

“I’d lost trust and having to tell everyone the same story again and again and again...”: Bottlenecks and barriers to the application of therapeutic approaches within care services’ ecological systems

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ABSTRACT

Background: Children in out-of-home care (OOHC) who have been exposed to significant adversities such as neglect, abuse, family dysfunction, acute family stress, and/or revolving placements are at risk of experiencing poor outcomes. Each of these experiences can result in complex traumas for children, which creates cognitive and emotional difficulties. Although social care has the responsibility for supporting such children, there are certain pressures when it assumes responsibility for other statutory services, such as Public Health. These tensions can lead to missed opportunities in the effective support of children and young people with, for example, a focus on behavioural management rather than therapeutic approaches, with the latter being believed to be more effective in dealing with the underlying trauma. When partnerships are formed effectively, this creates space for innovative practices such as the approach examined in this paper.

Methods: Semi-structured interviews were conducted with children, foster carers, and staff engaged in therapeutic interventions, delivered by an independent not-for-profit company in the United Kingdom, to investigate the effectiveness of services in improving outcomes for children. The services were designed to tackle health inequalities for those who experienced problems with their mental health during the COVID-19 pandemic.

Objectives: Drawing on Bronfenbrenner’s (1977) Ecological Systems Theory, the research presented here explores the benefits of early-help therapeutic projects for children and young people receiving support from social care. It seeks to understand the role of therapeutic support in improving outcomes for children in OOHC.

Results: The paper is the first of its kind in the UK to explore the impact of projects delivering therapeutic interviews, through a joined-up approach that combines with Public Health and Social Care, for care-experienced children and young people, as well as for foster carers. It concludes by identifying the range of bottlenecks and barriers that can hamper therapeutic interventions and offers recommendations for developing cohesive approaches to supporting children and young people through a therapeutic lens.

1. Introduction

In the United Kingdom, children and young people receiving support from social care services are among the most vulnerable and disadvantaged in comparison to their peers who have never been in care for wellbeing, or mental or physical health (Sanders, 2020). The number of children in out-of-home care (OOHC) in England, defined as a child or a young person being looked after by a local authority for more than 24 h (Childrens Act, 1989), increased by 2 % to 82,170 in 2022. In England, around 63 % of children in care were being looked after due to abuse or neglect in 2018/19, with other reasons including family dysfunction (14

%), acute family stress (8 %), child disability (3 %), parental illness or disability (3 %), and socially unacceptable behaviour (1 %) (NSPCC, 2021). Social care services have primary responsibility for supporting children and young people in care, including those experiencing complex trauma and mental health problems. However, successful approaches to supporting children in care require a ‘whole system’ approach, with foster carers, social care services, funding agencies, and policy creators required to develop effective systems of support. Where aims and objectives do not align, or where one sector is disempowered, this can create tensions within the support network, particularly where one service has assumed the responsibility generally assigned to other

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statutory services, such as Public Health. These tensions lead to missed opportunities in the provision of adequate support for individuals who have experienced time in care, with a focus on support that deals with behavioural management rather than therapeutic approaches. By addressing these issues, joined-up approaches that encourage the practical involvement of all levels of stakeholders can allow for the introduction of innovative methods of support for children and young people.

To better frame the lines of communication and the relationships amongst the support services and stakeholders involved, this research has applied Ecological Systems Theory (Bronfenbrenner, 1977) with the intention of developing a clearer understanding of the current barriers and bottlenecks that hamper innovative and therapeutic support mechanisms. Ecological Systems Theory sees human development as being centred on five ecologies (the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem). Ultimately, this research seeks to explore underlying relationships within the care services' ecological system and to identify the impacts of providing systemically "joined-up" early therapeutic support to young people. It explores whether strategically linked systemic processes are associated with improved outcomes such as reduced placement breakdown and improved relationships with carers. It also identifies the challenges faced in the application of an ecological systems approach and considers more effective approaches that might be developed to improve therapeutic outcomes.

2. Children's and young people's experiences with social care

A child in care can be living with a foster family, a relative, a person connected with the family (i.e., close family friend), a residential children's home, or living in a residential setting like a school or secure unit (Children's Act 1989). A child is looked after by a council if a care order is permitted by a court; this permit allows the council to act as a corporate parent and have responsibility for the child (Children's Act 1989). Alongside the reasons for an individual being in care noted above, males account for 56 % of all children in care, compared to females who account for 44 % (ONS, 2022). Children are predominantly from the older age groups, with 39 % of children aged 10 to 15, 25 % aged 16 and over, 18 % aged 5 to 9, 14 % aged 1 to 4, and 5 % aged less than 1 (ONS, 2022). Research conducted by Bywaters et al. (2022, p.12) shows that children who live in the most deprived areas are "ten times more likely" to be 'looked after' compared to those living in the least.

In 2022, children in care were primarily in foster placements (70 %), followed by 16 % in secure units, children's homes or semi-independent placements (i.e., hotels, flats with support services) (ONS, 2022). A significant challenge experienced by children in care in England, and indeed other areas, is placement breakdown and placement movement. In 2018/2019, one in ten children experienced multiple moves, with one in four experiencing two or more moves in 2018 and 2019 (two-year period) (Children's Commissioner, 2020). Placement breakdowns are more frequent in older age groups, with 14 % of children in care aged 16 + and 11.5 % of children aged 12–15 experiencing multiple moves in 2018/19 (Children's Commissioner, 2020). The Children's Commissioner (2020) found that older children (12 +) entering the care system, children with social emotional and mental health (SEMH) needs, and children who were initially placed in a specialist residential placement and/or a children's home, experience more placement moves than other children.

Another challenge for children in care is the transition from care to some independent arrangement. The local authority are required to maintain contact with care leavers, support for whom is available until the age of 25. Figures (ONS, 2022) illustrate that for 17-year-old care leavers, 51 % were living with parents, 5 % were living in semi-independent accommodation, and 5 % were in custody. Concerningly, accommodation information was unknown for 31 % of 17-year-old care leavers (ONS, 2022). For 18-year-old care leavers the picture was different, with 32 % living in semi-independent accommodation, 20 %

with former foster carers, 12 % with parents or relatives, and 10 % in independent accommodation (accommodation information was not known for 5 % of 18-year-old care leavers) (ONS, 2022). Children transitioning from care often start living independently or semi-independently earlier than non-care experienced peers. This can result in isolation and loneliness (HM Government, 2014), with children leaving care often having limited and/or no support networks (HM Government, 2014). Section 22(3) of the Children Act 1989 sets out the general duty of local authorities to look after a child, including safeguarding and promoting the welfare of children in what has become known as "corporate parenting" (HM Government, 2014). An example of this in action is the support that care leavers may receive from a personal advisor.¹ Although support from personal advisors were introduced by the Children and Social Work Act 2017, the mechanisms for support is not consistent across the United Kingdom due to capacity and resourcing (Munro et al., 2024).

To resolve the growing tensions between statutory services and maintain ongoing support for children and young people in OOH, the Joint Targeted Area Inspection² (JTAs) called for a more joined-up approach to support that prioritises children's mental health and builds up a skilled and knowledgeable workforce to improve access to support (Ofsted, 2020).

3. Mental health and therapeutic support

Whilst children and young people in OOH generally have their own unique journeys, many have shared experiences, the most common being abuse or neglect (National Institute for Health and Care Excellence, 2021). In general, the literature illustrates that children and young people in OOH experience issues with mental health, with the National Institute for Health and Care Excellence (2021) finding that of the 80,080 cases they looked at, 10 % of children and young people aged between 5 and 15 suffered mental health disorders, increasing to 45 % for 'looked after' children, and 72 % for those in residential care. Such experiences result in trauma that can impact mental health and well-being, in addition to other aspects of life including access to schools, placement instability, poor educational attainment, and negative long-term social and financial outcomes (Sanders, 2022). There are also issues regarding a lack of mental health support for care-experienced individuals post-18, with support from the Child and Adolescent Support Mental Health services (CAMHS) often limited to 16- and 17-year-olds (Mind Charity, 2023).

Problems within social services and mental health services intensified during the COVID-19 pandemic. The subsequent lockdowns caused significant mental health issues for children and young people as a result of isolation, and for those in care these issues were exacerbated (Ofsted, 2022). The transition in the delivery of intervention and support online created opportunities and barrier to support for children and carers (Evans et al., 2024). Within structural support for children and young people in care, rising costs of care placements, increased agency staff bills, and difficulties recruiting and retaining social workers has led to gaps in services and an overall inconsistency in support (Sanders, 2020). The pandemic also created tensions in the discretionary spaces and parameters between health and social care services (Mitchell, 2021), with increased pressure on social care to manage complex cases with limited mental health provisions. Pressure on systems can create spaces for

¹ The Children and Social Work Act 2017 introduced a new duty on local authorities, to provide Personal Adviser support to all care leavers up to age 25. Personal Advisors provide support for young people, ensuring that they.

² A Joint Targeted Area Inspection (JTAI) is an inspection framework for evaluating the services of vulnerable children and young people. It is joint by Ofsted, Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP) (Northumberland County Council, no date).

innovative solutions such as therapeutic support, which is primed to support children and young people to reflect on traumatic experiences, overcome challenges, and improve wellbeing. It provides children and young people, and in this context professionals and carers, emotional, psychological, and practical support, which is not unique in OOH, within the literature on the beneficial role of therapeutic support in residential care settings (Bellonci et al., 2019; Whittaker et al., 2017), as well as the beneficial role of therapeutic parenting with foster carers (Frederico et al., 2017; Vasileva and Petermann, 2017). This paper offers the unique perspective of examining the role of therapeutic support that is embedded in the local authorities' social care departments, rather than embedded within residential care settings and/or delivered solely to foster carers.

4. Bronfenbrenner's ecological systems theory

Bronfenbrenner's Ecological Systems Theory (1977) takes an environmental perspective on personal development, where interlinked systems, and their interrelations and influences, shape one another. This theory has been successfully utilised within the field of child development due to its holistic appreciation of contextual influences (Berk, 2009). According to Bronfenbrenner (1977), an individual's environment consists of multiple nested systems: the *microsystem* (the individual's beliefs, personality, and temperament, and their immediate daily face-to-face relationships); the *mesosystem* (a system of connections that inform how the facets of the microsystem work with one another); the *exosystem* (the first level that does not necessarily include the individual, but influences their immediate environment, such as health and welfare services in the community); the *macrosystem* (the societal structure that surrounds the individual, such as culture, laws, and customs); and, finally, the *chronosystem* (the incorporation of time within the framework, in the sense of aging and maturing). Within these systems, there is a bidirectionality in which the individual can influence the systems and vice versa. For example, a child can influence their parents (microsystem), how their parents and their teachers interact (mesosystem), and this can lead to stresses that parents take to their workplace (exosystem). In the chronosystem, whilst different life events can be imposed upon the child from their environment, they can select, modify, and create many of their own settings and experiences as they grow older (Berk, 2009).

Bronfenbrenner's Ecological Systems Theory (1977) has been applied to diverse areas of child health and wellbeing for a number of decades (Earls and Carlson, 2001), including understanding victimisation (Hong and Eamon, 2009) and social issues in schools (Hone and Eamon, 2012). The application of Ecological Systems Theory (1977) in the broader contexts of childhood mental health (Wium and Wold, 2009; Betancourt and Khan, 2008; Lee et al., 2010) illustrates that it has the capacity to facilitate an investigation into how a therapeutic support ecosystem can impact other ecosystems. Although needs are communicated upwards from the *microsystem*, for therapeutic support to be effective for children and young people, and indeed their supporters, they require effective communication strategies, a say in resource allocation, and buy-in from hierarchical ecosystem stakeholders. Communication, however, is bidirectional, and behavioural changes at each stage may be required to secure political support from the *macrosystem*. In summary, individuals are both products and producers of their environment (Berk, 2009). However, this is not a fixed framework as the environment is everchanging and developing. Ecological transitions within a system can alter its nature (i.e., promotions, starting school, or death of a parent) which in turn will modify the existing relationships between the individual and their environment (Berk, 2009; Crawford, 2020). Fig. 1 offers an illustration of the nested systems in Ecological Systems Theory (see Figs. 2 and 3).

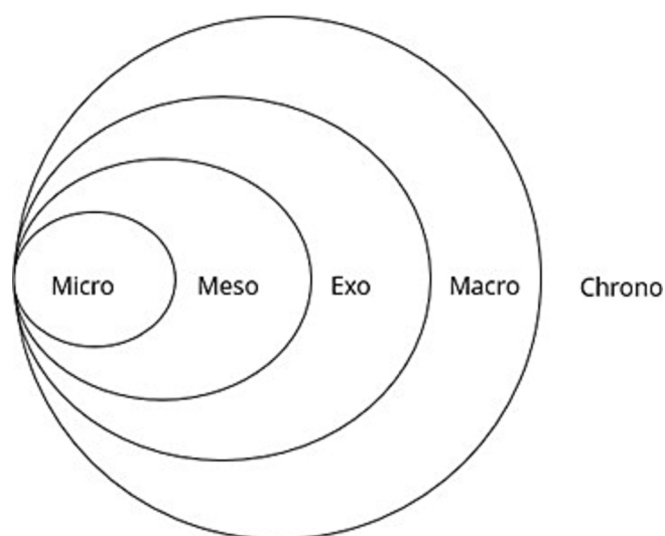


Fig. 1. Illustration of nested system.

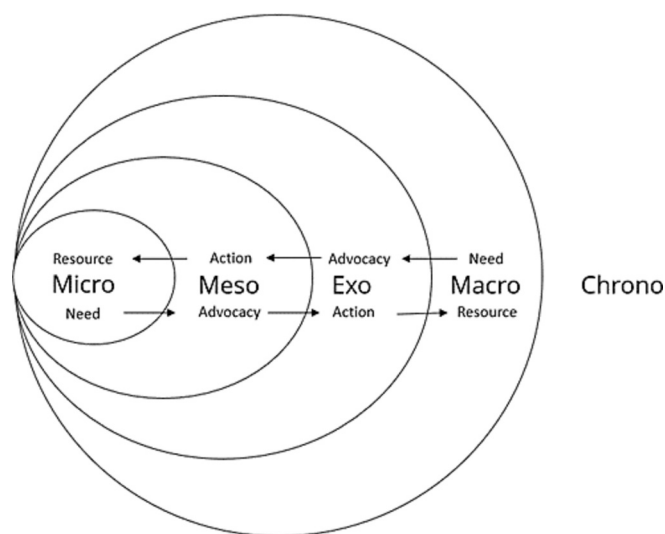


Fig. 2. Theoretical Model of Ecosystem Communication.

5. Research Methodology

5.1. Research Aim

The research presented here draws on Bronfenbrenner's (1977) Ecological Systems Theory to explore the benefits of early-help therapeutic interventions for children and young people receiving support from social care. The therapeutic interventions, funded by Public Health England, were delivered by an independent not-for-profit company in the United Kingdom. These interventions offered an innovative joined-up approach to tackling the health inequalities experienced by children and young people aged between eight- and 25-years old who experienced problems with mental health during the COVID-19 pandemic. This approach combined the expertise from Social Care and Public Health by embedding a therapeutic practitioner, seconded from Public Health, within Social Care. The interventions also sought to enable children and young people to secure positive outcomes (for example, employment and sustained housing) and thrive within their community. The length of support varies for children and young people, ranging from six weeks to six months. Although support was predominantly focused on children and young people, therapeutic aspects of the

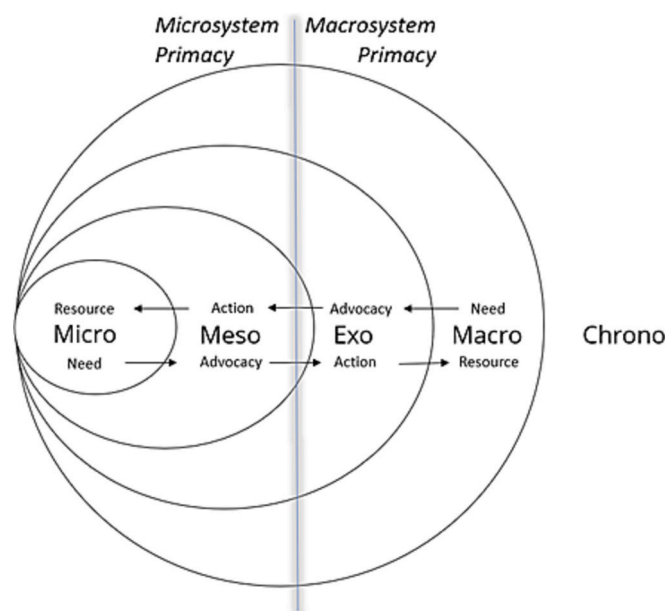


Fig. 3. Theoretical Model of Ecosystem Communication, including primacies.

support were delivered to foster carers, and training on therapeutic practice was delivered to professionals.

5.2. Ethics

The ethics of the research received due consideration and respect from the outset of the research process, with associated considerations discussed with Children's Services. An ethics application was reviewed by the Social Care organisation and submitted to the University's Research Ethics Committee. The core ethical considerations outlined in the ethics application included confidentiality and anonymity; voluntary informed consent from children and guardians; data protection and storage; whistleblowing and the safeguarding of participants. Participants were provided with in-depth information on the research project that was specially designed for each cohort of participants (i.e., staff members, children, young people, and foster carers). This information was provided in written form, with an appropriate adult (i.e., intervention leads, social worker, or personal advisor) available to provide a verbal overview to ensure children and young people were able to fully understand the research. Protocols were created for ensuring children and young people, foster carers and staff had access to appropriate support following interviews including a Distress Protocol that was co-designed with the Social Care organisation to ensure participants had access to relevant support through the organisation. Researchers conducting the interviews had updated Disclosure and Barring Service (DBS) certification and had completed the local authority safeguarding training in addition to University safeguarding training. Individuals participating in research interviews were randomly assigned a numerical identifier to protect confidentiality and ensure anonymity.

5.3. Participants and procedure

Semi-structured interviews were conducted with children and young people ($n = 8$), foster carers ($n = 6$) and staff ($n = 15$) between August 2021 and May 2022 to investigate the effectiveness of these services in improving outcomes for children and young people. Semi-structured interviews were designed to explore the implementation and outcomes of the therapeutic interventions, with opportunities to reflect on the journey, from the intervention development, through the projects, to delivery. Semi-structured interviews, with their more flexible nature, allowed the researchers to engage, understand, and interpret the

experiences of the participants without being too tightly structured (Cohen et al., 2011). A purposeful sampling technique was adopted to ensure participants in the research were from groups receiving therapeutic support through Children's Services (Bryman, 2012). The purposeful sampling approach helped identify individual participants' experiences to contribute to the wider understanding of therapeutic interventions (Kalu, 2019), and provided a deeper understanding of the services. Participant Information Sheets were shared by the Therapeutic Intervention team with children, young people, foster carers, and staff, containing details of the purpose of the research, expectations, inclusion and exclusion criteria, confidentiality, withdrawal process, and complaints process. The Participant Information Sheet was designed in conjunction with Therapeutic Intervention team leads, and child-friendly Participant Information Sheets were developed and shared with children and young people to ensure accessibility. Participants were encouraged and supported to contact the research team to ask questions before consent and/or assent was offered.

Staff interviews focused on understanding (1) the staff members' roles and backgrounds, (2) the staff members' experiences with therapeutic interventions, (3) the staff members' perspectives of the therapeutic interventions in comparison with previous interventions, and (4) the key elements that contribute to improving the lives of children and young people. By contrast, the interviews with children and young people focused on (1) the young person's life and the reasons for referral to the Therapeutic Interventions team, (2) the children and young person's perspectives of the therapeutic interventions in comparison to previous interventions, (3) the role the therapeutic interventions in children and young people's family lives (including relationships with practitioners), and (4) the key elements that contribute to successfully supporting children and young people. Finally, foster carer interviews focused on (1) the challenges facing the children in their care, (2) the foster carers' perceptions of the support they received (in comparison to previous support), (3) the key elements that contribute to positive outcomes for the children in their care, and (4) the differences in children in their care (and themselves) following the support. Interviews, lasting between 30 and 60 min, were conducted online and were voice-recorded (with additional notes scribed) and transcribed by the University's approved transcription services. Participants did not receive direct incentives to participate in the research but were invited to engage in other projects by the Social Care organisation including free crafting sessions.

5.4. Qualitative analysis

Children, foster carers, and staff volunteered to participate in semi-structured interviews with anonymity and confidentiality assured; therefore, participant quotes presented in this paper are assigned randomly generated pseudonyms and any names that appear in quotes are pseudonyms. Interviews were organised in NVivo 11.4.0 and analysed using a six-phase thematic analysis approach – 'data familiarisation'; 'data coding'; 'theme development'; 'theme review and development'; 'theme refinement and naming', and 'reporting' (Braun and Clarke, 2006; Clarke and Braun, 2017; Braun and Clarke, 2020). 'Data familiarisation', a detailed review of interview transcripts, was essential to 'data coding'. 'Data coding' involved identification of key codes (assigned shorthand labels) that were interrogated to identify categories ('theme development'). The codes and categories were reviewed and developed in the 'theme review and development' stage. The key themes identified were *Emerging needs and service rupture*, *Creating space for therapeutic support*, and *Importance of joined-up approaches*.

5.5. Limitations

Although the paper provides insight into how therapeutic support can be impacted by the ecosystems that surrounds it, there are

limitations to the findings. The primary limitation is the low sample size due to difficulties in engaging with foster carers and children, which may impact the transferability of findings to other contexts. However, a smaller number of participants can still offer in-dept information, especially if they have characteristics which are highly specific to the research (Malterud et al., 2016), which was indeed the case in this study. Another limitation is that the paper is based on only one service provider, and therefore the findings are unique to this service provider and may not be transferable to others. Additionally, participants are involved in therapeutic support, so this may not be representative of other aspects of the support available within the care services.

6. Results

6.1. Emerging needs and service rupture

Children and young people receiving support from social care are among the most vulnerable and disadvantaged of groups. Negative experiences with OOHHC can create further challenges in the development of positive relationships, particularly when care-experienced children are subjected to placement moves. The experience of multiple placements is demonstrated by an older child, who expressed the following:

"I first went into foster care but that was horrible. It was completely not me. I'm a 12-year-old that was enjoying gaming and really enjoying playing games and this was an older couple that liked to see their family at the weekend and walk... I was with foster care for a month and then I got moved around a couple of residential homes... I moved around a couple, so I was with various ones for anywhere from six months to three months, I believe. When I finally settled into one, I was there long term, for four years, so it was quite good I found, once they actually got me the right place, which took a while, I settled in and that was really good for me." Frankie (Young Person)

The lack of security and stability within the children's and young people's microsystem is further compounded by a revolving door of practitioners and/or social workers in their lives:

"...some of the challenges that we face in terms of building those relationships with children is that there's a regular change in social workers and that's something that needs to be worked on. They have plans in place but to just continue in that frame, so that children and young people don't have to keep building new relationships with new social workers as it passes through teams or stays within some teams." Jane (Staff Member)

The ecological transitions within the microsystem for those who are, or have been, in care illustrate the extent of the influence that the microsystem can have on the development of individuals in care when it is not stable or does not provide a good standard of care. This can lead to placement breakdown, with one individual choosing to remove themselves from care and another talking about a lack of trust in the system, leading to them feeling 'let down' when dealing with the rotation of Personal Advisors:

"From one to ten [years old] I moved around a lot and then from ten until about 14 I stayed in one care home in [location]. And then, from 14 to about 16, a care home in [location] and then from then I decided to leave care and make it on my own, which was a bit rough... it's not very good care [in care homes], so I had enough of it and was like, 'It's time to do something about it'." Emily (Young Person)

"I had multiple [needs], to be honest... and I think that's what — as I said my Personal Advisor that I had most recently, I just felt as if by the time I'd gone to her I'd lost trust in the system. So, I just didn't really — she might have cared or whatever, it's part of her job, but from my point of view I'd already had three PAs before her and they'd just come and go, come and go, and I'd lost trust. And having to tell everyone the same story again and again and... going through the same stuff again and again and again. As I said, I'd just lost that trust and by the time I got to her I was

like, '...Do you actually really care? Because I've already been let down by a load of other people'." Noa (Young Person)

Without easily accessible sources of support within the microsystem, such as youth services and youth clubs, care-experienced children and young people may only have limited access to social networks. With these sources of support being developed and funded within the exo-system — in this case the County Council — the relationships across multiple levels of a child's environment can be evidenced to be impactful when funding and support systems are compromised:

"They need a safe place to go to and be actually listened to, but they also need quicker access to services without being pushed from pillar to post. So, a very clear referral route, one central point of contact, I think that is the most — And something to do. There's nothing to do out there for them apart from school or hang around the shop corner. There's a lot of knife crime out there and they need a safe place where they can have something positive to do like the old youth clubs used to... They totally disappeared years ago when the old Council commissioned the youth service out then to the third sector. And then the funding for that ceased, unfortunately, and the third sector is not able to provide youth work provision as we know it." Sandy (Staff Member)

The findings show that unstable placements and a revolving door of professionals negatively impact the needs of care-experienced children and young people. These factors are further compounded by the wider exosystem when alternative support systems fail to provide timely support that may have otherwise cultivated the building of close relationships with adults and role models. With a hard limit on how long a child can remain in care, the chronosystem can contribute to instability as individuals struggle with the shift because of their age and the limited support they are offered to help cope with transition. Reductions in instability can be difficult if the microsystem is unable to ensure structural stability for long enough to properly equip young people with required life skills:

"I was not ready; I really was not ready to be moving into my own place. And that shows by me getting into debt, by not knowing how to do anything. I had to learn it and it's only this last year since I've been in this job that I've actually learned to pay my bills, actually learned to do adult things that I'm meant to be doing, that I should have been doing from 18. Well not even I should have been doing because not every 18-year-old will be doing that. Even people that are not in care, they might still be at home until they are 30 but we have to get our first place at 18. It just stresses me out, I don't get it. It is really like a rush, when you turn 18 it's a rush to get you out and into your own accommodation but not everyone's ready at 18. And I think that's a point that needs to be said and put out there, that not everybody is ready then. And if they are not ready by then, then they need to do that intervention, that prep work to make sure that the young person is ready to go into their own accommodation." Noa (Young Person)

The period of transition creates challenges, with children and young people uncertain and worried about the prospect of living alone. Despite this, such concerns can be overcome through the development of close relationships within the microsystem:

"I live on my own, I have quite intimate support from a Personal Advisor liaison from the social services and counselling work. And then I have [Care Leavers Mental Health and Wellbeing Project support], which is a low-level mental health support worker... I have problems with things like depression and other stuff that I'm getting diagnosed for. At the start very scary and worried about everything. But as it's gone on and I've got things organised more, I'm quite comfortable with it; I much prefer it to anything else." Emily (Young Person)

This indicates that effective communication strategies can be developed within the microsystem when relationships are allowed to develop.

This theme highlights the difficulties that young people experience within the microsystem, with ongoing pressures evolving from the high turnover of staff, the rupture of alternative support systems, and the impact of the exosystem during the COVID-19 period. Where stable relationships can be successfully constructed, there is a positive effect on young people, with them having agency in the development of their care plans and being able to actively engage with support services.

6.2. Creating space for therapeutic support

Pressure on the social care system places pressure on the creation of innovative solutions, with therapeutic support providing one such solution to supporting children and young people in care. Practitioners with expertise in therapeutic support can help children and young people to explore and challenge attitudes, beliefs, and cultural norms, which enables staff members to understand individual interests:

"Children are very smart and children in care have had to grow up a lot quicker than their ages may be. I think trying not to be condescending and treating them with respect and actually treating them as being autonomous in their own decision making and their own care plans, I think is the biggest thing; not doing things to them but doing things with them... Just being compassionate. It's quite easy as a long-term social worker to form relationships because the judging and the pointing out of concerns has already happened, it's about repairing. So, I do feel like it's a nicer side to be on in terms of being able to build those relationships." Jo (Staff Member)

Staff believed it was important to sustain this relationship, giving children and young people a consistent environment in which they are given space to build trust with those around them:

"...with the children, again it's about being consistent and being bounded. They've had lots of adults come and go in their lives, lots of professionals let them down. So, you need to give them time. I always work in a really flexible way with children, it's very playful, very low level not very formal, and just give them space to learn to trust you. But you have to earn that trust by doing what you say you are going to do and not making promises that aren't yours to make. I'm always as honest as I can... which I find really helps." Priva (Staff Member)

A strength of this kind of approach is that it allows staff members to get to know the child and set boundaries, which is illustrated by their successes in developing the child's ability to trust and to build their self-confidence. Developing a flexible and friendly approach can enable practitioners to build positive relationships which help children and young people to build confidence. This is especially beneficial in helping children and young people who have had negative experiences with social care to start trusting other people. These relationships are significant to children and young people, with one young person describing the support as 'family style':

"We did some confidence building; we made some appointments, like making an appointment with the local opticians. That is the stuff I find really difficult, and I don't have my parents around to take me or support me, so it was nice having someone to just help push me to do that little thing. It might seem silly, but it was a big thing for me. We even made a cake one day... I liked working together, it was really nice to have someone who was just there, helping me make a cake. It was like a family thing, like a family activity." Quinn (Young Person)

To enable this, professionals offering therapeutic support need to remain flexible in their approaches, responding to the needs of the child or young person, whilst working alongside other components of their microsystem such as therapeutic professionals, schools, foster parents, or legal guardians. The value of this support lies in its ability to help children recognise and address their mental health issues, potentially leading to the reduction of placement moves:

"I feel like maybe just show them how to cope or deal with trauma or just face it. I had a lot of traumas I've just faced myself because I like to be very independent in that aspect. But I can definitely see people need to talk to someone or have different techniques to deal with it. Not just that, any life issues they may have gone on they may also need help with to get away from, which is good because then they can use some of the techniques that they might be getting taught." Frankie (Young Person)

Importantly, it was noted that support offered to children by those close to them was shaped by their needs, illustrating bidirectionality of the microsystem. This can be challenging in resource-starved environments where solutions to identified problems require political buy-in to attain system support, reducing the potential for innovation or adaptation, or ability to support all those in need:

"I think with the pandemic a lot of children and young people's mental health was suffering. We know other services that deal with mental health that are overwhelmed and some of the children and young people were not quite hitting the criteria to get that level of support. So, I think [this] was looking at that support around mental health and also early intervention because there isn't a lot of tier two services that hit the lower needs of children and young people... it was doing the preventative work around that as well and a big one is the mental health. Most of our referrals are around anxiety and low self-esteem" Robin (Staff Member)

This theme highlights the importance of creating spaces for children and young people where their voices are given weight and are valued by involved adults. Staff members recognised the benefit in creating a microsystem where the involved individuals were sufficiently empowered to recognise and address their issues. However, it is vital to go beyond the microsystem and recognise the importance of a joined-up approach that incorporates other ecological systems within a child's or young person's environment to ensure a greater and more sustainable impact.

6.3. Importance of joined-up approaches.

An effective joined-up approach, with Public Health and Social Care working in collaboration, could allow for the microsystem to influence the system on behalf of children and young people who do not themselves have direct control, utilising tools such as advocacy, where microsystem actors can surrogate their own influence to better the position of the children within institutions they are not otherwise a part of. This means that not only should the child or young person have the opportunity to express themselves and have weight conferred to their opinions, but those within their network, that is, those who have more influence within the system, should be able to advocate on their behalf:

"It is down to the carer a lot of the time to push for everything and I pushed for him to get therapy with CAMHS and referred him to that. And I've pushed for him to get an EHCP and he's got that at Christmas; that will help him in his secondary school. Just constantly trying to push to get everything that's available for him as far as help is concerned." Lane (Foster Carer)

With budgetary cuts and other tensions within the statutory services, it may be the case that the resources do not exist to provide the support required. When making requests for support, foster carers felt that there was pressure placed on them to secure it:

"We hit a crisis point and needed help, we asked for help... because of her behaviours, which sounds horrible. She was... really an okay child. Yes, there were some issues, but when she had her life story book, that completely upset her, and we had an awful lot of bad behaviours after that... So, the [support] was actually used for me to do [a therapeutic parenting] course, which it's an absolutely brilliant course, it really is. Once they've had you on one course then they invite you back to be a supporter for the course... And it's really good because you are building up an extra network of people." Kit (Foster Carer)

This shows that even where therapeutic support can be shown to be beneficial to young people, foster carers felt that the system became process-driven, with them needing to evidence their own changes before being allowed access to support. This therapeutic programme has sought to resolve this issue by creating a system of support for foster parents:

“...we can either support the child directly or the foster carer, so I think that’s important about developing that resilience for the foster carers as well. Often, it’s more about supporting the foster carers to understand the child – before you put a child into therapy, if we can support those that they live with in developing their understanding, they might not need that intervention...You also need to consider the education environment so engaging with the school and other core people in the child’s life is important.” Taylor (Staff Member)

This suggests a point of negotiation exists within the ecological systems, where the mesosystem and exosystem meet. This crossover in the bidirectional communication suggests a tension between foster carers seeking therapeutic support for their child whilst being offered it for themselves to better understand the child.

“the key thing, which is based on all the attachment research, is to engage the carers first. You can make a lot of positive change for a child without ever having to meet them. If we can resource the network around them and skill the adults up in their life, the adults the children already trust, if those adults are doing a really good job and they feel well supported to manage the challenges that they are facing in parenting the child in their care then that child will improve in all areas of their life without necessarily needing to access specialist therapy...And we always see where you’ve got carers who don’t understand attachment issues, who believe there’s a problem with the child, those are the placements that are always wobbly and will end up breaking down if the carers aren’t invested in their role that they can play in improving things for the child.” Jo (Staff Member)

These approaches highlighted a system focus on creating an effective microsystem of therapeutic support for children, young people, and foster carers, but which is weakened by changes to the hierarchical systems due to resource depletion and cultural challenges that impact children and young people. The literature suggests there have been attempts within the exosystem to ensure these changes are met:

“Decrease the mental health and physical health disparities faced by children in care and care leavers. The strategy references the importance of the NHS Long Term Plan commitments in increasing investment and expanding access to specialist services.” Local Government Association, 2023, p.59

It should be noted, however, that the development of a joined-up approach to therapeutic care may not be effective if the goal is to simply include foster carers within the model whilst reducing their ability to advocate for young people. An effective balance needs to be struck where foster carers are able to advocate for their young people, and not feel that the system response is to instead upskill them to understand their environment better.

7. Discussion

The research shows that therapeutic support can be an effective mechanism for ensuring positive outcomes for children in care. It allows them agency and voice within their journey, promoting positive long-term relationships. Therapeutic support, in this context, creates space for children and young people to heal and process trauma with professionals and carers. This approach is especially important for children and young people given that the chronosystem places certain limitations on how long social care and foster carers can support children and young people. The time spent developing in-depth relationships between young people and carers allows for better communication strategies, as the latter are better able to advocate for them as they negotiate the

ecosystem complex systemic processes. The negative outcomes experienced by children transitioning from care (Frederico et al., 2017; Cameron et al., 2018; Taylor et al., 2021) can potentially be circumvented when close relationships have been formed in the microsystem. In cases where children and young people were receiving therapeutic care, personal advisors sought to maintain close relationships with them in the microsystem and, in this Social Care organisation, were equipped to effectively support and signpost them toward necessary help, reducing placement breakdown and allowing for deeper engagement. However, it would be remiss not to acknowledge the challenges with the existence and/or quality of support offered by personal advisors (Munro et al. 2024). It was noted by staff members that the hard limits of the chronosystem did not necessarily reflect the children’s and young people’s own development, believing they grew up a lot faster due to having to deal with a wide range of pressures. This led to the calls within the mesosystem for children and young people to have greater autonomy in decision making and a say in their own care plans. It should be noted, however, that within the microsystem a range of experiences were had by children and young people, and autonomy may mean support system exit, and therefore may not be effective as a system strategy for therapeutic care. This may also be contributing to the high level of ‘missing’ accommodation data for 17-year-olds (ONS, 2022).

The most significant rupture within children’s and young people’s microsystem in OOH was the breakdown of relationships. When participants felt unable to build and sustain consistent relationships with care workers, they felt that the constant introduction of new people led to them being required to repeat the same stories, with little progress in their actual support. This could represent a critical point of failure in designing effective therapeutic support in the failure to acknowledge the different life effects imposed upon children in their environment (Berk, 2009). Within the chronosystem, this can be managed by ensuring children and young people have the opportunity to select, modify, and create many of their own settings and experiences as they grow older (Berk, 2009). The result of such a breakdown could restrict children’s and young people’s improvements or, in some cases, result in them exiting the support system entirely. Such issues can be compounded by the continuing reduction in alternative support systems within the microsystem, which can provide consistent relationships such as youth clubs or extracurricular school activities. This is indicative of the need for eclectic systems of support within the microsystem to ensure continued engagement. Further changes in the macrosystem, such as the COVID-19 pandemic, and the hard limits to the support emplaced by the chronosystem, can additionally impact support. The approach to therapeutic support examined in this paper has sought to overcome this challenge by delivering therapeutic support not only to children and young people but to the professionals and carers who support them. This can improve relationships within the microsystem’s ecosystem, which could potentially reduce behaviour management problems and improve placement stability.

Securing commitment for therapeutic support within the microsystem, for example foster carers, is essential to creating a positive therapeutic environment for children and young people. Part of the role of carers is to advocate for children and young people, and to seek out the support and care required to give them the best possible outcomes. A risk, however, is that this advocacy can be disrupted by hierarchical ecological systems that co-opt carers into managers of behaviour when they seek to advocate for children and young people as a de facto ‘cost of advocacy’. The reason given is that of ensuring that foster carers understand their child better, but there is a risk that this could disrupt upward communication or delay required support. This hinders joined-up support, and instead entrenches top-down support systems and the primacy in outreach design by the exosystem (Bronfenbrenner, 1977), with staff members suggesting that agents did not need to be within the child’s or young person’s immediate environment to positively effect change. This relates to the role of advocacy and the struggles of those within the mesosystem to push for change upwards which can alter the

nature of the ecosystem, modifying relationships between individuals and their environment (Berk, 2009; Crawford, 2020). The feeling from foster carers is that requests were met with push back, and that required resources were kept on hold until other aspects of the microsystem could be fixed, such as the child being settled, or the foster carers needing to complete other tasks. There are, therefore, two distinct strategies within the nested ecosystems: bottom-up advocacy, which encourages personal development and close relationships; and top-down, which seeks to manage resources and achieve wider political aims. This speaks toward a hard upward barrier, with a microsystem (for example, the school) potentially identifying problems but being unable to effectively communicate them upwards. To support this, training has been given to support the resilience of foster carers; this does not solve the problem of communication, however, but rather upskills the foster carers in terms of dealing with it and to keep pushing.

8. Conclusion

The application of Bronfenbrenner's Ecological Systems Theory has facilitated an exploration of the opportunities and barriers encountered in the provision of effective mental health support via a statutorily funded Therapeutic Intervention. Needs are developed in the microsystem as children and young people in OOHC deal not only with the process of maturation, but the difficulties associated with poor relationships with professionals and the withdrawal of support. The role of the mesosystem, within the context of therapeutic support, is to not only provide a framework of services but also to advocate for children and young people, for example, foster carers advocating for the young person in their care to secure access to therapy. These mechanisms are then duly actioned by the exosystem, such as Social Care, who draw on resources from the macrosystem, such as Public Health, on whom they rely for support. Although the macrosystem does not make explicit requests, the requirement for the effective support for children and young people in OOHC is essential to allowing the exosystem to adopt or engage with new methods, such as therapeutic support. This requires the mesosystem to engage with new methods, and to adopt new ways, of working which allow those within the microsystem to benefit. It additionally seeks to ensure that children and young people remain engaged with the system by encouraging more effective means of engagement.

The research presented suggests a range of bottlenecks and barriers that could impede therapeutic interventions. The microsystem is reliant on being able to maintain relationships with those that can advocate for them; however, high staff turnover has led to young people feeling alienated from support and, at the extreme end of the scale, exiting the system. This not only creates a negative experience for the young people but embeds difficulties in offering new systems of therapeutic support that the hierarchical ecosystems may wish to implement. Staff turnover means that the advocacy required in the mesosystem is not consistent, and there are indications that this creates a lack of political capital, with calls for support leading to requests for behavioural changes by foster carers (such as training in resilience). This indicates that although bidirectionality is required for effective therapeutic support, downward communication takes primacy, with the exosystem's advocacy for change able to influence the mesosystem, but not necessarily vice versa.

The ecological systems are, therefore, split into two composite parts: *microsystem primacy*, in which young people and their immediate carers seek positive change, and *macrosystem primacy*, in which the exosystem actions the desires of the macrosystem. Where the two systems meet, tensions arise as the mesosystem is unable to advocate for change due to a high turnover of staff and resource dependence, whilst the exosystem experiences challenges with regard to balancing the competing demands for resource provision.

Declaration of competing interest

The authors declare the following financial interests/personal

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Data availability

The data that has been used is confidential.

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