



**CASCADE**

Children's Social Care  
Research and Development Centre  
Canolfan Ymchwil a Datblygu  
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# **Confidence in Care**

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## **Hyder mewn Gofal**

**CARDIFF**  
UNIVERSITY

**PRIFYSGOL**  
**CAERDYDD**

**Final Report for Fostering Healthy Futures**

**July 2016**

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## Executive Summary

The Fostering Healthy Futures (FHF) model has been consulted on widely in terms of the feasibility of running the model for the benefit of young people in Wales. The model is premised on 8 young people (4 boys and 4 girls) who have recently entered foster care (age 9-11) participating in a manualised group work programme over a 30 week period, combined with being mentored by Masters' social worker students; two groups run at the same time. The aim is to improve the long term mental health and well-being of care experienced young people. The staff from FHF, US have been keen to work with us and have been supportive throughout in terms of discussing and advising on the operation of the model.

There are no other programmes currently running in Wales that offer both group work and mentoring and there are no other similar groups running for this age range.

The consultation received positive endorsements for such a model from a wide range of stakeholders, for example, from care experienced young people:

‘Those opportunities (to get together with other young people in foster care) were few and far between, they didn't happen very often’.

‘Yeah but like through seeing these mentors they can show them correctly how to behave and you know how to be and stuff you know. Because the kids practise what the kids learn’.

However, others were more cautious, one young person was worried about the ending of mentoring and another was concerned about working with social work students, given her previous negative experience of social workers. The ending of the programme is planned for in detail, with support networks being built up throughout the period of mentoring, and marked by a final celebratory graduation, all of which help young people to understand that endings can be positive (rather than unexpected and fractured ); all of these factors should help to reduce the impact of the ending.

Carers and one of the independent and third sector children's service providers had some concerns about the introduction of another person into the already 'crowded lives' of young people. They questioned the use of social work students. Foster carers wondered about the levels of communication between themselves and the mentors; this is very much part of the model and focused on in the mentor handbook (meeting with carers in advance, giving details of the programme and the mentor providing weekly feedback after the group); this could be strengthened further by providing a preparatory training session for carers in advance of the programme starting. Other carers however were very positive noting that they 'could instantly see relativity and implementation' and 'We both hope that the

programme will become a reality and contribute to the positive outcomes for the children and young people who will benefit’.

Heads of Children’s services were very positive particularly because ‘it is evidence based, has been tried and tested and was continuing to run as a successful intervention’. The model is preventative, focusing on early intervention, and based on reducing the likelihood of future difficulties, particularly with regard to mental health; FHF fits with the Social Services and Well-being Act (2014) and the wider strategic context of improving outcomes for young people in foster care and increasing stability. In times of austerity this might offer a cost effective model for providing an intensive intervention for young people, albeit this would not be possible on a larger scale across the whole of Wales.

One of the drawbacks of the model in its current form is that not all children could access the intervention in Wales, given the limited number of Masters social work students, the rural aspect of some areas of Wales which also have low numbers of looked after children spread across a wide geographical area. Each group consists of 8 young people and they are not expected to travel more than 35 minutes to and from the group; in the US they run 2 groups at once. This means that it would not be possible to scale FHF up across the whole of Wales and the most expedient place to situate a programme would be in the South East area of Wales where the majority of social work students are trained (Cardiff has 50 students and Swansea has 20 students) and the highest concentration of young people in foster care. The highest number of young people that could benefit from FHF in the south would be 16 in any one year. The practicality and cost implications of running one group could be considered. The model would work across local authority boundaries; this means there would be limited impact if changes to local authority boundaries or regionalisation takes place.

With some reconfiguration, the timetables of the social work student placements in both Cardiff and Swansea Universities Masters programmes can be adapted to fit with a 26 week mentoring period (30 weeks could not be accommodated), running from November to June. It is thought to be a valuable learning experience allowing mentors to work intensively with young people, something which has been seen to be lacking in social work training in the past. The best fit for this is at Level 3 and an additional 40 days of practice learning would need to be provided in a complementary team. This was seen as a positive opportunity by Higher Education providers, training officers and social work staff. Currently the Masters programme in Cardiff has increased its numbers for the 2016 intake to 50 students (from 48) because of demand from our partners there are no plans to reduce any of the Masters programmes: early discussions suggest that implementing the FHF model would be possible.

The model utilises independent/third sector children’s service providers to operate the programme and FHF staff stress the importance of the project being distinct and separate from social services. Three representatives from the independent sector reviewed the programme materials with a view to taking the model forward, all 3 are lead managers for the partners in the consortium of Confidence in Care. It has been very helpful to be able to utilise the expertise of the consortium partners for discussion and debate regarding the FHF model. One representative questioned the transferability of evidenced based models from North America, given the differing cultural traditions (of summer camps and volunteering). However it is important to note that certain programmes have been replicated effectively in

the UK within the children and families sector, for example, *Families First* -Strengthening Families Programme (SFP 10-14) which has been transferred from the University of Ohio to the UK and has been positively evaluated by Oxford Brookes University (Phase 3 <http://mystrongfamily.co.uk/strengthening-families-programme-10-14uk/sfp-10-14uk-for-academics/evaluating-the-sfp-10-14-in-europe/>). Similarly, The Mockingbird Family Model (The Fostering Network) has been imported from the US. The representative also felt that 'it is a 'clinical model' overseen and led by psychology professionals/students'. The model does have a cognitive approach given that it is aiming to build resilience and reduce the onset of mental health difficulties often experienced by looked after young people as they transition into adulthood . The content of the skills group programme however does not conflict with any of the principles or values of social work in Wales, where cognitive models are often adopted. The lead representative also noted that 'The reflective practice and rigour described is not an east fit for social work practice and clinical skills and supervision are very hard to find'. Many would argue that reflective practice is the cornerstone of good social work practice and is certainly taught widely within university social work courses. The materials will need some amendment, although this is not seen to be extensive, as outlined in the report. The same independent children's representative further noted that 'The requirement for fidelity to an American approach is a very real challenge and almost impossible to replicate in the UK as we lack the infrastructure present in the US. In program management terms this becomes very complex in implementation and practice.'

FHF was chosen as suitable for a feasibility study because it is one of the very few programmes that is evidence based. The model is accompanied by a detailed and complex infrastructure which is labour intensive but provides robust support to the student mentors. It requires the group work materials to be followed, and groups to be recorded so that the staff in the US can give feedback on the performance of the group leaders to ensure that fidelity is retained. The staff in the US require social work students to be provided with weekly individual supervision (as does the Care Council for Wales), and weekly group supervision. In addition they would receive weekly, tailored seminars provided by the FHF staff in the UK. Further, students attend a fortnightly group meeting (of all students together) to reflect on and develop ideas for their mentoring with the young people. UK staff (mentor supervisor and group work leader) would receive weekly supervision via Skype for the first year that any scheme is in operation to provide support and guidance (the agency lead would receive monthly supervision). Thus the infrastructure and framework is robust but costed in to the model. The same lead representative also had misgivings about the use of students for mentoring, although the system provides intensive support and guidance for them. As in the US, only Masters students would be involved in a programme if it were to be rolled out in Wales, as there is far less attrition; students are likely to be more mature and mentors would be carefully selected. One of the other representatives reviewing the materials was not of the same opinion but was more positive regarding both the materials and model. The third person was ambivalent and could see both the positives and drawbacks of FHF.

The Board for the consortium of Confidence in Care met on 5<sup>th</sup> July to discuss the feasibility study and to consider taking the FHF model forward. The Board had mixed views with regards to this, clearly supporting the aims of FHF. The Board noted the significantly different urban footprint of Colorado and the challenges for recruitment in Wales. The Board noted the potential difficulty of maintaining children's motivation over a lengthy period and the complex infrastructure required to scaffold the model. The Board also discussed the

Welsh Adverse Childhood Experiences (ACE) study 2015 which highlights the damage done to children as a result of cumulative childhood adverse experiences and the current focus on working with birth parents to help to break the cycle of abuse and harm (2015:19); it was noted that this was not the focus of FHF. The FHF model does anticipate that mentors would work with birth parents where they are still involved in a child's life. The Board further discussed that FHF staff in the US suggest that a single organisation would be the preferred model to manage a project. This could be difficult to operate considering the size of the Welsh independent children's organisations and the varied requirements of the model including the need for expertise in student supervision, educational provision and the running of group work programmes for young people. There was no collective will by the consortium for taking the FHF model forward.

The benefits and risks of piloting FHF are as follows:

### **Benefits**

- Improved relationships with peers and adults (including their carers)
- Positive attitudes about self and for the future
- Development of skills for regulating behaviour and coping with adaptations and change
- Improved mental health functioning
- Improved confidence levels and problem solving skills
- Improved engagement with school and learning

The additional long term outcomes which have been measured would be:

- Reduced likelihood of involvement in risky behaviours
- Improved placement stability and increased likelihood of achieving permanency
- Prevention of adverse life outcomes, such as delinquent behaviours, risky sexual behaviours, substance use and disengagement from lifelong learning.

Mental health is a particular issue for looked after young people in Wales and Child and Adolescent Mental Health Services (CAMHS) have seen a 100% increase in referrals over the past 4 years (NAW 2014).

The benefits for foster carers would be that the young people will be provided with support to help build resilience and improve their coping strategies.

The model would also provide a rich and in-depth learning experience for student social workers who would become skilled and confident in working with children, which they would take forward in to their future careers and practice as social workers.

Running the groups will familiarise staff with ways of working and new materials.

## **Risks**

Failure to recruit enough young people is a possible risk but is unlikely given the numbers of children in foster care in this age group. A 4 month preparatory period is built in for recruitment of the young people.

Failure to recruit enough students is another possibility, although this is unlikely as placements are always in high demand. Both universities would allocate a named person to promote FHF to students.

If young people withdraw from the FHF programme this would leave the student mentor with only one young person to work with. Should this be the case additional work can be allocated from the complementary practice learning site.

A final risk is that those staff who have been trained in the FHF model leave the organisation after the end of the programme and that a further investment for training staff will be required. Currently there is no model of licensing the training or accrediting those who have completed it. One way to reduce this risk would be to train a larger group of people in the first instance, as the cost would remain the same, so that others could step in. It would be a recommendation for any pilot that FHF develop an accreditation or licensing model for their training.

## **Conclusion**

There is a mixed response, albeit a mostly positive appetite in the sector to take FHF forward. Should it be decided to move forward the next step would be to source funding for a pilot. If a pilot was considered we would recommend that it was run with just 1 group of 8 young people and 4 students in the first instance. This would combat any difficulties in recruiting both young people and student mentors and allow the supervisor of the mentors to dovetail the requirements of assessing social work students in Wales with the FHF framework. High level costs would be between £200,000-£350,000, dependent on further negotiations with the US owners and the size of the pilot; a more detailed analysis could confirm programme set up, project management and Independent Fostering Provider costs.

## **Aims of pilot**

The aim of a pilot would be to look at the practical implementation of FHF in Wales which would include testing the model, refining delivery mechanisms, and making sure that the underpinning theory of the intervention can work in Wales. The young people would be canvassed as to their experiences of attending the groups and being mentored, as would staff operating the model. The pilot would further allow for review of the model of working with just one group at a time, and the implications of this for more rural areas. Should the group work programme and mentoring be well received further consideration can be given to others providing the mentoring, for example, care experienced young people or volunteers which may allow for a scaling up of the model.

A qualitative process evaluation of FHF (Medical Research Council 2000) could be undertaken to assess the perceived impact of the skills group and mentoring relationships. 'Attempts to address public health problems, and to build evidence for 'what works', increasingly involve developing and evaluating 'complex interventions'; commonly defined as



interventions comprising multiple components which act in synergy to produce change' (Moore et al. 2010: 3). In this instance this would be the mix of the skills groups and mentoring. Participants actively interact with interventions and thus context may impact on outcomes and it would be important to review this. A pilot study could be completed within the time frame of the overall Confidence in Care research project and delivered by the Consortium.

## Final Report for Fostering Healthy Futures

As part of the Confidence in Care programme, a discrete feasibility study has been undertaken to consider a model working with children in foster care entitled 'Fostering Healthy Futures' which has been running in the US for over a decade. The feasibility study has been funded by the Big Lottery Fund and an interim report was submitted to the Big Lottery in June 2016.

### Background and description

Fostering Healthy Futures (FHF) has been developed in Denver, Colorado, US. The model has not been run in the UK previously. The programme provides skills classes (for 1.5 hours each week) combined with mentoring to 16 young people (age 9-11 years- 8 girls and 8 boys) living away from home, mainly in foster care, over a nine month period, involving some 30 sessions. Two groups run at any one time with 8 young people in each. The young people will have been in foster care for only 18 months or less. In the US model, the skills groups are facilitated by an experienced practitioner and the mentoring is provided by Masters social work students (with occasional clinical psychology students) as part of their practice learning placements. The Masters students act as a role model and advocate for the young person, meeting with them individually for 2-4 hours per week and transporting them to and from the skills sessions.

The programme provides a manualised skills group which aims to reduce stigma and provide opportunities to learn social and emotional competencies within a supportive environment (Taussig et al. 2007; Taussig & Culhane, 2010). The groups take place in the early evening, outside of the school timetable (Mannay et al. 2015) and work on a range of issues including social skills, emotional resilience, peer pressure, self-esteem and future planning. On one evening during the programme, successful care experienced adults come and talk about how they navigated a route through being in care and the children have the opportunity to ask them questions- this is known as 'panel night'. The children also have the opportunity to 'career shadow' people in areas of work in which the young people have expressed an interest, with the aim of developing the ambition and aspirations of the young people; this development of ambition is an important area for care experienced young people (Mannay et al. 2015). After each group the children, FHF staff and mentors all eat together. At the end of the group work programme the children graduate, celebrate together and receive certificates to mark their achievement.

The quality of the evidence base relating to the impact of FHF on improving outcomes for looked after children in Colorado has been independently verified by the California Evidence-based Clearinghouse on Child Welfare. Professor Heather Taussig who is the architect of the model has written widely about the scheme (Taussig & Culhane, 2010; Taussig, Culhane, & Hettleman, 2007; Taussig et al., 2012; Pettila et al. 2015).

The intervention is informed by the evidence-based PATHS curriculum and the Second Step approach. A randomised controlled trial has been conducted with 156 children in the US in foster care due to abuse and maltreatment. The primary outcome was mental health, and at

fifteen months post-baseline the intervention groups scored significantly lower on multi-informant measures of poor mental health ( $RR=-0.51$ ,  $95\%CI=-0.84,-0.19$ ).<sup>1</sup>

Mental health difficulties in young people and adolescents who are looked after is of increasing concern worldwide and in the UK (Akister et al. 2010; NAW 2014; Public Health England 2015).

## Methods of the feasibility study

The design of the study was outlined in the Confidence in Care bid and has been followed rigorously; in addition to the original research plan we have also consulted with foster carers and local authority training officers.

Bowen and colleagues (2009) set out a framework for feasibility studies. Following their feasibility framework, we have thus aimed to:

1. Explore the **acceptability** of the Fostering Healthy Futures programme with key stake holders (Aim 1).
2. Investigate the **demand** and interest for such a programme from key stake holders (Aim 2)
3. Investigate the **practicality** of transferring the programme (Aim 3)

This will include (i) the analysis of the cultural content of the materials and (ii) consideration of the potential integration of the mentoring programme within current professional training and (iii) Welsh fostering systems.

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<sup>1</sup> In addition, FHF is listed on the following registers:

- The California Evidence-Based Clearinghouse for Child Welfare
- NREPP – SAMHSA’s National Registry of Evidence-Based Programs and Practices
- The Washington State Institute for Public Policy
- CrimeSolutions.gov
- Administration on Children, Youth and Families
- ChildTrends
- AdoptUSKids
- Agency for Healthcare Research and Quality
- National Quality Improvement Center for Adoption/Guardianship Support and Preservation (QIC-AG)

## Consultation process

Initially the consultation process began by holding an event in June 2015 which 40 people attended, including a wide range of key stakeholders (care experienced young people, foster carers, practitioners, students and academics) to introduce the model and collect questions, thoughts and ideas. From the consultation event we requested volunteers to become part of an advisory group: we had many people interested in becoming involved from which a group of 10 people were selected (including managers of fostering teams, practitioners in children's services, a representative from Voices from Care, a training officer, a representative from an independent fostering agency, a participation officer, and three Cardiff University researchers). The group has met on four occasions to advise the study. The minutes of these meetings are included in the appendices.

In July 2015, 2 staff from the research team at Cardiff University visited Denver and received training in the running of the programme, considering the cultural fit of the materials to the Welsh context and the need for any adaptations. Whilst in the US the researchers heard from students who had taken part in the mentoring, university staff whose students had undertaken placements with FHF and from a foster carer; all gave positive feedback of their experiences.

On return to Wales as part of the feasibility study the team have consulted with the following key stake holder groups:

Care experienced young people (4 groups), foster carers, HEI representatives across Wales, Care Council for Wales, heads of children's services, fostering team managers- north Wales, fostering team managers- south Wales, training officers- south east Wales, clinical psychologist responsible for placement finding- Cardiff and voluntary and private fostering agencies. In total in excess of 100 individuals have taken part in the consultation events, representing eight groups of stake holders (see Table 1- see overleaf).

In April 2016 we held one further event when Heather Taussig from FHF came over from the US and delivered a presentation about her work, we also provided feedback on the consultation to date, and gave participants the opportunity to raise any further questions and suggestions- 68 people attended this event.

Dr Sabine Maguire (child health, Cardiff University) has acted as a key informant (Rubin and Babbie 2015) throughout, having spent time at the Kempe Centre (Centre for the prevention and treatment of child abuse and neglect) in the US, working with Heather Taussig, and being very familiar with the FHF programme.

**Table 1:**

Event	Date	Numbers consulted with
<b>Initial consultation event</b>	June 2015	40
Children's Group North Wales	June 2015	5
Children's Group Cardiff	June 2015	8
Children's Group Swansea	December 2015	2
Children's Group- Neath	May 2016	9
Foster carers	November 2015	7
Heads of Children's Services	December 2015	10
HEI meeting and Care Council	November 2015	8
Training Officers- South East Wales	February 2016	6
Managers of fostering teams- South Wales	March 2016	4
Managers of fostering teams- North Wales	January 2016	6
Independent foster care / children's projects	April 2016	4
<b>Final consultation event</b>	April 2016	68

## Consultation with care experienced young people

Cascade Voices (a group of care experienced, trained peer researchers) were consulted in November 2014, prior to Confidence in Care, regarding the acceptability of group work programmes. They favoured a group work programme which involved meeting weekly, in a neutral venue (not school or social services) as also found by Mannay et al. (2015). The preferred group size for young people was thought to be between 8-10 people. The young people wanted to be able to be in groups where they felt 'comfortable talking about their feelings' and 'without judgement'. One suggestion from those who were consulted, was that it would be helpful to meet with the facilitator in advance of the group work starting, so that information could be provided, questions asked and fears allayed. All of these aspects are incorporated into the FHF model, as staff meet with the children in advance of the programme, groups are held weekly, outside of school or social service offices. The 2014 Cascade consultation concluded by listing the 5 top issues that young people in care in Wales face, one of these being 'isolation, loneliness and emotional health'. A group work programme would be seen to offer young people in care the opportunity to come together in order to feel less isolated and to normalise their experience. The FHF programme is specifically targeted at improving mental health outcomes. The information from the Cascade Voices consultation 2014 is also being used to develop the already funded Confidence in Care skills groups which are also to be evaluated.

Young people were consulted via the use of a vignette (Barter and Renold 2000) regarding the FHF programme. The young people echoed the points above and were very positive about the idea of having the opportunity to meet with others in similar circumstances on a regular basis, as this was something that they rarely had the opportunity to do:

'This is the reason I came here because I thought you know it would be nice to see other people in the same position'.

'Those opportunities (to get together with other young people in foster care) were few and far between, they didn't happen very often but they did happen occasionally and I found them, it was interesting, bit of socialising with other people in similar situations'.

'Knowing that everyone there has been through the same as you have... and knowing that you can make a difference for each other'.

'We give each other advice when things get hard. We can't really get that anywhere else'.

There were many things that young people liked about the FHF programme. Some of the young people liked the focus on managing emotions:

'But there is a great need in foster care for people to have help with their emotional needs because it's severely lacking'.

Young people also liked the idea of having a mentor and what this potentially offered:

'Yeah but like through seeing these mentors they can show them correctly how to behave and you know how to be and stuff you

know'. 'Because the kids practice what the kids learn from their adults and if like, say their friend was really upset and they saw the mentor calm them down and stuff they could like, they could take a lot from that you know'.

'Young people feel older and more independent having a mentor'.

These points resonate with the findings within the literature review from Mannay et al. (2015) who noted that educational achievement in particular can be influenced by exposure to successful and inspirational individuals (Berridge 2012). The young people liked the activity based mentoring as:

'Doing activities make young people feel good- gives them feeling that they have achieved and accomplished something'.

The role of a mentor in the lives of children can also be pivotal for building resilience (Gilligan 1999). Young people also liked the idea of having care experienced mentors, as did the participation officer involved in one of the consultations, although the mentors in the FHF model are student social workers with occasional psychology students.

The young people liked the future focus of the FHF programme which highlighted career aspirations and achievement:

'It gives them hope I think. It gives them hope for a better future you know because they can see that just because they're care kids it doesn't mean they can't like, she shadows someone who she wants to be you know so that's always positive. Because in a way you're telling her them yeah you can do it, when you set up, in a way you're telling her you can do things rather than telling her no'.

Similarly the young people liked the idea of the 'panel night' when care experienced young people come and talk to the children. Some of the young people had really enjoyed it when older care experienced people had come to talk to them at their Swansea participation group and had found this helpful and thought provoking.

The young people also appreciated the eating together at the end of each group and saw this as another means of communicating with others and for improving social skills:

'You know like a, it creates bonds like you would be surprised how not many people sit down and have a meal you know.'

'I didn't do that when I was in a children's home, we never ate together'.

'I am going to stand by this until the day I die, the best way to get people to an event is to offer food'.

Some of the young people liked the target age of 9-11 recognising that the time of transitioning to secondary school could be difficult, others suggested that a group should also be available for an older age group of 13+. Some aspects of the FHF model were seen as less attractive by some of the young people regarded the ending of the programme.

Endings are seen to be difficult for young people in foster care because of their often fractured experiences of relationships, with many professionals typically having been involved (Evans and Huxley 2009). One young person suggested that: 'Nine months is a long time for a child to have someone in their life and spending that much amount of hours with them. And then just suddenly be like right that's it now goodbye. It's going to be really difficult for a child to accept after everything they've been through obviously. So it's going to be hard that is'.

The FHF model highlights the importance of a planned, positive ending, which can be in contrast to young people's previous experiences of unexpected transitions, so that they begin to learn that endings do not necessarily need to be negative. The celebratory graduation night at the end of the programme was particularly warmly welcomed by young people. One of the participation groups had a similar graduation event at a local theatre which young people very much enjoyed. There has been a suggestion from a participation officer that the opportunity to continue to meet in groups after the end of the FHF programme might be useful, and that these could potentially be facilitated by participation officers, although this is not part of the current FHF model and has not been costed for.

One young person consulted with was less keen about having a mentor who is training in social work, because of her previous negative experiences of social workers; she had this view of all but one of the social workers who had been involved in her life. When discussing this with the young person, it was highlighted that this could be seen as a positive way of helping to train social work students to work more sensitively, responsively and creatively with young people in the future.

Four care experienced young people attended the final consultation event (2 of whom had been consulted via the groups) demonstrating a continued interest in the project.

## **Findings**

Young people liked many aspects of the FHF programme- meeting together and having an allocated mentor. They felt that focusing on their emotional needs is important and often neglected: one group of young people who watched a recording of children from the US (who had been through the programme) noted how the young people were more able to talk about their feelings. This may have been as a result of taking part in the mentoring and group work programme. The ending of the FHF mentoring would need to be sensitively managed with time allocated to ensuring that this is done as well as possible. The middle phase of working with young people is focused on building and strengthening support networks for the child.

## **Consultation with Foster Carers**

The group of foster carers engaged well with the FHF materials and raised a range of helpful questions, for example, what happens when there are placement moves for the young person. The FHF model retains young people in the skills groups where ever possible regardless of their move of placement, whether that be to another foster care home, back to birth parents or for adoption. Foster carers also asked about the needs of sibling groups. In the US siblings do not attend the same group, if 2 groups are running they would be placed in separate groups, or one child would wait and attend the next group. Some foster carers



were keen to be involved in the programme and suggested that they would like to be involved in co-delivering the skills groups. This has been discussed with FHF and it was felt that there could be better ways for foster carers to be more involved with FHF.

Foster carers also had some concerns and were worried that the programme might undermine the role of the foster carer and noted that for them communication would be pivotal. The carers would need a working knowledge of the programme and to receive details beforehand so they would know what was being covered each week, and could be prepared in case of any potential upset. The FHF model provides information about the programme and staff meet with carers and the young person in their home in advance of starting the skills group programme. The student mentor gives weekly feedback to the foster carer after each group, when returning the child to their home: these measures provide a vehicle for regular communication. The mentor would thus be visiting the foster home twice weekly. FHF have also held nights when foster carers are invited to come along, but in the US their experience is that this has never been well attended. The working relationship between the foster carer and mentor will be vital both to establish and maintain.

Foster carers raised the issue of more people being involved in young people's often crowded lives and also questioned why a student social worker would be chosen as a mentor and queried whether this was driven by cost. They asked about the preparation that the student has in advance of the mentoring to ensure that they are adequately skilled and supported. Training of 3 full days is provided for the mentors in advance of commencing the role, in addition to their generic social work training (1.2 years at the start of mentoring). Mentors also meet with the young person and foster carer in advance of the programme starting. It was noted that the quality and commitment of the student mentor would need to be assured before becoming involved in a young person's life; in the US the students are all post graduates. Consideration has been given to whether undergraduate or post graduate social work students should be involved with the programme in Wales. The advisory group considered the points made by the foster carers and suggested that post-graduate students would be better placed, given the significantly lower levels of attrition from Masters social work programmes and the likely maturity of the candidate. Research was undertaken regarding the attrition rates from social work programmes in Wales over the past 5 years and these were found to be significantly lower for Masters' students (Care Council for Wales 2016). Thus these students are highly likely to remain in the same role for the full mentoring period, which may be in contrast to other social care staff, where turnover is known to be more frequent (Evans and Huxley 2008).

There was also some concern by foster carers that the expertise of the student on completing the mentoring would then 'be lost into social work' as they moved into generic practice. There could however be an argument that this would also contribute to the upskilling of social workers in general social work practice.

The foster carers concluded the consultation by noting that:

'This could have the potential of changing children's view of themselves for the better'

'The programme could allow for a better relationship for foster carers as corporate parents'

‘Maybe sometimes you just need to take a leap of faith and learn from what is successful elsewhere’.

Two of the same foster carers also attended the final consultation event and provided a comprehensive evaluation indicating that they ‘could instantly see relativity and implementation’. They noted that it ‘offered a sense of accomplishment, stability, continuity and consistency’ for the child. They also noted that the experience for mentors would be in contrast to that of a social worker where ‘the reality of practice (is) that they rarely get time to spend mentoring the children on their caseloads’. They concluded:

‘Both X and I have really appreciated being involved with this project. We both hope that the programme will become a reality and contribute to the positive outcomes for the children and young people who will benefit. ...Please keep us informed of how this project progresses’.

## **Findings**

The communication with foster carers is going to be vital in the success of the model, preparatory information, regular weekly updates between the mentor and carer as to developing progress of the young person will be key. A training session should be built in for foster carers so that they can be well prepared.

A foster carer could become a champion for FHF, liaising regularly with and supporting the foster carers involved in the programme.

## **Consultation with Heads of Children’s Services**

The group explored the possibilities that a pilot scheme may offer to Wales in some detail. The group gave an overwhelming endorsement of the project as ‘it is evidenced based, had been tried and tested and was continuing to run as a successful intervention’. One member of the group summed up the shared feelings of the group with the comment, ‘what’s not to like’. Their recommendation was that it was feasible to run as a pilot in Wales as long as it could be funded in the first instance. It was agreed that there would certainly be a demand in Wales, although it would make sense to take a regional approach across some local authorities. It was considered that the programme would respond to the model of current service delivery given its preventative emphasis, and in fact would provide something that is not already available to a group of children where there is growing concern. An intervention that works with children aged 8 plus, prevents placement breakdown and an escalation of difficulties, and has a longer term impact on mental health/emotional well-being was to be welcomed. The number of in-house placement moves and out of area placements was a concern for some authorities (National Fostering Framework, Phase One Report 2016). FHF could be part of a range of services to prevent or reduce the likelihood of this happening. The group were wholly enthusiastic about a pilot and thought it would provide many opportunities, any decisions about where this is situated would need to be based on a transparent selection process with an expression of interest. There was some discussion about the number of LAC children and how they are spread across some authorities and clustered within others. It was acknowledged that a decision about which social work

programme the student mentors were recruited from would be a determining factor in which authority/authorities could be involved in the pilot.

There was a good deal of interest in discussing what agency might 'house' the pilot and any subsequent scheme. Some consideration was given to it being a local authority but debate about a regional approach to identifying children gave way to a view that a voluntary/independent organisation with an all Wales remit may be best placed to manage and coordinate such a scheme. There was no appetite from the group for the mentoring to be undertaken by newly qualified social work staff who are undertaking a Consolidation Programme as had been discussed in the initial consultation event. The point was made that the requirements for those undertaking a Consolidation Programme were already onerous and a challenge to service delivery. The group members were keen to remain with social work students as mentors. The group also considered whether it might be suitable for those young people who are being adopted, but it was felt that the low numbers of children aged 9-11 who were considered for adoption did not make it a viable programme for this group.

There was discussion about future funding and how much such a scheme would cost in the setting up and ongoing delivery. It was noted that detailed resourcing of such a project would be part of any proposed pilot. This can be done after July if the Big Lottery wishes. It was queried whether children identified for the pilot scheme should not be from the same family involved in other parts of the 'Confidence in Care' research/training.

The point was raised about such a programme being available to other 'children in need' who would benefit from building their resilience and self-efficacy. Whilst this was an interesting notion, and there may be some elements from the underlying principles of the programme that could be adapted, the majority of the group felt it should be tested with the group it is intended for. The group felt that it was a 'great opportunity' and it should be supported.

## **Findings**

The group was positive about the FHF model and keen to see it taken forward as a pilot with a voluntary/independent organisation operating the scheme and with social work students as mentors. Given that one would want the best outcomes for children, it may be a combination of Fostering Changes (which helps foster carers to manage behavior) and FHF (which supports the child) could be effective in improving outcomes for young people. A regional approach to FHF should be taken spanning local authorities.

## **Consultation with Higher Education Institutions and Care Council for Wales**

The feedback from the HEI consultation focused on the need to ensure that all National Occupational Standards and Code of Professional Practice could be met, and they identified that this will be dependent on the needs of the young people allocated to the mentor.

The group was clear that social work student placements will always be required as these are in short supply and that there would be little difficulty in filling these. A long thin placement would suit some students and starting early engagement with FHF mentoring in

advance of placement time frames would be key. It could be an incentive to some people to have their placement configured in this way.

As a practice learning opportunity for students, the mentoring role would be welcomed as it provides extensive, direct experience of communicating and working with children, which has often been seen to be lacking in the student's preparation for practice (Lefevre et al. 2015; Munro 2011). The model provides a strong support framework for students (Petrila et al. 2015), providing additional specialised teaching and both individual and group supervision in line with the rules and requirements of the Care Council for Wales (2012). Group supervision is not a model which is currently widely used for student supervision, but has the potential to inculcate more reflective practice.

The advisory group has reviewed both level 2 (first year) and Level 3 (second year) student placements. At the second consultation event and in meeting with Heather Taussig it was felt that the timeframe would lend itself most readily to a level 3 practice learning opportunity- the focus of which is 'Development and Confirmation of Competence in Social Work Practice'. The role of the student mentor has been mapped to the National Occupational Standards (2011) and the Code of Professional Practice for Social Care (2015). In addition to mentoring two young people (which would amount to 60 days of placement), the student would also need to be involved in a further 40 days of practice learning experience in another agency in order to complete the time required for a 100 day, level 3 social work placement. It is felt by the Care Council for Wales in particular that gaining experience of working 'within an organisation as part of a team' with colleagues in a workplace context would be important complementary experience to FHF mentoring for the social work student. This has been discussed further in the advisory group meeting where 3 fostering team managers and 1 training officer were present and all felt that this would be possible to provide a suitable and complementary learning opportunity for a student.

## **Findings**

The view of this group was that it would not be difficult to recruit students, that gaining experience of working with young people would be highly valuable. It would also be necessary for students to gain experience of working in an organisation as part of a team in addition to the mentoring experience, which would be achievable in the remaining 40 days of placement.

## **Consultation with Local Authority training officers – South East Wales**

Training officers were interested in the FHF model and it was noted that it is very similar to the old training unit model previously having been run by both the NSPCC and the Probation Service in the 1980s, where students receive teaching and where group and individual supervision is provided. One of the training officers has been on the advisory group throughout the feasibility study.

Masters students were felt to be more appropriate for the mentoring role in the first instance, to ensure the required level of experience, especially as there tend to be 'more

difficulties with undergraduate students' who can be less mature. It was noted that the interviewing process needed to be very rigorous when selecting students and thought it would be beneficial for a third sector organisation working with care experienced young people to be involved and provide support with this.

'The readiness assessment' from the US and the criteria for an agency (or agencies) to house the project was discussed and was felt to be appropriate. Training officers recognised the importance of students getting direct practice experience of working with children and young people.

Training officers felt that it would also be important for students to gain additional experience, based in an organisation which provided services, to potentially broaden the practice learning experience for the additional 40 days of practice learning. Being part of an organisation is also an 'important part of the practice learning experience'.

Training officers discussed the types of activities that might lend themselves to a direct observation (the tool for assessing students on placement in Wales) these might be of visits to meet with the young person and their carer, mentoring and possibly during the panel night. Further observations could be undertaken in the other aspect of the placement. It was not felt to be problematic for the National Occupational Standards and the Code of Professional Practice to be met, whilst involved in mentoring. One training officer queried what would happen if one of the mentoring arrangements broke down, so that a mentor/student was only working with one child, this would be another reason for students to be involved in wider service provision/ activity so that they could pick up work from elsewhere.

The numbers of children in foster care were reviewed and the group noted the high numbers in one local authority as a potential location for the project. Training officers did not see any particular difficulties with a long and thin placement, as long as students went to the appropriate exam boards so they could progress with their peers. They discussed dealing with endings and how this might be difficult for young people who have a strong relationship with the student, but it was felt that the positive planned endings and 'graduation' should help to ameliorate this.

Overall, the training officers were positive about the Fostering Healthy Futures initiative and felt it has the possibility of creating high quality placements in the local area. Funding was briefly mentioned and changes to Practice Learning Opportunity Fund (PLOF) and that funding might be available in the longer term via Care Council for Wales (to become Social Care Wales in 2017) for schemes such as this, although this cannot be guaranteed.

## **Findings**

This type of practice learning opportunity would lend itself well to the National Occupational Standards for Wales and to the Care Council Code of Professional Practice to Social Care. Overall, the training officers were positive about the FHF initiative and felt it has the possibility of creating high quality placements in the local area. It will be important that students have a complementary practice learning opportunity for the remaining 40 days which could be expanded if either young people being mentored dropped out of the programme.

## Consultation with managers of fostering teams- North and South

These groups were interested in the model and keen to explore the details. In the south it was seen to be a model that would work well given the numbers of young people in foster care and the number of Masters social work students in the region (70). Two south Wales fostering managers also sat on the advisory panel and are keen for the model to be taken forward.

It was quickly identified that in terms of north Wales, the numbers of children in foster care and the geography of the area offer some challenges for running a programme in its current format. It would seem to be difficult to find the required number of children in foster care (age 9-11 with a balance of gender) within a 35 minute radius of a single base, and matching these with social work students and their university base. The Bangor course, the only MA in the area has only 22 students (and does not always recruit a full cohort), and in its current form the model would require nearly 40% of these students being involved (it may be that not enough would be interested or have the requisite skills). If a group was to run with Bangor students, they could draw on children from the 3 nearest local authorities- Conwy, Gwynedd and Anglesey (which may require a lot of travelling). In 2015 there were only 5 boys and 5 girls in the 9-11 age group in foster care in Anglesey and only 5 eligible girls in Conwy. In terms of matching language preference this too could be a potential difficulty. In Conwy 27% of the local population are Welsh speaking, whereas in Gwynedd this varies widely across the local authority from 87.8% being Welsh speaking in Llanrug and Peblig to 36.4% in the Bangor city region (closer to the university). In Anglesey 57% of the population are Welsh speakers (Census 2011). The children and students would need to be matched in terms of language and according to the team managers, the current cohort of students has only a limited number (17) of Welsh speakers. This would make the current model of delivery (with two groups running at any one time) very difficult to operate, especially compounded by the geographical challenges and low numbers of looked after children, as mentioned above.

There was some discussion about having a flexibility of the age of participants by staff in north Wales, but the model has clearly been developed for the 9-11 age group as a preventative intervention prior to the onset of puberty. This has been further discussed with FHF staff in US who note that a recent roll out of the programme has been more flexible with regard to the length of time the young people have been in either foster or residential care, and the outcomes have still been positive; there is however no flexibility with regard to the age of participants. A clinical psychology Masters programme also runs in Bangor University which recruits 12-13 students each year. These students would choose either an adult or child pathway for their final year elective, for which FHF might be a suitable placement; it is likely that only another 1 possibly 2 students might be available via this route to supplement the supply of social work mentors.

Overall, the participants from north Wales were interested in the programme and stimulated to think about the benefits of bringing young people in foster care together, as there is no similar intervention operating in the North. There was some rumination about social workers needing to be more proactive and directive in the sorts of interventions being made available locally. It was queried whether participation officers could provide the intervention, albeit

they are not social work trained. Certainly it was suggested that participation officers might help facilitate on-going groups after the intervention had ceased, which could provide continuity for young people, but is not costed for in the FHF model.

## **Findings**

It is difficult to see how the FHF model could run in its current format in north or west Wales. It will be important to consider whether there is a desire to ensure that the model be available across the whole of Wales. This would be difficult in rural areas as the model was devised in an urban setting. There would never be sufficient students to make the scheme available to all young people in Wales. However if a pilot is to be trialed in the south in English, it will be part of the remit to consider whether running one group at a time would be practical and cost effective. It would make sense to run just one group if a pilot is to be taken forward. The materials for the skills groups (which are extensive) and the manual for mentors and any assessment paperwork can be translated in to Welsh and these costs should be factored in to a pilot.

## **Consultation with Independent/Third Sector Fostering/Children's Service Providers**

The consultation with independent, third sector and voluntary foster care providers proved difficult to arrange. Two planned meetings were cancelled and a third meeting was held, which no-one attended, although it has to be recognised that there have been a lot of competing demands on providers at this time. We have had one representative from an independent foster care provider sitting on the advisory group. We have liaised with the Confidence in Care consortium members who have representatives from 3 independent/third sector fostering agencies. Another independent foster care provider attended the final consultation event and provided positive feedback indicating that they would be 'interested in working with others to facilitate this'.

The 3 independent/third sector providers sitting on the Confidence in Care consortium were asked to review the skills materials and whilst one representative felt positive about the materials, one representative in particular suggested that 'the American evidence base very weak if at all applicable in Wales. This comes out of American traditions which simply do not apply here. For example; 'summer camp' volunteering and acceptance of 'camp leaders' as a social norm'. The representative further noted 'The requirement for fidelity to an American approach is a very real challenge and almost impossible to replicate in the UK as we lack the infrastructure present in the US. In program management terms this becomes very complex in implementation and practice.'

The model is accompanied by a detailed and complex infrastructure which is labour intensive and aims to provide robust support to the student mentors. It requires the group work materials be followed, that groups are recorded so that the staff in the US can give feedback on the performance of the group leaders to ensure that fidelity is retained. The staff in the US require that social work students are provided with weekly supervision (as does the Care Council for Wales), receive weekly additional tailored seminars provided by the FHF staff in the UK and also that students attend fortnightly group supervision meetings

(of all students together) to reflect and develop ideas for their mentoring with the young people. UK staff (mentor supervisor and group work leader) would receive weekly supervision via Skype for the first year that any scheme is in operation to provide support and guidance (the agency lead would also be provided with monthly supervision). Thus the infrastructure and framework is robust but costed in to the model.

In part much of the debate about evidence based practice hinges on these details of replicating the model (McNeece and Taylor 2003). The representative also noted 'my feeling is that the program requires such revision to make it a cultural fit that it invalidates its evidence base and thus outcomes for our children cannot be reliably predicted...this is I feel an emerging problem with North American Evidenced Based programs'. However it is important to note that certain programmes have been replicated effectively in the UK within the child and families arena, for example, *Families First* -Strengthening Families Programme (SFP 10-14) which has been transferred from the University of Ohio to the UK and has been positively evaluated by Oxford Brookes University (Phase 3 <http://mystrongfamily.co.uk/strengthening-families-programme-10-14uk/sfp-10-14uk-for-academics/evaluating-the-sfp-10-14-in-europe/>). Similarly, The Mockingbird Family model originated from the US (Fostering Network). Many of the domestic violence models and interventions were imported to the UK from the US, for example, the Duluth model which was later developed in to the IDAP intervention operated by the Probation Service (<http://www.theduluthmodel.org/training/index.html>).

Having been trained in the model for 3 days in the US both of the staff from Cardiff University found the topics to be very relevant to the UK context, for example, dealing with emotions, self-talk, attentive listening, anger management, the impact of addiction and forward planning, with all seeming very relevant in a Welsh context. The materials were further reviewed by a third member of Cardiff University staff with an expertise in early childhood and education who was positive about the content.

The independent representative also commented that the program is described as a 'clinical model' overseen and led by psychology professionals/students. The reflective practice and rigour described is not an east fit for social work practice and clinical skills and supervision are very hard to find'. The aim of the model is to improve mental health outcomes and self-esteem and one would therefore expect it to have a psychological focus. Social workers in the UK are encouraged to take a more professional and less case work approach (Munro 2011); supervision as an area is also often neglected in the UK (Carpenter et al 2013). Thus one might consider that there could be much to learn from the model.

Reflective practice as taught on the MA in Social Work at Cardiff University is the cornerstone of most UK practice (Fook and Gardner 2007). It is very difficult to have an ambition for evidenced based practice about 'what works' without an evidence base for what we do, and without learning from models that have been evaluated with rigour elsewhere (Forrester et al. 2008).The representative was also cautious about students being involved in life story work and the sensitivity with which this needs to be approached: 'Fostered children usually function emotionally lower than their chronological age and the nature of their early years' trauma can be unwittingly triggered with adverse outcomes if we do not consider these issues fully and for us the program lacks UK/ Wales specific sophistication and awareness'.



Life story work involves creating a book or box with a young person, collating markers of significant events, including photographs and mementos in order that they can understand something of their history, which helps in developing a sense of identity. Young people who have moved numerous times often have a fractured sense of their past. Clearly this needs to be done sensitively and thoughtfully. The reference to 'Life Books' include the materials that the children file and keep regarding the different sessions covered in the group each week, so that they can practice the skills with their mentor and foster carer, as well as some life story work. Recent research in England and Wales has suggested that life story work is often not done well (Selwyn et al. 2015;): students should not be left alone with this task but be given detailed guidance and support to complete it meaningfully and sensitively; they would have 9 months to focus on it. Life Story Work is initially covered in the 3 day preparatory training that students undertake, and this could become consolidated in the weekly seminars and be the focus of discussion in the fortnightly group meetings. The staff would need to be experienced and have a good working knowledge of life story work to support the students. Further discussions have taken place with the US staff regarding this and they would be happy for these to be renamed as Life Skills books and only contain the materials from the group work sessions, should this be seen to be problematic in the UK.

Another concern of the representative was the 'Selection and support of SW students worries me as in my experience SW students can need a lot of pastoral support and are concerned to qualify. This would feel better if truly voluntary and not linked to passing placement. In America they select 'the best' students to undertake this work'. If a pilot was to be trialed in Wales then only Masters students would be utilised and these would be carefully selected via interviews which utilise a third sector organisation of care experienced young people to help with this process.

A Board meeting of the Confidence in Care consortium was held on 5<sup>th</sup> July to discuss these issues further (as outlined in the executive summary) but there was no agreed or collective will at this time within the consortium to take the FHF model forward because of these concerns.

## **Findings**

If a pilot was seen to be appropriate then students would need skilled and supportive supervision to help and advise them with Life Story work or this could be removed from the programme. The mentor supervisor would need to be carefully chosen to provide the high calibre of supervisory skills required. The students too would need to be rigorously selected. Given the complex infrastructure, if a pilot was thought to be appropriate it would make seem to sense to run with just one group of young people in the first instance to ensure that the workers can familiarise themselves with the system and how this dovetails with the practice assessing requirements for students in Wales.

## **Acceptability-Aim 1**

The vast majority of those consulted (as can be seen from the feedback above) found the model to be acceptable and very relevant for foster children in Wales. The model is a

preventative, strengths based (Saleebey 2005) model which aims to increase the resilience of young people (Gilligan 1999) this fits within the principles of the Social Services and Well-being Act (2014). It also links and responds to the United Nations Convention on the Rights of the Child (1989), particularly Article 3 (best interests) and Article 6 (develop their full potential), and to the Charter for Looked After Children or Young People and Care Leavers, Wales (2016).

### Adaptation of the Programme

Whilst the traditions and backgrounds may be different between the US and UK, the content of the group work programme for young people does not need to be significantly changed but occasional words could be amended to sound less American. The model does have a cognitive base but none of the content conflicts with the principles of social work in Wales. The model covers a broad curriculum including recognising emotions, problem solving, communication, active listening, anger management, addiction and its impact on children and families, puberty, identity, future orientation, employment and aspiration. Some of the exercises utilise American role models, but these could relatively easily be changed. Session 12, 'My culture' (handout 12. 1) would need to be mapped to Welsh culture, but we do very little with care experienced young people about their identity and appreciating diversity, so this would be very useful. The topics are all relevant for young people in Wales, although it would seem to be appropriate to include fewer sessions on drug addiction (sessions 22 & 23), reducing these to one session and to increase the input on alcohol within it, given the differing cultural predilections in the US and UK. Session 24 on puberty is run in separate gender groups (all boys-all girls) and an outside expert is brought in to run this session. The focus on children's rights and the United Nations Convention on the Rights of the Child 1989 (UNCRC) could be made more explicit within the materials, given the current focus on these in Wales (Children's Charter for Looked after Children in Wales 2016); the model covers a relationship Bill of Rights in session 26 and this could be built in here, but it should to be introduced earlier in the programme as well.

The Looked After Children and the Natural Environment ( Learning from Landscapes) project (<http://www.ltl.org.uk/>; BAAF 2015) which has been running in Wales for foster carers could also be incorporated into the mentor training, to encourage individual mentoring sessions to potentially make use of local outdoor facilities.

The topics for the teaching element for students would need slight revision as some of these centre around the service delivery in the US. An amended outline for the seminars has been drafted which would fit more readily in Welsh fostering and children's services. We would want to include a greater focus on education, for example. A structure for these might be as follows:

### Required Seminars

1. Settling In
2. Child development and preadolescence
3. Impact of abuse and neglect on development

4. Education
5. Attachment and relationships
6. Attachment and the secure base model
7. Assessment and the use of eco maps
8. Suicide assessment/self-harming behaviours
9. Principles of behaviour change
10. Understanding the court process in abuse and neglect cases
11. Case Conferences
12. Family violence
13. Advocating and navigating within the educational system
14. Signs of safety and other models
15. Staff Meeting to gather program feedback from the mentors as a group
16. Visit to family court
17. Sexual development and puberty
18. Understanding addiction
19. Case Conferences
20. Families in poverty
21. FHF program ending

### **Other Seminars that could be included**

1. Education consolidation
2. Resilience
3. The effects of substance abuse on the family
4. Mentor reunion

The mentor orientation manual would similarly need some adaptation as it includes policies on disclosure and reporting of child abuse from the US. The manual also refers to 'neighbourhood scavenging hunt' which whilst it sounds very American, is in essence creating a community profile of the area in which the children live, in order to identify resources to help increase their support base. Cardiff University MA students currently do

this within their hosted local authorities. These amendments would not be extensive and could be undertaken in discussion with staff in the US during the 4 month preparatory period.

## **Demand- Aim 2**

There are high numbers of looked after children in Wales with 5,617 children being looked after on 31 March 2015 and a rate of 89 per 10,000 population aged under 18 (Stats Wales 2016). There are high numbers of children in foster care in this age group in Wales that might benefit from this intervention. In 2014 there were a total of 700, 9-11 year olds in foster care (355 male and 345 female) (see appendix 1). In 2015 the statistics were very similar with a total of 740 young people in foster care in this age group (390 males and 350 females) (see appendix 2). There are particularly high numbers in certain south Wales authorities, for example, one local authority having 45 boys and 45 girls in the age range 9-11 in 2015 (Stats Wales 2016). The overall picture across Wales is of the number of children in foster care is going up rather than down. We cannot confirm the numbers who are new in to care (although there is some flexibility with regards to this) or the specific location and therefore travel times for all children.

In the US many children who are in residential care take part in the Fostering Healthy Futures programme, although in Wales there are few children in this age group in residential care (however those who are could be referred to the programme). Stats Wales indicate that there were 31 young people in residential care age 9-11 as of 31 March 2013, 36 as of 31 March 2014 and only 15 on 31 March 2015, a number which has fallen significantly over the past year. The issue of mixed groups would need to be considered; although given that there are currently only 15 young people in this age group in residential care across Wales this may not arise. In the US residential care is used at an earlier stage and is seen more as a therapeutic option, whereas in the UK it is often used as a last resort after many placement break downs and thus the nature of the populations may be different. Any decisions regarding this would need to be about individual factors relating to the usefulness of the programme for each child and their ability to take part.

Having identified the numbers of children in the given age group in foster care in Wales (regardless of how long they have been in care) suggests that there would be sufficient demand. As an intervention it is most unlikely to cause any harm to young people. It would also seem that there is a clear need for an intervention for this age group of care experienced young people. It is well known that outcomes for looked after children are poor in comparison to their peers (Akister et al. 2010) often culminating in pronounced difficulties in the transition to adult life (Bessell and Gal 2009). Compared to their peers children in care consistently struggle with mental health, education, involvement in crime, lack of employment, housing and are less likely to have stable relationships (Akister et al. 2010). The need to improve outcomes with regard to emotional well-being through prevention and early intervention in the UK is clear (NAW 2014; Public Health England 2015). The work of the 'Improving Outcomes for Children Strategic Group' Wales is also currently focusing on these issues. The FHF model is designed to intervene at an early age (pre-adolescence), to ameliorate and reduce the likelihood of emotional difficulties developing or becoming embedded, and to help prepare for the later transition to adulthood. The focus on self-

esteem, building confidence and the bolstering of ambition within the FHF programme is particularly welcomed to address some of these recognised difficulties. The heads of children's services suggested that this may be a helpful initiative to reduce placement breakdown and reduce the high number of out of area placements which are the cause of much current concern (Fostering Framework Report 2016). The thrust of the Social Services and Well-being Act (2014) is preventive and the FHF model could have the potential to reduce the subsequent demand on social services and on Child and Adolescent Mental Health (CAMHs) teams in particular. These services are particularly over stretched in Wales, with CAMHs seeing a 100% increase in referrals over the past 4 years (NAW 2014).

There would seem to be no other **combined** group work and mentoring intervention currently available for this age group in Wales, or any similar interventions providing comprehensive support at the early stages of going in to foster care. There are other groups running for looked after children in Wales, for example, in Caerphilly and Swansea there are 'Shout' groups run for LAC and care leavers (of all categories) aged 14 to 21 or 25 (due to being in education). These are not closed groups, or controlled interventions with a programme of work, nor are they evaluated. These groups are young person led and supported by staff. In the 'Shout' groups the young people and professionals agree an agenda and the areas on which they wish to work. In Swansea a participation group meets (one of which was attended as part of the feasibility study) but this is more informal and for a wider age range of young people. A monthly group meeting is facilitated for this age group in Newport, but again they are not as intensive or targeted. These are very different to the FHF groups both in terms of the age range of participants and the content and the intentional focus of each session. The FHF provides both a structured group work content combined with tailored mentoring to meet the needs of the individual. NYAS Cymru (an advocacy project) are currently developing two projects both relating to mentoring and care experienced young people. One is a peer mentoring project which will support young people to gain employment and access apprenticeships, this would be for an older age group than FHF. The other is mentoring for young people as they leave care, again this would be for an older age group.

The Confidence in Care consortium is also piloting and evaluating a social skills group programme for LAC which is being developed by South London and Maudsley team (SLAM). This is a skills group for a slightly older age group, 11-14 (the largest cohort of children in care) and the groups will run for 8-10 weeks. These are to start in 2017. The focus of these groups is to improve social skills by focusing on friendships, communication, identity and values, handling disagreements, problem solving, emotions and bullying. Some of the materials are similar, although less detailed, less prescriptive and less intensive: the model does not involve mentoring and has been written for an older age group. We cannot use the FHF materials to inform this group as it has a very different remit and is for an older age group. The mentoring and the skills groups in the FHF model **could not be separated**: the focus of the mentoring is on practising the skills that the young person will have learnt in the group sessions and so they are inextricably linked.

There is also a high demand for student practice learning opportunities in the South Wales area. The student experience has been positively evaluated in the US who found that students valued the supervisory experience and felt well supported, the elements that they particularly liked related to 'Receiving feedback, getting another view point, critical analysis,

very intelligent supervisors', 'Being able and encouraged to honestly share my thoughts or biases and challenges' (Petrila et al. 2015: 131).

## **Practicality – Aim 3**

### (i) Welsh context

The nature of the FHF programme as it is run in the US requires two groups of 8 children (4 boys and 4 girls in each) to be able to come together to attend a weekly session. The children should be travelling no more than 35 minutes each way in order to attend the groups. The model further requires 8 social work students (each mentoring 2 children) to be involved with the programme at any one time. Thus the model requires sufficient children and students to be able to travel to the same venue within a reasonable time frame. Having visited and consulted with the north Wales fostering team managers group it would not seem possible to be able to bring together the required number of children and students for this model to work effectively (some local authorities having only between 4 and 6 eligible children) and the distances are great. Further consideration will need to be given as to how this model could be taken forward in a more rural Welsh setting and it maybe that a pilot would illuminate and help to identify how to take the model forward more widely.

The Masters Level social work programmes are currently delivered in 3 locations across Wales- in Cardiff University (50 students per cohort), Swansea University (20 students per cohort) and in Bangor (22 students- only some of whom are bi-lingual). Thus the greatest concentration of students is in the South East region of Wales (between Swansea and Cardiff) with 70 students being trained each year in this area. Thus, if we are to match the number of young people in foster care with the number of students who can be their mentors, then any pilot of the FHF programme would be best situated in this area.

In the US all prospective mentor students are interviewed and rigorously assessed by the staff on the FHF programme. In Wales it has been suggested that this interview stage should be replicated and could be further enhanced by the involvement of a third sector partner working with care experienced young people, who would assist in the assessment of prospective student/mentor candidates.

Currently the skills group materials and student guidance are in English and should the programme be rolled out across Wales then these would require translation into Welsh. The materials are extensive, with the Implementation manual being 29,000 words, the mentor orientation manual 22,000 words, group work materials and handouts being 60,000 words. These would costs in the region of £ 9,000 for translation.

### (ii) Integration with professional training systems

The current format of student practice learning placements for Masters students in south Wales at Levels 2 and 3 is essentially a block placement (Cardiff and Swansea University). Undertaking a Fostering Healthy Futures practice learning opportunity would necessitate that rather than a block placement made up of sequential days, a longer period would be

necessary which runs for 26 weeks from mid-November to the end of June; we could not accommodate a full 30 week model and this has been agreed and discussed with staff in the US. The same number of placement hours would be completed by students but over a longer period of time – a longer, thinner format. Whilst the level 2 placement was considered at an earlier stage, further discussions with FHF staff in the US, Swansea University and the final consultation event led to us decide that level 3 is more appropriate. The level 3 placements at Cardiff University MA and Swansea University MSc could accommodate this adaptation to the timetable. This has been discussed with the external examiner, the Director of Social Work at both programmes, at Programme Management Committees and at Practice Assessment Panels with programme partners. In addition to the social work programmes, the 3rd year elective unit of the Cardiff University clinical psychology Masters programme would also fit well with this format and they would be keen to utilise such an opportunity in the longer term. This would have the further benefit of multi-professional/agency training, teaching, learning and working which could be seen to fit with the integration agenda (Sustainable Social Services 2011). It would not be anticipated that psychology students would be drawn upon for an initial pilot should this be seen as appropriate.

The benefits of having Level 3 final year students (both in social work and psychology) involved with FHF is that they are likely to be at a more confident stage in their practice to undertake the mentoring role. To enable social work students to undertake a level 3 placement involving mentoring, a clear, well managed trajectory would need to be set out for the students, whereby those interested were identified at level 1 and could be then provided with a statutory placement at Level 2 (as Care Council for Wales requires that either the level 2 or 3 has to be undertaken in a statutory setting). The statutory placement could be in children's services (although probably not in child protection), ideally in their host local authority, for example, in a children's disability team, or a 16+ team. For their third and final placement students could be placed in FHF for 60 days as well as within a fostering team (independent or statutory) where an additional 40 of days of complementary practice experience could be provided.

The FHF model requires programme integrity and ensures that students are extremely well supported: this is resource intensive and time consuming to provide the weekly individual and group supervision, a fortnightly group supervision and additional teaching. The FHF team in the US also provide weekly supervision for the staff individually, and group supervision fortnightly which again will be time intensive.

The mentor supervisor would be the student practice assessor and as required by the Care Council for Wales, each student has to be observed in direct practice on 5 occasions, with each observation being a significant piece of work. The assessor would therefore be undertaking 20 observations for 4 students and 40 if working with 8. Currently in Wales it is estimated that it takes around 60 hours to assess each student. The FHF model provides additional group supervision system plus the provision of seminars. Each student would also be spending 40 days in a complementary team and the practice assessor would need to visit the other site and liaise with the on-site supervisor in that setting. This is a considerable task and should a pilot be considered appropriate then running with just 4 students and 8 young people in the first instance would allow for the assessor to manage the demands of FHF combined with those of Care Council for Wales.

In the US the FHF programme provides the mileage costs of students who transport the young people to and from the groups. In Wales, students who receive Care Council of Wales (CCW) bursaries (99% of all students) have their mileage costs met (up to a maximum of £50 per day) whilst undertaking student placements. It is also a requirement of the CCW that students have car insurance to enable them to be covered for carrying passengers in the line of duty, having checked with the CCW these are unlikely to change. This funding could be utilised to off-set some of the costs of operating the FHF model in Wales and thus may contribute towards its future sustainability.

The FHF model requires an agency or agencies to deliver the project (ideally not statutory social services) and these should be voluntary/independent organisations which have a strong commitment to positive youth development, are strengths based, work preventatively, have child well-being at the core of their service and have experience of working with and supporting social work students. The overall management of any pilot could sit with Fostering Network and the time frame of any potential pilot would be within the Confidence in Care time frame. At present we have not identified an agency from within the Confidence in Care consortium to deliver the FHF model.

### (iii) Integration with Welsh fostering systems

No other model currently exists which combines both a weekly group work programme and a mentoring system for children age 9-11 in foster care in Wales. The model provides an opportunity for young people to come together to normalise their experiences and share their experiences with others, as well as a more tailored individual service which is specific to the needs of the young person. In this sense it is difficult to assess whether when disaggregated the same positive outcomes could be achieved. In this sense it is seen as a complex intervention (Moore et al. 2010). The aim is to improve mental health and well-being outcomes for young people, which in turn helps to contribute towards stabilising their foster care placement.

The Fostering Changes programme is currently being delivered and evaluated across Wales via a randomized controlled trial. This is focusing on developing the skills of the foster carers whilst the FHF model would contribute to supporting young people in foster care. These would seem to complement each other, although there may be competing agendas that services may wish to focus on (ACE 2015).

## **Benefits**

There would be benefits to piloting the model in terms of the potential positive outcomes for young people, these would relate to improved confidence, self-esteem, developing a wider peer network, improved emotional literacy, a greater sense of agency and more of a future focus which has the potential to nurture ambition. The benefits for foster carers would be that the young people will be provided with support to help build resilience and improve their



coping strategies. The mentor will aim to identify other sources of support in the local area for the young person. The mentors transport the young people to and from the group and often take them out the home for the mentoring sessions which would assist the foster carer. It could be seen to complement the Fostering Changes programme.

The model would also provide a rich and in-depth learning experience for student social workers who would become skilled and confident in working with children, which they would take forward in to their future careers and practice as social workers. Running the groups will familiarise staff with ways of working and new materials.

## Risks

The risks of piloting the model could be that not enough students would be interested in undertaking the practice learning opportunity, making it difficult to get off the ground. In the US two groups run at any one time requiring 8 students from a potential body of 70 (50 at Cardiff University and 20 in Swansea University). However, feedback from students in Wales (via the final consultation event and from individual discussions) and from training officers suggests that students would welcome such an opportunity as was the case in the US (Petrila et al. 2015). Additionally, a member of staff can be nominated in each university to promote and advertise the placement opportunity. Any risk could be further reduced, should a pilot be taken forward, by involving only one group of 4 students and 8 young people, so that we could test this out in practice.

Another risk could be that we cannot recruit enough children to take part in the groups, although this would seem to be unlikely given the high numbers in the south east Wales region and the commitment from local authorities who would be instrumental in encouraging young people to take part. It will be important to advertise the scheme widely, liaise with and visit local fostering teams. The consultations have gone some way in raising awareness. Heads of children's services have indicated their support. There would need to be a lengthy preparatory period of at least 4 months before the programme starts in which advertising and recruitment could take place. Again, should a pilot be considered, running just one group would make this more unlikely.

It could be that children drop out of the programme which means that the full benefit would not be derived by the young people, and students could be left without mentoring work. An independent agency representative has questioned whether it would be possible to maintain the motivation of young people over a longer period, although mentoring could be seen to help. In this instance other practice learning opportunities could be allocated to the student. Students might be seen as less valuable employees, having had less statutory experience because they have focused on in-depth work with children, and thus be seen as less employable when they finally graduate, although again this is highly unlikely and the reverse is more likely (Munro 2011). This would be alleviated in part by ensuring that students also spend 40 days of their practice learning placement in a complementary setting allowing them to develop a wide skill set.

Another risk might be that foster carers may not be sufficiently on board and feel removed from the process. A training session for foster carers in advance of the programme and

regular communication and progress reports would help to reduce this possibility. Consideration should be given to utilising a foster carer to champion FHF who could liaise and support foster carers.

A final risk is that those who have been trained in the FHF model leave the project after the end of the programme and that a further investment for training staff will be required if the scheme is to continue. Currently there is no model of licensing the training. One way to reduce this risk would be to train a larger group of people in the first instance, as the cost would remain the same, so that others could step in. To retrain a mentor supervisor would cost £13,000 and to retrain the group work supervisor would cost £16,000. Clearly a model of licensing and training in the UK would need to be developed to ensure sustainability.

## **Final Recommendations**

- It is not be possible to split the mentoring and the skills group components, as the mentoring draws on the materials covered in the group work sessions.
- On balance, given the potential benefits for young people, a next step could be to pilot the model in Wales; identified risks in the main can be predicted and ameliorated.
- A detailed project plan, a costing model and an evaluation plan could be submitted should Big Lottery wish to pursue this option.
- Further work could be done to future proof any pilot study in light of impending local government re-organisation, the establishment of Social Care Wales and development of the National Fostering Framework.

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## Appendix 1

### 1. Children aged 9-11 years old looked after by local authorities in foster care placements, at 31 March 2014

	Male	Female
Isle of Anglesey	6	6
Gwynedd	10	10
Conwy	10	9
Denbighshire	11	8
Flintshire	4	14
Wrexham	6	10
Powys	14	13
Ceredigion	4	6
Pembrokeshire	5	6
Carmarthenshire	25	13
Swansea	32	20
Neath Port Talbot	27	32
Bridgend	27	21
Vale of Glamorgan	5	11
Rhondda Cynon Taf	51	46
Merthyr Tydfil	14	13

Caerphilly	18	15
Blaenau Gwent	12	12
Torfaen	29	22
Monmouthshire	3	11
Newport	15	22
Cardiff	27	25
<b>Wales</b>	<b>355</b>	<b>345</b>

Source: SSDA903 Data Collection

Contact: stats.pss@wales.gsi.gov.uk

Date: 4 August 2015

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## Appendix 2.

### Children aged 9-11 years old looked after by local authorities in foster care placements, at 31 March 2015

	Male	Female
Isle of Anglesey	5	5
Gwynedd	15	10
Conwy	10	5
Denbighshire	10	5
Flintshire	10	15
Wrexham	10	10
Powys	15	10
Ceredigion	5	*
Pembrokeshire	10	5
Carmarthenshire	20	10
Swansea	35	35
Neath Port Talbot	30	40
Bridgend	30	25
Vale of Glamorgan	10	5
Rhondda Cynon Taf	45	45



Merthyr Tydfil	15	15
Caerphilly	15	15
Blaenau Gwent	15	15
Torfaen	20	20
Monmouthshire	*	15
Newport	20	15
Cardiff	40	25
<b>Wales</b>	<b>390</b>	<b>350</b>
Figures rounded to the nearest 5 for disclosure reasons		

Source: SSDA903 Data Collection

Contact: stats.pss@wales.gsi.gov.uk

Date: 21 April 2016

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## **Advisory Group**

Wednesday 22<sup>nd</sup> September 2015

Cardiff University room 0.12

### **Present:**

Zoë Morgan – Carmarthenshire Local Authority, Participation Officer

Natalie Silcox- Bridgend County Borough Council, Manager Regulated Services

Gareth Matthews – Vale of Glamorgan, Fostering team

Chris Dunn- Voices from Care

Lauren Riley – Student – Vale of Glamorgan- Cardiff Metropolitan

Abbey Bintcliffe - Sixteen plus Team- Caerphilly

Zac Mc Breen – Vale of Glamorgan Training Officer

Alyson Rees – Cardiff University/Principle Investigator Fostering Healthy Futures

Eleanor Staples – Cascade - Fostering Healthy Futures Research Team

Dolores Davey – Fostering Healthy Futures Research Team

### **Apologies:**

Tony Davies – BGCBC

Helen Davies – Barnardos

Emma Discombe – Neath Port Talbot

Rhiannon Beaumont-Walker – Tros Gynnal

Rhys Hughes – Cardiff Fostering

Sally Indge – BG

Suzanne Sheldon – NSW

Mike Waite – NFA

Charlotte Worboys – Caerphilly Fostering

Tyffany Wyatt – Voices from Care

## **Agenda:**

### **1. Advisory group composition**

For the purpose of this group it is suggested that we adopt the following definition of an advisory group: ‘groups are made up of experts who oversee a research project....provide advice where necessary. Their role is to provide input based on their direct experience of the topic under investigation’ (adapted from [www.invo.org.uk](http://www.invo.org.uk)).

#### Terms of reference

- i) The group will meet three times during the duration of the project (September and December 2015 and May 2016). In addition to this the advisory group will be invited to the presentation by Professor Heather Taussig from Denver in April 2016.
- ii) Brief notes will be produced from the meeting and disseminated before the next meeting.
- iii) Dates for future meetings will be agreed at the end of each meeting.
- iv) The purpose of the group is to provide a forum for discussion of project related items and its operation providing a high level of debate, which draws on members’ experience and expertise.
- v) The meetings will create time for debate of the issues and to explore emerging findings from the feasibility study by encouraging the group to ask questions, offer alternatives, test ideas and explain oppositions.

### **2. Review of trip to Colorado – interim report**

The report was shared and the key impressions from the visit to Colorado (see attached). In summary it was felt that the FHF programme had much to commend it, but there would be some significant, but not insurmountable challenges to transfer the exact elements to Welsh contexts. Issues were raised about the use of students as mentors, the impact of 'endings' on any children recruited to the programme, the importance of boundaries and communication across the key professionals involved in the programme and the concern of an increased number of professionals in the lives of children who may already feel overwhelmed.

### **3. Feedback from young people**

Some young people had been consulted on the merits of FHF as a scheme. These were older children/young people and so were offering their thoughts based reminiscing on what it would have been like to be a 9-11 year old and receiving this intervention. There were some positive thoughts from this group but concerns raised about how the 'endings' would be managed.

### **4. Numbers of young people in foster care by LA**

The 2014 statistics for children aged 9-11 looked after by local authorities in foster care placements were considered. It was noted that the numbers of children looked after, the configuration of local authorities as well as the legal arrangements for children are likely to change over the time between the completion of the feasibility study and any potential programme. Nevertheless it was felt that such a programme could be of benefit to children not living with their birth family. At present it was difficult to clearly identify a geographical location for such a programme, but this may emerge as local authority boundaries become clearer.

There was some discussion about if such a programme could be situated in a local authority, an independent fostering agency or another voluntary agency. Further exploration of these options may become clearer as possible models are explored through the feasibility study.

### **5. Other projects running for this age group**

A range of projects were discussed, *Confidence in Care*, *MAPs*, *Improving Futures*, *Shout Out*, *Blue Print* but it was not felt that there was anything that directly replicated FHF.

**Action: it would be helpful if advisory group members could provide information or links to the projects mentioned above or any other similar provision.**

## **6. Vimeo- experiences from FHF young people**

A short video of children who had engaged in FHF in the US was shared.

Comments were made about the importance they placed on being in a group to share their experiences, as well as the fun they gained from the group and the strategies for dealing with anger. It was felt that UK children may not respond to the 'graduation' element of the programme, although it was noted that events that adults may consider 'cheesy' can be enjoyed by children.

It was suggested the programme may also have some value to adopted children as part of adoption support given the recent research findings on disruption by Julie Selwyn, Bristol University.

<https://www.youtube.com/watch?v=taAmyyVD6pQ>

## **7. AOB**

Undergraduate as well as postgraduate social work programmes should be considered as a possibility for mentors.

Consideration of the use of consolidation year social work practitioners, rather than students as mentors, should be explored further as part of the feasibility study.

## **8. Date of next meeting**

Wednesday 9<sup>th</sup> December 2015 – 9.30-11.30, Cardiff University.

Part of the agenda will be to look at the areas covered in the skills sessions and if permissible look at the material for one session in detail.



## **Advisory Group**

Wednesday 9th December 2015

Cardiff University

### **Present:**

Michael Waite –National Foster Care Association

Zac Mc Breen – Vale of Glamorgan County Borough Council

Emma Discombe – Neath Port Talbot County Borough Council

Natalie Silcox- Bridgend County Borough Council

Chris Dunn- Voices from Care

Abbey Bintcliffe - Sixteen plus Team- Caerphilly

Alyson Rees – Cardiff University/Principle Investigator Fostering Healthy Futures

Dolores Davey – Fostering Healthy Futures Research Team

### **1. Apologies:**

Rhiannon Beaumont – Tros gynnal plant

Helen Davies – Barnardo's

Sally Inge- Blaenau Gwent County Borough Council

Rhys Hughes Cardiff fostering/Swansea University

Zoe Morgan – Carmarthenshire County Borough Council

Sarah Thomas – Fostering Swansea

Charlotte Walters – Caerphilly Fostering

Charlotte Worboys – Torfaen County Borough Council/ Cardiff University

## **2. Matters arising from the notes of the last meeting (22.9.15)**

i) it was noted that the minutes should read **March** not *May* for the next meeting

ii) it recorded in the minutes that – *UK children may not respond to the 'graduation' element of the programme*. The members of the meeting shared their experiences of the LAC Achievement Award ceremonies and it was felt that these were very positive occasions, they were more common across authorities and children and young people did respond very favourably to them. Therefore the idea of a 'graduation' event at the end of the programme would not be so unfamiliar to them.

## **3. Agenda:**

### **4. Report from HEI meeting**

This report was circulated and the points of interest discussed. There was some discussion about whether student involvement on the FHF project could work well if it was considered as part of Level 1 and Level 2 practice learning placements. There would be some advantages in this in terms of timing and the necessary training, but possible difficulties regarding progression from one level to another. Students would need to be identified early on in the application and interview stage if this option is to be realised. Voices from care suggested that they could be involved in the interviewing stage of students interested in a FHF placement.

**Action: AR to discuss with the MA Programme Director how possible FHF mentor students can be identified and trained within the timeframes of the recruitment and selection MA process**

### **5. Report from Foster Care meeting**

This report was received by the group.

It was felt that once the FHF curriculum was agreed the weekly sessions that the children would be engaged in could be mapped against any foster care training to ensure similar areas were covered. In particular it was felt important that foster carers had the knowledge and skills to be able to respond appropriately to topics covered in the sessions, if they were raised by the children at a later stage.

There was some discussion about the social work training programmes that may be best suited to recruit student-mentors from. It was noted that some programmes had a high attrition rate and this should be explored in this feasibility stage (it was suggested some as high as 25 percent).

A thorough discussion took place about the pros and cons of student mentors being drawn from different social work programmes. It was felt for the following reasons that any pilot should only draw from post – graduate programmes:

- i) this would be true to the FHF model as developed in the US
- ii) these students would have a level of existing learning and academic track record that fits with the demands of FHF
- iii) there would be a level of existing experience to draw from within this pool of students
- iv) the attrition rate for PG students was lower than U/G students.

If a pilot FHF programme was to be offered it was felt that it would be advantageous to recruit student mentors from just post graduate social work programmes. Given the geographical location of local authorities with the highest numbers of children in the target age group (9-11) and the stipulation that children should not travel excessively to a skills group it was considered that, for the pilot, children should be identified for possible selection from specified authorities - the final list to be determined following further discussion with fostering team managers and training officers. The Cardiff MA and the post–graduate social work programme at Swansea University would be most likely.

**Action: AR to check out attrition rate across social work programmes**

**AR to confirm if the PG social work programmes and Swansea would be interested in being involved in a potential pilot.**

## **6. Report from ADSS (Children’s Services) meeting**



The report was received by the group and the endorsement of ADSS to continue to a pilot stage was noted.

## 7. Schedule of feasibility study activities

The time-frame agreed for completion of the component parts of the feasibility study were all going to plan. Pieces of work outstanding:

### a) Report from children's group Action AR.

Verbal feedback was provided (AR). Children and young people very positive about the FHF model. They particularly liked the idea of meeting other care experienced people. They were very interested in the VIMEO of young LAC in the US discussing their experiences and how similar they issues are for care experienced young people. It was noted that any report of the transferability of the FHF programme would need to be explicit about the UNCR (the advisory group felt that there were very clear principles, links and connections but these should be made explicit in any report). The Welsh young people who were consulted felt that electronic/Skype style discussions with US children would be very useful – perhaps at a post evaluation stage of a FHF programme.

**Action: Emma noted that NPT have some video material of children talking about their care experiences and she would check if this is available for more general (but selective) use.**

b) Meeting with representatives from voluntary sector and independent foster care services across Wales (9.12.15 –pm)

c) Meeting with Fostering Team managers – North Wales and South Wales

d) Meeting with PLO managers (training officers)

e) Producing a case study

Some ideas for the case study were shared and it was agreed that it would be useful if the case study comprised of a couple of options that addressed the difference between running one and two groups, but these would need costing for example:

- The professional grade and cost of a practitioner to run the skills groups (senior practitioner or consultant practitioner/ freelance or employed by an agency) **Action AR to check with US**
- The professional grade and cost of practice assessor to work with the student mentors ( freelance or employed by an agency)

- How might PLOF funding be used \*
- What on costs are there for an agency 'housing' FHF
- What is the charge per child for an LA

f) Professor Heather Taussig, the founder of FHF, will present a lecture to stakeholders on 19.3.16

## 8. LACE research

The key findings from this research were shared with the group (reports distributed) and connections with FHF made including, the importance of LAC meeting together, skills groups, the importance of mentors, professional meetings not taking place during the school day, LAC have aspirations just like all young people and it is important these are encouraged.

It was noted that **Voices from Care** will be coordinating an event on **19.2.16** which is an exhibition of LAC and an opportunity for young people to share their success stories in a range of ways including art, music and this will be linked to other UK nations.

## 9. Criteria for hosting agency for FHF

Building on the notes from the ADSS report the group discussed what type of agency might host FHF. It was agreed that unless it was a consortium of LAs there were advantages in it being managed by an independent agency. Building on the experience of the US it was noted that children and others involved in the programme may engage in a different way when it is not delivered by a local authority. They have a 'readiness assessment' document which helps to identify the requirements of an organisation. Some suggestions were offered about the type of agencies that might be interested including TACT, IFCS, Barnardo's, Action for Children or a collaboration of agencies such as CYWAITH which is a consortium partnership consisting of ProMo-Cymru, Tros Gynnal, NYAS, Children in Wales and Voices from Care.

**Action:** The group suggested that once the case study is confirmed the way forward would be to ask agencies to respond with **an Expression of Interest** detailing how they would manage and deliver the programme and the type of venue available for use.

## 10. AOB

Nothing noted

**11. Date for next meeting:**

Wednesday 16<sup>th</sup> March 9.30 – 11.30, Cardiff University.

DD/ Dec 2015



## **Advisory Group**

Wednesday 16<sup>th</sup> March 2016

Cardiff University

### **Present:**

Zac Mc Breen – Vale of Glamorgan County Borough Council

Abbey Bintcliffe - Sixteen plus Team- Caerphilly

Jess Matthews – Fostering Network/Confidence in Care

Jan Littleton-Smith – Research associate, Cascade

Alyson Rees – Cardiff University/Principle Investigator Fostering Healthy Futures

Dolores Davey – Fostering Healthy Futures Research Team

### **1. Apologies:**

Emma Discombe – Neath Port Talbot County Borough Council

Sarah Thomas – Fostering Swansea

Rhiannon Beaumont – Tros gynnal plant

## **2. Matters arising from the notes of the last meeting (9.12.15)**

*4 - Voices from Care would like be involved as part of the process that identifies students who may act as mentors.*

*5- A new staff member in Swansea would be a good link for the FHF programme and identification of students*

*6 – The material developed by NPT is not available for use outside of the authority*

## **3. Agenda- Minutes from meetings:**

### **3.1 Minutes of North Wales fostering team managers meeting:**

These minutes were circulated and the points of interest discussed. Key point was that running a FHF programme in the North may not be viable as a pilot given the number of students on training programmes and the geographical spread of courses. Any proposals for the future would need to consider a Welsh speaking dimension and there may not be enough LAC in the specified age group to make this a realistic proposition. It was considered that such a programme may fit an urban population as children could be drawn from a number of LAs and students from a number of programmes.

### **3.2: Minutes of meeting with South East Wales training officers**

Minutes from this group were shared. The concluding comments were that Masters may be the most appropriate students. This group were positive about the initiative.

### **3.3: Feedback from South Wales fostering team managers' meeting**

Again a summary of the discussion points from this meeting were shared. Overall there was a very positive response to the idea of piloting a FHF programme in Wales.

There was some discussion about the opportunities for using the material for other groups of children and how children are selected on to the programme.

## **4. Other activities – PAP, PMC, Swansea, Sabine Maguire**

The Cardiff University structures of PAP and PMC have both considered the possibility of a FHF programme and given their approval.

Swansea University are keen to be involved

Sabine Maguire's knowledge of the programme has been very useful and she has provided some pertinent points for consideration whilst giving it her endorsement.

## **5. Attrition rates from social work programmes**

Information provided by the Care Council for Wales was considered. As the figures did not disaggregate the reasons why students may leave programmes it was considered that caution needed to be exercised when drawing conclusions from the figures. However it was evident that fewer leave M level programmes than UG programmes. There was some discussion of the possibility of OU students being involved in the future if the scheme moved beyond a pilot.

## **6. Outstanding consultation meeting- Independent fostering team manager 21<sup>st</sup> March and Children's meeting**

Some groups have been difficult to co-ordinate.

**Action: AR will feedback at these at the next meeting**

## **7. Consultation event – Heather Taussig**

The event promises to be a useful connection with Colorado and a good opportunity to hear directly about the programme. It will be important that a good number of people attend. It was agreed that a representative from all of the groups who have been involved in consultation discussion should get an invitation including WLGA and ADSS

**Action: Jess to provide details of contacts**

## **8. Meeting with Big Lottery**

AR and JM had met with Sally Thomas to discuss possibilities of funding for the pilot and ongoing developments. Options for the future will become clearer when the feasibility study report is completed and draft costings have been refined.

## **9. Expression of Interest**

The idea of looking for an expression of interest from a range of possible organisations who could 'house' a FHF programme was considered. It was agreed the way forward would be to

approach the Confidence in Care Consortium (who is made up of a range agencies) with an outline of the requirements and costings.

The group provided a lot of helpful discussion and ideas on costing element and this will be refined.

**Action AR and DD will revise the costing document**

## **10. Moving forward**

It was suggest that it would be useful to consider engaging directly with Welsh Government on the plan for a pilot and to seek further guidance on costing.

The group gave some time discussing the time-fames, infrastructure and sustainability and on-going costs of FHF programmes for the future. The report, due on the 28<sup>th</sup> June, will provide some of that detail.

**Action: AR to discuss further with JM the appropriateness of a meeting with Jonathan Isaac from WG.**

**Action: AR to discuss further with JM the appropriateness of a conference call with Confidence in Care funding people.**

## **10. AOB**

Nothing noted

## **11. Date for next meeting:**

It was thought that this would be the last meeting. However as the advisory group have been so useful it was agreed that a further meeting would allow for some discussion from Heather's presentation as well as share the recommendations going into the final report.

**Next meeting: Thursday 5<sup>th</sup> May at 3.30**

DD/ March 2016



## **Advisory Group**

Thursday 5<sup>th</sup> May 2016

Cardiff University

### **Present:**

Zac Mc Breen – Vale of Glamorgan County Borough Council

Abbey Bintcliffe - Sixteen plus Team- Caerphilly

Emma Langham - Sixteen plus Team- Caerphilly

Chris Dunn – Voices from Care

Rachel Vaughan – Voices from Care

Natalie Cox- Bridgend County Borough Council

Sarah Thomas – Foster Care Swansea

Mike Anthony- TACT

Jan Littleton-Smith – Research associate, Cascade

Alyson Rees – Cardiff University/Principle Investigator Fostering Healthy Futures

Dolores Davey – Fostering Healthy Futures Research Team

### **1. Matters arising from the notes of the last meeting (16.3.16)**

*Suzanne Spooner is the named person from Swansea University*



**Point 6: Outstanding consultation meeting- Independent fostering team manager 21<sup>st</sup> March and Children's meeting** Some groups have been difficult to co-ordinate.

**Action: AR will feedback at these at the next meeting**

*Fostering meeting was convened but no attendance. However meeting had taken place between TACT, Barnardo's and Action for Children and no further meeting was considered necessary. TACT have expressed an interest in possibly hosting the project in collaboration with other partners from the Confidence in Cares study and thus Mike Anthony attended the meeting today.*

*A further children's meeting will be attempted, but it was agreed that nearly 20 children had been consulted with and the group considered this sufficient for the feasibility study. Alyson may try and attend the Chill Out Group at TACT*

*Action: AR to liaise with Mike from TACT.*

**Point 9: Action AR and DD will revise the costing document**

*The costings were revised*

**Point 10. Action: AR to discuss further with JM the appropriateness of a meeting with Jonathan Isaac from WG/ and a conference call with Confidence in Care funding people.**

*Further consideration has been given to funding possibilities and this is ongoing. Action AR to contact Ian Thomas from CCW to discuss PLOF funding and its future.*

## **2. Agenda**

### **2.1 Consultation event**

It was agreed by the group that this was a very useful event and a very informative and relevant part of the feasibility study.

### **2.2. Feedback to consultation event**

Comments received from participants were shared with the group and they were on the whole very positive. Some of the points raised by the responses were discussed but there were no significant areas that would appear to impact negatively on the positive recommendations and conclusions to the study. Full feedback forms are available.

### **2.3. Student timetable Level 2 or 3**

There was a lengthy, detailed and helpful discussion examining the best positioning of the FHF programme within the Cardiff MASW timetable. Support was offered from the agencies present to provide practice learning placements that could integrate agency work – possibly fostering teams – and FHF.

The group felt on balance and considering all factors including the needs of students, children that would be referred and based on the guidance from the US model that it would be best positioned at Level 3 – certainly in the pilot group.

The group discussed the high level of preparation that would need to be undertaken to ensure the right student/mentors were selected and that they had evidenced a good level of competency in their Level 1 and Level 2 learning.

The benefit of having Level 3 final year students involved with FHF is that they are likely to be more confident in their practice to undertake the mentoring role.

We would have longer to assess the quality of the student (level 1 & 2)

We could identify potential students who might be interested at Level 1 and plan their trajectory ahead making sure they get a good statutory PLO at Level 2 -this could be in children's services (although probably not in child protection), for example, in a children's disability team, or a 16+ team- ideally in their host local authority.

For their third and final placement whilst involved with FHF, students could be placed with in a fostering team for example (independent or statutory) where an **additional 40 of days** of complementary practice experience could be provided.

The students would have more time for training and getting to know the mentees in advance of programme starting.

There would be more time for endings with the children and evaluations before the summer holidays start

It could start in November 2017

## **2.4. Updated statistics**

The group looked at the most recent statistics from Stats Wales (2016).

In 2014 there was a total of 700, 9-11 year olds in foster care (355 male and 345 female). In comparison in 2015 the statistics were very similar with a total of 740 young people in foster care in this age group made up of 390 males and 350 females (Stats Wales 2015, 2016). The overall picture across Wales is of the number of children in foster care is going up rather than down which suggests that the demand for such a project as FHF is increasing.

## **2.5. Next steps**

Alyson to continue to liaise with Tact and the draft report is to be completed by the end of May and the final report for the end of June 2016.

There are no further advisory group meetings planned.

Thank you to all for your interest, support in advising and hopefully taking this project forward.

**DD/AR**

<b>Activity</b>	<b>Associated allocated costs</b>		<b>Actual costs</b>
<b>Workshop 1</b> <b>Invitees:</b> representatives from care leavers' and looked after children groups, foster and residential carers, service providers, local and Welsh government, Higher Education representatives.	Refreshments and lunch for participants	£200	£400
<b>Visit to see the project in operation in Colorado</b>	Estimate flights £800 x 2 £1,600 Travel to airport £300 Accommodation and subsistence 2 people, staying 4 nights, £1,260 Internal travel in USA £300	£3,460	£4,377.41
<b>Higher education providers</b>  <b>Participants:</b> university providers of social work and psychology training in Wales	Venue hire- mid-Wales £150 Lunch £200 Travel ARL: £40 Travelling costs for participants £400	£790	Took place in Care Council for Wales, Cardiff
<b>Focus group Foster carers</b>			£300 Made recording of presentation £175.00
<b>Looked after children and care leavers</b> 4 meetings across Wales.	Travel, accommodation and subsistence: Swansea, Wrexham, Bangor. £491	£691	£155

	Refreshments for focus groups: 4@£50, £200		
<b>Local authority children's services</b> Two meetings, one in North Wales and one in South Wales.	Travel to North Wales meeting £237  Refreshments for focus groups: 2@£50	£337	£72.25
<b>Heads of children's services</b>			£30
<b>Independent/voluntary fostering agencies</b>	Refreshments for focus group: £50.	£50	
<b>Activity</b>	<b>Associated allocated costs</b>		<b>Actual costs</b>
Case study		£160	£64.75
<b>Visit from Colorado by Professor Heather Taussig FHF programme director</b> <b>Aims:</b> To present lecture to stakeholders about FHF	Travel flight £800 plus airport transfers UK £150, plus airport transfers US £150, subsistence and accommodation £590	£1,690	£1690

<b>Second stakeholder workshop, Cardiff University-</b> Presentations by Professor Heather Taussig FHF programme director and research team.	Refreshments and lunch for participants: £200	£200	£444.50
Fee to compensate for time spent engaged in feasibility study.	£5000	£5,000	£5000
Alyson Rees	29 days @ £506.29	£14,682.41	£14,682.41
Dolores Davey	9.5 days @ £596.15	£5,700	£5,700
Sabine Maguire	2.5 days @ £625.96	£1,564.90	£1,564.90
Eleanor Staples/Jennifer Lytton-Smith	4 days @ £380.36	£1,521.44	£1,521.44
Louisa Roberts	5 days @ £112.20	£561	£561
<b>Total Cardiff staff costs</b>		£24,029.75	£24,029.75
<b>Total other costs</b>		£12,578.00	£12,533.91.
<b>Total allocated budget</b>		£36,578.18	£36,562.91

