



# Qualitative evaluation of Monmouthshire Families Together

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## Executive summary

### Background

There has been an increase in the rate of Looked after Children in Wales since the 1990s. 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 (their parents, or another family member). This service aimed to deliver bespoke, targeted support to families in line with their care plan.

### Literature

A brief literature review highlighted key areas that kinship families, and parents involved with children's services may need support with. These include material and practical resources, help with responding to the complex needs of children involved in the care system and support making and managing family connections beyond the household. Literature also points to a need for work to engage a family to support them to make changes and fully understand the implications of decisions being made.

### Research methods

This report is one of two reporting on this service. For this report, qualitative interviews were undertaken with Families Together staff (n=16 interviews), family members of children on care orders at home (n=10 interviews) and kinship carers and special guardians (n=14 interviews). The aim was to conduct interviews with families at two time points, one towards the beginning of the intervention and one three months later which would be at the end, or just after the intervention had finished. It was difficult to arrange follow up interviews with families, in part due to lockdown restrictions and home-schooling responsibilities. The breakdown of interviews was: interviews with placement with parent families T1: n=7; T2: n=3; interviews with kinship carers T1: n=9; T2 n=5. Where it was not possible to arrange a follow up interview with parents, and where they had previously provided consent for the researcher to speak with their Families Together worker, staff were interviewed to discuss outcomes.

## Findings

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.

## Recommendations

The service for kinship and placement with parent families should continue to be funded. Kinship families particularly appreciate and feel they will need to rely on the on-going 'open-door' support offered by Families Together. It is also important that Placement with Parent families have target support with an aim of lifting the care order on the child, otherwise the situation leading to the care order will likely remain unchanged or get worse. It is recommended that this service should be offered to these families alongside the development of the care plan. Ways to continue some form of service for families after a care order is lifted should be explored in consultation with families, and a service viewed as more 'independent' from the perspective of families would be in a good place to offer this.

## Conclusion

Despite very challenging circumstances posed by the implementation of a new service in the middle of a global health crisis that led to the closing of many face-to-face services, and increased pressures on families and staff, the Families Together service seems to have made positive improvements in



the lives of families that often felt they had not had enough support in the past. The partnership model between Barnardo's and Monmouthshire County Council seemed to work well in meeting the needs of families, and helping them to feel that their needs were being prioritised.

# 1. 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).

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.

## 2. Literature review

A brief literature review was conducted to provide context for the evaluation. The main areas of focus for the literature review were: what are the areas of support and intervention identified as important for kinship, SGO and placement with parent families, and which types of interventions show evidence of success in improving outcomes for these families.

No specific research was identified that explored the needs of, interventions to support or outcomes from children placed at home on a care order without having been in out of home care. Where relevant, some comparisons have been drawn from research on supervision orders or where a care order remains while a child is reunified with their parents from being in care.

### 2.1 Material resources and financial support

The material family environment is important to a child's development in terms of health-related outcomes such as (mal)nutrition and cognitive development (Gershoff et al. 2007). Research has highlighted the link between deprivation and demand for children's services (Bywaters et al. 2016). Links between social work intervention and poverty include direct factors such as material hardship and indirect factors such as parental stress and neighbourhood condition (Lum and Tregidgo 2018). A report by the Wales Centre for Public Policy (Hodges and Bristow 2019) found a positive correlation between the rate of looked after children and the Welsh Indices of Multiple Deprivation (WIMD).

In a review of UK based research from the last two decades, Hunt (2020) found that the need for better financial support was highlighted in nearly every study, and was reported as the most important issue for carers in most studies. Where carers do get financial support, there may be a delay (Grandparents Plus 2020), and the system for accessing financial support has been described as having "such complexity that it is impossible for individuals to know whether they are receiving the 'right amounts'" (Harwin et al. 2019).

Studies have also reported that kinship care givers are more likely to be living with financial difficulties than those in the general population, or non-kin foster carers. This can include being unemployed, living in overcrowded accommodation, living in a single person household and living in poverty (Taylor et al. 2020; Nandy et al. 2013). These material circumstances are likely related to social inequalities as many of the demographic characteristics of kinship carers, such as ethnicity, age, level of education, are also correlates of economic deprivation.

Lack of material resources directly impact on the ability of a carer to provide a stable home to a child, and have an impact on carer stress and parenting capacity. While the provision of financial assistance alone may not be adequate to improve outcomes for children in kinship care, Farmer (2010) found that placement outcomes were better when kin received financial support in addition to foster parent training.

## 2.2 Addressing additional needs of children

Children who are on a care order are likely to have experienced some harm that could have a longer-term impact on them, and require their carer to support them in different ways, whether they enter the care of a stranger or remain with a family member (Harwin et al. 2019). Harwin et al. (2019) stressed the need for an emphasis on thorough assessments and decision-making that focus not only on what has happened but on what past experiences are likely to mean for the child's needs and behaviour in the future, and the needs of the carers (kin or parents) – and then make decisions and plans for on-going services. Studies have indicated that not being able to manage a child's behaviour is one of the main reasons for family breakdown in kinship care (Harwin et al. 2019; Wade et al. 2014).

Hunt (2020) found that the need to support carers to help the kinship child was a common theme across research with kinship carers, with three themes emerging: support to help children understand and cope with their situation and/or explain it to others; support with education; and support with emotional and behavioural difficulties. Another study (Masson et al. 2019) recommended that some carers may not want to attend formal training as they do not view themselves as professionals, but would be interested in training incorporated into a support group. Other research (e.g. Smith et al. 2018; Baginsky 2019) has indicated that peer delivery of models might work well at engaging with kinship carers and parents.

## 2.3 Family connections

There is some research that indicates that co-parenting can prove difficult for families where there is a history of domestic violence. Research exploring this from the father's perspective found that narratives of fathers indicated overwhelmingly negative evaluations of the ex-partners, and that contact needed support on on-going evaluation (Thompson-Walsh et al. 2018).

There is a limited amount of literature that examines the relationship between a kinship family and biological parents from the perspective of the biological parents themselves. The few studies that exist indicate that there are often problematic relationships between parents and kinship carers (e.g.

Kiraly & Humphries, 2015; Dunbar et al., 2006) and some parents may find it difficult to accept the kinship carer as the primary carer for the child, leading to disagreements about parental responsibilities.


Kinship carers themselves may also have difficulties in the relationship with the child's parents. In interviews with grandparents caring for their grandchildren, many reported that they experience a loss of relationship with their children when they become carers for their grandchildren (Backhouse and Graham, 2013). Moreover, carers may not have a previous relationship with one of the parents or with the extended family on the other parent's side.

This indicates that connections with family, either when co-parenting or for children in kinship care may be an area for service input.

## 2.4 Experiences social work involvement

Research has highlighted the issues of parental engagement in social work intervention where there is a risk of significant harm to a child (Broadhurst et al. 2012). The importance of building a relationship between a worker and a parent underpins a shift towards 'relationship-based practice'. Collaborative relationships with parents can enhance their engagement in the change process (Gladstone et al. 2014) and support them in promoting their children's well-being. Merkel-Holguin et al. (2015) presented a model to think about parental engagement. The model proposes four main indicators of engagement: satisfaction with the service, willingness to return for additional services if needed, additional service provision during the engagement process, and child-family outcomes. The authors indicate that parental satisfaction with the worker and the service could be an indicator of future positive outcomes. In addition, it has been noted that it is important for children's services to actively undertake a balancing act between risk-increasing and risk-reducing factors in parenting assessments to better understand parenting capacity (Krutzinna and Skivenes 2020).

Hunt (2020) noted mixed experiences of Connected Persons and SGO assessments by carers, but that most studies that explored this reported that carers found them intrusive, even if they did accept the need for them. Some studies reported that the timelines involved impacted on the ability of a social worker to both complete the assessment and adequately prepare the carer. It was also noted that carers felt they had not had the right support and guidance to come to decisions about short and long-term care arrangements for children. Often decisions were made on the basis of not wanting social work involvement in a family's life, without full understanding of the implication of this on access to future support.



It is therefore important that services consider how they can engage with families, and how a worker can build a relationship with a family so that they feel supported to make decisions and changes that are necessary for the care of the child.

## 3. Methodology

The evaluation will be reported in two parts. This first part focuses on the qualitative outcomes that the service was hoping to achieve in their work with families.

### 3.1 Consultation

A consultation session was held with three Special Guardians from another local authority. This session focused on what kind of support kinship carers and Special Guardians might find useful, and what types of outcomes the provision of the right support could lead to. From this session, two outcomes – carer self-efficacy (confidence in their caring abilities), and family functioning were included in interviews.

### 3.2 Data collection

Qualitative data was collected through interviews with families and staff, which was supplemented by data collected by the service. While it was intended that children and young people would be included in interviews this was not possible due to all data collection being collected remotely.

#### *3.2.1 Interviews with staff*

Initial (n=7) and follow up interviews (n=9) 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. This is not a definitive model of the service as it was in the first year of operation during this evaluation. Rather it is a snapshot in time showing what was envisioned at the end of the initial year of service, and ideas for expanding or refining service provision. This information is presented as an outline programme theory for each part of the service – working with kinship carers and Special Guardians, and working with parents who have their children at home on a care order.

Further interviews 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.

### *3.2.2 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.

### *3.2.3 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.

## **3.3 Data analysis**

### *3.3.1 Developing a programme theory*

Audio recordings from interviews were transcribed. Transcripts from T1 interviews with staff and T1 interviews with families were initially coded for data exploring the way in which the service could work to support families and achieve outcomes. Data that focused on contextual factors, mechanisms through which change could occur, the outcomes that the service hoped to impact, and barriers and facilitators to achieving these outcomes. This data was drawn together in chains of 'Context-Mechanism-Outcome' configurations to develop a programme theory of how the service could work.

So, for example, a Context-Mechanism-Outcome' for working with Special Guardians could be:



*‘where there is a dedicated team to support Special Guardians (Context) kinship carers **feel confident** that the support that they may need in the future will always be available (Mechanism) and therefore see an SGO as a viable option for their family (Outcome).’*

This data was synthesised to show the outcomes and pathways to these outcomes for the different population groups that Families Together work with.

### *3.3.2 Outcomes for families*

The second stage of data analysis included T1 and T2 interviews with families, alongside additional interviews with staff where families had consented to the researcher speaking with their support worker. Interviews were transcribed and uploaded into nVivo 12. A coding frame was developed based on the initial outcomes and pathways identified in stakeholder consultation and the first stage of the analysis. The framework was updated with new codes as they were identified in the data.

From the coded data, the researcher developed themes that were recurrent in the data. Selected quotes were highlighted as illustrative of each theme. Some quotes are not included in the final report to protect the anonymity of the participants.

## 4. Results

The results are presented in three parts. The initial section of this part is a brief overview of participants, and how many interviews were carried out. Secondly, findings related to the work delivered with kinship carers and Special Guardians are presented. Thirdly, findings related to the work delivered with parents who have children at home on a care order (referred to as 'Placement with Parents') is presented. For both areas of work, an outline programme theory is presented identifying key outcomes that the programme aims to achieve, developed from interview data and discussions with programme staff. Qualitative findings for the evaluation sample are presented to evaluate to what extent the service has achieved the identified goals in the evaluation period.

A further report will examine the quantitative outcomes of the service using annual report data and the internal data of the Families Together service.

## 4.1 Evaluation sample demographics

### 4.1.1 Number of interviews

#### 4.1.1.1 Interviews with professionals

The staff of the FT team include one team manager, three support workers and two social workers. In addition, two family therapists and one clinical psychologist work with the team to support with developing support plans and interventions. The family therapists have also designed training for delivery by the FT team. Initial interviews with staff focused on their role, which outcomes they thought the service was addressing, their ways of working, and how the work of Families Together fitted within the wider work of Monmouthshire County Council. Follow up interviews were conducted with staff where families had consented to the researcher speaking about the work that they were doing with Families Together. These interviews focused on the worker's perspective of what they were hoping to achieve, what outcomes had come from the work, and how they had worked with the family to deliver the work.

Table 1: Interviews with Families Together staff

Initial interviews	Follow up interviews
7	9

#### 4.1.1.2 Interviews with families

Table 2: interviews with families

	T1 interviews	T2 interviews
Kinship participants	9	5
Placement with parent participants	7	3

## 4.1.2 Demographics of participants

### *Kinship families*

*Table 3: Demographics of kinship family participants*

Number of kinship children per home	1 = 77% (n=7) 2 = 22% (n=2) Total number of children = 11
Relationship of participant to child/ren	Grandmother = 6 Grandfather = 1 Aunt = 1 Father = 1*
Legal order at T1	Care order = 5 SGO = 6
Legal order at end of evaluation period	Care order = 1 SGO = 10
Length of time children had been in kinship care at T1	0-1 years = 12% 1-2 years = 22% 2-3 years = 0% 3-4 years = 0% Over 4 years = 66%

\*father of a child in kinship care

### *Families of children placed at home on a care order*

*Table 4: Demographics of placement with parent participants*

Number of children subject to care order	1 = 40% 2 = 60% Total children subject to care orders = 7
Relationship of participant to child/ren	Mother = 72% Father = 14% Grandmother = 14%*
Care order status at end of evaluation period	Remaining on care order at home with parents = No care order = 1 Application made for adoption order = 1

\*grandparents working with Families Together where their grandchild is at home with parents under a care order

## 4.2 Kinship care findings

### 4.2.1 Families Together intervention with Kinship care: How it works


The work of Families Together with kinship carers and SGOs is a combination of short-term and long-term work. Figures 1 and 2 show an outline logic models of the main inputs from the service, the intermediate outcomes from these inputs, and the final outcomes that it is hoped that the service can achieve through this short-term work with families. These intermediate outcomes can be viewed as the theoretical ways in which it is believed that outcomes could be achieved. Not all of these intermediate outcomes and outcomes are measurable in this evaluation, but should give an indication of how the service could continue to evaluate its own progress.

#### *4.2.1.1 Short-term intervention*

There are two areas of work in the short-term intervention – one is a focus on increasing SGO applications for families where a child is living in kinship care under a care order, and the other to work with families where there is a potential risk of the child having to move out of the kinship home. In addition, if an SGO is applied for, there could be a role for a Families Together worker to carry out the support plan put together as part of the SGO application.

The main input for increasing SGO applications is a social worker dedicated to carrying out SGO assessments. In the interim period of the service, this social worker has focused on reviewing all of the families where there is a care order in place and children are living with a family and friends' carer to assess whether or not they could be progressed to an SGO. This resource can increase the impetus for the local authority to apply for SGOs where this would be a positive pathway. This may not be a high priority for a busy social work team, so this specific resource delivered by a partner service creates a dedicated space and focus for this work.

If an SGO is an appropriate option, the SGO social worker then carries out the SGO assessment. This involves working with the family to carry out the assessment and advise the carers on the SGO progress and support available. Literature indicates that SGOs do not feel properly prepared for their role, and that they feel they do not have the right support or advice (Taylor 2020) so this is an important aspect in ensuring that prospective SGs are fully prepared and therefore that SGO arrangements are more sustainable, reducing the risk that children will re-enter care after an SGO is granted. Importantly, the partnership that Barnardo's and the local authority have is important for this outcome, as it is necessary for the SGO social worker to be aware of what is available from the



local authority, and for the prospective SG to feel they have an independent source of support that they can ask for advice.

In addition, the SGO social worker supports the child's social worker to develop a focused support plan to be submitted to the court alongside the assessment. This can help to ensure that the courts have increased confidence in the likelihood that SGs will have the right support in place to care for the child in the long term, and can increase the confidence of social workers in developing support plans that can ensure that SGO placements are appropriate and sustainable, with the right long-term practical and psychological resources in place.

This speaks to one of the wider aims of the Families Together service, which is to change the way in which the local authority thinks about permanence for children, with social workers prioritising children living with their relatives achieving a sense of stability and permanence with the right support available.

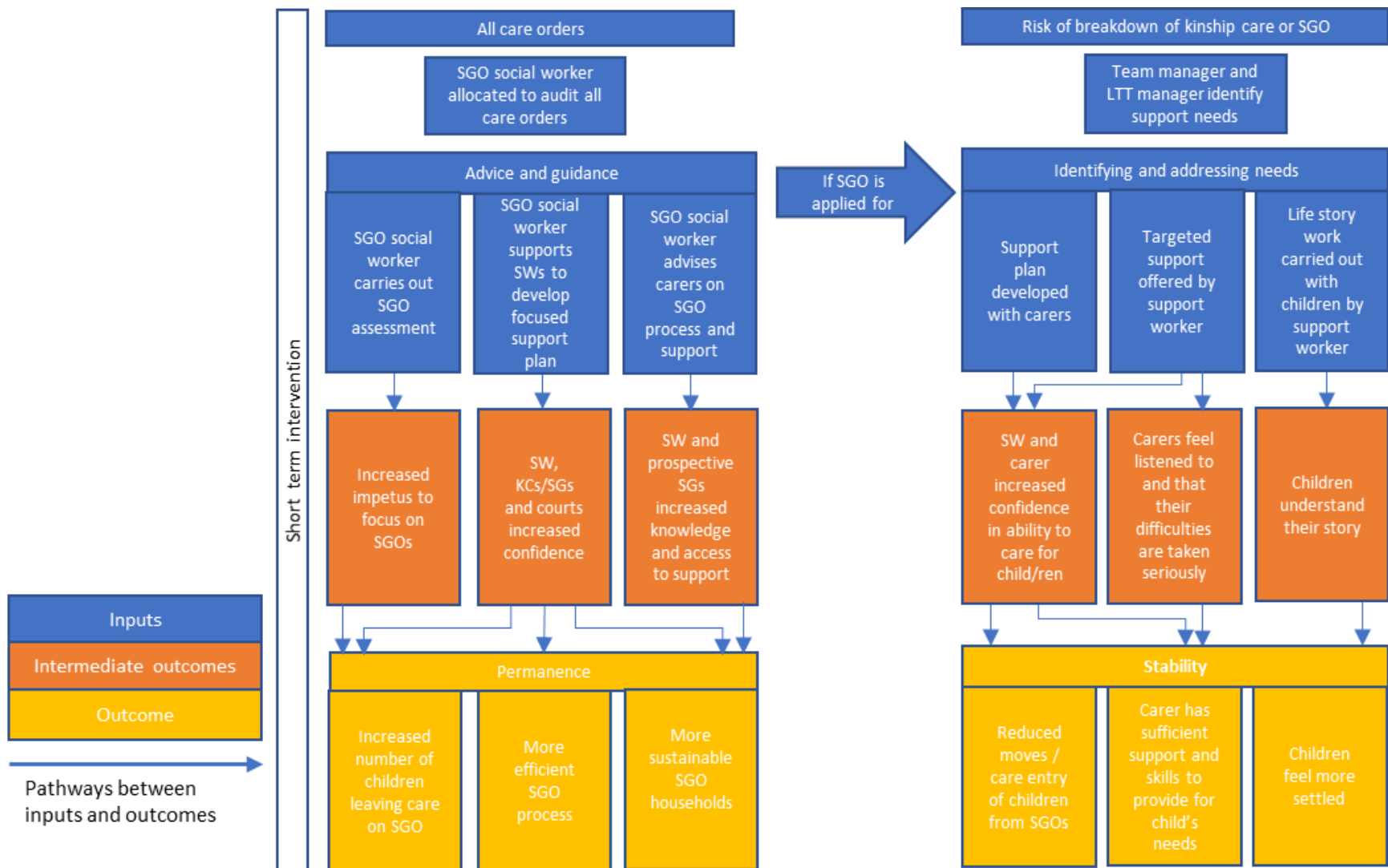


Figure 1: Programme theory of short-term work carried out with kinship families

#### *4.2.1.2 Longer-term intervention*

A key element of the work of Families Together in offering kinship carers and SGs long-term support. This operates in the context of Monmouthshire, and Wales, committing to providing support for SGs throughout the entire caring period, rather than supporting ending shortly after the SGO is granted. Local authorities have flexibility in what this support looks like, and how it is provided.


Monmouthshire County Council have committed to providing the financial equivalent to SGs as to kinship carers. In addition, the Families Together team are part of the developing programme of long-term support for SGs. This partnership arrangement allows for the combination of resources from the local authority, and a voluntary organisation to meet the varied and specific needs of the family.

This support comes in two main forms – the first is a programme of training and resources for kinship carers and SGs, and the second is the availability of a support worker within Families Together who carers can contact at any point for support. This is available alongside a yearly audit of the support plan, where the social worker carrying out the audit can also actively check if all the family's support needs are being met, and if there is anything further Families Together can support with.

Training for kinship carers and SGs has been designed alongside family therapists who work with Families Together to focus on the needs and issues that kinship carers have, rather than carers only being able to access more general foster carer training. This bespoke training is offered bi-monthly, with alternative months used to facilitate a peer support group. In addition, where the team encounter specific issues raised by carers that they believe may be issues faced by other carers, they develop a resource to share with all carers to enable that learning is shared beyond each family. This programme of support could increase the efficacy of the care that is provided to children through carers having new ways to meet the needs of the children in their care, deeper understandings of how to support their children, and increased confidence in their ability to respond to the children's needs as they change over their childhood. This can reduce the need for statutory social work intervention and improve child and carer well-being.

The offer of an on-going review of the support plan, and the long-term availability of a support worker can also help carers to feel that they will have somewhere to go for advice and support if they need it in the future. The support worker can offer direct interventions to the child/carers





without the necessity for the child becoming an open case to social services. For example, they may need support with delivering life story work, changing contact arrangements or managing teenage behaviours. The carers and the child can also access direct therapy via the Families Together therapy team. This can make them feel more confident in their role as a carer in the long-term, even if difficulties arise. The availability of long-term support from Families Together, as well as the wider Monmouthshire County Council offer can help carers to feel less stressed about the practicalities of providing for the child across their childhood, helping them feel confident about the reality of the child remaining with them until adulthood.

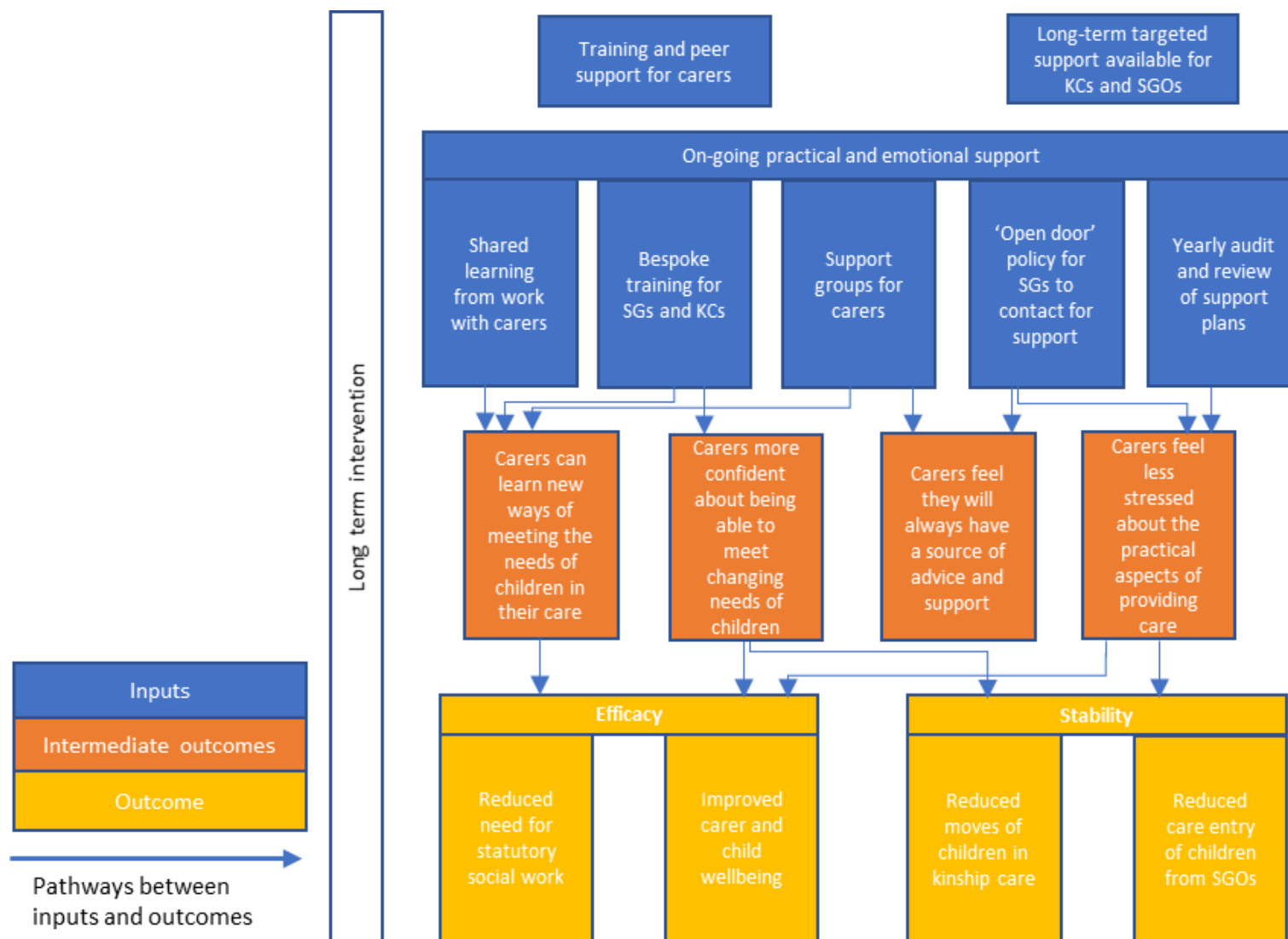


Figure 2: Programme theory of long-term work carried out with kinship families

## 4.2.2 Qualitative findings

The qualitative findings reported here explore the extent to which Families Together seem to be working towards the outcomes identified above, and pathways that might lead to the achievement of specified outcomes from the service. The findings are grouped around the outcomes identified in the logic model. These include a combination of practitioner and family interview responses.

### *4.2.2.1 Permanence*

A proxy measure of permanence for children in kinship care is an increased number of children leaving care on SGO. The role of Families Together in achieving this outcome was through supporting kinship carers and social workers in Monmouthshire County Council to apply for SGOs where appropriate. A core component of the Families Together offer was a social worker assigned to review all cases where children were currently under a care order with kinship carers and explore the possibility of applying for an SGO.

The achievement of this outcome is demonstrated by quantitative data collected from the service. In the evaluation sample, all kinship carers applying for an SGO (n=4), had been completed and approved by the end of the evaluation period. In total, six SGO orders had been granted at the end of the evaluation period. The average number of children leaving care on an SGO over the previous five years was 4.8 per year, with 2019-2020 being the highest number, at eight. In that year the SGO social worker completed two of the SGO assessments in the pilot phase of Families Together. This indicates that, despite the limitations imposed by the COVID-19 restrictions, the Families Together team have managed to increase the number of children leaving care on an SGO.

In the qualitative interviews with carers, 50% (n=4) were in the process of applying for an SGO. Of these, 100% had been granted by the end of the evaluation period.

### *Deciding to apply for an SGO*

Two of carers in the SGO process indicated that had decided themselves to apply for an SGO. The reasons given included to give the child a greater sense of security, to cease having social worker involvement in family life, and because the finance support received as foster carers would continue until the child reached 18.

Most of the kinship carers talked about how the involvement of social workers and professionals unsettled children, and how they were keen not to have them involved in their lives. This was a key impetus for applying for SGOs.

*"I knew he wouldn't be going back to his mum you know. I wanted to get him out of the system, and let him have as normal life as possible, without being in the care system."*

**Kinship carer applying for SGO**

*"He has had enough now, he is done with authorities, he just don't want them around anymore. He doesn't want to have to keep speaking to them."*

**Kinship carer applying for SGO**

Others talked about feeling that it was not really their decision, but one made by the local authority (this was only noted by carers who had not been through their assessment in the last year).

*"They said we need you to become his official guardians. They said we had to because he [the child's father] could come in and demand his son. I mean, he wouldn't do that, but they said it was because he could."*

**Kinship carer applying for SGO**

Carers spoke about how the SGO social worker had ensured that they had all of the information they needed to make a decision about applying for an SGO

*"When we first looked at it, we were given all the information, she gave us all the information that we needed to know about special guardianship, she printed it all off for us, she brought it around and it was at our leisure to read. So obviously we've had all the information about who would be making decision making and stuff like that, we've got parental responsibility and stuff like that."*

**Kinship carer applying for SGO**

Carers applying for SGOs felt they had the information and the support available to them to make the decision to apply for an SGO.

*"I did a lot of research anyway, it was a no-brainer for me to do, that was the only option, it was the only one I could take. Every time she came to do the assessment, she was always 'are you sure?', and 'we can give you more time' and all that."*

**Kinship carer applying for SGO**

There were two main hesitations for carers when considering applying for an SGO. One was that they hoped that the parent would be able to make the changes needed to regain care of the child. The other was around the financial impact of moving from being kinship foster carers to SGs. Two

carers spoke about having previously explored applying for an SGO but having decided against it due to worries that financial support would not be available to them after the order was granted.

*“And there was another factor actually that came into this which sounds terrible, and every time [we] have said we feel terrible saying it, but we have said it and I think you need to know as well. Very often what used to happen was kinship foster carers when they went over to a Special Guardianship Order, the money that they had for being foster carers was stopped, and we weren’t financially able to do that.”*

#### **Kinship carer applying for SGO**

This indicates that the wider Monmouthshire offer to SGs will have an impact on the willingness of kinship carers to become SGs. It was also clear in the interviews when finances were mentioned that this is still an area that carers have an emotional connection to, with many of the carers saying that they felt bad taking it into account, uncomfortable bringing it up to the local authority or that they had to fight for.

*“And when it came round to it, we got it in writing and we said we weren’t going to go ahead until we had an email with confirmation that we would have it and we would continue to have it until he was 18 as long as he was with us, and that it went up with inflation, which was eventually agreed.”*

#### **Special Guardian**

Overall, all prospective SGs and Special Guardians interviewed felt that happy with the decision to apply for an SGO, and that this was the right choice for their family. They understood the legal implications of the decision, and the on-going support that would be available from the local authority and Families Together. Their Families Together worker had worked as a bridge between themselves and the local authority to help them understand what becoming an SG would mean, what support would be available, what the role of the local authority would be, and also acting as an advocate for them.

#### *SGO assessment process*

As well as increasing the number of SGO applications that were made, a key part of supporting permanence through special guardianship orders is through establishing a more efficient SGO assessment process. Another component of the FT SGO social worker’s role is overseeing the SGO process, including carrying out the assessment, supporting social workers to put together detailed,

focused support plans, and ensuring everything is sent off for the application to be submitted. This can hopefully lead to an efficient process for progressing to SGOs.

Many of the participants indicated that the timescales for progressing to SGO were long, and that there were delays. However, they did not indicate that delays came from the Families Together service, but from other parts of the system.

*"[FT social worker] was spot on, she is a lovely lady and she was very thorough. But it was very frustrating, I spoke to her a lot during the first lockdown and she had to keep updating the details. It was the local authority that was not complying with their deadlines. But I can't fault [social worker] or [support worker]'s work. That was great."*

**Special Guardian**

This was reiterated by staff participants who highlighted areas in the system in which delays occurred. Participants did not indicate that these were specific to the restrictions from the COVID-19 pandemic.

All participants who were going through, or had been through the SGO process with a Families Together worker reported that they felt that their worker was good at chasing up other professionals within the wider social work team and beyond to get things done quickly and efficiently.

*"I felt that she was very efficient. When she said she was going to do something, she did it. When she said she was going to get something done, she got it done and she got it done fast. Even up to getting the report signed off by other social workers. One of the social workers is particularly bad who had to sign off on it at getting things done, and I know [she] was on her case."*

**Special Guardian**

Carers also detailed how the SGO social worker had helped the process go more efficiently, and the impact that had on the experience. It seemed particularly important that workers were mindful of the fact that they were yet another new person where sometimes families had experienced very high turnover of staff due to social workers leaving, or just the structure of the service offered to them (i.e. changes in social workers after going to court).

*“Initially I was sceptical that it was another new person walking in...Having said that, [the social worker] was very good at picking up those reins and talking to the people that she works with. I think the fact that she bothered to talk to the people she worked with impressed me. Made it obvious that she was interested in what had already happened. She’d read the file, she’d spoken to our social workers, she’d gotten to know about things so that actually she was armed with that. Otherwise I was thinking why is another stranger walking in. This is not going to be helpful when I have been working with these people for a year and now you’re going to come in and say you’ve got somebody new to deal with. But she dealt with that well. I think because of that, it was like she already knew what she was talking about so I didn’t have to sit here and trawl through everything that happened to another stranger.”*

#### **Kinship Carer applying for SGO**

Carers brought up frustrations about having to go through an assessment to become a kinship foster carer than an SGO when they were keen to apply straight away for an SGO. It seemed from the perspectives of families who brought this up that it was due to a cautious approach from the local authority, rather than concerns about their suitability, or court decision making. This indicates that there are still challenges in the SGO process, but that the work with Families Together was viewed a positive addition to the work.

Families Together staff reported that a facilitator to them carrying out SGO assessments was through feeling integrated into the wider local authority. There were parts of the process however, such as the templates for the SGO assessment and the support plan that made the process more time consuming.

#### *Providing information and guidance*

It is hoped that through providing information and guidance for carers when they are applying for an SGO, these arrangements will be suitable and sustainable in the long-term. To support this, throughout the assessment period the SGO social worker offers advice and guidance for prospective SGs. By doing this, aside the extended offer of support for SGs, it is hoped that the resulting families under SGOs will be more sustainable, with SGs having the right advice, and increased knowledge of

the availability of support for them and their family. The main pathway to this outcome that was evident in interviews was the clarity of communication from the SGO social worker. Literature indicates that the assessment process for an SGO can leave SGs unclear of their rights and the process. Participants indicated that the worker was willing and able to answer their questions clearly.

*“She was helpful, and if you wanted to know anything she was happy to put her pen down and explain everything.”*

**Special Guardian**

This links closely with the next overarching outcome that the service hopes to achieve: stability.

*4.2.2.2 Stability*

Stability for children in kinship care refers in this evaluation to children being able to remain in their kinship family for the duration of the arranged period, until they return home to live with their parents, or move into independent living when they choose to. The negative outcome that the service is trying to avoid is that a child moves from kinship care into another kinship care arrangement, non-relative or residential care without this having been an arranged pathway.

There were three pathways to increased stability for kinship and SGO families through the work of Families Together. The first was through short-term targeted support for families who may be facing issues, which could reduce the possibility of family breakdown. This entailed providing a streamlined process for offering support to kinship carers and SGOs who may be facing difficulties where an intervention would be designed around the specific needs of the family. This could be through work identified through the long-term team, or through the SGO assessment support plan. The second pathway to improving stability was through offering in-depth life story work to children to help them understand the reasons they were in kinship care. The third pathway was through the offer of long-term support to kinship carers and SGs through training, support groups and on-going access to the Families Together service.



### *Targeted support to avoid family breakdown*

Although there were not many instances in which there was an imminent risk of children having to enter care, two carers spoke about the situation having reached a crisis point before Families Together got involved.

*“There have always been issues, right from the start. We had some help from Monmouthshire County Council last year but again it's just short term, just something for a little while and then we don't have anything again until it comes to a head. The beginning of this year we had to call up and say unless somethings done a bit more permanently then we are not going to be able to continue as we are.”*

#### **Special Guardian**

In offering support for families facing difficulties, the first stage of the work is in coming to an understanding of what support is needed. Carers talked about how they were able to explore this with a Families Together worker without feeling judged which was important for carers to feel able to be open and honest about their concerns.

*“At the first meeting [she] listened and empathised and didn't criticise like other professionals had. She put [us] at ease straight away and after the meeting [carer] said “I felt that went much better”.*”

#### **Kinship carers applying for SGO**

### *Relationship between Families Together worker and family*

Participants were asked how satisfied they were with their Families Together worker on a scale of 1-7. The mean score across the thirteen interviews where this question was asked was 6.4 (range 5-7), indicates a high level of satisfaction with the Families Together worker. Participants were overwhelmingly positive about their worker in the follow up to this question, using words such as “amazing”, “kind”, “patient”, “empathic” and “bubbly” to describe impressions of their worker. Carers also talked about how their worker made them feel listened to, valued, and important.

One of the ways in which the service seems to enable this relationship is through the allocation of workers to families. A flexible approach to ‘case allocation’ allowed for the workers who had pre-existing relationships with families, or skills that would be necessary in the work, to be prioritised for allocation to the family. Where this had happened, families seemed to appreciate the consistency.

*“I’ve known [the support worker] anyway because she was a contact worker so I knew her. She’d done some work with [child] before... And that is why she asked to take us on...Because she knew us, she knew our background, she knew everything.”*

**Special Guardian**

The relationship built between the worker and the carer was seen as important to enabling carers to ask for support when they needed it. Many of the carers talked about how this relationship was built through the worker listening to what they had to say, and the worker ensuring that other people in the wider local authority provided the support that was needed

*“[She] was empathic, compassionate and did not judge... They have listened and guided us through the most difficult times we have experienced.”*

**Kinship carer**

*Life story work*

SGs were very happy with the life story work that was carried out with children, and described it as “excellent”, “beautiful” and “helpful”. Some reported feeling happy and proud of how their photos had been used to create the books. Others talked about the way that they would be able to keep the book and use it to have conversations with their children as they grew up and had further questions.

SGs talked about how important and helpful it was to have ways to explain the family situation to children throughout their lives. Importantly, the support worker focused on helping the carer to think about how to have conversations with their children as they grew up, and carers reported that this was something they felt they could ask for more help with in the future.

*On-going support*

The other way in which the service aims to improve stability is through the provision of long-term support. Most of the kinship foster carers and SGOs interviewed were clear that the Families Together team would be available to offer them on-going advice and guidance until their child reached adulthood.

*“I’d feel comfortable picking the phone up to her. I think if she could direct me in the right place, or give me some advice or support that I needed, I’d have no problem picking up the phone to her, I think she is very approachable.”*

**Special Guardian**

*“She is like the brick behind me holding me up if I need it.”*

**Special Guardian**

Carers seemed to value that the service was available for them to access if needed, but not a requirement. Even for carers who had expressed a desire to apply for an SGO because they were keen not to have on-going involvement with children’s services, there was recognition that the relationship with their Families Together worker would enable them to reach out in the future if they felt they needed to.

*I think that it is good. I mean, you know, they are not saying that I have to ring them, they are saying that I can ring them. And I think that everybody at some point, none of us are perfect, somebody is going to go, not sure what to do about that. So yeah, I am glad, it is a crutch isn’t it, if you need just to ring up and say what do you think about this, you say I’m thinking about doing this, and she might say yeah that’s good, but how about you do this as well. She is actually a very pleasant and kind person. She’s the sort of person that you could call up and say that to and she is not at all patronising, she’s easy to talk to, so I wouldn’t have a problem with that at all.*

**Kinship carer applying for SGO**

This was often contrasted with previous experiences of having not had their needs or requests for help met by wider social services.

*“We haven’t had a social worker ourselves between June and October. And we are supposed to have a fostering liaison who we can call if we have any problems ourselves. Which we don’t but it would be nice to know that we can you know, that we would have that help if we needed it. But we didn’t, we had nobody. We were told that the duty social worker, if you have a problem, call us. And that was really all we had. They expected us to have quite a lot with regard to reporting things and you know, writing things down and yet we had no social worker to sign them off or to give them to. They are supposed to do like a check every six weeks with us and do a write up on it, and ask us questions, you know. We get to say what we want to say, and this didn’t happen.*

**Kinship carer**

Carers were often able to give very clear examples of when such support might be necessary. In terms of areas where carers felt they may have needs, contact was the main area that was identified where future support might be necessary. The literature indicates that, after financial support, contact is the main area the kinship carers and SGs struggle with as the child gets older and situations change.

*“[She] has explained to me that her and her colleagues are based there for me to contact any time I want to. So say, for example, it is 10 years from now and [the child’s father] has got married say and they’ve got another child, if I’m not sure how to deal with that contact, I could ring her and say you know, [social worker], this is the situation, and she can give me some advice. I know they’re there for back up if I need them, they have made that clear.”*

**Special Guardian**

Other areas that carers identified in terms of on-going support needs included support for children with disabilities and emotional and behavioural difficulties, therapeutic support for children, long-term financial support and access to peer support. The on-going role of the Families Together would be to ensure that families are signposted to correct services to meet their needs.

#### *4.2.2.3 Increased efficacy of caregiving*

##### *Increased skills and knowledge*

Through providing targeted support for carers who are facing difficulties, they can learn new ways of approaching situations and supporting their children. Having an approach that is flexible to the specific needs of the family can allow for support workers to draw on a range of resources and knowledge to provide support for families. This type of work covered a range of areas which staff detailed, including support with difficult contact arrangements, helping carers to understand trauma, attachment and behavioural issues, internet safety, developing routines, home schooling and disordered eating.

Participants described targeted support work that had been carried out with them as “a godsend”, “a life saver”, “joyous” and “eye-opening” indicating they valued short term targeted support.

When asked about the work that families had done with support workers, carers were able to give clear examples of how the work that they had done with their Families Together worker had impacted on how they interacted with their child, and what impact that had had on their behaviour.

*“He had a tantrum the other day, his brother had something and he wanted it. He kicked off and went upstairs. It was a couple of days after [the support worker] had said to us about not just letting him go upstairs on his own, go up, sit with him, talk to him. And we done that, we let him go upstairs but I went up there with him, within 10 minutes he was back down with us. I went up we talked, said what’s the matter, how can we do it, how can we sort it out. And he said and everything, within 10 minutes he came back down happy as Larry. Before that, he would have been up there for an hour, hour and a half.”*

**Special Guardian**

### *Asking for help and guidance*

Carers also seemed to feel like they were able to ask for help and support around specific issues as they arose

*"I know she is there at the end of the phone if I need her. She helped me deal with what I consider to be a fairly major problem.... I rung her, I said I need help. She came out straight away.... she said, what do you want me to do. I said, are you going to be here to talk to him and she said no, I don't want to undermine your authority. But she talked me through what I should say to him, how I should approach it. And I have got to say, it went a whole lot better than I thought it would."*

#### **Special Guardian**

Support from Families Together also extended to supporting parents where children were in kinship care. In the evaluation sample, this support focused on building the skills that the parent would need to be able to move to unsupervised contact with their child. This work was done in tandem with work to support the kinship carer in arranging and managing contact and developing the relationship between the kinship carer and the parent.

### *Training*

As part of the service, the Families Together team has developed a programme of training with family therapists to address issues that are regularly raised by kinship carers and special guardians. Training was an area that both kinship carers and special guardians identified as wanting more of.

*"I would like more training. My husband and I have both done training and it gave us a big insight into how [the child] has developed, and how his defence mechanisms kick in. Like when he hasn't done something exactly right and you say ' why did you do that' and they say that is one of the questions you shouldn't ask. But it is very difficult. Because he has gone through trauma, you deal with a traumatised brain. It was quite helpful, you realise this is where this has come from."*

#### **Special Guardian**

Some carers had accessed training for foster carers which they found helpful, but noted some of the ways in which it was not necessarily tailored for kinship carers.

*"I think 90% of it is relevant and transferable. But then when they went around and asked everyone why they became foster carers and we were a bit like... well, we didn't have a choice. We were the only ones there who were kinship carers"*

#### **Special Guardian**

Carers who had attended training through Families Together found it useful, and that it focused on areas that were important to them. When asked if there was any other training that would be helpful, one carer said

*“It would be good to have something that focused on teenagers. Like, what is normal teenage angst and what is maybe more to do with trauma... and if there is a different way you should respond than how we did with our kids.”*

**Special Guardian**

#### *Peer support*

This also highlights a need for a space for kinship carers to meet other kinship carers, which is being addressed through a bi-monthly support group offered by Families Together. Carers that had attended peer support groups talked about the value of meeting other people in similar circumstances

*“It is just good to hear from other people, hear that they go through the same things and it is not just us. Before all of this we didn’t even know what kinship care was, we thought we were a tiny minority. Then you meet other people and you realise that there are lots of other people.”*

**Special Guardian**

All carers who had attended, or tried to attend training and support groups talked about the difficulties that they had using the online platforms. However, they also added that their support worker had spoken to them about this and had offered to support them to access future groups. Carers seem keen to develop their technology skills, but also were interested in being able to meet other carers face-to-face when it was possible.

#### *4.2.2.3 Impact of COVID-19 on kinship families*

It is important to note that the work that has been carried out with kinship carers has largely been carried out online or on the telephone. Carers have been under additional stresses related to the pandemic. It is no surprise then that the topic of COVID-19 came up in all of the interviews with participants, both as a positive and a negative. On the negative side, carers talked about having to shield, having to juggle work with home schooling, having to reduce working hours, added difficulties in arranging and managing contact and struggling to maintain routines during periods of

lockdown. In terms of the process of applying for an SGO, difficulties included getting the right documents, contacting people and remotely participating in the process. One carer talked about the experience of being at the hearing on their own online:

*“Listening to the judge online is daunting. I’ve never been to court before for anything. It is quite hard listening to other people, professionals in authority talking about your situation who you have never met before.”*

**Special Guardian**

Carers had noticed both positive and negative impacts on the children they cared for. One carer talked about having noticed that the child was happier not having different professionals in the house

*“In lockdown she’s been much happier because nobody is round here. I mean she has the odd facetime and stuff. But even when she has facetime she says ‘nanny you talk to them, I don’t want to talk to them any more’ and she walks away, you know. She’s just not really interested.”*

**Kinship carer applying for SGO**

However other talked about the impact of a lack of socialisation

*“I can’t say this lockdown has done him any good, not being able to see the family, not having any other children around. It is no good, they need to socialise. With me working as well, it was difficult to find that time.”*

**Special Guardian**

It is likely that the impact of the pandemic has varied for different families, and particularly by the age and stage that the child is at.

#### *4.2.2.4 Conclusion*

In terms of the work delivered to both kinship foster carers, perspective special guardians and special guardians, it was clear from the interviews that participants were extremely satisfied with the service. Participants gave clear examples of how the work had helped them to better respond to difficult situations that they faced. They saw their Families Together worker as a vital source of support and advocacy and all were clear that they could, and would, contact their worker if and when they needed to in the future.

## 4.3 Placement with Parent findings

### 4.3.1 Families Together intervention with Placement with Parents: programme theory


The work of Families Together with families where a child is placed at home with their parents on a care order is mainly short-term focused work in areas identified by the social worker. In addition, further work, either with the main carer, other carers, or with the extended family network may be identified and carried out. Figures 4 and 5 show an outline programme theory of the main inputs from the service, the intermediate outcomes from these inputs, and the final outcomes that it is hoped that the service can achieve through this short-term work with families. These intermediate outcomes can be seen as the theoretical ways in which it is believed that outcomes could be achieved. Not all of these intermediate outcomes and outcomes are measurable in this evaluation but should give an indication of how the service could continue to evaluate its own progress.

There are two main pathways to lifting care orders for children at home: through helping the family to increase their parenting capacity, reducing the risk of the child experiencing harm, and through satisfying professional concern that the child needs statutory involvement to remain safe.

For children to be on a care order, there must be a concern that a child could experience significant harm. While this risk may reduce organically over time, the Families Together team became involved in situations where it was identified that additional support was needed to help parents make changes that would reduce the risk of the child experience harm. The main input therefore from the service was the delivery of a support plan. It was felt by the service that the success of a programme of support was facilitated by the multiple perspectives of risk and needs that were drawn on to develop a support plan that met the specific circumstances, preferences and learning styles of the participant. In particular, the availability of family therapists to the team was viewed as key to workers thinking of the best way to approach topics with families.

Through the delivery of a targeted support or training programme, it was felt that parents would be able to increase their knowledge and skills which would help them to address their child's needs. The right support could also enable parents to make changes that it was felt they needed in order to be considered suitable to retain the care of their children without a care order. This could reduce the risk of the child experiencing harm. Ultimately it is hoped that this would lead to increased child well-being and safety. Moreover, if parents have a better understanding of the child's needs, and





are better able to address them then it is less likely that risk could escalate without statutory intervention, meaning a reduction in the future chance of the child needing to enter care.

For both the support work and the assessment element of the work, the team identified a need to carrying out the work in a way that could build resilience in the family network. Examples of how this could be done included explicitly supporting parenting to build their confidence and self-esteem, helping them to safety plan and access services that they needed, and also exploring what resources were available in the form of additional family members who could provide a role that was needed. This could help to ensure that in the future, without the input of statutory services, families would be able to deal with issues as and when they arose. This often would involve the support worker or social worker engaging with other members of the family to help them understand what was needed from them, assess them and help them to develop their skills.

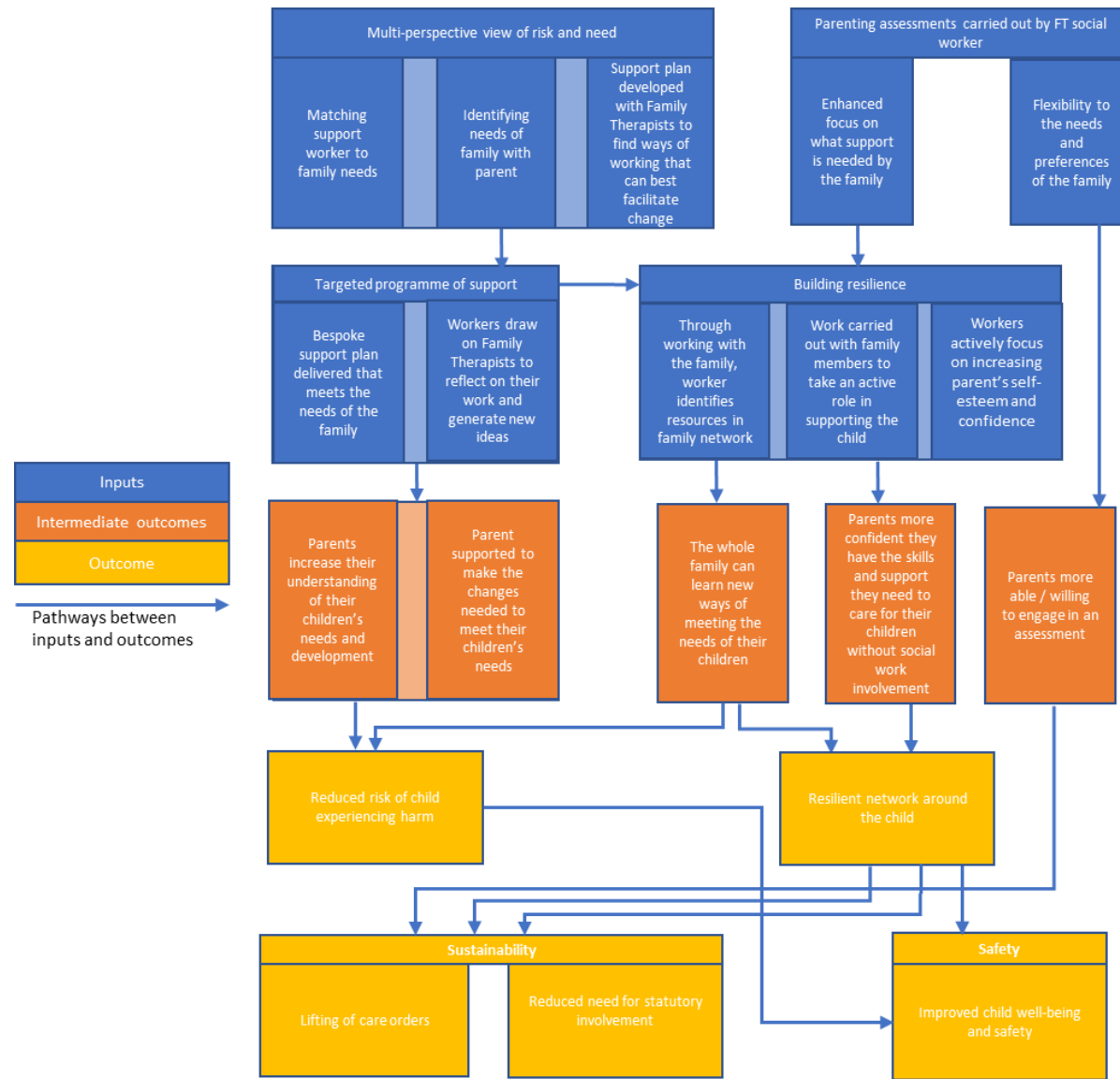



Figure 3: How working with parents can help them to make changes to reduce risk and lead to care orders being lifted



The other main element of the work that is delivered by the service is a social worker carrying out parenting assessments where it is identified that it could be possible that the care order could be lifted. This may be done as a standalone piece of work, or alongside a programme of intervention carried out by a support worker. By carrying out parenting assessments within the team, where there is an awareness of the support available by the other members of the team and beyond, it was hoped that the parenting assessment would have an increased focus on what the parent needed to be able to care for the child without a care order in place. Being able to point to the resources that the parent would have around them, and evidence their ability and willingness to engage with services could then increase the confidence of the courts and the social work team that parents are able to care for their children without a care order in place. This work also increases capacity for parenting assessments to be carried out. This is particularly important where some families have been on care orders for a long time with little change. Just increased capacity with a specific focus in this area therefore can lead to an outcome of reducing care orders.

The team manager from the Families Together service reviews every placement with parent care order on a 6-monthly basis. This helps to ensure that there is a focus on the care plan progressing. This review process intends to identify any further intervention that the family needs, and that there is not drift from the care plan.

Importantly, the work being carried out by the service needed to be done with clear communication with the child's social worker. While it was necessary to be flexible in the support offered to address the specific needs of families, to lead to a lifting of the care order, the social worker and the court would also need to feel confident that the parent had made the changes necessary, and had the skills and support to care for their child without statutory intervention. This involves balancing of what professionals need to see in a support plan, and what families feel is important.

While beyond the scope of this evaluation, and the work of Families Together, it is also possible that success in working with families currently on care orders could lead to less applications for care orders in the local authority through an increased belief that families can manage risk with the right support.

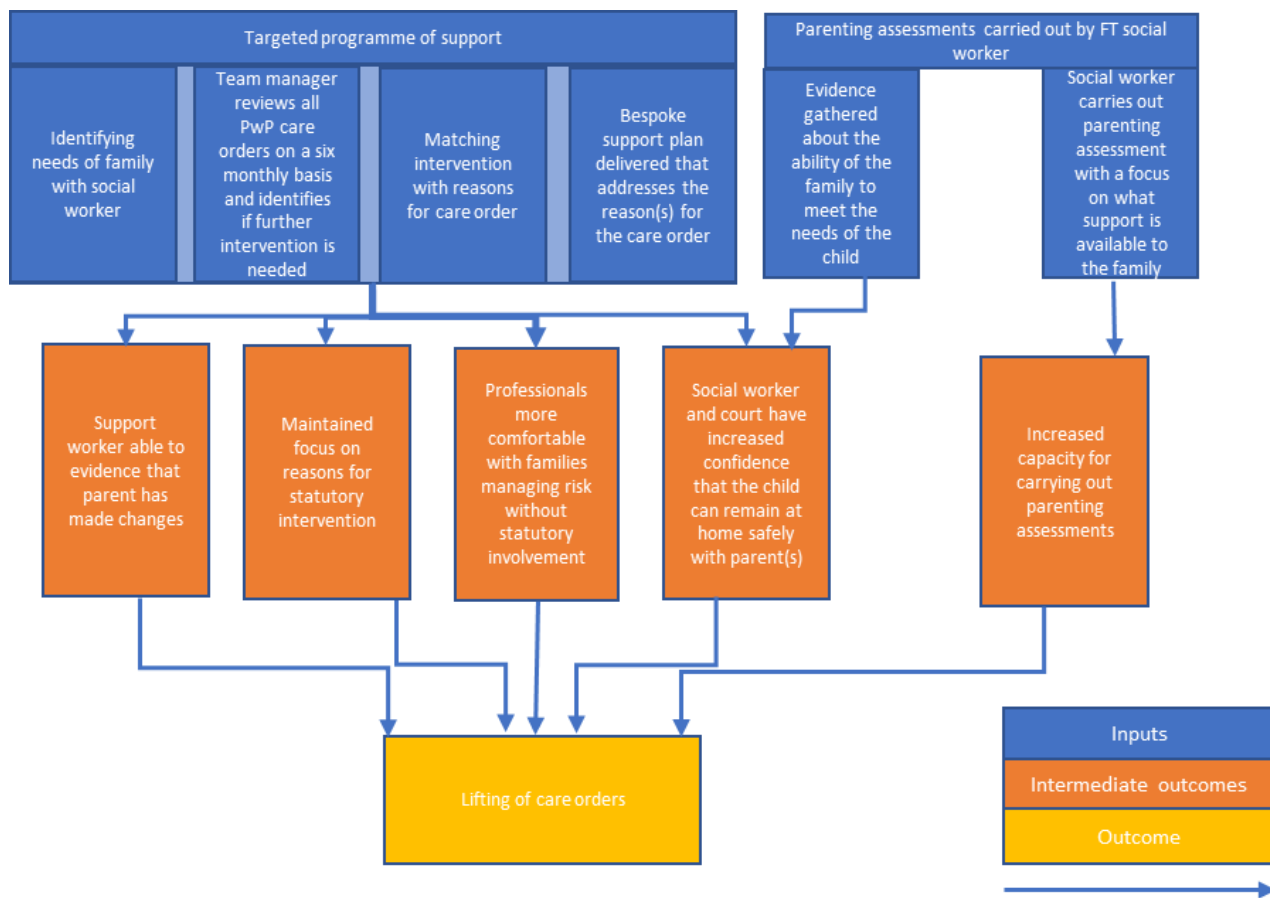


Figure 4: How work with families can reduce professional concerns and lead to care orders being lifted

### 4.3.2 Qualitative findings

The qualitative findings explore the extent to which Families Together seem to be working towards the outcomes identified above, and pathways that might lead to the achievement of specified outcomes from the service. The findings are grouped around the outcomes identified in the logic model. These include a combination of practitioner and family interview responses.

#### *4.3.2.1 Reduced risk of harm to the child*

There is a wide range of reasons that children are on care orders but remain at home. In the evaluation sample, risks identified by social workers and support workers that could, or had, caused harm included parental drug and alcohol misuse, parental alienation, domestic violence and neglect. Parents talked about children having witnessed domestic violence and their concern about the long-term emotional impact of this, difficult relationships with co-parents including attempts to undermine the relationship between the parent and the child, and historic drug and alcohol misuse.

There were three main theorised ways in which risk could be reduced by the work of Families Together – through the parent gaining an increased understanding of the needs of their children, parents being supported to make changes needed to meet their children’s needs, and through the family network being engaged and enhanced to meet the needs of the child. Depending on the age of the child and the nature of the situation, the team can also work with children to increase their resiliencies, helping them to develop ways of keeping themselves safe, which could reduce the risk of them experiencing harm.

#### *Increased understanding of children’s needs*

In terms of parents gaining an increased understanding of the needs of their children, in most cases parents partially agreed with the social worker / support worker view of the risk. However many did not agree with the level of risk perceived by professionals, or believed that the focus should have been different. In part this could have been through parents not feeling they were engaged in the process of deciding what the focus of the work would be, and were not always clear what the role of the Families Together worker was.

*“It is only really in the last couple of sessions that I have started to work out that they are about building family relationships. I didn’t really know, she didn’t really explain what she was trying to achieve.”*

**Parent**

There were no examples where parents seemed to feel they had actively participated in making a decision about the focus of the work. One parent, when asked how the focus was decided on said:

*“I don’t think we really decided on it, it was just like this is what we are working on.”*

**Parent**

*“I think it is pretty much set in stone. And if I wasn’t happy about it, that would just go against me.”*

**Parent**

There were some clear examples of where parents had been supported to reflect and gain a greater understanding of the needs of their children. In particular, parents mentioned the value of thinking about different stages of development for children, and parenting in relation to different needs

*“I thought the course was that good, I think all parents should do it to get to know the way your child develops, behaves, about different types of relationships. I was a bit dubious about it at first, but the way [she] done it was great.”*

**Parent**

Participants seemed to find sessions that focused on responding to the children’s behaviour particularly helpful, and were able to relate what they had done in the sessions back to how they interacted with their children.

*“It is just giving me the tools. Like, if he has a tantrum, knowing that it is not something I have done wrong, or something he has done wrong, there is no specific reason to it. Being able to handle him in that way, it is just giving him the love and support.”*

**Parent**

However some parents reported finding the way that information was presented to them quite difficult to take in, or that it felt like they were being given information “from Google” that did not seem relevant to them.

*“She talks, I listen.... not many questions being asked to me. The only way I can describe it is like she is on google, she googled it and then read it out to me.”*

**Parent**

In some cases, parents talked about how they would have preferred a different approach that would have been more appropriate for their learning style.

*“I feel like I am not actually achieving anything by just listening, if that makes sense. I need homework sort of thing for me to be able to, for me to write it all down and express my feelings and that.”*

**Parent**

Staff also talked about how they had had to adapt to delivering sessions online, and that this was not the ideal way of carrying out this work. Support workers gave examples of how they would usually print off materials to take on sessions with them and leave with the carer. It is possible that the parents who struggled with the way that the sessions were delivered would have had a better experience if they had been delivered in person.

In terms of the content, parents talked about how difficult the sessions could be, particularly where there was a focus on the past. It is important to take into account that some of the topics of the sessions focused on incidents and experiences that were very traumatic for participants.

*“There has been probably six hard ones out of eight, mostly hard ones. Looking at my childhood and things that happened that I had no control over, and the impact that they have had on me and then the impact they have had on the children.”*

**Parent**

But even where they were difficult, most saw some benefit in reflecting on how the past may have an on-going impact on their children. Where there were links made between the past and the future, with a focus on the children’s past experience and the parent’s hopes for the future for their children, parents could see the value in the sessions.

*“It is quite difficult, I had put it to the back of my mind and blocked it out. It has helped talking about it though... thinking about their experience.”*

**Parent**

*“There was a time when we talked about things and I did think, you know, that has put it in a bit of perspective for me.... but the trauma that it has caused having to relive it...”*

**Parent**

Parents also reported frustration at not being able to talk about their past experiences with their worker, and did not always feel ready to move on without acknowledgement of what they felt had gone wrong in the past.

### *Feeling supported to make and sustain changes*

While parents were sometimes not convinced about the utility or focus of the work, nearly all of the parents reported having a good relationship with their support worker or Families Together social worker. When asked to how they would rate their worker on a scale of 1 – 7, the average rating was 5.7 (range 4-7) in interviews where this question was asked.

Parents gave examples of where they had been encouraged by their worker to think about what they wanted for their children in the future, and could link this back to the changes that they were making – for example, thinking about when a child was grown up and being able to have both parents attending their graduation or wedding without fear of arguments.

Not all parents felt that they had acquired practical skills to change behaviours that they had been asked to change. For example, one parent talked about wanting support and examples to have conversations about past trauma with their children in a way that would not be thought of as having the potential to cause emotional harm. Notably, many of the parents were keen to participate in training, and gave examples of training they had found useful.

Where parents were separated, parents also thought it was very important that both parents engaged. This had not always happened at the time of the first interview, but by the end of the evaluation both parents, and sometimes other family members had been engaged in the work.

Many of these parents had been involved with statutory social work for a long time, and felt they had very little support. This also seemed to be the view of the staff, and quantitative data which will be presenting in the following report indicates that these care orders are often in place for a long time. Due to this previous experience, the relationship that was built between support workers and families was often in contrast to difficult relationships with social workers that had preceded them. When asked what was different about how the support worker interacted with them and their previous experience, one parent said

*“She treated me like a human being. Before anything else, she just treated me like a person.”*

**Parent**

It seems that this ability to build a relationship with parents, particularly where there had been difficult experiences with children’s services in the past, was an important element to the worker being able to engage the parent in work to make changes.



*“She is fantastic, she is really good at giving information, and getting information out of you. She is a really good tutor, very patient woman as well... the way she explained it made it interesting as well.”*

**Parent**

Families also talked about how they would copy in their support worker to correspondence with their child’s social worker which helped increase accountability, and reassured them that they would be listened to

*“If I really need something, or it is really bad, I’ll copy [support worker] into the email. Then I know something will get done.”*

**Grandparent**

In addition, the flexibility of the work, and the worker, seemed to enable parents to carry out the work, and helped them feel that the work was personal to them. Often it was small gestures that parents referred to when asked about their relationship with their worker.

*“She always checked in, asked if I needed anything, brought chalk for the kids. She would check it was the right time for me, and was always open to change the time if it wasn’t right for me. In fact, I think she is the only person who has ever offered to change a meeting for me.”*

**Parent**

However, some parents reported having had a difficult start to the relationship.

*“I kind of felt judged by her even though she said she wasn’t there to judge.”*

**Parent**

This in part came from worries that the worker had information about the person and their history before having met them. This is a difficult issue as participants recognised that the worker would be coming to them with knowledge from the duration of their involvement with children’s services while some felt much of this was historic or inaccurate and did not give a fair picture of the current situation. Understandably this could have an impact on the ability of the worker and the family member to develop a relationship.

Overall, parents appreciated that the Families Together worker was from Barnardo’s rather than Monmouthshire County Council. This perceived element of independent could have supported the development of a positive relationship where there had been negative experiences of social work intervention in the past. On the other hand, one participant said that they would have preferred it if the worker had read more about the family before becoming involved.

### *Increased confidence and self-esteem*

Staff talked in detail about incorporating confidence building and self-esteem into the work that they were doing with parents. On the whole, parents did report feeling confident in their parenting abilities, and they had high levels of self-efficacy in the parenting role. Most parents felt that they were able to face challenges that occurred in parenting, and that they played an important part in how their children turned out. It is difficult to link this to the work that was carried out by the Families Together team due to the low number of follow up interviews, the different stages that families were at in the first interview, and high levels of self-efficacy in the initial interview.

However, parents talked about a reduction in anxiety through the work that had been carried out.

Parents also gave examples of where the support worker had facilitated conversations between the social worker and themselves, which allowed a space for a different type of conversation to take place. Rather than just focusing on risks and concerns, parents gave examples of where their social worker had been positive about their parenting, whereas the parent was used to hearing negatives

*“In the three-way conversation we had she [children’s social worker] said “I know you are a good mum. When I have come to your home and seen how you and the kids are together I have gone home feeling blessed.” So I didn’t feel so bad then.*

#### **Parent**

The experience of hearing about their strengths seemed to have a big impact on parents and their confidence in their abilities.

### *4.3.2.2 Resilient network around the family*

On the whole, parents were able to identify an array of people who they felt they could draw on for support, including their siblings, parents, step-parents, friends, grandparents and professionals who had remained in contact informally. One grandparent who was interviewed talked in the first interview about wanting the opportunity for the whole family to come together so that they could all be involved in moving forwards

*“What I want to ask about now is if we can have a meeting with all of the family. Her side, the grandparents, the parents and us. Just to show that we are all on the same page and we all want the same thing for the children, to be happy and settled and to deal with what has happened to them.”*

#### **Grandparent**

To work towards the outcome of lifting a care order, part of the role of Families Together involves identifying other members of the family who needed input from Families Together to be able to support the family and the child when social services were no longer involved. The main way that

this was identified was through carrying out work with grandparents to enable them to better understand what the children had experienced, and how this had an impact on them.

*“He was getting violent and shouting. But now I realise that he was just dealing with his emotions the way that he had seen his parents dealing with them. He didn’t know how to express things differently. I hope now he is going to be able to deal with things differently. I was worried that he would end up on a trajectory of getting in trouble at school, with drugs, getting into crime. I don’t think that will happen now.”*

#### **Grandparent**

Staff also gave examples of where, through working with one parent, other work was identified that could be carried out with another member of the family.

Families, including children, were referred onto a range of other services that would remain involved after the work with Families Together, and some families had input from the therapy team. The aim of this additional input would be to ensure that families had all of the support that they needed once Families Together stepped back. Some families did feel that they wanted more input, particularly therapeutic input, for their children. By the end of the evaluation period, these referrals had been made.

This reduced risk of harm to the children through parents increasing their ability to respond to and meet their children’s, and a resilience network around the family is hoped to improve child safety and well-being, and reduce the need for further statutory involvement in the present and in the future.

#### **4.3.2.3 Reduced need for statutory involvement**

Through a reduced risk of harm to the children, there was also a reduced need for statutory involvement observed. Families were able to identify changes that had occurred through working with Families Together, and how these could lead to a lessening need for statutory involvement. This was particularly evident where there had been communication issues between co-parents. All participants where this was a goal reporting that through the work with Families Together they were now at a point where they had strategies for ensuring that their children did not witness arguments.

Feedback from one social worker talked about how prior to the work with Families Together, two parents made regular allegations about each other and were unable to be in the same meeting together. This required a high level of social worker time and intervention to manage. Through the involvement of Families Together, the parents were able to attending joint meetings, had improved

the way they communicated with each other and had reduced the of allegations and incidents that required the social worker to become involved.

However, families were not always comfortable with the goal of lifting the care order. Some were unsure how long changes would be maintained after the support worker was no longer involved.

This has been recognised by the service with continued support for families where it is felt they are not ready to have the care order lifted. In some cases, this was because the work carried out highlighted other areas of support that the Families Together team could help with which had previously been identified as important but had not had a plan for targeted work to be carried out.

One way in which this was being addressed was through support workers exploring with the parent ways in which the family network could be engaged to carry out some of the protective functions that the local authority was providing. The clearest example of this was through engaging grandparents in supporting and supervising contact where there was a history of domestic violence or parental alienation. This provided a way of safe contact taking place between children and their parents without the risk of witnessing arguments between their parents, as well as engaging the grandparents in some of the work that had been carried out with parents.

*"[The parents] couldn't talk to each other, we were doing all the dropping off and picking up so that they didn't have to see each other because they would fight, they couldn't be in the same room. I don't think they will ever be able to be in the same place. They would always be shouting at each other and the kids would be upset. So now we have been doing the training to do the supervision so that we can support them [the children and the parents] and they won't have to keep having social services involved."*

**Grandparent**

*"[We] have discussed in the beginning [father] will have contact supervised by his mother in his mum's house and see how that goes. Then it won't be completely supervised as it will be in an environment they recognised rather than in a contact centre and it will give them a bit of freedom while making me feel secure about the situation."*

**Parent**

This indicates that Families Together are actively planning for how families will be able to work together to meet the needs of the child without the involvement of statutory services going forward. Where Families Together were still involved, some families felt that they would contact their support worker rather than the child's social worker for advice and guidance as they felt their needs might not be high priority for busy statutory workers.

However, in some cases, parents felt that they were unsure of exactly what they needed to do in order to have the care order lifted, and that there was a sense of the 'goal posts' being moved by the local authority. While this was not related back by parents to the work that was being carried out by Families Together, it could have an impact on the willingness of parents to engage in further work with the service. There were also three parents who felt unsure of how it would be possible to achieve goals such as showing that they had increased insight into how their behaviour in the past had impacted on their children.

It is hoped that in the long term, the changes that have been made, and the additional support that has been put in place will reduce the likelihood of the need for future statutory involvement, or the child being placed on a care order again.

#### *4.3.2.4 Reduction in care orders*

Of the evaluation sample, only one child had had the care order lifted. However, a further three had been recommended or were planning to be recommended to be lifted. Beyond the evaluation sample, in just under a third of the cases where Families Together had worked with parents where there was a care order(s) in place they had been lifted. This is a significant percentage as prior to this service, the number of children on care orders at home with their parents was increasing with very few coming off care orders (average of 5.6 children placed with parents ceasing to be looked after in the last 5 years). However in two cases intervention had escalated, with one adoption order applied for, and one child moving to live with kinship carers. It was felt by staff that escalation of intervention could be an inevitable outcome from Families Together becoming involved where there had been very little work with families for a long time due to the situation having deteriorated since the care order was placed, or through the worker finding out new information in their interactions with the family that raise further safeguarding concerns.

#### *4.3.2.5 Impact of COVID-19*

It is important to note that the impact of COVID-19 on families came up in all interviews. Parents talked about the impact on their health from contracting the virus, the impact on arranging contact, accessing services for themselves and their children, home-schooling and being able to be in contact with their own support network. In terms of the work with Families Together, parents talked about the limitations of building a relationship with someone new without being able to meet them

*“I’ve only spoke to her on the phone so I don’t know her very well, I’ve never seen her face to face. But she makes things very clear so I can appreciate that.”*

**Parent**

This was similar for staff who felt that it was difficult to build an initial relationship over the phone.

*4.3.2.6 Conclusion*

The families of children placed at home on a care order had mixed experiences of the Families Together service. While most of them felt they had a reasonable relationship with their worker, this was in a context of many families feeling that their experiences prior to the involvement with Families Together had been very negative, and often had lasted a long time. This could explain why it felt particularly difficult for parents to be focusing on experiences that they felt were long behind them. However, this is a fine balance for the service as, due in part to prior negative experiences, parents also wanted acknowledgement of what had happened previously, and did not always feel it was possible to move past this.

What did seem to work well for families was a focus on their strengths, their children, and their vision for the future, for themselves and their family. A refocus after a long time with no change seemed to provide a stimulus for families to actively want to make changes, and feel hopeful that this could improve life in the future.

## 5. Discussion

It is not possible to say how 'effective' the service is in achieving the outcomes discussed as the work was still being developed as the evaluation took place, the sample size was small and attrition high. Also, the service was not delivered in the way that it usually would be. However, it is possible to think about the extent to which the service addressed the outcomes they hoped to impact, and also areas that need further development.

There were some key similarities and differences in the work with kinship families and birth parent families. Broadly, kinship carers reported a better experience than parents, however the concerns and the changes that were required were lesser in the case of kinship carers.

In both groups, participants identified the contrast between how their Families Together worker worked with them, and other experiences they had had in the past. A small but important example of this was participants mentioning that their worker had changed or offered to change the time of a meeting to accommodate their preferences and needs, and that this had never happened before. They also found their Families Together worker on the whole to be knowledgeable and able to connect them with services and support. In addition, families often felt that their Families Together worker helped to 'get things done' and could create a momentum for statutory workers with a wider remit to prioritise their needs. This implies that the partnership working model between Barnardo's and Monmouthshire County Council can offer a bridge for families whereby they feel they have an advocate who can help them to work with the local authority.

### 5.1 Kinship care

*To what extent did the service meet the outcomes they intended to impact on?*

Quantitative data from the service indicates that the work to increase the number of children leaving care on an SGO has been successful, with the number of SGO applications increasing from the previous years. This represents a move to **permanency** for more children, which carers reported as having a positive impact on their children. Key to this outcome is ensuring the SGOs are made with the carer feeling prepared and supported, having access to the correct information and guidance. Carers felt that this was a role that was performed well by their Families Together worker. As carers reported that they had mainly come to the decision to apply for an SGO themselves, it seems likely that the increased capacity and the proactive approach of the Families Together team encouraged kinship carers to take this step. This was facilitated by the efficiency and effectiveness of

the social worker carrying out the assessments. Kinship foster carers and SGO assessments have been identified in the literature as often difficult for carers, so the positive experiences reported by carers in this evaluation are commendable.

Short-term targeted interventions where families were facing a crisis or possible family breakdown seemed to be effective, although most families had not reached this crisis point. However, the support that they had received seemed to meet most of their needs, and the ability to ask for help when needed was appreciated. This support therefore seemed important to reducing the chance of family breakdown and improving **stability** for children. Importantly, carers all felt sure that they could and would ask for support from the Families Together team if they had any issues in the future.

Children in kinship care, like children in other forms of care, often have additional emotional and behavioural needs. Kinship carers can also face more challenges than other carers with children in the general population, such as stress, being older than general parenting age, having to give up work and losing their social networks. Support, knowledge and parenting skills are essential to kinship carers to meet children's needs. Through training, peer support and on-going financial and emotional support, carer **efficacy** can increase, hopefully leading to more positive outcomes for children. Monmouthshire County Council's commitment to offering on-going support (including financial support) to SGs is important to achieving this outcome and seemed to be having a positive effect. Carers also reporting having learnt new ways of understanding and responding to their children. Carers were attending training and support groups hosted by Families Together and found them useful.

#### *Where were Families Together less successful?*

Timescales and processes for the SGO and kinship foster carer assessments were highlighted as being a key area of frustration. Often this involved delays getting information from social workers, having the right information for court, and getting a court date. However, carers did feel that their Families Together worker had a positive impact on keeping them informed and pushing for assessments and applications to be prioritised.

Some carers would have liked additional therapeutic input for children in their care. It is difficult to know if this was not available due to the lockdown and ceasing of face-to-face appointment, but it is likely that this had an impact. Carers reported a lack of desire from young people to engage with services online or on the telephone.



While training and support groups were seen to be useful, provision of them online was seen as sub optimal for the engagement of carers. Attendance had not been high during the evaluation period, and those that had attended and were part of the evaluation felt they would have got more from them if they were delivered face-to-face.

#### *What was missing?*

The main area that carers reported being uncertain on was what Families Together, and Monmouthshire County Council could offer them going forward. There was a feeling in some of the interviews that carers had to fight to get on-going financial support, rather than it being a standard offer for all SGs. It is important to acknowledge that there can be shame and anxiety felt around asking for financial support – so there should be a proactive offer of financial assistance without carers feeling they need to ask for it. Some carers were aware of on-going training, both through Families Together and Monmouthshire County Council, whereas others were not quite sure how to find out what was available or would be available in the future.

## 5.2 Placement with parents

#### *To what extent did the service meet the outcomes they intended to impact on?*

Outcomes for families where children were at home on care orders were somewhat harder to conceptualised. In terms of **sustainability**, there were two main outcomes: **lifting care orders** where possible and **reducing the need for statutory intervention**. Both outcomes were linked, where actively planning for a reduction in statutory intervention formed part of to work needed to lift a care order for a family. The fact that it had been possible in the first year of the service for twelve care orders to be lifted (out of the thirty-seven placed on children that the team worked with) indicates that this outcome is being achieved. It also indicates that there is more work to be done with other families in this situation. There were ‘negative’ outcomes in the evaluation sample, including application for an adoption order, and also children moving into kinship care.

In terms of improving **safety** of the children, there was some evidence of changes that had been made both by parents and by people within their wider family network. In particular, adult family members had been able to think about their children’s experiences and future, and how to respond differently to children to manage their behaviour and reduce emotional distress. Carers were also able to think of ways that they could safety plan for their children if and when children’s services were no longer involved. Key to this was the flexibility of the service to engage with other members of the family to take over roles that the local authority had been providing. The fact that the Families

Together workers on the whole were able to develop strong, trusting relationships with families, even where they had had negative experiences of children's services in the past, could mean that these families will be more willing to access services in the future.

#### *Where were Families Together less successful?*

Some parents felt that the way information was presented to them was not done in a way that supported their learning. It should be noted though that due to the small number of follow up interviews completed, it is impossible to know if the support worker was able to adapt their approach with more success. The switch to online / telephone delivery likely impacted on ability of workers to adapt to the preferences and learning styles of families.

Families also talked about wanting more input for their children, and felt that services were not always available, and that children's views were not fully explored. However, by the end of the evaluation, referrals had been made for children. The delay in this happened was related by staff to the lockdown.

Families did not feel that the support that they received was bespoke or particularly targeted to their needs. They also did not feel that they had any autonomy in choosing what the focus of the work was or how it took place.

Often, families were also uncertain about the role of Families Together and what they would need to achieve in order for the care order to be lifted. While they understood the concerns of the local authority, they did not always agree, or feel they knew what changes they could show.

#### *What was missing?*

Some parents talked about the value of training that they had previously been on, through Families Together and in other contexts. While a package of training and peer support groups had been developed for kinship carers, this was not replicated for parents. Staff noted that a lot of the training offered for kinship carers would be transferable to parents. There is a space therefore for the service to consult with families and think about what other on-going work could be offered by the service.

There also seemed to be an opportunity for Families Together to remain available to support families in the same way as they offer this for SGs. Families reported a good relationship with their worker, which could mean that they were more willing to ask for support when they needed it. Where the risk was high enough to warrant a care order, it seems a fair assumption that the children

involved may have had similar experiences to those in kinship care, necessitating similar on-going support.

Special Guardians were very happy with the life story work that was carried out with and for children. Parents felt that it was sometimes difficult for them to find ways of having appropriate conversations with their children about what had happened in the past. It is possible that the skills used in life story work could be applied to work with children and young people at home.

### 5.3 Limitations

This part of the evaluation has three main limitations. Firstly, it took place in the first year of the service. As such, the remit, ways of working, outcomes that were being aimed for, and the theory behind the work. However, this commitment to early evaluation has helped the service to reflect on the work that they were delivering and think of ways to adapt or change their approach through regular feedback. It would be impossible to say if the service was effective in a statistically significant way at this stage of the work, but the qualitative feedback from families can be a powerful tool for shaping the service and can give indications of what seems to be working for people, how it seems to be working, and why. That said, a complementary report focusing on the quantitative outcomes of the service will give more evidence to the extent to which it is achieving the intended outcomes.

Secondly, the evaluation and the first year of service delivery took place in the context of a global pandemic. This impacted on all elements of the work. The service had to adapt to new ways of working, often having to develop complex relationships without being able to meet people face to face. Some members of the team had never met face to face with each other during the first months of the service. All evaluation recruitment and interviews were carried out by phone or video call software. This limited the scope of data collection, and importantly prevented the inclusion of children and young people in the evaluation. Staff who would usually be available to support with the evaluation were furloughed or not available for reasons linked to the pandemic. Most importantly, the pandemic has impacted greatly on families, adding extra pressures and stresses. Being able to engage with the work of Families Together or the evaluation therefore could have been felt as an additional burden. This has been acknowledged to an extent in the evaluation, but it cannot be stressed enough that in the context of the pandemic it is laudable that families and the service were able to keep going at all.

Finally, there will always be limitations related to a qualitative evaluation of this size. It is difficult to get a representative sample of families with different experiences, and it is impossible to randomise

families or have a matched comparison group to ascertain whether any changes that are seen through the delivery of the service are *caused* by the work.

Despite these limitations, the families and staff who took part in the evaluation were insightful and keen to support the evaluation. With their time and input, it is hoped that the evaluation gives a helpful overview of the first year of the Families Together service.

## 5.4 Recommendations

There are two major recommendations which are beyond the scope of the Families Together service, but key to its optimum impact:

1) Kinship families, including those on SGOs need long term support. They overwhelmingly appreciated that this was available and felt it would have a big impact on their ability to provide a safe and stable environment for the children they were caring for. This support needs to be based on the individual needs of families. The support that will be available throughout their time as carers needs to be transparent, publicised, equitable and have financial commitment.

2) Placing children on care orders while they remain at home with little input or support is not an effective way of reducing the risk that children will experience harm. By the time that a service such as Families Together becomes involved, the work that is needed to reassure courts and professionals that changes have been made is difficult and resource intensive. The type of support that is being offered by Families Together would be much more effective *before* any care order is applied for, and if it is demonstrated through bespoke, intensive support work that engages the family network that there is no chance that parents will be able to make the changes that are needed to keep their children safe, then a care order could be considered with greater evidence and more options of kinship care rather than non-relative care. For this to be a viable option, it is important for this type of support to be available for families before a care order is applied for. It seems that the Barnardo's Families Together team would be in a good position to offer this work through the work they have demonstrated so far. For placement with parent families, where a care order is applied for, Families Together should be involved at the point of developing a care plan, with a clear focus on what needs to be achieved to lift the care order.

Recommendations for the Families Together service to consider in partnership with Monmouthshire are:

- *Support and guidance:* Detailed guidance available on website for access by SGOs / kinship carers and parents. In particular, the financial offer to kinship carers and SGs should be publicised, and financial support should be proactively discussed with carers at the beginning of any assessment.

It would also be valuable if services were available for specific groups of parents and carers (i.e. for men, carers of teenagers / children with disabilities, victims of domestic violence).

To increase the capacity and possible impact of training offered, the service could think about how to support carers and parents to become peer facilitators. Research indicates that support groups and training facilitated by people with lived experience tends to resonate more with participants, and can also increase the capacity of the service.

For families to feel more autonomy and commitment to the work, and to see that it has the possibility to help their situation improve, it is important for them to be included in the development of support plans before or at the same time as social workers. This is necessary to change the power dynamic felt in social work / parent relationships. The development of a support plan with a family from a blank page may highlight areas that would not be thought of by professionals. Drawing on the experience of Family Group Conferencing practitioners in this area could be useful.

Parents were asked to talk about very traumatic events, and some felt they and their children had not had the option to have the therapeutic support they needed to deal with their experiences. Regular exploration with families of their therapeutic needs and referrals that could be made should be fully integrated into the sessions. While this is already done, some parents still did not feel they had received the support they needed. It is likely that this need has been increased through the experiences of the COVID-19 pandemic.

- *Training for professionals:* The team have worked hard to develop their skills and share their expertise with each other. The development of bespoke training programmes for kinship families speaks to this. They are therefore in a good position to develop and deliver training to professionals in Monmouthshire. One area could be the development of training for social workers to develop support plans.

## 5.4 Implications

The delivery of a service to families where children have been on care orders for a long time is important whether they are living with a kinship carer or a birth parent. It seems important that where a child is placed on a care order with their family, there is a plan in place that considers how best the child can be safe, have their needs met, experience stability and permanency, and not have unnecessary statutory involvement. Although it is intended that this is achieved through the care plan, the work of Families Together, and indeed the need for this service, indicates that a bespoke, targeted support plan is needed, with review and oversight, to ensure that children do not stay on care orders longer than necessary. The delivery of this service by a partnered but 'independent' organisation such as Barnardo's offers a model that can increase trust and engagement of families, particularly for those who have felt marginalised or not listened to by statutory services.

## 6. Conclusion

Despite very challenging circumstances posed by the implementation of a new service in the middle of a global health crisis that led to the closing of many face-to-face services, and increased pressures on families and staff, the Families Together service seems to have made positive improvements in the lives of families that often felt they had not had enough support in the past. The service seems to offer the types of support and work highlighted in the literature as important to families, and responding to the needs of children.

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