

Inside out final report

November 2022

A South East Sector Led Improvement Programme Project



Contents

Summary	2
Project methodology	3
Interventions	4
Impact	7
Possible financial impact – invest to save	8
Learning	8
Appendix 1: Summary of Bid	11
Appendix 2: Surveys	13
Appendix 3: budget	18
Appendix 4: Milton Keynes report	19
Appendix 5: Brighton and Hove summary of interventions	21
Appendix 6: Kent report	25
Appendix 7: West Sussex report	35

Summary

This report summarises the impact of the Inside Out project undertaken by 11 Local Authorities (LA) in the South East of England between October 2021 and October 2022. The authorities delivered a range of interventions all designed to prevent placement breakdown which included weekends/weeks away, Video Interaction Guidance (VIG), trauma-informed therapy, psychotherapy and other therapeutic interventions. The recipients of the intervention varied between the LAs and included children and young people, foster carers, kinship carers and the birth children of foster carers.

Overall, there were 56 beneficiaries across the region and of those placements 51 remained in place at the end of the project – a 91% success rate, with an estimated associated savings in the region of £1m annually. However, it should be noted that some LAs changed their cohort midway through so this success rate is likely inflated.

Carers were surveyed at the start of the project and at the end. Their feedback had stayed the same on their own wellbeing (3.9 out of 5) and their own confidence in their ability to manage any challenging behaviours of the child placed with them (4.2 out of 5). However, their perceptions had improved on how well supported they feel 4.4 out of 5 (up from 3.9 at the start) and in relation to placement stability (4.4 out of 5 up from 4.1 at the start).

Some of the projects are being continued on as part of the core offer for the local authority, other local authorities had more difficulty with getting their Inside Out projects up and running. The LAs that had more success with their interventions had:

- Consistent project manager/social care leads who were able to identify cases and get other workers on board for participating in the project
- A clear vision/idea of what they were trying to test with their Inside Out intervention
- LA leads with sufficient capacity to take forward the project (some LAs struggled due to staffing changes, restructures and performance issues)
- Carefully selected cases and ensured that case-working social workers were bought in to the interventions

Seven out of 11 local authorities are continuing on with their intervention following the conclusion of the project. The LAs that are continuing on, are all continuing on with a consistent part of their offer (rather than a budget allocated for highly tailored, one-off interventions).

Some LAs chose a single consistent intervention (i.e. all recipients received the same thing to try to prevent placement breakdown). Other LAs had a range of interventions which were highly tailored to the needs of the family. There was no correlation between whether the intervention was successful and whether there was consistency or tailoring in place.

The LAs that chose to use Inside Out to work with kinship carers or a mix of kinship carers and foster carers (Bucks, Kent, Surrey, Achieving for Children and West Sussex) reflected that they felt highly motivated to prevent placement breakdown, and it may be that there is merit in therapeutic and other interventions which are focused on this cohort of carers going forward.

Project methodology

The Inside Out project in the South East of England was funded by the DfE Children's Social Care COVID-19 Regional Recovery and Building Back Better Fund (see appendix 3 for the overall budget; see appendix 1 for summary of original project bid).

Inside Out in its original form was an innovative intervention developed jointly by Essex, Hertfordshire and Norfolk County Councils. It was aimed at providing intensive targeted support for YP in care aged 14.5-18 years, who had multiple placements over the preceding 12 months. In the original programme, the support was provided through intensive relationship-based coaching delivered by The Children's Society (TCS) who aim to work closely with participants, social workers and placement providers to effect positive change. The key findings from the Essex/Herts/Norfolk approach were that developing a close relationship with a coach can help achieve more stability, improvements in wellbeing and relationships, reduce risky behaviour, significantly reduce number of missing episodes and can contribute to a reduction in placement break down.¹

The application of an Inside Out-inspired approach in the South East grew from regular discussions at the South East Fostering Network which found that there is often a shortage of therapeutic and other interventions available in a timely way to prevent placement breakdown and to support stepdown from Tier 4 or residential placements. As a consequence, many LAs in the South East are seeing an increased reliance on residential placement or higher cost IFA placements because they are unable to put appropriate scaffolding and support around in-house placements or to enable reunification.

The purpose of Inside Out in the South East was to build on the 'Inside Out' Coaching model to include wider therapeutic and other interventions to prevent placement breakdown. All 19 Local authorities were given the opportunity to participate in the project. Eleven Local authorities chose to participate: Bracknell Forest, Buckinghamshire, Kent, Surrey, Windsor and Maidenhead, Milton Keynes, West Sussex, Wokingham, Reading, Brighton and Hove and Hampshire.

Initially the plan was to assess the needs of children and young people and foster carers across the 11 local authorities to identify common factors and to jointly commission a shared set of interventions. However, it was decided that there was insufficient commissioning capacity to undertake a project of this scale and so a devolved approach was pursued. This was felt to give the greatest flexibility and autonomy to participating local authorities to ensure their Inside Out inspired interventions met local needs. Each Local Authority was allocated £13,000 to fund their interventions.

As a consequence of this approach a huge diversity of different interventions were tested through this regional project and these are summarised in the next section. Each of the interventions had in common:

- That they were delivered with at least five beneficiaries (the beneficiaries of the interventions ranged from children and young people, to foster carers, kinship carers and the birth children of foster carers) in each participating LA

¹ Inside out evaluation:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932752/Essex_Inside_Out_-_Tavistock.pdf

- That the intervention had to be focused on preventing placement breakdown or enabling stepdown (all local authorities focused on preventing placement breakdown)

There was an overall regional project manager who:

- coordinated the work,
- facilitated regular learning sessions between the 11 participating local authorities
- completed project returns and documentation for the DfE and
- escalated risks and project progress to the DCS sponsor (the DCS chair of the regional fostering group).

Interventions

This section summarises the approach taken by each of the local authorities.

Bracknell Forest

Same intervention for foster carers

Used Inside Out to augment offer within newly established therapeutic hub. Inside Out funded a behaviour worker to work directly with children and offer foster carer support sessions for those children. Bracknell Forest ended up having to change most of their cohort during the programme.

Carers were able to attend fortnightly virtual ‘drop-in’ sessions and also received face to face support sessions, these were also open to social workers. Two different sessions were available every other week – so there was something for carers and social workers to attend each week if they needed input. The purpose of these sessions was to provide opportunities for carers and social workers to speak about difficulties, to provide them with emotional support and also a space for reflective problem solving (trauma informed). Similar sessions were also put in place for the young people. Debrief support was also available should an incident occur (for example direct work continued with one child whilst in hospital) and support was provided out of hours when needed.

Brighton and Hove

Range of interventions for foster carers (core offer and then each allocated a budget)

Brighton and Hove developed a long list of possible optional interventions that may help prevent placement breakdown and a core list which was offered to each family (this included two 3 hour Empowerment training sessions and online support and one to one sessions in the home); whole day therapeutic day at Allotment 22 for children and carers focusing on strengthening attachment, access to the connective parenting hub and the general information (videos and online tools) available to all carers. Each of the families in Inside Out were then given a nominal budget and the supervising social worker had the autonomy to work with the family to put in place a tailored package of support. (See appendix 5 for a fuller explanation of the core offer and optional extras which were available as a tailored package of support). Brighton and Hove changed some of their cohort.

Buckinghamshire

Range of tailored interventions for foster carers and kinship carers

Buckinghamshire used the funding in a flexible way to put in place a tailored intervention for the families in the cohort. These included a particular sort of family therapy which was court ordered, mentalisation training for a kinship carer who was experiencing anxiety and panic attacks, and a tailored package of respite and transport for a carer who was caring for children, including a child in

a wheelchair. Organising respite was proving difficult, so Inside Out was used to fund someone to move into the home for two weeks, for day support workers to go in for the day to take children out and for wheelchair enabled transport to enable the respite.

Hampshire

Same intervention, residential week away for children

Hampshire used the Inside out project to support two children to attend a residential week away at Dartmoor to build their confidence and independence.

Kent

Same intervention, focus on birth children of foster carers and kinship carers

Kent County Council commissioned Lifelong Links to work with birth children/young people of foster carers alongside a placement stability worker (i.e. there were two workers for each case) (See appendix 6). The purpose of this work was to increase levels of sense of identity/inclusion for these children/young people through listening, mapping out the journey of foster families and supporting strength-based narratives.

Kent did this work to test the hypothesis that increased levels of resilience of birth children/young people within foster families will have a positive impact on placement stability of the child/young person fostered by that family

The two workers had an initial introduction meeting with the CYP, a planning meeting – taking into account feedback from introduction session, a mapping session with child/young person - to gain understanding of their perspective and to identify needs. There was regular joint supervision to review information and support planning going forward and research/admin time made available. Prior to delivery there was a full team reflection meeting to share learning, support creative thinking and ensure degree of consistency across cases. Finally there was a delivery stage – usually a meeting taking material back to child/young person and foster parents and a review – to gain feedback from child/young person and foster parents to support thinking within wider service around support for birth children/young people of foster families.

Milton Keynes

Same intervention training for foster carers (in-house and IFA) on trauma and attachment

Milton Keynes City Council commissioned Juliet Kesteven Social Worker and Consultant who specialises in trauma, attachment, and training. Juliet offered the identified foster carers a two-hour training on understanding trauma and attachment, following the training, clinical supervision was offered to foster carers over a number of sessions. The purpose of this was to provide the foster carers opportunity to discuss the child's presenting behaviour and link this to the recent training, Juliet provided practical strategies to foster carers to use in response to the child's behaviour and support with understanding the child's trauma. The cases were selected as children had three or more placements. Carers were a mix of in-house and IFA.

All foster carers received the same training. Up to three clinical supervision sessions were tailored to the needs of the individual child and therefore was much more of a bespoke arrangement (although some had more). Milton Keynes produced a summary report which is available at Appendix 4. Milton Keynes has selected their next cohort and will be focusing on children who are about to be matched.

Reading (Brighter Futures)

Same intervention – screening survey and training (for social workers and carers) tailored to issues identified by carers

Brighter Futures used Inside Out to employ an assistant EP for 12 weeks. She met every in-house carer (employed through Brighter Futures' in-house IFA) and undertook a carer's questionnaire. Through this, nine children were highlighted as needing follow up and two children were highlighted as having placement risks. The needs of the carers and children were discussed in a placement risk meeting, many of the issues related to trauma. Through this a training and support offer was developed which was delivered to carers and social workers together. This has turned into a fortnightly training offer delivered by the clinical team (which has included trauma, toileting, compassion fatigue among other things).

Surrey

Same intervention – psychotherapy sessions for foster carers and kinship carers

Surrey used the funding to provide approximately four therapy sessions for carers with a psychotherapist. The purpose of these sessions was for them to focus on themselves (rather than the placement or the needs of the child).

Windsor and Maidenhead (Achieving for Children)

Range of interventions for foster carers and kinship carers

Windsor and Maidenhead put in place a tailored set of support for the cases in the Inside Out cohort. In one case the kinship carers were supported with therapy and training to help them support the child placed with them, particularly relating to their gender identity. Another case put in place a weekend away for the whole family to build attachment. For both these cases the interventions were about building connection. Two further cases struggled to identify appropriate support to put in place and there was limited engagement from the foster families, although the cases have not broken down and the final case broke down.

West Sussex

Same intervention for Kinship carers – Video Interaction Guidance

West Sussex brought in Video Interaction Guidance (VIG) and focused it on kinship carers. VIG is a strengths-based, effective, brief intervention for carers of children across all ages. VIG highlights and builds on attuned moments in parent-child interaction. Carers are supported by a VIG Practitioner to view and reflect together on strengths-based micro-moments of video. Carers are asked:

- What do you see?
- What is it that you are doing that is making a difference?

Through this process of active engagement and reflection, carers become aware of, and build on, their skills in attunement. VIG is client-centred – moving at the clients' pace, with their goals in mind and is aligned with Inside Out's ambitions around using therapeutic interventions to prevent placement breakdown.

VIG has a strong theoretical base: attachment theory, co-operative intersubjectivity, mediated learning, mentalization, and positive psychology. See appendix 7 for a summary report produced by West Sussex

Wokingham

Same intervention for foster carers, foster children and birth children – residential weekend away

Wokingham worked with the identified families to decide on the intervention. The families wanted an intervention that would give them the opportunity to meet each other and build a support network. The aims were to promote placement stability through building connections between carers and children within and between families and to develop self-confidence and build teamwork skills.

Wokingham commissioned Ufton Court, a nearby provider of residential activity-based weekends for children and worked with them to develop a bespoke residential weekend to meet the aims. The age range of the children was from 1-15 years so different sessions and activities (including circus skills, archery and geo caching) were available throughout the weekend allowing all those attending – carers, foster children and birth children - to make connections and build supportive relationships within their groups.

Impact

This section describes the impact of Inside out on the children and families who were part of the project as well as any future plans to continue the work within participating LAs. This insight was gathered through pre-surveys and post-surveys (see Appendix 2)

which were completed once the intervention had been concluded; through 1-2-1 interviews between the regional project manager and the LA project lead and through the regular regional learning meetings which happened throughout the year.

LA	Number of cases in cohort	Number that did not break down and remained in place	Is inside out initiative carrying on in the LA	Was inside out a tailored or standard intervention
Bracknell Forest	4	4	Yes	Standard
Brighton and Hove	5	5	Yes	Tailored
Buckinghamshire	4	2	No	Tailored
Hampshire	2	2	No	Standard
Kent	5	4	Yes	Standard
Milton Keynes	5	4	Yes	Standard
Reading (Brighter Futures)	11	11	Yes	Tailored
Surrey	5	5	Yes	Standard
Windsor and Maidenhead	5	4 (2 limited engagement, 2 worked well, 1 broke down)	No	Tailored
West Sussex	5	5	Yes	Standard
Wokingham	5	5	Possibly (for Mockingbird)	Standard
Total	51	56	7	7 Standard 4 tailored

Prior to the interventions professionals rated the cases; they scored 3.2 out of 5 on placement stability and 3.5 out of 5 on how confident they were in the carer's ability to manage challenging

behaviours of the child in their care. They scored on average 3.9 out of 5 when rating the carer’s ability to meet the needs of the child in their care.

Carers were also asked to rate their placements prior to the interventions. Carers rated their general wellbeing (emotional and mental health) as 4 out of 5, the support they are receiving in the placement as 3.9 out of 5. On average, they rated the relationship with the child in their care as 4.2 out of 5; their confidence in their own ability to manage challenging behaviours as 4.2 out of 5; and 4.1 out of 5 for placement stability.

Finally, children were asked their thoughts prior to the interventions. They scored on average 3.8 out of 5 for their relationship with the adult/s looking after them; 3.8 out of 5 for how well they felt supported in the placement and 3.2 out of 5 for their general wellbeing (emotional and mental health).

Insufficient professional surveys and children’s surveys were completed at the conclusion of the project to analyse them confidently. However, carers’ feedback had stayed the same on wellbeing (3.9 out of 5) and confidence in their ability to manage behaviours (4.2 out of 5) and improved on how well supported they feel on placement 4.4 out of 5 (up from 3.9) and placement stability (4.4 out of 5).

Possible financial impact – invest to save

We know that on average in the South East an in-house placement costs £450 per week less than an IFA placement, and the cost difference is even larger for residential and tier 4 placements. This equates to at minimum £23,400 per year per child if we are able to support them to stay in an in-house placement rather than an IFA placement. The average cost difference for a kinship arrangement compared with IFA is £600 per week.

For the cohort of 56 beneficiaries in the South East £172,400 was spent - An average of £3,110 per intervention. There was a 91% success rate (51 cases remained in place). These cases were selected because they were felt to be at risk of placement breakdown. Nine cases were Kinship cases and 47 were fostering cases.

Therefore, we can estimate that the possible financial impact of the Inside Out project could be in the region of £1m.

	Kinship	Fostering	Total
Number of cases	9	47	56
Number that did not break down	9	41	51
Saving per week if stay in placement	600	450	
Weekly saving	£5,400	£18,450	£23,850
Annual Gross Savings	£280,800	£959,400	£1,240,200
Total cost of inside out			£174,200
Net savings			£1,066,000

The Essex Inside Out evaluation that found for every £1 spent £2.50 was saved.

Learning

This section sets out the key learning points from this regional project.

Project capacity: Several project leads reflected that there was insufficient capacity and buy-in in their organisations to the project and this caused delays and less take up. Project leads also changed over the course of the year in some LAs. This change in project management and variations in capacity seem like the biggest hindrance to the success of Inside Out across the 11 participating local authorities.

The successful cases weren't the same worker, but they worked together with the family to work out what their cases needed. For the others it got left by the wayside as lack of capacity.

We are quite a small LA, so to get the carers and kids and the right list at the time has been quite a challenge. And actually pinning people down on attendance was even trickier.

The challenge for us, we have to be honest, was about having buy-in across the organisation. People are really, really busy, our Children in Care service has never been busier and I've been a qualified social worker since 2004. There is a level of people so caught up in what they are doing. The project is new, we have identified needs, but doesn't necessarily mean you have the capacity to take things forward.

Time needed: Although the project was initially funded to be delivered over a 6 month period from October 2021 to March 2022 the delivery in most areas ran through to the summer of 2022. For some LAs it was due to changes in staff (as referenced above), but for others there was a reflection that to get real engagement and buy-in and to decide an approach that would work for their LA that several months were needed.

Standard vs tailored intervention: There did not appear to be a correlation between whether a consistent intervention was offered (as in 7 of the participating LAs) or whether it was a tailored intervention unique to the needs of the carers and children and the success of the intervention. Participating LAs did however note that for tailored interventions in particular that there needed to be sufficient buy-in from supervising social workers to shape an intervention and get buy-in from the carers and children. The fact that Inside Out was fairly flexible was seen as some participating LAs as a strength, but for others it was a challenge and meant they had to put more capacity in to thinking about and commissioning the sort of interventions that would work for the children and carers they had identified.

Part of me thinks the bespoke approach worked for two of the cases, but for others the endless options were too much. Had we identified something specific we would have been more successful.

Once we got our head around the flexibility – we were looking at things you might expect - it took a while to think we could do whatever we want. I felt at the beginning it felt a bit rushed and we went with what we should do. It was a bit overwhelming and stifling at the beginning because it didn't feel that clear. If you feel time pressured you go with something safer or something you have already done. We initially tried to do something we had already done. Which wasn't as exciting so I am glad we tried something new.

Carer involvement in shaping interventions: Two LAs Brighter Futures (Reading) and Wokingham went out to survey or engage with carers in some way and they used the feedback to shape the interventions and the language used.

We didn't involve the foster carers early and we could have involved them. That is a learning that it is better to get them involved at the beginning it felt like we didn't have that tie. Having them involved meant they were more engaged.

Kinship care vs foster care: Some LAs who offered interventions to a mix of kinship carers and foster carers reflected that there is little to support placement stability for kinship carers, and that in the case of Inside Out kinship carers seemed more invested to try new things and to engage to prevent placement breakdown.

The two most successful ones are the connected ones [kinship care]. There is a different level of investment, all parties want it to work, they don't want to be seen to give up.

Birth children: Kent was the only LA to focus their intervention on the birth children of foster carers, although birth children also attended the residential weekend run by Wokingham. Through the Kent project there was increased awareness of the impact of being a fostering family on the birth children (that often their lives can feel under the microscope). They also reflected on the possibility of birth children learning behaviours from placed children.

The work reflected back to us how much life is monitored when you are in a fostering family that all of your life is documented and that impacts on how your family operates.

Quotes from some successful interventions

Things have been going really well. VIG has been a really useful tool it has allowed special guardians to have that moment to consider their interactions with the children. It has given them snapshots of them at their very best. For example, whereas before grandparents wouldn't call out behaviour for fear of upsetting them [the birth parents] or being called discriminatory it has given them new language. ... They are no longer at breaking point. We are going to use this and take it to the fostering service as an intervention. We will definitely continue to use in SG. We already have agreement to continue the hours.

West Sussex

We had a young person whose placement had broken down. He was on the way to very expensive residential placement... We ended up placing with single male carer newly approved, and put extra capacity in through Inside Out and he is smashing it. The empowerment training is about empowering carers to empower young people drawing on neuroscience it works visually and has really clear strategies. They don't necessarily want the reasons or the theory. The carer was self-employed and had to say no to work at the beginning of the placement. Through Inside Out we gave him £1700 for 6 weeks to recognise the impact on his self employment and that we couldn't place another child in the spare bedroom whilst this young person was settling. As a consequence of this we have agreed to the enhance fee for carers over the short term for when they are taking kids stepping up or down into residential.

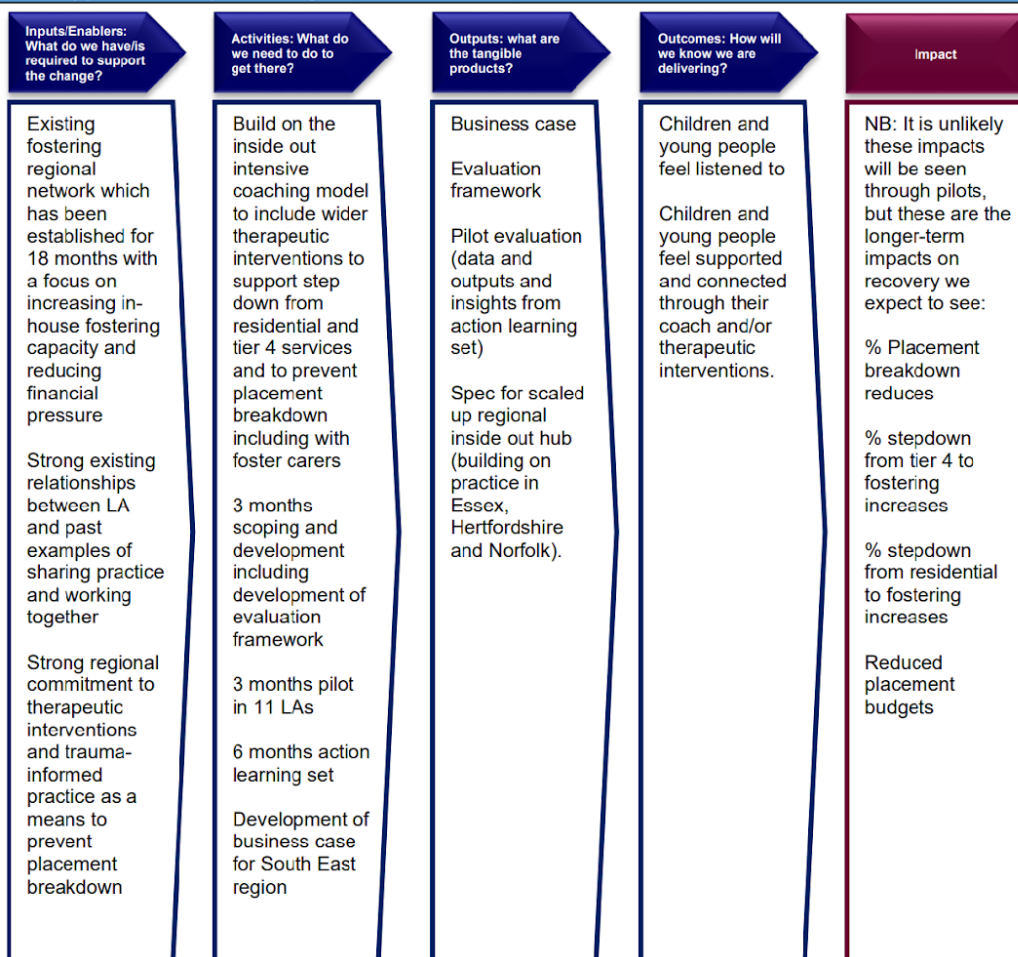
Brighton and Hove

Three cases were absolutely on the edge of the breakdown which has been prevented which is fantastic. One of the carers has said 'This is pure gold' ... She was close to breakdown, compassion fatigue.

Surrey

Appendix 1: Summary of Bid

Please outline the theory of change explaining how the scale and spread of the above Innovation Project will support recovery in the region (max 750 words):



It is expected that the funding to apply the Essex Inside out model in the South East will inform an investment to save after the DfE funding has concluded. Eleven local authorities of the 19 South East LAs, Bracknell Forest, Brighton and Hove, Buckinghamshire, Hampshire, Kent, Milton Keynes, Reading, Surrey, West Sussex, Windsor and Maidenhead, and Wokingham will work together to create a South East version of Inside Out.

This will build on the learning from Essex and the existing evidence base surrounding this work, but also seek to incorporate wider therapeutic interventions and non-therapeutic interventions. The South East network has found there is often a shortage of therapeutic interventions available in a timely way to prevent placement breakdown and to support stepdown from tier 4 or residential placements. As a consequence, many local authorities in the South East are seeing an increased reliance on residential placements or higher cost IFA placements because they are unable to put appropriate scaffolding and support around in-house placements or reunification.

If we could use the Inside Out approach to include therapeutic and other creative, but evidence-based interventions to support more in-house placements even a very conservative estimate of 5

children in each of the participating 11 local authorities being supported to stay in or to move to an in-house placement could save in the region of £1,287,000 each year. We expect the impact to be significantly higher than this given the cost saving associated with reunification and step down from residential care is greater than £450 a week and will be building the business case through piloting this approach in the region to develop a more robust set of financial assumptions.

At this stage, without piloting, based on the Essex Inside Out evaluation that found for every £1 spent £2.50 was saved, and drawing on our own knowledge of the average costs of coaching and therapeutic interventions we are making the following high-level assumptions: If we assume

- £200 is spent each week on coaching, therapeutic or other support per case for a 13-week intervention period, and as a consequence....
- There was a 50% success rate – so only half of placements were prevented from breaking down, or were helped to step down or were prevented from moving to a higher cost placement; then...
- Through a scaled delivery model supporting 300 cases a year across the region an estimated £2.7m saving might be yielded after costs.

Number of cases supported a quarter	75	
No of cases supported a year	300	
Success rate	0.5	
Number of successful cases	37.5	
Savings per successful case	£450	
Weekly saving	£16,875	
Annual saving	£3,510,000	
Weekly cost of intervention	£200	
Total cost of 3-month intervention	£195,000	for 75 cases per quarter
Quarterly saving	£877,500	
Annual cost	£780,000	
Annual saving after costs	£2,730,000	

Appendix 2: Surveys

Inside out surveys

This is a word document version of the 3 online surveys (for carers, young people and professionals).

South East Sector Led Improvement Programme

Inside out - Carer survey

This is a survey for carers. Your answers are anonymous. You will be asked to complete another survey at the end of the project.

* 1. Local authority

- Bracknell Forest
- Brighton and Hove
- Buckinghamshire
- Hampshire
- Kent
- Milton Keynes
- Reading/Brighter futures
- Surrey
- West Sussex
- Windsor and Maidenhead/ Achieving for Children
- Wokingham

2. Please enter the case reference you have been given

- A
- B
- C
- D
- E
- F
- Other (please specify)

- None of the above

* 3. Which best describes you?

- Foster Carer
- Special Guardian, connected carer/ family/friend carer

This is a survey for social workers and other professionals involved in the South East Inside out project. This survey is to be completed before the interventions commence in your LA. It will be used to evaluate the impact of the project. Your answers are anonymous. At least one professional needs to complete the pre- and post-evaluation surveys for each case receiving an intervention/support through the inside out project.

1. Local authority

- Bracknell Forest
- Brighton and Hove
- Buckinghamshire
- Hampshire
- Kent
- Milton Keynes
- Reading/Brighter futures
- Surrey
- West Sussex
- Windsor and Maidenhead/ Achieving for Children
- Wokingham

2. Please enter the case reference you have been given

- A
- B
- C
- D
- E
- Other (please specify)
- None of the above

* 3. Which best describes you? 0

- Child social worker
- Fostering supervising social worker
- Project manager/LA project lead
- Intervention provider
- Other (please specify)

4. In your opinion, how stable is the placement?

Very unstable

Very stable

5. How confident are you in the carer's ability to manage challenging behaviours of the child in their care?

Not at all confident

Very confident

6. How well do you think the carer can meet the needs of the child?

7. What is working well in the placement?

8. What are the challenges in the placement?

The post-survey is the same as above with the following additional question.

9. What difference, if any, did the intervention make to the placement? How has it changed things?

Appendix 3: budget

Funding Area	Amount £
Programme Management: The lead authority to programme manage and commission intervention (2 days a week for 6 months at £600 a day). This capacity will also be responsible for analysing data, shaping the existing Inside Out proposition for the South East context, developing the evaluation and learning framework, facilitating monthly steering group meetings, action learning set meetings and writing the business case for scaling.	31,200
Interventions: Intensive coaching and/or therapeutic support for up to 5 cases for each participating LA for 3 months (13 weeks) for 11 LAs at £200 a week (13 weeks x £200x 5 cases x 11 LAs)	143,000
Design and oversight: LAs will be responsible for attending action learning set meetings and monthly steering group meetings. There are no costs allocated to cover this	0
Total	174,200

Appendix 4: Milton Keynes report

What is Inside Out?

- Innovative intervention developed jointly by Essex, Hertfordshire and Norfolk County Councils
- Aimed at providing intensive targeted support for YP in care aged 14.5-18years, who had multiple placements over the last 12 months
- The support is provided through intensive relationship-based support through a coach employed by The Children's Society (TCS) who aims to work closely with participants, social workers and placement providers to effect positive change
- Key findings: developing a close relationship with a coach can help achieve more stability, improvements in wellbeing and relationships, reduce risky behaviour, significantly reduce number of missing episodes

Background to the Project:

The South-East Network has found that there is often a shortage of therapeutic interventions available in a timely way to prevent placement breakdown and to support stepdown from Tier 4 or residential placements

As a consequence, many local authorities in the South-East are seeing an increased reliance on residential placement or higher cost IFA placements because they are unable to put appropriate scaffolding and support around in-house placements or reunification

Who was the involved in the Project?

Eleven local authorities across the South-East took part in the 'The Inside Out Project'. Each local authority had free reign to identify the children who have had multiple placement moves; who were at risk of stepping up or could be stepped down. Each authority created their own support project tailored to the needs of children and prevent further breakdown.

Milton Keynes City Council identified 5 children in foster care who had experienced multiple placement moves. Who we felt their foster carers would benefit from support with understanding the child's presenting needs and unresolved trauma in order provide placement stability and further breakdowns.

Aim of the project:

To reduce further placement disruptions and provide placement stability for the child, whilst permanence is achieved. 1 of the original cohort broke down, so we introduced a new child to the group.

What we did:

Milton Keynes City Council commissioned Juliet Kesteven Social Worker and Consultant who specialises in trauma, attachment, and training. Juliet agreed to offer the identified foster carers a two-hour training on understanding trauma and attachment, following the training, clinical supervision was offered to foster carers over a number of sessions. The purpose of this was to provide the foster carers opportunity to discuss the child's presenting behaviour and link this to the recent training, Juliet provided practical strategies to foster carers to use to in response to the child's behaviour and support with understanding the child's trauma.

All foster carers received the same training.

Clinical supervision was tailored to the needs of the individual child and therefore was much more of a bespoke arrangement.

What went well:

4 of the placements continued without a further breakdown, and an additional child and foster family was introduced. Juliet's intervention and support of foster carers had contributed to the placement stability. Strategies introduced, trauma training and clinical supervision had been purposeful and enabled a greater understanding of the children's presenting needs and a closer connection with the child, increasing foster carers understanding of the child's unresolved trauma and how best to manage this.

Milton Keynes City Council are pleased with the outcome that 4 children did not experience further disruption and neither did the additional child.

The initial matching of these placements has likely to have been a contributory factor and may have contributed to placement stability as well as the commitment of the foster carers to the individual children.

What would we do differently:

Consider offering a professional meeting to discuss the learning around the intervention for the child and foster carers and how the intervention has contributed to better care and better outcomes for the child. Look at what other ways child can be supported to resolve the early trauma. Utilise these foster carers to help and support other foster carers who might be struggling to manage unresolved trauma for a child.

The Future:

Milton Keynes City Council have seen the benefit of the intervention for those children who have had multiple placement moves and want to continue to invest to ensure placement stability

It has been a challenge, with the aim to reduce further placement breakdowns and to provide a better understanding of the children's needs, to upskill foster carers to understand how the child's early experience has impacted on them.

Identify another cohort of children and carers. We'll be following up with a further evaluation after 6 months.

Appendix 5: Brighton and Hove summary of interventions

Plan for all carers:

1. **Empowerment training (two 3 hour sessions) with Kit Messenger and online (16 hours altogether) including drop ins.**

2. **Allotment 22 (Touchbase organisation) £425**

Plot 22 – our therapeutic, attachment strengthening allotment project in Hove where a pupil can spend a day with their key adult that is facilitated by TouchBase team members. The whole day is therapeutic as it is facilitated by an Attachment Lead from education and a Child & Adolescent therapist who specialise in supporting those recovering from relational trauma and loss. Both have had intensive training in trauma and loss, DDP, Theraplay and sensory interventions. Throughout the day there are opportunities for Theraplay informed practice, PACE (from DDP) and sensory interventions. The aim of the day is to strengthen attachment. The whole day is photo journaled and feedback is given as to how to deepen connection further. There is no one else on site so the focus is solely on the dyad - parent and child or mentor and child.

The day starts at 10:00am until 2:00pm and costs £425; this includes a hot lunch cooked together on site. The Key Adult can accompany the child to Plot 22 or a member of the TouchBase team can accompany the child and the key adult by taxi to Plot 22.

3. **4 sessions of 1-1 work with Kit or colleague in the home with young person and carer (£625) (following the training and if needed)**

4. **[The Connective Parenting Hub - Sarah Fisher Coaching \(sarahpfisher.com\)](http://sarahpfisher.com) £15 per month and give it for a 6 month period. £80**

Includes:

Live Sessions & Q&As

Each month inside The Hub there are multiple opportunities to connect and have your questions answered:

Weekly: Ask Me Anything Sessions With Sarah

Monthly: Live Q&A With Nicky Edwards, Child & Teen Therapist

Monthly: Coffee & Chat With Sarah Fisher

Monthly: Live EFT & Relaxation session with Samantha Bowley, EFT Practitioner

Bi-monthly: Sensory Sessions with Ali Neal, Specialist OT..

[Meet our Resident Experts here!](#)

Community

Get support from other parents and carers who understand. We know what you're going through. We understand and can offer meaningful support when you're really struggling with your child's behaviour.

We have a private Facebook Group, as well as an external Members area where you can connect with other members and myself.

Our communities are somewhere you can openly ask anything and receive support without fear of judgement

Library

A wide range of training and resources are available to you inside the Members Area including:

- School transition book
- Teen anxiety guide
- Left brain workouts for children
- Sensory issues and sleep
- Information on sensory development
- Holiday survival guide
- Meditations for Children & Parents
- Self Care Zone
- Pick & Mix Classes
- Recorded Training sessions with Sarah on a number of topics including emotions, siblings, Trauma & Attachment, Meltdowns
- **Expert Videos**
 - A large vault of over 30 recorded sessions from expert speakers covering topics on:
 - School Transitions & Anxiety
 - Communication with our children
 - EMDR, EFT, Hypnosis
 - EHCP
 - Child Sleep Issues
 - Regulation
 - Physical Health & Nutrition
 - Mental Health & Wellbeing
 - Self Care
 - Recordings from previous Connective Parenting Conference workshops

8 Week Foundation Course

This is the full 8 week foundation course. In it you receive training on each aspect of NVR. You can watch the videos at a time to suit you and ask questions and get support whenever you need it.

- Looking after yourself
- Parental presence
- Managing meltdowns
- Siblings
- The announcement
- The sit in
- Supporters

5. ADDITIONAL:

Can be used for anything that may be helpful (but keeping in mind that if its useful that we will need to consider whether its possible to resource for others in the future so keep it realistic. We will be clear with carers that this is just a scoping pilot project to see what can

be helpful and nothing can be guaranteed for future but it does help inform our support ideas if needed)

- Gardener / Handyman / Cleaner
- Equipment in the home for child or carer that will make things easier / support OT needs of child. (trampoline, slow cooker, bounce and play mats?)
- Specialist respite support if not available from current options or in current package – typically children with disabilities.
- Activity for the child to build confidence / self esteem (Forest Garden Allotment project, PGL, art classes, drama classes, music (Audioactive), buddy support for child (includes volunteers from BMYEPP) and we pay towards costs of any activities)
- Children at primary school – The outdoors project (www.theoutdoorsproject.co.uk) – holiday club and after school club.
- Payment towards cost of DDP (if DDP has been identified as a priority intervention)
- Carer wellbeing – could be a voucher for a day out for them / exercise classes or something else that is fun and just for them.
- Anything else that the carer or network or child comes up with that they feel would be helpful.

Extra training: (free)

[Safe:Space Sussex - Trauma Informed Practice – FREE TRAINING \(safespacesussex.org.uk\)](http://safespacesussex.org.uk)

Appendix 6: Kent report

Inside Out project 2022

Hypothesis informing intervention: -

- Increased levels of resilience of birth children/young people within foster families will have a positive impact on placement stability of the child/young person fostered by that family
- Increased resilience can be supported through an increased sense of inclusion, alongside shared understandings/narratives

Resources

Use expertise of Lifelong Links in respect of increasing levels of sense of identity/inclusion for these children/young people through listening, mapping out the journey of foster families and supporting strength-based narratives.

Marry this with expertise from Placement Stability staff around relevant/appropriate psychoeducation to support understanding and reflection on their own, the child/young person's, as well as adult's behaviour and responses to behaviour.

Identify 2 members of staff from each service to work together on each case.

Work will constitute additional hours to those normally worked by these staff to support an understanding of the realistic associated costs with the work.

Awareness that associated cost may differ between cases

Theories informing work: -

- Strength based
- Systemic
- Trauma informed
- Restorative
- Resilience
- Narrative/scripts

Tools/systems utilised: -

- Proactive listening
- Signs of Safety
- Chronologies
- Timelines
- Genogram
- Eco map
- Mobility mapping
- Psychoeducation
- Window of tolerance
- Reflective practice

Draft plan for interventions: -

1. Involved networks around fostered child/young person to be informed of proposed work and gain consent from identified foster families
2. Initial introduction/explanation – meeting with child/young person and their parents
3. 2 worker planning – taking into account feedback from introduction session
4. 2 worker mapping session with child/young person - to gain understanding of their perspective and to identify needs
5. Joint supervision – Manager oversight to review information and support planning going forward
6. 2 worker research/admin time - to pull together information/resources
7. Full team reflection - meeting to share learning, support creative thinking and ensure degree of consistency across cases
8. Delivery – meeting taking material back to child/young person and foster parents
9. Review – gaining feedback from child/young person and foster parents to support thinking within wider service around support for birth children/young people of foster families

Pre-surveys to be completed at the start of process and post surveys at the end

Plan to complete by June, with direct work starting March/April

Case descriptions: -

1. Family A - Connected carers with 5-year-old, white British, fostered child. This child experienced 4 different moves within 3 months before his placement with this family. He has significant attachment problems, and this has been displayed through a variety of behaviours which have been challenging for the foster family. This includes difficulties around bedtime, negative responses towards women (in particular the female foster carer), difficulties within school, taking of food and verbal aggression. He has shown significant dysregulation following contact with his siblings (cared for under an SGO by the sister of the female foster carer), as well as his parents. In light of this contact with his birth parents has currently been suspended. There are also difficulties within the relationship between the female carer and her sister (SGO carer for his siblings and mother to child's birth mother), in light of different narratives within the wider extended family around degree/impact of past trauma on this child and his siblings. Intended work will be with 19-year-old birth daughter and 21-year-old birth son, both of whom still live at home.

Work

Adult children, 21y and 19y, and intervention identified younger sister as struggling more with child than older brother.

Discussion around family scripts, thinking around expectations and experiences of women within the family.

Explored how each one responds to presenting behaviours of the child, how they feel about his behaviour, as well as how they manage this.

Exploration of different strengths and difficulties as identified through this discussion.

Consideration of reasons behind behaviour presented by child, with relevant psychoeducation to support understanding and reflection

Became shared conversation within the family, exploring how carers and their adult children felt about each other, concerns and understandings. This supported a process of airing within foster family and the capacity for them to put each other's minds to rest.

Outcomes

Both adult children gained increased understanding of the child's behaviour, as well as how this interacted with wider family scripts.

Family felt that it supported them in being more confident about having these sorts of conversations going forward.

The involved fostering social worker (FSW) was the person supporting this intervention from Placement Stability, so this has helped her gain a better understanding of the foster family which will hopefully mean she is better placed to support them all going forward.

Learning -

FSW felt that without this type of intervention she would have struggled to have had these types of conversations with the carers' own children, both in respect of availability (both work), time alongside normal FSW roles, as well as capacity to have space to generate a different conversation/with a different agenda (as was the case in this example)

Questions were raised about pros and cons about doing this work with people where you are already the FSW for family, i.e., involved FSW may be more aware of potential issues, but may also offer less open approach and less objective analysis

Discussion also about wider social expectations/views of fostering i.e., fostering is an amazing thing to do. How challenging does it then become to say fostering is not a good experience for families, or certain family members? What are the potential consequences of this?

Also, discussion about how 'monitored' life can be in a foster family, e.g., sisters and brothers have fall outs but in foster family there can be a degree of hypervigilance about this, and such instances can be written up in reports etc.

Discussion about different materials available for supporting understanding of behaviours and appropriateness/usefulness of these e.g., YouTube video 'Why am I rude' (taken from a poem on why children and young people struggle with certain behaviours), being shared across a wide range of age groups

2. Family B - Mainstream foster family who have been fostering since 2018. Last year they had a 14-year-old female placed with them who was very resistant to being placed in foster care and maintained a strong identification with her birth family. She presented with a pattern of going missing from the home, disengagement with services and difficulties with emotional regulation. The female foster carer was very committed to working with this young person, but the placement finally ended around Christmas. At the time carers identified their concerns about the negative impact of the then 15 y old on their own children, 2 girls aged 6y and 7y. We would like to see if we can support these 2 children, and in turn their parents, to feel more confident and resilient in their capacity to offer placements to teenagers going forward. We identified this foster family on the

basis that the Placement Stability team had sought to support the family during the period the 14/15y young person lived with them, that the children involved were of a younger age range than the other cases we have identified and on the basis that their parents had acknowledged there was a direct impact on their own children through fostering.

Work

The staff member from Lifelong links was unable to schedule in a time to support the work so a staff member from the Placement stability team attended alone. This staff member had already worked with another case for the Inside Out project so had some understanding of the tools, techniques and approaches used by Lifelong links staff.

Due to age of the children their mother (carer) was involved in the direct session with the girls.

The first direct work session involved drawing around both girls on a large sheet on paper. The girls decorated the resulting images themselves and the adults supported them in writing down all the things they are good at, and their likes. These examples were then related to what they, as children within a fostering household.

During this session it became apparent that both girls have a love for cake. This will be taken into the follow up session planned for 26th August where the girls will be supported in making a 'foster cake'. The plan will be for each ingredient to be linked to a topic of conversation. The cake is likely to be a box mix, so there will only be three ingredients.

Suggestion for linked conversation is for the following: -

- What do you like about fostering (the cake mix)
- What are the hardest things about fostering (eggs)
- What is your favourite thing about your family (water)

Outcomes

The children were offered time to specifically think about themselves and their experiences of being part of a family that offers a home to children from other families

They were offered the opportunity to share some of their thoughts and feelings about being part of a foster family and recognise themselves as being valuable members of the foster family

This process supported these children and their family in being able to establish that such conversation is important and support the potential for similar conversations happening in the future. As the children grow and develop, so will their thoughts and feelings about being part of a foster family and adults would like to hear those thoughts and feelings.

The foster family were supported in understanding that their concerns about the impact of fostering on their own children are important and that the wider service would want them to share this information with them.

Learning

The potential longer-term impact of fostering on foster carer's own children is unknown. Each child will have different experiences that they will understand and interpret in different ways. Despite this, no matter what age a birth child may be, it is important to ensure that the potential for conversation about their experiences is opened up to them.

It is important that foster carers are supported in feeling confident that their concerns about the impact of fostering on their own children is shared by the wider service. Such support can be demonstrated through relatively simple interventions

3. Family C - Mainstream carer who have fostered since 2015, who have 2 children of their own, one being female and 16 years old and the other being male and 12y. The family have 2 young people placed with them, white male 11 years old and white female 9 years old. The female foster child moved to live with the family last year and has experience placement breakdown. She can present with angry outbursts which the carers have managed but some of her behaviours are directed at the other children in the home, with the carer's son being identified as particularly vulnerable. He has expressed that he does not want her to live with them. We would like to see if we could support the carers' children to better understand some of the behaviour presented by the children who are fostered within the family, particularly their son. We would hope to explore with them their feelings and responses and seek to place this within a understanding of their family as a fostering family in an attempt to scaffold their sense of identity within their own family and it's role in supporting foster children. We would hope that this work will improve their level of resilience and support placement stability for the children fostered within the family.

Work

There had been a concern that the youngest child, boy aged 12y, would not engage with the work but this was not the case. His older sister, 16y, changed her work pattern so she could be involved. Both were really committed to the work undertaken.

The work looked at getting an understanding of family scripts and dynamics, as well as exploring lived experiences of being a birth child in a foster family.

The work help identify and consider the different roles of different members of the foster family, for the foster children placed with the family as well as for themselves e.g., they both felt able to talk to their mum, who they identified as a problem solver.

The work involved identifying the strengths of both children which helped draw out examples of role modelling good behaviour and how the child had responded to this, demonstrating their ability/willingness to learn from them when they may not take similar learning from the children's parents, i.e., foster carers.

Both staff were impressed about how open and insightful they were about fostering. It was noted that this family had to get rid of a dog as it was deemed as too aggressive, and they linked this experience into how it might feel for a parent losing a child.

The amount of effort they put in to get to know these children was discussed, as well as the impact of the family supporting foster children on an emergency short term basis that meant they did, not know where they are going/what happened to these fostered children when they left.

Outcomes

It became apparent that the boy could not recall life without fostering, and he shared that if he was asked now, he would have asked his parents not to foster, but despite this they were both very committed to fostering.

Both of them wanted to be able to offer more feedback, more than just once a year as part of the Annual Review. They both identified that they wanted to see their FSW more often. They felt that the work undertaken through this intervention with them was so much better than anything they had experienced before.

They both want to help with strategy going forward, in respect of how birth children are supported and strategies they can use.

This piece of work identified how these young people were 'protected' from incidents/disturbances within the foster home by their parents, but how this also meant that they often were unaware of what the outcomes were for the fostered child.

They identified that difficult episodes/incidents became normal for them and they therefore expected them to happen.

In this case the young people spoke about how they felt during an incident in public when a foster child had shouted 'I hate you' to their parents. They identified that they were not worried about themselves but felt protective towards their parents.

It was noted during the work how their father was in and out of room, whilst the work was being undertaken. He had a different reason/excuse every time this happened, but the staff felt that this meant the room was not private space. This raised questions about the parents felt about the intervention and what their children might say.

Final session planned for 31st August -

There is a worry that the boy may have become dependent on the visits, but the plan will be to offer him some additional strategies and to link both of them into Kent's young people's council who have group for the birth children of foster carers.

There will also be feedback with their parents and the FSW for the family.

Learning

There was discussion about a possible fear around broaching certain topics with birth children i.e., the potential of opening a can of worms, without the available time to delve into this and follow it up.

There was also a discussion about the practicality of seeing birth children when they are at school or work etc

The importance and significance of learning for foster children from peers within foster families

There was also a question about secondary trauma for the birth children of foster carers.

4. Family D - Mainstream carers who have been fostering since 2016 and have a 10-year-old son, as well as a 2-year-old daughter. Historically the family had a young person in placement who was understood to target the carer's 10-year-old son. We would like to support this young person in understanding his experience, as well as his understanding of his sense of identity within a fostering family. We would wish for this work to support him moving forward in respect of his level of resilience and so support placement stability for the children fostered within the family.

Work

The work opened up a dialogue around the experience of fostering for the 10y old, his understanding of the family script/narrative around this and the different roles played within the family.

Although there had been a specific experience identified for the 10y son of the carer, the child himself did not identify this as an issue. Staff did not want to initially draw on this past experience as he did not identify it as an issue. In light of this the work was very generalised and sought to explore the concept/definition of family and what this meant to him.

The work looked at the different strengths within the family and linked this in with the fostering role.

Following joint supervision with the staff it was agreed that they could return and share with him that although they did not want to create issue where he felt there was not one, but the adults involved, i.e., his parents and FSW, were aware of his experiences with the previous foster child and understood that the behaviour of that fostered child towards him was not acceptable. In his mind his experience at that time was finished and done, but it was felt that should he wish to revisit it in the future the potential for him to start this conversation in future had been left open to him. He was also praised for what he had offered, and the importance of sharing was reaffirmed for him.

Outcomes

This young person identified some grievances he had in respect of his experiences, one of these being the fact that foster children receive pocket money regardless of their behaviour, whereas he had to complete chores in order to get his pocket money. There was a discussion about how such differences could be/are understood by children and how this could be addressed by adults.

It was also identified that this young person received one to one quality time with his father on a regular basis when they went camping together. On further exploration it became apparent that the foster carer felt foster children placed with her would not be allowed to join in on these occasions due to concerns about risks associated with sharing tents etc. There was a discussion about how risk averse approaches can result in restrictive practice. How this might be related to wider fostering scripts/narratives and/or individual staff members confidence to be creative and explore ways of ensuring safety whilst also enabling children's experiences to be rich and varied. It was noted that for this family, this time between father and son may also be a significant strength/resilience factor for this young person.

This young person had no understanding of why his parents had decided to become foster carers, as he had been very young when they did so. There was a discussion about why this may be the case and how useful it might be for him to be given some more information now about the motivation of his parents.

In this case it appeared that the adults were more worried about this young person's historical experience than he himself was. There was a discussion about why this might be which touched on ideas about different perspectives and survival mechanisms, as well as potential feelings of guilt held by the involved adults.

Feedback was provided to FSW and parents.

Learning

The staff member from lifelong links reflected that their involvement supported her understanding of the perspective of foster carers, who can at times be resistant to Lifelong links interventions. Spending more time than usual with the foster carer, exploring their expectations, their role in trying

to balance things for both the foster child and their family, as well as their role in being expected to welcome foster children with an open heart, whilst always remembering they are a foster child and not their own. As a result, she had spoken about this in a Team Meeting, seeking to explore how to better include foster carers in Lifelong links work going forward, as well as exploring the potential risks associated if foster carers do not feel included.

More recently she had also sought to ensure that she included the foster family in Lifelong links family tree work, thinking more carefully what the definition of 'family' might be for different people.

The involved FSW has taken on board the differences across the county in respect of the practice/advice which may be given to foster carers and how this might be played out through approaches to risk management, which in turn impacts on children, young people's experiences in foster families.

5. Family E - Proposed - Mainstream single carer who has been fostering since 2021 and has a 24-year-old son. At the current time this carer is seeking to support a 14 year old young male who has experienced a placement breakdown and the emergency placement prior to being placed with this carer. The young person has a significant pattern of going missing and although the carer is supporting him very well, his son is struggling to understand why the young person continues to go missing and the impact this is having on his father. We would wish to support the son through psychoeducation, as well as through an experience of his concerns being actively listened to, with the hope that through this process he will be able to gain a more resilient perspective. The concern at the present time would be that if the fostered young person is unable to establish placement stability this will lead to a residential placement for him.

Work

The work this young adult started with an exploration of their experience of fostering, consideration of family scripts/narratives, as well as seeking to gain an understanding of their expectations of fostering and their role within the foster family.

Family chronologies were created and utilised.

Outcomes

It became apparent that this the views and expectations shared about fostering, as well as each other, for the foster carers and his adult son differed quite considerably. The son's experience of his father, and the care he had offered him through his childhood, was instrumental in his understanding of their role in fostering. This young adult expected to see feedback from the fostered child in the form of 'smiley faces' and he struggled to understand why the young person placed with them presented in such a disrespectful manner. He also struggled to manage feelings of protection towards his father in light of the level of disrespect demonstrated by the fostered child.

Fostering had turned into something that was far removed from what he wanted/expected, i.e., he perceived himself as a protector of the vulnerable (foster child), in the same vein that he saw his father, but in fact he was himself very vulnerable with trauma that he still needed to process.

It also became apparent that his father did not fully recognise/acknowledge the degree of trauma his own son had experienced growing up and this held implications for their ability to openly communicate with each other. All of these factors were significant and played into difficulties understanding and working with the young person placed with them under fostering.

These difficulties raised a whole range of concerns and there was close communication with the Fostering Team supporting the family, as well as the Sense of Belonging service, who were also involved.

Learning

Questions for assessment of foster carers – how well do we assess survival of trauma for foster families? Is this a strength-based approach that does not fully explore survival mechanisms which have elements of denial? How did this young adult understand his father responding to the foster child's trauma whilst not recognising his own son's?

Questions about how we view adult children of foster carers – What is their status as an additional adult in household? How are they considered within assessment processes, but also post approval?

Questions about matching for this foster family

General overview of Inside Out interventions by an involved staff member

Inside out reflection:

The impact of fostering on birth children is unwritten, and how well they will manage cannot be foreseen. I have found it both eye opening and interesting to work closely with birth children and learn from them at face value both the impact and the struggles of fostering.

My conversations with the children led me to reflect on the whole fostering process and the points during this process where the voices of birth children are heard. I have never fully considered the pressure that is placed on birth children prior to CIC reviews when asking them to contribute their views. A birth child once told me, 'There has been times when I have resented M, but I would never tell anyone as I didn't want him to get taken away'. This left me questioning; how do we normalise to our birth children that it is ok to struggle sometimes? And to what extent are these conversations happening within the family unit. Further extension of this thought led me to question, how often in my own practice am I meeting with birth children to at least give them the opportunity to tell me how they feel?

Being involved in the inside out project opened up those conversations and dedicated time and appreciation to birth children for the incredible roles that they play within the fostering household.

The children that I worked with under this project, varied in ages (from primary school age to adult children). Although their maturity differed and the work we completed was different for each, the struggles that were shared were mutual.

There were specific themes that popped up in nearly all the conversations we had with birth children

–

- *How difficult it is to see/hear another child speak aggressively / act up towards their parents.*
- *How difficult it can be to say goodbye when a placement ends abruptly – leaving them to question how the child is / where are they now?*

- *Losing periods of quality time with their parents, as with fostering their parents time is normally otherwise consumed.*
- *Children presenting as 'ungrateful'.*

My discussion with carers was also similar, in that they all worried about the impact of fostering on their birth children, whilst still they protected their fostering status. One carer commented his views that he feels their children do not receive enough support and would benefit from occasional drop in's / check in.

Birth children are fundamental in the stability of fostering placements and sadly following this work, notice has been served for one of the children in foster care. We are unable to determine whether the work through this project was a catalyst for this decision and whether without this support whether notice would have been served. Yet, on the counter sider to this, it got me thinking; is this what we are so frightened off and therefore is this why these conversations are not opened up?

Working with lifelong links was extremely beneficially as it led us to think 'outside of our box'. As fostering social workers, we naturally have an 'agenda' however working with lifelong links our agenda was compromised and we planned together the sessions we were going to offer. This was particularly helpful when working with the whole family, in an FGC type manner.

Did it make me think about things differently?

Absolutely, since completing this project I have offered supervisions the birth children in the families I support. I have used this time to show appreciation to our birth children, to give them some time 1:1 to do something enjoyable. An 8-year-old once said to me 'I do not understand why R & L get to go to McDonald's with their social worker, as well as go to VSK events and get extra support'. Therefore, him and I went to McDonald's as recognition for all the brilliant things he does.

It also made me think about how easily birth children would find speaking about their foster sibling and any difficulties they may have. Do they understand that carer supervisions aren't always 'rosy' and therefore do children understand that it is ok to feel frustrated from time to time?

Is there anything you would pass onto others by way of learning?

- *Working with other services can help widen the discussion during supervision/meetings.*
- *Take time to hear the voices of birth children and do not underestimate the impact of fostering on them.*
- *Recognise birth children for all that they do & take time to acknowledge that*

If you were to do it again is there anything you would change?

For me this is a difficult one, as I am directly involved with the family who have given notice. Prior to starting this project, we were aware that this work could bring up a lot of difficult feelings / conversations. There is part of me that does question whether or not our support was a catalyst for the family giving notice, however I hold on to wonder how sustainable this placement would have been, given the level of feeling that were present.

Appendix 7: West Sussex report

Inside Out Project – West Sussex County Council

November 2022

Introduction

We selected a small cohort of families within the Kinship Support service with children living under an SGO at risk of potential family breakdown. Families were selected or nominated by Kinship Support staff who felt they would benefit from a level of therapeutic support. None of these families were receiving support services at the time of the intervention.

Families were scaled prior to the interventions and again at the end of the project.

Families

The families were identified as follows:

Family A: Child S (9 years old)

Placed with kinship carers: MGF (I) and his wife (V) been living with them for 7 years. The relationship has been good until MGF, and wife had their own daughter, which has triggered feelings of loss and grief for S. S has responded by rejecting her carers, especially V. V is feeling this acutely, saying that S is her first child who she loves dearly but is struggling to see how her reactions to being rejected are impacting S and I. There is significant commitment within the family to find a way to communicate together and move forward but also high levels of anxiety, fear, and frustration.

Our intervention will be to facilitate 6 VIG sessions and review to support the family to look at their internal communication and be able to name what they want to change and what requires building on. A third cycle maybe put in place to aid the family if required.

Family B: Child J (10 years old).

Placed with kinship carers: MGM (F) has cared for J since he was 3 years old. J has suspected autism (currently under assessment) and struggles with various levels of communication. Lockdowns have had a very negative impact on his education, self-esteem, and anxiety. F believes that Jake is a "volcano of anger" and is concerned about his emotional wellbeing. Significant emotional impact of mum's contact on J and F.

Intervention plan is to support F and J to have a clearer understanding of their own communication with each other. For J to have a safe space to express his anger and F to be positioned to better support him.

Family C: Child C K-B (8 years old).

Lives with kinship carers, Maternal Great Grandparents, -since birth, birth mum also living there up to 9 months old. Had been out of school in early 2022. SGs have been ambivalent about Social Care involvement. They have been very worried about C's emotional state, anger outbursts, physical aggression towards SGs, both in their 70s. High level of contact with birth parents, almost shared care. Birth mother has diagnosed LD, birth Dad serious worries about anger, alcohol use, DV. Birth parents have stayed together and were married in Feb 22.

Intervention focus on Therapeutic parenting.

Helping all adults- birth parents and SGs- understand Courtney's hidden needs. Helping adults develop skill in relating to Courtney's emotions, and co regulation, rather than focus on behaviour and limits. Encourage adults' capacity to mentalise for themselves and Courtney.

Helping adults talk with Courtney, and each other, about Courtney's early life, circumstances of SGO. Help adults take ownership of the story, and then make safe plans around contact that help Courtney feel heard, but also keep SGs in charge.

Family D: RF (7 years old)

Placed with kinship carers lives with MGM (D). R has been on a reduced timetable at school due to her inability to integrate with peers and high levels of anxiety. School have raised concerns that birth parents have been having unsupervised contact with R and this is facilitated by D. Concerns raised from school that R has a You Tube channel and other areas indicating poor parental boundaries. D is becoming increasingly stressed and frustrated in caring for R.

Intervention plans to help D see R’s vulnerability and the world from her perspective. D may require support in understanding and implementing boundaries and routines for R for her to feel safe and contained.

Family E: T A and L A (8 and 9 years old)

T and L, sisters, live with MGM, SG. T from weeks old and L aged 18 months. Both children had lived on and off with MGM since birth, at times with birth mum

Focus of work. MGM very worried about L’s emotional state, her need to control, hyper vigilance, can’t sit still. L’s relationship with T – both close and conflicted, L in parent role, and highly triggered by her sibling. SG reporting feeling low, unable to put different approaches into practice, at times feeling cross and frustrated with the children

Work has been with SG individually, some narrative work, work with her own well being, capacity to see beyond behaviour, and offer stronger co regulation and comfort

VIG cycles to create more hope for SG, and promote attunement and interactions that will support L, in particular. Aimed at strengthening SG and child primary relationship so child can manage all other relationships better

DDP informed sessions with children and SG, to create more open communication, encourage SG to respond with PACE

Family	Intervention	Length of intervention/number of sessions
A	VIG and DDP informed sessions	14 sessions over 6 months
B	DDP informed sessions	11 sessions over 6 months
C	DDP informed sessions	14 sessions over 6 months
D	VIG and DDP informed sessions	12 sessions, over 5 months
E	VIG and DDP informed sessions	14 sessions over 6 months

VIG – Video Interaction Guidance

VIG is an intervention where you are guided to reflect on video clips of interactions with your child. VIG aims to help enhance the relationship between care giver and child by focusing on tuning in, empathising and considering the child’s world.

DDP – Dyadic Developmental Psychotherapy

DDP is a therapy, parenting approach model for practice that uses what is known about attachment and developmental trauma to help children and families with their relationships. Trust is developed through a PACEful approach. DDP provides the intervention to support families.

Key learning outcomes

Feedback from the interventions was overwhelming positive, with carers feeling both increased confidence in supporting their child and a better understanding of their child's experiences/world.

The pre and post survey questionnaires outline how children and carers experienced the intervention within their family. It is clear from this feedback that both VIG and DDP were able to shift some of the sense of feeling overwhelmed/lost/incapable of caring for a traumatised child. Whilst both had levels of effectiveness, we saw that DDP was emotionally easier for families to access and most felt this was a preferable intervention.

Success – what went well?

1. All had positive impact on child – feedback from child and parent
2. All kinship carers said that even if their child was not appearing different to them, they felt more able to respond and relate to them
3. Kinship carers all said they valued the time to be heard- this was most common response
4. 4 kinship carers reported an improvement in their relationships with the children's birth parents and their capacity to make healthier, more confident decisions around contact
5. All birth parents report feeling more included, more able to support the SGO, more understanding of their child. 2 birth parents referred to Kaleidoscope counselling as part of the work
6. 4 kinship carers reported improvements in their own wellbeing and mental health
7. Carers said they didn't feel judged, and felt supported to put Therapeutic Parenting into practice
8. Children all seemed to respond in sessions, becoming more expressive, able to name and tame emotions, all became physically closer to carers, sought attachment and proximity to their Special Guardian.

9. 3 of the children said it helped them talk with their carer more easily, they felt understood
10. All the children's school experience has improved- one has started specialist school, one is now managing class time and increasing hours, had been on reduced timetable, another has fewer periods of distress and anger, another 2 are managing friendships and focus in class better. This is not a sole outcome of the intervention, but part of working as a team with carers and other agencies around the child
11. One child started with ASF provider mid intervention, therapist reported finding working together effective and helpful for child
12. Working with ambivalence and resistance: 2 families cancelled several sessions in Sept/Oct- we have since met to explore this. It has seemed important to 'stick with' families who may find the process demanding/feel ambivalent about social care involvement. Use of telephone and virtual has been very helpful to maintain the momentum and relationship. Particularly with kinship families with distrust of social care
13. Regular reviews, and gathering feedback, co creating goals- VIG cycles prompt this, with DDP it has been important to build in reviews, have a structure

Learning – on reflection, what would we do differently?

1. Careful thinking about which model to use, and how to approach each family. More care in thinking about parent only sessions to begin with and judging when to bring child into sessions. For one family, the child was not ready for DDP, and has now started sensory integration and art-based therapy. For some children, DDP may not be the right intervention to use first- many TNAs advise sensory work first to help a child connect to, organise, and regulate emotions and sensory processing. I would consider CAMHS PS consultation (formal or informal) more often, as well as DDP supervision to consider this. Creating safety has been difficult for one child, she seemed to find it very difficult to regulate a stress system 'set on high', to make use of a DDP session.
2. Use of Therapeutic Parenting in groups, as a way of offering DDP with parents first, eg Non Violent Resistance, Nurturing Attachments programme currently being offered in Kinship support and CAMHS PS/Deborah Page's Therapeutic Parenting programme- as first intervention, before parent and child dyad work. Mid-way feedback from Nurturing Attachments programme supports this, the SGs have made strong supportive connections with each other, and are shifting their perceptions, how they feel in their own right and towards their child.
3. Work with the parent first, attention to:

Pacing, creating joint intention, idea of parent as co therapist, particularly in Kinship care, where intergenerational trauma has an impact. Stronger focus on parent only sessions before bringing child into sessions. Taking time to understand SG's journey and attachment/trauma narrative, and to understand blocks to attunement and connection to child's trauma and shame.

4. Use of VIG- I've had lots of reflection on use of VIG in Inside Out Project. Use of video and strength-based analysis seemed to help to activate parents' connection to their own and their child's emotions, and use of video promotes mentalisation and perspective taking. VIG may be very useful in early placement/ joining SG family where 'bedding in' attunement can be very helpful to a child who has experienced disrupted attachments and trauma in relationships. Later in family life, as child grows DDP may be more appropriate, and also
5. My view is that VIG can be used alongside parent only sessions using PACE, Affect-Reflect dialogues and intersubjectivity to fully explore carer's experience. This attuned work takes place in the VIG shared review but may need extra sessions. Working with generational trauma means more time has been indicated with SG to work on connectedness to their own and child's emotions and ACEs. Many SGs have experienced big challenges in parenting their own children, the parents of SG child, and have not processed these and other relationships. This can have a big impact on capacity to relate to high needs in SG children, leading to blocked care.
6. Involvement of these adult children, the birth parents, has seemed important. Particularly for those families with higher contact, some almost co-parenting. Working with these relationships, before focusing on Kinship carer-child dyad, ie the relationship between the two.
7. Wider DDP informed approach to schools and other agencies, modelling PACE. Very supported by Virtual School who also use PACE and DDP informed model. Also working alongside ASF providers, e.g. one where therapist is working with child, and at times parent- and I have focused on all adults working together as this had been impactful on child's therapy journey- it takes more than one therapist at times!

Moving forward/embedding into practice

Sally will continue to lead on this area of work within the Kinship team. The Inside Out grant will fund her ongoing DDP supervision and Stage Two of her DDP qualification.

Two further practitioners within Kinship Support have been identified to train in either VIG or DDP with the view to ensure Kinship families who have no access to therapy through the Adoption Support Fund (ASF) will have priority to this intervention. It will also be available to families who have a long waiting time for therapy providers before accessing services.

As Kinship families have less resources available to them this intervention has proven to be highly effective in bridging the gap between services and support.

Outcomes – how many placements broke down?

None.

1 required a referral to MASH, due to worries about unsupervised contact and risk of harm to child- this referral has had a positive impact with the family moving forward.