THE MARLBOROUGH MODEL:
Multiple Family Therapy Groups in Schools

Happy

Happy when you play

Central and North West London NHS Foundation Trust
What are Marlborough Multi-Family Therapy Groups in schools?

Multi-family groups in schools are designed to give children at risk of exclusion access to psychological help, whilst working with their families to:

- Challenge and reduce behaviour that puts the child at risk of exclusion
- Develop the child's social and emotional skills
- Enable parents to improve their relationships with their child and the school
- Engage parents reluctant to be involved with mental health professionals
- Exchange skills and knowledge between mental health and education professionals
- Develop mini communities capable of sustaining improvement
- Raise children’s achievement

Typically there are six to eight families in a group and they take place once a week in school for two hours. The children’s progress is monitored daily against behavioural targets and every six weeks overall progress is measured against goals such as improved attendance, behaviour and independent learning.

As well as close attention to family relationships the groups target problematic behaviour in the classroom and work with teachers and class peers each week.
Training and consultation
The model was developed by experienced teachers, psychotherapists and trainers based at the Marlborough Family Service. It is these staff who will train and consult both education and mental health professionals. With over 28 years experience of successfully embedding the model in schools in Denmark, Sweden, Norway and the UK you will be in very safe hands.

The Marlborough Model Theory
We believe children’s needs should be viewed in the context of the environments at home and school and not simply in relation to the children themselves.

This is because families have the opportunity to experience that they are not alone in their struggles with parental issues. Families can share coping strategies and receive help and support from attending the groups regularly. In the therapy groups families are also able to give back advice to other families, helping them experience being effective, supported and supportive.
How effective are the groups?

Clear goals
Children start the programme scoring less than 40% success on daily behavioural targets and leave the group when scoring over 70%

Results
Research so far indicates that children who attend the Marlborough Multi-Family groups make significant and sustainable improvements in the total difficulties scale as part of the Strengths and Difficulties questionnaire. Further benefits include:

- Improved academic achievement and attendance
- Reduction in anti-social behaviour
- Improved parenting competencies eg clear boundaries and communications
- Development of trust with professional service providers
- Improved family school relationships
- Improved accessibility to mental health services

Recognition
The Marlborough Multi-Family Group Model has been recognised as good practice in several government publications including: Every Child Matters 2003, Aiming High for Children, Supporting Families DFES and HM Treasury 2007.
Who can be helped?

**Who is it for?**
The multi-family therapy is aimed at children under the age of 14 years old with behavioural, emotional and social difficulties who are at risk of exclusion, as well as their families.

We address problems such as conduct, emotional, hyperkinetic and attachment disorders.

**Why does it work?**
The Marlborough multi-family therapy model is unique in that it brings together children, parents, teachers and CAMHS, ensuring a mutual understanding of a child’s mental health needs. This brings with it a number of benefits for all groups involved as highlighted in the diagram below:

**FAMILY**
- Improvement in mental health
- Accessibility of mental health professionals in stigma-free setting
- Direct, regular access to teaching staff
- Child improves academically and behaviourally at the same time
- Improved relationships between parent and child
- Improved relationships between parent and teachers
- Improved relationships with peers

**SCHOOL**
- Improved attendance and attainment of children in group
- Increase in staff knowledge and ability to
  - Identify children with mental health problems
  - Work with children with mental health problems
- Reduction in staff stress levels
- Reduction in rates of exclusion and behaviour incidents in school
- Improvement in peer relations
- Improvement in relationships with challenging parents
- Improved take up of mental health treatments
- Improved score in OFSTED; whole school environment for dealing with children with mental health issues

**HEALTH**
- Appropriate referrals to CAMHS
- Engagement of hard to reach sections of society as outlined in National Service Framework
- Improved partnerships with education professionals
- Better adherence to treatment because both parent and child are involved
- Better treatment outcomes with improvement in long term prognosis for cases post treatment
- Early intervention at tier 2/3 within schools reduces possibility of more serious issues to develop later
Case study

Robert, aged eight and the youngest in his class, displayed unsettled behaviour in class and highly reactive behavioural problems in the playground.

His mother would get angry or tearful on being told of these problems by his teachers. She claimed that he was “just being a boy” and would grow out of it during secondary school as his brother had done.

She was invited to join the Multi-Family Group (MFG) Programme with him. She was initially hesitant, concerned about stigma or blame, but reassured when she met the other parents in the group: here were other families “in the same boat”. She was receptive to the message that change happens faster and lasts longer when families work together, and heartened by the “living proof” of other families’ successes.

At a meeting with the family and Robert’s class teacher, five behavioural targets were agreed upon.

On joining the group, Robert’s mother was surprised at his explosive behaviour in class when thwarted. She had, however, seen him behave like this at home, notably during family board games. The family’s preferred way of managing those outbursts was to let him win. It was seen as somehow acceptable because he was the youngest.

Initially Robert’s mother found it difficult to impose limits or consequences to this behaviour. His use of humour or tantrums seemed to weaken her resolve.

Gradually she came to listen to and accept other families’ observations of the behaviours that were impeding Robert in the learning context of the classroom and preventing him from establishing good supportive friendships.

With the help of the other parents in the group her belief system of “boys will be boys and cannot be changed” started to shift. In the parents-only coffee breaks she spoke about an abortion that she had prior to Robert’s conception and her unresolved feelings about it. She accepted help from the local CAMHS team with this matter.

Over time as she worked on his school skills in the MFG programme and in the classroom Peer Group Programme, she increasingly empathised with and supported his teacher. She began to give clearer instructions to Robert about her expectations regarding his behaviour in school. When his scores on the five targets, as marked daily by his teachers and lunchtime supervisors, began to improve, she rewarded him with extra cuddles, smiles and closeness.

Robert graduated from the group after eight weeks with his mother reporting that she felt determined to ensure that his behaviour would remain “good enough” for the transition to secondary school. Everyone noticed a real change as he relaxed with his peers and started to achieve more in his learning. His reading age had improved by six months.