



Anna Freud
National Centre for
Children and Families

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The Herts and Minds Research Project

Plain English Summary

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University of
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Hertfordshire Partnership **NHS**
University NHS Foundation Trust

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Child Attachment and Psychological
Therapies Research

A partnership of



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Background

Why is the study important?

In March 2017, there were 72,470 Children Looked After Children (LAC) in England in March 2017, the majority of whom were taken into care as a consequence of abuse, neglect and maltreatment. Children who are looked after by the state are a vulnerable group with high levels of need and are at high risk of experiencing mental health problems. The 2013 National Institute of Health and Clinical Excellence (NICE) guidelines on the emotional well-being of looked after children concluded that:



"the UK evidence base does not serve the needs of look after children and young people as well as it might"

Introduction to the Herts and Minds study

Mentalization Based Therapy (MBT) is a relatively new approach to therapy, which has been found to be effective for both adults and adolescents. But so far there has been little research on whether it is helpful for children in care and their foster carers.

MBT starts from the assumption that foster carers are essential to supporting the well-being of looked after children, but that the role they play is often very challenging. So MBT works with the child and foster carer together, and focuses on improving the core components of *secure attachment*, i.e. the emotional bond between the child and care giver. An MBT approach believes that supporting this relationship, especially by helping the carer to be curious about the child's experience of the world, is a key step towards improving the emotional well-being of LAC.

Before seeking funding for a large-scale study to evaluate whether MBT is effective, we wanted to know if it was going to be possible to run a complex study of this sort within targeted mental health services for looked after children.

Research questions



What did we do?

To understand the answers to these questions, we ran a study where looked after children/young people who were receiving support from CAMHS were invited to take part, along with their foster carers.

We talked to children/young people and their foster carers at 3 time points:

- Once before any support with CAMHS began;
- 12 weeks later;
- And again, 24 weeks later.

We collected information from families on the child's wellbeing and quality of life. We also collected data on the relationship between foster carer and child, and some aspects related to the foster carer including parenting and stress.

Families were 'randomised' into one of two groups. This means that a computer decided which group each family would be in, through a random process. The two groups were:

**Mentalization
Based
Therapy**

**Usual Clinical
Care (UCC)**

We then compared each of the two groups on all of the research measures.

What we found:

Were we able to recruit foster carers and looked after children to the study?

Yes

- We found that foster carers and looked after children/young people were extremely generous and willing to help with the research.
- 36 foster families took part in the study. We had hoped to reach our target of 42, but there were less children in care seen by the Targeted Team than we had expected - more children were on the edge of care, or outside the 4-16 age range we had set.
- Those who were seen were nearly all keen to take part in the study. This high level of enrolment/uptake gives us a good indication that it would be worthwhile to run further studies like this in future.

Were we able to train therapists working in CAMHS in a new method of support, called Mentalization-based therapy (MBT)?

Yes

- Four CAMHS therapists were trained to deliver MBT, and members of the research team listened to audio-recordings of some of their sessions to see whether they'd been able to learn the approach.
- We found that therapists who were trained in MBT (compared to those who weren't) scored higher on their MBT skill level, showing that it is possible to train therapists to use this new method.
- Interestingly the study showed that the usual care therapists also used some MBT approaches - this is likely because some of the skills are also generic therapeutic skills, e.g. empathy.



Was the new therapy (MBT) acceptable to foster carers and looked after children/young people?



Yes

- Interviews with foster carers and where possible young people give the picture that the new type of therapy was both helpful and relevant to the needs of looked after children. In the interviews, foster carers reported a variety of improvements after therapy, such as helping normalise problematic thoughts and behaviours, reduction of negative outbursts and aggression, more stable mood. and the young person being more comfortable in the foster care placement. Children and Young people also

'to let my feelings out... it's helpful that I can tell them my worries and then I won't have...any more worries'

Young person

reported many benefits in terms of being able to share their feelings with the therapist. However, the study was set up in such a way that we were not able to speak to foster carers and young people at the end of therapy, because we had scheduled the final interviews for 6 months after the first session. This has provided very useful information about the scheduling of interviews for future studies, to ensure we find a way to schedule interviews after all support from CAMHS has been received.

Was the research design acceptable to families?



Yes

This was shown by:

- Very high level of questionnaire completeness.
- No foster carers or children dropped out of the research.
- In the interviews, most foster carers and children spoke about their involvement in the research as a rewarding experience, and the questionnaires used as interesting.

Recommendations

- Some foster carers would have liked more information about MBT before starting - especially to make clear that they were expected to be part of sessions.
- Follow-up research visits should take place at the end of all treatments, which may take longer than 24 weeks.
- Some foster carers said they would have preferred the volume of questionnaires to be reduced.

Is there initial evidence to suggest that the new method of support (MBT) is helpful and worthwhile?

? Mixed

It was difficult to answer this question, as therapies mostly took much longer to get started than expected, so after 12 and 24 weeks only a small proportion of children had completed therapy. But based on the information we have, we know:

- Based on the Strengths and Difficulties Questionnaire (SDQ), children in the MBT group reported a greater average increase in their wellbeing after 12 and 24 weeks than the children in the UCC group.
- However foster carer ratings of child wellbeing on the SDQ did not show the same picture. From the foster carers' perspective, the children in the usual care group showed improvements, but the MBT arm did not.
- Other measures used showed a mixed picture, making it unclear whether MBT was more effective than UCC.
- The study is too small to tell us definitely whether MBT is better or worse than the range of usual therapies offered. A larger study is needed to determine the true effectiveness of the MBT as a therapy for this population.

'I mean, I knew he was troubled, but I didn't really realise the extent to how much, how troubled he was. So I think it's given me a much bigger insight into what's going on in [child's] head, and his feelings about the past, and how it's affecting his day-to-day life now'

Foster carer

Conclusions

Overall the study showed that it is feasible to run a study of this nature with a population of looked after children and their foster carers.

The interview and questionnaire findings provide initial evidence that it would be worthwhile to conduct a larger scale study to find out whether mentalization-based treatment is more effective than usual clinical care for children in foster care with emotional and behavior difficulties.

If the new therapy is effective, we would hope to see it made available as part of usual care. The recommendations made by foster carers, young people and social care professionals will be taken account of in any future studies.

Thank you!

For more information, please contact:

Sarah Jane Besser: s.j.besser@herts.ac.uk

Nick Midgley: Nick.Midgley@annafreud.org

Tel: 020 7123 4567

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