

WHAT IS MIST MADE OF?

Understanding and describing the **Multi-disciplinary Intervention Service Torfaen** from the perspective of the team, the carers, the young people and their families.





Smallman, K., Channon, S., Brookes-Howell, L., Morgan, M., Robling, M., Segrott, J., Williams, A.
Copyright

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means without permission from the publishers.

Those listed above have asserted their right to be identified as the authors of this work in accordance with the Copyright, Designs and Patents Act 1988.



Centre for
Trials Research
Canolfan
Ymchwil Treialon



Contents

Foreword	2
Summary	3
Who was involved?	4
Introduction	5
What motivated this study?	6
Timetable of activity	7
Ethical approval	7
Recruitment and methods	8
About the data	10
Data analysis	10
MIST: developing an understanding of the key ingredients	11
Staffing structure and project management	11
– Young Person Practitioners	13
– Lead Therapeutic Practitioners	14
So what do we understand about MIST staffing and organisation	16
What is distinct about the MIST approach?	19
Theoretical underpinnings	21
– Attachment theory applied in practice	22
– Systemic theory in practice	23
Therapeutic approaches	25
– Humanistic influences	25
– Dyadic developmental psychotherapy influences	26
– Working with risk	27
A service user perspective	28
Conclusions and closing thoughts	29
References	30
Acknowledgements	31

Foreword

At Action for Children – Gweithredu dros Blant, we are rightly proud of the work our MIST service does in Wales and beyond. It's a model that has been shown to work for children and young people who have complex mental health needs.

It is an innovative service and mental health care model which offers a different approach to children and young people at risk of being placed in out-of-area residential/institutional care, because of their mental health needs. MIST provides therapeutic wrap-around support alongside mental health interventions which focus on the lived experience of children and young people and aims to impact a child's development and resilience.

MIST is a multi-disciplinary and multi-agency model, working predominantly with children and young people in the care system, it works seamlessly across statutory agencies to provide an effective and cost saving alternative to residential care whilst delivering improved clinical outcomes for those children and young people referred.

Young people tell us "MIST made me happy with my teachers, friends and family". "It is an awesome place, if anyone gets angry they should come to MIST."

As this service gains more traction in the field and is increasingly attractive to commissioners we wanted to distil the essential elements of the MIST service so practitioners and commissioners are better placed to assess how they can get better clinical outcomes for children and reduce costs in the process.

We therefore asked Cardiff University to assess the service and produce a report that brings together all the factors related to the running of MIST such as how it operates, it's theoretical approach, how children and young people and their families react to the intense support and how it fits in to the fabric of the community

The researchers from Cardiff University spent eight months on a small scale study exploring the MIST service and model, identifying the

key ingredients of MIST and considered the potential of replicating MIST into other areas, resulting in this excellent and thorough report that will greatly enhance the knowledge base in this important field of work and I am grateful for all their hard work in putting this report together.

I would like to credit our partners and commissioners with their vision, ambition and support to co-create an innovative service model, providing better solutions and outcomes for some of the most vulnerable children and young people involved in the care system. Without their strategic vision, commitment and clinical governance this "systems approach" model would not be possible.

Also the commitment and trust of our fellow professionals in social care, health and education needs to be recognised as an essential ingredient to the success of MIST.

I must also thank all the staff, foster parents, children, young people and families involved in this study, for their patience and cooperation in helping the research team, it's hugely appreciated and we now have a definitive document, which is the start of the process of continual learning and development of this model. This will help us to analyse, support and highlight this approach we are so passionate about.

Brigitte Gater

National Director

Wales/Cyfarwyddwr Cenedlaethol – Cymru
Action For Children

Summary

The Multi-disciplinary Intervention Service Torfaen, MIST, was established in 2004 by Action for Children – Gweithredu dros Blant, and provides a therapeutic wrap-around service in Torfaen as well as Caerphilly in South Wales, and Hereford, England.

This is a report of a research project undertaken with the MIST service in Torfaen and focuses on the work coming from this particular team and location. MIST works with children and young people aged between 5 – 21 years old. They provide a community and family based alternative to residential care for children and young people with complex mental health needs. The aim of this commissioned research was to generate an independent understanding of the key aspects of the MIST model as it is enacted within Torfaen, one that is informed by theoretical concepts, relevant external evidence and policy context.

The research began in January 2017 and was carried out over a period of eight months. Researchers from the Centre for Trials Research at Cardiff University, undertook a series of observations of MIST activities, collated and reviewed relevant literature and project documentation, as well as meeting with and interviewing a total of 22 staff and stakeholders. All of these activities together provided a rich source of information enabling us to elicit factors associated with the delivery of a MIST service, what it does, and how it works for those involved.

Given the significant challenges currently facing providers within this sector, from understanding what works, to managing costs associated with residential care, delivering better clinical outcomes and the intensive support from provisions such as MIST, the findings summarised in this report will be of interest and relevance to practitioners, local authorities and other stakeholders working in the care system.



Who was involved?

Research participants

- MIST Manager & Clinical Lead, Therapeutic Practitioners and Young People Practitioners
- Therapeutic Foster and Kin Carers
- Current and ex-service users
- Stakeholder representative from the steering group

The research team:

- Dr Sue Channon – Principal investigator
- Dr Kim Smallman
- Dr Melanie Morgan
- Dr Lucy Brookes-Howell

Project management team who provided oversight of the research methods and guidance for the research team

- Dr Mike Robling
- Dr Jeremy Segrott
- Dr Anne Williams



“They’re great, I couldn’t do without Mist.” TFC

“But it, it’s just a different approach.” TFC

“...they’re always, they’re always there...” TFC

Introduction

For children and young people looked after by the local authority, there are a number of interconnected factors that contribute to their vulnerability, such as adverse childhood experiences (1), poverty, as well as disruption of care (2,3,4). Services are often not well equipped to respond to their needs due to poor integration of health, education and social care, limited resources, as well as limited opportunities for appropriate training for staff (5).

As a result of these multiple factors, children in the care system can struggle with relationships, be excluded from school, develop mental health difficulties and may present challenging behaviour (6,7). However, positive results can be achieved whilst young people are in care given the right type of support and interventions, enabling them to reach their full potential (3,8).

So how do service providers decide what is needed and how it can be delivered? The challenges for services and commissioners lie in the diversity of service models available, the complexity and individuality of needs, and the lack of cohesive social care and mental health research evidence to inform and guide services. If we are to develop and deliver services that best meet the needs of children, supporting their development and life chances, then we need to gain a better understanding of the theoretical, systemic and interpersonal characteristics of care and the impact these have on young people (9). One way in which we can build this understanding is to isolate the key characteristics of services with enough detail and clarity that allows for an exploration of the interplay of these factors in a systematic way.

In attending to the needs of this group of children and young people, MIST provide bespoke and skilled complex interventions for the child or young person, whilst working intensively with foster and kin carers and other agencies around them. Many of the young people will have a mental health diagnosis/es but also they will often present psychological and behavioural difficulties which are best understood as developmental trauma and complex attachment problems. The MIST team engages with up to twenty young people at any one time and works intensively, adopting a psychotherapeutic approach as a way of working with such complexity.

MIST is currently jointly funded by Social Services, Education and the Local Health Board in Torfaen. Their key performance indicators are:

- reducing the number of young people in residential care,
- reducing the number of residential bed nights annually,
- increasing participation in education/ training and
- improving placement stability.

In 2016 there were an estimated 250 young people from Wales in residential care (10).

Residential placements cost at least four times as much per placement as foster care (11).

Without MIST, these young people would otherwise be cared for in residential children's homes, residential schools, tier 4 psychiatric care or secure units.

During 2015/16 MIST achieved 94% placement stability in family-based kinship or foster care.

MIST promotes a multi-agency approach in order to facilitate a 'wrap-around' provision. This is achieved through working closely with other services whereby professionals are encouraged to represent their perspective as part of a wider system of support around a child. The team work closely with core NHS Child and Adolescent Mental Health Services (CAMHS) operationally, strategically and through professional links. MIST are an established service provider within this sector and recognised for their expertise. They are often called upon to provide consultation and outreach support to foster carers requiring help but not necessarily referred to the service.

What motivated this study?

It is clear from the literature that more research is needed. One of the reasons why there is little research in this area is because of the complexity of young people's experiences, the multiple services they encounter and the vulnerable nature of those involved. Aside from having access to services, there are also the ethical implications and challenges associated with gaining access to, and engaging service users in research activity.

Having established a way of working within this sector, MIST are a valued provision that has generated much interest in their approach and model. They have developed and refined their services and way of working over the past 14 years, bringing them to a point where other local authorities within the UK are considering the MIST model and initiating this service within their locality. This has already happened within Caerphilly and Hereford through a competitive tendering process.

The introduction of the MIST model into other localities as well as the potential of further roll out was one of the catalysts for this review, coupled with the benefits to be gained from developing an independent perspective on the service model. It is hoped that presenting an overview of these exploratory findings will

not only be of benefit to the service and those interested in its delivery, but will begin to fill the gap in knowledge around what works in this area. In particular, the management have been motivated to know **what it is that makes the service a MIST service; what are the key ingredients necessary for its success and how do we articulate this to others in a way which is meaningful?**

Action for Children - Gweithredu dros Blant, provided funding for a small scale study to initiate an exploration of the MIST service and model. This report contains a summary of the research undertaken. It also presents selected data from the academic activity to help illustrate the MIST approach to working with looked-after children, its staffing structures and theoretical underpinnings. This report takes into account the evidence base and context of this study in order to present an overview of this multi-disciplinary intervention.



Timetable of activity

MIST approached staff at Cardiff University and in collaboration with the research team, designed a study to allow us to answer the questions raised.

- What are the key ingredients of MIST?
- How would we know whether a new service, delivered with the same principles and design but a different local context, has fidelity to the MIST model?

This work would involve the development of a logic model to help identify and map out the key components of the service in relation to resources, activities and outcomes for children and young people. This model would be developed and refined in collaboration with senior managers and data obtained from the research activity.

Table 1 illustrates the research activity undertaken as part of this evaluation.

Ethical Approval

The research study design and materials were reviewed by the Cardiff University School of Social Sciences Ethics Committee (SREC/2148) and granted approval on 29/11/16.



Table 1

Research activity	Timing
Ethics approval	November 2016
Observations	Jan – April 2017
Paired interview with Senior staff managers (SSMs) (developing the logic model)	February & June
Therapeutic foster carers and kin carer interviews	March - June
Staff interviews	April - June
Service user interviews	May - July
Paired interview with SSMs (refining the logic model)	July
Data analysis	August

Recruitment and methods

This research and recruitment of participants was promoted internally to staff, carers, families, and stakeholders in attendance at project meetings. Participant information sheets for each of the target groups were developed, highlighting the voluntary nature of participation and how we would be using the information gathered. Consent was obtained from all of those taking part, and although those under 16 years of age require consent from a parent/carer, research staff sought additional permission from this group.

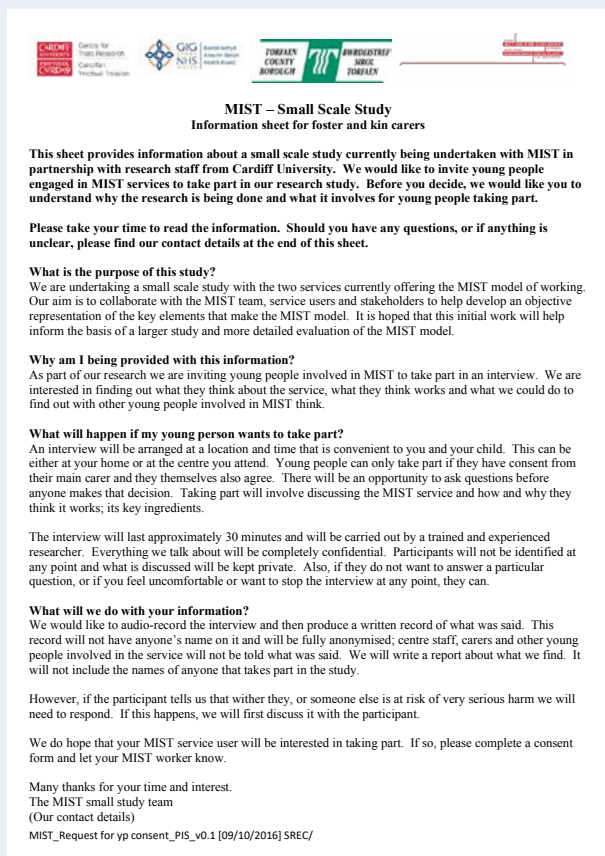
Our observations followed a semi-structured format and looked at elements including the nature of the group being observed, their agenda, purpose and boundaries. We recorded observations about group interactions, needs and process. Interviews were facilitated with a topic guide that allowed for an exploration of people's understanding of MIST and what it is they do. For staff and stakeholders we focused

on identifying activities undertaken, their role within the service and how they understand what it is that they do in relation the MIST provision. For service users we explored their engagement with MIST staff and activities and what they think about this.

For every aspect of participation, a researcher was available to respond to any questions participants may have, and field notes were taken following meetings, observations and interviews at MIST.

All the research team members who worked with the MIST team and service users had previous experience of working in services with young people and/or experience of research with children and young people; our approach to engaging with the MIST service users also developed over time through our work with MIST practitioners. We consulted with staff on the design of recruitment information for service users and we shared with them

Figure 1: Samples of recruitment information



MIST – Small Scale Study
Information sheet for foster and kin carers

This sheet provides information about a small scale study currently being undertaken with MIST in partnership with research staff from Cardiff University. We would like to invite young people engaged in MIST services to take part in our research study. Before you decide, we would like you to understand why the research is being done and what it involves for young people taking part.

Please take your time to read the information. Should you have any questions, or if anything is unclear, please find our contact details at the end of this sheet.

What is the purpose of this study?
We are undertaking a small scale study with the two services currently offering the MIST model of working. Our aim is to collaborate with the MIST team, service users and stakeholders to help develop an objective representation of the key elements that make the MIST model. It is hoped that this initial work will help inform the basis of a larger study and more detailed evaluation of the MIST model.

Why am I being provided with this information?
As part of our research we are inviting young people involved in MIST to take part in an interview. We are interested in finding out what they think about the service, what they think works and what we could do to find out with other young people involved in MIST think.

What will happen if my young person wants to take part?
An interview will be arranged at a location and time that is convenient to you and your child. This can be either at your home or at the centre you attend. Young people can only take part if they have consent from their main carer and they themselves also agree. There will be an opportunity to ask questions before anyone makes that decision. Taking part will involve discussing the MIST service and how and why they think it works; its key ingredients.

The interview will last approximately 30 minutes and will be carried out by a trained and experienced researcher. Everything we talk about will be completely confidential. Participants will not be identified at any point and what is discussed will be kept private. Also, if they do not want to answer a particular question, or if you feel uncomfortable or want to stop the interview at any point, they can.

What will we do with your information?
We would like to audio-record the interview and then produce a written record of what was said. This record will not have anyone's name on it and will be fully anonymised; centre staff, carers and other young people involved in the service will not be told what was said. We will write a report about what we find. It will not include the names of anyone that takes part in the study.

However, if the participant tells us that wither they, or someone else is at risk of very serious harm we will need to respond. If this happens, we will first discuss it with the participant.

We do hope that your MIST service user will be interested in taking part. If so, please complete a consent form and let your MIST worker know.

Many thanks for your time and interest.
The MIST small study team
(Our contact details)
MIST_Request for yp consent_PIS_v0.1 [09/10/2016] SREC/

Participant information sheet



We need you to **tell us what you think**, and with your help we can learn how to help looked after young people better.

Just Chat 

A small team of researchers from Cardiff University are working with MIST to learn more about the service, how it works and what it's like.

We think young people who use the service would have a really good idea about this and we would really like to talk with you.

We were thinking that we could provide some food, flip chart and pens, and together we could have a chat about what you think.

What we talk about will be private.

We are asking staff from MIST to give you this information to find out if you're interested, and then to let us know.

Also if you have any ideas / thoughts about how we might gather this information from you, please do let us know.

YP flyer for recruitment

the types of questions we wanted to ask the young people so the staff felt fully informed when they were discussing the research with their clients. MIST staff took responsibility for approaching young people they felt would be able to take part (taking into account current circumstances). We followed the working guidelines and safeguarding policy provided by Action for Children and Torfaen County Borough Council and as well as individual consent, parental/carers consent was obtained for those under the age of 16 years.

All interviews with service users were joined onto a regular meeting with their appointed Young Person Practitioner taking place within the MIST building. We approached interviews with this group informally, with the option to take part in an activity such as art or game. Young people were also provided with the option to have either a member of staff or carer present.



The Duchess of Cambridge was beaming as she tried her hand at pool during a visit to MIST in Torfaen – her first engagement with charity Action for Children since becoming patron.

About the data

To build an understanding of the service background and wider context we looked at a number of different sources for gathering data relevant to the study. We undertook a literature review to identify interventions and outcomes for children. We were provided with peer reviewed papers, evaluations and reports on MIST, as well as minutes to steering group meetings (for a period of 6 months), organisational charts and presentations. The collation of documents provided background information and an overview of organisational activity.

Interviews provided an opportunity to capture the individual narrative of participants and their experience of MIST. A total of 22 participants took part in interviews as can be seen in table 2. The observations gave researchers a bird's eye view of MIST in practice. We aimed to observe

those regular scheduled meetings taking place at MIST to help gain an overview of activity and process and table 3 illustrates the different types of meeting observed.

Data Analysis

All data gathered was managed with due diligence, assigning a participant identifier, removing names from transcripts and anonymising narrative to protect the confidentiality of all those involved.

We used data management software NVivo 10 to support both the storage and analysis of all data gathered. We adopted a framework approach in the first instance, using the headings from the logic model to guide analysis. Each element of the framework was then explored and themes identified from within each category for reporting.

Table 2

Interviews	
Managers - paired interview	2 (pre logic model and end of data collection)
Lead therapeutic practitioners	3
Young person's practitioner	2
Steering group committee member	1
Birth family/kin carer	1
Therapeutic foster carers	4 (1 included a couple; 1 as part of service user interview)
Ex-service users	3
Current service users	6 (3 male, 3 female; age range from 7yrs - 16yrs)

Table 3

Observations	
Steering group meeting	2
Staff group meeting	2
Clinical supervision	2
Therapeutic foster carer supervision	1
Total	7 observations

MIST: developing an understanding of the key ingredients

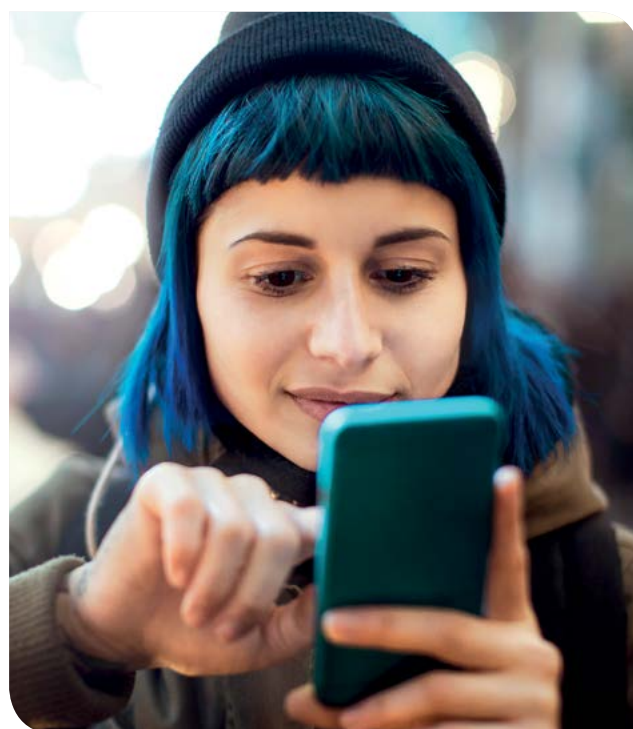
From the information we gathered as part of this systematic exploration of MIST, we have been able to identify specific aspects of the provision as understood by its different participants and stakeholders. This part of the report aims to provide an understanding of MIST through the voices of those engaged in its activity and to present evidence that helps illustrate and describe some of the key ingredients that contribute to this multi-disciplinary intervention within the boundaries of the Torfaen provision and context.

Staffing structure and project management

MIST can be described as consisting of a simply structured team of specialists and is illustrated in figure 2. There are two leads (a clinical lead and children's services manager) who head the team of five practitioners¹. The project leads perform distinct yet complementary roles and functions within this setting. The interviews with staff revealed a breadth of expertise found within this particular team, with the two leads alone bringing substantial experience within the field of mental health and adult and children's services. Figure 3 captures in a word cloud the diversity of therapeutic approaches that have informed their practice during their careers. In its broadest sense, the team leads seek to be responsive in the work they do, recognising that the landscape of children looked after is an evolving one. They aim to 'inspire, deliver and develop' as well as monitor what they do.

The practitioner team consists of three Lead Therapeutic Practitioners and two Young Person Practitioners. There is a mix of gender and a diversity of work experience, with staff holding formal and professional qualifications, such as teaching, social work or youth work, as well as family therapy, play therapy and counselling.

From the interviews with staff it was possible to gain a sense of the differences as well as the interlinking nature between the two practitioner roles and how they fit into the organisational structure that helps create a wrap-around provision.



¹ Since this review the team in Torfaen have grown and now consist of four lead therapeutic practitioners and three young person practitioners.

Figure 2. MIST Staffing

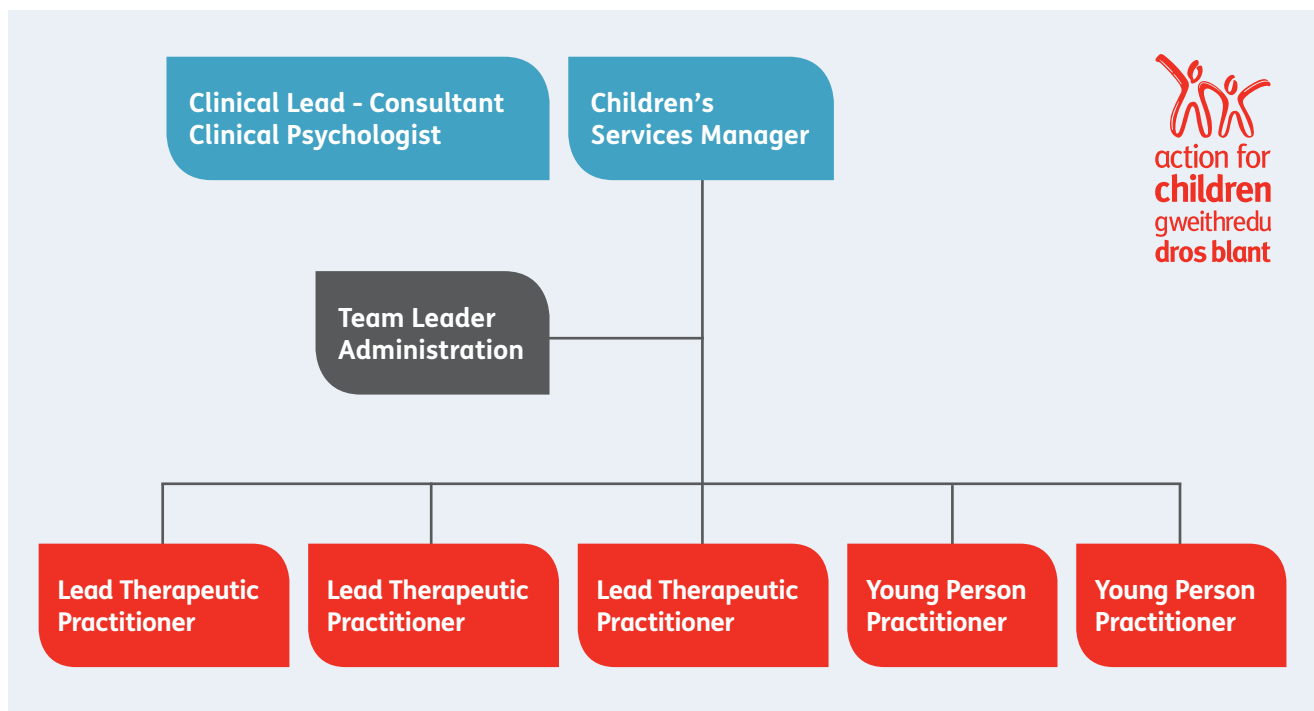


Figure 3. Therapeutic approaches used throughout careers of the service leads



Abbreviations

SSM	Senior service manager
LTP	Lead therapeutic practitioner
YPP	Young person practitioner
TFC	Therapeutic foster carer
YP	Young person
YPF	Young person, female
YPM	Young person, male
INT	Interviewer

Young Person Practitioners

The Young Person Practitioners take a lead in establishing a relationship with the child referred to the service and focus on providing activities to engage them in the service and create a safe space to initiate therapeutic intervention. These staff play a central role in delivering activities to engage, occupy and build skills and self-esteem of young people. They focus on their relationship with the service user, establishing trust to make way for more therapeutic interventions. The relationship in this instance is a vehicle for other interventions, but is also an attachment focussed intervention in its own right, i.e. giving the child an experience of a different model of attachment relationship.



A real special um thing, she, she loves coming and she loves going out with her Support Worker, but she also understands um that she, that they're there to help her, which a lot of young people at the very beginning don't, you know, don't get. **TFC**

TFC: We've done a lot of erm, like when [name] was first coming in for sessions we were working on emotional literacy so jut naming emotions and things. We had those cards.

YP: Yes, I love those cards.

TFC: Memory cards, so [name] designed them all, did all the emotions and colours and all that kind of stuff and we would play the memory card game to kind of just do it in a fun way I suppose, do it a bit less, you know not just...



The role of the Young Person Practitioners is also acknowledged as an important part of the provision for service users who benefit from both the expertise and capacity of these staff.



Erm, she's always interested, a listener, she's kind, she's caring, she's really, she's a really nice person who really wants to take it seriously. **YP**

YP: They are ninjas.

INT: They are ninjas.

YP: Expert ninjas.



Lead Therapeutic Practitioners

There is a different emphasis to the work undertaken by Lead Therapeutic Practitioners that focuses on and takes responsibility for working with the whole adult network that surrounds each child or young person. This means that they work closely with therapeutic and kin carers and wider kinship family, schools, social services, police, health, youth offending, colleges, leisure and other services where appropriate. In engaging with the systems around the child, Lead Therapeutic Practitioners will advocate with those professionals to help facilitate a shared understanding of the child as a way of managing challenging and complex behaviour. As with the Young Person Practitioners, Lead Therapeutic Practitioners are valued for their expertise and capacity within their role.



...think they're there for me and her and that's it really is that, you know they are a team of highly, you know people with a high level of expertise who I respect tremendously. **TFC**

Lead Therapeutic Practitioners work closely with the Young Person Practitioners as well as provide supervision of their work with young people. They are also instrumental in helping to form a therapeutic team with the carer and family around a child.



So, I would describe my role as well as you know, guiding [NAME] and [NAME] mums, you know supporting them to sort of develop their knowledge, lots of work that I do I would say in my role I think my, one of my favourite pieces of work is working with the families and I really sort of embrace that and take that on board. I think I've had some good successes with that and sort of worked with some difficult family members who I've managed to sort of like bring along. **LTP**

I think in particular with one foster carer I feel like we've cracked that and I think I definitely seen progress in her and how she is and I've got a very good relationship with her...I think there's been times where I've had to challenge her on things and I've managed to do that in a way that our relationship withstands that... **LTP**

MIST staff manage a small caseload in comparison to other agencies and there is a long-term commitment to the children who come into the service. The size of the caseload is essential for facilitating multiple interventions to have an intensive presence, across an extended timeframe, and throughout a 24 hour period, but it is also conducive for establishing longer-term relationships:



...we tended to focus a bit more I suppose on emotions and attachments and difference their kind of contributions and kind of experience in the role and as I said, just being with the young people and just being with them all the time and the amount of time that we're privileged to be able to say I'm with them. **LTP**





The work I suppose is quite intense then as well, so it is, I think the other thing about it is there isn't an end point as such, so it's not like with some other services you've got like six weeks or six months or you know you've got to make the change, MIST isn't quite, it's not structured like that. **LTP**

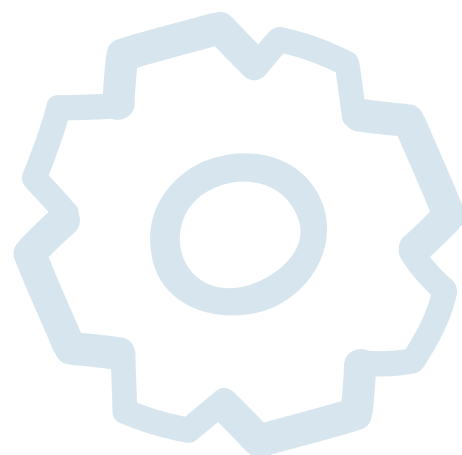
...I think that erm, you know, just being able to yeah, to work with the children in that way is, you know to go at their pace to kind of take the time it takes to engage them, knowing that that could take kind of six months or nine months or you know but that's okay because it's long-term kind of, it's a goal and you build a relationship. I think other services aren't always privileged to work in that way. **LTP**

Yes, it is that kind of you know, that persistence I think you know being able to continue and carry on and work with, you know from funding or clients might have to say actually, you know we've tried you three times we can't, you know can't work with you anymore or we can't carry on but for us to be able to continue to work with that resistance almost and kind of work at families pace I think is really key. **LTP**

Lead Therapeutic Practitioners in partnership with Young Person Practitioners will look to establish a long-term relationship that enables them to both gain a better understanding of that child but also to advocate on their behalf. In advocating on behalf of the young people, Lead Therapeutic Practitioners will look to share an understanding of a child using a psychological formulation which understands them in light of their history, stage of development and current contexts. This encourages alternative insights into a child's behaviour rather than just seeing them through the lens of illness, personality problems or antisocial behaviour.



Yeah, share our knowledge of the young person. I mean one of the things that, erm, I often find myself doing is, erm, er, offering a kind of alternative narrative really you know...and sometimes you know, I can fully understand why teachers, erm, foster carers possibly, but certainly teachers get a particular view of a young person...because that's all the young person shows them in that context...but we see the young person in different contexts so we know that there's more to them than that you know. So I think one of the most important things that we do is begin to kind of share that kind of other story really... **LTP**



So what do we understand about MIST staffing and organisation?

MIST have a small and knowledgeable staff team, with broad expertise and well-defined roles within the staffing structure. The roles of the team leads ensure that there is both clinical expertise and guidance in relation to the therapeutic work undertaken by MIST, as well as strategic capacity to help steer the system around young people and affect the culture such that MIST are able to facilitate effective and multiple interventions as part of their intensive support and provision. It needs to be appreciated that the work undertaken by MIST staff is intense and powerful as it would need to be in order to effect change for a young person as well as the systems around them.

Given the nature and intensity of the work another important function of the team leads is to contain and support the team in the impact of the work on them, for example, keeping staff healthy and resilient, which is reflected in their low sickness and staff turnover rate. There are clearly defined activities and functions that can be associated with each role within the MIST staff team, and it is evident that the way in which the Team Leads, Lead Therapeutic Practitioners and Young Person Practitioners work together is conducive to providing a cohesive, bespoke provision and mutual support. The added benefit to this approach is that this cohesive system provides continuity when individuals are away from work, so that any change or disruption to staffing does not unsettle the overall approach of the provision, a recognised problem in the usual approaches to working with these children and young people.

For practitioners working in MIST, the balance and interaction of these roles is viewed positively by carers and seen as beneficial for staff and those who work with them. The staffing structure seems to provide a framework that is clearly recognised by staff, carers and service users and one that is beneficial to a multi-disciplinary and wrap-around approach.



They've got the therapeutic practitioners and the therapeutic workers, they've got the ones who work with the children and then they've got the ones who work with the foster carers. **TFC**

All staff interviewed gave detailed and in-depth responses about the nature of work they do and how they go about it. What was noticeable from their descriptions in relation to how MIST as an organisation works, was the value placed on the core activities and regular MIST meetings embedded within their routines.



Okay, so we'll have a team meeting on a Monday morning from nine thirty to, erm, eleven ...and then after that we would have, er, a case reflection, so someone would bring one of the cases that they're working on... **LTP**

...there's also the group processes where we are constantly aware of what's happening in the other cases... **LTP**

All staff interviewed highlighted the value of the support they felt they had in order to fulfil their role and in particular the opportunity to be reflective about cases and work they were undertaking was particularly valued.



I think that's something that you know, that's, that's something that MIST has that is quite key I think.

LTP discussing case reflection meetings.

The staffing structure and core activities promote a fluid communication within the team, encouraging reflection and enabling everyone to remain fully informed. These core activities and meetings are then mirrored in the structure of support given to foster and birth families in the form of individual and group supervision and participation in regular systems and reflection meetings.



So, erm we have supervision every fortnight, my youngest and her sister have therapeutic sessions on a Monday and a Tuesday and also now we're starting to take her to school every fortnight to do extra play work at home with erm another therapeutic carer from Mist. **TFC**

Figure 4. MIST Core Meetings

Meeting	Frequency	Purpose
Steering group meetings	Bi-monthly	To monitor performance of service, to agree new referrals, to discuss service developments, to share perspectives on ongoing casework. To share awareness of significant contextual issues affecting practice and staff – for all agencies.
Staff meetings	Weekly	To review all cases and feedback from on call so that whole team is aware of issues in all cases for continuity of approach across team. To discuss business issues such as planning training program, allocating consultation requests.
Case reflections	Twice weekly	To explore together in depth individual cases, often with foster carers, social workers and school staff invited. Also to explore in detail particular clinical skills such as assessing self-harm, or working systemically with couples.
Clinical supervision	Once monthly individually. Plus bimonthly group clinical supervision for YPPs, and LTP groups.	Therapeutic skills and knowledge development, personal/professional development of staff, detailed assessment, formulation and intervention practice. Risk focus.
Case supervision	Managerial supervision once monthly	Personnel issues, staff wellbeing, casework overview, monitoring and supporting key processes/reports such as warns, assessments, review meetings. Risk focus.



Staff, carers and young people with the Duchess on her visit to Torfaen

Another key aspect of the MIST model is the access to its service 24 hours a day throughout the year. This 24/7 facility was frequently talked about by service users and carers indicating its importance to them as a safety net and even a lifeline. The access to staff helps ensure that carers are not isolated, as well as providing an opportunity for live guidance during episodes of distress.



So, I see the one practitioner every fortnight, erm if there are any erm behaviours they're on call and there's certain ones I like to ring because erm, some offer you more practical advice for the situation, others offer you more oh I wonder how that feels for you which sometimes I don't always need but they're on-call twenty-four seven. There's also a lot of texting, a lot of, so yeah, it's really supportive, they'll come out any time. **TFC**

It was clear from the data that MIST provide intensive support to the child as well as intensive support for foster and birth families that includes ongoing supervision, access to training as well as live guidance. This is key in how MIST approach their work as often the nature of children's difficulties, at a neurological level, means that cognitive reasoning and reflection after an incident is not helpful so live guidance allows MIST staff to do things differently, adopting an approach that privileges experiential learning, and guiding young people to learn through success.



Um, and the systems meetings as well. So you have a reflection meeting um which would include um ourselves, school, our MIST Support Worker, [NAME] MIST Support Worker, the Social Worker, um, and then which is alongside the main reviews and then also we have the systems meeting which is what I spoke about earlier, which is with all the MIST staff. **TFC**

They provide that service, they don't just, you pay lip service to it, it's very much um what you see is what you get, you know, there is, there is literature and they actually provide what it says on the literature, um, and they train the foster carers and they support the foster carers and um, they you know, they enable the foster carers to have the confidence and the strategies and the skills to go that yard extra. **TFC**

These initial findings help create a picture of the staffing and resources that contribute to the current service provided by MIST. As well as the breadth of knowledge and expertise to be found within the current team, their combined skills and qualities play an important part within the service and is highly prized by children, carers, families and professionals and is illustrated further within the section that follows. We can also identify from the information some of the core support activities and regular meetings embedded within the structure of the service. These key activities are a valued part of the service and contribute to the functioning of the MIST provision within childrens services.



What is distinct about the MIST approach?

An important characteristic of the MIST approach is their work with birth families and the way in which they honour their unique position. The in-depth descriptions contained within the interviews alluded to the variety of ways in which MIST will seek to engage with birth families.

“ But it also became apparent to us, we met her paternal aunt and [Name] were only in her company for about half an hour, and we worked out there was something not quite, not quite right I'd say definitely spectrum related and then we spoke to the other members of the family about what was she like as a child and we learnt quite a lot. **LTP**

I think my relationship with her and my efforts to have a relationship with her family, I'm in contact with them, I send them photographs of her because I don't know why I think it, and [Name] doesn't understand me either but I think when she's older that's where she'll go because this child is desperate for a family. **LTP**

So then MIST will do work with the family as well, to enable that young person to go home... So they're working with you know, with all of you...And, and that, that works really well, and I've seen um families go back home. **TFC**

I've started to try and do a little bit of that with [NAME] erm where we're joining up on doing some work with the birth mother and that's because I feel that [NAME] has a particular skill in the NVR (non-violence resistance) training that I think would be quite useful to help this birth parent. **LTP**



So erm, you know working with birth families and other kind of key aspects as I said, it depends on the case, in this case because there's no plan for the children to go home, we're not as involved with you know with their birth family as much as we might be with some of the other cases but that would be another role of the Lead Therapeutic Practitioner, to kind of again work with the birth family for you know whatever reason. Whether that's to help them answer stuff about the child's life story, whether that's preparing to go home or to improve their relationship **LTP**

I suppose I'm just thinking a few years ago being at a park, kind of a family session with two sisters and their mum and erm, they were teenagers and one of them got on the swings and was like mum can you push me, and she didn't. So I went over and pushed her on the swings and it's just things like that, like modelling, modelling behaviours that then the mum might kind of looked over and thought oh okay next time I'll go and push her on the swing... **YPP**



Within MIST children and young people are supported to navigate their unique relationship with their birth family. In working closely with a biological family member, staff are able to explore what this relationship might provide for a young person and then work collaboratively to gain this for that child.

Many children looked after will return to their family home on leaving care and the MIST model accommodates this transition through it's work with birth families and incorporating these factors into a cohesive package of care. It may be the case that at that time a parent is unable to meet a child's needs hence their removal into care. But that is not the end of that relationship, it's not static and MIST staff look to see if a parent can make some other form of valuable contribution to their child's care.



I suppose we're trying to ensure that children have connections to their families and in a kind of healthy way too, so what's really important to is around our work with birth families, sometimes children you might be aware would go home and actually live with their birth families but even if they are not able to live with them some of the things we're trying to aim for is that they have relationships that are more lifelong and enduring and safer and you know are based on you know, being healthier for them going forward into their young adulthood. **SSM**

Another key component of the MIST approach, is the role of Therapeutic Foster Carers and their engagement with the intervention. It is recognised by those both within the service and outside agencies that particular qualities are needed in Therapeutic Foster Carers. In order to put in place a package of care that can accommodate children and young people with complex behaviour and needs, carers are asked to work in a therapeutic way. As one Lead Therapeutic Practitioner reflected, 'if the foster carers are unable to hold onto the model facilitated by MIST, or are unwilling or unable to, then placements and support therein and the foster care becomes unviable'.



It's different day to day, week to week, month to month depending on where our young person is within her cycle and what her needs are. We're being trained to look at things differently and resolve things from a different angle on different layers depending where she is, on her layers as well. **TFC**

MIST is acknowledged as being different to other services in the way in which it works to deliver a wrap-around provision, and the activities and approach promoted are recognised by staff, service users, families and stakeholders alike.



So the model for me in terms of, with the, with the psychologist with the, with the, with the teachers, um, with the um with the Social Workers, with the Support Workers, with the practitioners, it sort of, it sort of ticks a lot of boxes and you know, they're different skill set actually um works really well with the children that they're dealing with. **TFC**

TFC: You know, and I think the MIST model gives that message to professionals and to, and to, and to um fosters carers but most importantly the children.

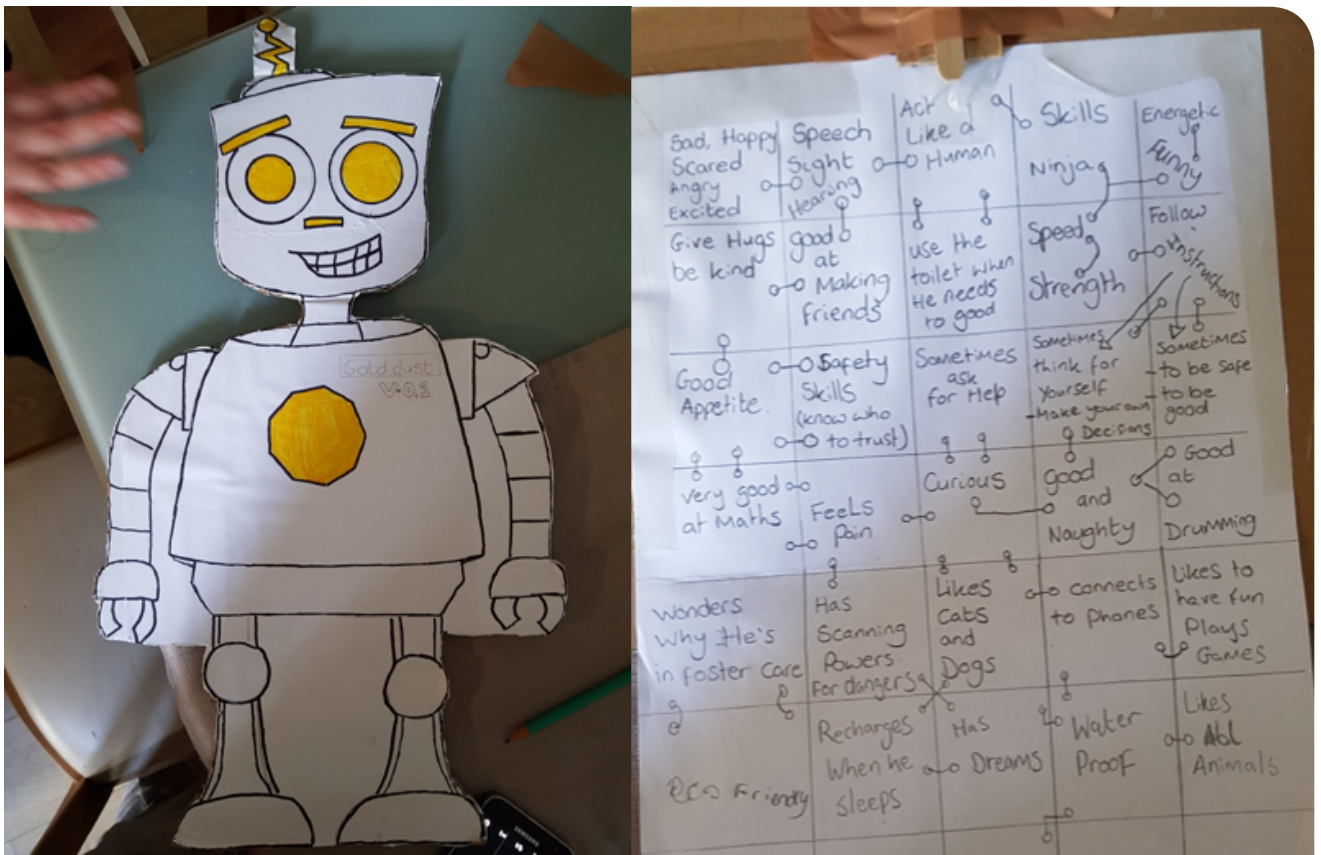
INT: Um.

TFC: That consistent stable message.



Theoretical underpinnings

An important aspect of how MIST operates is in its approach of working therapeutically to provide a service for children in the care system with complex developmental trauma experiences and consequent mental health difficulties. Employing theories within this context allow for the development of a shared understanding of a child's behaviour through a particular lens, as well as shape how it might be helpful to respond. This requires an engagement with relevant psychological theories and concepts to guide this understanding and the development of appropriate interventions. The interviews revealed a diverse level of understanding of theory and theoretical concepts underpinning MIST activity and their work with children looked after. The section that follows illustrates how theory is utilised and understood by those involved in the provision currently.



A robot in foster care. His computer chip - everything he needs to survive and thrive in care.

Attachment applied in practice

Attachment theory, first proposed by John Bowlby in the 1960s and developed with Mary Ainsworth, identifies the importance of the relationship between the infant and a primary caregiver in personality development (12). It describes how the quality of that relationship provides the crucial context for the main developmental tasks of infancy and childhood and for healthy brain development. A sense of safety in that relationship enables the child to take positive risks that help their personal, emotional and social development and has a significant effect on the quality of relationships we are able to form through childhood and adulthood. (for more detailed descriptions of attachment theory in the context of children looked after please see Furnivall 2011 and and NICE guideline PH28 references 13 and 14).

Attachment theory in the context of the MIST model and approach provides a focus on the relationships within its provision. MIST aim to establish and develop foundational relationships with children and young people, promoting secure attachment relationships. Within the interviews there were many examples demonstrating the importance and value placed on the relationship with children and young people.



Erm, because a lot of them (children and young people referred to the service) haven't been able to trust people as they've grown up or have had different professionals around, you know that change, so I think it's really important for them to have a key person here that's with them, you know, for the time that they are here... **YPP**

...and it's not, you know we do offer advice and guidance and things like that...but again, I think that's a smaller part in some ways, it's almost like it's the relationships we develop with them...and we say to them basically we're on this journey with you... **LTP1**

...so we're just continuing to work on building up his confidence and feeling safe again and trusting adults again... **YPP**

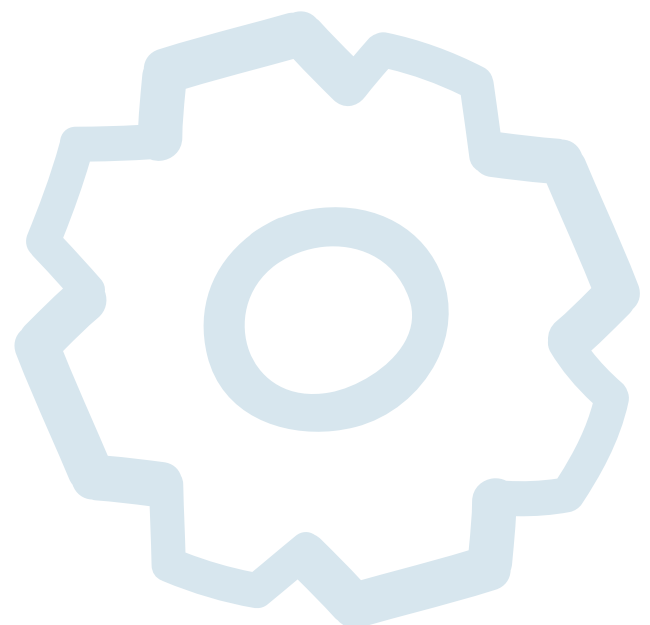
Taking an attachment perspective, the MIST team recognise the significance of early experiences for these young people and the difficulties they may have in terms of their ability to form relationships both now and later on in life.



...at an early age then they, their internal working model would suggest to them that they're maybe not loveable...that the world is dangerous and other people aren't to be trusted and I think you know that's kind of, erm, that narrative, if you like, can be a lens through which we begin to understand... **LTP**

For me it's fundamentally the early years of that young person's life I think, and what was going on at the time will have an impact then on what kind of attachment they bring and what they come with. Erm, I certainly think that the attachment style is something that will stay with them but can be, it can be shifted I think, I really believe that. **LTP**

Attachment theory underpins MIST activity, shapes their understanding and approach to making sense of a child's behaviour. It recognises that these children will have a set of beliefs about themselves which are enacted in their relationships with others. MIST aim to influence those relationships in modelling a behaviour to show that their experience of them is based upon a different set of ideas.



Systemic theory in practice

Systems theory is also key to the approach taken in MIST. There are many different adaptations of systems theory but essentially this approach takes a holistic view of an individual, understanding them in their context. It looks at the interconnections between different systems such as the family, school, neighbourhoods, organisations, culture etc. and considers the relationships and influences between them. It moves away from the idea of linear causality (that A leads to B leads to C) and seeks to understand behaviour as a response to the interconnections between the different systems surrounding an individual. A systemic approach informs the MIST model of working, providing a framework within which to formulate a care package that accommodates the child and their lived experiences. Staff therefore, aim to encompass the child's whole ecosystem with multiple interventions taking place simultaneously.



I think it's about being the sort of gate keeper for everything really that goes on around that child. So you're sort of holding the full picture of it so it's not just the direct work with the child but it's managing the whole system around it to try and make sure that you can get everybody as consistently as possible you know working in the same way to try and benefit that young person. **LTP**



We can see that in using the resource of the entire network, staff work to gather this collective together and steer the system in the same direction.



...it's almost that you're actually providing guidance and support for those other agencies in order that they can support the young person as well. **LTP**

I think the main aim is to try and bring everybody together so that we're all singing from the same hymn sheet to get the best results for the young person ultimately you know, to make sure that they're having the best that they can have you know under the circumstances. **LTP**

This approach helps to facilitate a shared understanding within the system, as well as to help manage conflict and setbacks and share risk management.



...okay, how can we get, er, a relationship with all these people involved with this young person's life, because if we can get that right it's less important what the young person does... because the young person isn't going to change massively, you know they might improve a little bit, but they're not going to become someone else overnight, so we need to be resilient and, erm, work through those challenges with the young person...as a team, you know a multi-agency team effectively really you know... **LTP**



WHAT IS MIST MADE OF?

Additionally, there is also evidence of an understanding of theoretical concepts and paradigms from Therapeutic Foster Carers and an awareness of working with a particular understanding of the child and their situation.



I think MIST, the MIST model is the message for me it goes above and beyond, you know, it's, it's a, it's a preventative model, um rather than just a reactive model, um it, um, everybody like I said is on the same hymn, hymn book. **TFC**

A systems approach means that MIST staff practice in the contexts in which children's live their lives (home, school, community), and aims to influence the people and processes which take place there. This perspective is helpful in gaining a deeper understanding of what a wrap-around provision can look like in practice with children in the care system. However, there is more to the work of MIST staff that goes beyond working with the system. Staff use systemic psychological concepts such as working with narratives and seeing reality as plural.



So I'm always thinking how can I use what's happening in the moment in a kind of generative way really you know...that's one of my approaches you know... and what's interesting is it's very much about being in the present, it's not looking back at maybe past negative experiences...or anything like that, it's about using the present to be able to, as a stepping stone forward, whatever opportunities bring. **LTP**

It's different each time, but it's very much about being in a relationship with whatever adults involved and then, erm, basing your kind of, erm, your work with them on what you're, on the feedback you're getting really from them. **LTP**



Therapeutic approaches

Although staff are theoretically informed to work systemically and with other professionals, there are aspects to their work that are shaped by a number of therapeutic approaches. MIST as a provision aim to embed therapeutic approaches within every level of the system to enable meaningful engagement with multiple interventions.

Humanistic influences

The core conditions of empathy, congruence and unconditional positive regard found within a humanistic approach, are also found within the description of staff and carers about how they approach their role and what they do. There's an emphasis on the responsibility of the adult system to provide conditions that enable the young person's growth.



...if you put the core conditions in place then someone with self-actualising potential will, you know, won't be able to help itself from springing into life, so that emphasis on looking at the quality of the conditions around the child, erm rather than, erm, you know a change coming from them... **SSM**

For example, sometimes, staff will need to meet the practical needs of a family before any type of discussions or work can get underway, as well as initiate appropriate and timely interventions. The section that follows provide some examples of how the MIST model incorporates therapeutic approaches into their daily work.

Throughout the interviews and observations it was evident that MIST promote a child-focused approach in practice and demonstrate humanistic core conditions in their work with service users, foster and birth families. Placing the child at the centre of the provision allows MIST to facilitate a wrap-around provision. The relationships developed and nurtured within this framework accommodate an attachment perspective that acknowledges the value of building trusting relationships, an ingredient found within MIST core activities described by participants.



Erm, I think one of the biggest parts of my role is to really build a relationship with the young people and being somebody that they feel they can trust, they can talk to, somebody that will listen to them, somebody that's on their side. **YPP**

... one of the main values of MIST is to be young person centred erm and I think we, we have sort of structures but I think we try and be very bespoke and erm approach the work with the young person in whatever way they need. **YPP**

Yeah, yeah, not trying to lose sight on what the young person needs to help as well, you know it's very much led by them a lot of the work I do in my role is you know, is for their needs. **YPP**



Cinema evening!

Dyadic Developmental Psychotherapy influences

Another therapeutic perspective is that offered by dyadic developmental psychotherapy whereby MIST use opportunities to shape learning during live experience rather than working cognitively & linguistically (15). In this context, children are learning from this live coaching. This is another key aspect of the MIST approach which promotes opportunities to provide live guidance as part of their work.



So, I'm always thinking how can I use what's happening in the moment in a kind of generative way really you know. **LTP**

There's also the sort of, the life coaching be that during the day and the worker on-call in the weekends, where we're looking to weave the idea right in then. **SSM**

Elements of a dyadic psychotherapeutic approach was in evidence in the way in which the staff and young people talked about the activities undertaken at MIST. There was also a sense of playfulness in which young people are encouraged to be curious and ask questions to help generate a shared understanding. Again, acceptance of the child and their experience is another key feature of dyadic developmental psychotherapeutic approach.



Erm, so first three of my young people, which is quite a lot to be doing this, we are doing some life story work so it's kind of in the very early stages at the moment where I've had to find out a little bit about you know, their birth, how they were born, their kind of initial journey in life. And erm, I am sort of doing a bit of background into that and then bringing it to them and then do something interactive such as weighing out flour of how heavy they were or measuring, you know and kind of, it's the very sort of easy bits I suppose about like their star sign, the day they were born and singing the little poem and the song and finding out what songs were popular when they were born, that kind of stuff at the moment. And then kind of coming into the sort of more difficult stages of what a baby needs and what they needed, what they might not have had and then kind of progressing into where they are now really. Quite a long-term piece of work that I'll kind of dip in and out of, I won't do it every week. **YPP**



Shark Island is an activity where a young person selects a character to represent someone specific in their life, e.g. a birth parent/sibling/foster carer. Then they decide where on the map to place them.

Working with risk

Another aspect of the MIST model that was apparent from the descriptions of their work, is the way in which the service understands, responds to and manages risk. Taking well-judged and supported risks is understood as a healthy and necessary process of normal child development. MIST work aims to replicate this ordinary developmental process as far as possible. It is understandable that given the circumstances and experiences of the young people presenting to MIST, many will engage in what can be described as risky behaviour. In working with complex and challenging needs, MIST staff recognise that managing risk psychologically as a developmental opportunity is part of the work of MIST that makes them different to other services.



...but there seems to be something quite unique about this role in that you have to be present and be willing to take risks, try new things out... **LTP**

I had my first two sort of challenging sessions with him. He'd been sort of okay up to this point and I hadn't done anything too sort of erm pressuring him to bring too much or open up too much to this point but when I did he erm, yeah got very aggressive and erm sort of refused to get in the car, erm threatened to hit me, threatened to erm tell his mum that I'd hurt him, just, you could tell he was really scared. **YPP**

Whereas statutory service providers such as social services and education may be restricted by their processes, working therapeutically (and precisely because others are holding risk in their roles too) places MIST in the position of being able to manage risk differently as part of their intensive support package. MIST view risk as a normal part of a child's development and work to put this normative process back on track, whereas this is likely to have been restricted by the care experience. Managed risks are seen as a creative process where new possibilities for action are generated and skills are learned.

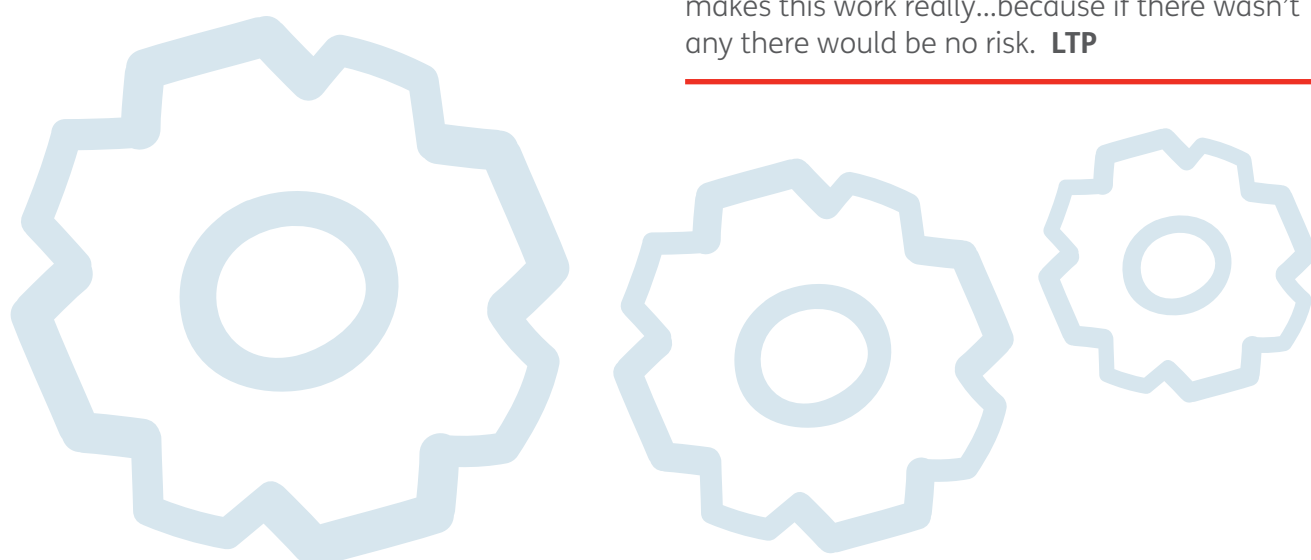


Er, risk was one of the early challenges because this project deals very much with high levels of risk... **LTP**

...there are often a lot of hot issues...this morning, erm, I had someone call back up last night about one of our foster carers who was physically hit, so it's just picking up the themes around risk and managing that, and putting in place, supporting the staff around what things they might need. **SSM**

...but there seems to be something quite unique about this role in that you have to be present and be willing to take risks, try new things out...but continually be open to learning opportunities... **LTP**

Sometimes the risk is too great, but, erm, I think, er, having, I think risk tolerance, having risk tolerance within the system...is part of what makes this work really...because if there wasn't any there would be no risk. **LTP**



A service user perspective

There was an opportunity to engage in conversations with a sample of both current and ex-service users. From these interactions we have been able to identify characteristics of the provision that resonate most with this group.

All children and young people interviewed reported on the positive relationships with key workers as well as the wider MIST team. They identified MIST as welcoming and 'like family' in some of their descriptions giving some indication of the strength of those relationships. All those interviewed indicated that coming to MIST provided a space for them to work through their difficulties in a safe and supportive environment.



I'd feel like maybe I didn't have someone to talk to as much as I wanted...and sometimes I had a problem but it would have been about my carers but I couldn't tell, tell anyone else...and then I just have to bottle it up until my lid flips... that's what [name] taught me...flip the lid. You know when the lid boils and then the lid flips sometimes... **YPF**

I need help with getting along with my family, because sometimes I have strops and it's not cool. **YPF**

I would say this is a good place to go, it helps you out and makes you feel a lot more better than you were at the start. **YPM**

So if I've got stuff on my mind, we do meditation and stuff, and we talk about stuff, err, my past and stuff. How I can improve and stuff, so they've been helping me. **YPM**

As highlighted within the staffing section of this report, MIST staff are able to build their work on the positive relationships formed with service users, foster and kin carers, as well as the wider systems around a child. In engaging with particular psychological theories, staff are empowered to facilitate multiple interventions in a complex area. Those children interviewed as part of this review all acknowledged receiving help for problems and were also positive about the service as a whole.



Like MIST is like a team of people who support different people, they focus on friendship and who is right for you. **YPF**

Yeah I thought, what place is this like it's, hopefully and get back on track and everything, so I am good again. **YPM**

I would say this is a good place to go, it helps you out and makes you feel a lot more better than you were at the start. **YPM**

Err, I wasn't myself, I was feeling terrible and stuff. Get angry and stuff...and they've (MIST) helped me really. **YPM**

My [NAME] has helped me with my anxiety...my behaviour and my relationship with my family as well. **YPM**



Conclusions and Closing thoughts

The aim of this research was to generate an independent understanding of the key aspects of the MIST model as it is enacted within Torfaen. Using observations, interviews and documentation we have been able to generate a rich description of the work of MIST, the factors associated with its delivery and how it functions for those involved.

Figure 5 shows the highlights from the data relating to key MIST activities, approach and resources used to provide an intensive wrap-around therapeutic provision to children and young people looked after.

Figure 5

Summary of key elements of MIST

- A whole-team approach with a broad base of expertise and knowledge
- Embedded support structures for staff, carers and children
- Open and consistent methods of communication
- Collaborative, pro-active and inclusive approach to working with service users
- A resource that is available 24/7
- Shared understanding, modelling and shared risk management
- Expertise in therapeutic interventions and strategies underpinned by theory
- Working with the whole ecosystem around the child

There is a huge challenge in aiming to distil the MIST model and approach to working with looked after children into a few key points and words. The complex nature of the work requires the integration of relevant theories with a willingness to work with various psychological models and therapeutic approaches. Each child and young person coming into service receives an individual and intensive package of support and the work of this team can be described as dynamic, responsive and fluid. The staffing structure and organisational processes for staff, therapeutic and kin carers and the wider system are all part of the model that helps make MIST the intensive wrap-around service it is.

The existing evidence base is very limited so more research is needed in relation to services for children in the care system and in particular identifying effective interventions. This type of detailed descriptive work is the first step in developing high quality evaluations of complex interventions that can be used to guide service development and commissioning to ensure young people receive the services they need and deserve.

References

1. **Bellis, M. et al** (2016). *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population*. Public Health Wales. <http://www.wales.nhs.uk/sitesplus/888/page/88517>

2. **Jones et al** (2011). Factors associated with outcomes for looked-after children and young people: a correlates review of the literature. *Child: care, health and development*. 37,5,613–622.

3. **Forrester D. et al** (2009) What is the impact of public care on children's welfare? A review of research findings from England and Wales and their policy implications. *J of Social Policy*. 38 (3) 439–56.

4. **Coman W. and Devaney J.** (2011) Reflecting on outcomes for looked after children: an ecological perspective. *Child Care in Practice*. 17(1): 37–53.

5. **Baginsky M, Gorin S, Sands C, King's College London and Quest Research and Evaluation Ltd.** (2017). The fostering system in England: Evidence review Research report: Executive summary July. Department for Education. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629384/Evidence_review_-_Executive_summary.pdf

6. **Dregan A, Brown J, Armstrong D.** (2011) Do adult emotional and behavioural outcomes vary as a function of diverse childhood experiences in the public care system? *Psychological Medicine* 2011;41:2213–20.

7. **Bazalgette et al** (2015) Achieving emotional wellbeing for looked after children. <https://www.nspcc.org.uk/globalassets/documents/research-reports/achieving-emotional-wellbeing-for-looked-after-children.pdf>.

8. **Sebba J. et al** (2015) The Educational Progress of Looked After Children in England: Linking Care and Educational Data. <http://reescentre.education.ox.ac.uk/>

9. **Tarren-Sweeney M.** It's time to re-think mental health services for children in care, and those adopted from care. *Clinical Child Psychology and Psychiatry* 2010;15:613–26.<http://dx.doi.org/10.1177/1359104510377702>

10. **Statistics Wales** <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-placementtype>.

11. **Berridge, D. Biehal, N. & Henry L.** (2012) Living in Children's Residential Homes. Dept for Education https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184079/DFE-RR201.pdf

12. **Bowlby J.** A Secure Base: Parent-child attachment and healthy human development, New York: Basic Books, 1988

13. **Furnival J** (2011) Attachment-informed practice with looked after children and young people. <https://www.iriss.org.uk/resources/insights/attachment-informed-practice-looked-after-children-young-people>

14. **NICE guidance** Looked after Children and Young People (PH28) Published October 2010, updated May 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629384/Evidence_review_-_Executive_summary.pdf

Acknowledgements

We are very appreciative to Action for Children - Gweithredu dros Blant for funding this research and especially the support and liaison of Cariad Warrilow, Jael Hill and Jennie Welham. The contents of this report do not necessarily reflect the views of Action for Children - Gweithredu dros Blant, or the MIST project, and the research team takes responsibility for any inaccuracies and limitations.

We would like to thank staff, foster and kin carers, stakeholders, current and former service users from the MIST project. Everyone was accommodating, generously sharing with us their views, thoughts and experiences.

This research could not have been undertaken without the assistance of colleagues from the Centre for Trials Research at Cardiff University who contributed to the study as part of the management team.



Centre for
Trials Research
Canolfan
Ymchwil Treialon



**Centre for Trials Research
College of Biomedical & Life Sciences
7th Floor Neuadd Meirionnydd
Heath Park
Cardiff
CF14 4YS**

For further information please contact:
smallmank@cardiff.ac.uk or channons2@cardiff.ac.uk

Email: ctr@cardiff.ac.uk

Phone: 029 2068 7620

Web: www.cardiff.ac.uk/centrefortrialsresearch

Blog: blogs.cardiff.ac.uk/centre-for-trials-research

Follow us on Twitter: [@CTRCardiffUni](https://twitter.com/CTRCardiffUni)