# Families Together Monmouthshire: Service impact and cost implications

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# **CASCADE Infrastructure Partnership**









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Our expertise brings together an exceptional partnership. CASCADE is the leading centre for evaluative research in children's social care in the UK and sits within the School of Social Sciences (SOCSI), a leading centre of excellence in social sciences and education research with particular expertise in quantitative methods. The Centre for Trials Research (CTR) is an acknowledged national leader for trials and related methods, the School of Psychology was ranked 2nd for research quality in the most recent Research Excellence Framework and SAIL provides world-class data linkage. Together we believe we can create a step-change in the quality and use of children's social care research that is unparalleled in the UK. Specifically, we can deliver high quality trials and evaluations; link data to understand long-term outcomes and involve service users (our public) in all elements of our research. Our intention is that these three strands will interact to generate an unrivalled quality of research.

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# **Summary**

### Introduction

Families Together was developed in partnership with Monmouthshire County Council and Barnardo's, in the context of rising numbers of children in care. This report is the second part of an evaluation aimed at outlining cost implications of the first year of the service in Monmouthshire.

### Methodology

It was beyond the scope of this evaluation to carry out a full economic evaluation. A mixed methods approach as taken using data provided by Families Together and Monmouthshire County Council

### **Findings**

- The Families Together team worked with the families around **55**% of children placed with parents, around **76**% of children with a care order in kinship care and around **20**% of families with Special Guardianship orders known to Monmouthshire (not including providing annual reviews).
- Overall trends indicate that service level outcomes such as number of care orders are moving in the desired direction.
- Referrals to other services through the partnership with Barnardo's has given access to additional essential resources for families.
- Although it is impossible to conclude from this evaluation whether or not Families Together is effective (due to no matched comparison group), evidence from the data collected and provided indicates that the service has been successful in improving outcomes identified as important in the development stage, such as increasing the number of children moving from care orders to Special Guardianship Orders and the discharge or non-renewal of Placement with Parent care orders.
- Case studies show that change has been achieved in short time frames for families who have been involved with children's services for a long time.
- A strength of the service is bringing in wider family to support the safety of children and create sustainable plans.
- Cost avoidance calculations using data on costs drawn from outside Monmouthshire give some indications of the cost implications of the service achieving positive outcomes.

### Recommendations

Feedback has been given and enacted throughout the evaluation period. Only two recommendations are made: to carry out simultaneous SGO and Connected Person assessments in-house; and to provide training for carers to co-facilitate training and support groups.

# Introduction

# 1.1 Wider context of use of care orders with kinship and birth families

Over the last three decades, the rates of children looked after have been rising in Wales. The Care Crisis Review highlighted "the national average rates of looked after children have been consistently higher in Wales than England" (Thomas, 2018). This has included a rise in kinship care and care orders for children who are living at home with their parents. These children and families have limited support beyond statutory requirements. For a care order to be granted, there needs to be evidence of the child having experienced or be at risk of experiencing significant harms. It stands to reason then that these families would need help to provide for these children's needs, whether in kinship care or with their parents. However, there is a lack of consistent process for offering support or moving to some form of permanency option for children in kinship care or placed with their parents, or when a child moves from kinship care to an SGO.

To address this, the Care Crisis Review made a number of recommendations, including an emphasis on 'partnership and coproduction with families'; a multi-agency focus on children and families on the edge of and in the care system, working together to prevent children coming into or staying in care unnecessarily; greater use of family group conferences, family and friends care and advice and advocacy for families; strengthening pre-proceedings practice and decision-making about the use of care proceedings and providing further guidance on this and post-proceedings support for families caring for children and for parents whose children have been removed (Thomas, 2018).

The Welsh government Code of Practice for Special Guardianship indicates that Local Authorities "must prepare a plan of the special guardianship support services to be provided" (Welsh Government 2019). This does not however indicate how Local Authorities should offer this support, although a guide by AFA Cymru gives a template for what support should be offered and how (AFA Cymru 2018a). Further guidance from AFA Cymru gives good practice examples of support and assessment of kinship foster carers (AFA Cymru 2018b). In addition, there is a need for specific training for that meets the needs of special guardians and kinship carers.

An increase in use of placement with parent care orders has not accompanied by strategy to reduce risk within these families, or a clear pathway for these families to have these care orders lifted. There has been little scrutiny of the use of this practice, and little research into what the needs are of parents with children on care orders, or if they result in increased safety for children.

## 1.2 Context of the evaluation

Monmouthshire as a county has a relatively low rate of children in care compared to the average across Wales - 79 per 10,000 children compared with 102 from 2018 data (Hodges and Bristow 2019). However, the rate of the increase of children in care has been significant (33% between 2014 and 2018). In March 2020, the number of kinship placements and Placement with Parents (PWP) in Monmouthshire County Council accounted for around 45% of all looked after children (41

and 56 respectively). It is in this context that the Families Together service was commissioned to work in partnership with the local authority.

The evaluation took place in the first year of Families Together service. This meant that the service was still in the early stages of implementation. It is likely then that the experiences of parents and carers in the initial interviews may have been different depending on the stage at which the service was at in its development.

The first year of the service, and therefore also the evaluation took place amidst a global pandemic. To limit the spread of the COVID-19 virus, governments around the world, including in Wales, brought in restrictions that impacted on people's day to day lives. This included the delivery of face-to-face services, meaning many services had to be delivered online. In addition, schools were closed for the majority of the year, and many people either lost their employment, had their hours reduced, were placed on furlough or had to work from home. This context has meant there have been more stresses on families, and also fewer services available to support them (Grandparents Plus 2020; Children's Commissioner for Wales 2020). A survey of kinship carers conducted during the COVID-19 pandemic highlighted a range of stresses felt by kinship carers, and their service needs (Ashley et al. 2020).

In this context, Families Together have still managed to deliver a service to families with many and complex needs.

# 1.3 Families Together offer

The Families Together service was developed in partnership by Monmouthshire County Council and Barnardo's Cymru to work with families where children are placed with family members on care orders. The original proposal from Barnardo's for the work delivered by Families Together involved brief periods of support for families, identified through the development of a support plan. As the local authority already had a process for carrying out Connected Persons Assessments, the decision was made that the Families Together team would become involved with families after assessments, when the support plan was being formulated.

In addition to the original proposal, the team has extended their offer to include more longer-term support for kinship carers and special guardians in the form of training and support groups, and an 'open door' policy for carer to be able to get in touch directly to ask for support. The team manager is also involved in reviewing all care orders on a six-monthly basis where the child is placed with their parents.

In relation to the context of COVID-19, it was envisaged that the Families Together service would be delivered face-to-face but the majority of services were delivered online or telephone across the first year of operation.

# 1.4 Summary of qualitative effectiveness review

For kinship carers, their experience of the service was overwhelmingly positive. They found the support delivered helpful in addressing on-going issues that they were experiencing, in some cases helping them feel more able to continue caring for a child where there had been the prospect of family breakdown. Carers were also happy with the assessment process and guidance they received when applying for a Special Guardianship Order. They were confident that the Families Together team would be available to support them if necessary in the future, and they felt they would draw on this support without hesitation.

For families of children placed at home on a care order, there were some signs of changes that had been made that could reduce risks to children and reduce the need for statutory social work involvement. On the whole, families had developed positive relationships with their Families Together worker, and viewed them as somewhat different to their previous experiences of social work involvement. Many felt it was important that their Families Together worker was from Barnardo's rather than the local authority. However, some families did not feel that they had any choice about which areas they focused on in the work. Some families were also unclear about what would need to happen to have the care order lifted, or were worried that if the care order was lifted they would not get any support if they needed it in the future.

# 1.5 Cost implications of social care interventions

The implementation of interventions within children's social care involves a balance of providing an effective service for families while considering the allocation of finite resources across the whole service. It is therefore important to consider the cost implications of any new service or intervention introduced. A recent systematic review (El-Banna et al. 2019) found only ten interventions in the UK that had been subject to an economic evaluation. The review also noted that there have not been full economic evaluations of interventions that social workers themselves routinely use, for example, child protection plans. Nor are there studies of the cost-effectiveness of routinely used mainstream interventions such as foster care placements compared to kinship care placements. This makes calculating cost implications from an intervention through a small-scale evaluation problematic as there is not reported comparative data. Moreover, the year 2020 - 2021 as not 'service as usual' in local authorities due to the COVID-19 pandemic. Therefore, any findings in this report related to cost implications as indicative and provided for guidance purposes.

Another complexity in measuring the cost implications of interventions in children's social care is that the impact from interventions could have a cost implication beyond the local authority. This need for a broader societal perspective is noted in economic evaluations in this sector (El-Banna et al. 2019). However, the pathways between interventions delivered to families and outcomes with their cost implications are not simple, and it is impossible to directly link the intervention to a cost saving in another sector without a robust extensive evaluative methodology. That said, it is important and relevant to give indications of where interventions could have outcomes that impact on other public sector areas. El-Banna et al. (2019) identified a range of outcomes measured in economic evaluations such as: child maltreatment, risk of child abuse, child mental health, child behaviour and rates of out-of-home placement.

Additionally, the outcomes and related cost implications from an intervention may take place immediately, but also could continue for a number of years. In an economic evaluation, to account for changes happening at points in the future after the intervention, a time horizon period is decided and data is collected to evidence change over time. While this is not possible in a small scale, time limited evaluation, it is important to consider what cost implications an intervention might have beyond the immediate term.

# Section 1: Methodology

The evaluation is reported in two parts. This is the second part of the evaluation which focuses on the cost implications for Monmouthshire County Council of the Families Together services.

# **Approach**

It is not possible in a small-scale evaluation over the course of a year to conduct a full cost-benefit analysis of the service. Moreover, the first year that Families Together was in operation coincided with COVID-19 restrictions. This meant that the cost of operating the service during 2020 – 2021 was unlikely to be fully reflective of the cost of operating the service in a more usual year. In addition, it is likely that the number of families that workers could work with was higher due to a reduction in travel time.

This evaluation therefore takes a mixed-methods approach to give indications of cost implications of the intervention. Qualitative case studies were developed from interviews with families and staff to indicate the cost implications of the work carried out and outcomes achieved. Quantitative data from the Families Together service is used to demonstrate the extent of the work carried out by the service. In addition, quantitative aggregated data from Monmouthshire County Council is used to indicate service level changes that have been seen in 2020-2021 compared with the five years previous on key outcomes that Families Together aimed to impact. There is no matched comparison group, and it was not felt that there would be an appropriate comparator local authority in Wales.

### **Data collection**

Qualitative data for case studies was collected in two stages. The first stage was to identify which outcomes the service was hoping to impact on, and the outcomes that families identified as important to them. The second stage was to explore with staff to what extent outcomes had been achieved and what impact those outcomes had on the wider service in Monmouthshire.

Families consented prior to interviews with staff to the researcher speaking with Families Together staff who they had worked with. Although families also took part in interviews about the outcomes of the service, this data is not included in these case studies as there were relatively few follow up interviews completed, and the format in which the data is presented would make it impossible to keep families anonymous, particularly where they disagreed with the assessment of the service. However, their views are included in the outcomes that were important to them. The analysis is not a claim on how cost effective the service may be, but on how the service could have cost implications for Monmouthshire County Council.

Therefore case studies have been slightly changed from family experiences and work carried out to maintain anonymity, although due to the small sample, it is likely that staff involved in Families Together will recognise elements of the case studies.

### Interviews with staff

Initial interviews (n=7) with staff from Families Together Monmouthshire were carried out on Microsoft Teams and were audio recorded. Initial interviews were used to develop a model of the outcomes that the service is trying to achieve, and the ways in which they are trying to reach these outcomes.

Further interviews (n=9) were carried out with staff to explore the work carried out with families who consented to be part of the evaluation. These interviews focused on what outcomes had been achieved, how the work was carried out, any outstanding work or referrals and also any barriers and facilitators there were to carrying out the work.

### Interviews with families

Semi structured interviews (n=24) were carried out by telephone with parents and carers. In some cases both carers were present for the interview, but in these situations one carer took the lead in the interview and checked their responses with the other carer, therefore all interviews are classified as 'one to one' interviews in the data that was generated. Interviews included both qualitative questions, a measure of self-identified outcomes and two standardised measures. Due to very high attrition at follow-up and a small sample size, only the qualitative measures are reported in detail in this report.

Interviewees were asked for consent to speak with their Families Together worker. They were also asked if there were any other professionals that they thought it would be helpful for the researcher to interview that would be relevant to their work with Families Together. Where interviewees could not be contacted for the follow up interview, their support worker or assessing social worker was interviewed (where there was prior consent) to report on key outcomes such as status of care order.

# **Ethical approval**

An application for ethical approval was sought and granted by School of Social Sciences Research Ethics Committee of Cardiff University (ref: SREC/3699). All participants were provided with information sheets and consent forms ahead of taking part in the interview, and all participation was voluntary.

# Data analysis

### **Service impact 2020 - 2021**

Data on throughput provided by Families Together service. Data on Local Authority numbers provided by Monmouthshire County Council.

### Case studies

Illustrative case studies were developed from a combination of family and staff interviews. Some demographic information was changed to preserve the anonymity of participants. Not all families

from the evaluation are included in the case studies as case studies focused on families where positive outcomes that could have potential cost savings for the local authority were identified.

Data from interviews was analysed in nVivo 13 and The Greater Manchester Combined Authority (GMCA) Research Team Unit Cost Database v20 was used to estimate potential cost savings. The unit cost database brings together more than 800 cost estimates from national sources, including government reports and academic research, all of which have been quality assured by the GMCA Research Team with oversight from relevant central government departments. No comparable database exists in Wales, and devolution means that the impact of services will be felt differently across agencies than in England. It is beyond the scope of this evaluation to develop such a database, but it is hoped that it can provide a starting point for the local authority to consider the wide-ranging impacts that a service such as Families Together Monmouthshire can have on social care, health, education and other public services.

The actual cost savings are not projected in this report, rather the case studies indicate areas in which cost savings could be made. To calculate the actual cost effectiveness of the service, the local authority and Barnardo's would need to consider the full inputs of the service, and compare with outcomes from a matched comparison group of families. Within this evaluation, the 'comparison' is made with 'service as usual' for families. Where possible, average (across 5 years) data on outcomes from Monmouthshire County Council is used to develop a 'counterfactual' of what outcomes may have been without the Families Together intervention. Where this is not possible, either because data on outcomes of interest are not routinely collected by the Local Authority, or because it was beyond the scope of the intervention, counterfactual claims are made in line with current literature which is referenced.

# **Section 2: Service impact**

This section focused on the data provided by Monmouthshire Families Together and Monmouthshire County Council. Families Together data shows the extent to which the service has interacted with families and the resources that have been provided. Local authority data gives overall trends from aggregated data across Monmouthshire County Council to indicate changes in key outcomes that could have cost implications. This section gives a snapshot of the work that Monmouthshire Families Together carried out in the first year (start of April 2020 – end of March 2021) of operation.

# Throughput and service level impact

### Input

The Families Together team comprises of one team manager, three support workers, one full time social worker and a part time social worker. In addition, the Families Together Therapy Team consists of one clinical psychologist (0.2) and two family therapists (0.6).

### **Families involved with Families Together**

The service put in place 41 support plans for direct intervention with families, spread evenly across placement with parent families and kinship families. These numbers do not indicate how many visits took place with each family, or the number of workers involved in delivering interventions. However, the initial plan of the service was to deliver interventions that lasted up to 12 weeks, but with flexibility to extend the programme of work where appropriate for longer. Interviews with staff indicated that most interventions with families were able to be completed within the original time frame, and that in most cases, they felt like they had reached a natural end as the final session approached.

At the beginning of the intervention, 31st March 2020, there were 56 children in placement with parents, and 41 children in kinship care. This indicates that the Families Together team worked with the families around 55% of children placed with parents, and the families of around 76% of children with a care order in kinship care. This shows that the service is well integrated into Monmouthshire County Council, and that a large number of referrals are being made. One of the challenges often faced by new services within a local authority is raising awareness and creating buy in to the offer of the service.

The number of children living under Special Guardianship Orders in Local Authorities has not historically been not routinely recorded because children are no longer 'looked after', only the number of children leaving care on an SGO is recorded. However, an additional impact that Families Together have had is improving the recording of children living under SGOs. This itself could have an impact on Monmouthshire County Council as they will better be able to monitor longer term outcomes for children living under these arrangements. The Families Together annual report indicates that ss of the 31st March 2021 there were 77 children and young people under an SGO known to Monmouthshire indicating that the service directly worked with the families of around 20% of children under an SGO in Monmouthshire.

The offer of on-going support for SG carers from Families Together could decrease the likelihood of a family breakdown resulting in a child becoming looked after again. In addition, the guarantee of this support could also reduce the need for Supervision Orders to be used alongside SGOs as the support would be available for all SGs. Although there is no figure available for disruption of Special Guardianship Orders in Monmouthshire, or Wales, research in England has indicated that for every 100 children placed on an SGO, five of those placements are at risk of returning to local authority care or of having further care proceedings within five years (Harwin et al. 2019).

Table 1: Family support plans delivered in year 1st April 2020 - 31st March 2021

	Total	PwP	Kinship care	SGO
Family support plans delivered	41	20	11	10
Children subject to interventions from the Families Together team	63	31	17	15
Adults subject to interventions from the Families Together team	80	38	22	20

### Discharge of care orders

One of the main outcomes with cost implications that were envisioned from the design of the Families Together service is that it would be possible to reduce the number of children on care orders through creating a plan for the safe permanent care of the child within their family. For children on care orders with their parents this would involve addressing the concerns on the care order, whereas for children in kinship care, this would involve transitioning those on a care order to a Special Guardianship Order where appropriate.

Table 2: Care orders removed in year April 1st 2020 - March 31st 2021

	Total	PwP	Kinship care
Care orders discharged	22	11	11*

<sup>\*</sup>replaced with Special Guardianship Orders

Table 3: Children in care with friends and family including parents across Monmouthshire County Council between 2015 and 2021

Year (on 31st March)	Children under PwP care orders	Children placed with Monmouthshire Family and Friends carers
2015-6	16	28
2016-7	20	23
2017-8	24	30
2018-19	40	36
2019-20	56	41
2020-21	49	48

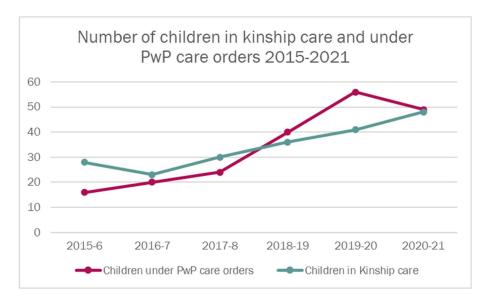


Figure 1: Number of children under care orders with friends and family including parents in Monmouthshire between 2015 and 2021

Families Together data indicates that 11 Placement with Parent care orders have been discharged. The local authority data suggests a decrease of change of 7 care orders overall. If these numbers are accurate, this indicates the rate of new care orders being granted for PwP may have decreased from previous years. This indicates that a service level outcome of changing the culture of applying for care orders for PwP may be occurring. With relation to the work that Families Together are carrying out, it is possible that the availability of targeted support for families, and the experiences of social workers seeing change happening for families that have been on care orders for a long time demonstrate different pathways to keeping children safely with their parents, instead of applying for care orders. This change could also be happening at the court level.

Monmouthshire County Council data also indicates that there has been an increase in the number of children leaving care through SGOs. Although it is not possible to conclude whether or not these families would have applied for a SGO without the intervention of Families Together, findings from the previous report indicated that at least in some cases, families found the support of Families Together helpful in making that decision.

Table 4: Children leaving care on an SGO in Monmouthshire County Council between 2015 and 2021

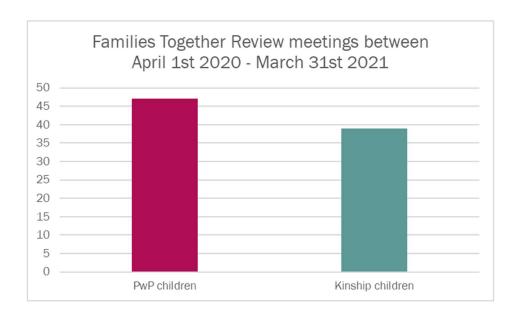
Year (to 31st March)	Number of children leaving care on an SGO
2015-6	6
2016-7	7
2017-8	1
2018-19	2
2019-20*	8
2020-21	11

<sup>\*3</sup> SGO assessments were completed in the pilot stage of FT by the SGO social worker

### **Review process**

One resource provided by the Families Together is a regular (6 monthly) review after the initial planning meeting. The reviews focus on the child's care plan, with a structure that emphasises pathways to progressing the care plan to completion, with the aim to apply for a discharge of the care orders or an application for a special Guardianship order. The team can communicate regularly with each other and the child's social worker, so that parenting or SGO assessments can happen at an appropriate time, hopefully increasing the likelihood of positive, timely assessments that include sufficient evidence for court decision making.

In addition to families referred to Families Together, the team also has taken the lead on carrying out annual reviews for existing Special Guardianship families. This process has facilitated the refer of families to agencies that could offer additional support. Special Guardians are also given information about the support available to via the Families Together Team. This proactive approach hopefully can help to support the sustainability of Special Guardianship families and offer effective early intervention if necessary.



While the data is not yet able to show whether or not the involvement of Families Together reduces the amount of time that children are on care orders, data from Monmouthshire County Council shows that, averaged over the last six years, children that cease being looked after from placement with parent care orders and under Family and Friends care order had been on under a care order for 635 and 566 days respectively. In the first year of delivery, Families Together has worked with families who have been within the 'looked after' system for some time. To see an impact on the length of time children are on care orders, data would need to be collected over the next few years to compare historic care order lengths with those granted since the introduction of Families Together.

Table 5: Of the children ceasing care from the placements PWP/Kinship, how long the placement lasted (in days)

Year (on 31st March)	Children under PwP care orders	Monmouthshire Family and Friends (kinship carers)
2015-16	835	1132
2016-17	423	574
2017-18	788	140
2018-19	481	64
2019-20	603	455
2020-21	679	1028

### **Training and peer support**

Another area that the service has focused on in the initial year is developing and delivering training and support groups for kinship carers and Special Guardians. Training modules were developed by the therapy team and trialled with Families Together staff, before being co-delivered by a member of the therapy team and a member of Families Together staff to families.

Module 1 = Understanding Your Child's Traumatic Experiences

Module 2 = Responding to Children who have experienced Trauma part 1

Module 3 = Responding to Children who have experienced Trauma part 2

Module 4 = Connection and Correction

Module 5 = Taking care of Yourself

In addition to this programme of training, the therapy team provided the opportunity for kinship/SGO carers to participate in an 8-week Circle of Security Parenting/Caring Group (COSP), which 6 carers attended the group and 4 carers completed the group.

The sessions alternated each month, with training one month and then a support group the following month. The support groups have been co-facilitated by a member of the Families Together team and a member of the therapy team.

To increase the accessibility and uptake of training, the service also created a YouTube Channel, where the training modules are recorded and uploaded to. The link from the session is then sent to carers who were unable to attend the training. As can be seen from the data from the service, uptake of training and support groups has been variable, and spread across kinship carers and Special Guardians. It is possible that different topics covered appealed more to some carers than others.

	Training		Support groups	
Session 1	4 SGO carers	5 kinship carers	0 SGO carers	4 Kinship carers
Session 2	1 SGO carer	6 Kinship carers	0 SGO carers,	3 Kinship carers
Session 3	0 SGO carer	5 Kinship carers	4 SGO carers	0 Kinship carers
Session 4	1 SGO carer	2 Kinship carers		

Although the uptake of training was limited through the first year of delivery, the introduction of a new training programme online during a pandemic is difficult. Introducing a YouTube channel of sessions provides a cost-effective way of making training widely available and could enable more carers to fit training into their schedule. There were also examples of support workers developing bespoke information sheets for carers when they encountered situations or delivered work that they thought would be beneficial for carers more widely.

When asked about training in interviews, some carers indicated that they would like the opportunity to meet in person, whereas others appreciated the flexibility of being able to attend training online.

While there were reports of difficulties using the software, Families Together support workers had been instrumental in supporting carers to use the software, increasing their skills and confidence at the same time. This serves two purposes: it enables carers to engage in training, which can increase their efficacy as carers, and also can increase their skills and confidence to support their children and young people in accessing and using computers. There is no research that compares the effectiveness of training for carers online vs face to face, although some studies (e.g. Breitenstein et al. 2014) show promising results for online delivery of parenting programmes. Overall, there is mixed evidence about the effectiveness of delivering training online rather than face to face (Sullivan 2017) but a systematic review indicated that a lack of IT skills was one of the main barriers to effectiveness (Regmi and Jones 2020). Addressing this within the Families Together team seems a promising way of supporting learning.

The Families Together end of year report also indicates that group training has been carried out with Placement with Parent families. Other services that have focused on peer support and training for families who have been involved with children's services (such as New Beginnings – Walsh et al. 2019) show positive indications that such programmes could reduce the need for further social work involvement.

### Therapeutic interventions

Early in the implementation of the Families Together service it was noted that the families that the team worked with required a high amount of therapeutic support. The availability of therapists therefore was needed to work directly with families, and to support Families Together staff in delivering effective, therapeutically informed interventions with families.

Over the course of the first year of the service, the therapy team delivered 17 consultations with carers about 16 children and 45 sessions of direct therapy in relation to 10 children.

The therapy team also provided 58 consultations with Families Together staff about 46 children which supported the work that staff completed with families. This consultation service offered reassurance and guidance to staff in their work and the end of year report from the therapy team reports very positive feedback from Families Together staff.

### Signposting and referrals

In addition to direct work carried out by the Families Together team, a big benefit of the partnership with Barnardo's is the ability of staff to draw on and signpost to Barnardo's resources that can help families in need. The Families Together end of year report indicates that referrals have been made for families through:

- Barnardo's Advicelink partnership: Signposting for kinship carers, placement with parent parents and SGO carers to specialist support networks such as Citizens Advice Bureau
- Barnardo's COVID funds and Vodafone Great British Tech appeal partnership: supplying laptops, mobile phones and food vouchers to families in need

 Barnardo's Auriga Fuel Vouchers for Families partnership: supplying heating vouchers to families in need

In interviews, families talked about how their Families Together worker had gone above and beyond to help them access resources that they needed. As has been noted in studies across the UK (Morris et al. 2018; Bywaters et al. 2020; Elliott 2020) and specifically in Wales (Elliott 2017), poverty and deprivation are disproportionately experienced by the families of children who become looked after, and there has been an increasing call for this to be addressed in social work practice.

Overall, the data provided by Families Together, and Monmouthshire County Council indicates that the Families Together service is progressing well in meeting key outcomes with cost implications, namely the reduction in care orders for families. While this is not the sole focus of the service, the service seems to be achieving this aim in a way that seems sustainable, offering on-going support and training for families

# **Section 3: Indicative case studies**

This section presents indicative case studies from the evaluation sample. Case studies have been developed to represent three families from the Placement with Parent group, and three families from the Kinship Care group to give an overview of the work that was highlighted through interviews. Some details have been changed to protect the anonymity of participants. Case studies have been chosen to represent the diversity of the work completed. Some outcomes were not measured and are included on the basis that they were reported by staff, and offer an indication of the types of outcomes that were achieved.

# Overview of case study families

	Care order type	Family members included in intervention (children included even if no direct work carried out)	Main inputs from Families Together	Main outcomes
Family A	Placement with parents	Two children; two parents; two grandparents.	12-session programme of work with support worker for mother  Programme of work with support worker for father  6-month review meeting  BASE therapeutic intervention for child  Grand-parent supervision programme	Discharge of care order to supervision order Increased parental insight Supervision managed within family Child mental health
Family B	Placement with parents	Two children; three parents	10-session programme of work with support worker for two parents with interparental conflict concerns  5-session joint work with two parents  Work completed with one parent to reengage in shared care and safety planning  6-month review meeting  BASE  Grand-parent supervision programme	Improved communication between two parents Increased self-confidence / reduced anxiety of mother Safety plan in place in case of parental illness Child mental health Parent self-confidence Increased consistency of contact

Family C	Placement with parents	One child; two parents; one grand- parent	12-week programme of work with support worker with each parent separately.  Programme of work with grandparent to supervise contact  Parenting assessment	Discharge of care order Increased parental insight Safety plan in place for contact
Family D	Kinship care	Two children; two grand-parent carers	12-week programme of work with support worker with two carers together.	Two Special Guardianship Orders granted Child mental health and behaviour Carer efficacy
Family E	Kinship care	Three carers, two children	12-week programme of work with support worker with two carers.  12-week programme of work with support worker with one carer.  Joint sessions with all three carers and two children.	Two Special Guardianship Orders  Reduction in stress for carer  Carer efficacy  Child behaviour
Family F	Kinship care	Two carers; two children	12-week programme of work with two carers.  BASE therapeutic intervention with one child.	Improved family functioning  More consistency, trauma informed parenting used  Child behaviour and well-being

# Qualitative case studies

All names and some other identifiable features have been changed for anonymity.

### Placement with parent families

### Family A

### Description of family and situation with children's services

Two boys, Thomas (age 12) and Samuel (age 10), live with their mother Jessica (35). Their father, Daniel (40), has supervised contact with the children. The parents have been separated since the children were very young, and the mother describes a turbulent relationship and has made allegations of domestic violence. This led to social work involvement, and the children were placed on a care order. The historic relationship between parents translated into difficulties managing shared custody, and an inability of the parents to communicate with each other. There was interparental conflict meaning parents could not manage their differences to the point that they were unable to be in the same room as each other. The situation was thought to be having a negative emotional effect on both of the children, with particular concerns about the older child with concerns around future behaviour including possible substance misuse, crime, or trouble at school. The paternal grandparents at points were unable to see their grandchildren due to disagreements between parents. The grandparents and children's social worker were heavily involved in managing contact and attempting to minimise conflict between parents.

At the time of Families Together becoming involved, this situation had been on-going for a significant amount of time – with the children on care orders for 6 years with little change. The mother was concerned that lifting the care order would mean that the family were no longer able to access support.

### Goals for work with Families Together

Both parents were referred to Families Together with goals around helping improve communication and increase insight into how their behaviour was impacting on the emotional health of their children.

There was also a goal to complete some direct work with children to address the emotional impact of parental conflict and developing ways to process and express their emotions.

### Work completed as part of the intervention

The mother completed a 12-session programme of work around understanding the impact of trauma and witnessing conflict on children's emotional health, behaviour and development. This included a focus on the impact of her behaviour causing possible emotional harm to the children.

In an initial meeting with father, he indicated that he did not feel he wanted to take part. After work with the mother was completed the father did begin work with Families Together with similar topics to the work with the mother.

In addition to work with parents, safety planning identified ways to minimise contact and conflict between the parents during contact. This involved supporting the paternal grandparents to take over contact supervision in a managed way. Both grandparents completed a programme of work aimed at developing increased understanding of the children's needs, and impact of experiences on children. This involved practical techniques for responding to and managing their behaviour.

On top of the specific work completed with both parents and grandparents, Families Together offered on-going support with the option to revisit certain sessions to help maintain change throughout the period of a Supervision Order.

Initially there was a need identified for Families Together to work with children after goals had been achieved with the parents. Rather than the support worker completing this work, a referral was made into the therapy team at BASE. Therapy with older child to understand early experiences of domestic violence and continued parental arguments.

### Outcomes with cost implications

Move from Care Order to 12-month supervision order – this outcome has an impact on reducing the caseload of statutory social workers, with an impact on local authority resources, but also ensures that the family are able to continue to access support.

All parties with increased insight into own behaviour and needs of the children – reduced risk of future harm to the children; reduced risk of re-entry.

Grandparents have increased understanding of children's needs and are able to safely supervise contact, and raise issues with social worker / Families Together worker if there are any concerns:

- reduced need for independent contact services grandparent will let social worker or support worker know if there are issues.
- additional supportive relationship for children which could reduce the potential of the children developing future mental health issues
- grandparents able to report any concerns about the children's safety reducing the need for social work supervision, and reducing the likelihood of future harm / abuse to children.

Relationship built between Families Together and family - could re-refer in and likely be allocated to the same worker, which would cut down time / use existing expertise as already a relationship developed.

Improved child mental health - reduced risk of need for on-going support from health and education services. Reduced risk of future adverse outcomes.

### Family B

Two girls, Molly (9) and Anna (11) live with their mother, Lucy (33). Lucy has full custody of Anna, and shares custody of Molly with her father, Dan (55). Anna's father, Liam (40) has intermittent contact with her but does not share custody. Lucy has a history of drug misuse and has been in recovery for a number of years but has a number of serious health problems that could be related to historic substance misuse. There were regular allegations made to children's services by both Lucy and Dan about the care of their child Molly. They also could not be in a room together so separate meetings had to be held for reviews. Liam did not regularly attend meetings and had not been engaged in the care planning of his daughter Anna. At the time Families Together became involved, social services had been involved with the family for eight years.

### Goals for work with Families Together

Parents of Molly to be able to co-parent in a way that reduced the conflict seen by their daughter.

To engage Liam in care and safety planning for Anna to increase the safety of Anna in the circumstance that Lucy had to enter hospital.

### Work completed as part of the intervention

A 10-session programme of work carried out with Lucy focused on identifying the underlying causes of conflict and developing better communication with co-parent.

A 10-session programme of work each completed with Dan focused on healthy relationships, perpetrator work and developing better communication with co-parent.

In addition to separate sessions carried out with Lucy and Dan, 5 joint sessions carried out with focusing on reducing conflict and maintaining focus on Molly's needs and future. A key aim of the work was to move towards Lucy and Dan being able to be in the same room together without arguing, so being able to complete these joint sessions was an outcome in and of itself.

While working with Lucy, Families Together identified that if Lucy were to enter hospital there was a risk that Anna would not have suitable care due to her father being uncontactable. Therefore work was carried out to engage Liam and create sustainable plan for contact and care of Anna.

### Outcomes with cost implications

Reduction in conflict between two parents

- Lucy and Dan able to resolve disagreements with reduced reliance on social worker mediation and a reduction in the amount of social worker time involved in responding to complaints.
- For Molly, a reduction in witnessing parental conflict which could have led to later mental health issues.
- Lucy and Dan able to be in the same meeting, reducing the resource needed to hold review meetings – including the time of professional representatives from local authority, education, health and the Independent Reviewing Service.

Increased confidence of Lucy to communicate with Dan, reducing the need for future social work involvement if problems and disagreements arise.

Increased understanding of all parties on the needs of the children, hopefully reducing the risk of the children experiencing harm in the future.

Safety plans for children if Lucy needed hospitalisation - reduced risk of child needing to be brought into care.

### Family C

### Description of family and situation with children's services

Jessica (2) lives with her mother Lisa. Jessica has supervised contact with her dad in a contact centre once a week normally (though this changed to video-based contact because of COVID-19). Lisa (25) and Jessica's dad – Paul (26) – are both working with Families Together. Lisa reports a history of Paul harassing and threatening her since they separated – including some incidents which have involved police intervention - making it impossible for her to manage contact between Jessica and Paul in a safe way. Families Together became involved as there needed to be a plan for contact in the future if the care order to end. While Lisa was concerned about the change, she was also keen for Jessica to be able to see her father in a natural environment.

### Goals for work with Families Together

To improve communication between parents.

To develop a safe way for Jessica's father to have contact unsupervised.

### Work completed as part of the intervention

A 12-session programme of work was carried out with Lisa aimed at increasing her confidence and self-efficacy, and a focus on healthy relationships.

12-session programme of work carried out with Paul around healthy relationships, perpetrator work and understanding the needs of the child.

In the work with Lisa, she was asked what would be most viable for her in a move towards unsupervised contact. She indicated that moving to contact being supervised by Jessica's parental grandmother could be a safe option going forward. Therefore work was carried out with paternal grandmother to supervise contact, including working with all three parties to develop a safety plan for contact.

Parenting assessment carried out to determine whether care order could be lifted.

### Outcomes with cost implications

Care order was discharged for this family, meaning that there was no longer a need for statutory social work intervention.

Lisa's confidence increased and she felt more able to challenge father with regard to the care of Jessica, and advocate on behalf of self and child. This could mean that there will be less need for future social work intervention.

Hopeful reduced likelihood of future unhealthy relationships or father reacting to new relationship of mother – reduced need for future intervention from children's services and reduced likelihood of further police intervention needed.

Paternal grandmother actively engaged in supervising contact between Jessica and Paul, meaning the social worker was no longer needed to act as a mediator for delivering contact and a contact centre was not needed.

### Kinship care families

### Family D

### Description of family and situation with children's services

Gavin (6) and Reece (9) live with their grandparents Tommy (62) and Janet (59) under a kinship care arrangement. The children entered non-kinship care originally, but their grandparents were keen for the children to live with them. The children's mother had substance misuse issues. Since Gavin and Reece started living with their grandparents, their mother had a baby daughter, Ally (6 months) who was removed at birth and placed in care. Tommy and Janet wanted their granddaughter to live with them at birth rather than entering care. When Families Together became involved, Tommy and Janet were hoping to get an SGO for Gavin and Reece, and gain custody of their granddaughter Ally. Tommy and Janet reported that the local authority felt them taking on the care of their granddaughter could impact emotionally on their grandsons. Families Together became involved to support Tommy and Janet in managing their grandsons' behaviour.

### Goals for work with Families Together

To support grandparents to deliver trauma informed parenting for their two grandsons through developing NVR parenting skills.

To connect grandparents with other carers and support in the Monmouthshire area.

### Work completed as part of the intervention

A 12-session programme of work was carried out with Tommy and Janet around trauma informed parenting, giving them access to parenting techniques to manage and respond to their children's behaviour.

Grandparents both attending online training and support groups with support to access the IT software.

### Outcomes with cost implications

Special Guardianship Order granted with on-going support and training offered by Families Together, reducing the need for statutory social work involvement.

Oldest child reduction in externalising behaviours, reducing the need for mental health intervention and school support.

Carers actively engaged in training and support groups, increasing their efficacy as carers and reducing the likelihood of breakdown of the family set up with the children entering care.

Increased likelihood of successful SGO granted for youngest child Ally when appropriate.

Strong relationship built between Families Together and family - could offer support if needed future, which would cut down time / use existing expertise as already a relationship developed.

### Family E

### Description of family and situation with children's services

Jonny (4) and Jenson (2) were living with their aunt Charlotte (35) and their uncle Matt (36) under a care order. Jonny has special needs and needed a lot of extra support. The social worker was concerned that there was going to be a family breakdown due to Charlotte feeling very stressed and unable to cope with caring for both children but was keen for the boys to remain together in the same family home. The carers felt that the situation was building up and having a negative impact on all members of the family, and that they had not received the support that they needed to manage the situation. The family were in the process of applying for a Special Guardianship Order for both children but were worried that it would be unsustainable without the right support in place.

### Goals for work with Families Together

To support carers to care for the two children and prevent potential family breakdown with the possibility of the children having to enter care outside of their family.

To reduce the stress of the carer and increase parenting capacity.

To carry out a Special Guardianship assessment.

### Work completed as part of the intervention

A 12-week programme of work was carried out with Charlotte and Matt around trauma informed parenting and managing Jonny's behaviour.

Supporting the transition of Jenson moving to live with his aunt Keely through a programme of work with new kinship carer and Charlotte and Matt.

Carrying out two Special Guardianship assessments.

Supporting the development of contact plans to ensure both children stay in touch regularly.

### Outcomes with cost implications

Special Guardianship Orders granted for both Jonny in the care of Charlotte and Matt, and for Jenson in the care of Keely. Felt to offer a more sustainable option with individual care for both children, providing permanency for each child.

On-going support and training offered by Families Together, reducing the need for statutory social work involvement.

Carers actively engaged in training and support groups, increasing their efficacy as carers and reducing the likelihood of break-down of the family set up with the children entering care.

Reduction in stress for carer and introduction of new parenting techniques, with the potential of increasing carer efficacy, and improving child behaviour.

### Family F

### Description of family and situation with children's services

Tina (16) and Rachel (11) had living with their aunt Chrissy (49) and their uncle Richard (51) for eight years and there was a Special Guardianship Order in place for both children. The family had moved on a number of occasions, which had disrupted the support that they received from services, and also the children's social and school connections. Chrissy was particularly concerned about the behaviour of Rachel and wanted some therapeutic input to help Rachel to deal with the impact of her early childhood experiences. At the time that Families Together became involved, the family were feeling very stressed and were thinking that Rachel might end up having to leave the family home and enter care outside of the family. The family had been offered support from Families Together while waiting for a referral for therapy for Rachel. While they had received support in the past, they felt it had not been right to create lasting change in the family.

### Goals for work with Families Together

To support carers to care for Rachel and prevent potential family breakdown with the possibility of the children being separated and Rachel having to enter care outside of their family.

To engage Rachel in therapeutic intervention.

### Work completed as part of the intervention

A programme of work based around Non-Violence Resistance parenting was carried out with Chrissy and Richard by the support worker and the family therapist.

Support worker carried out direct work with Rachel and linked in with the school to develop appropriate support for Rachel within school.

### Outcomes with cost implications

Improved family functioning, with the risk of Rachel having to enter care outside of the family home reduced.

More consistency, trauma informed parenting used within the family which could better address the needs of the youngest child, leading to an improvement in the child's behaviour and wellbeing, and a reduction in stress in the household.

Rachel connected with a programme of support, including through her school, to help her needs be met and engage her in extra-curricular activities. This could lead to an improvement in her health and wellbeing.

The case studies indicate how positive outcomes have been achieved, and how these could have cost implications for Monmouthshire County Council. Notably, even where the outcomes have not been what were originally what were hoped for in the initial plan (e.g. with Family E), the ability of the Families Together team to listen to the perspective of families and develop an alternative approach can lead to more sustainable outcomes for the future.

In addition to the outcomes identified in these case studies, it is important to note that many of the families felt they had not had a good service from the local authority for a range of reasons. This chimes with the Family Rights Group report (2019) which found that 64% of kinship carers who participated in a survey rated the help they had received from Children's Services as "poor or very poor" with only 15% rating it as "good or excellent". Families Together came as some hope that things would be different this time, making families feel prioritised and listened to. A knock-on impact of this could be an improved relationship between families and the local authority, reducing the likelihood of complaints and increasing the likelihood that families would contact the local authority for support if it was needed, rather than situations deteriorating without input.

# Section 4: Cost implications of identified outcomes

# Cost avoidance calculations

In early conversations with the service, the conclusion was that any of the children in the families that would be referred into Families Together could enter care outside of their family without intervention. This is the assumption in which the cost avoidance figures are drawn. As noted in the methodology chapter, these calculations are not full cost savings as the cost of delivering the intervention has not been included.

Table 6: Cost implications based on potential outcomes

Outcome	Cost implication (fiscal costs/savings)  • Potential additional cost implications to	Potential cost saving of positive outcome (cumulative costs)			Potential cost avoidance over 5 years per child / family as
	consider	At 12 months	After 3 years	After 5 years	appropriate (n.b. Not including cost of delivering intervention)
Child enters non-kinship	Supervised contact	Not known	Not known	Not known	£1,092
foster home from kinship / SGO placement	Mental health intervention for child	Average cost p £1,092¹, ⁴	er counselling in	tervention	
Child enters non-kinship foster home from parent home	Cost of foster placement <sup>2</sup> Inc. Allowances, administration and the costs of social worker and other support staff who support foster carers and school support costs	£35620	£106860	£178100	£179192  Based on a child entering a foster placement, receiving school support and remaining in care for five years and receiving one
	Supervised contact	Not known	Not known	Not known	counselling intervention.
	Mental health intervention for child	Average cost p £1,092¹, ⁴	er counselling in	tervention	
Child moves from parent	Cost of assessment and panel	Not known			£178100
home to kinship foster placement	On-going cost of foster placement <sup>2</sup> Inc. Allowances, administration and the costs of social worker and other support staff who support foster carers and school support costs	£35620	£106860	£178100	Based on a child entering a foster placement and receiving school support and remaining in care for five years.
	Supervised contact	Not known	Not known	Not known	
Discharge of Placement with	Court costs for discharge of care order	Not known	Not known	Not known	£17010

<sup>1</sup>Curtis, L. & Burns, A. (2018) Unit Costs of Health and Social Care 2018, Personal Social Services Research Unit, University of Kent, Canterbury. https://doi.org/10.22024/UniKent/01.02.70995

<sup>&</sup>lt;sup>2</sup> Calculation based on The Greater Manchester Combined Authority (GMCA) Research Team cost benefit analysis (CBA) Unit Cost Database v20

Parent care order	On-going social work involvement on care order	£3402 <sup>2</sup>	£10206	£17010	Based on case management processes provided by a social worker for five years if care order
	Contact arrangements	Not known	Not known	Not known	remained in place – likely to be higher as costs drawn from child in need case management cost projection.
Discharge of Placement with Parent care order; replacement with 12-month supervision order	On-going social work involvement on Supervision Order	£3402³	None	None	£98658  Based on the average cost 12 months of case management processes provided by a social worker per year for five years if care order remained in place minus 12 months case management processes provided by a social worker under Supervision Order.
Granting of Special Guardianship Order for child	SG assessment         • Time taken for SGO granted         • Concurrent SG assessment with connected person assessment	Not known	Not known	Not known	No cost avoidance calculated although potential impact on mental health of child through increased permanence /
in kinship care	Court costs     Consider increased likelihood of successful application	Not known	Not known	Not known	decreased likelihood of placement move <sup>4</sup>
	On-going cost of Special Guardianship placement <sup>2</sup> , <sup>5</sup>	£35620	£106860	£178100	Also likely reduction in social work time through FT offering

<sup>&</sup>lt;sup>3</sup> Based on one year case management services as calculated by The Greater Manchester Combined Authority (GMCA) Research Team cost benefit analysis (CBA) Unit Cost Database v20

<sup>&</sup>lt;sup>4</sup> Based on the increased mental health needs associated with more placement moves and entering non-relative care - Winokur, M.A., Holtan, A. and Batchelder, K.E., 2018. Systematic review of kinship care effects on safety, permanency, and well-being outcomes. *Research on Social Work Practice*, 28(1), pp.19-32.

<sup>&</sup>lt;sup>5</sup> Based on the assumption that Special Guardians receive the same allowances and support as kinship foster carers however likely to be less due to less on-going statutory duties

	Inc. Boarding out allowances, administration and the costs of social worker and other support staff who support foster carers and school support costs  Contact arrangements	Not known	Not known	Not known	ongoing training and support to SGs.
	Contact arrangements	NOC KNOWN	NOC KNOWN	NOCKHOWII	
Child mental health	Mental health intervention	Average cost   £1,092²	per counselling ir	ntervention	£1,092  Based on assumption that children who remain 'looked after' would need mental health intervention at some point in their childhood – however this support might not be available <sup>6</sup>
Parenting efficacy	Parenting programme	Mean cost of programme po		p-based parenting	£2288  Cost of two parents attending a group-based parenting programme covering similar topics to those provided by Families Together
Domestic violence	Incidents of domestic violence with police intervention	£2968 per ind	cident		£2968  Cost of one incident of domestic violence requiring police intervention

<sup>&</sup>lt;sup>6</sup> Sanders, R (2020) ESSS Outline: Care experienced children and young people's mental health. Iriss. <a href="https://doi.org/10.31583/esss.20201012">https://doi.org/10.31583/esss.20201012</a>

These calculations indicate that, if the Families Together team prevented one child from entering care outside of their family from a Placement with Parent care order by providing a programme of work that replaces a parenting programme, avoids one incident of domestic violence involving the police, and provides a therapeutic intervention to a child that replaces the need for an external mental health intervention, over five years the service could avoid the cost of:

- The potential cost of providing a foster placement for one child over five years: £178100
- The potential cost of providing a mental health intervention for a child: £1,092
- The potential cost of providing a parenting programme to two parents: £2288
- The potential cost of the police responding to one incidence of domestic violence: £2968

### = £184,488 over five years (not including inflation).

This of course does not equate to cost savings for Monmouthshire County Council as it does not take into account the cost of providing the intervention of Families Together, and includes cost avoidance for other services beyond children's services. However, it gives an indication of the cost implications of positive outcomes from the Families Together service.

# Conclusion

# Summary

### **Care orders**

- The Families Together team worked with the families around **55%** of children placed with parents, around **76%** of children with a care order in kinship care and around **20%** of families with Special Guardianship orders known to Monmouthshire.
- Although not all families on Placement with Parent care orders that worked with Families
  Together resulted in the discharge of the care order, 11 were discharged or not renewed,
  leading to an overall decrease of 7 Placement with Parent care orders by 31st March 2021
  compared with 31st March 2020.
- The decrease in the overall number of Placement with Parent care orders could indicate
  that Families Together are leading to a change in culture to reduce application for PwP care
  orders, and that moving support earlier to provide preventative interventions is having an
  impact.
- Families Together were also involved in supporting and assessing kinship families which
  resulted in 11 Special Guardianship Orders being granted replacing the care order
  previously in place.
- All 22 care orders that were discharged across Monmouthshire County Council between April 1st 2020 – March 31st 2021 had involvement with Families Together.
- While there is not the data available yet to determine if the involvement of Families
  Together decreases the overall length of time that children are on care orders, the review
  mechanism provides essential targeted oversight to maintain focus on delivering the care
  plan.

### **Training**

The provision of in-house training and sharing key pieces of work is likely more costeffective than courses provided by external agencies. The cost-effectiveness of this is
enhanced by increasing the skills and capabilities of Families Together staff and by
providing a YouTube channel for carers to access courses in their own time.

### Therapeutic intervention

In house therapeutic support provides access to therapy for families and children. The costeffectiveness of this is likely enhanced by providing including consultations to workers to
increase their skills.

### Partnership working

- Referrals to Barnardo's resources could bring additional resources to families in need.
- The involvement of Families Together in such a high proportion of Placement with Parent, kinship care and SGO families in the first year of the service indicates that they have integrated well into the wider Monmouthshire County Council system.

### Case studies

- Work with parents shows that the short-term intervention of Families Together was able to achieve change for families whose children had been on care orders for a long time.
- The approach of Families Together to work with family members beyond the immediate carers of the children could help harness the resources of families to manage risk and support children within their family network.
- By working with a range of adults to help them to understand the needs of the children, children can have consistent trauma informed care that can have a positive impact on their mental health, behaviour and well-being.
- Being flexible to the needs of families, and taking on board their concerns can increase the
  confidence of parents and carers to care for their children without statutory intervention,
  but with on-going support when needed.

### Recommendations

As feedback has been given and acted upon throughout the evaluation period, there are very few recommendations to be given in this report.

- 1. Consider the consistent use of SGO assessments alongside Connected Person's assessments.
- 2. Consider training carers as co-facilitators for support groups / training.

The way that the Families Together service has evolved since the original proposal for the service indicates the value of the partnership between Barnardo's and Monmouthshire. As the needs of the families have become more apparent through the work, the service has adapted to offer more support, to locate itself in different parts of Monmouthshire County Council to better reflect the work that is being carried out and to develop and share the skills of the team widely. Moreover, changes that have been made often reflect feedback that has been made through this evaluation process, indicating an openness of the service to take on board the views of families and ensure that their needs are being met.

As was demonstrated in the previous qualitative report, feedback from families was overwhelmingly positive about the service. Particularly where families had felt they had not received a service that had met their needs in the past, families talked about working with Families Together as offering them hope which had not been there previously.

The data from Families Together, combined with the data from Monmouthshire County Council give clear indications that the team are reaching a large number of families across Monmouthshire, and that key outcomes seem to be moving in the desired direction. It is not possible to say if the changes in service level indicators are only due to the work carried out by Families Together, but evidence that they have been instrumental in the discharge in care orders that have occurred in their first year points in this direction.

Overall, the partnership model demonstrated by Monmouthshire County Council and Barnardo's seems to be an effective way of improving outcomes for families and combining the resources of both agencies in a way that provides a holistic service for families.

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