



Gofal Cymdeithasol **Cymru**
Social Care **Wales**

Supporting the Improvement Agenda in Welsh Children's Social Care

Current and planned
organisational work across
the sector in Spring 2018



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About CASCADE and the authors

CASCADE is a research centre within the School of Social Sciences at Cardiff University. Founded in 2014, we are concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption. We are the only research centre of our kind in Wales, bringing together children's social care researchers in Wales to promote evidence and better meet the needs of policy and practice so as to improve outcomes for children and their families.

CASCADE was recently named as the research partner for the newly-created What Works Centre for Children's Social Care in England. The What Works Centre will be involved in the evaluation of current practice of social work and children's social care, which will be followed by advice and interventions to improve practice and ensuring a high standard of care and positive outcomes for young people.

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About Social Care Wales

Our purpose is to build confidence in the workforce, and lead and support improvement in social care.

Social Care Wales:

- sets standards for the care and support workforce, making them accountable for their work
- develops the workforce so they have the knowledge and skills to protect, empower and support those who need help
- works with others to improve services for areas agreed as a national priority
- sets priorities for research to collect evidence of what works well
- shares good practice with the workforce so they can provide the best response
- provides information on care and support for the public, the workforce and other organisations.

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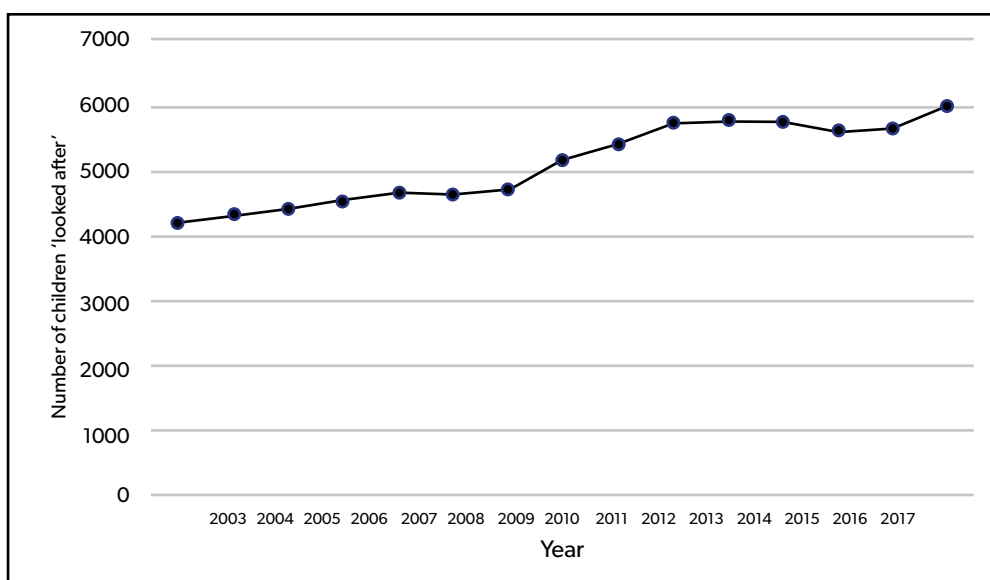
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INTRODUCTION: THE IMPROVEMENT AGENDA FOR CHILDREN WHO ARE LOOKED AFTER AND ON THE EDGE OF CARE IN WALES

The analysis presented within this report is intended to provide a picture of the innovation and improvement activity that has been undertaken, or is planned, within Wales in relation to services for looked-after children or those on the cusp of care. The snapshot presented is drawn from data collected in a period from January to March 2018. The report is intended to provide an overview of the mapped activity across Wales, rather than being a document that necessarily identifies particular approaches as examples of good practice.

The focus of this review on improvement activity around looked-after children and those at risk of coming into care comes at a time when there are concerns nationally (both in Wales and at the UK level) about the growing numbers of children and young people being placed in the care of the state. In Wales, the context to this work is an increase of over 40 per cent in the numbers of children looked after in the 15 years from March 2003 (4,195 children) to March 2017 (5,995 children).

Figure 1: Numbers of looked-after children



In response to this, the Minister for Children, Older People and Social Care has a stated aim to safely reduce the need for children to come into care. In his opening comments at the Welsh looked-after children's summit held in March 2015, the then Minister of Health and Social Services, Mark Drakeford AM, painted a picture of a system out of balance that removes too many children and places them in a system where their outcomes are likely to be poor; a system in which a growing proportion of finite resources are spent on out-of-home care rather than on supporting families to keep children at home. The backdrop against which this rapid review was undertaken is one therefore where there is both an appetite and a recognised need for improvement and innovation around practice and services for looked-after children, but where such activity is being done in a climate of significant budgetary and service pressures for local authorities and their partners.

For the purposes of this review, 'innovation' and improvement activity has been defined as activity that is likely to:

- increase the life-chances of children who receive help from the social care system
- create stronger incentives and mechanisms for innovation, experimentation and the replication of successful new approaches
- achieve better value-for-money across children's social care (p.4).

This is a definition drawn from the Children's Social Care Innovation Programme in England². Within the context of this review, this definition fits with

the issues highlighted in the former minister's speech. Improvement and innovation in relation to looked-after children is about trying to both improve outcomes and make the best use of finite resources. Innovation and improvement activities are focused on a range of practice models and approaches implemented at different organisational levels. These vary from implementing large-scale systemic practice models across children's services, to a range of practice approaches and service developments.

As well as looking at activity related to looked-after children, the review also considered innovation in terms of those on the edge of care. 'Edge of care' as a term has come into common usage within children's services in recent years, but as identified by the Institute for Public Care report (2015) undertaken for Hampshire Council, the way the term is used and defined varies³. For the purposes of tendering this review, Social Care Wales defined edge of care as relating to children and young people subject to child protection procedures and/or the public law outline (PLO) process and this was the definition given to participants in this study, though it is clear that, for many, their interpretation went beyond this remit. The term can more broadly be used to describe: families where there are significant child protection concerns, which may result in out of home care if insufficient progress is made to address concerns⁴; children and young people, who have been looked after but are at risk of re-entry to care; families whose needs are escalating in a way that may require the child to become looked after within a period of weeks or months; or children where the decision would be for them to be looked after but for an alternative intervention or support package being put in place to safeguard them⁵. In some authorities, edge of care services are defined as those focused specifically around adolescents and their families, whilst in others it may refer to children and young people of any age. These definitional and operational differences were also identified in an Ofsted survey of local authorities in England in 2011⁶.

Pressing Concerns Regarding Improvement and Innovation: The view of the Children's Commissioner for Wales

As part of this project, we collected the views of the Office of the Children's Commissioner for Wales (OCC) on improvement and innovation in the sector. As part of this conversation, we asked what their most pressing concerns currently are that improvement and innovation need to address, and they also offered their views on how this may take place within the current Welsh social care landscape. We reference these here as a framing device for the report as a method of including the views and voices of children and young people in our reporting, which was otherwise impractical given the short timescale of the project. The remit of the OCC is to listen to, support, and speak on behalf of children and young people in Wales in matters concerning them; therefore their views here are being presented as representing the key concerns of children and young people in care. It is useful to bear these in mind when reading the report, and we return to a discussion at the end of the data report regarding whether these concerns are being addressed within the activity identified by other organisations.

The three areas highlighted as a pressing concern for improvement and innovation are:

- mental health and well-being support
- education attainment (in a broad sense) and opportunities for education and training
- reduction of profit-making and the ability to reinvest money in supportive services instead.

Furthermore, our OCC participant identified more effective regional and partnership working as the best way to address these concerns. They reported that they found issues emerging where communication, responsibility sharing, and information sharing were not working effectively, particularly in relation to mental health and education. This corresponds to a core tenet of partnership-working underpinning the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. One aim of this project was to gather organisational views on how partnership working is occurring across the sector, and how organisations are trying to improve this, and we offer comment on our findings on page 31.

1. DATA COLLECTION METHODS

This project was designed as a rapid evidence-gathering exercise with a broad range of key agencies that support children who are looked after in Wales.

To collect data, we focused on personal contact through telephone interviews, alongside written submissions, where necessary, due to research participant capacity or time restrictions.

Ethical approval for the project was granted by the Research Ethics Committee of the School of Social Sciences at Cardiff University in January 2018. This approval assures participants and users of the research that the project's methods and approach were examined by a committee outside of the project and that the researchers received ethical guidance and monitoring.

Invited participants

Senior professionals from the following organisations covering the whole of Wales were approached to take part in the project:

- local authority children's services departments
- police and crime commissioners
- local health boards
- The Office of the Children's Commissioner for Wales
- Social Care Wales
- CAF/CASS Cymru
- all major third sector and private organisations who support or care for children who are 'looked-after' in Wales.

In addition, information was sought from the Wales School for Social Care Research in relation to current research on improvement and innovation with the intention of producing better outcomes for children in, or at risk of entering, care.

Confidentiality

Standard ethical procedures for university-based research are that participants in research studies should be voluntary, suitably informed about the aims, methods, and use of data within the study, and that they should be offered the opportunity to be anonymous. The majority of participants in this study requested anonymity. For consistency within this report, the personal identity of all participants has been hidden.

Interviews

The majority of data was generated through pre-prepared semi-structured telephone interviews, with interview schedules tailored to each type of organisation that covered the following areas as appropriate:

- practice models and approaches
- pilot projects
- children on the edge of care
- residential care
- building capacity with foster carers
- commissioning and partnership working
- implementation of the Social Services and Well-being (Wales) Act 2014

The project team conducted approximately 55 telephone interviews over a period of six weeks. Interviews were recorded in all but two cases (where the recording device failed). Written responses to questions were submitted by four participants where a telephone interview was not possible. The participant from CAF/CASS Cymru was interviewed in person. Data on the implementation of the Social Services and Well-being (Wales) Act 2014 is not included in this report as it was an area of additional interest to the first author and will be published separately in due course.

Additional data collection

In some cases, available documents were requested from interview participants to obtain further detail on particular projects or strategies. No confidential information was gathered through this method. To obtain further information, we also searched the 2017 annual reports of each local authority's social services department.

In addition, we requested an annotated list of training courses available to social workers in local authority children's services departments, and these were sent via email.

These documents have been made available to Social Care Wales and may be requested as necessary.

Data use

Interviews were not fully transcribed due to the time constraints on the project and the prohibitive cost of this service. Instead, a 'data map' spreadsheet was produced by each member of the team and used to extract the relevant information from the audio data. To produce this report, the data map was used as a reference point and original audio recordings were referred to for further information.

Limitations of the study

The key limitation of this study is the short timeframe of the participant recruitment and data collection period, which took place primarily over a six-week period from the end of January to mid-March 2018 (a handful of late interviews were carried out and data submissions accepted over the last two weeks of March). Challenges in recruitment were more serious than initially planned for, leading to significantly more time being spent on recruitment than was originally envisaged. Not all suitable interviewees were able to participate within the timescale.

While it was the intention to interview multiple contacts from each organisation, in reality it proved very challenging in many cases to obtain even a single participant, and, in some cases, organisations refused to take part for various reasons (primarily staff capacity).

In other cases, we were referred on to others to discuss an issue but the recruitment process for that individual failed, leaving an incomplete dataset. As a result, the data we present cannot be considered a complete dataset of all activity in Wales, as most individuals representing their organisations did not have a complete working knowledge to-hand of all relevant activity. Therefore, where an organisation is referenced in relation to a particular activity, it should be assumed that others may also be involved or running the same project that it was not possible to speak to. Should organisations whose activities are absent here wish to make further submissions to the review, they should contact the authors.



2. DATA REPORT

The organisations who participated in this study include the following:

Local authority children's services departments

- Bridgend
- Cardiff
- Carmarthenshire
- Conwy
- Denbighshire
- Flintshire
- Gwynedd
- Isle of Anglesey
- Newport
- Merthyr Tydfil
- Monmouthshire
- Pembrokeshire
- Rhondda Cynon Taf
- Torfaen
- Vale of Glamorgan
- Wrexham

Third sector organisations

- Action for Children
- Adoption UK
- Barnardo's Cymru
- Children in Wales
- Fostering Network

- Learning Disability Wales
- National Youth Advocacy Service
- SNAP Cymru
- Tros Gynnal Plant
- Voices from Care Cymru

Private organisations

- Calon Cymru Fostering
- Foster Care Cardiff and Swansea
- TLC Wales Fostering

Health boards

- Abertawe Bro Morgannwg Health Board
- Aneurin Bevan Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Health Board
- Hywel Dda Health Board
- Powys Teaching Board

Police forces

- Dyfed-Powys
- Gwent
- North Wales

Also: CAFCASS Cymru; The Office of the Children's Commissioner for Wales; Social Care Wales.



2.1 Practice models and approaches

Research and practice have developed a wide range of structured practice models and approaches to social care that incorporate specific values and beliefs about working with people to achieve better outcomes. These outcomes could be individual, focused on well-being and long-term personal goals, or organisational, focusing on greater efficiency, speed, and value-for-money within the bounds of acceptable risk. To achieve these outcomes, models and approaches to social care may guide practitioners through their work using specific questions, assessment structures and processes, or management styles. They may also influence the kinds of service referrals that are made, or the style of care that a person receives.

Knowing the models and approaches that a social care department or organisation takes on is a way of understanding their own values and beliefs, as well as providing knowledge about everyday practice. It also tells us how they are trying to improve services and how they are trying to be innovative by exploring new models or applying them in original ways.

Some departments and organisations choose just one or two broad models, and adapt them to individual contexts, while others prefer to incorporate different models for each area of practice, group of people, or social work team. For this study, we wanted to know what models and approaches are currently being applied or explored for future use across Wales. We wanted to understand which are currently seen as most useful and practical in improving practice and delivering good systemic and individual outcomes.

All children's services departments and service providers were asked about the service models and approaches they use in practice⁷. They were asked to define how their named models and approaches worked in practice, when they were implemented, and whether they had been evaluated. We asked what the evaluated outcomes were, and whether they were intending to change their practice or conduct any further work in the near future.

Named approaches in local authorities

The interviews with local authority children's services managers about practice models and approaches used within their authority identified a range of levels at which these were being implemented.

These broadly appear to fall into a number of typologies. A small number of authorities identified that they had adopted a systemic practice model across children's services, the most common being *Signs of Safety*. A much larger group of authorities reported a wider range of practice approaches. Examples of these included the use of motivational interviewing techniques; the Bruce Thornton risk-assessment tool (also described as the *Risk Model*); and strengths-based approaches. One Head of Service characterised their overarching model as *magpie*, an approach that took ideas from a range of other models and approaches. In this instance, this included elements of *Signs of Safety*, restorative approaches, different therapeutic models, and *Intensive Family Support* among others. While not explicit in some responses, this *magpie approach* would seem to fit with the information provided by some other local authorities.

Practice models of local authority children's services and the 'magpie approach'

Three local authorities described a full incorporation of *Signs of Safety*; however the majority of local authority children's services departments had no single model or approach to practice, many instead preferring a *magpie approach* that tailored practice to specific contexts.

These local authorities buy in specially-designed training and assessment programmes from consultancies to work with particular groups, or apply general principles such as *strengths-based approach* or attachment theory to guide multiple activities.

Where the *magpie approach* was taken, services appear to have been developed over a number of years through responsive practice that considers the experience of staff and the public. This responsive approach also takes into account legislation and some of the research evidence base. It is reasonable, however, to ask how the application of multiple approaches and models can be effectively monitored and evaluated for appropriate use and outcomes by senior staff, as many local authorities did not report specific evaluation processes beyond formal care inspections.

Strengths-based approach:

Participants: Cardiff; Merthyr Tydfil; Monmouthshire; Isle of Anglesey; Torfaen

Person-centred approach:

Participants: Conwy; Flintshire; Gwynedd

Relational / Relationships-based / Systemic approach:

Participants: Carmarthenshire; Monmouthshire

Ecological approach:

Participants: Monmouthshire

Task-centred approach:

Participants: Conwy; Denbighshire

Therapeutic approach:

Participants: Conwy; Isle of Anglesey; Merthyr Tydfil; Monmouthshire; Newport; Rhondda Cynon Taf; Vale of Glamorgan

The magpie approach

Used by: Bridgend; Denbighshire; Gwynedd; Newport; Monmouthshire; Vale of Glamorgan

Named practice models and frameworks in local authorities**Signs of Safety:**

Participants: Cardiff (full); Swansea (full); Pembrokeshire (full – initially in safeguarding only but now broadening out to other areas); Carmarthenshire (part – only for assessment processes); Newport (part – all staff are trained but encouraged to tailor approaches to individual contexts)

Restorative practice:

Participants: Newport

Attachment theory:

Participants: Isle of Anglesey; Monmouthshire; Newport

Solution-focused Brief Therapy (SFBT):

Participants: Isle of Anglesey; Merthyr Tydfil

Integrated Family Support Team/Service (IFST/IFSS):

Participants: Conwy; Denbighshire; Isle of Anglesey; Merthyr Tydfil; Newport; Rhondda Cynon Taf; Wrexham

Multi-Agency Risk Assessment Framework / Conferences (MARAF/MARAC):

Participants: Merthyr Tydfil

Safe Base/Secure Base:

Participants: Monmouthshire; Newport

Gwynedd/Thornton Risk Model:

Participants: Isle of Anglesey; Wrexham

Graded Care Profile:

Participants: Wrexham

Motivational interviewing:

Participants: Conwy; Isle of Anglesey; Rhondda Cynon Taf; Torfaen; Wrexham

Cycle of Change / Stage of Change:

Participants: Isle of Anglesey

Prevention and Support Service (PASS):

Participants: Wrexham

Incredible Years:

Participants: Wrexham

Freedom Programme:

Participants: Wrexham



Models and approaches within third sector and private organisations

The children's rights approach and third sector practice

The children's social care third sector in Wales is dominated by a children's rights approach based on the United Nations Convention on the Rights of the Child (UNCRC). This is unsurprising, as these organisations explicitly exist to promote the interests of children as a group whose voices are traditionally marginalised in public and private decision-making.

Using this approach, third sector organisations often seek to influence public policy and law and more localised decision-making about children and young people by promoting their voices. They also provide an aspirational vision for children's social care, which, while varied depending on the nature of each organisation, collectively acts as a powerful driver of improvement and innovation within the sector. Their role extends to developing and piloting innovation, using their funds to actively seek, pilot, and, where successful, implement new ways of working across Wales. They perform a prominent role in guiding the public and private sector by informing, supporting, and advocating within statutory provision⁸. Their influence in Welsh policy within the continuous Labour-led governments that have held the Assembly since its formation can be seen as a continuation of the party's 'social investment' strategy⁹ in relation to children after this power waned in the UK government when Labour lost the 2010 general election.

The Social Services and Well-being (Wales) Act 2014 formalises many third-sector-recommended policies

and aspirations, requiring that children and young people's views are sought wherever decisions are made about their care and, arguably, extending the UNCRC requirements. Meanwhile, significant and extensive new third-sector-led projects such as *Confidence in Care* and the *Reflect* project continue to be at the forefront of innovation and improvement in children's social care.

Eight out of the nine third sector organisations interviewed, and one of the three private organisations interviewed, specified either that their core working approach was centred on children's rights or on supporting children's participation in decisions that affect them; many mentioned both of these elements.

The only third sector organisation that did not specify this approach was Adoption UK, who do not conduct much work directly with children and are focused more on strengthening the family unit. Instead, they discussed a peer support model that enables adoptive parents to help and support each other.

In addition to discussing children's rights, Tros Gynnal Plant apply a restorative approach to their practice with families and young people.

Four third sector organisations and two private organisations directly applied or supported attachment-based practice or therapeutic parenting, either as a core value of their work or as an aspect of a particular project.



2.2 Pilot projects and new initiatives

Defining and evaluating pilot projects

Pilot projects usually refer to new services which are delivered for a pre-determined period of time and closely monitored to see if they deliver desired outcomes. Sometimes the term pilot refers to a restructuring or other internal process which is tested to see if it can provide a more efficient or effective method of working. Frequently, pilot projects were tied to recruitment, where a specific new post had been funded or an existing team trained and allocated to deliver a particular service.

Ideally, pilot projects should also be defined by robust, pre-determined evaluation procedures and outcomes measurements¹⁰; however a general uncertainty or lack of confidence surrounding evaluation procedures within the sector surrounds this aspect of data. There was some observable difference in what constituted a pilot project among respondents, with some reporting new initiatives which staff hoped would improve services, rather than projects being specifically designed to achieve this end. These were identifiable through a lack of a defined timescale, no reported knowledge regarding evaluation or outcome measures, and a lack of clarity regarding what further work may emerge from the project.

While some of this data may be omitted due to limitations on data collection processes in our research (such as the person most knowledgeable in relation to a particular project not participating in data collection), it is possible this is a cause for concern in terms of the improvement agenda. A great deal of innovative activity may be occurring in the sector where successes are being determined by routinely monitored data (such as numbers of re-referrals or numbers of children in care) that are influenced by a wider range of factors over uncertain periods of time, or by subjective observations of managers as the service progresses. While such data is inherently of great value when evaluating services and should not be discounted, a lack of rigour and informed planning could produce a misleading impression of failure or success. Bespoke measures applied to pilot projects for evaluation, and a strong grasp of comparisons and monitoring procedures established before beginning work are a far stronger basis for determining improvement in social care.

All local authority children's services departments and service providers were asked about pilot projects covering the period of the past 12 months

and those planned over the next 12 months. Every local authority but two reported at least one pilot project, with most reporting at least two. Due to the issues identified above, we have subtitled this section to indicate that some projects reported are better described as new initiatives, rather than pilot projects.

NB. Many local authorities referenced the Intensive Family Support Service (IFSS) as being linked to their preventative pilot projects. While this service was rolled out across Wales some years ago (2014), it is clear that the design is still perceived as innovative and a useful mechanism to support improvement objectives. Some local authorities reported their own IFSS teams (IFSTs) as an ongoing pilot project in themselves, with adjustments and expansions of their practice scope still developing. Of these developments, Conwy's pilot project is of particular note as they are seeking to offer IFSS services at an earlier stage of issues emerging to prevent crises from occurring, rather than acting as a crisis intervention service. They are currently recruiting to this team and are developing an evaluation approach to track progress and measure outcomes over a three to five-year period. They are hoping that this will reduce the number of children entering care and lead to shorter overall intervention periods.

Confidence in Care

Participants: Available to all local authorities in Wales, though some are yet to start the programme while others have decided to withdraw until the results of the evaluation are known in 2020. A consortium of organisations is leading and evaluating the project: The Fostering Network; Action for Children; Barnardo's; TACT; and Cardiff University.

Placement with Parents

Participants: Cardiff.

Dedicated Edge of Care / Resilient Families / Rapid Response Team

Participants: Blaenau Gwent; Conwy; Carmarthenshire; Gwynedd; Isle of Anglesey; Merthyr Tydfil; and Torfaen.

Early Help Hub

Participants: Flintshire, with partners.

Social Worker Personal Assistants

Participants: Merthyr Tydfil.

Integrated Regional Working for Complex Needs

Participants: Newport; Monmouthshire; Torfaen

Blaenau Gwent; Caerphilly; and Aneurin Bevan Health Board.

Fully-Participatory Fostering Panels

Participants: Pembrokeshire.

Play Therapy

Participants: Torfaen, Action for Children; and Caerphilly.

Therapeutic Fostering Model

Participants: Vale of Glamorgan and Action for Children

Gwella/Missing From Home

Participants: Gwella: Swansea (Western Bay RSB); Rhondda Cynon Taf (Cwm Taf RSB); Merthyr Tydfil (Cwm Taf RSB); Carmarthenshire (Mid and West Wales RSB); Denbighshire (North Wales RSB); Barnardo's Cymru; and Missing from Home:

Wrexham.

Reflect

Participants: Newport (initial pilot site); Gwynedd and Pembrokeshire mentioned as upcoming but roll-out will be national; and Barnardo's Cymru.

Practice Processes and Developing Working Relationships

Participants: Pembrokeshire.

Single Point of Access (SPOA)

Participants: Wrexham, representatives from third sector and health.

Corporate Apprenticeship Scheme

Participants: Pembrokeshire.



2.3 Improvement and innovation in building capacity with carers

All local authority children's services departments and service providers were asked if they had been undertaking any work to improve or innovate in relation to building capacity with carers covering the period of the past 12 months and planned over the next 12 months. The researchers specified where necessary that 'building capacity' referred to skills and development, as well as recruitment and marketing.

During our discussions on this subject, the majority of interviewees from local authorities shared concerns regarding sufficient recruitment of 'in-house' foster carers and described attempts to extend this recruitment, though some offered more developed plans than others; these are described in the section below.

It is important to note that at this stage the National Fostering Framework (NFF) for Wales is currently in an advanced stage of development¹¹. The remit of the NFF includes several workstreams focusing on the recruitment, development, and retention of foster carers across Wales, including the creation of an 'all-Wales brand for local authority fostering', to produce a coherent national strategy of improvement relating to foster carer capacity. While many concerns were raised to us regarding the ability or capacity of local authorities to compete with private providers in attracting and retaining foster carers, the NFF is also eagerly anticipated as a potential solution.

Upskilling the current foster care workforce

Upskilling the foster care workforce to handle ongoing changes in the circumstance of children referred to social care was a clear priority for almost all participants. Newport and Wrexham participants in particular emphasised the increasing complexity of referrals, referencing child sexual exploitation (CSE), unaccompanied asylum seekers, and children with complex needs, as requiring specific training and support plans to ensure foster carer capacity matches demand. There was also a clear sense from several participants that this was a significant challenge in the face of flat budgets, with funds to support expansion of training limited.

The ongoing trial of the *Confidence in Care* programme is clearly having an impact on this area of practice, with many local authorities referencing it

as either currently being, or soon to be, delivered in their area. The programme is clearly giving a positive impression in the sector, no doubt aided by the fact that it is currently being provided at no cost to local authorities, and several noted that they were eagerly awaiting the trial results. Pembrokeshire in particular reported excellent feedback from course participants and stated that they would continue with the service for as long as it is offered for free, and will re-evaluate, based on costs, at the end of the trial period. Despite the fact that it remains in a development stage, the upcoming *Fostering Framework* also featured in several responses under this section, demonstrating awareness of its scope and potential to upskill the workforce.

There was a clear focus on therapeutic support services for foster carers in many areas, with attachment training being located as a key improvement activity, especially from third sector providers. Action for Children incorporate the principles of attachment theory into their organisational model and base their foster carer service around therapeutic principles, with extensive attachment training available through their organisation, including 'attachment clinics' which provide attachment plans for the holistic planning of care focusing on emotional and well-being needs. Another specific course they offer for foster carers is *caring for traumatised children*, a two-day therapeutic course introducing developmental trauma and how to work with it. Adoption UK are providing similar training for prospective adoptive parents in the form of a six-session course titled *parenting our children*. One of Voices from Care Cymru's local participation groups is currently leading work on 'attachment-friendly schools' using Pupil Development Grant funding. For private foster care organisations, attachment theory was also a popular basis for training and development, with Calon Cymru using a brain development model to work with parent and child foster care placements where the parent has a learning disability. TLC Wales report activities in response to an increase seen in the number of children in care with attachment disorders and requests from local authorities that Dyadic Development Psychotherapy (DDP) should be provided as part of the package of care for foster children. They explained that because there are a limited number of DDP therapists in Wales and, in their words, local authorities are reluctant to spend on specialist therapists, TLC Wales have trained two of their own social workers in DDP who will receive accreditation this year to become Theraplay therapists, as preparation for training as qualified DDP therapists.

In terms of local authority work, Conwy are currently developing a model for therapeutic support in partnership with CAMHS. This is designed to support carers in meeting the mental health and emotional well-being needs of the children (see supplied document: *Conwy: CAMHS Integrated Support Model*). An evaluation is not yet designed but our participant reported that they are considering how they can assess how it complements the overall vision and aspiration for the development of services in Conwy. Other services that emphasised the need for partnership-working with mental health include Rhondda Cynon Taf, who are appointing a dedicated therapeutic team to working with carers and families, and Vale of Glamorgan, whose therapeutic fostering pilot is described on page 77. Merthyr Tydfil described how Welsh Government funding had been directed towards the development of therapeutic services; however no further detail was available at the time of data collection. Meanwhile, Monmouthshire's Secure Base project (described on page 68) was also located as a key driver for building foster carer skills and enhancing placement stability. Voices from Care Cymru mentioned that they hope to develop training for foster carers on handling birth family visits.

In terms of improvements in general support and advice for foster carers, several organisations and local authorities, including the Fostering Network, referenced a drive to provide extended support hours, primarily through 24-hour helplines but also out-of-hours visits where urgent issues arose, a good example being the MIST service in Torfaen and Vale of Glamorgan's 24-hour helpline. Newport highlighted the success of their foster carer forum, which includes a quarterly meeting with the Head of Service and Service Manager, as ensuring that support is reflecting need in the sector. Advocacy and children's rights training and awareness-raising with foster carers were a particular focus for the Fostering Network, while Action for Children have worked with foster carers on blog posts, discussing the language of foster care, including advocating the alternative term 'foster parent' to better describe the nature of the fostering relationship. They are also seeking support from the Welsh Government on this issue.

Named skills and development projects

Confidence in Care

Named by: Bridgend; Cardiff; Carmarthenshire; Conwy; Flintshire; Gwynedd; Newport;

Pembrokeshire; Rhondda Cynon Taf; Action for Children; Fostering Network; and Voices from Care Cymru.

National Fostering Framework

Named by: Will cover all of Wales but was specifically named by Cardiff; Carmarthenshire and Newport local authorities as building capacity with carers; Action for Children; and Fostering Network.

Fostering Well-being

Participants: Rhondda Cynon Taf and Merthyr Tydfil

MIST (Multi-Intensive Support Torfaen)

Participants: Torfaen.

MAPS (Matching and Placement Support Service)

Participants: Newport.

Recruitment and marketing

Many local authorities reported recruitment drives for foster carers to improve capacity, often with new or revised approaches, including Cardiff, Monmouthshire, Newport, Pembrokeshire, Isle of Anglesey, and Wrexham. Some innovation was apparent here, particularly from Cardiff and Pembrokeshire. The Fostering Network is also actively working to improve foster carer recruitment across the sector, however this is not specifically focused on public sector provision. It is worth noting that The National Fostering Framework intends to refocus these efforts to operate on a regional, rather than local level to offer more co-ordinated support for individual local authorities.

Cardiff were particularly concerned about the high numbers of children they are having to place out-of-county due to a severe shortage of foster carers to meet Cardiff's needs locally. In February 2017, they launched a new recruitment campaign 'Count Yourself In' which specifically targeted potential foster carers who may not have previously realised they were eligible to foster, including single people, same sex couples and disabled people. They have been promoting the campaign in an innovative way, supporting a 100-person team to run in the Cardiff Half Marathon and employing a range of social media to support awareness. They are also developing benefit schemes in partnership with business to strengthen the attraction of council fostering from a financial perspective.

Pembrokeshire state that they are taking significant influence from the recruitment processes of the independent sector, employing a specific marketing officer and exploring the use and cost-effectiveness of internet marketing such as Google Ads and Facebook adverts. However, while these ideas were seen as necessary, equally important to the local authority was ensuring that internal processes were working as efficiently as possible to ensure efficiency and timeliness in recruitment, which was perceived as a key 'drift' factor – where potential foster carers initially express interest in council fostering but then are lost to a more efficiently delivered private service. To this end, they are reviewing working practices within their fostering and assessment teams to produce faster transitions through the stages of recruitment and placement, particularly in relation to kinship care, and this was seen as an effective way to reduce costs as well as improve recruitment figures.



2.4 Improvement and innovation in residential care

This is an area of service improvement that has been given a significant focus through the residential task-and-finish group established by the Ministerial Advisory Group on outcomes for children, whose work programme includes establishing a profile of residential care in Wales; a review of models of providing residential care; work to look at extending *When I'm Ready* to young people in residential care; and, out-of-area and cross-border residential placements.

A number of local authorities, when questioned on innovation or improvement activities around children and young people in residential care, pointed to the fact that they no longer had any in-house residential provision. This could arguably suggest that there is no identified activity work between residential care providers in the third/private sector and local authorities to improve outcomes for young people in residential settings. A number of authorities, however, did identify activity focused specifically on young people in residential care (where there was in-house provision) or young people that are on the edge of and likely to be placed in a residential setting if they entered care.

One example of such work is the establishment in Bridgend of a service model based on the *No Wrong Door* approach developed by North Yorkshire County Council. Part of the Children's Social Care Innovation Programme, the approach was positively evaluated in July 2017¹². The approach is based on a hub model and an integrated support team that supports the young person throughout their journey to ensure that they are not passed from service to service, but instead are supported by a dedicated team. Some young people are placed in the residential hub, and others are supported by outreach while either in foster care or living with their families. In adopting the approach, Bridgend are in the process of turning a residential unit into an assessment hub. Work in this area is in the early stages in some authorities. For example, Rhondda Cynon Taf is just in the process of setting up a task-and-finish group to look at residential care including the potential for the re-establishment of in-house provision.

Gwynedd, in common with a number of authorities, spot-purchase residential placements for young people as they have no in-house provision. They identify that they struggle to identify suitable placements and that there is a gap between supply

and demand. Torfaen CBC also does not currently provide their own residential care. However, a cabinet meeting report from September 2017 highlights the intention to establish an in-house provision for young people aged 16+ with complex and challenging behaviour by providing housing and in-house around-the-clock support, a service currently provided externally at a significant cost. The authority is currently trying to identify a suitable property to provide this service. This development is being undertaken both to make cost savings and as a way of having control over the quality of the provision. It makes this a project worth doing with young people accommodated safely and rehabilitated in a timely fashion.

As highlighted, a number of the authorities who provided information for the report reported currently having no in-house residential provision. Of the small number that did (Bridgend, Cardiff and Newport), one, Newport, has three in-house residential units, one of which provides short breaks to disabled children and young people. Perhaps more noteworthy in the context of this review is that one of the other two provides placements to young people at risk of child sexual exploitation (CSE). Cardiff and Bridgend also provide a limited amount of in-house residential care, and Cardiff describe their home as taking a therapeutic approach, employing creativity and the arts to help support the children's well-being in care.

Conwy CBC have proposed redesigning the service provided from an existing residential children's home run by the authority (see supplied documents 'Conwy: Crisis Intervention'). The proposal is to develop an outreach service based around a team of support workers and the ability to provide short-term emergency residential placements where necessary. The intention is to provide flexible support to families in crisis (including those on the edge of care) and residential assessment and short-term placement provision.

Third sector

Action for Children is hoping that the National Fostering Framework will produce opportunities to extend their current work aimed at supporting children out of residential care and into foster families or prevent placement breakdowns that lead to children being moved to residential care. This complements a project by Calon Cymru who are running a transitional placement programme – a therapeutic scheme to try and help children get back into foster families.

Concerns were expressed about access to advocacy for children in residential care and several organisations are working to address this, including Tros Gynnal, SNAP and the National Youth Advocacy Service. This is also being addressed by the Improving Outcomes for Children Ministerial Advisory Group.

In the context of third sector organisations, one of the most significant areas of work currently being undertaken for young people placed in residential settings is around *When I'm Ready*. Children in Wales and Voices from Care are engaged currently in a piece of work for the Welsh Government gaining the views of young people on what *When I'm Ready* should look like in Wales for those in residential settings. Tros Gynnal Plant are doing improvement work with individual residential homes, through consultation work with young people on their experiences of residential care, which is fed back to providers to inform service improvements.

The Ministerial Advisory Group for outcomes for children has established a task-and-finish group on residential care, which, as part of its remit, has commissioned four pieces of work. The first of these relates to exploring extending the principles of *When I'm Ready* to young people in residential care, which has been described earlier. The other areas of work relate to developing good practice around out-of-area residential placements; building a profile of children's residential care in Wales; and analysis of different models of residential care.



2.5 Improvement and innovation with children on the edge of care

In an earlier section of the review, the variation in the way the scope and focus of edge-of-care services are defined was highlighted, drawing on reviews of such services undertaken in England. This variation is present in the services being provided or developed across Wales; examples include the *Baby in Mind* approach adopted in Bridgend and the Adolescent Resource Centre (ARC) working with 11 to 17-year-olds in Cardiff¹³. Despite potentially some variation in focus there does, however, appear to be some level of activity around services for children on the edge of care in the vast majority of local authorities who provided data.

Some local authorities have had longstanding edge-of-care services; for example, Newport has a family support service (in partnership with Barnardo's) working with children on the edge of care since 2010/11 and Gwynedd has a service which has been in operation for three years. In other authorities service developments in this area have been more recent; for example, a recently-developed pilot project in Carmarthenshire.

The Vale of Glamorgan has developed a 'crisis intervention' approach for children who are at imminent risk of becoming looked-after. Established 12 months ago and initially funded by the local authority, the project now receives funding from the Welsh Government. The establishment of the service was in recognition that family support was often not targeted on families with lower-level needs and that services such as IFST were restricted to supporting families where there were substance misuse issues. The authority therefore wanted to develop a preventative approach that worked more broadly with families where children are at risk of becoming looked-after. The service has been developed in partnership with Action for Children.

This type of service, which provides intensive support to families with needs broader than those related to substance misuse (and therefore covered by the remit of IFST services), is also replicated by the PASS prevention and support service operating in Wrexham. The service operates outside of core office hours, including weekends and works jointly with housing.

An IFST model is also operated in Rhondda Cynon Taf. IFST is part of the Miskin Service. The Miskin Service's role is to support social workers working

with children and their families by providing direct intensive support to families or with young people through time-limited, intensive, specialist family-focused evidence-based interventions. The aims of the service are to promote placement stability for children throughout Rhondda Cynon Taf who are experiencing difficulties in their lives.

Other examples of approaches to edge-of-care services based on an intensive family support model include, Conwy's *Edge of Care / Changes* (IFSS). The Intensive Family Support model uses task-centred approaches, but integrated with person-centred and outcome-based practice. Direct work with families is underpinned by the use of motivational interviewing. The *Changes* service provides intensive support delivered over a specified number of weeks to assist families to find ways to make required changes and/or develop strategies to cope with issues/behaviours which threaten family stability. A collaborative, outcome-based approach is used to engage families with a partnership approach to manage difficulties and effect sustainable change. Similarly, Monmouthshire are in the process of redesigning existing family support provision to include a specific edge-of-care family support team. The authority's *Multi-agency Early Support* supplied document outlines how development of this service fits with a wider plan to realign the *Team around the Family service* and enhance early intervention. This service's development is in its early stages and is located as a long-term project to reduce the number of children entering care and also to identify how the pre-statutory threshold should be set and managed.

Other pilot projects focused on those on the edge of care include the keyworker approach being developed in Merthyr Tydfil. This approach doesn't involve the establishment of an edge-of-care service/team but does instead operate across all teams. Some local authorities (for example, Anglesey and RCT) highlighted the introduction of Resilient Families approaches. In the case of RCT, the service was being introduced during the data collection period for this review (January 2018).

In terms of partnership working with the health sector, Abertawe Bro Morgannwg health board reported that a looked-after children (LAC) nurse sits on the weekly resource panel meetings, which include discussions of children on the edge of care. These cases fall outside of the remit of LAC nurses as these children are not yet looked-after, how they will liaise with the child's school nurse and assist by signposting relevant health services.

The Fostering Network operates a support foster care service across the UK. In Wales, it operates in two local authorities, Swansea and Powys. The service provides respite for families in need of support with the aim of preventing children going into care. The service can provide respite care for between nine and 12 months.

As highlighted elsewhere in the review, there appears to be a relative absence of evaluation activity in relation to the development and operation of edge-of-care services. One exception to this, in terms of external evaluation, is in relation to the family support service operating in Newport. The service, provided in partnership with Barnardo's, was formally evaluated by the Institute for Public Care (IPC) in 2015-16. One authority, Gwynedd, does in-house evaluation but using a validated evaluation tool, *Outcomes Star*. The tool is used with families every six to eight weeks and to evaluate outcomes at the end of the intervention to measure success. The service has received positive feedback from families. A number of other authorities identified that they had mechanisms for internally monitoring and evaluating their edge-of-care services. For example, Cardiff, following the establishment of their ARC service in April 2017, undertakes quarterly

performance monitoring. An external evaluation is planned once the service has been in operation for a year. Monitoring of numbers and outcomes, for example whether safely diverted from care, was also highlighted by Anglesey.

Evidence of the effectiveness of edge-of-care services in reducing the numbers of children entering care is patchy. Carmarthenshire, in the Director of Social Services's annual report, cites the authority's edge-of-care services as a key factor in a reduction numbers of children looked-after in the authority. A further reduction in numbers is reported in the 2017 Director's report; however, edge-of-care service contribution is not specifically mentioned. In Gwynedd, whilst numbers of children looked-after hasn't reduced numbers, the edge-of-care team are perceived as having an impact on where children are placed. The numbers of children placed in fostering and residential settings have remained the same (during a period of increase in numbers of children looked-after) while numbers of children placed under placement with parents have increased. Children being placed at home more frequently are perceived as a successful outcome of the team's work.



2.6 Current commissioning and partnership working strategies

4Cs and independent placements in residential care

The Children's Commissioning Consortium Cymru (4Cs) consists of the majority of Welsh local authorities who collaborate on commissioning placements for looked-after children. 4Cs provides a commissioning service to 15 south and mid-Wales local authorities and manages the All Wales frameworks for both independent fostering and residential placements. The relationship between independent fostering providers and 4Cs was described by the Nationwide Association of Fostering Providers (NAFP) in evidence to the Public Accounts Committee of the Senedd as 'obstructive and unhelpful'. This may reflect concern in the sector about the high cost of some private foster care (see page 62). However, since the review of the framework contract in 2016, partnership arrangements and communication between the consortium and independent fostering providers were identified as improving significantly¹⁴.

In respect of innovative practice, 4Cs is highlighted in the *Seeing Is Believing: Co-production case studies from Wales*¹⁵ for its work involving young people. This project has involved young people undertaking accredited 'Young Commissioner' training as part of co-productive approach, with the aim of giving young people influence over how and what looked after children's services are commissioned in Wales. The young people participate "in regional and national commissioning activities such as asset-mapping as part of needs-analysis, developing outcomes and surveys, contributing to quality-assurance, and evaluating providers for inclusion on the All Wales Placement Framework" (page 85).

The levels of engagement with, and use of, 4Cs for commissioning of placements with independent providers appears to vary significantly. Some local authorities do not appear to engage with the consortium at all; some authorities appear to use the consortium to commission placements for children with complex needs; while there is a further group who appear to commission all their external placements through 4Cs.

Pembrokeshire, who, at the time of writing, is the only local authority not signed up to the all-Wales frameworks, identified the need for improvement

activity around joint funding and commissioning arrangements with health and education, for children and young people with complex needs. In contrast, Monmouthshire has an integrated commissioning team for children and adults with a lead officer for children's services, which sits within social care and health.

In terms of partnership working and innovative practice between local authorities and independent providers, Monmouthshire highlighted an example of developing a bespoke placement. Tailored to the specific needs of a young person, by working in partnership with an independent placement provider and the authority's housing association, the authority went through the registration process working closely with the provider. The approach used in the case has more broadly informed future practice in respect to their general approach to supported accommodation. A number of local authorities have subsequently contacted the authority to discuss the approach used. The authority therefore saw this approach as innovative.

Multi-Agency Safeguarding Hubs and other strategies for partnership working

One of the strongest examples of partnership-working that participants described to us was the use of Multi-Agency Safeguarding Hubs (MASH) in relation to child-protection concerns. The use and adaptation of this model was the primary focus of police interviews; MASH have become increasingly popular as a method of tackling Child Sexual Exploitation (CSE) but also address other urgent child protection concerns. MASH models have been used across the UK, particularly in England, after multi-agency working was identified by the Munro Review of Child Protection as an essential component of effective child protection¹⁶. Led by the police, in partnership with social services, health and education professionals also have varying degrees of involvement in MASH arrangements. A broadly positive evaluation of multiple MASH sites¹⁷ published shortly after the Munro Review led to the MASH approach being popularised and there is now substantial awareness of the approach within the sector.

In south Wales, multi-agency working is conducted primarily via a MASH in two of its four regions. There are also plans to open a MASH in the other two regions as soon as possible as it has led to an increase in the speed of outcomes in areas that do



nurse and Education Co-Ordinator.

While Dyfed-Powys does not have a MASH, it engages in multi-agency working through a Central Referral Unit (CRU) which sits alongside the Public Protection Unit and our participant described it as a 'mini-MASH'. The referral unit manages multi-agency communication through the distribution of cases to appropriate agencies but appears to have a more passive role than a traditional MASH in terms of progressing and closing referral cases. Powys Health Board reported that they are planning to re-visit the idea of a full MASH after an inspection recommendation.

In Gwent, on seeking a contact with whom to discuss improvement and innovation we were referred directly to the *Breaking the Cycle* team and we conducted an interview with a staff member at this service. Another variation on the MASH model, this project (formerly known as the Gwent Missing Persons Hub and running since 2011) manages a police-led multi-agency response specifically in relation to instances of missing children who are considered to be at high-risk of CSE and frequently in need of referral to social services. The service has been positively evaluated and has secured further funding to continue and extend the service. In evaluation it was demonstrated to be particularly successful in reducing the numbers of instances of a child going missing.

have a MASH. Our South Wales participant had a positive view of their local MASH, reporting that it eases the process of everyday multi-agency working, speeds-up information sharing, and enables them to handle situations instantly and direct staff efficiently. Cwm Taf Health Board reported a significant input into the MASH operated within Rhondda Cynon Taf and Merthyr Tydfil, funding a number of health posts in the project (two designated nurses; a lead nurse; and a business support worker). Cardiff and Vale Health Board, however, described its presence in the local MASH as minimal, with the operations manager attending meetings but no other staff members mentioned.

Our Aneurin Bevan Health Board participant noted they were involved in a MASH but they were not personally involved and did not have any further detail on the extent of their participation. In Betsi Cadwaladr University Health Board's area, covering Wrexham and Flintshire, the MASH has been replaced by a single point of access (SPOA). Our participant reported that health representatives actively participate in this project and seek to do as much multi-agency working as possible. They noted that the SPOA created strong links with the local LAC

Breaking the Cycle applies a multi-agency model adopted by a coalition of Gwent public sector services, including: the five Gwent local authorities (Blaenau Gwent; Caerphilly; Monmouthshire; Newport; Torfaen); Gwent Police; Aneurin Bevan Health Board; a third sector debrief service provided by Llamau and funded by the Big Lottery.

The model replicates the design of the more widely-used MASH model (see below for the application of this in South Wales and Dyfed-Powys). Two police officers and a police analyst, up to two social workers, a health worker, an education worker, two independent debrief workers and an independent mediation officer are all based in one office and the main reporting tool, the *Missing Individual Risk Assessment Form* (MIRAF), is accessible by all organisations. The service also includes a debrief service where every child reported missing has a chance to speak to someone independent in a return interview to assess risk and facilitate referrals to further support services. The service manager felt

that the multi-agency approach was highly successful and reported positive outcomes on a range of activity, including:

- A significant reduction in repeated missing episodes. Out of 746 children that have been missing this year, 615 have been missing five times or less. Other forces have seen increases of up to 80 per cent whereas Gwent is stable or decreasing
- Successful identification of children at risk of CSE who would have gone unnoticed under other approaches
- Improved work with the education sector. For example, a child who had been excluded was accepted back into their school after negotiation and information-sharing through the service.

The *Breaking the Cycle* website has a range of further information and the evaluation of the Gwent Missing Person Hub is publicly available¹⁸.

Further work taking place in Gwent facilitated by *Breaking the Cycle* includes an educational worker rolling out training across all schools in Gwent. They are offering training to all higher-level safeguarding managers, while all teachers are given briefings and children have a specially-designed assembly. Children who are identified as at risk of CSE through this work are invited to workshops and their parents invited to a coffee morning where they are trained in recognising the risk behaviours of CSE. They also hold a residential forum once a quarter with all managers of residential homes across Gwent. They have trained taxi drivers and hotel managers in the region to be aware of signs of CSE and received positive feedback regarding this training.

While *Breaking the Cycle* stands out as a particularly well-developed service in Gwent, South Wales also reported a range of active CSE improvement work. They are updating their CSE protocols for more effective and efficient working, and have a specialist CSE team in place. They have also enhanced their training relating to CSE with courses targeted at operational staff on legislation and practicalities of how they can recognise signs of CSE. They have also developed an internal website with a missing person page and a CSE page where officers and staff can log-on to refresh their memories or review new legislation and guidance. They have CSE advocates in-force employed by Barnardo's working with their CSE team who provide early intervention with children. They conduct 'return home' interviews and refer them to further services if they think they

are at risk. Further development of the Barnardo's multi-agency approach to CSE is currently being undertaken as a pilot study under the title Gwella; this is described further on page 74.

The current enthusiasm for the Adverse Childhood Experiences model of risk has sparked a raft of multi-agency working between police, health, and social services (described below). Finally, South Wales is introducing Operation Encompass, which supports school notification of domestic violence incidents. A 'key adult' in the school, who has level three child protection training and is also the designated safeguarding lead, is made aware of incidents by police so that they are able to support the child and monitor their well-being. Public Protection Notices (used to refer to other agencies) are issued for domestic violence incidents and children within the family are referred to children's services, where previously police would only have noted that a child was there but taken no further action¹⁹.

Partnership-working and Adverse Childhood Experiences

Both Dyfed-Powys and South Wales Police reported the setting up of an Adverse Childhood Experiences (ACEs) Unit. ACEs as a framework originated in the USA in 1998, arguing that the potential for a child to suffer significant and long-lasting harm could be simplified into a small range of early risk factors, with a quantified increase in risk dependent on the number of risk factors present in their early experiences²⁰. These risk factors include the following:

- **Child maltreatment:** verbal abuse; physical abuse; sexual abuse; emotional neglect; and physical neglect
- **Household experiences:** Parental separation; mental illness; domestic violence; alcohol abuse; drug abuse; and incarceration.

Studies in the USA report a strong correlation between the number of ACEs experienced in childhood and mental illness in adulthood²¹ and these results have been replicated in Wales²². As a result of these studies, the recognition of ACEs as an accepted measure of childhood risk and potential harm has rapidly proliferated across the Welsh social care and public health sector, leading to the funding of specially-designed units.

In relation to children in care, the ACEs Unit trains staff on early intervention approaches to the identified vulnerabilities to stop concerns from escalating. Where risk is identified, a multi-agency referral form is completed to refer to the ACEs Unit if assessed as low-level, and on to local safeguarding where the risk of harm is high. Dyfed-Powys and South Wales have set up ACEs hubs with funding for an initial three years to test their effectiveness and prevention potential. There is an evaluation planned to observe how ACE support hubs are working together.



Partnership approaches to mental health services

Supporting the mental health and emotional well-being of children and young people in care is an area where partnership working appears to be flourishing in the sector; this is unsurprising given the necessary involvement of both health and social services, and the daily monitoring and support potential that education provides. However, despite the efforts described here, the OCC states that further progress must be made to ensure that the mental health of children and young people in care is appropriately prioritised and not superseded by budgetary concerns.

Betsi Cadwaladr University Health Board has, since 2006, operated a consultation service in CAMHS for looked-after children. The service provides access to a clinical psychologist for two days a month. While the majority of referrals are received from social workers, anyone working with a looked-after child can make a referral. The service was introduced because it was found that many looked-after children were not meeting the CAMHS criteria and also didn't want to come in to the service to be assessed or have therapy. It was therefore felt more beneficial to work with the foster carers, social workers and teachers working with the young people. No formal evaluation of the service has been undertaken. However, the health board is in the process of introducing a set of routinely-collected outcome measures. The measures to be used are the CGAS (Children's Global Assessment Scale) and GBOS (Goal Based Outcomes Scales). Similarly, Cardiff and Vale University Health Board has introduced a developmental trauma service for children who are looked-after. Established in July 2016, the service operates on a mainly consultative basis (80-90 per cent consultation based). The service has strong links with local authorities and health care professionals. As with the Betsi Cadwaladr service, the team predominantly provides support to the network around a child rather than meeting a child specifically. Some direct clinical work is however also undertaken using the Dyadic Developmental Psychotherapy (DDP) model. Again, there is no external evaluation of this service as yet, but outcome measures have been developed.

Cardiff and the Vale identified the training and support work they have undertaken with professionals working with looked-after children and young people. This included one-off presentations about trauma and attachment to autism services, paediatricians and speech and language therapists. A further development is a training programme on trauma and looked-after children, which will be piloted in two schools in the coming months. The health board also provides bespoke training to social services staff. Betsi Cadwaladr University Health Board also identified training activity that it has been undertaking around the needs of looked-after children. The health board delivers a modular attachment training course with foster carers in Flintshire (18 sessions overall) looking at attachment, trauma and how to parent a child with those support needs and support carers with management techniques, with the aim of reducing placement breakdowns. In addition, the Early Intervention and Prevention Service (EIPS) has a number of training

courses that it rolls out annually, including one on trauma, which is particularly relevant to looked-after children. Local authority, school and health staff can all access the training. In the past year, EIPS have offered specific training to social workers and children's teams on trauma, attachment and development, attachment disorders, bereavement and loss.

There are a number of examples of work to improve the timely undertaking of statutory health assessments for looked-after children and co-ordination of services around their health needs and there is a shift towards more integrated working with education-based staff. Aneurin Bevan and Cwm Taf health boards both identified work being undertaken to ensure better co-ordination of services and ensuring that health assessments are up-to-date for looked-after children, as they hadn't been in the past (in Aneurin Bevan). Part of this work has involved transferring health assessments for very young children in care from the looked-after children's nurses to health visitors. While every locality has a looked-after children's nurse, to ensure assessments are timely, bank health visitors and school nurses are used to undertake assessments. Initially, this work was undertaken alongside or with oversight from the looked-after children's nurse. Similarly, Hywel Dda has a slightly different service model to some of the other health boards. While some health boards have a looked-after children's team, in Hywel Dda the looked-after children's team work with children with the most complex needs, out-of-area assessments and oversee the process, but mainstream school nurses and health visitors do the rest of the health assessment work with looked-after young people. The ethos of this approach is that it is less stigmatising as every child has a school nurse who is in schools all the time.

Health-led innovation in supporting the needs of children in care

Abertawe Bro Morgannwg Health Board is undertaking a pilot project to develop standardising health assessment documentation for looked-after children's health assessments. While the format is currently being piloted (in March 2018), it is expected that the finalised version will be agreed within three months. Powys Health Board has developed a health passport for young people leaving care. The passport contains details of all the health assessments that the young person underwent whilst in care. An evaluation of this development is

planned, but has not yet been undertaken.

Powys Health Board made reference to a development in relation to children from other local authorities (COLA) placed within the health board area. Children who are in the care of another local authority are given cards by the health board, which ask the same questions as in health assessments but in a way that they might feel more comfortable answering. One of the aims of the postcards is to establish whether young people are happy in their placement and feel safe and valued.

Improving processes for communication and information sharing with partners

Hywel Dda Health Board has been undertaking audits of the health assessments of looked-after children. This is an ongoing piece of work, which allows the identification of themes or issues relating to the health needs of children in care. The results of the audit are reported back to local authorities every six months. The results of the audit form the basis of a comprehensive database of the health of looked-after children, including general statistics, but also identifying what referrals have been made; what health promotion activities have been undertaken; how many cases have been reviewed by specialist CAMHS etc, so as to identify trends and patterns of need. Powys Health Board has been undertaking work around governance arrangements and in particular around the notifications from local authorities of children placed in their area and the implications of delays in receiving these for health assessments being undertaken in a timely manner. Similarly, Cwm Taf Health Board has introduced improvements to processes for younger children (under five) placed in placements out of county. This has included contacting the previous health visitor and the health visitor for the area to which they have moved and making sure they are both aware of updated contact details so that they can co-ordinate. They also facilitate contact between the previous carer and new carer to give them all the up-to-date information, making sure no appointments are outstanding. Abertawe Bro Morgannwg Health Board also identified activity around the auditing of the quality of health assessments.

A number of examples of improved partnership-working were provided in the responses. For example, Hywel Dda Health Board highlighted their participation in the corporate parenting panel for the three local authorities (Carmarthenshire,

Pembrokeshire, and Ceredigion) covered by the health board. Similarly, Powys identified work being undertaken to re-establish and strengthen the Children and Young People's Partnership in the county. They are also working in partnership with the local authority to develop a children's charter, which is an integral part of the safeguarding strategy. Hywel Dda Health Board identified their participation on the permanency panel in Carmarthenshire to which every child looked after for more than four months is referred, so their future plans can be discussed. Some of the respondents also highlighted the bi-annual meetings of the looked-after children's nurse network, hosted by AFA Cymru.



2.7 Improvement and innovation within CAFCASS Cymru

CAFCASS Cymru participated in this study through a semi-structured interview with a senior management staff member. We asked a range of questions in relation to improvement and innovation for their organisation. We have presented this in a separate section to reflect the distinct national role, concerns and pressures of CAFCASS.

Similarly to local authorities in Wales, the most pressing priority for CAFCASS Cymru in terms of improvement is continuing to deliver their statutory obligations with a flat budget but a substantial increase in public law applications (25 per cent in 2016/17 and a further seven per cent in 2017/18). This demands significant improvements in terms of the efficiency and value-for-money of their services. They reported success in this area as they continue to operate without a waiting list due to efficiencies produced across the service.

These efficiencies have been produced by supporting and encouraging staff to take a more flexible approach to work, including taking on cases from a neighbouring area (which previously would have been resisted). This has been achieved by internal promotion of the core ethos of the organisation that centres around their ethical responsibilities to vulnerable children and young people. Workers are described as having embraced this approach. Learning and development of staff has been a core part of this but also an enhanced focus on listening to the views and concerns of staff that make them feel appreciated within the organisation. As a result of this, they are providing resilience and emotional well-being training to staff to support them in the challenging aspects of their practice, as well as awareness-raising and signposting to information and support. Positive outcomes are reported from the 2017 people's survey regarding staff views of CAFCASS Cymru and morale has significantly improved from previous surveys.

They are actively promoting children's rights and the voice of the child across their work and have acted on suggestions for improvement of their office environment for areas which children visit. They are involving children's panels directly in governance processes, including the interviewing of senior management candidates. Young people also led workshops on equality and diversity at their recent staff conference.

They have also invested in a bank of on-call workers to reduce silos of cases where necessary, which costs more initially but makes greater cost-savings later on. This effectively acts as an internal agency to reduce reliance on external agencies and their higher fees.

They have also focused on improving the quality of their service, one example being the implementation of an electronic system for planning and recording work. This has been well-embedded with practitioners and presents clear expectations for their work. This has been a huge project and they have had teething problems in terms of the initial design being over-complicated so have made it simpler and more user-friendly. They referred to some resistance from staff in terms of this roll-out but have been firm regarding the necessity for recording and planning in this format and say that significant progress has been made in terms of the completeness and quality of information being produced.

They have developed their performance framework to become more relevant and outcome-focused. For example, they are in process of developing a 'case closure' form that prompts practitioners to reflect on a case and record whether their recommendation was observed in the final order to achieve a better overview of outcomes. They are also introducing a new strengths-based practice review approach that will be more systematic in delivery by scheduling reviews for each practitioner every quarter.

They are focusing a lot on building stronger links with other organisations such as Social Care Wales, local authorities and universities; however they emphasise that there is still some way to go on this and the capacity to do this is challenging. They are extending their pilot MA social work student social worker placement programme to cover the whole of Wales (previously only in south Wales and Gwent) to improve their higher education relationships, and have proposed dissertation topics. They recognise that there is more work to do with local authorities and feel that they could contribute more in terms of both public and private law.

A further new initiative is piloting the use of administrative support staff to free-up practitioner time for direct work. This is similar to a pilot project being operated in Merthyr Tydfil (see page 76). They are also currently being funded by Nuffield to transfer their data into the SAIL Databank²³ to support better data linkage across the sector.

In terms of a broader view over the sector, CAFCASS believes strongly that the sector as a whole needs to develop better collaboration and a culture of joined-up working, a theme common to all areas of data collection in this study. It also feels that it and other organisations could do better in responding to staff needs and well-being given the extreme pressures on the sector. Finally, it also advocates sector-wide development regarding data-led approaches to improving services, particularly better data linkage. It argues that there is a massive opportunity in linking up health, education and social services data to deliver effective, long-term outcomes-tracking and make huge gains in terms of improvement across the sector.



2.8 Views on sector improvement from the Office of the Children's Commissioner for Wales

The Office of the Children's Commissioner for Wales (OCC) provided data in the form of a written submission for this study. This was due to time constraints and a mutually suitable interview slot not being available.

We asked for a complete list of the OCC's current priorities in terms of improving outcomes for children and young people in and on the edge of care, and what specific projects they are currently involved in to support these. The following priorities and projects were provided:

- **Care leavers, supported by the Hidden Ambitions project**

*Hidden Ambitions*²⁴ reports on and develops support for care leavers. The project calls for: support for care leavers until the age of 25; a focus on developing young people's skills for independence; joined-up working within social services, housing and education; a consistent and clear package of financial support; access to bespoke training and job opportunities; and pro active support from carers and professionals to help them prepare for further training.

- **Contribution to the work of the Improving Outcomes for Children Ministerial Advisory Group (MAG)**

Contribution to the work-streams that sit under the MAG, including residential care, secure care, educational outcomes, corporate parenting and National Fostering Framework.

- **The Welsh Government Looked-After Children National Strategic Group and Action Plan on Educational Attainment**

Children's Commissioner for Wales sits as an observer to that group.

- **Listening to and reporting on the views and experiences of children in care**

Annual engagement with children in care through consultation events.

- **The well-being of children in care, and supporting the pilot of the Bright Spots 'Your Life,**

Your Care' survey with six local authorities in Wales²⁵

Part of the impetus behind their involvement in Bright Spots is due to concern that the National Outcomes Framework does not have a specific focus on children's lives and experiences.

We asked what specific innovative approaches to supporting better outcomes for children in or on the edge of care the OCC is particularly interested in at this time. They listed the following areas:

- **Profit-making in children's care services**

This issue has been raised directly with the OCC by a number of people. They report little change in the current situation thus far; however, they are calling for evidence relating to this to inform the Public Accounts Committee inquiry on care experienced children²⁶.

- **Mental health and well-being, both for children in care and for children and young people generally**

The OCC is interested in promoting whole school approaches to well-being which would benefit children in care as well as the wider school population.

- **How the new regional structures such as Regional Partnership Boards and Public Services Boards can ensure a fully joined-up service to support the health and well-being of children²⁷**

- The OCC reported that many cases have been shared with them regarding children and young people who are below the high thresholds for many interventions and yet still clearly have emotional/behavioural/well-being difficulties that require significant support. In these cases, the gatekeeping of access to individual services prevented children and young people from accessing the support needed to prevent an escalation of issues. The OCC therefore felt that this was an area where significant improvement needs to be delivered.

- This appears to be a particular problem in relation to agencies 'passing child referrals' around – from health to education, and back to health, for example – with their needs being placed 'on hold' while agencies determine where referrals are to be directed. They describe this as 'a case of the child having to fit into systems and not the other way around'.

- They also reported hearing about services taking a stricter interpretation of needs and complex needs to restrict access due to availability, and they are concerned about the child's needs being met in these circumstances. They pointed out that the legislative framework is in place for this to happen, but that improvement was needed in working practices to better support joined-up working.

Finally, we asked Children's Commissioner for Wales to summarise its three most pressing concerns regarding the improvement of outcomes and well-being for children in care in Wales at this time. It stated the following:

- Mental health and well-being support
- Education attainment in a broad sense and opportunities for education and training
- Reduction of profit-making and the ability to reinvest money in supportive services instead.

In a further telephone conversation with our participant, it clarified that the view of the OCC is that the solution to addressing these concerns is improved partnership and joined-up working, given the issues described in the example described above where a lack of effective communication held back a child's access to a required intervention. In the next section, we discuss our findings in terms of current trends and challenges that we identified in the data report, and in these sections we refer to the three area concerns highlighted by the OCC, and discuss the views of participants regarding improvement and innovation in partnership-working. One limitation here is that we do not consider education specifically in this report: this is due to a forthcoming study from ICF Consulting that covers the same area as this project specifically in relation to the education of children in care and the Pupil Development Grant.



3. CURRENT TRENDS IN IMPROVEMENT AND INNOVATION

Improvement in a challenging financial climate

The core aim of this project was to identify how children's social care organisations are implementing service improvement to deliver better outcomes for children and young people. A necessary aspect of this is also improving the value-for-money of care provision, as social services budgets are under pressure financially at a time when the number of referrals to children's social services is rising year-on-year. To meet statutory obligations for these increasing numbers of referrals, local authorities have to find ways to make available funds go further. A broad theme from local authority interviews, whether directly or indirectly, was the sense that continuing to fulfil statutory obligations in a context of austerity was in itself an improvement of service. This point offers important context for this report, in that despite these pressures on children's services departments, we collected many examples of improvement work that was first and foremost concerned with producing better outcomes for children and young people in care, rather than purely being focused on value-for-money.

An effect of this financial pressure is observable in the data as a strong focus on improvement of early intervention and prevention services, as local authorities try to safely reduce the numbers of children entering care. This can also be observed in the work of partnership organisations, particularly in police forces who are dedicating resources to prevention and intervention with children at risk of entering care through the current work on ACEs described on pages 36-37. Indeed, collaboration on early intervention and prevention appears to be thriving, as third sector organisations are also focusing attention on this area, and we recorded many instances of apparently effective collaboration. A particularly strong example here

is the *Reflect* project to break the cycle of repeat child-removals from parents, which began as a collaboration between Newport Children's Services and Barnardo's. After a positive initial small-scale evaluation from Cardiff University, this service is now being rolled-out nationally and has the potential to dramatically impact this area of concern.

Innovation in the sector

Whilst this project was primarily focused on improvement in children's social care, innovation was identified by Social Care Wales as a specific area of interest within this remit and was raised several times in each participant interview to gather instances of innovative practice. Participants, however, were wary of classifying the majority of activities they described as innovative, often seeming uncertain of the term's use and erring on the side of caution by reporting, after a little thought, that they were not particularly innovative. A minority of participants questioned the promotion of innovation itself with statutory social care, expressing concerns that innovation carried too much risk to be acceptable at a time where the sector is already overburdened with responsibility.

A further relevant point here is the disparity between local authorities and the third sector in terms of pilot project design and evaluation procedures: the third sector tended to report clear pilot plans that included some form of evaluation, whilst local authorities were often unclear about how they would evaluate innovative activity and would often respond to these questions with 'we'll see how it goes'. We discuss this further below, but it is important to note here that a lack of capacity, resources, and training may be contributing to a lack of confidence regarding innovation in the statutory sector. Without effective training on evaluation design and adequately resourced ability to run planned evaluation procedures alongside new initiatives, managers are unable to confidently determine the exact outcomes of innovation, making such work less attractive. This appears to be creating a trend towards innovation emerging primarily where third sector collaboration is available, where it can be developed with access to enhanced funding sought by third sector organisations.

The relationship of practice models and approaches with the improvement agenda

A wide range of different models are currently being used with families who have children at the edge of care, looked-after children and their carers. The range of approaches being applied draw on many different psychological and sociological theories. That said, there is a certain degree of consensus about some key principles for practice – that they should be person-centred; strengths-based; and rooted in strong relationships between families and professionals. This consensus complements the aims and objectives of the current legislation, with the Social Services and Well-being (Wales) Act 2014 promoting a rights-based approach that acknowledges the expertise of individuals in their own lives.

In terms of specific practice models, a few authorities spoke of using a 'magpie approach' (see page 63) of selecting from a range of different service models. This could be viewed positively as bespoke approaches for families, on the basis that what works for one may not work for all, with skilled workers drawing on their practice expertise and experience to judge what the most effective model may be in any given context. However, there are a couple of risks with such an approach. Firstly, given that we know not all approaches are equally effective²⁸; a magpie approach may mean supporting some approaches which are less likely to be helpful. Secondly, supporting multiple different approaches simultaneously might result in compromising effectiveness, because support is spread too thinly and more dedicated investment in fewer models could lead to better-quality specialist practice.

Finally, given that evaluation is already proving problematic for local authorities, as discussed above, applying a wider range of models simultaneously – particularly in overlapping areas of practice – may further complicate internal oversight of how good outcomes are achieved within statutory provision.

Health and education collaboration on mental health

There is some evidence of a current trend in health practice seeking to enhance the training of school nurses and other education-based staff to better assess and support children in care. Trauma and attachment training is being offered to school nurses and teaching staff through the Early Intervention and Prevention Service in Betsi Cadwaladr CAMHS and by Cardiff and Vale Health Board. Betsi Cadwaladr is also offering 'drop-in' clinics for children referred by teachers, foster carers and social workers who do not meet the threshold for CAMHS and who are unwilling to be formally assessed. Several health boards reported that they are currently training school nurses to conduct initial assessments for



looked-after children, a trend which is in line with the School Nursing Framework introduced in 2017²⁹. While it was not reported that school nurses or teaching staff would be given any further support responsibilities at this time, with this enhanced training and assessment responsibility emerging, it is likely that the sector will demonstrate increasing reliance on education sector support for both identifying health needs and supporting the mental health of children in care in the near future. Should this emerge, it requires close monitoring to ensure that school staff, and particularly teaching staff, are receiving adequate training and support to deliver this role. Also, it is important that children and young people in care are consulted on their views and experiences in receiving such support, as, in the past, children in care have expressed concern about their specific needs being met in school time which they feel should be dedicated to learning and development³⁰. We have not specifically looked at the role of education in sector improvement within this project as a study commissioned by Welsh Government, focusing on the implementation and use of the Pupil Development Grant for children in care, is due to be published shortly by ICF Consulting. This forthcoming report will explore many of the issues raised in this review, specifically in relation to improving educational provision and outcomes for children in care.

Multi-agency safeguarding: current developments

Multi-agency partnership working and information-sharing in relation to children in or on the edge of care is clearly being embraced across Wales, predominantly in the form of Multi-Agency Safeguarding Hubs (widely known as 'MASH'). In these referral centres, representatives from the police, health, social services, and sometimes education are brought together to collaborate where child-protection concerns are raised. While most police forces in Wales participate in a MASH (with a 'mini-MASH' referred to by Dyfed-Powys as the 'Central Referral Unit'), local authorities made little mention of their participation, while most health boards either stated that they were not involved in one or had a minimal role. This suggests that while the MASH model is increasingly popular in relation to safeguarding, it continues to be primarily a resource for the police and therefore is perhaps a missed opportunity for embedding partnership working in the sector. On this point, Wrexham's

replacement of their piloted MASH with a single point of access (SPOA – as described on page 28) is perhaps a positive move as they have explicitly involved more representatives from the voluntary sector. The SPOA is viewed positively by the local health board and may indicate a positive future direction for multi-agency working regarding children in or on the edge of care.

Concern regarding residential care and costs

The interest in bespoke models of residential care from some local authorities is interesting, since the use of expensive private sector placement, often far from home, has been seen as problematic for some time. While only three local authorities reported that they offer in-house provision³¹, and short-term residential respite care is also being prepared in one other, concern regarding the high cost of providing residential placements for children with complex needs emerged frequently in local authority interviews. This relates to a point raised in January 2018 in the Improving Outcomes for Children Ministerial Advisory Group³², where the possibility of either shifting to a mandatory non-profit model of residential care provision or of providing increased in-house local authority provision was discussed. We can anticipate further public debate on this issue as three further reports relating to residential care provision are due to emerge in the near future on the following subjects:

- Profiling the Residential Market in Wales (Local Government Data Unit)
- Evaluation of New and Emerging Models of Care (Cordis Bright)
- Extension of 'When I'm Ready' into Residential Care (Cognition Associates).

4. CURRENT CHALLENGES FOR IMPROVEMENT AND INNOVATION

Supporting effective evaluation within local authorities

As discussed above, relatively little evaluation is taking place for services for looked-after children and those on the edge of care. This is due to little funding being available to practice agencies for commissioning external evaluation and relatively little capacity in organisations for conducting in-house evaluations and making the best of routinely collected data. The potential of routine data is not fully exploited. For example, great advances could be made in tracking outcomes for individuals through the linkage of individual-level social care data to similar datasets from criminal justice, education and health care. If needs be, such data linkage can be anonymised. CAF/CASS Cymru is following this route, via the SAIL databank. One further challenge is the limitations to existing routine data sets, especially in relation to outcomes for individual children and their parents.

An important link to make here is that a lack of effective evaluation across the statutory sector could be contributing to a lack of confidence in piloting innovations. Managers may be aware that where they run pilot projects without robust evaluation they are left with little evidence relating to what the exact nature and scope of improvements have been, and how they may relate to other areas of practice. This also impacts the ability to obtain funding for innovation, as the sources of such funds overwhelmingly require evaluation to be incorporated within applications.

A lack of consensus on models of practice

There is perhaps little clear consensus on the correct approaches to use. It is of note that there

is little strong evidence for the effectiveness of any of these approaches. The only interventions mentioned which have really strong evidence are certain parenting programmes which have been subject to multiple randomised controlled trials in several different countries, such as *Incredible Years*³³. However, even these programmes do not work for all people and concerns have been expressed about the extent of their reach to more vulnerable families³⁴. There is a particular dearth of robust research on routine social work practice, as opposed to specific programmes³⁵. Also, among the evidence that does exist on interventions and approaches, it is clear that not all are equally effective³⁶. This is difficult territory because, in social care, some practitioners and managers are ideologically wedded to particular approaches and this commitment can override concerns about evidence.

Local cultures of practice and intervention

Various different approaches are being taken to risk assessment and work with families in a child protection context, where children could end up in care. What is not known is how much consensus there is about intervention thresholds. Do authorities with differing rates of intervention, despite similar socio-economic profiles, have very different ideas about what level of family problems constitute significant enough harm to warrant children coming into care?

It is important to question the extent to which models influence everyday social work practice. Although, as noted above, there is some consensus about the principles underpinning practice, what is less certain is the extent to which these principles follow through into practice, especially in statutory child protection work where evidence from elsewhere in the UK suggests that encounters between workers and families can be quite confrontational, an approach which is unlikely to be effective in motivating change³⁷.

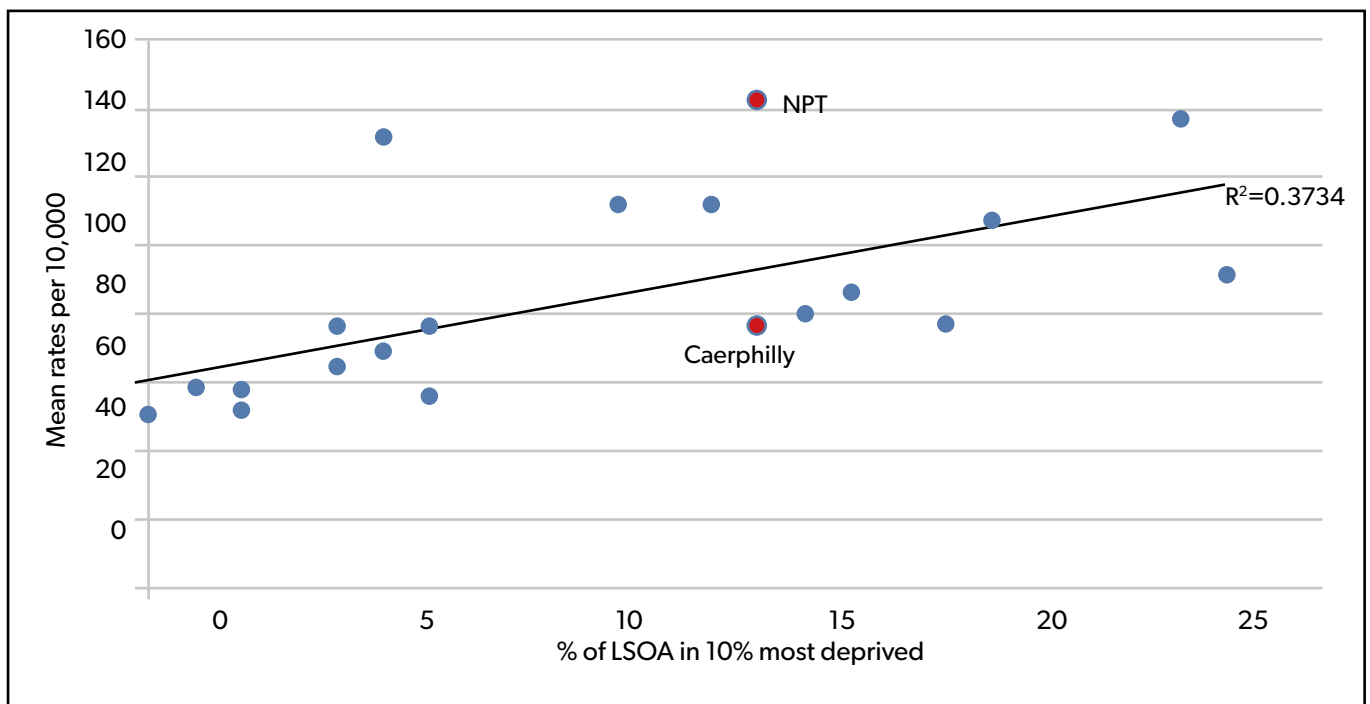
How does local social work practice impact the rates of children entering care?

Figure 1 illustrates the relationship between the average rate of looked-after children in each local authority over a six-year period and the percentage of the most deprived neighbourhoods in Wales in each. The figure shows that broadly there is a relationship between the two, with overall rates of looked-after children rising as the percentage of the most deprived neighbourhoods increases. Increases in the percentage of deprived neighbourhoods appears to explain just over a third (37 per cent) of the variation in rates. However, as illustrated, there remain differences between local authorities with similar levels of deprivation. For example, Neath Port Talbot and Caerphilly have almost the same percentage of the most deprived neighbourhoods, but the rates of looked-after children in Caerphilly for the period illustrated were almost half those in Neath Port Talbot. This would suggest that whilst deprivation levels play a significant role in explaining the differences in rates between local authorities, a range of other factors also have an impact. These differences may be explained by factors such as organisational culture and availability of early intervention and prevention services³⁸.

Building capacity with carers

Many local authorities are currently struggling to recruit enough local foster carers. While a sense of optimism in terms of up-skilling the existing workforce was clear in local authorities, relating to the pilot of *Confidence in Care* and the development of the National Fostering Framework, concerns were expressed by several participants about the quality and success of their recruitment strategies. A clear theme here was a sense of competition with independent fostering providers (IFAs), but this was not only expressed in terms of incentives and marketing; the efficiency and experience of the recruitment process was also highlighted as an area needing work.

Cardiff and Pembrokeshire local authorities currently appear to have a clear sense of how to address this issue, taking inspiration from IFAs in terms of online marketing, partnering with business to provide incentives for foster carers, and reviewing internal procedures for handling applications to increase the speed and effectiveness of recruitment. The support from Fostering Network on this issue is also positive to note.



Workforce morale and retention

In interviews, several local authorities mentioned the challenge of maintaining or increasing staff morale, while many others remarked on staff turnover from frontline practitioner to management level. One Head of Service remarked that: “you can have the best practice model in the world but unless the workforce is behind it, it won’t work”. Gaining workforce support for improvement and innovation initiatives was clearly an important factor for participants in the statutory sector.

Workforce morale is a crucial issue that has a major impact on retention. Some of the pressures are not easily resolved. For example, in a climate of austerity, with cuts to benefits, pressures on the poorest people, who are most in need of social care services, are severe and the resulting problems can affect the morale of the social care workforce. However, participatory organisational processes, managed caseloads, good administrative support, good supervision and good professional development opportunities (with time for these) are just some elements which can make social care organisations happier places to work, with staff more fulfilled and better-supported.

One further point to consider here is the benefits that increased innovation can have on staff well-being and motivation. There is some research evidence supporting the notion that new practice models and ideas can contribute to a greater sense of well-being and motivation among social work practitioners³⁹. A further question that arises here is whether, when new models or approaches are implemented on a large scale, such as *Signs of Safety* or *Confidence in Care*, are positive outcomes observed due to the design of the model or approach, or are they primarily due to an invigorating effect on the organisation’s workforce? While there is no clear answer to this question, the evidence referenced above suggests that innovation in the sector may have broader implications for improvement that move beyond discussions of ‘which model is best?’ It is possible that ‘any’ new evidence-based models or approaches, if implemented with enough vigour, will have a positive effect on outcomes, not least due to the increased workforce support and motivation that they may produce.

Partnership and joined-up working

A key area of interest for this study set by Social Care Wales was improvement and innovation in relation to partnership working. This interest is enhanced given the strong view of the OCC that improvement in terms of children’s outcomes and the effective functioning of the sector relies on an improved approach to partnership and regional working. This given, we focus here on three areas pertinent to the OCC’s concern about partnership working, though, as noted above, education is a further key area that is absent here and that will be addressed in the upcoming ICF report.

Residential care: This is an area of service provision that is currently largely contracted out to the private/third sector by local authorities, with relatively few retaining in-house residential provision. It would appear, however, that there are relatively few examples of partnership-working between local authorities and residential providers.

Mental health and well-being: The review has highlighted a number of developments in partnership arrangements around looked-after children’s health and well-being. Examples include health involvement in services such as the Wrexham Repatriation and Prevention (WRAP) Project and the co-location of looked-after children’s nurses in social work teams in the Aneurin Bevan Health Board area.

MASH/SPOA and Police: it is interesting that the strongest example of improvement in multi-agency working that we were offered is in relation to crime and policing, not least as a great deal of this work has emerged from the relatively recent national concern of CSE. While the evidence to support further MASH use is variable, there are some successes reported, suggesting that, in some cases at least, the format is an effective method of partnership working. The challenge remaining, it seems, is to determine how the MASH model could be expanded to cover less high-risk (or high-profile) concerns such as those raised by the OCC in relation to the mental health of children in care. Wrexham’s SPOA, described on page 76, is attempting this and should be carefully monitored to evaluate whether this is a model that could effectively address the OCC’s concerns if expanded nationally.

In the following section, we conclude the body of this report with 10 recommendations that have emerged from this project. These recommendations bear in mind the priorities and concerns raised by the OCC, but also some clear gaps identified throughout this report considered in relation to the recent discussions of the Improving Outcomes for Children Ministerial Advisory Group and current academic concerns and debates.



5. RECOMMENDATIONS FOR FURTHER WORK

Social Care Wales could consider the following possibilities for potential improvement priorities based on the evidence gathered in this study:

1. A national conversation could be started about what constitutes an effective approach in social care, given how relatively weak the evidence is for some approaches currently being used.
2. Local authorities could be encouraged to compare the risk thresholds used by their practitioners in child protection with those being used in neighbouring authorities, perhaps with regional partnerships.
3. Improvement work needs to be promoted in the residential care sector, as currently it is not clear who is taking responsibility for this.

4. Local authorities could be supported in exploring their own bespoke residential care options.

5. Local authorities could be supported to improve their own evaluation skills, using their own existing routine data and by collecting some different data with more focus on outcomes for individuals.

6. Data linkage should be encouraged and supported within the public sector, to allow more robust evaluation of services across Wales.

7. A piece of work specific to Wales to identify the key factors influencing staff morale could be conducted with a view to mitigating these.

8. Local authority foster care recruitment and marketing needs careful attention to reduce out-of-county placements, and close monitoring of Cardiff and Pembrokeshire's initiatives is recommended. This recommendation should be addressed, in part, by the implementation of the National Fostering Framework.

9. An exploration of how an adaptation of the MASH model (such as Wrexham's SPOA) could be applied to further improve multi-agency working in the sector.



APPENDIX ONE: MAPPING CURRENT AND RECENT RESEARCH ON LOOKED-AFTER CHILDREN IN WALES

The mapping exercise to identify social care research being undertaken in Wales, by the Wales School for Social Care Research (WSSCR), highlighted 25 projects broadly relating to looked-after children. The research identified was almost exclusively undertaken within universities, with a small number of exceptions. Over half the research was being undertaken by students, either PhD or MA in social work. The research projects varied from those focused on the educational attainment of looked-after children to those looking at the adoption process. A number appear to have relevance to the improvement and innovation agenda. For example, the evaluation of *Confidence in Care*; the *Fostering Healthy Futures/Feasibility study of Fostering Changes*; and an evaluation of the training of foster carers in Wales. A summary of the research project titles is provided below in figure 2.

Examples of publicly available publications from these projects include:

- Moody, G. et al. (2018) Evaluating the long-term impact of the Fostering Changes training programme for foster carers in Wales, the Confidence in Care trial: study protocol for a randomised controlled trial. *Trials* 19, article number: 34. Available [online] at: trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-2424-3
- Elliott, M. and Scourfield, J. (2017) *Identifying and Understanding Inequalities in Child Welfare Intervention Rates: Comparative studies in four UK countries. Single country quantitative report: Wales.* Child Welfare Inequalities Project. Available [online] at: www.coventry.ac.uk/research/research-directories/current-projects/2014/child-welfare-inequality-uk/cwip-project-outputs/
- Mannay, D. et al. (2017) The consequences

of being labelled 'looked-after': Exploring the educational experiences of looked-after children and young people in Wales. *British Educational Research Journal*. Vol. 43, No. 4. pp. 683–699.

- Elliott, M. (2018) *Looked-after children in Wales: An analysis of the backgrounds of children entering public care.* Doctoral Thesis. Available [online] at: www.cardiff.ac.uk/people/view/548559-elliott-martin
- Elliott, M., Staples, E. and Scourfield, J. B. (2017) The characteristics of children and young people in residential care in Wales. *Child Care in Practice*.

Research Project Title	Organisation
Adoption Support Plans: Exploring the processes	Cardiff University
An analysis of the backgrounds of children entering public care (looked-after children) in Wales	Cardiff University
An exploration of supervised contact between looked-after children with additional needs and their birth parents	
An investigative study: Exploring the co-ordination of multi-agency resettlement strategies for young people leaving secure accommodation	Cardiff University
Analysis of the residential child care workforce	Cardiff University
Children in residential care in Wales	Cardiff University
Confidence in Care (CiC) evaluation	Cardiff University
Emotion recognition and perceived social support in young people who offend	Cardiff University
Evaluating training for foster carers in Wales	Bangor University
Exploring the impact of crime on young homeless people	Cardiff University
Fostering Healthy Futures/Feasibility study of Fostering Changes	Cardiff University
Getting more involved in social care project	Children in Wales
Identifying and understanding inequalities in child welfare intervention rates: Comparative studies in four UK countries	Cardiff University
Improving the education experiences and attainment of looked-after children and young people	Cardiff University
Looked-after children and birth family contact	Swansea University
Looked-after children and education	Cardiff University
Looked-after children and Education Outcomes: What contributes to success?	Cardiff University
Looked-after children and education: Understanding the education experiences and opinion, attainment, achievement and aspirations of looked-after children in Wales	Cardiff University
Looked-after children and higher education	Cardiff University
Outcomes for looked-after children and the role of social work	Bangor University
Self-harm, suicide ideation and suicidal behaviours in looked-after children and young people: Incidence, prevalence	Cardiff University
Transracial adoption, identity and social work: A study exploring the needs of black and ethnic minority children requiring an adoptive family	Bangor University
Wales Adoption Cohort Study	Cardiff University
What is best practice in supervised birth family contact?	Swansea University
What's best in the promotion of trafficked child's agency and rights, and how can this be further incorporated within the United Kingdom's child protection system?	Swansea University

Figure 2: project titles of studies relating to children 'looked after'

APPENDIX TWO: PRACTICE APPROACHES AND MODELS DESCRIPTIONS

Ecological approach:

Very similar to the relational approach and often the two are used interchangeably. This approach attempts to consider the underlying 'ecology' of an individual's life. This can include families, cultures, communities, and policies, and the approach looks at the interactions between these groups to identify their strengths and weaknesses. It applies this knowledge in a practical way to help the individual draw from, and enhance, positive relationships and work through issues surrounding negative ones. There is widespread support for this approach in social work with children and families⁴⁰, and while only Monmouthshire claim to apply it as a practice model, many others mentioned similar relational approaches.

'Magpie approach'

This is a term suggested by a participant Head of Service that we have used to describe those local authorities who apply multiple approaches dependent on the individual or service type concerned. We have identified local authorities as using this where they have named multiple approaches or where they do not name anything specific but report that they draw from a range of approaches.

Person-centred approach:

A person-centred approach seeks to ensure that the individuals receiving care remain at the centre of decisions that impact their life. Their voice and views, including those of children and young people, are centralised in practice to respect and respond to their capacity to make decisions regarding their life⁴¹. Despite the compatibility of this approach to the Social Services and Well-being (Wales) Act 2014,

questions have been raised regarding the degree to which an individual receiving social care holds any meaningful agency in the process of service delivery⁴².

Relational / Relationships-based / Systemic approach:

These approaches are used in practice to understand and positively affect the relationships with which a person is engaged to enhance their resilience and capacity to resolve difficulties. Both problems and solutions are seen as emerging from issues within relationships, and the developing relationship with a social worker and other professionals is carefully attended to as a building block for resolving identified issues⁴³.

Strengths-based approach:

Strengths-based approaches focus on the strengths of individuals, their families, friendship groups and institutions. They identify and support individuals in exploiting their personal strengths to aid recovery and empower people. There is some evidence of the effectiveness of this approach for engaging families in social work with children and families, but less evidence of its impact on outcomes⁴⁴.

Task-centred approach:

This approach is a model for change that uses a brief, problem-solving approach to assist individuals in resolving emergent and presenting problems. It focuses on providing a clear structure for people to follow, identifying obstacles to success and producing clear plans to overcome them. It may be most suitable for use where people are unwilling or unable to engage in discussions regarding the origins or development of problems but are enthusiastic about changing their behaviours⁴⁵.

Therapeutic approach:

An umbrella term for services that focus on helping people work through trauma, often using talking or creative approaches to support the expression of traumatic experiences and associated emotions. These may also draw on the help of mental health professionals or counsellors to support individuals in tackling issues that they are facing such as attachment problems, alcohol and drug misuse, or violence. A therapeutic approach often focuses on the treatment of trauma in children and families

where abuse, violence, and loss have featured in their lives. Where local authorities named a therapeutic approach in informing their work, it often seemed to refer to a heightened focus on partnership-working with health services, and we have included here any local authorities who specifically listed therapeutic activities within their interviews, even if they did not name it as a practice model or approach.

Attachment theory:

Attachment theory is a popular understanding of development that underpins various models of social care practice, providing a model of practice that foregrounds early experiences and their perceived consequences as the primary focus of intervention work. While it can be applied more broadly than the other models described here, and emerges within social work in many different forms, it was named by several local authorities and organisations as their overarching model for practice⁴⁶. It is often used when working with children, as it provides an explanation of how early experiences of parenting and care impact a child's understanding of protection and comfort. It also provides a psychological understanding of how lasting trauma is caused and can be treated. The approach is widely used in various forms but particularly with foster children who are highly likely to have experienced disrupted (often termed 'disorganised') relationships with their primary caregivers and who struggle to form close bonds with others as a result⁴⁷.

Cycle of change / Stage of change:

This is a model applied in a therapeutic approach that encompasses five stages of change: pre-contemplation, contemplation, preparation, action and maintenance. It provides a therapeutic model for practitioners to help people work through these stages to change problematic behaviours and is often used within health contexts in relation to alcohol and substance misuse. This is a well-established approach with evidence to support its use in psychotherapeutic and health promotion contexts⁴⁸, though, as with other therapeutic approaches, it relies on the individual's willingness and ability to recognise their own role in and responsibility for problems in their lives.

Freedom programme:

This restorative programme was designed mainly for women as victims of domestic violence, though it may be used for male victims too and is being applied in family social work here, as well as across Wales by Welsh Women's Aid. It examines the roles played by attitudes and beliefs of abusers, and the impact on victims, in an effort for those involved to better understand problems and their potential solutions. A cautiously positive evaluation in 2010 found that attendees had built confidence and better relationships with their children and were better able to recognise abuses of power in their relationships⁴⁹. However, other studies have raised concerns about the programme's inherent focus on the victims of domestic violence as responsible for change⁵⁰.



Graded care profile:

This model is a risk-assessment tool that focuses specifically on identifying and grading the severity of child neglect. It is based on developmental theory and applies Maslow's hierarchy of needs⁵¹ in assessment. The NSPCC have positively evaluated the initial design of the tool and produced a revised version that addressed concerns raised regarding its accessibility and applicability to multi-cultural contexts⁵². NB. Wrexham attribute this model to Bruce Thornton, who recommends it for use within his Risk Model. However the tool was designed by consultant paediatrician Dr Srivastava and the NSPCC.

Gwynedd/Thornton risk model:

This model, locally known as 'the Gwynedd model' in north Wales, provides child-protection tools for the screening and assessment of risk. Bruce Thornton is a well-established social care consultant who designed the model in collaboration with Gwynedd Council and who continues to provide training for organisations on the model. The model is used by many local authorities across England and Wales. While it has been praised by Ofsted in terms of quality⁵³ and appears to be well-received by professionals applying it in practice, there is a lack of independent evaluation available to support its use. Care Inspection Wales (CIW) praised the use of the model in 2014, finding that it was clearly executed and gave staff confidence in decision-making⁵⁴.

Incredible Years:

This programme includes separate training programmes for parents, therapists, teachers, group leaders and other professionals to provide children (0-12 years) with strong emotional, social and educational foundations through improving parenting skills and child behaviour⁵⁵. The model has been in use for over 20 years in educational contexts and within child and family social work, and there is very strong evidence to support its effectiveness in improving parenting skills and child behavioural issues⁵⁶. It has also been argued that its multi-faceted approach delivers good value-for-money⁵⁷.

Integrated Family Support Team/Service (IFST/IFSS):

Inherently relational/ecological, this approach was initially developed to be used with families where there was concern about the welfare of the children due to alcohol and drug misuse, though it has been expanded to include other forms of concern. This approach works with families to help them make positive changes and improve the welfare and safety of their children. An evaluation of the IFSS approach in Wales reported positive short-term outcomes and was well-received by families engaged with the service, though it was considered less successful in addressing multiple issues, and good outcomes were heavily dependent on the skill of the individual professionals working with families⁵⁸. Following this evaluation, the IFSS programme was recommended for use across Welsh local authorities. The original IFSS model had an evidence base which originated in the Homebuilders intervention in the USA, adapted for Wales⁵⁹. It is not clear to what extent current IFSSs in Wales have abided by this model or departed from it.

Motivational interviewing:

This practice technique draws from therapeutic contexts to help individuals in exploring and resolving ambivalence and contradictions in thought, emotions, and behaviours. It can be particularly useful for clients experiencing substance abuse or addiction problems. The approach is well-evidenced for use with families and with organisation supervision of social work practitioners. However, effective training and model fidelity have been identified as significant issues in application with substance misuse⁶⁰.

Multi-Agency Risk Assessment Framework / Conferences (MARAF/MARAC):

This framework is a multi-agency tool for assessing domestic violence risks to children and families and was named by one local authority as a way of working that was particularly helpful for their overall practice. It assists agencies in managing and directing referrals to multiple services and is a strong support for effective and efficient partnership working. It is, however, not a new approach and has been used right across Wales for many years after a positive 2004 evaluation in Cardiff⁶¹, so whether it could lead to any further service improvement at this stage is debatable.

Prevention and Support Service (PASS):

This early intervention service takes a multi-agency approach to provide integrated support to children, young people, and families. It offers practical advice, support and case work to prevent escalation of problems. Wrexham describe PASS workers as committed to keeping children at home if safe, and they operate a seven-day service from 7.00am to 10.00pm. There is a supplied document describing the service in more detail ('Wrexham: PASS Programs and Support').

Restorative practice:

Closely linked to systemic practice and a relational/ecological approach, restorative practice works to build and maintain healthy relationships within families, particularly where a family member's actions have directly harmed their family. Originating in restorative justice as a rehabilitative approach to offending, it focuses on resolving difficulties or conflict and repairing harm to family life caused by these factors. Family group conferencing is a core technique applied to assist families in working through their problems and developing more positive relationships with each other. With some evidence emerging to support its use, restorative practice has become more prominent in recent years⁶².

Safe Base/Secure Base:

The secure base model (named as *Safe Base* by Newport and *BASE* by Monmouthshire) focuses on interactions between care givers and children on a day-to-day, small-scale micro level. It is based on attachment theory, highlighting the importance of stable primary attachment figure/s in providing a model for children to build healthy relationships. The theory underlying this model in practice is that where a strong bond is formed with a primary attachment figure, the child will build their self-esteem and resilience, and will better overcome lasting trauma from early experiences⁶³. A sense of emotional security and trust in care placements, as promoted by the Secure Base model, is correlated with more positive outcomes after children leave care⁶⁴.

Signs of Safety:

The *Signs of Safety* approach is slightly different to the other models listed here as it attempts to provide a completely holistic, whole-systems approach to child protection social work. It provides a risk assessment and planning framework alongside a range of practice tools that incorporate person-centred and strengths-based approaches. A collaborative approach, it aims to help practitioners working across different disciplines and agencies to work effectively with each other and the families in their care. While it is possible to apply particular aspects of *Signs of Safety* without adopting the full system, as some local authorities do, complete and systematic programme fidelity is advised by its designers for the best outcomes⁶⁵. The NSPCC produced a comprehensive report of the model's application in 2013 and, while they praised its adaptability, its effective tools, and the positive relationships produced between families and practitioners, they also cautioned that evidence on long-term outcomes from *Signs of Safety* is still lacking⁶⁶.

Solution-Focused Brief Therapy (SFBT):

This person-centred, therapeutic approach applies change-focused psychology. It supports individuals in being accountable for solutions rather than problems. A range of evidence reporting positive outcomes in child and family social work, and its value for money, have also been highlighted. One study, reviewing evidence for its use, found that while positive outcomes were demonstrated for internalised issues such as anxiety and self-esteem, it was less effective than other approaches for family and relationship issues, suggesting caution for its widespread use⁶⁷.



APPENDIX THREE: PILOT PROJECTS AND NEW INITIATIVES DESCRIPTIONS

Confidence in Care

This project delivers a training programme for foster carers called Fostering Changes. It seeks to develop parenting skills and promote successful academic and emotional support for children in care. This training was developed in the UK and a strong evidence base demonstrating positive outcomes in foster carer confidence and skill already exists⁶⁸. The project is currently being provided for free to local authorities across Wales as part of a large-scale evaluation that will determine whether it is to be embedded in practice long-term.

More information: The Fostering Network; Fostering Changes

Corporate Apprenticeship Scheme

Modern apprenticeships have gained increasing prominence as a route to skilled employment for all young people in recent years, as an alternative to university education in the wake of higher student fees and a more competitive job market. The opportunities these waged training programmes provide have been identified as a promising choice for young people leaving care who do not find the continuation of formal education appealing. Pembrokeshire have had a scheme for the past year to support care leavers into apprenticeships; however, so far they have not been successful in placing any young people within this scheme. In light of this, they are currently piloting a new enhanced focus on corporate apprenticeships and providing re-designed training and practice guidelines to support workers who are tasked with recruiting to apprenticeships. They hope to attract renewed interest and also to offer potential candidates more clarity about apprenticeships, which they feel has been lacking in the past.

The Children's Commissioner for Wales has recently recommended greater support and preparation for care leavers in accessing apprenticeships and other forms of further education and training⁶⁹. There are similar strategies emerging across the UK⁷⁰; however, evidence surrounding the success of these schemes so far is lacking.

More information: None available at this stage

Dedicated Edge of Care / Resilient Families / Rapid Response Team

Several local authorities reported on the development and piloting of similar projects that create dedicated teams to prevent family breakdown where child protection concerns are raised but no care order is yet issued. These projects are a response to the Welsh Government Department of Social Services and Public Health who allocated £5m of funding across all Wales local authorities to develop such work relating to children on the edge of care in 2017. In summary, most of these teams are linked to IFSS and offer intensive intervention in a variety of forms by specialised staff. While there was some disagreement about what constituted 'edge of care', the pilot projects under this heading were identified by participants as relating specifically to children on the edge of care. Merthyr Tydfil specifies that children will be allocated a 'key worker' as part of their pilot, though the extent to which this post's remit will extend beyond TAF(?) support to cover children on the edge of care is unclear. A further characteristic worth noting is Conwy's current consideration of extending short-term residential care to children on the edge of care to better assess their needs and support a return home where appropriate. There is more detail on this project in the supplied document, *Conwy – Crisis Intervention*.

Multi-systemic interventions were mentioned by several local authorities as a key element of their strategy. Therapeutic, multi-systemic interventions for families with children on the edge of care are well-evidenced, including the allocation of a key worker who holds responsibility for close monitoring of both the family and practice, and strong partnership-working alongside health practitioners. This evidence also warns, however, that programme fidelity is key to success and the authors suggest that 'ad hoc' approaches in this area that do not account for evidence are potentially risky⁷¹. In terms of short-stay residential care for children on the edge of care, Dixon et al (2015) found that there was little evidence for its effectiveness in the UK; however, in a review



also issuing new guidance for practitioners about discussions in the panel to ensure that all language and nature of discussions are appropriate and respectful. They will be actively seeking qualitative feedback from all panel attendees, professionals and foster carers, to monitor the approach, and they are interested in generating quantitative data regarding outcomes but are unsure as of yet the best method of measuring success in this form.

We could identify no specific research evidence regarding full-transparency of fostering panels (presumably because the partial transparency is not widely considered problematic), though there is some interesting evidence that suggests the participation of birth relatives or prospective adoptive parents at adoption panels increases the quality of decision-making⁷³. There are also some researchers who recommend the presence of young people at fostering panels concerning them⁷⁴. Given this literature, close monitoring of the Pembrokeshire pilot is recommended and publication of the evaluation should be effectively disseminated.

More information: None available at this stage

of European evidence for this practice, Boddy et al (2009) found it to be beneficial as part of a holistic therapeutic approach to the family⁷².

More information: Blaenau Gwent link. Carmarthenshire document supplied. Conwy document supplied. Gwynedd link. Isle of Anglesey document supplied. Merthyr Tydfil refer to the supplied document 'IPC Edge of Care Research' as guiding their approach. Torfaen document supplied.

Early Help Hub

This is a preventative multi-agency information-sharing initiative that was launched in autumn 2017. The aim is to provide faster and more comprehensive advice, information and assistance for families with complex needs, and produce better outcomes for children at risk of entering care. Led by police, and in partnership with child and adult services, education, housing, and health, the providers are currently seeking funds for an evaluation starting in 2018.

More information: Documents supplied (Flintshire: 'Early Help Hub Inception' & 'Early Help Hub PowerPoint Summary')

Fully-Participatory Fostering Panels

Pembrokeshire is about to implement a new fully-participatory approach to fostering panels for greater transparency where there will be no closed discussions and foster carers may choose to stay for the entire meeting if they so wish, rather than being excluded from certain parts of the discussion, as is current practice. This approach has been influenced by private sector practice, where feedback from foster carers has been positive, and they believe that it is currently unique to Pembrokeshire in terms of local authority practice. As part of this pilot, they are

Gwella/Missing From Home

Children running away from foster placements and residential homes is a widespread problem in social care, particularly as it increases their risk of entering into exploitative relationships to survive outside of care. Across Welsh local authorities, health boards and police have been co-ordinating their practice through the Regional Safeguarding Boards (RSBs) in relation to children who are missing from home or are otherwise at risk of child sexual exploitation (CSE). In partnership with Barnardo's, the aim of the Gwella project is to reduce the risk of vulnerable children and young people experiencing CSE, or demonstrating sexually harmful behaviour (SHB), through the development of a prevention model for use in social care. While participation in this project is currently occurring across many areas in Wales, only Wrexham specifically mentioned it, as they are running another related local project within this area, Missing from Home. This lack of reporting may be due to the fact that Gwella is not specifically targeted at children in care, so it was not thought to be relevant to our stated areas of interest. It could also be attributed to the pilot being managed at RSB level rather than from within the local authorities, meaning that the level of knowledge or awareness at children's services level is currently low.

An evaluation for the Gwella project is currently being delivered by Cardiff University and results are expected in 2019.

More information: Gwella (Cardiff University Evaluation – no Barnardo’s publication available)

Integrated Regional Working for Complex Needs

Local authorities across the Gwent region have identified the need for closer, more integrated working in partnership with each other and the Aneurin Bevan Health Board to better support children with complex needs. Their Well-being Regional Area plan for 2018-19 (document supplied) states that the local authorities will be working together on “recruitment of (and potentially use of) foster carers; supporting children who are experiencing attachment and trauma-based problems; [the provision of] more in-region residential care”, as well as escalating the co-ordination and integration of existing programmes. Monmouthshire also explained that they will be producing an integrated regional resource hub to assist in this process.

More information: Document supplied (Monmouthshire: ‘Gwent Well-being Regional Area Plan 2018-19’)

Placement with Parents

This project involves the creation of a social work team dedicated to children living at home under a care order and subject to *Placement with Parents* regulations. The families will be offered specialised support and supervision to try and keep families together and prevent the escalation of problems. The project is about to start, so no outcomes are currently available.

Evidence about the management and outcomes of children cared for through placement with parents regulations is limited; however, some work has been conducted to explore the challenges it presents and some recommendations for practice have been produced⁷⁵. The core messages of this literature are that social workers need to be extremely cautious about false compliance and that considered attempts to support parental participation in decision-making and service delivery may produce better results for the child and family.

More information: Document supplied (Cardiff: ‘Placement with Parents Assessment Doc 2016’)

Play therapy

A new *play therapy* pilot for children in care is starting with the MIST (Multi disciplinary Intervention Service Torfaen) service in Torfaen. MIST is discussed further below under *Building Capacity with Foster Carers*; in summary, MIST is a service that has been running since 2008 in partnership with Action for Children to offer intensive support and training to foster carers that is available 24 hours a day. The *play therapy* pilot will run for five to 16-year-olds (with age-appropriate play and creative activities) for three years. It was instigated due to an identified deficit in support at Tier 2 level of need threshold. They are still developing how this project will be evaluated.

The evidence to support *play therapy* in building emotional resilience and repairing trauma for children in foster care is strong. Research suggests positive outcomes of improved mental health and peer relationships, and a reduction in problems relating to schooling, though the importance of longitudinal work and consistency to achieving these results is highlighted⁷⁶. Given this evidence, it is positive to note the extended length of this pilot.

More information: No documents relating specifically to this pilot though a summary of the MIST project, its practice and aims is available in the supplied documents ‘Torfaen: Moving Into Maturity (MIST)’ and ‘Torfaen: SCIE MIST Features’

Practice Processes and Developing Working Relationships

Pembrokeshire’s discussion of pilot projects demonstrated that not all pilots involve direct work with children and families. They reported that, alongside direct work pilots, they were also carefully reviewing and piloting changes to internal practice processes and working relationships to produce more efficient and effective service delivery, with subsequent positive benefits to children and families. The department has developed new practice processes and team integration to improve relationships and the timeliness of knowledge-sharing between Practice Review Chairs and the Corporate Parenting Team. By integrating these two separate office teams into one location (one room) and re-working procedures and reporting, they believe they will facilitate better communication, practice relationships and knowledge-sharing. This drive to integration is also being piloted for three months with their Family Placement Service and Child in Need Team to improve and accelerate

completion of viability and connected person assessments, as timescales are challenging in this area. An internal evaluation is planned for each pilot to assess efficiency.

More information: None available at this stage

Reflect

This project supports parents who have had more than one child removed through permanent exclusion and are at high risk of having further children who will also enter care. Women (and their partners) are offered therapeutic services to break the cycle of care and to avoid pregnancy unless they have achieved agreed goals of change. Originally inspired by an Action for Children project in Llanelli, *Reflect* was piloted in Newport as a partnership between the local authority and Barnardo's. Due to the success of this pilot, it has recently been funded to roll-out across Wales. Two local authorities mentioned this as an upcoming pilot project.

An evaluation report for the Newport pilot is due to be published shortly by researchers at Cardiff University, and further evaluation will take place within the national roll-out.

More information: Reflect (Cardiff University Evaluation – no Barnardo's publication available)

Single Point of Access (SPOA)

A SPOA approach to accessing social and health services has been applied across the UK in various forms over the past decade, as a variation on the Multi-Agency Safeguarding Hub (MASH) model (see p.51) that places greater emphasis on the involvement of health and third sector organisations. This project in Wrexham is based on a previous pilot relating to adult services in North Wales that ran from 2013-16, with all six counties within the region taking part. This pilot was positively evaluated in 2016⁷⁷, and Wrexham built on this success by replacing the previously piloted MASH with a SPOA for children and young people.

More information: Young Wrexham

Social worker personal assistants

Inspired by the IPC Administration Support Review (document supplied), Merthyr Tydfil are about to recruit a 'personal advisor' as administrative support for social workers to support their administrative

needs and enable more time to be spent on direct work. This one worker will act as a pilot and, should it be successful, they hope to roll-out availability to all social workers. Interestingly, a similar approach is also being delivered within CAFCASS Cymru (see page 43).

More information: Document supplied (Merthyr Tydfil: 'IPC Admin Support Review')

Therapeutic fostering model

The Vale of Glamorgan referenced a new therapeutic model that they were embedding in foster carer training and support; however, unfortunately we were unable to obtain further details on the exact design they are applying. Foster care models of this nature provide an enhanced skills set to help carers repair trauma or abuse and build healthy attachments with children, and offer intensive services both with children and carers. Action for Children's *Transform* model treats the foster carer as a partner in delivering therapy, involving them in the child's therapeutic sessions and providing ongoing training and coaching. Recognising the demanding and highly-skilled nature of therapeutic fostering, they also offer 24-hour support and planned breaks from parenting⁷⁸. Another therapeutic model is offered by Children First that strongly resembles the Action for Children model, though they also offer support in academic study to gain qualifications in child psychotherapy⁷⁹. Given the similarity in these services, it is likely that the Vale of Glamorgan initiative will have many of the above features.

In research on the subject, foster carers delivering a therapeutic model are positive about its design and the support levels made available to them; however, the timeliness and completion of comprehensive assessment were found to be problematic, and gaps in service provision were seen as a barrier to success. Also, careful management of the partnership between carers and professionals is necessary as one study found that disputes over what was best for a child between these parties produced dissatisfaction with the model⁸⁰.



APPENDIX FOUR: BUILDING CAPACITY WITH CARERS PROJECT DESCRIPTIONS

Confidence in Care

This is described above in relation to pilot projects. The programme is hoped to significantly upskill the existing and new workforce of foster carers whilst also producing positive outcomes for the academic achievement and emotional health of children in care. Reports of this project demonstrated an eagerness for collaborative working in the sector, and Bridgend was particularly interested in how it could build support for residential care. As could be anticipated, given that they are part of the delivery consortium, the Fostering Network was particularly enthusiastic about the programme, emphasising its potential to provide a peer support network for carers and enabling their practice to develop practical strategies based on attachment theory.

More information: The Fostering Network; Fostering Changes

National Fostering Framework

At this time, the National Fostering Framework (NFF), designed to produce a coherent national strategy and support system for foster care, is still in development with implementation expected in the near future. Awareness of the NFF was good, with many local authorities highlighting it as having strong potential to build capacity with foster carers. The Fostering Network and Action for Children were cautiously optimistic, highlighting the necessity for responsiveness within the sector and desiring clarity on the exact plans as soon as possible.

More information: National Fostering Framework: Phase 3

Fostering Well-being

This is an education-based programme for children and their foster families focusing on emotional and social health. It is an approach that embraces partnership working, including social services, health, and education sectors, encouraging everyone in the team around the child to work together to share learning and best practice. It is currently being piloted for two years in the Cwm Taf health board region (Rhondda Cynon Taf and Merthyr Tydfil) by The Fostering Network. Results from an evaluation of the pilot are anticipated in 2019.

More information: The Fostering Network; Rhondda Cynon Taf Report

MIST (Multi-Intensive Support Torfaen)

Unique to Torfaen (though also accessed by Caerphilly), and delivered by Action for Children, MIST is a comprehensive foster care support programme that provides 24-hour telephone support and advice to foster carers. They offer out-of-hours home visits, as well as regular supervision sessions and a monthly carers group for peer support. While the programme has been used for over 10 years, the service continues to innovate and improve, recently developing the play therapy service for children and young people described on page 75.

More information: Action for Children; Moving into Maturity Report

MAPS (Matching and Placement Support Service)

MAPS provides a tailored package of support and complete therapeutic work with foster carers and their children to support placements and care planning, within immediate support offered to all council foster carers. It seeks to provide a 'clear and accountable framework for matching children and young people's needs to the skills of the foster carers which takes account of potential risks' that also produces 'a shared understanding of the child's past experiences and minimises the risk of placement disruption'.

More information: Newport Fostering Service Statement of Purpose

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