeting demand for (timely) placements. Excess demand for placements over supply means that matching is driven significantly by the capabilities of foster carers offering vacancies.

Longer than average placements (see above) have offered certain advantages in terms of continuity (notably in education) but also presented challenges in relation to optimising the time for moving on from the programme. Similarly, like most programmes nationally, MTFCK has found difficulties in securing good follow-on placements.

Recruitment of foster carers has been challenging due to the demands and restrictions placed upon carers. While word of mouth and use of the media have been fairly effective in generating interest, it has proved difficult to expand the programme.

Retention of foster carers has generally been good, with some departures explicable through providing follow on placements. There has been a small number of deregistrations, mainly for safeguarding reasons.

Assessment and training arrangements have generally been seen to work well and there has been progressive integration between MTFCK and mainstream fostering services.

The wraparound support provided by MTFCK has worked very well, is greatly appreciated by foster carers and can be seen as integral to the success of the programme. The out of hours services has been viewed very positively by carers and respite arrangements appear to have worked very smoothly overall.
The high level of activity within MTFCK demands prompt and effective communication and for the most part is seen as achieving this.

Roles within the programme are well understood and co-ordinated to promote a strong sense of teamwork. As with many specialist programmes, the most difficult areas of teamwork related to the role of children’s social workers and this was probably one of the less successful aspects of the programme although one that had shown improvements over time. Moreover, any failings in this regard did not appear to have had significant detrimental impact on placements.

Although needing some modest ‘translation’ from its US roots, the OSCL model upon which MTFCK rests was found to be useful in providing focus and common purpose to the work of the team. A good balance appeared to have been found between flexibility and ‘strict adherence’ to the model. The former had been used particularly to secure engagement from young people with the programme’s ‘points and levels’ framework.

The OSCL emphasis on ‘finding the positives’ proved useful in the working of the programme, albeit not always easy to achieve.

Despite some changes in the funding and management of the programme since its inception, inter-agency collaboration was generally seen as working well. This was due in part to the commitment of particular individuals within partner agencies.

The quality of support available from the national implementation team had been found to be variable, leading eventually to a progressive curtailing of ties.

No detailed cost-effectiveness exercise was carried out as part of this evaluation, but national research and MTFCK data suggest that the programme can be regarded as cost-effective.

Some efforts have been made to use the expertise and experience developed within MTFC to help mainstream services. Given the programme’s successes, it would be clearly desirable to continue and extend this work, although the scope for this is limited to a degree by resource constraints.
Part One – Outcomes

Demographics

Please refer to Appendix One for an overview of the young people who have been or are on the Programme.

Table One: Gender and Age of Young People on Admission to MTFCK and at T4*

<table>
<thead>
<tr>
<th>YP #</th>
<th>T1</th>
<th>Status</th>
<th>T4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>11.04</td>
<td>Late Leaver</td>
<td>13.02</td>
<td>10%</td>
</tr>
<tr>
<td>9</td>
<td>11.08</td>
<td>Early Leaver</td>
<td>11.10</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>12.05</td>
<td>Early Leaver</td>
<td>12.07</td>
<td>15%</td>
</tr>
<tr>
<td>12</td>
<td>12.06</td>
<td>Graduate</td>
<td>14.03</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>12.09</td>
<td>Late Leaver</td>
<td>13.06</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>13.03</td>
<td>Active</td>
<td>13.05</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>13.05</td>
<td>Late Leaver</td>
<td>13.09</td>
<td>25%</td>
</tr>
<tr>
<td>6</td>
<td>13.06</td>
<td>Graduate</td>
<td>16.00</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>13.07</td>
<td>Active</td>
<td>14.01</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>13.10</td>
<td>Graduate</td>
<td>16.07</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>14.02</td>
<td>Early Leaver</td>
<td>14.03</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>14.05</td>
<td>Early Leaver</td>
<td>14.06</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>14.05</td>
<td>Graduate</td>
<td>16.02</td>
<td>35%</td>
</tr>
<tr>
<td>17</td>
<td>14.06</td>
<td>Active</td>
<td>15.04</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>14.09</td>
<td>Graduate</td>
<td>16.07</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>14.11</td>
<td>Graduate</td>
<td>16.05</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>14.11</td>
<td>Graduate</td>
<td>16.02</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>15.04</td>
<td>Early Leaver</td>
<td>15.06</td>
<td>5%</td>
</tr>
<tr>
<td>10</td>
<td>16.01</td>
<td>Graduate</td>
<td>18.03</td>
<td>10%</td>
</tr>
<tr>
<td>16</td>
<td>16.01</td>
<td>Active</td>
<td>17.01</td>
<td></td>
</tr>
</tbody>
</table>

Male [45%] Female [55%]
Early Leaver [25%] Late Leaver [15%] Graduates [40%] Active [20%]

Key
T1 = entry to Programme
T2 = after 2 months on Programme
T3 = after 18 months on Programme
T4 = at time of graduation, leaving Programme or 31/12/08
T5 = placement at one year + post Programme
Following MTFCE, the term “early leaver” is applied to young people who move out of MTFC-A before 3 months. The term “late leavers” is applied to young people who leave after 3 months. Those classed as graduates have both completed their individual programmes and moved to family based placements (mainstream foster care, extended family, or independent living).

Of the 150 young people who had been on the MTFCE programme to June 2008, 100 had left the programme. Of these 33% were early leavers; 11% late leavers and 56% graduated. This compares with the MTFCK figures of 31.25% early leavers, 18.75% late leavers and 50% graduates, although the small gross numbers require cautious interpretation.
Table Two

<table>
<thead>
<tr>
<th></th>
<th>Under 11 yrs</th>
<th>11 yrs</th>
<th>12 yrs</th>
<th>13 yrs</th>
<th>14 yrs</th>
<th>15 yrs</th>
<th>16 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTFCK</td>
<td>0%</td>
<td>10%</td>
<td>15%</td>
<td>25%</td>
<td>35%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>MTFCE</td>
<td>18.6%</td>
<td>10%</td>
<td>16%</td>
<td>15.3%</td>
<td>18.6%</td>
<td>18.6%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Age, Gender and Ethnicity

As shown in Table Two, the age profile of young people in MTFCK is a little older than that for MTFCE, especially so in the absence of any children under 11 years of age. As can be seen from Table One, there have been 9 male and 11 females placed on the Programme. The majority of the young people who have come into the Programme (18) are White British (90%). One young man is from the White British Traveller community and one of the young women is from a mixed heritage background (Turkish/Cypriot/Dutch). For comparison, the MTFCE figures for gender are 47% female and 53% male, while in terms of ethnicity, 86.5% are White British; 6% are of Mixed heritage, 2% are Black and 5.5% Other.

Of all children in care (including UASC) 79% are White; 8% are of Mixed heritage, 3% are Asian, 8% are Black and 2% “Other” compared with All children 87% White, 3% Mixed heritage, 6% Asian, 3% Black and 1% “Other”.

Source: ANNEX G Care Matters: transforming the lives of children in care: Equality Impact Assessment

Legal Status on Entry to Programme.

Thirteen of the young people (65%) were on Care Orders (Appendix One gives date made), three young people were accommodated by the local authority (Section 20) on joining the MTFCK Programme whilst, of the remaining four young people, two had been accommodated for 4 years and 2 years and two had been accommodated for 6 months respectively before entry to the Programme. One of these young people had previously been the subject of a care order for 6 years and then adopted for 2 years before being placed on the Programme.

Table Three: Previous Placements

<table>
<thead>
<tr>
<th>Placements</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
</tr>
</tbody>
</table>
Only two thirds of the national cohort had had three or more placements; a third having had between none and two prior placements with 8.5% (12) being admitted from home; whilst four fifths of the MTFCK cohort had had three or more placements with nearly a half having had 10 or more previous placements. Of the three placements that transferred into the Programme one was a first placement (from aged 4½) and the others second and fourth placements respectively.

The MTFCK young peoples’ care histories are diverse. At first incidence of being looked after their ages range from 4 months to 16 years. Surprisingly perhaps, there appears to be no correlation between length of time being looked after and number of placements experienced by the young person. Disruptions have been attributed to foster carers’ inability to manage the child/young person’s behaviour or an inability to meet their needs. Accounts of disruptions tend to focus on faults within the child rather than the inability of the placement to support and nurture. The stability and duration of the MTFCK placements has been impressive. There have been six disruptions of MTFCK placements that have been ‘retrieved’ by drawing on the programme’s own fostering network (see Appendix Three). Four children had two placements whilst on the programme, one had three and another had four. Three of these young people went on to graduate from the programme.

Table Four : Last placement prior to joining MTFCK

<table>
<thead>
<tr>
<th>Last placement prior to joining MTFCK</th>
<th>MTFCK</th>
<th>MTFCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>male</td>
<td>female (%)</td>
</tr>
<tr>
<td>Family or Friend network</td>
<td>-1</td>
<td>5%</td>
</tr>
<tr>
<td>Foster Care (LA)</td>
<td>4 3</td>
<td>60%</td>
</tr>
<tr>
<td>Foster Care (Transfers in )</td>
<td>2 1</td>
<td>60%</td>
</tr>
<tr>
<td>Foster care (IFA)</td>
<td>1 1</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>-2</td>
<td>10%</td>
</tr>
<tr>
<td>Residential care</td>
<td>1 3</td>
<td>20%</td>
</tr>
<tr>
<td>Secure Training Unit (not directly but via family)</td>
<td>1 - 5%</td>
<td>1 8 6.5%</td>
</tr>
<tr>
<td>Total</td>
<td>9 11</td>
<td></td>
</tr>
</tbody>
</table>

* (gender unspec’d)

As can be seen, the majority of the MTFCK young people have come from fostering placements perhaps reflecting Kent CC’s long term commitment to placing children within families whenever possible. Nationally, a higher proportion of young people come to programmes from residential or secure provision (YOIs or STUs) possibly reflecting the fact that almost 50% of the MTFCE cohort had a history of offending (five times higher than the 9.6% of looked after children cautioned or convicted in 2006). Later ‘discovery’ of offending records within MTFCK suggests that numbers may even be under-estimated.

Table Five : Number of Placements, early endings and graduations from December 2004 – December 2008

<table>
<thead>
<tr>
<th>Number of Placements, early endings and graduations from December 2004 – December 2008</th>
<th>MTFCK</th>
<th>MTFCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Early Leavers</td>
<td>1 4</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>Late Leavers</td>
<td>2 1</td>
<td>3 (15%)</td>
</tr>
<tr>
<td>Graduates</td>
<td>5 3</td>
<td>8 (40%)</td>
</tr>
<tr>
<td>Still On Placement</td>
<td>1 3</td>
<td>4 (20%)</td>
</tr>
</tbody>
</table>
Reasons for MTFCK Early Leavers

1] A 14 year old accommodated child admitted to the scheme from a Secure Training Unit. Despite his father wanting him to remain on the programme, he decided to leave to return the programme and return to live with Aunt after 34 days on the Programme. After his experience in the S.T.U. he found the restrictions of Level 1 too challenging. He had had 11 previous placements (mainly kin) prior to joining MTFCK.

2] An 11 year old girl admitted to Programme from residential care (2 years). Placed in IFA following disruption after 68 days. Whilst in the MTFCK placement she exhibited challenging and potentially dangerous behaviour being physically violent towards the foster mother on a number of occasions causing extensive bruising. She had had 5 previous placements prior to joining MTFCK. Said she wanted a forever family, not one for 18 months.

3] A 12 year old girl admitted to Programme from residential care (1 year) Returned to residential care following disruption, having caused criminal damage to cars on two occasions, after 53 days. She had had 10 previous placements prior to joining MTFCK.

4] A 15 year old girl admitted to Programme from psychiatric hospital. She had no school place, educational provision was for one hour a day at a pupil unit. She had had 10 previous placements. Her placement with MTFCK, which included the Christmas/New Year holiday period, lasted 57 days.

5] A 14 year old girl with a history of absconding. In the 6 months preceding the MTFCK placement she had had 10 placements. The MTFCK placement disrupted after 27 days.

Reasons for Late Leavers

1] A 13 year old boy who left at own request after 115 days on the Programme. He wanted to return to previous carers but they were not willing to have him back. He had had 3 previous placements prior to joining MTFCK.

2] A 12 year old boy placed in IFA following constant absconding from his second placement on Programme after 676 days. He had had 13 previous placements prior to joining MTFCK. To label/designate this young person as a late leaver after nearly two years in his MTFCK derides the successful aspects of the placement. Failure after doing well raises questions about the moving on process; questions that the team are aware of and addressing.

3] A 13 year old girl returned to mainstream fostering following disruption on third placement within Programme after 102 days. She had had 17 previous placements prior to joining MTFCK.

Whilst the numbers involved are small and demand cautious interpretation, it can be seen that both early and late leavers tended to have significantly more previous placements than other within the programme, suggesting some continuity in terms of disrupted care careers.
Table Six : Destination of Graduates

<table>
<thead>
<tr>
<th>#</th>
<th>Placement @ T4 (on leaving the programme)</th>
<th>Placement @ T5 (One year after or latest known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Independent Residential Care</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Supported lodgings (with MTFC carers)</td>
<td>non LAC – 18yo bed and breakfast</td>
</tr>
<tr>
<td>6</td>
<td>KCC Foster Care (with MTFC carers)</td>
<td>KCC foster care (with MTFC carers)</td>
</tr>
<tr>
<td>7</td>
<td>Family</td>
<td>Youth Offender Institution</td>
</tr>
<tr>
<td>10</td>
<td>Independent lodgings</td>
<td>non LAC – 18yo in receipt 16-plus support</td>
</tr>
<tr>
<td>11</td>
<td>Charitable Community</td>
<td>Supported Lodging In receipt of 16-plus services</td>
</tr>
<tr>
<td>12</td>
<td>Fostered with extended family</td>
<td>Fostered with extended family</td>
</tr>
<tr>
<td>14</td>
<td>KCC foster care (with MTFC carers)</td>
<td>Supported Lodgings (with MTFC carers)</td>
</tr>
</tbody>
</table>

Education

Table Seven : School Placement History

<table>
<thead>
<tr>
<th></th>
<th>Kent</th>
<th>MTFCE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>139 entrants</td>
<td>Graduates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-gender specific</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T1</td>
<td>T4</td>
<td>T1</td>
<td>T4</td>
<td>T1</td>
</tr>
<tr>
<td>Mainstream</td>
<td>1 (11%)</td>
<td>1 (11%)</td>
<td>4 (36%)</td>
<td>5 (46%)</td>
</tr>
<tr>
<td>Special School</td>
<td>2 (22%)</td>
<td>4 (45%)</td>
<td>1 (9%)</td>
<td>2 (18%)</td>
</tr>
<tr>
<td>Alternative Curriculum Provision</td>
<td>2 (22%)</td>
<td>4 (45%)</td>
<td>2 (18%)</td>
<td>4 (36%)</td>
</tr>
<tr>
<td>Without a school place (WASP)</td>
<td>4 (45%)</td>
<td>-</td>
<td>4 (36%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>9 (100%)</td>
<td>9 (100%)</td>
<td>11 (100%)</td>
<td>11 (100%)</td>
</tr>
</tbody>
</table>

Special Educational Needs Status

Over half of the children on the MTFCK Programme have a statement of Special Educational Needs (SEN), compared with 28% of looked after children and 3% of all children.¹ The national figure of 48% of young people entering MTFCE with statements also highlights the high levels educational needs.

Research shows that lack of educational provision is a major cause of placement breakdown (see e.g. Jackson, S. (ed.) (2001) Nobody Ever Told Us School Matters: Raising the Educational Attainments of Children in Care. London: BAAF) . Most of the young people accepted onto the programme have had disrupted schooling, in some cases with long periods of school exclusion. As can be seen from Table Seven, eight young people on MTFCK were without a school place at T1 and eleven had or have SEN statements. The MTFCK team have worked closely with their colleagues in education to secure and sustain the young people’s inclusion in education. Even so, one young person was without educational provision for 5 months, while another was only accepted back into the school on condition that he was constantly supervised. The multi-disciplinary team originally had time allocation for an educational psychologist and alternative curriculum co-ordinator, but these were felt not to make the best use of resources and were discontinued. In the absence of an education worker, the skills workers assumed (for over three months) the role of a learning support assistant to ensure the young person’s continued attendance. The skills workers have also supported one young person with ACCIPIO distance learning packages when he was between educational placements.

The reduction in the number and the length of school exclusions seems to indicate a positive trend of the young person being integrated more fully into the educational environment.

Table Eight: Educational outcomes

<table>
<thead>
<tr>
<th>Young Person</th>
<th>Mostly Attending</th>
<th>Frequent Non-Attendance</th>
<th>History of Exclusions</th>
<th>Behavioural difficulties in school/educational provision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T1</td>
<td>T4</td>
<td>T1</td>
<td>T4</td>
</tr>
<tr>
<td>1</td>
<td>WASP</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>15</td>
<td>WASP</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>16</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>17</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>18</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>19</td>
<td>✓</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20</td>
<td>WASP</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Figures shown in Table Eight show an encouraging picture of progress. The reintegration into education of seven of the eight young people who were without educational provision is an achievement of which the MTFCK team can be rightly proud as is the case for the dramatic reduction in the number and length of school exclusions. The trend in relation to behavioural
difficulties is positive, though also testifying to the continuing challenges involved. Several young people have made impressive strides educationally whilst on the programme achieving academic success (a recent example being of a boy whose reading age improved by two years in 6 months), although unfortunately this information is not well recorded on children’s files nor readily available elsewhere within the authority. Table Nine gives details of educational outcomes for those graduating from the programme.

**Table Nine : Educational Achievements of Graduates**

<table>
<thead>
<tr>
<th>#</th>
<th>Institution/Programme Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>RNID Margate4 GCSEs</td>
</tr>
<tr>
<td>4</td>
<td>South Kent College ~ NVQ Key Skills course in Child Care</td>
</tr>
<tr>
<td>6</td>
<td>Goldwyn School ~ Sat 6 GCSEs ~Gs and Fs</td>
</tr>
<tr>
<td>7</td>
<td>pre-GCSE level awards in line with their special educational needs</td>
</tr>
<tr>
<td>10</td>
<td>Canterbury College ~ AS level</td>
</tr>
<tr>
<td>11</td>
<td>SATs Literacy 4B Science 4C Maths 3B</td>
</tr>
<tr>
<td>12</td>
<td>Goldwyn School</td>
</tr>
<tr>
<td>14</td>
<td>Channel School 6 GCSEs ~ Canterbury College Public Services course</td>
</tr>
</tbody>
</table>

**Young Person’s Contact with Birth Family**

Relationships between the young people on the programme and their families of origin have generally improved and become more constructive. Three young people have re-established relationships with an estranged father and one young man with his mother after a five year hiatus. One young person has monthly respite care with former foster carers (now MTFCK trained). Another had alternating respite care with PGM and paternal uncle with whom he stayed on graduation. For another young person contact with his brothers has been reinitiated after a three year break. Table Ten provides summary details of birth family contact and its frequency. The relatively stable picture presented there hides some instances of increased contact (see above) along with some cessations, including those resulting from the decisions of young people themselves.

**Table Ten : Frequency of contact with birth family members at entry to MTFCK [T1] and at T4**

<table>
<thead>
<tr>
<th>Birth Parent(s)</th>
<th>Siblings</th>
<th>MGPs/PGPs</th>
<th>Extended family</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1 / T4</td>
<td>T1 / T4</td>
<td>T1</td>
<td>T4</td>
</tr>
<tr>
<td>None</td>
<td>11</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>On demand</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Fortnightly</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Monthly</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Overnights</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Holidays</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
After School Leisure Interests

Little is recorded in the referral documents of the young people’s leisure interests at T1 but whilst on the programme some of the young people take up a range of leisure activities including Army Cadets; euphonium playing in the local brass band; fishing; football with local clubs; horse riding; karate; kick boxing; model train exhibiting; piano playing; rock climbing; roller hockey; rugby union for the school, skiing and swimming including winning at the school gala. Some of the young people would appear to have the social skills to sustain a leisure interest but the majority need a lot of support if they are to join in organised youth activities. Various factors mitigate against their inclusion. The factors include the foster carers availability to transport the young people to and from the venues, the young people’s challenging behaviour and the risks they either pose to other young people and vice-versa. (These issues are explored further in Part II.)

Summary of Young People’s Difficulties

Health Issues

Table Eleven: Mental Health of MTFCK and MTFC-A Young People Compared with ONS Surveys

<table>
<thead>
<tr>
<th>ICD Disorder (definite)</th>
<th>MTFC Kent N= 18*</th>
<th>MTFCE-A cases 2008 n=66</th>
<th>ONS Survey of looked after children</th>
<th>ONS general population sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any psychiatric disorder</td>
<td>94.4% [17]</td>
<td>98.5%</td>
<td>44.8%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Multiple psychiatric diagnoses</td>
<td>66.6% [12]</td>
<td>75.75%</td>
<td>13.0%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Any emotional disorder</td>
<td>27.7% [5]</td>
<td>42.42%</td>
<td>11.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Separation anxiety</td>
<td>5.55% [1]</td>
<td>9%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Social phobia</td>
<td>11.11% [2]</td>
<td>1.5%</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>PTSD</td>
<td>5.55% [1]</td>
<td>12%</td>
<td>2.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Generalised Anxiety</td>
<td>22.22% [4]</td>
<td>19.7%</td>
<td>2.1%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other Anxiety</td>
<td>-</td>
<td>7.5%</td>
<td>3.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Depression</td>
<td>-</td>
<td>4.5%</td>
<td>4.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Any Conduct Disorder</td>
<td>88.88% [16]</td>
<td>87.9%</td>
<td>38.9%</td>
<td>5.8%</td>
</tr>
<tr>
<td>ODD</td>
<td>38.88% [7]</td>
<td>22.4%</td>
<td>11.4%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Socialised CD</td>
<td>27.77 [5]</td>
<td>3.4%</td>
<td>14.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Unsocialised CD</td>
<td>47.05% [8]</td>
<td>10.3%</td>
<td>5.6%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other CD</td>
<td>-</td>
<td>1.7%</td>
<td>5.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Hyperkinesis</td>
<td>23.52% [4]</td>
<td>18%</td>
<td>7.3%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Less common Disorders (tic, eating, autistic)</td>
<td>11.76% [2]</td>
<td>4.5%</td>
<td>3.7%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
The two young people who were on the programme for 57 and 27 days respectively were not formally assessed.

Table Eleven shows the very high levels of mental health needs among young people on MTFC programmes, both nationally or within Kent. Psychological data are collected in various ways on entry to the programme, including intelligence and reading tests; the Strengths and Difficulties Questionnaire (SDQ) and the Development and Well-being Assessment (DAWBA). National and local results for the SDQ are shown in Table Twelve, which demonstrate clearly the high level of difficulties.

Table Twelve: Strengths and Difficulties Questionnaires (SDQ)

<table>
<thead>
<tr>
<th></th>
<th>Parent / Carer</th>
<th>Teacher</th>
<th>Young Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Difficulties</td>
<td>Score at T1</td>
<td>Total Difficulties</td>
</tr>
<tr>
<td></td>
<td>MTFCE (n=89)</td>
<td>MTFCK (n=18)</td>
<td>MTFCE (n=73)</td>
</tr>
<tr>
<td>0 – 11 average</td>
<td>3%</td>
<td>5.55%</td>
<td>16.5%</td>
</tr>
<tr>
<td>12 – 15 borderline</td>
<td>8%</td>
<td>5.55%</td>
<td>12.5%</td>
</tr>
<tr>
<td>16 + high</td>
<td>89%</td>
<td>88.9%</td>
<td>71%</td>
</tr>
</tbody>
</table>

MTFCK has not undertaken follow up SDQs, but the MTFC 4th Project Report contains comparisons at T1 and T4. These show significant improvements from the perspective of young people on the programme, but only very modest improvements according to parents/carers and teachers. Neither MTFCK nor MTFC reapply the DAWBA (although it continues to provide useful diagnostic information) and thus evidence on mental health outcomes is therefore largely individualised or in some cases anecdotal.

Medication

Eleven (55%) of the 20 MTFCK children were on medication for mental health difficulties. This compares with the much lower figure for the 22 (16.5%) of the 134 MTFC young people for whom data were available were in receipt of medication for a variety of mental health difficulties including ADHD, depression, epilepsy, psychosis, and sleep problems at the time of admission to the programme. This figure itself is four times as many as in the 2003 ONS Survey (4%) of looked after children. As always in relation to medication, it is difficult to discern the respective contributions of severity of difficulties on the one hand and prescribing practices on the other.

High Risk Behaviours

It is not easy to comment with any sense of authority on the changes in the young people’s high risk behaviour as it is not always recorded on entry nor on leaving MTFC. Furthermore, snapshot comparisons (based on relatively broad categories) may obscure as much as they reveal. To take an instance; for one young person admitted to the programme from hospital following a self-harming incident, the self-harming behaviour reduced for most of the time they were on the programme but reappeared as graduation approached. Since graduation (10 months) there have been no further incidents, but a simple T1 to T4 comparison would obscure the clear improvements made. The national figures (2008 report section 8.3.2.) report significant reductions in high risk behaviours, although reporting is quite muddled and hence it is difficult to disentangle improvements that apply only to graduates from those for all leavers. It should also be remembered that categories such as self-harm and violence may encompass a range of phenomena and degrees of seriousness. Setting such issues to one side, Figure One shows the
nationally and locally recorded levels of graduates’ high risk behaviours on entry and leaving the programme.

Figure One: Summary of High Risk Behaviours at entry and leaving for Graduates

Parent Daily Reports

The Parent Daily Report (PDR) is a crucial component of the treatment programme which allows frequent and reliable tracking and measurement of behaviours in children. PDR is conducted in a 5-10 minute phone call between the foster parent and the MTFC PDR caller. Data on approximately 40 behaviours (see Appendix Four) are gathered every day and include the occurrence of the behaviour and whether the foster parent found that behaviour to be stressful. By looking at the PDR information, the programme supervisor can gain insights into the effectiveness of the treatment plan. Adjustments in the treatment interventions can then be individualized to the behaviours of each child. Patterns in behaviour are also evident when reviewing several weeks of PDR data at a time. In particular, they may highlight slow changes in behaviour that may not otherwise be noticed as well as identifying events or situations that are regularly impacting on behaviour.
Table Thirteen: Number of Problem Behaviours per week reported by Foster Carers on entry to MTFCK (T1), after 2 months (T2), after 18 months (T3) and on graduating or leaving the programme or at 31/12/08 (T4)

<table>
<thead>
<tr>
<th>Young Person</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
<th>T4</th>
<th>Active ?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td>Early Leaver</td>
</tr>
<tr>
<td>02</td>
<td>20</td>
<td>11</td>
<td>19</td>
<td>9</td>
<td>Graduate</td>
</tr>
<tr>
<td>03</td>
<td>2</td>
<td>5</td>
<td>-</td>
<td>0</td>
<td>Late Leaver</td>
</tr>
<tr>
<td>04</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>9</td>
<td>Graduate</td>
</tr>
<tr>
<td>05</td>
<td>31</td>
<td>25</td>
<td>28</td>
<td>45</td>
<td>Late Leaver</td>
</tr>
<tr>
<td>06</td>
<td>0</td>
<td>3</td>
<td>-</td>
<td>0</td>
<td>Graduate</td>
</tr>
<tr>
<td>07</td>
<td>95</td>
<td>41</td>
<td>-</td>
<td>22</td>
<td>Graduate</td>
</tr>
<tr>
<td>08</td>
<td>16</td>
<td>56</td>
<td>-</td>
<td>58</td>
<td>Late Leaver</td>
</tr>
<tr>
<td>09</td>
<td>70</td>
<td>41</td>
<td>-</td>
<td>-</td>
<td>Early Leaver</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>63</td>
<td>Graduate</td>
</tr>
<tr>
<td>11</td>
<td>15</td>
<td>18</td>
<td>-</td>
<td>2</td>
<td>Graduate</td>
</tr>
<tr>
<td>12</td>
<td>0</td>
<td>8</td>
<td>-</td>
<td>19</td>
<td>Graduate</td>
</tr>
<tr>
<td>13</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>74</td>
<td>Early Leaver</td>
</tr>
<tr>
<td>14</td>
<td>25</td>
<td>44</td>
<td>-</td>
<td>37</td>
<td>Graduate</td>
</tr>
<tr>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>16</td>
<td>28</td>
<td>29</td>
<td>-</td>
<td>23</td>
<td>Yes</td>
</tr>
<tr>
<td>17</td>
<td>14</td>
<td>23</td>
<td>-</td>
<td>29</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>37</td>
<td>-</td>
<td>-</td>
<td>70</td>
<td>Early Leaver</td>
</tr>
<tr>
<td>19</td>
<td>55</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>Yes</td>
</tr>
<tr>
<td>20</td>
<td>16</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Male | Female |

The data reported in Table Thirteen reveal a highly complex picture, with wide variation between young people in terms of both reported problem behaviours and trends whilst on the programme. Importantly, there is no consistent relationship between levels or trends and outcomes in terms of graduation.

Foster carers vary widely in the way in which they use the points system. Some take points away for inappropriate behaviour and do not give bonus points whilst others are reluctant to deduct points and are generous with bonus points. This in part links to the programme’s emphasis on ‘finding the positives’, seeking to reward prodigal-style, young people who retrieved the inappropriate with subsequent good behaviour. At MTFCK the skills workers and therapists give but do not deduct points, the rationale being to encourage and reward effective engagement in their respective activities. Some foster carers use event notes on the PDR form to explain their score whilst others do not. In one instance, a foster carer exceeded their powers by dropping a young person to Level One when it is not part of their role to move young people between levels. Such variations mean that while PDRs can, as noted above, yield valuable information, they should not be taken as entirely ‘objective’ measures of young people’s behaviour. Nor, of course, do the returns indicate how far they have been influenced by particular events, such as those related to contact. (The use of PDRs and awarding of points are discussed further in Part II.)
Respite Care

Recognising that MTFC work can be demanding for all concerned, the scheme allows for each carer and the young person they are looking after to have some breaks. After the first three weeks of each placement, foster carers are entitled to respite care equal to two nights per month, plus two weeks' paid holiday each year. The young person in placement will, wherever possible, spend each respite period with the same carers to promote continuity in their lives. These respite carers are trained for the scheme alongside the foster carers involved. There is also an enhanced level of payment, in recognition of the special skills required from the carer.

Appendix Three attempts to show the dynamic use of respite care. Three young people within the Programme have transferred placement to their respite carers when their placements have been disrupted whilst another three transferred within the foster carer pool. The mapping of placements/respite care also shows the networking that has occurred. Several foster carers know some of the young people and the young people themselves have come into contact at the Manor House or at school or through respite. They also have some knowledge of them through their own attendances at the foster carers’ meetings when the young people’s progress is discussed.
Part Two – Process and the Workings of MTFCK

Having concentrated primarily on measurable outcomes in Part I of the report, we now switch our focus towards issues of process within MTFCK, drawing on a range of qualitative data from interviews with those working in the programme. By agreement with the national evaluation team and in order to avoid duplicating their efforts, we did not undertake interviews with young people but include some data supplied by the national team. No interviews were carried out with birth family members, but we have drawn upon material from an MTFCK survey.

In reporting findings, we have attempted to avoid information that would identify individual respondents. This is partly a matter of omitting or minimising case-specific detail, but also in the designations ascribed. Briefly, where there has been a significant number of interviewees, as in the case of foster carers or children’s social workers, we have used this designation. Elsewhere, we have used the generic term ‘team member’ to include those (formerly) working within MTFCK and members of the Management Board.

‘Before, During and After’ - Pathways through MTFC

Since starting in 2004, MTFCK has received over 100 referrals and it is recognised that demand significantly outstrips supply in relation to placements. This has given rise to various challenges. First, as will be discussed further below, this tends to mean that matching takes place in a context where there may be several young people referred but at most one or two options in relation to foster carer vacancies. Second, while the MTFCK preference is for planned entry to the programme, referrals have often been made in ‘crisis’ situations, such as those linked to placement disruptions or court proceedings. Needless to say, such circumstances and the often high levels of need for the young people concerned create significant pressures to offer placements. Team members believe that there has been progress in the way referrals are dealt with – including constructive engagement with young people and their families prior to placements - although the underlying challenges remain.

Procedurally, entry to the programme has changed from a panel-based process to the current practice of seeking detailed information tailored to MTFCK and having discussions with social workers, young people and birth relatives. Given its very restrictive early stages – including no unsupervised outings or use of a mobile phone – ‘selling’ the programme to young people is challenging but regarded as vital for later positive outcomes. By contrast with its operation in the United States, MTFC is not used as a disposal in the UK’s criminal justice system (although the closely related intensive fostering is) and hence commitment to the programme becomes much more central.

Most of them we’ve managed to engage, ...I mean and trying to get a kid to hand over his phone in this day and age is no mean feat, I can tell you. (Team Member)

In this respect, direct entry from more institutional or boundaried settings such as secure accommodation is also seen as advantageous in ameliorating the effects of MTFC’s initial restrictions. (The first young person to join the programme came from a Secure Training Unit but not directly on to the programme. He experienced a far less restrictive placement and so found the strict regimen of MTFCK painfully difficult.) More broadly, the changes have reflected learning from successes and failures within the programme about those young people for whom it will work best and conversely those who are extremely unlikely to benefit. The profile for those most amenable to treatment has focused particularly on issues such as self harming, absconding, fire setting or ADHD. This knowledge, allied to awareness that MTFC represents a valuable but also scarce resource for looked after children, has generated greater confidence in decisions regarding acceptance onto the programme. In tandem, efforts have been
made to communicate these parameters to area-based social workers and managers, with the aims of explaining timescales, discouraging inappropriate referrals and promoting awareness of why some young people may not be accepted onto MTFCK. This is obviously a difficult task, given the small scale of MTFCK and the regular turnover of social work staff. Unsurprisingly, perhaps, some social workers remained unclear as to where the thresholds lie when a programme for ‘difficult’ young people appears to exclude some as ‘too difficult’, not least when the latter may also be seen as being in ‘the greatest need’.

I did actually get a referral and they wouldn’t even entertain this [young person] because they felt [...] needs were too... complex, which I found slightly bizarre, because I thought that was their role... working alongside young people who had complex needs (Social Worker)

Further potential pressures stem from financial considerations. Part of the rationale for MTFCE is that it represents an alternative to forms of residential provision and hence cost-saving in addition to improved outcomes. However, the team do not feel that they have been put under inappropriate pressure to accept referrals that would offer the largest savings, nor a geographical spread to match funding from different areas within the authority, although both economies and equity between areas are recognised as important considerations.

Duration of Placements – the Goldilocks challenge

MTFC incorporates the twin aims of providing a time-limited ‘move-on’ placement for young people during which behavioural changes should occur that will endure sufficiently to obviate the need for such an intense programme thereafter. Needless to say, these aims do not always sit easily with one another, and crucially, require difficult judgements as to the optimum time to move on (discussed further below). During the life of the programme, national guidance had suggested a shortening of placements from around 18 to 9 months to maximise the consolidation of gains whilst avoiding the onset of diminishing returns and potential disengagement. As noted, MTFCK placements have tended to be longer than the national average, reflecting a combination of continuity prior to school examinations, ‘best interests’ decisions (including issues of attachment) and delays in finding appropriate follow-on placements. In our interviews, we found diverse opinions relating both to individual participants in the programme and to placement length more generally. Those who believed that placements were often too short emphasised the extent and scope of the necessary work with young people and the latter’s vulnerability outside the programme’s supportive framework.

I mean sometimes these children will have years and years of... you know, and for a place in 18 months or 2 years you can’t undo absolutely everything. (Foster Carer)

I know there’s got to be [time limits] but it is another move isn’t it? Because it’s a big risk factor really. (Team Member)

Another foster carer expressed the view that the behavioural aspects of the programme should be followed by further treatment and that an 18 months timeframe could be too short in this regard. The counter argument was that placements ran the risk of stalling and that there might be a distinct window of opportunity for transition.

I think you get to know that, ‘yeah I’ve actually come as far as I can with this young person. This young person does actually need to move on now’. (Foster Carer)

It was also suggested from within the team that those with the longest placements had been less successful than other graduates. Overall, the task of transition timing being ‘just right’ remained
challenging, with for example, different views on the impact of time limits on young people themselves. One social worker neatly expressed the inherent dilemmas.

I think that for [young person] the programme could well do to be longer. But on the other hand I suppose... [...] might outgrow it actually as a programme.

Longer-term planning for those scheduled to leave MTFCK is seen as vital by the team - ‘it can’t start soon enough’ - and there is also greater confidence that data from the OSLC model can be used to predict optimal times for leaving the programme.

What Next? – Transitions from MTFCK

Beyond matters of timing, the other key issue relating to transitions was that of follow on placements or for some independent living. Although reunification with birth family is an ideal within MTFC, in practice, this has only been seen as practicable for a minority of young people, in light of often deep-seated problems and lengthy careers in care. Given MTFC’s distinctive regime of points and levels and its wraparound support, there are understandable concerns about whether transitions may be too ‘abrupt’ and that if behavioural changes are not sufficiently embedded, young people may struggle in the absence of these features. For some graduates of MTFCK (see Table Six) this has been countered by staying with either their MTFCK carers or respite carers. While this option has considerable advantages in terms of continuity and attachment, it does usually entail the loss of the foster carer to MTFCK as a programme and/or financial issues relating to ongoing payments. Elsewhere, one or two MTFC programmes have responded to this challenge by creating ‘step down’ placements that offer a degree of structure in order to ease transitions. Developing such provision has been considered at different times, but faces considerable challenges, given the wider difficulties in recruitment.

MTFCK graduates have tended to be older and while this is sometimes seen as advantageous in increasing follow-on options, it has also raised some concerns regarding whether resources for this age cohort offer sufficient support and whether their assumptions of autonomy for young adults might leave young people vulnerable. Follow-up support is provided for those leaving MTFCK, usually for between 3 and 6 months depending on individual needs and circumstances. Those (admittedly small in number) social workers interviewed who had experienced transition from the programme expressed different views, ranging from the very positive to ‘complaints’ of lack of information and clarity in roles around the point of handover. Several young people who have left MTFCK have subsequently kept in contact, and interestingly this includes some early and late leavers as well as graduates. Similarly, apart from those who remained with their foster carers, others have also sought and received support from their previous (respite) carers.

Managing Problem Behaviours and Promoting the Prosocial

In Part I, it was seen that PDR figures revealed a mixed picture in terms of reduction of problem behaviours. While this was reflected to a degree in interviews, the overall impression given was more positive. Almost all the social workers interviewed identified clear improvements, either in relation to specific behaviours or more general conduct.

He would sit in your car when I first knew him and you wouldn’t get a word out of him, not a word. But now when he trusts people he will speak to them. His attitude with other children was very unfortunate and it would cause arguments but now he’s learning that you don’t behave like that.
[Young person] came into care fairly late and [...] was soiling and smearing and urinating and I think the patience that has been shown when coping with that has been immense because not many people could cope with that sort of behaviour in their home.

Foster carers, reflecting on their range of placements, also gave a fairly positive if more equivocal summary of progress in this area.

*I think undoubtedly there's always been improvements, certainly..., when you're working in the treatment scheme you actually feel as though you're going somewhere and you are actually making a difference.*

Several factors were identified as important, some of which will be discussed in more detail below. These included firm boundaries, awareness of consequences (notably loss of privileges) for unacceptable behaviour and consistency of messages from all those working with the young person. The importance of incentives, whether short or medium term, linked to acquisition of points or longer term placement goals was also seen as vital for engagement with the programme. This, in turn, was widely recognised as perhaps the major factor influencing outcomes, for in its absence or withdrawal, placements would quickly stagnate and usually disrupt.

*I don't think in a million years anyone was going to help this child. She just didn't want it. She was too far down the line I think in so far as being... ever being or wanting to be within a family. I don't even think we got as far as tackling any behaviours with her because she was out more than she was in.* (Foster Carer)

Although foster carers hold the day-to-day responsibility for managing behaviours using the medium of award and deduction of points, skills workers also have an important role in respect of behaviours. Much of the latter’s work focuses on improving young people’s social skills in everyday situations allied to boosting achievements as a means of promoting self-esteem and confidence. Another integral part of the role is to help young people understand the boundaries of socially acceptable behaviour and thereby improve their interaction with others.

Skills workers will target behaviours identified by the team, operating through the building of a relationship with the young person and (joint) participation in activities. Behaviours may be fairly generic, such as politeness and respect or more specific such as addressing animal cruelty. With this backdrop, activities are then negotiated on the basis of young people’s interests, which may vary significantly in level as well as in particulars.

*One .. won’t really do much at all. Others will turn their hand to do anything.* (Team Member)

In principle, a core aim of MTFC is to promote prosocial behaviour on the part of young people through formal activities, but in practice, such involvement is often limited by their poor starting point(s) in terms of peer interaction. As a consequence, activities were often undertaken on a one-to-one basis although this was seen as carrying certain advantages.

*I think there’s much less pressure for them to have to succeed and be good at it because..., in a big peer group if you’re going to get something wrong then you’re going to look a bit silly.* (Team Member)

There were also expectations on foster carers to help young people’s involvement in activities and these expectations were seen as generally well met, albeit with some predictable variation.
Some are definitely better than others. There are some carers that are really in tune with what the young person needs and have got it lined up and transport them without even a second thought and then there are others that really don’t want their routine disrupted... but invariably they will do it. (Team Member)

Problems with friendships appeared close to a norm for young people on MTFCK. To an extent this reflected the difficulties often found among looked after children, such as the cumulative effects of placement moves and schooling that is both disrupted and geographically distant. In addition, MTFC imposes its own constraints on young people, whether through prescribed therapy and skills worker sessions or the requirement to ‘earn’ activities. However, the major challenges appeared to rest with the behaviours of the young people themselves.

He does provoke. He’s not very aware of sort of social boundaries really. He will pester people and then the anger escalates and, you know, he is vulnerable to bullying. (Social Worker)

When she gets their phone number she won’t leave them alone so consequently the numbers get changed or turned off....She grabs hold of something .. and won’t let it go. (Foster Carer)

Similarly, phrases used by social workers and foster carers such as ‘inappropriate remarks at the inappropriate times’, ‘always has to be centre of attention’, ‘likes to laugh at people when they’ve had a misfortune’, ‘a history of....telling tales on other children’ all offer a flavour of the difficulties encountered. In a number of cases, these led to friendships being mainly with much younger children, or with ‘peers that you know are not going to be a good influence’ (Team Member) and in extreme cases, vulnerability to sexual exploitation.

Although this area of work was inevitably challenging, there were felt to have been some significant improvements for a number of young people on the programme. This reflected both the direct work undertaken by foster carers and skills workers and the indirect effects of involvement in school and outside activities.

One child was very closed down and now he comes in and he’s laughing and has humour and joking and smiling.. He’s just received an outreach programme project and he won... the best boy out of the whole of it. I think that is definitely a huge leap from the child that I met who was then to the child that I now see. (Team Member)

He goes [to activity] every Saturday, he’s got mates there and it’s a different lot of mates than what he used to have. (Foster Carer)

Whereas the OSLC model assumes that there will be no contact between young people in MTFC, this was not the case in MTFCK. Some contact came about because of shared schooling, and some due to foster carers knowing each other, while there had also been occasional contact due to young people visiting the programme’s base. More importantly, a degree of contact between young people had been embraced by MTFCK so that at times skills workers would take more than one young person out on activities and perhaps most strikingly, a Christmas pantomime had been organised involving young people on the programme.

Overall, involvement in activities and improved social networks were seen as having a ‘preventive’ value in respect of anti-social or offending behaviour, albeit one which is inevitably difficult to measure or demonstrate.
I mean part of it is about keeping them active so that they don’t have time to develop anti socially and so that they are developing the pro social skills that they need to be able to join in groups.....once they start to develop the self esteem which makes them think that they’re worthy of having that kind of experience I think you can head them off. (Team Member)

**Education**

The workings of educational issues within MTFCK must be seen in the context of wider recent efforts (see e.g. Department for Education and Skills (2006) Care Matters:Transforming the Lives of Children and Young People in Care (Cm 6932), London: DfES) to improve provision and attainment for looked after children. Reflecting in many ways that broader context, such workings can be summarised as marked by significant improvements set against low baselines and aspiration towards higher achievement – allowing judgements to focus on a glass half full or half empty. Young people’s education was recognised as crucially important for their long-term futures, for the experiences it could bring (including the extra-curricular) and for the stability of placements.

*These are the most needy children and if you’re not kind of getting with an appropriate education programme we’re just storing up real problems for the future.* (Team Member)

*If you’ve got them at home 24/7 there is no let up* (Foster Carer)

Securing appropriate educational provision for young people has presented a major challenge to MTFCK and regular reports to the Management Board reveal wide fluctuations from times when almost all enjoy such provision to those when it was the exception. However, within these fluctuations there has also been a discernible progress (with all MTFCK young people currently in education) which has reflected a number of factors. In line with wider changes in respect of education for looked after children, MTFCK has taken on more of the ‘pushy parent’ role, using young people’s legal entitlements as a lever to put pressure on educational providers. Given the attendant difficulties of local authorities ‘prosecuting themselves’, this has been achieved by becoming, in the words of one team member, ‘much better at working our way around the system...[and]...much better at knowing which buttons to press.’

*Educationally he wasn’t even engaged in education before he went into the system and then they got him onto a right track? Like a tutoring programme and now they’ve got him a place in the school and I think a lot of that’s to do with treatment foster care. I think they’ve pushed that quite heavily.* (Social Worker)

Similarly, by offering and delivering good support for educational placements, MTFCK has been able to build successful relationships with particular schools and individuals, thereby paving the way for further co-operation. Close relationships have been built particularly with special schools (emotional and behavioural difficulties), including Goldwyn with which the programme shared premises and which has proved particularly flexible in offering places to young people on MTFCK. While the current and recent absence of mainstream schooling for young people in MTFCK could be seen as a weakness, their starting points (often without any form of educational provision) and high levels of behavioural difficulties must be borne in mind. Over the life of MTFCK, provision for those not in school has been highly variable - notwithstanding some helpful alternative curriculum input - ranging from attendance at small alternative projects, to home tuition and occasionally no educational provision. As noted in Part I, early decisions were made to effectively replace the posts of educational psychologist and alternative curriculum co-ordinator with those of skills workers. While the reasons for this (primarily based on
insufficient demand) are well understood, some of those interviewed felt that the loss of specialist input was regrettable.

Evidence on educational attainment has proved difficult to gather, with relatively little recording on case files and seemingly no central data collection (though see Table Nine). Thus, while there is considerable (and cumulatively fairly convincing) evidence of educational improvement for many young people (formerly) on the programme, we are not in a position to quantify this in any systematic way. It is, however, known that at least two have gone on to higher and further education and that several young people were able to study for and sit GCSE examinations when this had previously seemed unlikely. As noted earlier, this can be seen as one benefit from some of the longer placements and has drawn some interest from the national team in this respect.

To support data presented in Table Eight, there was also considerable qualitative evidence from foster carers of improvements in respect of reduced exclusions, truancy and problem behaviours such as fighting, bullying and swearing.

*She says herself she enjoys school now. She never used to enjoy school. She said that she was bullied but she used to run away and abscond a lot and never go to school. There was lots of school problems before but she’s settled really well.*

*We’ve put the boundary in place and he’s followed it and he’s definitely responding and getting better at school. Although the issues are still there they’re not as bad.*

Finally, it should be noted that several young people within MTFCK benefited significantly from the range of sporting and cultural activities on offer through schools – one reportedly referring to a skiing trip as ‘the best day of my life’.

**Working with Schools**

Close liaison with schools is seen as crucial to the OSLC model to ensure consistency, communication and reinforcement in respect of targeted behaviours. This is aided by the use of a school card that serves to provide information to the programme on particular achievements or difficulties at school.

*They were just so supportive... I used to get a daily report as well from one of the teachers who used to phone up and give me a report on his day at school so that he couldn’t get away with anything. And that was brilliant and he came on really well at school.* (Foster Carer)

While cards are generally regarded as very helpful, their completion has been quite variable between, and occasionally within, schools. Equally, if not more important was the broader pattern of communication between schools and the programme and the support provided by the latter. The case of a skills worker acting temporarily in a learning support role within a school has been referred to in Part I (and there have been other instances, albeit less intense, of skills worker involvement), but there have also been numerous instances of foster carers going into schools to talk or sit with young people, or in some cases being called to collect them during difficult episodes. Such support has clearly contributed to the durability of school placements.

**Health**

MTFCK was originally envisaged and established as a tripartite collaboration between health, education and social care services and although health funding had not been forthcoming after the expiry of start-up monies, the collaborative ethos has remained important. Recent years have
also witnessed significant change for looked after children, with traditional ‘medicals’ giving way to more holistic assessments and concerted efforts to improve mental health services for children and young people in care (see e.g. Dunnett, K. (ed.) (2006) *Health of Looked After Children and Young People*. Lyme Regis: Russell House). One issue identified by team members was that of utilising health care information (including to fill in details of chronology and life history for young people), an area that was seen as having improved over the life of the programme.

Incidence of physical health problems or disability within MTFCK was relatively low, although the programme places considerable emphasis on issues such as substance misuse and sexual behaviour/health. Smoking was treated as part of the former, but was addressed in a pragmatic way. The rationale for this was that given the frequent complexities of medication, the many pressures facing young people in the early stages of the programme and the risks they may take (e.g. sexual favours, stealing) in order to obtain cigarettes, the best strategy would be one of controls and managed reduction.

*So they don’t have the cigarettes on them, they don’t have the cigarettes in their rooms, they don’t have matches in their rooms. So it’s kind of like you almost give them out as if they’re kind of prescribed ... with a reduction kind of idea.* (Team Member)

In Part I, the high level of mental health problems and use of medication for young people were noted. Three of four young people in receipt of Disability Living Allowance have suffered from Attention Deficit Hyperactivity Disorder (ADHD) (the remaining DLA award being for incontinence). MTFCK benefits from its in-house therapeutic provision both for young people and their birth families. Only in exceptional circumstances has any external therapeutic input been utilised. Relationships with CAMHS were generally seen as good, with some close connections and associated expertise offsetting the problem of variation (not least in prescribing practices) between different CAMHS teams located within the authority.

**Working with Birth(*) Families (* one young person had come to MTFCK from an adoptive family)**

Effective work with birth families is, of course, important for all looked after children, but its importance for MTFC is reflected in a dedicated post of birth family therapist within the team. Within the OSLC model, considerable emphasis is placed on preparing birth families to consolidate behavioural changes achieved in MTFC once the young person returns home. However, for programmes within the UK, planned return home tends to be much rarer, due to longer careers in care (perhaps including previous failed attempts at reunification) and often histories of family breakdown as compared with the shorter term criminal justice focus in the US.

*I think if we were allowed to have them earlier I think it would be the kind of programme that could deliver against that kind of aim. But given that we’ve got children who have been in the looked after system since they were 4, some of them, and are on full care orders... rehab home is not really on the agenda.* (Team Member)

The varying legal statuses of young people in MTFCK and the significant minority accommodated were described in Part I. This could have major implications for the operation of the programme, when parental responsibility was exercised in ways which were at odds with decisions of the team. For instance, one young woman was not allowed some of the ‘privileges’ (such as a mobile phone, unsupervised outings, or computer games) earned through acquisition of points because her parents disagreed with her having these things. Although some compromises had eventually been reached through negotiations, this situation clearly gave rise to
tensions in the workings of the programme. More generally, birth parents were required to give at least tacit consent to their child’s participation in the programme, but levels of commitment and capacity for change were not seen as pre-requisites.

If reunification with birth parent(s) represented an ‘ideal’ scenario, in practice goals were likely to be modified in two senses. First, when reunification was not regarded as possible, then the focus would rest with improving the quality of relationships, and in particular, contact. Second, efforts were made to contact a range of extended family members to explore their potential for meeting the needs of the young person, sometimes including the possibility of offering a home after MTFCK.

Really it’s working with whoever is not only appropriate but also is available and is willing... to develop that relationship with the child. (Team Member)

Such work was intended to be co-ordinated with efforts to help young people understand their birth family relationships better, whether in terms of their reasons for being and/or remaining in care or how such relationships may have contributed to their behaviours.

The work of birth family therapists can be seen as challenging in various ways but also as a vital component within MTFC. Irrespective of periods of separation and reunification plans, it is known that birth parents and often other family members remain important in the lives of looked after children. Similarly, there has been growing recognition in recent times of the significance of extended family networks and their potential to offer help and support (e.g. use of family and friends as carers, family group conferences). The challenge of engagement with birth parents in particular was made more difficult in some cases due to their own lifestyles and problems in terms of mental health or substance misuse but also frequently to the legacy of conflict arising from their children’s removal. Sadly, and as is borne out from research (see e.g. Cleaver, H. (2000) Fostering Family Contact. London: Stationery Office), there had also often been a loss of contact. In the words of one team member, there were:

so many families who haven’t seen... Once their child has been removed there has been no contact, no contact with social services at all.

For birth family therapists, it was important to cultivate an identity separate from that of ‘social services’ in the eyes of birth family members. This task was, however, facilitated by their dedicated role and the time it afforded, whether in terms of scouring files, gradually building relationships or seeking out (distant) members of the extended family. At its minimum, birth family work would entail promoting an understanding the programme and its aims and as noted above improving the quality of relationships and/or contact between family members and the young person. The former could also appreciate the support and opportunities to air their own concerns, if on occasion this might focus more on the birth parent than their child.

Mum, because she had somebody that came and talked to her about her problems she liked that. She wasn’t interested in the bit about [young person] but she liked that. She told me that herself. (Social Worker)

Depending on the nature of the relationship and contacts, work might be undertaken to ensure that birth family members understood the principles and ‘points and levels’ workings of the programme.

Within the team, birth family therapists saw their role as having elements of advocacy for birth family members as well as implementing the birth family elements of the broader plan for the young person. Predictably, this could give rise to tensions – not least when some birth family
members might be seen by others as incapable of acting, or unwilling to act in the children’s interests, but those interviewed felt these were generally managed effectively within the team. The course of relationships between birth family members and young people on MTFCK was predictably variable, with some improvements and even placement provision within the family through more unchanging scenarios and some instances of ceased contact (albeit sometimes resulting from the decisions of young people themselves).

_The mother is actually turning up for contact now which is quite an achievement where she would let her down ... So that’s actually been quite a good turnaround._ (Foster Carer)

_We always leave the door open. But he has made it very clear, he’s written down and he’s said on many occasions that he just doesn’t want to see them._ (Social Worker)

An MTFCK survey produced returns from seven birth parents all bar one of whom reported seeing at least some and in most cases a lot of improvement in their child’s behaviour. Less positive shifts were reported in the relationship between parent and child, although on balance, slight improvements were indicated. A team member offered the following verdict.

_I think we’ve engaged some difficult families and probably had a more realistic outcome for them so that rather than saying so and so will return to you, that you’ll have the best possible relationship which may be not coming home but being able to visit and stuff._

**Recruitment and Retention of Foster Carers**

To date there have been 22 (sets of) foster carers involved in MTFCK – 8 providing both regular and respite placements at different times, 7 solely the former and a further 7 solely the latter). Foster carers have left MTFCK for a variety of reasons, including transitioning out (keeping on the placement outside of the programme) resignation (some after the end of placements) and deregistrations for reasons such as child protection concerns and demand for immediate removal of young person. More generally, foster carers do not appear to leave because of dissatisfaction with MTFCK.

Despite the offer of higher rates of pay and more wraparound support than mainstream foster care, attracting foster carers to MTFCK has nonetheless faced a number of challenges. Apart from the considerable difficulties presented by the young people’s behaviour and weekly attendance at meetings, the programme requires that there should only be one young person in placement and that there should be no other children living in the family. A further expectation is that one carer should be available on a full-time basis. Collectively, these factors significantly diminish the pool of potential applicants.

In practice, recruitment to MTFCK comprised a mixture of those new to fostering and those with previous experience, including three transferring into the programme with an existing placement. Whilst never prolific, interest had shown distinct peaks and troughs, with some advertising campaigns eliciting no response and others quite successful. Experience had shown that word of mouth was the most successful method of recruitment and had additional advantages in terms of preparedness.

_We’ve still got a lot of our carers who have been recommended by family friends or people who they know who are foster carers and they tend to have slightly more insight because they’ve met some of the young people and they’re very clear._ (Team Member)
The other main method has been the use of ‘personalised’ adverts built around a particular young person’s story and placement needs. More generally, it was felt that recruitment activity had become more systematic over time, integrated in wider advertising and information-giving within the authority.

**Assessment of Carers for MTFCK**

All MTFCK foster carers underwent a specific assessment for the programme (linked to initial training – see below), while those not already approved as foster carers would additionally undertake the assessment and training applicable to mainstream carers. As MTFCK had developed, there had been a progressive harmonisation of procedures, so that foster carers within the programme shared assessment and training with other carers. This also meant, however, that it could be more difficult and time consuming for experienced carers from independent fostering providers (IFPs) to move into the programme. Albeit with some differences of viewpoint, this was generally seen as a price worth paying for rigorous approval procedures and stronger links between the programme and mainstream foster carers in Kent.

As confirmed from internal survey data and our own interviews, foster carers’ experiences of assessment were generally positive, with an acceptance of the need for scrutiny and occasional caveats about the length of the process.

*It was OK. Quite harmless really.*

*I mean I’m used to being in fostering. I’m used to people coming in, invading your life left, right and centre and everything ... so it didn’t phase me at all.*

*I did wonder whether it was ever going to end. It was very thorough.*

Among foster carers and elsewhere in the team, different views were expressed on whether the former should have previous fostering experience. In interviews, foster carers were expansive on the qualities they thought were demanded of them within MTFCK, about which there was considerable consensus. Resilience or ‘staying power’ comprised one important theme, linked to the importance of commitment.

*I think it pushes you as a person. Yeah in any other job if things got tough you could just walk away couldn’t you or… but in this job you can’t, you’ve got to stay there.*

While this was seen as partly dependent on qualities such as self-belief and self-discipline, carers also highlighted the importance of building relationships with the young people they fostered, referring to the need for understanding and empathy. However, within MTFCK, this was framed to some degree within a philosophy of ‘tough love’,

*I think a positive mental attitude as well, a strong positive mental attitude. I think you’ve got to be able to empathise with them, haven’t you, really... and to listen to them. But also I think you’ve also got to be quite tough as well.*

*[Foster carers] ’ve got to believe in it themselves and they’ve got to believe in the boundaries and rewards. They’ve got to stick to it. Even if they don’t agree with something.*

Nonetheless, the need for patience was emphasised by almost all foster carers.
You’ve got to have a comfy settee because you need to stay up late at night and lots of hot chocolate.

Similarly, some stressed the importance of being able to deal effectively with young people’s anger and outbursts.

You need to be quite calm and not easily fired up, to be able to just walk away when they’re ranting and raving and they’re in your face and they’re shouting at you and just walk away and let them calm down. So whatever you do don’t ever argue back with them because... it just fires them up more.

Other valuable capacities identified included ‘being one step ahead’ and for at least one carer, a sense of humour and perspective.

I know it’s a serious business, but you’ve got to look at some of the things they’re doing may seem really, really bad but actually at the end of the day they’re not.......There are much worse things going on in the world and to let them know that.... you’re there and love them really.

Matching Young People and Foster Carers in MTFCK

While in principle, behavioural approaches tend to de-emphasise the importance of relationships (including attachments), it was widely recognised in the programme that appropriate matching between young people and foster carers was crucial to the success of placements.

It’s the whole success really. I mean if you get it wrong... it’s just not going to work.

(Team Member)

Similarly, a social worker expressed the view that the rewards system within MTFC had largely worked because the young person had wanted their foster carer’s respect. In practice, the high ratio of referrals to vacancies meant that matching was shaped significantly by the capabilities and circumstances of foster carers. This could include general and behaviour-specific tolerance levels – for example in the case of persistent defiance or running away. The team were also mindful of recent histories, so that for example, if a previous placement had proved particularly difficult, efforts would be made to minimise the risk of repetition, thereby seeking to build the foster carer’s confidence. Other conventional matching such as gender preferences and interests were also used, along with geographical considerations in respect of education and social networks. Matching was seen as an area where the programme had learned from experience and made improvements, but was far from complacent about the challenges.

I think we’re getting it right more often than not and I think that’s reflected in the... reduction of disruptions. When we do get it wrong we get it wrong very spectacularly!

(Team Member)

Social workers interviewed were also generally very positive about the quality of matching – ‘very good’, ‘absolutely excellent’ - although of course in the case of ‘transfers in’, matches pre-dated the programme’s involvement.

Support for Foster Carers

Strong ‘wraparound’ support lies at the heart of MTFC and is evident in a number of its features and workings. In comparison with provision in mainstream’ foster care, these might be either ‘enhanced’ in certain respects or distinctive to MTFC. Crucially of course, support must be seen
in terms of their cumulative effect and it is to this that one can attribute the extremely positive
perceptions of foster carers on the support they received. ‘Just absolutely amazing’ ‘I have to say
brilliant. 100% brilliant.’ Again, this picture was confirmed from both MTFCK survey data
and our interviews. Some were quite clear that support levels had prevented disruptions that
might otherwise have taken place. ‘It could have so easily have broken down but with the
support...’

‘Enhanced’ features included higher than usual levels of contact with supervising (and assistant)
social workers and a structured pattern of short breaks or ‘respite care’. The latter proved to be
an important element in the MTFCK fabric in two senses. First, original respite placements were
sometimes used to provide follow-on placements after disruptions (see Appendix Three).
Second, there were also situations of extended (foster) family members offering respite care,
which can be seen as having certain advantages in terms of networks and continuity. From our
interviews with full-time and respite carers, it appeared that the transitions and programme co-
ordination required in short breaks worked fairly smoothly. Predictably some foster carers
reported occasional reluctance on the part of young people to go to respite placements and
occasional negative outcomes, but overall, provision appeared to work well and was highly
valued.

Because the children have all got these behaviours sometimes you don’t realise how
worn out you are until they’re not around for a few days and you think wow... So yeah,
extremely helpful.

Finally among ‘enhanced’ features, MTFCK enjoyed a dedicated out-of-hours (OOH) service
staffed by members of the team. This is used quite variably by young people and foster carers,
but as can be seen from Table Fourteen, the overall use is significant.

Table Fourteen: Out of Hours usage

<table>
<thead>
<tr>
<th></th>
<th>Hours: minutes</th>
<th>Calls</th>
<th>Texts</th>
</tr>
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<tbody>
<tr>
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<td>66</td>
<td>2</td>
</tr>
<tr>
<td>February 08</td>
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<td>6</td>
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<td>March 08</td>
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<td>3</td>
</tr>
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<td>April 08</td>
<td>02:34</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>May 08</td>
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<td>34</td>
<td>1</td>
</tr>
<tr>
<td>June 08</td>
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</tr>
<tr>
<td>August 08</td>
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</tr>
<tr>
<td>September 08</td>
<td>10:37</td>
<td>76</td>
<td>2</td>
</tr>
</tbody>
</table>

There is no doubt that foster carers were enormously appreciative of the OOH service –
‘absolutely tremendous’, ‘absolutely brilliant’. The service was used for a range of purposes
from more serious incidents involving offending, (alleged) sexual assaults, suicide concerns, and
violence or damage in the foster home to seeking reassurance on medical issues and dealing with
difficult behaviours. The ‘authority’ of the OOH service might also be brought to bear on
conflicts where the young person was seeking permission to do something against the wishes of
the foster carer. The essential feature that made the service so valuable was its operation by team
members and their consequent knowledge of both the foster carer and the young person (which
for example, allowed the team to use text messaging with good effect as a way of
communicating with the latter). Similarly, knowing its availability was found to be of great
reassurance.
You know, the benefit is I would say is they’re there 100% of the time for you, even if it’s the middle of the night.. There’s nothing more reassuring .. that you can ring someone up and actually hear that person on the end of the phone, it’s not some call centre or someone you’ve never met before.. That in itself is so helpful and knowing it’s there and not necessarily having to use it. (Foster Carer)

Distinctive features of MTFCK that were also valued included the posts of therapists and skills workers, which while occasionally raising questions of co-ordination with foster carers, were generally seen as key elements in a supportive network. Foster carers highlighted the willingness of the team to take pressure off them at times when placements were difficult or when awkward transport was needed. Finally, mention should also be made of the foster carers’ weekly meetings. These served both to ensure fairly prompt attention to issues, but also afforded the opportunity for mutual support.

You get to see the other carers and you can discuss your children and know that that confidentiality is there...And with it being weekly nothing sort of gets brushed under the carpet either. (Foster Carer)

It’s good because it’s building a little community of good carers .. and they know each other and will back each other up and we can see each other’s problems which also may help to solve the problems you may be having...so it works well... very well. (Team Member)

Divergent, sometimes sharply contrasting, views were expressed by foster carers of children’s social workers as a source of support, doubtless reflecting a mix of individual workers and foster carers’ expectations. Thus, while some were positive – ‘I’ve found them all very good’ – others were critical of social workers for either failing to visit or properly understand the workings of MTFCK. The following was one of the more sympathetic verdicts:

They seem to drop out a little bit. And I do find that when they do visit they don’t really understand the treatment foster care team. They don’t grasp it. And then they start telling these kids all sorts of things and you’re thinking ‘no actually they can’t’. ... I suppose it’s their workload that they just cannot take everything on board.

Another area of concern for some was the lack of information provided at the outset of placements, although it was recognised that this was sometimes beyond the control of the social worker. Relationships between MTFCK and area-based children’s social workers are discussed further below under Teamwork and Communication.

Training

MTFC places considerable emphasis on training with foster carers and other team members expected to undertake a two-day initial training programme and to attend periodic follow-up training events. Originally, training was organised on a national basis, but this has become more challenging as the national team has progressively withdrawn. Further challenges have been posed by matters of timing as new staff and foster carers have joined the programme, although new entrants have generally received their initial training within reasonable timescales.

Most participants were fairly positive about initial training, although some carers felt there was an imbalance between background and practical understanding.
Absolutely excellent. It was very good. It was very informative, very applicable and well supported really...Very well run. I got a lot out of it. I felt it was a very good orientation to what I was going to sort of step into. (Team Member)

We seemed to spend like a day and a half talking about Oregon and how it was all talked about and the founders and the members and who did what. and we spent about half a day actually doing the points system which I felt was quite weak. It should have been much the other way around. (Foster Carer)

Some suggested that there should be structured follow on provision, particularly in order to understand the workings of the points and levels more fully. Nationally delivered training sessions were found to be variable and often valued more for the chances to meet and network with others than for their specific content.

Quite helpful to listen to people who had been doing the job for quite a while and how they go about it ... and obviously for kind of swapping resources and materials and things like that and ideas. (Team Member)

For foster carers, greater integration of MTFCK with wider Kent fostering services had meant that they were significantly involved in the latter’s programme of training events. This included completing mandatory elements such as those stipulated by the Children’s Workforce Development Council and encouragement to undertake a relevant National Vocational Qualification (NVQ). Reflecting a sense of cohesion within MTFCK, foster carers in the programme had usefully worked together towards these goals. Integration, however, was seen as beneficial to development and identity as Kent foster carers, and might also serve as a way of understanding and appreciating the place of MTFCK within the wider scheme.

There’s a whole raft of training which...treatment foster carers access alongside other carers and I think it’s always good for them to go out because they exchange notes and they come back and they say ‘wow, you know, I would much rather be on this side than over there’. (Team Member)

For the most part, foster carers valued the training provided, albeit with the inevitable variation arising from particular sessions.

Some of them are exceptionally good... but the titles don’t always reflect sometimes what it is you’re going to actually do and sometimes it can be quite boring.

Some (including respite carers) also found difficulties with the timing and availability of required training events, either necessitating negotiations about time off work or involving delays in completion.

With the maturing of the programme and contraction of the national team’s role, MTFCK has increasingly taken responsibility for meeting its own training needs. Ongoing training is recognised as important, whether in relation to ensuring consistent application of points and levels, refreshing awareness of the programme’s emphasis on rewarding positive behaviours rather than punishing or in developing skills in behavioural management.

Teamwork and Communication

MTFCK has had considerable turnover of staff during its life to date, due to some workers moving on to other jobs, but also periods of maternity leave and in one case, death through illness. However, there has also been significant continuity in some positions and the programme
has been able to fill vacancies relatively quickly. Staffing problems also necessitated a time when the roles of programme manager and supervisor were jointly held. In relation to teamwork and communication, MTFCK could be regarded as benefiting from a relatively small, and mostly co-located team but also faced challenges arising from diverse professional backgrounds and roles and like all specialist projects, relationships with ‘external’ services.

Within MTFCK itself, roles were felt by most to be fairly clear and well co-ordinated, although there had been some evolution since the start, including the loss of psychologist posts and the development of the skills workers’ roles. The team’s relatively small size has inevitably given rise on occasion to questions of flexibility, with tensions between willingness to help out and the maintenance of role boundaries, this applying most perhaps to provision of transport and supervision of contact. It was also recognised that it could take time to adjust to MTFCK’s distinctive ways of working, for example including for therapists used to working in more clinical settings. However, while different professional backgrounds, procedures and employment conditions had periodically caused difficulties, they were not such as to significantly impair the functioning of the team or programme.

On the whole given that we have got a bunch of quite disparate...professions, .. we’ve got a conjoined CAMHS, education and social care team, there’s a lot less conflict than I thought there might be. (Team Member)

The role of Programme Supervisor (PS) as key decision-maker – variously referred to as ‘Programme God’, ‘the final word’ and the like – was a crucial element for the functioning of the team. While some team members reported taking time to adapt to this, there were also recognised to be certain advantages to such concentrated decision-making. Apart from the potential for greater consistency, PS involvement ‘as the big bad ogre’ often served to defuse potential conflict between young people and their foster carers (with a similar logic often applied to work with birth relatives).

Always it’s ‘[PS], says ’.. in answer so my [young person] wishes that [PS] would drop dead at any moment. But that takes a huge amount off of me because it’s not me who’s saying it. You know, that’s absolutely been brilliant. (Foster Carer)

There’s a bit of an in joke here anyway that... you can get away with all sorts of things just by blaming the programme and... we encourage the parents to do that as well. (Team Member)

The workings of MTFCK both facilitate and require high levels of communication. Thus, on the one hand, there are many daily and weekly points of contact and regular meetings between those involved. However, in addition to the often ‘eventful’ lives of young people on the programme, this level of contact and the diversity of roles also generates significant flows of information and ‘needs to know’ on the part of others.

I think that maybe one or two people within the team are still struggling to adapt to that level of communication because in other roles you do a visit and then you go home and then it doesn’t matter if you’re not in for a couple of days but here everyone has such a high level of involvement with the young people and the carers it’s really important. (Team Member)

With occasional, and usually fairly specific exceptions, team members regarded communication as very effective, drawing favourable comparisons with ‘mainstream’ practice.
I mean obviously the team are very close anyway so we all know how each other works and what needs to be said or needs to be done.

We’re all just sat here around the table whereas that doesn’t happen in mainstream.

There was consensus, however, that such ease of communication had been adversely affected following a change of premises that had physically (between floors) and perhaps symbolically (shared premises with other services) divided the team. One or two team members also drew a distinction between what they saw as excellent communication regarding young people on the programme and less satisfactory scope for discussing team and or professional development issues.

Foster carers were even more positive about the quality of communication, adjudging it good, very good or even brilliant.

The communication’s very good. .. Even if you’ve got cross wires you can always sort it out.

Dissenting voices were rare and usually focused either on what was seen as a lack of information from a particular worker or dissatisfaction with a change which meant that foster carers no longer shared a weekly meeting with the clinical team. Both foster carers and other team members also indicated that the former participated actively in meetings and that their views were listened to and valued.

We are actually a whole member of the team and that comes across quite strongly .. they do value your input and they value your knowledge and your sort of past experience. (Foster Carer)

I think they are more part of the team than they realise sometimes. (Team Member)

Relationships with Children’s Social Workers

Like any specialist programme, MTFCK has faced challenges in its relationships with young people’s social workers, often exacerbated by turnover among them. In particular, these relate to the balance to be struck between a necessary handing over of responsibility on the part of the latter whilst they continue to hold case accountability. Good communication is clearly a necessary if far from sufficient condition for achieving such balance. Despite routinely sent information from the programme and discussions with the PS, almost all social workers interviewed expressed some concern about information received and/or the implications for them in their role, although they generally implied periodic rather than persistent lack of communication.

Something would happen and the treatment fostering scheme would know about it, ... and it would filter through to me sometime later and I would say ‘well I’m the social worker, I need to know that these things have happened’.

Such issues could include specific incidents (e.g. entry to hospital) or more ongoing matters such as the content or focus of therapy.

What did concern me a bit was that [young person] had been having counselling. That’s fine, but I’ve got no sense of that for [the] file. And if I was to refer [...] elsewhere futuristically and they asked me questions I wouldn’t know.
For some, the issue was simply a concern about being ‘out of the loop’, while for others it was the potential for exclusion from decision–making and conflict with statutory duties.

I don’t know how it had worked with the previous social worker but it seemed to me that treatment fostering team pretty much took on responsibility for the case, which is fine, but if anything goes wrong then don’t make me accountable.

Encouragingly, social workers also referred to improving communication and how particular problems had been resolved. From within MTFCK, there was also recognition that liaison needed to improve and had done so.

I didn’t think that the communication was very good between the scheme and myself and I did bring that up because I didn’t know what was going on and they did take that on board. (Social Worker)

We’ve learned lessons from I have to say because there have been times when we should have let people know things and we haven’t and vice versa. (Team Member)

The context for relationships is, of course, difficult, with considerable scope for mismatch of expectations regarding degrees of involvement and consultation in addition to any more routine communication problems. Although there were occasional references to social workers who ‘found it hard to let go’, more commonly problems arose when social workers appeared to ‘opt out’ once the young person entered MTFCK. As noted earlier, foster carers reported some who had very little contact with the placement. Allowing the programme to ‘take over’ could reflect various forms of workload pressures, for which there was some sympathy alongside recognition of the difficulties.

I think to begin with the case wasn’t allocated from this team and.. this team was more than happy to let.. you said ‘thank you very much’. (Social Worker)

[Some].. I think are just so busy and they know that the young people’s needs are being so catered for here that they don’t... that young person almost slips down their priority really. (Team Member)

Prominent among these concerns could be a sense of practical and emotional ‘relief’, a perception that was found both within and outside of the team.

I think some of them don’t mind that because .. they can go from having one or two calls about a child a day to coming on the programme and having virtually nothing to do because we won’t be calling them. (Team Member)

[...] was the sort of child I used to literally wake up worrying about and I don’t now because somebody else is doing that worrying. (Social Worker)

More systemic efforts have been made by MTFCK to improve relations and communication with children’s social workers by inviting them to attend meetings but these had not been taken up, with social workers reporting diary clashes and imprecise timings to discuss ‘their’ young person, and the programme seeing its offer rejected. Such partnership working is undoubtedly difficult to attain, although there were several very positive stories on collaboration and communication, with plaudits for MTFCK being approachable and responsive. Seeking continued improvement in this area, however, would seem to be an important goal, not least to aid in successful transitions from the programme.
**Working with the OSLC Model**

Providing as it does the philosophy, theoretical underpinnings and practice guidance for MTFC, the OSLC model is clearly a key focus for evaluation. By way of context, it is useful to highlight two distinct, but related challenges. The first is that MTFC in the UK operates within a very different framework from that in the US, where young people are typically sentenced by the courts as an alternative to custody. This means not only that participants may bring a somewhat different range of problem behaviours from those of an offending population, but importantly that their entry and continuing participation in the programme is ultimately more ‘voluntary’ than for their American counterparts. The second challenge stems from the fact that OSLC model is tightly structured and highly prescriptive, giving rise to tensions between the need for ‘creative adaptation’ (which might include elements of cross-cultural ‘translation’) and the benefits of strict adherence.

**Perceived Strengths and Limitations of the Model**

One of the main strengths offered by the OSLC model was a degree of focus and common purpose (seen as crucial in a multi-disciplinary team) and clarity of expectations for young people.

> You’ve got staff from different disciplines with different backgrounds but it gives us a common language and it gives the carers a common language and we’re all very clear about what we’re working towards and it helps in not splitting that group around the child. And the child when it tries to push out gets a very similar response .. from virtually everybody in the team. (Team Member)

> The advantages are that it’s set out from... day one I think what’s expected of them.. the whole reward and behaviour thing is made very clear to them. (Foster Carer)

Among various advantages, the emphasis on rewards and punishments was generally regarded as crucial, both for its transparency and its potential for setting and maintaining boundaries.

> I mean sticking to your words, sticking to your guns, saying that they can rely on what you say and it’s going to happen. .... If they don’t earn it, they can see it, there’s something there that they can see, you can hold up in front of them and show them. (Foster Carer)

> The boundaries of it really and the importance of it being used as a lever so really monitoring and targeting specific behaviours and implementing of real instant rewards for them. It allows you to keep a very tight rein around the young person. (Team Member)

As will be discussed further below, ‘finding the positives’ and helping young people ‘turn it around’ were vital, if by no means straightforward elements in the operation of the model. Finally, in terms of overall strengths, mention should be made of the perceived capacity for the model, with its relatively neutral and technical language, to ‘take the emotion out of the situation’ and to avoid a blame culture when problems are identified and addressed.

> In a way it stops people really feeling too criticised because it’s like.. if someone says to you ‘off model’ that’s like ‘oh well I can get back on the model’. (Team Member)

The main perceived limitations of the model, which will be discussed in more depth below, were: first, that certain aspects of it needed to be ‘Anglicised’; second, that it would only work
for some young people but not others and was dependent on securing their engagement; and third, that the longer term benefits of the programme were uncertain.

Practising Fidelity to the OSL Model?

As discussed above, the different context of UK child welfare generated dilemmas regarding how far the OSLC model could or should be adapted. For the most part, those interviewed saw themselves and the programme sticking fairly and in some cases, very closely to what they understood as ‘the model’, although it should be noted that many did not claim any great or detailed knowledge of it. This partly reflected the routinisation of practice and in some senses the strength of team ethos.

I know.. as a team we work towards the model and it is the Oregon model that we follow but it feels much more like we’re working to our team model. (Team Member)

Broad adherence was influenced by a number of factors. First, the model appeared to ‘make sense’ to most of those involved and especially to foster carers, several of whom commented that with its emphasis on rewards and punishments (though with perhaps some over-simplification), it was essentially the way they had (or sometimes wished they had) brought up their own children.

It’s basically the way I brought my own children up which is good children gets lots of nice things and naughty children get nothing but I do it with points.

Second, the consensus was that, albeit with some flexibility (see below), the model ‘worked’ but that this required fairly strict adherence.

We’re very close to the model on most things and whenever we stray I have to say that it kicks us in the teeth. (Team Member)

A third factor was that of external monitoring and reporting mechanisms. These had initially come from the national implementation team (and to a lesser extent the OSLC). More recently, the plan for accreditation (discussed further under (Inter)national and Local) has meant being able to demonstrate adherence among other criteria.

Where they occur, flexibilities have tended to reflect either cultural differences or acquired practice wisdom and sometimes adaptation to circumstances. Operating outside the criminal justice system and within a UK child welfare system has tended to produce certain variations from the original OSLC model. While a strong focus was held on behaviours, some team members felt that they were applying a more holistic approach. As one explained, rather than focusing on reparation or ‘breaking the cycle of offending’ (although as noted above, the programme was seen as having such potential), the MTFCK model rested on:

helping that child develop .. in whatever way they need and meeting their needs to enable them to move to independence or whatever goes next to it... It’s a bit more on the individual young person I think, a little bit more tailored.

Another team member explained the difference of emphasis in terms of relative ‘leniency’ in the UK. Much of course, depended on how far the model was viewed in terms of principles and guidance and how far its often weighty manuals were to be followed to the letter. For example, one team member argued that the expectations of young people in terms of healthy eating and eschewing of hip hop or rap music were unnecessarily restrictive and perhaps ‘unrealistic’.
Beyond an evolutionary learning about ‘what works’ (or not), flexibilities tended to arise as responses to the key issue of ensuring young people’s engagement with the programme.

**Young People and Engagement**

Experience since the start of MTFCK had shown that engagement was crucial and perhaps the single most important factor in shaping the outcomes of placements. It had also been found to be highly variable, with some young people said to be dismissive, while some who were initially enthusiastic could lose interest.

*She couldn’t give a monkeys. It didn’t matter what I’d say she was not gonna... And she stayed with me for 3 months and then she decided she’d had enough and went.* (Foster Carer)

*There are [some] where they kind of work with it all the while it’s working for them and then when they want something that doesn’t fit with the model or the points sometimes it’s not enough to keep them.* (Team Member)

More generally, however, engagement levels were thought to be high, with some respondents indicating surprise at the apparent willingness to accept a restrictive regime with its initial ‘boot camp’ withdrawal of privileges.

*I find it bizarre that they engage with it really quite well....I kind of think if I was a 13 year old lad ... would I really want to be negotiating buying my free time, my time out with points? But they do and they’re quite happy to do that and they stick to it.. It must be slightly, a security factor... in terms of feeling boundaried and whatever ..I don’t know, but it works.* (Team Member)

Situations were described where young people would often rail against restrictions and thwarted demands but ultimately comply. While the value of an identifiable goal (such as return home) was recognised as a source of motivation, sustaining interest day-to-day was equally important. Foster carers had to make delicate judgements about how high a profile to give to points.

*My young man likes to look at his points on a daily basis so we go through them with him and then we sit down and work out how he’s gonna use his rewards and what he’s aiming for next.*

*I have to say that I don’t sit down and discuss points with [young person] every night because she will just rip it up and throw it at me and tell me what a load of bollocks it is. So I don’t.*

Equally important, however, was finding the right rewards and appropriate means of earning them (although there was said to be one young person ‘who just likes getting points ’). This could mean an individual tailoring.

*I do find that sometimes depending on what young person you have you probably need their reward to be a lot more expensive .....and I can’t keep her waiting too long for them because otherwise she gets fed up.* (Foster Carer)

*She needs to score points really, really highly so whereas one foster carer might give one of the lads 10 points for doing what she did she may need to earn 50 for it to mean something but they still mean something to her.* (Team Member)
If this is open to question on grounds of ‘inconsistency’, it was justified in terms of the importance of motivation, individual pathways and progression through the programme. This logic also applied to other adaptations such as tweaking the basis for award of points in order to make dropping back to level one less likely. Referring to the threat of (more serious forms of) absconding and placement breakdown, this was explained as follows.

*I think with some young people they... they just wouldn’t manage being on level one and therefore it is slightly adapted to sort of manage that.* (Team Member)

One particularly tricky issue was how to deal with young people whose placement was transferred in to MTFCK and in particular whether, and how, to cast what had previously been ‘normal’ activities as privileges to be earned.

*Our young lady liked to go out so she used to use her rewards for going out rather than goods I mean because we couldn’t just of a sudden stop her going out because she come on the programme.* (Foster Carer)

Over time, this had reportedly given rise to some variations, with some young people having televisions in bedrooms and some not, and changes of approach to whether fizzy drinks were permissible.

A key part of the OSLC model is its emphasis on ‘turning it around’, allowing young people who have transgressed and lost points to redeem this either by subsequent good behaviour or positive reaction to the transgression/loss of points. Although (some) foster carers were said to feel this approach potentially made light of misdemeanours and hence favoured more emphasis on ‘punishment’, the overall working of the programme was supportive of it, and of the young people ‘succeeding’ on the programme. Ideally, this would then influence the latter’s mindset.

*I just think that if she’s done well and think well instead of giving her 5 points that she’d normally have I’ll say ‘well you did that really well I’ll give you 15 for that today’. (Foster Carer)*

*You hear them talking about ‘I really turned it around today’ .. you hear them talking about ‘I’m working towards my points’. You actually hear the children saying ‘I know I need to be on this programme’. They might not like it and they might really rail against it but they... have that insight.* (Team Member)

One team member described how a young person had asked his foster carer not to let him out in case he got into trouble and forfeited a much desired holiday. While acknowledging that this may not endure, the team member nonetheless held this up as a significant shift in thinking and timescales. Other instances of helping young people succeed included occasionally overlooking minor transgressions when they ran counter to a positive bigger picture.

*Sometimes you think, they’ve had a really, really good day at school and that was only a little blip and sometimes you might turn a weeny bit of a blind eye if it’s very small.* (Foster Carer)

**Implementing the OSLC Model**

Responses from a range of interviewees, including foster carers themselves, indicated that most carers found (or came to find) the award and deduction of points reasonably straightforward. However, the challenges involved should not be underestimated, as shown in the complexities discussed earlier regarding young people’s engagement and attendant debates on flexibility.
Once again, there were competing pressures towards consistency on the one hand and individualisation (for young people and/or foster carers) on the other. The tensions revolved particularly around thresholds but could also reflect value judgements, as foster carers explained.

> It’s just where do we draw the line on say that’s a good behaviour or that’s a bad behaviour … my lifestyle to somebody else’s might be totally different and what I accept in my house is different to what somebody else accepts in theirs. (Foster Carer)

Other important questions included what should be regarded as beyond simply ‘normal teenage behaviour’ and how far the focus for change should rest with ‘large’ and ‘small’ behavioural problems respectively. However, thorny as such issues might be at times, in most instances they were relatively easily resolved and there remained some perceived discretion for foster carers in their points decision-making.

> I think if you’re more able to qualify and evidence the reasons for awarding or reducing the points levels then I think it is accepted and I think it’s understood. (Foster Carer)

Parent daily reports (PDRs) – (outlined in Part I) – were sometimes seen as ‘a chore’ but almost universally recognised as valuable. From a team point of view, particular advantages were that they concentrated minds on behaviours and ensured daily contact between foster carers and the programme. The data yielded (and then mapped via a web-based system) were seen as useful for identifying trends (with as noted earlier, a potentially ‘predictive’ value) or particular one-off or recurrent ‘spikes’ that might reveal factors lying behind behaviours, such as contact visits or school events.

> I know it’s good for me for lots of reasons. It makes me think about if things have happened, how I can do them better or how we can both do it better. So it’s reflection for me. (Foster Carer)

Regarding the behaviours listed on the PDR form, there were some complaints that categories were somewhat ‘Americanised’ (e.g. ‘mean talk’) and specifically that they did not include self-harm which was not infrequent within MTFCK. This was listed under destructiveness, although as one foster carer explained, a note then had to be kept as to whether it referred to ‘either self-harm or because they have kicked the door in’. Similarly, there was no reference to eating disorders other than ‘skipping meals’.

The question of whether behaviours were ‘stressful’ and thereby merited a score of 2 was clearly dependent on foster carers’ responses and perhaps (dis)inclination to report stress. There had also been some discussion about how this was affected by time of completion.

> The next morning or the night time everything’s died down and it probably isn’t such a big deal. … [do] you give yourself that time just to calm down before you put it in the behaviour or should you do it when it happens. (Foster Carer)

More generally, some concern was expressed that the PDR focus on negative behaviours was not entirely in tune with the programme’s aims of accentuating the positives, a situation that was seen as having a cultural dimension.

> It’s a crass generalisation, but the Americans do seem to be more upbeat about things. … we seem to be a bit cup half empty rather than cup half full. So I think that’s where the danger in the model lies is because it asks you to record negative behaviours but it’s asking you to reward positive ones but you don’t record the positive ones. So it’s kind of
like a weird thing whereas in America they don’t need to do that because they’re always looking out for that. (Team Member)

‘It’s not Pavlov’s dogs’ – the OSLC model and beyond

A criticism commonly levelled at behavioural programmes is that they do not deal with problems in sufficient depth and may concentrate on ‘symptoms rather than causes’. Given the problems experienced by young people entering MTFCK and the strong influence of attachment as a theoretical frame for child welfare in the UK, it seemed appropriate to explore this area more fully with interviewees.

Foster carers tended to focus on their own specific role in dealing with behaviours and see the address of any ‘underlying’ problems as being the responsibility of the individual therapist and to some extent the team more generally.

I’m just trying to break a pattern but it’s not actually solving why they do it.

[Young person]’s got her individual therapist in the team, she’s at a special school who works really well with her and has really close contact with her... and then she has her skills worker so it’s not like it’s just input from me.

Also emphasised strongly was the temporal focus on present and future.

It is about looking forward rather than... I suppose attachment model wise you tend to look backwards... And I think the programme is much more about looking forward and how you’re going to tackle this and challenge this and overcome it. (Team Member)

If in some senses, practice remained firmly within a behavioural framework, this was not seen as precluding consideration of attachment issues, whether at the level of understanding – ‘I find it quite hard not to think about things in terms of attachment’ – or in the provision of stability and wraparound care.

I think what’s been helpful is people have sort of said ‘oh it’s not an attachment model’ and I just have been able to say to them ‘what do you think actually putting a containing and caring environment around a child does?’ ..........if you can make a child feel better about themselves, if you can make them have a trusting relationship that is all about their attachment. ...it’s not the kind of. Pavlov’s dogs type thing that everyone thinks about when they think about behavioural models. (Team Member)

Similarly, a foster carer argued that the focus on positive behaviours over time could help young people to unburden themselves in relation to the effects of past traumas, again suggesting that the model is not necessarily incompatible with attention to ‘deeper problems’. Those children’s social workers interviewed were generally positive about the focus and workings of the model, while claiming relatively little knowledge of it.

My understanding is that it’s ..fairly rigid in terms of there being a programme that people are supposed to follow through with the idea that therapeutically they will go from there to there ..But I think... they do seem to be finding a way of making it fit to the child’s needs.

I don’t know a great deal about it, only that information is fed back and I believe there is the rewards system within that. And it does seem to encourage the children to change.
Partnership and Inter-Agency Working

Collaboration between and within organisations, and especially those responsible for social care, education and health, lies at the heart of MTFC programmes. The overarching rationale is that this is both a requisite for successful individual outcomes and that organisations have a mutual interest in obviating the need for more enduring and expensive forms of provision. Aspects of these inter-relationships have been discussed in the earlier sections on education and health, and here we concentrate more on overview and collaboration at the organisational level.

MTFCK had begun life as a tripartite arrangement but with the expiry of start-up monies from central government, local health funding had not been available. Responsibility for the programme had largely been taken up by the social care and to a lesser extent education arms of children’s services. This was reflected in membership of the programme’s Management Board which no longer included local CAMHS services, although there was still some health representation. (‘Withdrawal’ of CAMHS was also partially offset by the presence of ‘CAMHS-type’ therapeutic posts within the team.) Those Board members interviewed generally felt that it functioned well, with fairly good attendance and appropriate organisational representation.

I think that generally the people that are there I think they probably have got the clout. If they haven’t I think their line manager or somebody has.

Criticisms were fairly minor (not least because of a view of the programme as broadly successful) and tended to revolve around the potential for greater ‘challenge’ (e.g. regarding the impact and reach of the programme) and active participation.

I’m not sure whether there is enough challenge... from the board and I suppose in a sense....... I think most of us are sort of.... quite often very impressed with the work that they are doing under the circumstances

I have the feeling that... we tend to go to be told what’s happening rather than to be engaged in a process of development.

One team member suggested foster carer representation on the Management Board. In and beyond the Board, the team felt that its reputation had improved and that its work was (increasingly) held in high esteem.

So .. if you talk to our education colleagues in special education and certainly within the LAC teams they think very... highly of us now. Certainly within CAMHS circles I think people think quite highly of what we do. I think social workers would think more highly of us if there was more of us, more beds basically. (Team Member)

Given the relatively small scale of MTFCK and the complexities (including rapid change of personnel and of structures) of organisational networks, any judgement on the effectiveness of inter-agency working must be both fairly generalised and provisional, but it appeared at this point to be fairly sound and improving.

(Inter)national and Local

In their early years, local MTFC programmes were overseen by a national implementation team based at the Maudsley Hospital in London. The latter’s role included provision of training, regular consultation and serving as a channel, both for communication with OSLC and for
aspects of national data collection, such as the Development and Wellbeing Assessment (DAWBA). From the team point of view, relationships with the national team were found to be variable in quality, in part due to turnover of staff (and differences of approach among site consultants) and also some frustration at having only indirect communication with the OSLC.

With the end of the initial implementation phase, a one year DCSF grant was secured to fund consultation from the Maudsley team designed to assist local programmes in working towards accreditation by the OSLC. This process requires the meeting of various criteria in relation to both outcomes for young people (e.g. numbers and percentages of graduates), service provision (therapy components, behavioural components, staffing and training) and processes (e.g. conduct of video clinical team and foster carer meetings) that show fidelity to the MTFC model. The main advantage of accreditation is that of status and recognition, against the benchmark of a programme with a strong international reputation. After ongoing deliberation, this was eventually regarded as sufficient to outweigh the considerable costs – in terms of time and effort – involved. However, in preparatory work for accreditation, the national team was not found to be as helpful as it might have been and hence the consultation arrangements were not renewed after the expiry of the DCSF grant.

If in some senses, relationships with the national team have been a little less than ideal, team members have acknowledged that some of the consultation work has been very useful and that there is value in having an ‘external model keeper’. However, the team also believes that the programme has matured and is ready for greater independence, whether in terms of training provision or direct links with OSLC.

**Cost-Effectiveness**

With its relatively high rates of payment to foster carers and comprehensive wraparound support services, MTFC is by common consent, not a cheap option. A study carried out by researchers from Loughborough University (Holmes et al (2008) *Calculating and Comparing the Costs of Multidimensional Treatment Foster Care, England (MTFCE): Report to the DCSF*.) Loughborough: CCFR) showed that the costs are roughly comparable to those of better-resourced independent foster providers (IFPs) and lower than residential provision for young people with similar levels of need. The mean cost of MTFC-A placements was estimated at about £1,800 per week, while that for anticipated alternative placements (in the absence of MTFC) was calculated at £2,053. The mean cost for graduates reduced from £1117 per week to £392, while for early leavers the figure was £764 (or £1910 excluding those who returned home). These figures suggest that MTFC-A has considerable potential to reduce costs, while as the national report emphasises, long term costs for those ‘failed’ by the care system can be as high as £500,000 to £2 million per person for extra services in the UK. The key question here is whether such pathways can be avoided and here MTFC does seem to offer encouraging prospects. Costs within MTFCK appear largely to mirror the broader national picture. Mean cost of placements at entry was slightly below £2000 per week, but for some young people was set to rise fairly sharply. On discharge, only two of sixteen leavers went to more expensive placements, five to those with broadly similar costs and nine to less expensive placements.

Judging the cost-effectiveness of the programme is inevitably speculative to a degree, both in the short-term (what would have been the outcome without MTFCK?) and in relation to longer-term impacts, which require extensive follow-up and remain challenging in methodological terms. To date, MTFCK has catered for some young people who were clearly ‘expensive’ and others for whom likely future costs were much less clear. However, given the cost of much residential provision (including secure accommodation), avoiding even a small number of such placements can justify the programme’s outlay as well as offering the potential for better outcomes.
Where you think of [young person] and you think financially it’s been a benefit because she was costing Kent an enormous amount of money. (Social Worker)

I mean you only have to take a couple of kids who were heading off to secure or who were from secure or were in expensive placements and you really do, you pay for your staff with two kids with the money saved. (Team Member)

Inter-agency aspects of the programme were also seen as having the potential to make savings, where for example, residential education might be avoided because of the support available within the programme.

If there is a reasonable case for cost-effectiveness, more complex issues arise from the relatively small scale of MTFCK and the lack of wider availability of what the programme offers (a point to which we return below). As one team member put it:

I know that there’s always a concern about specialist schemes that are run on very, very sort of clear boundaried lines, you don’t want to compromise that because you lose.. the benefit of the scheme but there’s such a gap between what treatment foster care have which is for so few people and then what is offered mainstream.

Discussion

It is clear from both more ‘objective’ outcome measures and the testimony of interviewees that MTFCK has provided (sometimes very) successful placements for young people coming onto the programme. Similarly, while it is always dangerous to extrapolate from relatively small numbers, the ‘success rate’ seems to have risen over the life of the programme, suggesting that valuable lessons have been learned and appropriate changes made. Although the social workers we interviewed were not necessarily representative of all those involved, all were positive about the programme, and some extremely so.

He was a really, really difficult young man and they’ve really supported him and provided him with a stable home environment, really, really firm boundaries which he’s really needed ... I think the placement’s been fantastic.

She was a child that we had been looking at the possibility of secure accommodation for and she would have met the criteria in terms of running off, in terms of self harming, ...And now the self harming is very, very much... very limited.

It changed his life around to be perfectly honest. Yeah, I’d go that far. Yeah. From what I knew of him before when his behaviour was very bad to how he was well socialised and boundaries put in and he’s got a better understanding of social interaction

This is not, of course, to say that time in MTFCK represents any form of panacea, but recognition of its impact in often difficult circumstances.

He’s only absconded 3 times in 6 months or so and it’s only ever been running off from school and he’s back by 9 o’clock so... whereas before he was missing for days on end. (Team Member)

There are obviously still concerns about her emotional welfare and there will be but she was a very, very damaged girl for lots and lots of reasons.....there was a time where I thought she just might...she might not survive. (Social Worker)
The idea that ‘failed’ placements might nonetheless carry some residual benefit for young people going into adulthood was expressed by some.

*I think where we’ve taken children who have been on multiple disruption mode and I think if we’ve managed to hold them for over 6 months I think we’ve achieved little short of a miracle quite frankly when you look at…. knowing how hard it is to intervene in that kind of…. short of secure which is normally where they’re headed when they’re just going through places like that.* (Team Member)

Such views of the (potential) success of the programme and also recognition of its current limits found expression in calls made by several of those interviewed to extend treatment foster care to younger children with an eye to prevention and better outcomes.

*I would say the negative a lot of the time is that if we’d have had the young person a few years before we could have probably facilitated a bit more change.* (Team Member)

A variation on this theme was to emphasise how the features and experience of MTFCK might be made more widely available within the mainstream, with some advocating it as a norm.

*I personally would like to see the learning of the treatment foster care programme cascaded down mainstream services in the hope it could prevent some children reaching the point where that was the sort of service that they required.* (Team Member)

*I think actually that every child who has problems and is in care should have this type of scheme.* (Foster Carer)

**Young People’s Experiences of MTFCK**

As mentioned earlier, by agreement with the national evaluation team, we did not carry out interviews with young people on the programme, but can provide an overview of findings from the national team’s interviews (nine in total from MTFCK). The broad picture painted is a positive one, though with some exceptions and areas that attracted more mixed reviews.

Questions were asked about the perceived qualities of, and interaction with skills workers/therapists and foster carers. The former were adjudged by almost all those interviewed to be easy to talk to, to understand young people and to have been helpful to them (especially in provision of advice). Similarly, a clear majority of foster carers were considered to understand and care about young people, to listen to them and to offer encouragement and (perhaps as a consequence) were liked by them. Foster carers were generally seen as fair in their dealings with young people, but a more mixed verdict was given on the fairness of the programme. Thus, while some saw it as fair, and enjoyable (with two noting their own improvements while participating), there were complaints of not understanding the system, not liking having their misdemeanours written down or not being able to please their foster carers. A majority, however, did say that their time on MTFCK had been helpful, the main factors mentioned being close, communicative and helpful relationships with foster carers and/or programme workers. One of the dissenters referred to being unhappy at being moved, although it is not clear from the data supplied whether this refers to moving to or from MTFCK.

**Conclusion**

In this evaluation, we have attempted to look at both ‘outcomes’ and ‘processes’ within MTFCK. Our original evaluation proposal highlighted the following four overarching aims.
• To provide children who present extremes of challenging behaviour with a safe, nurturing family environment that will reinforce their appropriate and positive behaviours.

• To enable these children to be successfully placed with a permanent family and to have normal childhood experiences

• For the children to be reintegrated into and maintained in mainstream services including education and community services

• To reduce the number of children placed in high cost, independent sector placements

Judged against these broad aims, it is clear that MTFCK has enjoyed significant success. Needless to say, working with challenging young people has meant that successes have by no means been universal, and it is worth noting that the OSLC ‘expects’ roughly a third of placements to ‘fail’. Despite considerable scrutiny and auditing, clear objective measures of progress are hard to come by. For example, the recording of ‘problem behaviours’ over time may be affected by ‘early honeymoons’ or pre-transition ‘acting out’, while the behavioural count itself may fail to pick up important changes. It is to be hoped that the larger scale research of the national evaluation team may be able to provide stronger evidence in this regard. Nonetheless, there were some clear indications of improvement in relation to education, mental health and addressing some of the more serious behavioural concerns. Moreover, given the placement histories of many of those involved, MTFCK can be seen overall as performing creditably in terms of stability and the handling disruptions when they occurred.

Examination of the processes and operation of the programme showed most aspects working fairly well. The OSLC model was regarded as providing a sound focus for work both in terms of its points and levels structure and its philosophy of ‘finding the positives’, something that was seen as challenging but vital to its success. Where adaptations were made to the model, these were generally directed towards securing engagement and motivation on the part of the young people. As such they are always open to different interpretations as to their ‘necessity’ or efficacy, but do not seem to have compromised the workings of the model. Similarly, concerns that the latter’s behavioural focus might be unduly narrow in terms of addressing young people’s needs did not seem to be borne out. Although, sadly, work with birth families was rarely geared towards reunification, it appeared to have been generally constructive in relation to promoting understanding on the part of young people and birth relatives and in some cases improving the quality of relationships between them.

Placements clearly benefited from MTFCK’s wraparound support, while roles and communication within the team were generally thought to work well despite the adverse effects of a change of base for the programme. While recruitment of foster carers, and hence expansion of the programme, has remained difficult, the level of support and involvement available appeared to have ensured fairly good levels of retention. Difficulties in recruitment have, however, had implications not only for the scale of provision but also entry into the programme where it remains difficult to marry its long lead-in time with demand for (timely) placements. As is the case nationally, there also remain problems in securing move-on accommodation that can help to consolidate the gains made in MTFCK.

Organisationally, the tripartite collaborative arrangements that launched MTFCK have shifted over time, with less involvement from health and more from social care services, but in practice, working partnerships have generally been good and/or improving. As with many specialist programmes, issues have been raised relating to wider networks and provision. One aspect of this is the question of communication and co-ordination of responsibility between the
programme and area-based child and family social workers where our evaluation found some room for improvement. One possibility here might be to provide relatively brief written information on MTFCK and its working for children’s social workers, including the latter’s role. Another might be that the MTFCK approach and its language become more explicitly integrated into LAC review processes, something that may help to sustain the programme’s effects. A second, and perhaps bigger issue is how to maximise the benefits offered by a programme such as MTFCK. Our evaluation suggests that judged in different ways the programme largely ‘works’, and it may be that this will in due course be confirmed by the national research with its much larger sample and control group.

Although the ‘status quo’ would appear to be an acceptable option, it is known that commissioners would like to have more placements available within MTFCK. However, expansion is far from easy, both in terms of financial and human resources (notably those of recruitment) and because moving beyond the current team and role capacities would require very careful management. A further possibility is that there might be a ‘cascading’ of programme features and/or expertise to give greater reach into the mainstream. There have already been examples of this - with MTFCK skills workers helping to support mainstream placements and training input to local CAMHS teams on the handling of self-harm – although scope for such work is inevitably constrained by the relatively small scale of MTFCK. While there are dangers in transposing programme elements out of context, there may be potential for greater diffusion of behavioural principles into the mainstream.

Several of our interviewees expressed the opinion that MTFCK would be much more effective if young people entered at an earlier age. This ‘preventive’ agenda makes considerable sense in terms of the operation and likely effectiveness of the programme and has been reflected nationally in the introduction of MTFC-C and MTFC-P to cater for younger age groups. Once again, however, any such development has major resource requirements and as with any preventive programme, faces the challenge of identifying those most at risk of future behavioural problems or providing resources much more widely. At the other end of the spectrum, there remains the question of whether MTFCK and/or any of its lessons can be used to help those who are currently seen as ‘too difficult’.

Overall, it can be seen that MTFCK has enjoyed considerable success in working with a challenging group of young people in care and that there has been significant development of the programme over time. While it is clear that in its current form, it can continue to provide a valuable resource, the above discussions also highlight the potential value of making wider use of its principles and ethos and thereby hopefully replicating some of its successes.