

## EVALUATION REPORT

# Fostering Connections

## Trial report

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Centre for  
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## About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activities.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and that we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence and agree what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart, it says that we will fund good work, find what works and work for change. You can read it [here](#).

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## About the evaluator

### Centre for Evidence and Implementation

The Centre for Evidence and Implementation (CEI) is a global, for-purpose evidence intermediary and advisory organisation dedicated to using the best evidence in practice and policy to improve the lives of people facing adversity.

Established in Australia in 2016, CEI is a multi-disciplinary team across five offices: London, Melbourne, Sydney, Oslo and Singapore. We work with our partners – including policymakers, governments, practitioners, program providers, organisation leaders and funders – in four key areas of work:

- Understanding and making sense of the evidence base
- Generating evidence through trialling, testing and evaluating policies, programs and services to drive more effective decisions and deliver better outcomes
- Applying research-informed implementation methods and processes to get high-quality evidence implemented and sustained in policy and practice
- Building cultures for evidence use

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### Bryson Purdon Social Research

Bryson Purdon Social Research LLP is an independent research partnership that was set up in 2009, specialising in policy and programme impact evaluation and survey methodology. We work on evaluations across a wide range of policy areas, including early intervention and support for families, health and disability, and ageing. We collaborate with academics, research organisations, consultants and third sector organisations, typically leading the design and analysis of the impact evaluation. We specialise in quasi-experimental and randomised controlled trial designs.

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## Acknowledgements

The study team would like to thank the eight local authorities/children's trusts<sup>1</sup> for their valuable participation in the study. Their cooperation, feedback and reflections on implementation have provided essential perspectives that strengthened the evaluation and deepened our understanding of how the programme operates in diverse local contexts. We would like to acknowledge and honour the ongoing efforts and engagement of the practitioners, foster carers and young people throughout the study.

We would like to express our sincere appreciation to the teams at the National Children's Bureau and Coram Leap Confronting Conflict, who jointly developed the programme, for their openness, collaboration and active engagement throughout the evaluation process. Their willingness to share insights, reflect on practice and contribute thoughtfully to discussions has greatly enriched the evaluation. We also acknowledge their strong commitment to learning and continuous improvement, which has been instrumental in supporting the success and development of the programme.

We would also like to extend our gratitude to members of the advisory group, whose extensive expertise and thoughtful guidance greatly supported the evaluation team. Their input helped refine the evaluation design, troubleshoot emerging challenges and interpret the findings within a broader strategic and practice context. Their contributions were invaluable in ensuring the quality, rigour and relevance of the evaluation.

Lastly, we would also like to thank the team at the Youth Endowment Fund for working alongside us through the study, in particular Jake Grout-Smith, Chanel Hayre and Yasmin Jeddaoui.

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<sup>1</sup> From here the generic 'local authority' is used

## Abbreviations

ARTIC	Attitudes Related to Trauma-Informed Care
BAU	Business as Usual
BPSR	Bryson Purdon Social Research
CACE	Complier Average Causal Effect
CEI	Centre for Evidence and Implementation
CEYP	Care-experienced young people
CiCC	Children in Care Council
COP	Community of Practice
Coram Leap	Coram Leap Confronting Conflict
DPIA	Data Protection Impact Assessment
FC	Foster Carer
GDPR	General Data Protection Regulation
ICC	Intraclass Correlation Coefficient
IPE	Implementation and Process Evaluation
ITT	Intention to Treat
LA	Local Authority
MDES	Minimum Detectable Effect Size
NCB	National Children's Bureau
NCT	Northampton Children's Trust
ONS	Office for National Statistics
ProQOL	Professional Quality of Life Scale
RCT	Randomised Control Trial
RP	Reflective Practice
SAP	Statistical Analysis Plan
SD	Standard Deviation
SDQ	Strengths and Difficulties Questionnaire
SM	Strategic Manager
SSDA903	Children looked after data return
SW	Social Worker
SSW	Supervising Social Worker
TIC	Trauma-informed Champion
TIP	Trauma-informed practice
TOC	Theory of Change
YP	Young People (including children and young people)
YPSW	Young People's Social Worker

**The project**

Fostering Connections (FC) is a 12-month intervention targeted at social workers. It aims to strengthen communication between social workers, improve support for foster carers and embed trauma-informed practice to reduce emotional and behavioural difficulties among children aged 10–17 in family-based foster care or supported lodgings. FC is delivered by the National Children’s Bureau and Coram Leap Confronting Conflict. The programme is delivered over two phases: in phase 1, SWs complete an e-learning module followed by seven face-to-face training days and three online reflective practice sessions delivered over five months. Phase 2 is developed over the following five to six months and includes (i) the establishment of a small group of social workers (trauma-informed champions) in each local authority that act as contact points for support, (ii) an in-person workshop with the local authority’s senior leaders, project leads and trauma-informed champions to examine policies and sustainability for ongoing trauma-informed practice and (iii) cross-local authority workshop and network events.

The Youth Endowment Fund (YEF) and the Home Office funded a cluster randomised controlled trial of Fostering Connections, with social workers randomised to either receive the training programme or business as usual. A total of 685 social workers entered the trial (327 intervention, 358 control), working with 699 foster carers and 976 children. The evaluation aimed to establish whether Fostering Connections reduced externalising behaviours of children in care, as measured by the Strengths and Difficulties Questionnaire, completed by foster carers. It also measured the impact on other outcomes related to children (internalising and prosocial behaviours, placement stability and missing from care episodes), foster carers (quality of their working life, including compassion satisfaction, burnout, secondary traumatic stress and attitudes to trauma-informed practice) and social workers (attitudes to trauma-informed practice). The evaluation also included an implementation and process evaluation to explore implementation, barriers, facilitators and participants’ experiences. This involved a training feedback survey and interviews with 16 senior managers, 25 social workers, 23 foster carers, five trauma-informed champions and three children. The evaluation included focus groups with three Children in Care Councils – groups of children in care who meet to share their views and to influence how care services are run – seven focus groups with local authorities’ teams and programme implementers and 10 observations of training. The programme was delivered over eight local authorities (Bradford, Bristol, Dudley, Hackney, Lancashire, Northamptonshire Children’s Trust, Somerset, and Telford and Wrekin) between September 2023 and July 2025. 74% of children in the trial were White; 9% mixed or multiple ethnic groups; 7% Black, Black British, Caribbean or African; 5% Asian or Asian British; and 5% from another ethnic group or preferred not to say.

Key conclusions
Fostering Connections demonstrated <b>no impact</b> on children’s externalising behaviours. Children linked with social workers who received FC showed no difference in externalising behaviours compared with children linked to social workers who did not receive the programme. This result has <b>a very low security rating</b> .
FC showed mixed results on secondary outcomes related to children, social workers and foster carers. FC had no impact on children’s internalising and prosocial behaviours, a small negative impact on placement stability and a moderate negative impact on instances of missing from care episodes. FC had no impact/a small negative impact on the quality of the foster carers’ working life – including compassion, satisfaction, burnout, secondary traumatic stress – and had a positive impact on attitudes to trauma-informed practice. FC had a negative impact on social workers’ attitudes to trauma-informed practice. These are secondary outcomes and should be treated with caution.
The trial faced significant challenges that made it difficult to accurately estimate the impact of the programme. The main challenges were low attendance at training (41% of social workers did not attend any session), changes in children’s social workers and a high level of attrition (43%) throughout the trial, which resulted in a small sample size.
Social workers perceived the training to be useful, particularly its experiential and therapeutic elements, but the length of the training was challenging, given the context of a high workload.
The programme’s perceived impact on foster carers and on children’s outcomes was limited.

## YEF security rating

These findings have a **very low** security rating. The trial was a well-designed randomised controlled trial, with randomisation of social workers within each local authority. However, the delivery of the trial faced challenges that made it difficult to accurately estimate the impact of the programme. 51% of the baseline data were missing because of low response rates and quality of the data. In addition, attrition during the trial was very high: 43% of the children who started the trial were not included in the final analysis. We do not know whether the effect found for FC would be the same if the children missing from the final analysis were included.

## Interpretation


Fostering Connections demonstrated **no impact** on children’s externalising behaviours. Children linked with social workers who received FC showed no difference in externalising behaviours compared with children linked to social workers who did not receive the programme. This result has a **very low security rating**. FC showed mixed results on secondary outcomes, and they should be treated with caution. There is statistical uncertainty regarding almost all outcomes, and the findings are also consistent with there being no impact.

The design and delivery of the programme and trial proved very complex and took place in a challenging context. The trial faced significant implementation challenges: firstly, social workers’ attendance was low, with 41% of social workers invited to attend the training not attending any session and only 42% having sufficient exposure to the programme to be considered compliant. This reduced foster carers’ and children’s exposure to fully trained social carers. Secondly, 65% of children were assigned new social workers during the trial. Most of these were outside the trial and didn’t receive the programme. This further reduced carers’ and children’s exposure to the programme.

The evaluation generated valuable learning: participants valued the in-person training, particularly its experiential and therapeutic elements, the facilitators’ expertise and the pastoral support. However, the seven-day time commitment was widely viewed as burdensome in a high-workload context. Participants were more critical of the online delivery of reflective practice sessions, the e-learning module and the community of practice forum. Qualitative findings suggest the programme may have strengthened reflective, compassionate and intentional practice among social workers. However, some senior managers and foster carers viewed these qualities as longstanding features of good practice rather than new learning. Overall, social workers’ engagement with FC programme activities was low, and the programme proved too intense to reach all participants in such a high-workload context. Sustainable impact would likely require strong managerial involvement, protected time and integration into existing policies, supervision and reflective structures.

This evaluation is one of the first robust evaluations of trauma-informed practice in social care in the UK, and it contributes to filling the existing evidence gaps. This evaluation adds to the evidence that caution is warranted when commissioning trauma-informed programmes to reduce youth violence. While such approaches may improve the understanding of trauma, this does not necessarily translate into improved outcomes for children. Other interventions may offer greater potential to reduce children’s involvement in violence. This report and the primary and secondary outcomes’ findings only present the findings of one study. When considering the implications, frontline professionals, policy makers and service commissioners should carefully consider the process evaluation, the wider evidence base and their own professional judgement.

## Summary of impact

Outcome	Effect size (95% confidence interval)	Impact	Evidence security	No. of children	P - value
Child externalising behaviours	0.019 (-0.126, 0.164)	No impact		271	0.800

# 1. Introduction

## 1.1 Background

Trauma<sup>2</sup> results from an event, series of events or set of circumstances that are physically or emotionally harmful or threatening and that have lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being (Substance Abuse and Mental Health Services Administration, 2012). Exposure to trauma in childhood (for example, abuse, neglect, household instability and exposure to violence) can disrupt the formation of healthy brain architecture, particularly in areas responsible for emotional regulation, executive functioning and stress responses (Furnivall & Grant, 2014; Streeck-Fisher & van der Kolk, 2000). These disruptions are strongly associated with poorer life outcomes, including mental health difficulties, physical health problems, challenges in education and employment and increased involvement with the criminal justice system (Boswell, 1996; Wright, Liddle & Goodfellow, 2016).

Experiences of childhood trauma often overlap with the circumstances that lead children into statutory social care. Children who enter the care system commonly have histories of multiple and overlapping adversities, including neglect, household dysfunction, parental substance misuse, exposure to violence and poverty (Bywaters *et al.*, 2022; Glaser, 2000). For some, the care experience itself – including placement instability, separation from family and community and disrupted relationships – can further compound earlier trauma. Therefore, as a large proportion of care-experienced young people (CEYP) have experienced trauma, they are at a higher risk than their peers of presenting with complex emotional and behavioural needs, attachment difficulties and vulnerabilities in later life outcomes (Carter *et al.*, 2025; Dubois-Comtois *et al.*, 2021; Engler *et al.*, 2022; Salazar *et al.*, 2013; Seker *et al.*, 2021).

In addition, children from minoritised groups are disproportionately affected by statutory intervention and overrepresented in children's social care (Department for Education, 2024; McHale *et al.*, 2024). This disproportionality is driven by intersecting structural factors, such as poverty, discrimination, unequal access to early support and differential thresholds for intervention, which contribute to higher rates of statutory involvement for some ethnic groups (Bywaters, 2020). As a result, the care system disproportionately serves children who are both traumatised and from communities that already experience systemic disadvantage. These intersecting vulnerabilities do not exist in isolation; rather, they shape how young people (YPs) experience care, engage with professionals and respond to authority and intervention.

Moreover, evidence consistently shows that children in care are significantly more likely than their peers to come into contact with the youth justice system and to experience criminalisation. (Brodie *et al.*, 2025; Jing *et al.*, 2024; YEF, 2025). National evidence shows that Black children are disproportionately affected by serious violence; while they make up roughly 6% of the 10–17-year-old population, they represent around 24% of children in custody (YEF, 2025). This overrepresentation is not explained by individual behaviour alone but by the convergence of trauma exposure, social disadvantage and systemic responses that may misinterpret trauma-related behaviours as risk, defiance or offending (HM Inspectorate of Probation, 2023). In this context, contact with the youth justice system can be understood as the outcome of intersecting

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<sup>2</sup> In this report, trauma is understood as occurring when an external event or threat overwhelms an individual's physical and psychological coping mechanisms or strategies. This definition is drawn from the Fostering Connections programme materials and was introduced during Session 6 (trauma-informed approach), building on van der Kolk's conceptualisation that traumatisation occurs when both internal and external resources are insufficient to cope with an external threat (van der Kolk, 1989).

structural disadvantage, unresolved trauma and system-level responses that prioritise control over care. Addressing youth violence, exploitation and offending, therefore, requires interventions that interrupt these pathways rather than reinforce them. Therefore, one critical lever in reducing youth violence lies in addressing trauma. Although the impact of trauma can be significant, it is not deterministic. Protective factors – particularly the presence of stable, sensitive and supportive relationships – can help mitigate the impacts of trauma and enhance resilience to stress (Kimberg & Wheeler, 2019; Ozbay *et al.*, 2007). When children experience consistent caregiving relationships characterised by attunement, trust and emotional availability, the likelihood of positive developmental outcomes increases (Lally & Mangione, 2017; Osher *et al.*, 2018). For CEYP, their relationships with foster carers (FCs) and social workers (SWs) are theorised to play a central role in mitigating the developmental impacts of trauma, and having the support of a trusted adult is crucial for CEYP to develop skills to manage daily stress and interpersonal difficulties effectively (Egbunu & Cudjoe-Mensah, 2025; Hiller *et al.*, 2021).

However, several systemic challenges within children’s social care limit its ability to consistently provide CEYP with the stable, sensitive and supportive relationships they need. The sector continues to face persistent difficulties in recruiting and retaining FCs, contributing to high levels of placement instability that undermine children’s sense of safety and belonging (Ofsted, 2023; The Fostering Network, 2024). Almost one-third of looked-after YPs experience two or more placement moves within a single year, often as a result of breakdowns in the relationship between the child and their carers (Department for Education, 2024). Such breakdowns are frequently linked to carers feeling overburdened and unprepared to manage trauma-related behaviours and lacking sufficient knowledge or support to understand the impact of adversity on CEYP (National Institute for Health and Care Excellence, 2021; Rock *et al.*, 2013). The Review of Foster Care (Narey & Owers, 2018) further highlighted that problems with FC retention and recruitment are closely tied to the need for more specialist training and support, enabling carers to respond effectively to the complex needs of the YPs they care for.

Issues regarding FCs’ feelings of lack of support are often compounded by difficulties in the working relationships between Young People’s Social Workers (YPSWs) and Supervising Social Workers (SSWs) (The Fostering Network, 2024). Issues such as unclear communication, lack of role clarity and differing expectations about what FCs can reasonably manage strain the relationships of the trusted adults around the YP (Brown, Sebba & Luke, 2014; Sheldon, 2004). When FCs do not receive consistent messages or adequate support from professionals, feelings of isolation and frustration can grow, increasing the risk of placement breakdown (The Fostering Network, 2024). At the same time, high turnover rates among YPSWs and SSWs (Skills for Care, 2024) mean that children and carers often face frequent changes in key professionals, disrupting trust and eroding the continuity of care. Collectively, these challenges reduce the system’s capacity to buffer the impact of trauma and to provide CEYP with the relational stability that is essential for recovery and resilience.

Trauma-informed practice (TIP) has become a well-adopted approach among practitioners working with children, particularly in the care system (Asmussen *et al.*, 2022). TIP draws from neuroscience, psychology and social-work theory and is based on the shared understanding of trauma among professionals in these fields (Levenson, 2017). This approach involves recognising the prevalence and impact of trauma, responding in ways that avoid re-traumatisation and prioritising relationships as a mechanism of healing. In turn, this form of practice has been proposed as a key approach to addressing the challenges mentioned above, as it emphasises the relationships and support network around a YP, promoting relational and

understanding-based work (Wall, Higgins & Hunter, 2016). For FCs, this means providing them with support that equips them with the skills to interpret and manage behaviours that challenge them, understanding a YP's behaviour as potential expressions of underlying trauma rather than intentional defiance. For SWs, it involves working in ways that build trust, promote empathy and empower carers and YPs.

Embedding TIP across children's social care – particularly through strengthening the relationships YPs have with SWs and FCs – offers a key opportunity to mitigate harm, support emotional regulation, and reduce the likelihood of escalation into punitive systems. By equipping professionals with the skills to recognise and respond to trauma, trauma-informed programmes have the potential to address one of the central drivers underpinning poor outcomes for children in care, including contact with the youth justice system.

Positive impacts of TIP training for staff working with YPs have been increasingly documented across different settings. For example, Baetz *et al.* (2021) found that TIP training in juvenile justice settings was associated with a reduction in violent incidents, suggesting that staff equipped with an understanding of trauma were better able to de-escalate challenging situations and respond in ways that prioritised safety and emotional regulation. Similarly, Zettler (2021) demonstrated that in juvenile detention facilities in the United States, the implementation of TIP training contributed to significant decreases in behavioural misconduct and violent incidents, highlighting its potential to improve both staff–youth relationships and the overall climate of care.

Evidence also points to the benefits of TIP training for professionals in social care. Wilson and Nochajski (2016) reported that SWs who had completed TIP training were more likely to incorporate trauma-informed activities into their daily practice. This included greater use of strategies aimed at building trust, supporting self-regulation and promoting empowerment among YPs. Importantly, training was found not only to enhance knowledge but also to shift attitudes, encouraging practitioners to interpret difficult behaviours as adaptive responses to trauma rather than as intentional defiance.

Beyond immediate behavioural outcomes, TIP training has been linked to wider organisational benefits. Staff often report feeling more confident and less stressed when managing complex needs (Hales *et al.*, 2019), which can help reduce burnout and turnover, two long-standing challenges within children's social care. In turn, better supported and more resilient professionals are more likely to provide stable, sensitive and consistent care, which is critical for buffering the long-term impacts of trauma on CEYP (Fflur *et al.*, 2024). These findings suggest that embedding TIP training across social care services has the potential not only to improve individual practice but also to strengthen systemic capacity to meet the needs of vulnerable children.

While there is evidence supporting the acceptability of TIP training among practitioners, significant gaps remain regarding its measurable impact on outcomes for YPs and its consistent application across the care sector. Current research provides limited evidence of trauma-informed approaches' effectiveness in reducing offending behaviours, improving behavioural regulation or strengthening prosocial relationships among CEYP. Furthermore, little is known about how TIP is implemented within the contexts of social work and foster care, where relational stability is critical (Gaffney, Jolliffe & White, 2021).

These gaps are reflected in findings from a recent report by the Early Intervention Foundation, which showed that although 89% of local authorities (LAs) in England reported using trauma-informed activities, only 22% had a shared definition of what being 'trauma-informed' actually meant in practice (Asmussen *et al.*, 2022). This lack of conceptual clarity makes it difficult to assess fidelity, evaluate effectiveness and

distinguish TIP from practice as usual. Inconsistent definitions also risk diluting the approach, with practitioners adopting the language of trauma-informed care without embedding the deeper organisational and cultural changes it requires.

In turn, the evaluation of Fostering Connections offers a critical opportunity to address these evidence gaps and to highlight the importance of joined-up social work practice, while ensuring that the voices and needs of CEYP remain central. A rigorous evaluation has the potential to generate valuable insights into the effectiveness of TIP training, the mechanisms through which it can be embedded into everyday social work and the specific outcomes it may influence for CEYP. By building this evidence base, the evaluation can inform both local practice and wider policy, supporting more consistent, sustainable and impactful approaches across the care system.

## **1.2 Evaluation objectives**

The study integrated an impact trial and implementation and process evaluation (IPE) into the Fostering Connections programme to improve the understanding of effective TIP training and support, how it could be embedded into social-work practice and which outcomes it can influence for CEYP<sup>3</sup> and the adults who support them. The objectives of this study were:

- To test the impact of the Fostering Connections training programme delivered to YPSWs<sup>4</sup> and SSWs on the externalising (primary outcome) and internalising behaviours, and prosocial skills of YPs aged 10–17 years in foster care or supported lodgings
- To test the wider impact of the Fostering Connections training programme on YPs – including prevalence of offending behaviours, stability of care and socio-emotional outcomes – and on the adults supporting them (FCs<sup>5</sup>, SSWs and YPSWs), including attitudes towards TIP and quality of life
- To provide a comprehensive analysis of programme implementation by assessing the appropriateness, feasibility, acceptability and fidelity of the programme and by exploring the causal mechanisms and contextual factors that contribute to observed outcomes

These objectives have been addressed through the following research questions organised by the impact and IPE strands.

### **1.2.1 Research questions**

The primary research question addressed by the impact evaluation was:

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<sup>3</sup> From here on, we use the term young people (YPs) to describe CEYP.

<sup>4</sup> YPs under 18 continue to have a YPSW, and supported lodgings are included in this trial if the host family has a support worker who is an SSW or akin to an SW.

<sup>5</sup> The term foster carers (FCs) is used to include both FCs and supported lodgings with family environments or a similar support structure. This includes formal kinship care (also known as connected care), which is a type of foster care which involves placing a child into the care of a relative or someone with a significant connection with the child or YP. Supported lodging involves placing a YP in care or 'care leaver' (usually between the ages of 16–21) in the home of an approved host family, for a temporary period.

**RQ1:** What is the impact of providing the training and support to both Young People's Social Workers and Supervising Social Workers on the externalising behaviours of young people in care in family settings?

Secondary research questions from the impact evaluation focused on the wider impacts of providing the Fostering Connections programme and support to YPSWs and SSWs across the groups.

### **Young people**

**RQ2:** What is the impact of providing the training and support to both Young People's Social Workers and Supervising Social Workers on the stability of foster care/supported lodging placements for young people?

**RQ3:** What is the impact of providing the training and support to both Young People's Social Workers and Supervising Social Workers on young people's involvement with the criminal justice system?

**RQ4:** What is the impact of providing training and support to both Young People's Social Workers and Supervising Social Workers on young people's episodes missing from care?

**RQ5:** What is the impact of providing training and support to both Young People's Social Workers and Supervising Social Workers on young people's internalising difficulties and prosocial skills?

### **Young People's Social Workers and Supervising Social Workers**

**RQ6:** What is the impact of providing the training and support to both Young People's Social Workers and Supervising Social Workers on their attitudes towards trauma-informed practice?

### **Foster Carers**

**RQ7:** What is the impact of providing training and support to both Young People's Social Workers and Supervising Social Workers on the compassion satisfaction, burnout and secondary traumatic stress of foster carers in a family setting?

**RQ8:** What is the impact of providing training and support to both Young People's Social Workers and Supervising Social Workers on the foster carer's attitudes towards trauma-informed practice?

In addition, two exploratory research questions focused on estimating the impact of providing training and support to one professional group compared to both.

**RQ9:** What is the impact of providing training and support to Supervising Social Workers but not to Young People's Social Workers on the outcomes of young people, Supervising Social Workers and foster carers?

**RQ10:** What is the impact of providing training and support to Young People's Social Workers but not to Supervising Social Workers on the outcomes of young people, Young People's Social Workers and foster carers?

The IPE addressed the following questions:

- RQ11:** What are the perceived impacts of the Fostering Connections programme on Young People’s Social Workers and Supervising Social Workers, foster carers and young people?
- RQ12:** Are there any unintended consequences or other negative effects of the Fostering Connections programme?
- RQ13:** What factors contribute to observed outcomes?
- RQ14:** Can Fostering Connections be delivered as intended (including dosage and reach), and what adaptations are necessary and/or made?
- RQ15:** Is Fostering Connections and its content and principles viewed as feasible, appropriate and acceptable by Young People’s Social Workers and Supervising Social Workers, foster carers and young people?
- RQ16:** Is the implementation support system sufficient, and what strategies are required for quality implementation and embedding in practice?
- RQ17:** How do structural equity factors affect the need for the programme, acceptability, appropriateness and perceived impacts?

Table 3 presents a summary of the primary and secondary outcomes, the variables associated with these outcomes and the measures used to capture evidence for each. For attitudes towards TIP, the Attitudes Related to Trauma-Informed Care (ARTIC) scale was selected following a review of available measures. Few validated tools exist for professionals, particularly SWs, and this measure was also being used in another YEF-funded randomised controlled trial (RCT), supporting consistency across studies.

**Table 3: Measures used for primary and secondary outcomes**

Primary outcome	Variable	The YP’s externalising behaviours
	Measure (instrument; scale; source)	Externalising score (including conduct problems and hyperactivity/inattention subscales); SDQ (Goodman, Meltzer & Bailey, 1998); carer-reported version
Secondary outcome(s)	Variable(s)	<b>YPs:</b> SDQ internalising score (including emotional symptoms and peer relationship problems subscales) and prosocial subscale; placement stability; missing from care episodes <b>FCs:</b> Compassion satisfaction, burnout, secondary traumatic stress, attitudes to trauma-informed practice (TIP) <b>SSWs/YPSWs:</b> Attitudes to TIP
	Measure(s) (instrument, scale, source)	<b>YPs:</b> SDQ, carer-report version; unplanned moves Children looked after data return (SSDA903) (2023–24/2024–25); missing from care episodes (SSDA9035 2023–24/2024–25) <b>FCs:</b> Professional Quality of Life Scale (self-report); ARTIC, underlying causes subscale (self-report) <b>SSWs/YPSWs:</b> ARTIC (self-report)

Note: YP = young person; FC = foster carer; SDQ = Strengths and Difficulties Questionnaire; YPSW = Young People’s Social Worker; SSW = Supervising Social Worker; ARTIC = Attitudes Related to Trauma Informed Care

The YEF website published a protocol (Ott *et al.*, 2024) and statistical analysis plan (SAP; Purdon, 2023).

### **1.3 Fostering Connections programme**

#### **Background**

The National Children’s Bureau (NCB) and Coram Leap Confronting Conflict (Coram Leap) partnered to deliver the Fostering Connections programme. The Fostering Connections programme is based on a modular curriculum delivered in two Coram Leap existing trauma-informed programmes.

Rise Up is a leadership and practice-development programme that invests directly in frontline youth practitioners across London, so they can better support YPs affected by violence and conflict (Coram and Leap Confronting Conflict, 2025a). It aims to deepen youth work skills, strengthen leadership capability and expand practitioners’ cross-city networks, ultimately improving support ecosystems for vulnerable young Londoners. The first phase of the programme, which ran from September 2020 to August 2021, offered participants:

- 25+ training modules on topics such as working with challenging behaviours, cultural sensitivity, understanding and addressing conflict, and system change
- Four coaching sessions
- Access to a mentor

A mixed-methods evaluation involving 87 youth workers found that participants developed deeper, more reflective youth work practice – particularly in conflict management, communication, empathy and supporting vulnerable YPs. 77% reported being able to apply what they learned directly to their roles. Participants’ confidence in managing conflict increased from 63% to 90%, and they gained a stronger understanding of policy and strategic contexts. The programme also generated organisational benefits, including improved team relationships, shared learning and strengthened internal practice, as well as wider sector benefits through the creation of meaningful peer networks across London’s youth workforce. The evaluation did, however, have some limitations, as findings were affected by self-selection and survey completion dropped between the baseline and the final stages. Nonetheless, the programme was appropriate for participants, was well received and provided valuable learning to inform the Fostering Connections programme (Coram Leap Confronting Conflict, 2025a; King & Hahne, 2021).

Under Our Roof is a conflict-management and personal development programme for YPs in care and the adults around them – FCs, residential children’s home staff and SWs – to help them build safe, supportive relationships and manage conflict more effectively (Coram and Leap Confronting Conflict, 2025b).

A small-scale evaluation that used a mixed-methods approach – including surveys, focus groups, interviews and observations – faced many limitations, including low survey completion rates. However, the professionals did report that they were supported in sharing their perspectives and emotions, SWs were better able to understand their own relationship to conflict and FCs were more likely to respond constructively to conflict because of the training (Lewis and Davis, 2021). In combining the two approaches, the programme developers drew on learning about direct work with SWs and FCs and insights from YPs in care about what they needed from practitioners from Under Our Roof, alongside learning from Rise Up on

deepening skills in relation to TIP in frontline social/youth work practice, specifically focused on supporting YPs with experience of violence and conflict.

### **Fostering Connections programme**

Fostering Connections is a 12-month intervention aimed at enabling YPs aged 10–17 years in family-based foster care, or supported lodgings, to have reduced emotional and behavioural difficulties. To do so, the intervention seeks to improve professional relationships and communication between YPSWs and SSWs, to improve support for FCs (including kinship/connected carers and host families of YPs aged 16 and 17 in supported lodgings) and to increase understanding of trauma and the implementation of TIP by the adults supporting YPs in care (i.e., FCs, SSWs and YPSWs).

The programme team worked collaboratively with an LA over a five-month set-up period before the intervention began. This set-up period consisted of:

- The NCB and Coram Leap hosted a webinar to introduce the programme to LAs and engaged in meetings with senior leaders at prospective LAs to support recruitment.
- The NCB supported LAs in identifying participants based on the following criteria:
  - YPSWs of looked-after YPs aged 10–17 in family-based care
  - SSWs of FCs who support YPs aged 10–17, including connected carers and/or supported lodging host families
- The NCB and Coram Leap attended weekly preparatory meetings with each LA to secure dates for the training and plan engagement work with SWs and managers to promote the training and arranging logistics.
- Coram Leap facilitators tailored the training to the local context (i.e. while the core modules of the training remained the same for each LA, the facilitators tailored the training to the local context through the style of the training and by focusing discussions on issues relevant to the area).

The delivery period took place between April and December 2024, following a staggered approach across all participating LAs.

### **Equality, diversity and inclusion**

The intervention was intentionally designed to be sensitive to and appropriate for YPs and practitioners from diverse ethnic and cultural backgrounds. The programme explicitly recognised the ethnic diversity of both the care-experienced population and the social care workforce and acknowledged that YPs' cultural identity, experiences of racism and structural disadvantage can shape how trauma is experienced and how relationships with adults and professionals are formed.

To support cultural responsiveness, the training was delivered by a diverse team of facilitators, enabling participants to see diversity actively role modelled within the programme. This was intended to promote inclusive learning environments and to support reflection on power, identity and lived experience within social care practice. The training content also embedded principles of inclusion, equity and anti-discriminatory practice throughout, encouraging participants to consider how trauma-informed approaches must be applied in ways that are culturally attuned and responsive to different ethnic and social contexts.

In advance of programme delivery, all trainers undertook cultural-awareness training to refresh and strengthen their understanding of cultural humility, unconscious bias and culturally responsive practice. This training aimed to ensure that the training was delivered in a way that respected diverse perspectives and supported meaningful engagement across ethnic groups.

Collectively, these design elements sought to ensure that the intervention was not only trauma informed but also culturally sensitive, recognising the intersection between trauma, identity and structural inequality within children’s social care.

## Intervention components

Table 4 presents a summary of Fostering Connections using the Template for intervention description and replication (TIDieR) framework.

**Table 4: Fostering Connections TIDieR framework**

Brief name	Fostering Connections
Why	<p>The primary purpose of this intervention is to improve outcomes for children and young people. To achieve this, the intervention delivers training and RP sessions for YPSWs and SSWs, with the aim of strengthening TIP and the quality of support provided to FCs and YPs in foster or other family-based settings.</p> <p>A central causal mechanism underpinning the intervention is that when professionals respond to the effects of trauma – such as challenging or withdrawn behaviours – in ways that acknowledge experiences of trauma and its impact, they are better able to support recovery, build trust and promote positive developmental outcomes for YPs.</p> <p>In parallel, training YPSWs and SSWs together is expected to enhance communication and collaboration within social-work teams. This improved professional alignment is anticipated to strengthen the support provided to FCs and YPs, thereby creating more stable and nurturing care environments for YPs.</p>
What	<p>The intervention is made up of several components:</p> <p><u>E-learning modules</u></p> <p>A 30-minute e-learning module is provided and hosted by the NCB for YPSWs and SSWs. The e-learning module is an introduction to the Fostering Connections programme, covering:</p> <ul style="list-style-type: none"> <li>● An introduction to Coram Leap</li> <li>● A content overview (for in-person training sessions)</li> <li>● An introduction to trauma</li> </ul> <p>The e-learning module is completed ahead of the training delivery. FCs are also provided with a similar 30-minute e-learning module which covers:</p> <ul style="list-style-type: none"> <li>● An introduction to trauma</li> <li>● An introduction to TIP</li> <li>● How to be trauma informed<sup>6</sup></li> </ul>

<sup>6</sup> Details of the e-learning module and how and when to complete it were sent by email to SWs and FCs. Links to the e-learning module were included in the calendar links for SWs and reminders were included in all communications that went to LAs in advance of the sessions. A QR code was created for the e-learning module, which was discussed and shared at the first face-to-face session. For FCs, the information about completing the e-learning module was disseminated by the LA contacts. The NCB held webinars and presentations before the sessions to talk about the programme, where the e-learning was discussed.

### In-person training

Seven days of in-person training sessions are delivered to YPSWs and SSWs over approximately five months. Each session is six hours long. Depending on the cohort size, these trainings are delivered by two to three Coram Leap facilitators. The sessions are experiential in nature, involving games, group exercises and self-reflection, which support self-enquiry and the exploration of how to apply the learning. The themes for each session are:

1. Building relationships
2. Values, identities and boundaries
3. Understanding challenging behaviour
4. Working with challenging behaviour
5. Challenging behaviour and de-escalation tools
6. Trauma-informed approach
7. Trauma informed approaches in practice

Under these themes, the delivery modules and the activities are tailored to the demographics and accessibility needs of each cohort.

### RP session

Three online RP sessions are delivered to YPSWs and SSWs concurrently with the in-person training over approximately five months. The reflective sessions are two hours long and facilitated by two Coram Leap facilitators (who do not deliver the in-person training).

The sessions provide a space for YPSWs and SSWs to reflect on the training and to clarify ideas, experiences and perspectives away from the in-person training. They provide a space where participants work together with the RP facilitators to enhance their skills and self-awareness and to deepen their practice.

### Pastoral calls

YPSWs and SSWs have the option to request up to three pastoral calls from Coram Leap facilitators over the course of the intervention. Each pastoral call is with one of the Coram Leap facilitators who delivered the in-person training. The purpose of these calls is to provide support outside of the in-person and RP sessions, and they could cover a range of topics, such as:

- Catching up on missed content (if a participant missed a session)
- Discussing session content in a one-to-one setting
- Coaching on how to apply the learnings
- Providing emotional support

### TICs and workshop

A small group of TICs are identified by Coram Leap facilitators in each LA (up to five SSWs and YPSWs combined), who act as a point of contact for advice and support for SSWs and YPSWs who participate in the intervention. The purpose of TICs is to work with managers at their LA to drive forward TIP at a strategic level once the training has been completed.

A 1.5-hour in-person workshop with LA senior managers, project leads and TICs is hosted by NCB facilitators to support discussions around co-developing policies and exploring how to ensure the sustainability and ongoing implementation of TIP.

### The COP

The COP forum, hosted by the NCB, contains resources from the in-person training and RP sessions. The purpose of this forum is to provide a space for trained practitioners to share their experiences of embedding TIP and their challenges and learnings with their peers across the UK. The COP was promoted through the sessions, where its purpose and how to access it were explained. Links to the COP were also included in all follow-up emails from the sessions and in all other communications. It was highlighted in sessions and information was provided in follow-up emails and communications on how to access it.

### Cross-LA strategic workshops

	<p>Four one-hour online cross-LA workshops, hosted by NCB facilitators, are offered to help consolidate learnings and embed them into professional practice once the training has been completed.</p> <p><u>Cross-LA learning and networking event</u></p> <p>This is a half-day online event, hosted by NCB facilitators, for trained YPSWs and SSWs, as well as strategic managers (SMs) from all participating LAs to support learning and networking. This event provides an opportunity to learn about how colleagues in different areas are working towards being trauma informed and embedding the learning from the programme.</p>
<b>Who provided</b>	<p>The core training and support (i.e. the in-person training, RP and pastoral calls) is delivered by facilitators from Coram Leap, who have almost 40 years' experience in designing and delivering highly impactful and experiential conflict-navigation training programmes to YPs and the adults in their lives.</p> <p>The follow-up wraparound support (i.e. the TICs, COP forum and post-training events) are led by the NCB, the intervention developers, who have over six decades' worth of experience in improving systems to keep children safe, supported and secure.</p>
<b>How</b>	<ol style="list-style-type: none"> <li>1. E-learning modules: 30 minutes, hosted using the NCB learning platform</li> <li>2. In-person training: Seven six-hour sessions delivered by Coram Leap facilitators</li> <li>3. RP session: Three two-hour sessions delivered by Coram Leap facilitators</li> <li>4. Pastoral Calls: Delivered by Coram Leap facilitators</li> <li>5. COP: Hosted using the NCB's learning platform</li> <li>6. TIP champions and workshop: TICs are selected by Coram Leap facilitators. 1.5-hour workshop hosted by NCB facilitators.</li> <li>7. Cross-LA strategic workshops: One-hour, workshop hosted by NCB facilitators</li> <li>8. Cross-LA learning and networking event: A half-day event hosted by NCB facilitators</li> </ol>
<b>Where</b>	<ol style="list-style-type: none"> <li>1. E-learning modules: Online.</li> <li>2. In-person training: In person, to take place in LA training facilities or other facilities that the LA typically hires</li> <li>3. RP session: Online</li> <li>4. Pastoral calls: Over the phone</li> <li>5. COP: Online</li> <li>6. TIP champions and workshop: In- person, to take place in the LA training facilities or other facilities that the LA typically hires</li> <li>7. Cross-LA strategic workshops: Online</li> <li>8. Cross-LA learning and networking event: Online</li> </ol>
<b>When and How Much</b>	<p>The intervention is 12 months in total and is delivered in two phases:</p> <ol style="list-style-type: none"> <li>1. <u>Core training intervention (five months):</u> <ul style="list-style-type: none"> <li>● Participants complete the e-learning module, seven face-to-face training days and three online RP sessions delivered in combination for SSWs and YPSWs over five months. The core training intervention is delivered to each LA separately. The training programme follows this timeline: <ul style="list-style-type: none"> <li>● In person: Building relationships</li> <li>● In person: Values, identities and boundaries</li> <li>● RP: Session 1</li> <li>● In person: Understanding challenging behaviour</li> <li>● In person: Working with challenging behaviour</li> <li>● RP: Session 2</li> <li>● In person: Challenging behaviour and de-escalation tools</li> <li>● In person: Trauma-informed approach</li> <li>● In person: Trauma-informed approaches in practice</li> <li>● RP: Session 3</li> </ul> </li> </ul> </li> </ol>

	<p>2. <u>Follow-up wraparound support (6–12 months):</u></p> <ul style="list-style-type: none"> <li>● Identify/establish a small group of TICs in the LA</li> <li>● In-person workshop with LA senior managers, project leads and TICs to support discussions around co-developing policies and explore how to ensure the sustainability and ongoing implementation of TIP</li> <li>● Four monthly cross-LA virtual follow-up workshops beyond core delivery, guided by NCB facilitators, to help consolidate the learning and embed it into professional practice</li> <li>● A half-day online cross-LA learning and networking event for SSWs, YPSWs and LA leaders</li> </ul>
<b>How well</b>	<p>The fidelity of the intervention was assessed by the evaluation team as part of the implementation and process evaluation. Fidelity was assessed based on the coverage of the intended session content by trainers. Compliance will be assessed based on attendance by YPSWs and SSWs at the training and support sessions.</p>

Note: RP = reflective practice; YP = young person; YPSW = Young People’s Social Worker; SSW = Supervising Social Worker; TIP = trauma-informed practice; FC = foster carer; NCB = National Children’s Bureau; TIC = trauma-informed champion; LA = local authority; COP = community of practice

Some form of training in TIP is a common component of continuing professional development for SWs. A recent mixed-methods report looking at children’s social care teams in England found that trauma-informed care activities (including training) were widely used, with most teams reporting some use of TIP and associated training. However, it found that no single agreed model exists and that practices vary considerably (Asmussen *et al.*, 2022). Moreover, the lack of and need for research using an RCT approach to evaluate training in TIP is well documented (Filges *et al.*, 2019; Gaffney, Jolliffe & White, 2021). The Fostering Connections programme aims to distinguish itself from other training programmes through its:

- **Intensity and duration:** The programme is more intensive, both in terms of time spent and the depth of engagement.
- **Joint training:** SSWs and YPSWs train together over five months, promoting consistent trauma-informed approaches and collaboration between these roles.
- **RP:** There is a strong emphasis on participation and reflection, encouraging SWs to understand their own roles and responses, including how their own experiences of trauma may influence their work with YPs.
- **Embedded reflection:** Reflection is a core element throughout the programme and is integral to the training sessions as well as the individual reflective practice (RP) sessions.
- **Adaptability:** The programme is consistently adapted to the context and needs of the participants.
- **Ongoing support:** The trauma-informed champions (TICs) support and embed ongoing practice across the service.

## 1.4 Theory of change

The Fostering Connections programme is grounded in the understanding that SSWs and YPSWs are pivotal in supporting FCs who care for YPs with experiences of trauma. The programme’s first causal mechanism centres on increasing the awareness, skills and confidence of SSWs and YPSWs in TIP and RP. Through an intensive joint training over five months, these professionals develop a deeper understanding of how trauma shapes behaviour and acquire practical tools for reflective engagement. The training emphasises participation and self-reflection, encouraging SWs to examine their own responses, biases and emotional

reactions in their work with FCs and YPs. The joint nature of the training fosters consistent approaches and collaboration between SSWs and YPSWs, ensuring that both roles are aligned in their support for FCs.

This enhanced professional capacity leads to the second causal mechanism: strengthened relationships between SSWs/YPSWs and FCs and between FCs and the YPs in their care. With improved knowledge and reflective skills, SSWs and YPSWs are better equipped to share relevant trauma histories, tailor care plans and provide emotional and practical support to FCs and YPs. The emphasis on RP – embedded in both group training and individual sessions – encourages SWs to examine their own responses and biases, which in turn helps them guide FCs more empathetically and effectively. The ongoing support for SWs from TICs further embeds these practices, ensuring that learning translates into sustained behavioural change.

For FCs, the causal pathway involves gaining a richer understanding of trauma’s impact on YPs’ behaviour, facilitated by the improved information sharing and support from SSWs and YPSWs. This enables FCs to respond to challenging behaviours in a more attuned, trauma-informed manner, which is critical for building and maintaining positive, stable relationships with YPs. The emotional support provided by SSWs also contributes to the professional quality of life for FCs, reducing stress and increasing their resilience and satisfaction in their caregiving role.

The final link in the chain is the impact on YPs themselves. The theory of change (TOC) posits that when FCs, SSWs and YPSWs consistently reflect on and respond to YPs’ behaviour through a trauma-informed lens, YPs experience fewer emotional and behavioural difficulties and improved mental health. Stronger, more trusting relationships with adults reduce the risk of re-traumatisation and escalation of difficulties. Improved collaboration and information sharing among professionals also facilitates more timely and appropriate access to services for YPs, if required. Over the course of a year, these mechanisms are expected to lead to tangible outcomes: reduced placement breakdowns, decreased isolation and a lower likelihood of involvement in youth violence.

## **1.5 Ethics and trial registration**

Ethical appraisal for the RCT and IPE was sought from the Social Research Association Ethics Service, receiving a favourable opinion. Recruitment into the trial was conducted separately from recruitment for surveys and other evaluation activities, with distinct procedures and consent processes applied to each.

### **Recruitment to the trial**

LAs were recruited by the NCB and Coram Leap, with agreements confirmed through the memoranda of understanding. Once an LA agreed to take part, all eligible YPSWs and SSWs were entered into the trial. FCs and YPs were brought into scope through LA-level data analysis based on their links to eligible SWs. Given that the Fostering Connections programme was targeted at YPSWs and SSWs rather than directly at YPs or carers, no opt-in or opt-out processes were in place for overall trial participation. To avoid confusion or unintended harm, YPs were not asked to consent or assent to trial participation, as they were not directly offered or expected to engage in programme activities. The risk of coercion or conflict of interest was mitigated by ensuring that trial entry was agreed upon at the LA management level, with clear information provided to LAs and professionals about what participation entailed. To reduce the risk of coercion or conflict of interest, the evaluation team ensured that entry into the trial was agreed to at the LA management level and was separate from individual participation in evaluation activities, and the team provided clear information about the trial and what participation entailed to the LAs and professionals. In

practice, some YPSWs, SSWs and FCs chose to opt out of having their information shared with the evaluation team before any data collection took place, and a few did so during the baseline and follow-up data collection.

### **Recruitment to evaluation activities**

Separate consent procedures were followed for all evaluation data collection. SWs and SMs were given an opportunity to opt out before any data were shared with the evaluation team. They were then provided with participant information sheets and invited to take part in surveys, interviews or focus groups. Written or verbal consent was sought at each stage. FCs were also offered an initial opt-out before being contacted, with consent obtained if they chose to participate in surveys or interviews. YPs from the trial were approached for qualitative interviews via their SWs, following sampling guidance. To supplement this, additional focus groups were conducted with YPs from the Children in Care Council (CiCC) in three participating LAs. These participants were approached through the CiCC Lead or Officer, who provided age-appropriate information sheets and sought assent to participate. Delivery staff were recruited directly by the evaluation team to participate in focus groups, with consent reaffirmed at the time of participation.

Examples of recruitment documentation can be found in Appendix B, and data privacy notices can be found in Appendix C.

The Centre for Evidence and Implementation (CEI) maintains a data protection policy for research, with guidelines for ensuring data-protection measures are adequately meeting legislative requirements in any jurisdiction in which it processes personal data. This project was no exception, and a full data protection impact assessment (DPIA) was conducted when it would have the greatest effect on risk mitigation, once the legitimate interest assessment screening questions clearly indicated the need for the DPIA.

The NCB and Coram Leap conducted the intervention as joint data controllers. CEI partnered with Bryson Purdon Social Research (BPSR) for the evaluation, with the CEI as the data controller and BPSR as the data processor under a data processing agreement. To ensure accountability for each controller-to-controller relationship, all controllers entered into a data sharing agreement with each other.

When identifying data subjects and managing them as participants in the intervention and evaluation, LAs acted as independent data controllers for the personal data they processed. LAs processed all data under the lawful basis of the public interest, also known as public task Article 6(1)(e) of the UK General Data Protection Regulation (GDPR) and any special category processing under research purposes (UK GDPR 9(2)(j)) (Data Protection Act, 2018).

YEF, as the funder, did not determine the purpose or means of processing personal data other than for the processing of data into its data archive held by the Office for National Statistics (ONS). Upon transfer of data to the ONS by the evaluation team, the YEF became the sole data controller of that data (i.e. relieving the CEI and BPSR of any data controllership within the YEF archive).

Categories of data subjects were children and YPs, FCs and SWs and their managers. Each type of data subject was provided a data privacy notice, written specifically for their role, at the first point of contact with the research project team.

In accordance with UK GDPR Articles 13 and 14, these notices informed them of how their data were collected, that they could express their data subject rights by emailing [dpo@ceiglobal.org](mailto:dpo@ceiglobal.org), what their rights

were and that their personal data would be retained for a maximum of two years to account for any post-research concerns or possibility of re-visiting data for research related reasons; all uses (processing activities) of their data aligned with the UK GDPR lawful basis, and notification of the sharing of their data between the CEI, NCB, Coram Leap and YEF.

The processing activities relating to the personal data were to identify suitable participants, to share administrative data for evaluation analysis, to invite participants to conduct interviews and surveys, and to have CEI conduct observations with them. The lawful basis for processing personal data for these activities was, apart from public interest for the LAs' uses, legitimate interest (UK GDPR 6(1)(f)).

The justification for legitimate interest as the lawful basis is that processing was for a broad societal benefit. The broad societal benefit is that the evaluation was of the training and support programme Fostering Connections, a programme for YPSWs and SSWs that seeks to improve professional relationships and communication between them and increase understanding of trauma and the implementation of TIP.

The ultimate aims of the intervention are to improve outcomes for YPs in foster care or similar family-based settings and to improve support for FCs. The ultimate aim of the evaluation was to understand whether there are measurable improvements to support for FCs because of the programme and to understand whether the way in which the programme is being delivered could also be improved.

The output, marking the completion of the whole project, is a report comprising a write-up of insights and recommendations for societal improvement.

## **1.6 Project team/stakeholders**

### **Centre for Evidence and Implementation**

CEI co-led the evaluation, with a focus on the IPE strand.

- Principal investigator and project lead, delivery of all project stages, including oversight of the IPE:
  - Dr Ellie Ott: Associate Director until February 2025
  - Jane Lewis: Associate Director from February to May 2025
  - Prof. Kate Hamilton-West: Director from May 2025 to January 2026
  - Dr Katherine Young: Director from January to February 2026, with overall accountability for the project
- Day-to-day project management, trial implementation and IPE co-lead:
  - Anne-Marie Baan: Principal Advisor until May 2025
  - Dr Catherine Carroll: Research Associate from May 2025
- Impact and IPE support:
  - India Thompson and Paola Castellanos: Advisors – led stakeholder management, designed and distributed impact collection materials and undertook parts of the IPE implementation, analysis and report writing.

- Research assistance:
  - Ssanyu Kayser and Anna Emsley: Research Assistants – analysed IPE data
  - Sydney Levington: Project Officer – collected IPE data and provided administrative support
- Cost evaluation:
  - Dr Sweta Gupta: Research Associate

### **Bryson Purdon Social Research**

BPSR co-led the evaluation, with a focus on the impact evaluation strand.

- Design, analysis and reporting of the RCT:
  - Dr Susan Purdon: Partner, Trial Statistician – conducted randomisation procedures and analysed outcome data
  - Caroline Bryson: Partner, Social Science Researcher – conducted randomisation procedures and analysed outcome data

### **National Children’s Bureau**

NCB co-developed the intervention and provided follow-up wraparound support, including the online COP forum, learning and networking and supporting event, and the cross-LA virtual follow-up workshops.

- Intervention co-developers:
  - Caroline Coady: Deputy Director of Social Care
  - Georgia Macqueen Black: Social Care Programme Lead
- Intervention delivery:
  - Bianca Karpf: Social Care Programme Lead – led delivery
  - Simon Plummer: Assistant Director – oversaw the project and delivery
  - Helen Scott: Programme Content Manager – oversaw project delivery
  - Raeesa Mukhtar: Stakeholder and Communications Manager – oversaw project delivery and promoted e-learning and the COP forum
  - Caitlin Porter: Content/Resource Development – oversaw project delivery
  - Sindhu Nathan: Social Care Programme Assistant – provided wraparound delivery support
  - Dhanya Ercolano: Social Care Project Assistant – provided wraparound delivery support

### **Coram Leap Confronting Conflict**

Coram Leap co-developed and delivered the intervention.

- Alex Mckell: Head of Innovation – co-developed the intervention
- Amanda Nelmes: Senior Trainer – co-developed the intervention
- Denise Allen: Director of Delivery – oversaw delivery from August 2023 to February 2024
- Laura Johnson: Head of Delivery – oversaw delivery from March 2024 to December 2024
- Hannah Ziolek: Programme Manager – led delivery

- Facilitator team:
  - Amanda Nelmes
  - Aryn Ali
  - Ali Gibbs
  - Clifton McDonald
  - Janice Kittens
  - Nic Pitcher
  - Lucy Shalijian
  - Rachel Batten
  - René Manardge
  - Sherée Prospere
  - Tony Weekes

### **Other stakeholder involvement**

- Advisory group: Representation from practitioners, experts on the topic and people with lived experience responsible for providing guidance and expert insights for the evaluation:
  - Emma Fincham: Fostering Consultant, Coram BAAF
  - Birgit Larsson: Associate Professor in Social Work and Sociology, University of East Anglia
  - Priya Tag: Rees Centre, University of Oxford
  - Karen Irvine: Senior Research Fellow, University of Hertfordshire
- LAs: Partners in delivery responsible for advising on the evaluation design and collecting/sharing relevant data with the evaluation team

There were no other sources of funding/support or conflicts of interest.

## 2. Methods

### 2.1 Efficacy trial design

The efficacy trial was run as a two-arm cluster RCT across eight LAs with random allocation at the level of the YPSW. Each SSW was assigned to the same group as the YPSW with whom they worked most frequently. The unit of analysis for the primary outcome was the YP. Secondary analysis included outcomes for which the unit of analysis was YPs, FCs or YPSWs/SSWs. The trial design is summarised in Table 5.

**Table 5: Trial design**

<b>Trial design, including the number of arms</b>		Two-armed cluster randomised controlled trial with random allocation at the level of the YPSW
<b>Unit of randomisation</b>		YPSW
<b>Stratification variable (s) (if applicable)</b>		LA
<b>Primary outcome</b>	<b>Variable</b>	YPs' externalising behaviours
	<b>Measure (instrument, scale, source)</b>	Externalising score, SDQ (Goodman, Meltzer & Bailey, 1998), carer-reported version; fielded in the online survey 10–12 months after baseline
<b>Secondary outcome(s)</b>	<b>Variable(s)</b>	<b>YPs:</b> SDQ internalising and prosocial subscales; placement stability; missing from care episodes <b>FCs:</b> Compassion satisfaction, burnout, secondary traumatic stress, attitudes to TIP <b>SSWs/YPSWs:</b> Attitudes to TIP
	<b>Measure(s) (instrument, scale, source)</b>	<b>YPs:</b> SDQ, carer-report version, unplanned moves (SSDA903 2024–25), missing from care episodes (SSDA9035 2024–25) <b>FCs:</b> ProQOL (self-report), ARTIC (self-report) underlying causes subscale at 10–12 months after baseline <b>SSWs/YPSWs:</b> ARTIC (self-report) at 10–12 months after baseline
<b>Baseline for primary outcome</b>	<b>Variable</b>	YPs' externalising behaviour
	<b>Measure (instrument, scale, source)</b>	SDQ externalising score, carer-report (Goodman et al, 1998); fielded in online survey as close as possible to randomisation of the YPSW
<b>Baseline for secondary outcome(s)</b>	<b>Variable</b>	<b>YPs:</b> Emotional and behavioural difficulties, placement stability, missing from care episodes <b>FCs:</b> Compassion satisfaction, burnout, secondary traumatic stress, attitudes to TIP <b>SSWs/YPSWs:</b> Attitudes to TIP
	<b>Measure (instrument; scale; source)</b>	<b>YPs:</b> SDQ, carer-report as close as possible to randomisation of the YPSW, unplanned moves (SSDA903 2023-2024), missing from care episodes (SSDA903 2023-2024) <b>FCs:</b> ProQOL (self-report), ARTIC (self-report) underlying causes subscale, as close as possible to randomisation of the YPSW <b>SSWs/YPSWs:</b> ARTIC (self-report) prior to randomisation

Note: YPSW = Young People's Social Worker; LA = local authority; YP = young person; Strengths and Difficulties Questionnaire; FC = foster carer; TIP = trauma-informed practice; SSW = Supervising Social Worker; ProQOL = Professional Quality of Life Scale; ARTIC = Attitudes Related to Trauma-Informed Care

A significant complication in this trial is that the primary analysis aims to test whether delivering the intervention to *both* SSWs and YPSWs improves outcomes for YPs, rather than simply testing whether delivering the intervention to one set of professionals has an impact. Yet, SSWs do not cluster within YPSWs (or vice versa), so straightforward randomisation of YPSW/SSW pairs was not feasible. Inevitably, some YPs in each LA had an SSW who had been assigned to the intervention group and a YPSW who had been assigned to the control group, and vice versa. That is, when the randomisation was done, there were YPs in each of the four arms, with the first two (in bold) being the primary analysis arms:

**Arm 1: Primary analysis intervention arm: Both SSW and YPSW assigned to the intervention**

**Arm 2: Primary analysis control arm: Both SSW and YPSW assigned to the control group**

Arm 3: SSW assigned to the intervention and YPSW assigned to the control group

Arm 4: SSW assigned to the control group and YPSW assigned to the intervention group

The primary analysis focuses on YPs within the two primary analysis arms. YPs in Arms 3 and 4 are excluded from the primary analysis. However, rather than set aside data from Arms 3 and 4, the data from Arms 3 and 4 have been included in an exploratory analysis, where the three arms for which at least one SW was assigned to the intervention are compared to the control group. This analysis is slightly different to the analysis for these arms that was described in the SAP, for reasons set out in Section 2.1.10.

Randomisation was run separately per LA by the trial statistician, giving implicit stratification by LA. Because there were constraints on the number of training places per LA, YPSWs per LA were not typically allocated to the intervention and control groups in the ratio 50:50. Instead, the percentage allocated to the intervention was set so that all available places were filled, with a maximum of 70% of YPSWs allocated to the intervention. Overall, 46% of YPSWs were allocated to the intervention. The pairing of the SSW and the YPSW with whom they worked most frequently led to a trial in which the four arms were not balanced,<sup>7</sup> and this is acknowledged in the reporting of the exploratory analysis.

No alternative provision was offered to YPSWs and SSWs who were not allocated to receive the training (i.e. they received business as usual [BAU]).

The primary outcome measure is YPs' externalising behaviours measured through the **SDQ externalising score** (Goodman, 2001). The measure was completed by FCs using the online parent/carer version of the SDQ suitable for reporting on 4–17-year-olds. Secondary outcome measures focus on (a) YPs, (b) FCs and (c) YPSWs and SSWs:

- **YPs:** The **SDQ internalising score** and the **prosocial subscale** were used as secondary measures of YPs' outcomes, alongside outcomes recorded in LAs' SSDA903 returns in relation to a) placement stability, measured through **unplanned moves**, and (b) **missing episodes**. Outcomes related to transitions into residential care and YPs' involvement with the criminal justice system, measured by convictions and youth cautions, were planned, but the number of instances proved too small for analysis.

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<sup>7</sup> The two primary arms (both SSW and YPSW allocated to the intervention and both allocated to the control) were balanced, and the two secondary arms were balanced. But there are systematic differences between the two primary and the two secondary arms.

- **FCs:** The **ProQOL** (Stamm, 2010) was used to provide three FC outcomes about the quality of their working life, capturing compassion satisfaction, burnout and secondary traumatic stress. In addition, the FCs' attitudes to TIP were measured through the **underlying causes of problem behaviour subscale of the ARTIC scale** (Baker *et al.*, 2016).
- **YPSWs and SSWs:** The SWs' use of trauma-informed approaches was measured through the 45-item **ARTIC scale**.

All survey outcomes were collected at baseline (prior to, or as soon as possible after,<sup>8</sup> YPSW randomisation) and at follow-up (10–12 months later). The fact that FCs would not have been aware of the allocation of their, or their YPs', SWs meant there was minimal risk of bias from post-randomisation completion of the baseline. The outcomes from LAs' SSDA903 returns covered the years April 2023 to March 2024 (baseline) and April 2024 to March 2025 (follow-up).

## 2.2 Participant selection

### Young People's Social Worker and Supervising Social Worker eligibility

The trial was delivered in eight LAs, which were recruited by the deliverers. The eight LAs were Bradford, Bristol, Dudley, Hackney, Lancashire, Northamptonshire Children's Trust (NCT), Somerset and Telford and Wrekin.

Within the participating LAs, the trial covered:

1. YPSWs whose caseloads included at least one YP aged 10–17 at the start of the trial
2. SSWs working with at least one FC or supported-lodgings provider<sup>9</sup> with a YP aged 10–17 in their care at the start of the trial

All eligible YPSWs and SSWs within the participating LAs entered the trial, with no process for opt-out or opt-in (but see below in relation to consent to data collection). As the intervention had a single starting point within each LA, any YPSWs or SSWs who entered the service after the start of the trial or took on an eligible FC or YP after the trial began were out of scope.

### Young person and foster carer eligibility

Although the intervention was delivered to YPSWs and SSWs, the trial primarily focused on the measurement of the impact of the intervention on eligible YPs and FCs. For a YP or FC to be in scope for the trial, the YP needed to meet the basic age criterion, but they also needed to have both a YPSW and SSW who were in-scope for the trial. If YPSWs or SSWs were excluded from the trial (e.g. if an independent fostering agency was not included), then the YPs they were assigned to were not in the trial. Only FCs and YPs who were involved with YPSWs and SSWs at the start of the trial were eligible.

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<sup>8</sup> SW outcomes were collected prior to randomisation, while in some cases YP and FC outcomes were collected shortly after.

<sup>9</sup> For brevity, the term 'FC' is used in the report but includes both FCs and supported-lodgings providers where there is a family-like environment and a similar support structure.

## Consent to survey data collection

Most data for the trial were collected via surveys of YPSWs/SSWS and FCs. There were two stages in the consent process. The first stage was undertaken by LAs, who contacted YPSWs, SSWs and FCs, giving them the choice to opt out of being approached about any evaluation data collection activities. The second stage of consent was via an integrated online consent form built into the online survey programme, where recipients were asked to provide or decline consent to participate in the survey.

## 2.3 Outcome measures

The primary and secondary outcome measures for YPs, FCs and SSWs/YPSWs follow the programme's TOC. The primary outcome and several of the secondary outcomes were collected via online surveys from FCs (for YP and FC outcomes) and from YPSWs/SSWs (in relation to YPSW/SSW outcomes). A number of secondary YPs' outcomes came from data compiled by LAs for their SSDA903 returns, which they complete for every child who is looked after during the course of each year.

### Baseline measures

The baseline measures mirror the primary and secondary outcomes outlined below.

### Primary outcome

The primary outcome measure for the trial is YPs' externalising behaviours, measured through the **externalising scale of the SDQ** (Goodman, 2001). The externalising scale measures outcomes in relation to a reduction in a YP's behavioural difficulties, as outlined in the TOC (RQ1). The SDQ has been found to correlate with the level of offending in young offenders (Domburgh *et al.*, 2011).

The SDQ is a validated scale with an established evidence base and measures behaviours, emotions and relationships across 25 items. FCs completed the online parent/carer version, suitable for reporting on eligible 4–17-year-olds in their care. Carers and adolescents have been found to have fair agreement between scores, with adolescents self-reporting fewer behavioural challenges than carers (but no evidence of threshold effects exist for either) (Mohangi, Magagula & van der Westhuizen, 2020).

The SDQ questionnaire includes five subscales, each with five items, that measure 1. emotional symptoms, 2. conduct problems, 3. hyperactivity/inattention, 4. peer problems and 5. prosocial behaviour. FCs score each item from 0 to 2 using a scale 'not true', 'somewhat true' or 'certainly true', thus producing a score for each subscale from 0 to 10, where a lower total score is a better outcome for subscales 1 to 4, with the reverse true for subscale 5 (prosocial behaviour).

The primary outcome in the analysis of the efficacy trial is the mean score of the **externalising scale** (from 0 to 20, where a lower score is better), generated by summing the scores of the conduct and hyperactivity subscales (internal consistency Cronbach's alpha score = 0.78) following the developer's guidance about the treatment of missing values.<sup>10</sup>

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<sup>10</sup> Each subscale can be scaled up pro-rata if at least three items were completed.

## Secondary outcomes

The range of secondary outcome measures measured outcomes for YPs, FCs and SSWs/YPSWs.

### Young people

Two secondary outcomes for YPs were taken from the SDQ responses provided by FCs (see above for more information on the SDQ). The outcomes were the mean scores for the **SDQ internalising scale** (scored from 0 to 20, generated by summing the scores of the emotional problems and peer problems subscales, again with a lower score denoting a better outcome) and the **SDQ prosocial subscale** (scored from 0 to 10, for which a higher score denotes a better outcome) (RQ5).

Two secondary outcomes used data from LAs' SSDA903 returns,<sup>11</sup> each converted into a binary outcome reflecting whether the outcome happened or not. This included:

- Placement stability was measured through **unplanned moves**, as recorded in the SSDA903 (RQ2). LAs are required to record the reason for placement changes, using standardised codes. In the context of this evaluation, an unplanned move is defined as follows: 'Carer requests placement ends due to child's behaviour', 'Carer(s) requests placement ends other than due to child's behaviour' and 'Child requests placement move.'
- **Missing episodes** have been a proxy for youth involvement in violence and exploitation of youth, including victimisation (RQ4). Missing episodes have been shown to be a key indicator and consequence of criminal exploitation, including for YPs in care (Missing People & ECPAT UK, 2022). There is a growing body of evidence linking child disappearance to an increased risk of involvement in crime (Heerde, Hemphill & Scholes-Balog, 2014; Shalev, 2011) and criminal exploitation (National Crime Agency, 2017; The Children's Society, 2018). However, given the standardised and mandated reporting of YPs in care who are missing, there are more missing reports for YPs in care than there are for their peers; this item has been handled sensitively to avoid the criminalisation of children in care. If a YP had one or more missing episodes in the period, it was coded: 'M – missing from care: a looked-after child who is not at their placement or the place they are expected to be (for example school) and their whereabouts are not known' or 'A – away from placement without authorisation: a looked-after child whose whereabouts are known but who is not at their placement or place they are expected to be, and the carer has concerns or the incident has been notified to the LA or the police.'
- Two further outcomes were planned using the SSDA903 data relating to transitions into residential care and YPs' involvement with the criminal justice system (measured by convictions and youth cautions). However, in practice, the number of instances of these outcomes was too low for analysis, at just five instances for transitions into residential care and seven for cautions and convictions.

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<sup>11</sup> Outcomes related to transitions into residential care and YPs' involvement with the criminal justice system, measured by convictions and youth cautions, were planned, but the number of instances proved too small for analysis.

## Foster carers

Secondary outcome measures for FCs relate to their professional quality of life (RQ7) and their understanding of the impact of trauma on the behaviours of YPs in their care (RQ8).

The **ProQOL** (Stamm, 2010) is a 30-item self-report measure of the positive and negative aspects of helping professions, with each item having a score of 1 ('never') to 5 ('very often'). Its three 10-item scales (each of which results in a score from 10 to 50) have been used in the trial to measure FCs' **compassion satisfaction** (where a higher score denotes a better outcome), **burnout** (where a lower score denotes a better outcome) **and secondary traumatic stress** (where a lower score denotes a better outcome). They have been scored using the method outlined in the ProQOL Manual<sup>12</sup> (Stamm, 2010) and with separate mean scores reported for each of the scales.

ProQOL has been used in previous studies with FCs in the UK (Hannah & Woolgar, 2018; Ottaway & Selwyn, 2016; Teculeasa, 2022) and is reported to have good construct validity (Stamm, 2010). The measures have good psychometric properties from a range of populations, including FCs and SWs (Hannah & Woolgar, 2018).<sup>13</sup>

FCs' attitudes to TIP have been measured using **the understanding underlying causes of problem behaviour and symptoms subscale of the ARTIC scale** (Baker et al., 2016). The 45-item ARTIC scale is based on the theory that professionals' attitudes are an important driver of their behaviours and that a change in staff beliefs could lead to a meaningful practice change. The underlying causes subscale is one of seven core subscales, with a mean score created from seven items scored from 1 to 7 ('believe very strongly' to 'believe less strongly'). The subscale has been scored using the method outlined in the ARTIC manual, where a higher score denotes a better outcome.<sup>14</sup>

## Young People's Social Workers and Supervising Social Workers

The secondary outcome measure for YPSWs and SSWs relates to their attitudes to TIP (RQ5), as measured by the full **45-item ARTIC scale**. In addition to the subscale used among FCs, the ARTIC-45 has six further core subscales: responses to problem behaviour and symptoms, on-the-job behaviour, self-efficacy at work, reactions to the work, personal support of trauma-informed care and system-wide support of trauma-informed care (Cronbach's alphas = 0.93). The first four of these involve seven items, while the final two

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<sup>12</sup> After reverse coding the relevant outcomes, the items for each scale are summed, with the z-score then converted to a t-score, in which the raw score mean equals 50 and the raw score standard deviation equals 10.

<sup>13</sup> Compassion satisfaction  $\alpha = 0.88$ ,  $n = 1,130$ ; burnout  $\alpha = 0.75$ ,  $n = 976$ ; compassion fatigue  $\alpha = 0.81$ ,  $n = 1,135$ ; inter-scale correlations: 2% shared variance [ $r = -0.23$ ;  $co - s = 5\%$ ;  $n = 1187$ ], with secondary traumatic stress; 5% shared variance [ $r = -0.14$ ;  $co - s = 2\%$ ;  $n = 1,187$ ], with burnout) (Stamm 2010). The questionnaire can be freely used as long as the author is credited and no substantive changes are made.

<sup>14</sup> Use of the ARTIC scale is restricted to those who have paid for the license to do so. The guidance in the manual allows for the subscale to be created if at least half of the items are completed.

each have five items, each with a scale of 1 to 7. The overall ARTIC scale is a mean score of the full 45 items, including the reverse coding of relevant items, where a higher score denotes a better outcome.<sup>15</sup>

## **Survey data collection**

Baseline outcomes (prior to randomisation of the YPSWs or as close as possible to it for YPs and FCs) and follow-up outcomes (10–12 months later) were collected from YPSWs, SSWs and FCs via an online survey. The SDQ data for YPs were collected from FCs as part of the FC survey for all eligible YPs in their care.

YPSWs, SSWs and FCs (excluding those who opted out to their LA) were sent a unique survey link by the evaluation team (and, as such, did not need to provide any identifying information via the online survey platform). At each stage, the evaluation team followed up non-responders via email – and phone, if numbers were provided – with reminders about the survey. SSWs were also asked to follow up with FCs and encourage them to complete the survey.

As FCs were not obligated to complete the surveys; there was, inevitably, a fairly high percentage of missing data for YPs and FCs at both baseline and follow-up. Likewise, because YPSWs and SSWs were entered into the trial by LAs, rather than opting in themselves, they were randomised to the intervention or control irrespective of whether they completed a baseline or follow-up questionnaire.

Follow-up data collection was attempted for all YPs, FCs, YPSWs and SSWs for whom baseline measures had been captured. Given that YP and FCs situations may have changed during the course of the year, the evaluation team worked with LAs prior to the collection of follow-up data to update the information that had been provided at baseline. If a YP had changed placements, LAs were asked to pass along the opt-out sheet and contact information for the YP's new carer or key worker in residential or supported accommodation. If FCs received the survey in error for a YP who had moved, FCs were asked to pass the information and SDQ survey onto the YP's new carer or key worker in a residential or supported accommodation.

FCs were asked to complete a follow-up questionnaire to cover their own outcomes, even if their eligible YP was no longer in their care. Likewise, YPSWs and SSWs were asked to complete follow-up questionnaires even if they had changed jobs, with the expectation that the response rate for movers would be low.

## **2.4 Sample size**

As explained above, our primary analysis (which uses the SDQ externalising scale as an outcome) focuses on YPs for whom both the YPSW and SSW had been assigned to the training group or both had been assigned to the control group. We have termed the first of these groups 'the primary intervention group'. Between them, the primary intervention group and the control group cover 66% of all eligible YPs in the trial. Table 6 focuses on these two groups.

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<sup>15</sup> The guidance did not include how to deal with missing items when calculating the full scale. A decision was therefore made to only calculate the full scale if each sub-scale could be calculated. The total score was calculated as a weighted mean of the sub-scale means, with the weights being set equal to the number of questions in the sub-scale.

Overall, 1,477 YPs were identified as eligible for the trial. Of these, 466 were assigned to the primary intervention group and 510 to the control group (a total primary analysis sample size of 976). A further 238 were assigned to a group in which the YPSW had been assigned to the training group, but the SSW had been assigned to the control group. A final 263 were assigned to a group in which the YPSW had been assigned to the control group, but the SSW had been assigned to the training group.

After the baseline data collection stage, a number of assumptions were made about the response rate going forward. These assumptions were the basis of the minimum detectable effect size (MDES) calculations. These were:

- Of the YPs in the primary analysis groups, it was assumed, based on FC response rates, that baseline data would be available for around 57% of them, giving a primary analysis baseline population of around 558. Major imbalances at the baseline data associated with an FC non-response were not expected because the decision taken by a FC on whether or not to take part should have been independent of the randomisation. In most cases, the baseline data were collected prior to randomisation, but where they were collected post-randomisation, the FC would have been very unlikely to be aware of the allocation of their SSW or their foster child’s YPSW.
- Of the 558 YPs with baseline data, it was assumed that it would be possible to collect follow-up data for around 70%. This would give an analysis data set of around 391 : 183 YPs in the primary intervention arm and 208 YPs in the control arm.
- It was assumed that the correlation between the baseline and follow-up externalising SDQ scores would be around 0.6. The Creative Life Story Work trial, which compared baseline with follow-up SDQ scores on the SSSA903 for a similar population, found a correlation of 0.53 (Taylor et al., 2022). With more standardisation on data collection in the Fostering Connections trial, it was expected that the correlation would be slightly higher, at 0.6.
- The Intraclass Correlation Coefficient (ICC) associated with the clustering of the trial within YPSWs was not known, and we did not have data from which to estimate it, but it was assumed to be as high as 0.2. That is, it was assumed that between-YPSW variance in the SDQ externalising score would account for quite a high percentage of total variance. This would be the case if SWs had a marked influence on SDQ scores. Given the hypothesis that the Fostering Connections training would affect SDQ scores, this seemed the most reasonable assumption to make. The average cluster size was expected to be around 3.7<sup>16</sup> for all those in the trial, but in the analysis data set, it was expected to be considerably lower because of non-response. It could potentially be very close to 1, but it was set at 1.5 in the calculations. Consequently, the MDES is not very sensitive to the ICC assumption.

The expected MDES was calculated in Excel using the following approximate formula:

$$MDES = (1.96 + 0.84) \sqrt{\left(\frac{1}{n_1} + \frac{1}{n_2}\right) * (1 + (m - 1)\rho) * (1 - R^2)}$$

where:

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<sup>16</sup> This was calculated as the ratio of YPs to SSWs because there are fewer SSWs than YPSWs in the trial.

- $n_1$  is the achieved sample size in the primary intervention arm.
- $n_2$  is the achieved sample size in the control arm.
- $m$  is the average cluster size.
- $\rho$  is the ICC.
- $R$  is the correlation between the baseline and follow-up scores.

The value 1.96 is the z-value for a type 1 error rate (alpha) of 0.05, and 0.84 is the z-value for 80% power.

Table 6 sets out the assumptions made after baseline data collection for the primary outcome (externalising SDQ score). At the time, the SAP stated that the assumptions would not all hold for the secondary outcomes, the major differences being:

- For SSDA903 outcomes, which are collected via administrative systems, the sample sizes would be somewhat larger because losses to the sample would be lower. The correlation between baseline and follow-up was not known but was deemed likely to be low for the non-SDQ scores at least, and the ICC was not known, but overall, it was expected there would be an MDES of around 0.20 SD for these outcomes.
- There are fewer FCs than YPs in the analysis, as FCs may care for more than one eligible YP; the best current assumption at the time was that it would be around 139 in the primary intervention arm and 163 in the control arm. An MDES of 0.27 standard deviation (SD) for their outcomes was estimated.
- There were 422 YPSWs and 264 SSWs in the trial (686 overall), divided into two groups: intervention and control, with around 316 in the intervention arm and 370 in the control arm (189 and 215, respectively, after non-responses at baseline). For their outcomes, an MDES of around 0.23 SD was estimated.

**Table 6: Sample size calculations based on the assumptions about attrition included in the statistical analysis plan**

		Parameter
<b>Minimum detectable effect size</b>		0.24 SD
<b>Pre-test/post-test correlations</b>	Level 1 (participant)	0.6
	Level 2 (cluster)	0
<b>Intraclass correlations</b>	Level 1 (participant)	0
	Level 2 (cluster)	0.2
<b>Alpha</b>		0.05
<b>Power</b>		0.8
<b>One-sided or two-sided?</b>		Two-sided
<b>Average cluster size (if clustered)</b>		1.5
<b>Number of clusters</b>	Intervention	198 YPSWs/124 SSWs at the randomisation stage
	Control	224 YPSWs/140 SSWs at the randomisation stage
	<b>Total</b>	422 YPSWs/264 SSWs
<b>Number of participants</b>	Intervention	183 (after non-responses)
	Control	208 (after non-responses)
	<b>Total</b>	391

Note: SD = standard deviation; YPSW = Young People's Social Worker; SSW = Supervising Social Worker

In practice, some of the assumptions proved too optimistic, whilst others were pessimistic. Rather than achieving an analysis data set of 391 YPs in the primary analysis groups, the achieved sample size was just 271. The reasons for this are discussed in the results section under Attrition, but a very significant factor was that the percentage of YPs who changed placements between baseline and follow-up was very high, at 38%. Getting follow-up data on the YPs who had moved was very challenging, especially if they had moved out of foster care or had moved to an FC who was not in the baseline survey.

However, offsetting the smaller sample size, the correlation between the baseline and follow-up externalising SDQ scores was higher than anticipated, at 0.8, and the ICC was lower than anticipated, at 0.048. The average cluster size was close to expected, at 1.63. With the actual achieved numbers of YPs, the MDES is recalculated as 0.21 SD rather than the 0.24 SD estimated at the time the SAP was written.

The achieved sample size for the SSSA903 analysis was very close to the number randomised, at 974 (from 976), with LAs providing data on almost all the YPs in the randomisation files. This leaves the MDES at around 0.2 SD.

As with YPs, the number of FCs in the analysis was smaller than expected, at 111 in the primary intervention group and 106 in the control group. But the MDES remains at around 0.27 SD because the correlation between the pre- and post-outcomes for FCs was slightly higher than anticipated for the professional quality of life outcomes, at close to 0.7 per outcome.

The response rate to the follow-up survey by SWs was poor, with many SWs having left the trial by the time of the follow-up. The final analysis data set for SWs included just 44 who had been assigned to the intervention group and 42 to the control group. The MDES for analysis based on SWs is estimated at 0.56 SD.

## 2.5 Randomisation

The trial is clustered, with the unit of randomisation being YPSWs. Each SSW was assigned to the same group as the YPSW with whom they worked most frequently. The unit of analysis for the primary outcome was YPs. There are constraints on the number of training places per LA,<sup>17</sup> so YPSWs per LA were not typically allocated to intervention and control groups in the ratio 50:50. Instead, the percentage allocated to the intervention was set so that all available places were filled, with up to a maximum of 70% being allocated to the intervention. In practice, for most LAs, the percentage allocated to the intervention was around 46%. Randomisation was run separately per LA by the trial statistician, giving implicit stratification by LA. Since the trial statistician undertook the randomisation and the statistical analysis, the analysis was not blind to allocation.

Prior to randomisation, each SSW was assigned to a unique YPSW, and their allocation to a group followed that of the YPSW (see below).

A significant complication in this trial was that the primary analysis aimed to test whether delivering the intervention to *both* SSWs and YPSWs improved outcomes for YPs, rather than simply testing whether delivering the intervention to one set of professionals had an impact. Yet, SSWs did not cluster within YPSWs

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<sup>17</sup> Depending on the number of in-scope SWs in an LA, either one or two training groups were allocated to the LA, with the maximum number of places per group being 35.

(or vice versa), so straightforward randomisation of YPSW/SSW pairs was not feasible. Inevitably, some YPs in each LA had an SSW who had been assigned to the intervention group and a YPSW who had been assigned to the control group, and vice versa. That is, when the randomisation was done, there were YPs in each of the four arms, with the first two (in bold) being the primary analysis arms:

**Arm 1: Primary analysis intervention arm:  $T_{SSW}T_{YPSW}$  (i.e. both SSW and YPSW assigned to the intervention group)**

**Arm 2: Primary analysis control arm:  $C_{SSW}C_{YPSW}$  (i.e. both SSW and YPSW assigned to the control group)**

Arm 3:  $T_{SSW}C_{YPSW}$  (i.e. SSW assigned to the intervention and YPSW assigned to the control group)

Arm 4:  $C_{SSW}T_{YPSW}$  (i.e. SSW assigned to the control group and YPSW assigned to the intervention group)

The primary analysis focuses on YPs within the two primary analysis arms. YPs in Arms 3 and 4 are excluded from the primary analysis. However, Arms 3 and 4 have been included in an exploratory analysis, in which the three arms for which at least one SW was assigned to the intervention were compared to the control group.

In order to maximise the sample size of YPs in the primary analysis arms, each SSW was assigned to a unique YPSW prior to the start of the trial. This was done by assigning each SSW to the YPSW with whom they shared the most eligible YPs. To illustrate, if an SSW had 10 eligible YPs and for five of the 10 they worked alongside YPSW-1, for three they worked with YPSW-2 and for two they worked with YPSW-3, then this SSW was assigned to YPSW-1.<sup>18</sup> If YPSW-1 was then randomly allocated to the intervention group, this SSW was also assigned to the intervention group (and vice versa). Note that two or more SSWs might have been assigned to a single YPSW under this model. The aim in doing this assignment was to generate a set of YPSW/SSW clusters that, between them, covered as many eligible YPs as possible.

The steps in the randomisation are summarised below:

**Table 7: Steps in the randomisation process**

<b>Step 1</b>	Assign each SSW to a unique YPSW (the one they work with for most YPs)
<b>Step 2</b>	Randomly allocate YPSW to either intervention or control
<b>Step 3</b>	Assign each SSW to intervention or control, with the allocation being the same as the allocation to the group of their unique YPSW
<b>Step 4</b>	Having determined the group status for every YPSW and SSW, establish which of the four arms each YP now belongs to: Arm 1: Both YP’s SSW and YPSW assigned to intervention Arm 2: Both YP’s SSW and YPSW assigned to control Arm 3: The YP’s SSW assigned to intervention, but their YPSW assigned to control Arm 4: The YP’s SSW assigned to control, but their YPSW assigned to intervention Only those in Arms 1 and 2 are used in the primary analysis

Note: YPs = young people; YPSW = Young People’s Social Worker; SSW = Supervising Social Worker

<sup>18</sup> The assignment to an SSW was done randomly if there were two or more SSWs with whom they shared the same number of families.

This approach to randomisation did not give a four-arm RCT balanced across all four arms. The two primary analysis arms were balanced, and Arms 3 and 4 were balanced, but the YPs in Arms 3 and 4 would have had different experiences from those in the primary analysis arms in the sense that the YPs in Arms 3 and 4 would have been more likely to have a YPSW and SSW who worked together infrequently. This does not affect the primary analysis, but in the reporting of the exploratory analysis that compares all four arms, the lack of balance is acknowledged.

The randomisation was done at a single point in time per LA. The randomisation was carried out by the trial statistician within Excel, using an anonymised list of eligible YPs, YPSWs and SSWs. Each LA generated a list of their eligible YPs (with a unique ID) and with an ID of the YPSW and SSW against each YP. Per LA, the SSWs were assigned to a unique YPSW following the rules set out above. A separate list of YPSWs was then created with a count of the number of eligible YPs per YPSW. The YPSWs were sorted by this count variable, and a systematic random half per stratum was assigned to the intervention. This gave implicit stratification by the count variable per LA.

Once randomisation was complete, each YP had been assigned to one of the four trial arms.

### **Randomisation group and cluster assignment for foster carers**

All YPs in the trial had exactly one YPSW and one SSW, so assigning YPs to a randomisation group could be done straightforwardly based on the assignment to intervention and control of those two professionals. For FCs, it was more complicated because although an FC would have had a unique SSW, if they had two or more YPs in their care, the YPSWs they worked with could have been assigned to different groups. To deal with this, FCs were assumed to belong to the primary intervention group if at least one of their YPs was in the primary intervention group. That is, an FC would be in the primary intervention group if their SSW was in the intervention group and at least one of their YPSWs was; the FC was in the control group if their SSW was in the control group and all of their YPSWs were in the control group.

A similar issue arises when defining the cluster for FCs, given that the clustering of the trial was based on YPSWs. The practical solution adopted was that a cluster for an FC was based on a random one of their YPSWs.

## **2.6 Statistical analysis**

### **2.6.1 Primary analysis**

The analysis of the efficacy trial data has been undertaken on an intention-to-treat (ITT) basis. Estimates of impact per outcome were based on a multi-level linear regression model with two levels, YPSWs and YPs, with the baseline version of each outcome being entered as a covariate. LAs were entered as a fixed effect. The analysis was conducted in SPSS v28.0.1.1 using the MIXED procedure.

The primary outcome measure for YPs in the trial was the SDQ externalising score, as described above in the outcomes section. The calculation of the externalising score followed the standard SDQ scoring rules, in which the score was only calculated when both subscales had a valid score (that is, at least three of the five items had been answered), others being set to missing. Each subscale had been calculated as  $(\text{total subscale score}) * 5 / (\text{number answered})$ .

The main regression model specification is as follows:

$$Y_{ijk} = \beta_0 + \beta_1 Group_{jk} + \beta_2 X_{ijk} + \beta_3 LA_k + u_{ijk} + \varepsilon_{ijk} \quad (\text{Eq 1})$$

where

$Y_{ijk}$  = externalising score at follow-up for YP  $i$  assigned at baseline to YPSW  $j$  within LA  $k$

$\beta_0, \beta_1, \beta_2, \beta_3$  = fixed-effect parameters

$Group_{jk}$  = indicator variable for group allocation of the YP's YPSW and SSW (0 = control; 1 = intervention) within LA  $k$

$X_{ijk}$  = baseline externalising score for YP  $i$  assigned at baseline to YPSW  $j$  within LA  $k$

$LA_k$  = a vector for the LA dummy variables, of which there will be seven, is a coefficient vector for the LA dummy covariates

$u_{ij}$  = random effect for  $i$ -th member of YPSW  $j$

$\varepsilon_{ijk}$  = residual error term for  $i$ -th member of cluster  $j$

## 2.6.2 Secondary analysis

There is a range of secondary outcome measures reflecting the fact that the TOC suggests that impacts should be observed for all groups potentially affected by the SW training, namely YPs, FCs, and the YPSWs and SSWs themselves (see outcomes sections). The analysis of these was conducted following similar overall model specifications as the primary outcome analysis but with logistic regressions rather than linear models for the SDA903 binary outcomes.

The average cluster size in the analysis was very low, at just 1.63 per YPSW for YP outcomes and 1.33 for the FC outcomes. Because of this, for some secondary outcomes, the multi-level model did not converge. When this happened, a single-level model was used instead.

In these cases, the model was:

$$Y_{ik} = \beta_0 + \beta_1 Group_{ik} + \beta_2 X_{ik} + \beta_3 LA_k + \varepsilon_{ik} \quad (\text{Eq 2})$$

where

$Y_{ik}$  = outcome at follow-up for YP/FC  $i$  within LA  $k$

$\beta_0, \beta_1, \beta_2, \beta_3$  = fixed-effect parameters

$Group_{ik}$  = indicator variable for group allocation of the YP, YPSW and SSW (0 = control; 1 = intervention) within LA  $k$

$X_{ik}$  = baseline outcome for YP/FC  $i$  within LA  $k$

$LA_k$  = a vector for the LA dummy variables, of which there will be seven, is a coefficient vector for the LA dummy covariates

$\varepsilon_{ik}$  = residual error term

A comparison of parameters and standard errors for the multi-level and single-level models, where feasible, suggests that the choice of model specification had very little impact on the calculated effect sizes and their p-values.

**Multiple comparisons:** Given the large number of secondary outcomes, the secondary outcome tests for YPs were corrected for multiple comparisons using Hochberg's step-up procedure<sup>19</sup>. Likewise, but independently, the tests for the four secondary outcomes for FCs were corrected.

### **Analysis in the presence of changes to social workers and non-compliance of social workers with the training**

This was a pragmatic trial, and it was not possible for the evaluation team to influence the allocation of YPSWs to YPs, the allocation of SSWs to FCs or, of course, the matching of YPs to FCs. A very significant issue that arose was that the percentage of YPs who changed either their YPSW or SSW during the trial was very high, with 65% of the YPs in the primary analysis having a change. For the vast majority of these (89% of those with a change), at least one of the new SWs was from outside the trial, so not in scope for the training or the control group.

The implication was that even if the training were to lead to improved outcomes for YPs given enough time, for most YPs in the intervention arm, the time they spent with a trained SW would be shorter than intended and, in many instances, could have been very short indeed.

Conversely, there was potential for contamination of the control group, with some YPs in this group being allocated to an SW who had been trained. In practice, this was only a small problem, with just 3% of the control group YPs having a YPSW or SSW from the intervention arm at the end of the trial.

Overall, the effect of SW changes would inevitably lead to a dilution of any positive effect.

A second diluting factor relates to the fact that not all SWs who were assigned to the intervention arm fully took up the training. Compliance with the training for SWs was defined as a binary variable. The definition of compliance to be used was attendance at four out of seven training sessions, plus one out of three RP sessions. In light of this, compliance was defined for YPs in the primary intervention group as one or both of their YPSW and SSW at baseline being compliant with the training.

To establish whether the changes to SWs and the imperfect rates of compliance may have masked a larger effect size for the primary outcome (SDQ externalising score), the main ITT analysis was re-run with the data reduced to those YPs without any change in SW, followed by a simple complier average causal effect (CACE) analysis on this reduced data set. Given that the changes to SWs are likely to be largely independent of the random allocation, it was more likely to be done by the LA teams for very practical reasons, and it was anticipated that removal of YPs who had changes to one or more SWs should still give close to unbiased estimates, albeit for what may be a non-random subset of YPs. It does, however, greatly reduce the sample size to fewer than 50 per arm.

The ITT primary outcome regression model was re-run to generate the ITT effect size for this reduced data set. After this, CACE was used to estimate the effect size for the compliers (as defined above). This was

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<sup>19</sup> This is the approach recommended by the What Works for Children's Social Care.

estimated using two-stage least squares regression. The first stage modelled the probability of being compliant using a logistic regression model. Given the small sample sizes, no predictors other than group were used. The second stage models used predicted compliance in place of the group identifier variable in the ITT regression model to generate the CACE estimate.

### **2.6.3 Missing data**

The primary ITT regression analysis was based on complete cases, that is, those for which all the variables needed for the model were complete. The implicit assumption here is that missing data at follow-up was missing completely at random. However, because the rate of missing data in this trial was inevitably high (because of non-response to the surveys by FCs either at baseline or follow-up), the sensitivity of the results was assessed when the predictors of missing cases were included in the regression models.

Firstly, the baseline outcome variables for YPs and FCs<sup>20</sup> were used together with other YP and FC characteristics to model (via a logistic regression) the probability per YP of a case being in the intervention arm rather than the control arm and, from a second model, the probability of a YP having valid follow-up data. This identifies any observable predictors of imbalance or attrition. The between-group regression models were re-run to include, as covariates, any significant predictors that were identified from these logistic regressions. This helped establish whether the effect sizes were influenced by the level and nature of missing data under an assumption of missing at random.

Secondly, we made use of the fact that the SSSA903 data provided total SDQ scores at baseline and follow-up for many YPs in the trial, the main exceptions being those YPs who had been looked-after continuously for less than 12 months and those aged 17 years.<sup>21</sup> We tested whether there was a significant interaction between randomisation group and follow-up status on this variable. Although not described in the SAP, an estimate of the effect size for the total SDQ score was generated based on all the SSSA903 data for which there were linked pre–post data, and this was compared with the effect size for the total SDQ score based on the survey data. The decision to complete this analysis was taken after data collection was complete and the attrition rate was known but before the estimates of effect from the survey data had been generated.

### **2.6.4 Subgroup analyses**

The trial was relatively small, with a sample size of under 150 YPs per arm with complete baseline and follow-up data on the primary outcome. There were no prior expectations of large differential impacts across subgroups of YPs, and the sample size was too small for modest differences across groups to be identified. For these reasons, very little subgroup analysis was planned. The SAP planned for analysis of the primary YP outcome by ethnic group (generated by running separate regression models per subgroup) to facilitate future meta-analysis. However, the smaller sample sizes than anticipated meant that this analysis was not feasible.

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<sup>20</sup> FC baseline data was used in the model because it was FCs who completed the data about YPs.

<sup>21</sup> The SDQ scores from the SSSA903 were not affected by attrition, so the sample sizes were larger, and non-response bias was less likely. However, these scores were not used as an outcome measure in its own right for a range of reasons. The SDQ recorded in the SSSA903 excluded YPs who were over 16 years and only included YPs who had been looked-after continuously for at least 12 months. Also, the timing of the data collection varied during the year, so the data were not at a fixed outcome point.

## 2.6.5 Presentation of outcomes

Effect sizes were calculated using Hedges'  $g$ , as specified in the following equation:

$$ES = \frac{(\underline{Y}_T - \underline{Y}_C)_{adjusted}}{s}$$

where:

$\underline{Y}_T$  = regression-adjusted mean for the treatment group

$\underline{Y}_C$  = regression-adjusted mean for the control group (computed using Eq 1)

$s^2$  = pooled unconditional variance of the two groups (derived from the raw data)

Effect sizes were reported along with confidence intervals and p-values to reflect statistical uncertainty.

## 2.6.6 Exploratory analysis of all four arms of the trial

The SAP described an exploratory analysis for the primary and secondary outcomes that included analysis Arms 3 and 4 in the regression model, that is, the groups of YPs in which one SW (YPSW or SSW) was randomised to training and the other to control. For this analysis, we assumed that the data followed a factorial design. The aim of this analysis would have been to establish the additive effect of the intervention being delivered to both SWs, rather than just one.

However, in light of the fact that no positive effects were identified for having two trained SWs, the rationale for this analysis no longer holds. Instead, we combined the three intervention arms of the trial into one and compared outcomes for this combined group with the control group. This tested the hypothesis that having at least one SW offered training leads to improved outcomes for YPs and FCs. The analysis was run with the same model specification as for the primary ITT analysis.

Given that Arms 3 and 4 of the trial were not balanced with the primary analysis arms (see randomisation section), this analysis was presented as potentially informative but with a risk of bias.

## 2.6.7 Estimation of intraclass correlations

The trial was clustered within YPSWs. For the YP and FC primary and secondary outcomes, ICCs were presented using the variance components from the adjusted regression model that are presented in Appendix D.

## 2.7 Implementation and process evaluation

### 2.7.1 Role of the implementation and process evaluation

The objective of the IPE was to provide a comprehensive analysis of the feasibility and understanding of the programme implementation. The IPE focused on selected implementation dimensions: appropriateness, acceptability, feasibility and fidelity/adaptation of the programme. Feasibility and acceptability were identified as leading implementation outcomes relevant at the early stages of evaluation (Proctor *et al.*, 2011). We investigated the barriers and enablers the participants encountered and how they were addressed. Finally, programme causal mechanisms were explored. As outlined in the TOC, this included the

relationships between the SSWs and YPSWs, the SW team and the FC, the FC and the YP, and the YP and the YPSW, which are considered central to the assumed causal mechanisms underpinning the programme.

## 2.7.2 Implementation and process evaluation data collection methods

The IPE involved various methods of data collection, which are summarised in Table 8. All data collection processes and instruments were initially developed by the evaluation team with feedback from the delivery team members. They were then refined based on team reflections to ensure rich topic coverage while also placing a minimum burden on research participants. For the qualitative interviews with professionals, the topic guides were reviewed once more after the first two or three interviews to assess whether the questions made sense for participants and whether the length of the topic guide was appropriate for the specific context.

**Table 8: Implementation and process evaluation methods overview**

Research methods	Data collection methods	Participants/ data sources (type, number)	Data analysis methods	Research questions addressed	Implementation/ logic model relevance
Programme monitoring data	Entered by the Fostering Connections team and YPSWs and SSWs	Covers all trainers and YPSWs and SSWs in the intervention group	Descriptive quantitative analysis, correlation with survey data on outcomes	14	Fidelity (reach) and compliance
Post-training feedback survey	Administered by the delivery team	YPSWs and SSWs attending training ( $n = 80$ )	Descriptive quantitative analysis, coding of open-ended questions	14, 15	Fidelity (responsiveness, acceptability)
Training delivery records	Entered by trainers	All trainers for all sessions	Descriptive quantitative analysis	14	Fidelity (dosage, responsiveness, adaptation)
Observation data	Observation of sessions/events	10 sessions, spread across LAs and type of event	Qualitative thematic analysis	14	Fidelity (responsiveness, adaptation), acceptability
In-depth interviews with YPSWs, SSWs, TICs and FCs	Qualitative interview	100 interviews in total, purposively selected	Qualitative thematic analysis	11, 12, 13, 15, 16, 17	Implementation, feasibility, acceptability, appropriateness, perceived impacts and mechanisms of change
In-depth interviews with SMs	Qualitative interview	16 interviews in total, 1–2 per LA	Qualitative thematic analysis	11, 12, 13, 14, 15	Feasibility, implementation, perceived impacts
In-depth interviews with YPs	Qualitative interviews	Purposively selected sample of YPs ( $n = 3$ ) towards the end of delivery	Qualitative thematic analysis	11, 12, 13, 15	Perceived impacts, acceptability
Workshops with LAs with Fostering Connections team	Workshop discussion	LA and Fostering Connections staff timepoints ( $n = 7$ )	Qualitative thematic analysis	13, 14, 16, 17	Implementation strategies, fidelity, feasibility, mechanisms of change

Note: YPSW = Young People’s Social Worker; LA = local authority; YPs = young people; FC = foster carer; TIC = trauma-informed champion

## **Programme administrative monitoring data**

- Attendance data were collected by the delivery team to monitor SW attendance in the training and support sessions. These data were used as part of the quantitative analysis to correlate with the survey data on outcomes and were used as part of the IPE analysis to assess whether the programme was delivered as intended in terms of reach. (RQ14)
- Training delivery records were completed by the facilitators post-session to monitor dosage, coverage of the intended content and adaptations and to gauge participant engagement. (RQ14)
- The evaluation team worked with the Fostering Connections team to design a short post-training feedback questionnaire, which was administered by the delivery team to YPSWs and SSWs attending the training. The survey was administered at the end of a training session and explored training uptake, participant responsiveness and acceptability. It incorporated a validated, psychometrically tested pragmatic measure of acceptability, notably the Acceptability of Intervention Measure (Weiner et al., 2017). The data were used to assess whether the programme was delivered as intended (RQ14) and whether the programme content and principles were viewed as appropriate and acceptable by the SSWs, YPSWs, FCs and YPs (RQ15). The feedback survey was completed by 80 SWs.

## **Qualitative interviews with Young Peoples' Social Workers, Supervising Social Workers, Strategic Managers, trauma-informed champions and foster carers**

Interviews with SWs (total  $n = 25$  of a target of 38), TICs (total  $n = 5$  of a target of 10) and FCs (total  $n = 25$  of a target of 25) were conducted by phone or online video platform (Zoom or Teams) and audio-recorded on secure laptops or encrypted recording devices. Trained interviewers from the CEI team used semi-structured interview guides to explore any changes in relationships and support between the different types of SWs and between FCs and SWs, implementation strategies, key implementation barriers and enablers, feasibility, perceived impacts and mechanisms of change, and any potential unintended or negative effects of the programme (RQs 11, 12, 13, 15, 16 and 17). SW interviews lasted between 30 and 60 minutes, while FC interviews lasted 20 to 40 minutes, depending on their engagement.

Interviews with SMs (team leaders and/or heads of service) (total  $n = 16$  of a target of 16) were conducted to explore the fit of Fostering Connections within LA systems and the feasibility of embedding the programme in social work practice in the longer term. Perceptions of the impact and any potential unintended effects of the programme were also explored (RQs 11, 12, 13, 15 and 17). The interviews were conducted using an online video platform and lasted from 20 to 55 minutes. Two interviews for each of the eight LAs were held towards the end of or after programme delivery. To reduce the burden on LA staff, meeting notes from the workshop held with LA SMs directly after the end of the programme were used to supplement the interviews by, for example, not duplicating any questions asked.

The plan was to interview 20 YPs to explore the perceived impacts, mechanisms of change and relationships with FCs and YPSWs. Despite the evaluation team's best efforts, it only proved possible to secure interviews with three YPs from two LAs. The interviews were conducted using an online video platform and lasted from 15 to 25 minutes.

To supplement these data, we approached three different LAs to explore the possibility of YPs on their CiCCs taking part in a discussion about the qualities they look for in their SWs. The three LA teams that facilitated the CiCCs were very happy to take part and reported that it was an ideal topic for a council meeting. It was not known whether the YPs were involved in the trial, so the topic guide for the original YPs' interviews was adapted to remove all references and questions related to Fostering Connections and instead used a diamond ranking exercise<sup>22</sup> to discuss the ways in which SWs support YPs. The qualities of an SW described in the exercise were informed by the content of the Fostering Connections programme.

Members of the evaluation team observed 10 training sessions and workshops, which included:

- In-person training sessions:
  - Nine training sessions were observed in total across all eight LAs (one LA had two observations).
  - Sessions 2 through 7 were observed, with some sessions being observed more than once across different LAs. Session 7, for example, was observed across three LAs.
- A cross-LA planning and policy workshop:
  - The final observation was of a planning and policy workshop attended by 13 participants, including eight LA participants from seven LAs, four NCB representatives and a member of the evaluation team.

During observations, researchers completed a structured pro forma with written notes.

Observations informed the assessment of participant engagement and responsiveness and adaptation (RQ14).

### **Workshops with the core Fostering Connections team and local authorities' teams**

Workshop discussions ( $n = 7$ ) were held with the core Fostering Connections team and LA teams in seven of the eight LAs. These discussions were used to understand implementation strategies, feasibility and mechanisms of change (RQs 13, 14, 16 and 17).

### **Baseline and follow-up surveys with and Young Peoples' Social Workers, Supervising Social Workers and foster carers**

Data were collected from the survey questionnaire for YPSWs/SSWs in the intervention group on the appropriateness, acceptability and feasibility of the Fostering Connections programme. The feasibility of TIP in general was gathered by all these groups through the use of the ARTIC (or sub-ARTIC questions for FCs). In addition, selected questions from the FC survey were explored to measure the perceived change in their relationships with the YPs in their care<sup>20</sup> and to provide feedback on the support received from their SSWs and their relationships with the social work team (e.g. SSWs and YPSWs) (RQs 13, 15 and 16).

### **2.7.3 Analysis**

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<sup>22</sup> This group activity involved the ranking of nine written statements from the most to least important.

Data from each of the above research methods were analysed separately, then triangulated and integrated to identify areas of difference and reinforcement and to use multiple data sources to substantiate and explain findings. In the findings section, we indicate the data sources relevant to each finding.

The YPSW and SSW feedback surveys and training records were analysed with descriptive statistics using Excel to inform our assessment of the dosage, adaptations made to the programme and acceptability of the programme.

Qualitative data were digitally audio-recorded and transcribed verbatim through a secure portal. Thematic analysis (Braun & Clarke, 2006), as operationalised in the framework approach (summarising verbatim text in Excel), was used to structure, explore and interpret qualitative data from interviews, records and observations. Themes were developed both deductively (e.g. reflecting the TOC) and inductively (including unexpected, unintended and negative consequences) (Spencer *et al.*, 2013; Gale *et al.*, 2013).

There were three stages to the analysis:

### **Initial coding (stage 1)**

- 10–15% of the transcripts from each participant group were selected for initial coding. Each group had its own framework.
- Two team members independently coded these transcripts. They primarily used a deductive approach, guided by the TOC and the main research questions.
- After initial coding, the two coders compared their findings to check for consistency in how the initial framework was applied.
- Any new codes that emerged inductively (i.e. codes that were not anticipated but appeared in the data) were added to the coding framework.

### **Thematic coding (stage 2)**

- Members of the research team analysed the data in each framework at a broader, thematic level to identify patterns and shared experiences within the group.

### **Integration and synthesis (stage 3)**

- The main themes identified in each group's framework were brought together for analysis in a series of team meetings.
- The team explored individual themes, compared similarities and differences between the themes and ensured that both expected (deductive) and unexpected (inductive) findings were captured.
- During these meetings, the team collectively analysed and synthesised the themes to answer the overarching research questions.

#### **2.7.4 Project timeline**

Table 9 presents a summary of the project timeline. The study took longer than originally planned, primarily due to extended recruitment and data collection phases. Though initial outreach began according to plan, recruitment, formal engagement and LA onboarding took several additional months, extending from the intended December 2023 into mid-2024. This was mainly due to administrative delays related to reviewing and signing data sharing agreements, challenges in accessing and compiling data on eligible populations and

changes in participating sites following the withdrawal of some LAs. This had two main implications for the delivery of the programme. First, phase 1 (the main programme) was delivered over four months (instead of five) in five LAs and over six months in two LAs. Due to contextual factors, such as some training sessions having to be rescheduled, the delivery of phase 1 was extended to six months in two LAs. Second, phase 2 of the programme was either truncated or delivered in parallel to phase 1.

Originally, the aim was to have 12 months between data collection points (baseline and follow-up). However, data collection for both baseline and follow-up phases needed to be extended several weeks beyond the original schedule. Delays were associated with difficulties in accessing and compiling SSDA data and information on current placement situations for YPs, as well as data linking YPs, FCs and SWs. Additional time was also needed to maximise response rates, including sending several reminders through different communication channels (emails, SMS, telephone calls and LA mailings). However, due to a very late starting date, one LA had 11 months between data collection points.

**Table 9: Project timeline**

Dates	Activity
September–December 2023	<ul style="list-style-type: none"> <li>● Initial consultation and liaison with LAs and the research team regarding evaluation design, randomisation and data protection</li> <li>● Drafting of information sheets and data protection materials (DSAs, DPNs, etc.)</li> <li>● Preparation and submission of ethics application</li> <li>● Engagement, onboarding and consultation with LAs/children’s trusts (CTs)</li> <li>● Finalisation of randomisation tool, data collection instruments and processes</li> <li>● Favourable ethical appraisal</li> <li>● Finalisation of privacy notices and sharing of DSAs with LAs</li> <li>● Submission of the final evaluation protocol to the YEF</li> </ul>
January–June 2024	<ul style="list-style-type: none"> <li>● Ongoing liaison with LAs and delivery partners to prepare for randomisation and baseline data collection</li> <li>● Signing of DSAs with most LAs</li> <li>● Submission of SAP to YEF</li> <li>● Ongoing rolling baseline data collection across all participating LAs</li> </ul>
April–December 2024	<ul style="list-style-type: none"> <li>● Staggered programme delivery across all participating LAs</li> </ul>
December 2024–August 2025	<ul style="list-style-type: none"> <li>● Collection of follow-up surveys</li> <li>● Final IPE data collection</li> </ul>
June–September 2025	<ul style="list-style-type: none"> <li>● Data analysis and write-up</li> </ul>
October 2025	<ul style="list-style-type: none"> <li>● Delivery of draft report</li> </ul>

Note: DSA = data sharing agreement; DPN = data privacy notice; YEF = Youth Endowment Fund; SAP = statistical analysis plan

### 3. Impact evaluation results

#### 3.1 Participant flow, including losses and exclusions

Between them, the eight LAs that joined the trial identified 1,477 eligible YPs in the care of 1,076 FCs. A total of 411 YPSWs were assigned to these 1,477 YPs, and 249 SSWs were assigned to the 1,076 FCs.

The assignment of each SSW to a unique SW (see the randomisation section) and the random allocation of the SWs to the intervention or control groups led to the 1,477 YPs being divided into four arms, the first two of which are the primary focus of the trial (the primary analysis arms). These two arms cover **976** YPs. For clarity, we have labelled the main analysis groups as the primary intervention group and the control group in this report. The breakdown for these two groups is as follows:

- **Group 1 (the primary intervention group): Both the YPSW and SSW are assigned to the intervention group (466 YPs).**
- **Group 2 (the control group): Both the YPSW and SSW are assigned to the control group (510 YPs).**
- Group 3: The YPSW is assigned to the intervention group, and the SSW is assigned to the control group (238 YPs).
- Group 4: The YPSW is assigned to the control group, and the SSW is assigned to the intervention group (263 YPs).

Baseline SDQ scores for the YPs in the trial were collected using voluntary online surveys sent to 1,076 FCs. Inevitably, not all FCs took part, but 670 did respond, which is a response rate of 62%. Across these 670 FC respondents, this gave complete baseline SDQ data for 732 of the YPs who were in the randomisation database.<sup>23</sup>

Of the 732 YPs who were in the randomisation files and for whom we have baseline SDQ scores from their FCs, **475** were in the two main analysis arms (228 in the primary intervention group, with both SWs assigned to the intervention group, and 247 in the control group, with both SWs assigned to the control group).

At the follow-up data collection stage, SDQ data were successfully collected from FCs and linked to the baseline and randomisation files for 423 of the 732 YPs in the baseline (follow-up rate of 58%).

Of these 423 YPs for whom we have both baseline and follow-up SDQ data, **271** were in the two main analysis arms (128 in the primary intervention group and 143 in the control group).

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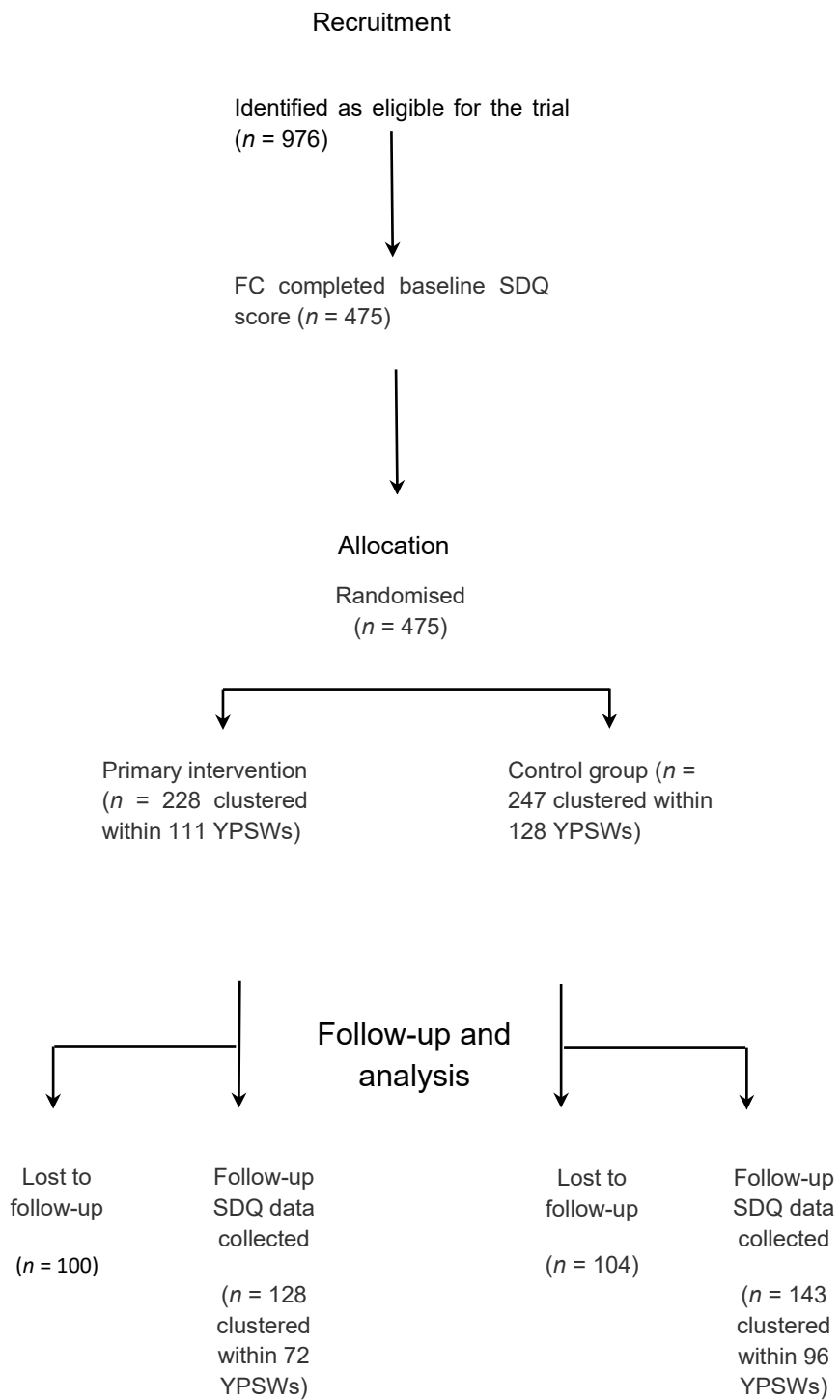
<sup>23</sup> For a number of reasons, there were instances in which the FC had completed the SDQ for a YP in their care, but we were not able to identify that YP in the randomisation file. This sometimes arose because, by the time the FC completed the baseline, they had new YPs in their care. But also, where an FC had two or more YPs in their care, it was not always possible to establish who was who in the randomisation file. There were also instances of FCs completing SDQs about out-of-scope YPs. There were other instances of FCs responding but not completing an SDQ for a YP when we believed the YP was still in their care. These instances could have arisen because the FC had decided not to complete the SDQ, but it could also have arisen if the YP had recently left their care. It did not prove possible to put numbers against all the possible explanations.

**The rest of this section on impact focuses on the two main analysis arms: the primary intervention group and the control group. In the exploratory analysis, we present some estimates based on data from all four groups.**

These final numbers are lower than we anticipated at the protocol stage, where we estimated we would have 391 YPs in the two main analysis groups with complete baseline and follow-up data. The implications of the smaller sample sizes, alongside a range of other issues that affected the MDESs, are discussed in the methods section on sample size, but, in summary, for a number of reasons, the final MDES was, in fact, somewhat smaller, at 0.21 SD, than was expected at the time the SAP was written, where it was estimated at 0.24 SD. These reasons were that the correlation between the baseline and follow-up externalising SDQ scores was higher than anticipated, at 0.8, and the ICC was lower than anticipated, at 0.048. The average cluster size was close to expected, at 1.63.

Figure 1 shows the flow of the numbers for YPs in the two main analysis arms from randomisation to follow-up.

**Figure 1: Participant flow diagram for young people for the two primary analysis arms**



Note: SDQ = Strengths and Difficulties Questionnaire; YPSWs = Young People’s Social Workers

## 3.2 Attrition

For the two main analysis arms, the primary intervention and control groups, the number of YPs randomised was 976. As described in the previous section, the baseline data were collected on those randomised using voluntary online surveys completed by the YPs' FCs. The response rate amongst FCs was 62% overall.

Not all the responding FCs gave data that could be linked back to the randomisation list of YPs; some FCs failed to fully complete the SDQ, whilst others completed data on YPs who could not be accurately traced back. The reasons for the failures to link are complex. In some instances, it would be because the FC took on new YPs or that some YPs they responded about were out of scope. In instances where the FC had more than one YP in their care and gave multiple SDQ scores, there was sometimes ambiguity about which YP was which. Although, in principle, it might have been feasible to work with the LAs to resolve some of these issues, in practice, it would have placed too much burden on the LA teams and would have resulted in needing to disclose to LAs when and how FCs responded.

After excluding all the data on YPs that could not be reliably linked back to the randomisation file, we had a baseline data for 475 YPs (228 from the primary intervention arm and 247 from the control arm), giving a randomisation-to-baseline attrition rate of 51% (Table 10).

At the follow-up stage, the FCs for all the YPs for whom we had baseline data were asked to complete a second survey. For YPs who did not move from their original FC, this meant returning to the FC who had completed the baseline survey; for YPs who had moved to another FC, this meant asking the new FC to complete the survey, and for YPs who had moved out of foster care, it meant asking the LA to find a contact at the YP's accommodation and the ethical consent process began again with the new contact. At follow-up, there were similar issues with linking the responses about YPs back to the randomisation file, but a lengthy manual exercise was undertaken to link as many as possible.

Overall, linked baseline and follow-up data were generated for 271 YPs (128 from the primary intervention arm and 143 from the control arm). This gives an attrition rate between the baseline and follow-up data of 43%, which is considerably higher than the 30% that was expected when the trial was planned.

Inevitably, the attrition rate between baseline and follow-up data is considerably higher for YPs who changed placement between those two dates, if only because many of the FCs for these YPs would be new to the trial. For those who did not change placement (61% of the total), the attrition rate was 32%, whereas for those who changed placements at least once, the attrition rate was 58%. There is no evidence, however, that this differs across the two arms of the trial.

The fact that the baseline sample size is smaller than the randomisation numbers, mainly because of the non-response to the baseline survey by FCs, presents a complication in calculating the trial attrition rate. Our view is that, for the purpose of measuring attrition for the YEF security rating, the most appropriate measure is the 43% attrition between baseline and follow-up.

This is on the basis that, although we only have baseline data for 48% of the formal trial population of YPs, we judge it to be extremely unlikely that the baseline data will be biased across the arms of the trial. FCs' decisions on whether to complete the baseline survey were not influenced by the random allocation, and the responses they gave at that stage were not influenced by the trial intervention. FCs were approached to complete the baseline survey prior to randomisation, and although some FCs completed the survey after

randomisation, it is highly unlikely that SWs discussed this with FCs before the deadline for survey completion. As we demonstrate in the next section, there is no empirical evidence of a difference between the two arms of the trial at baseline.

**Table 10: Young people–level attrition from the trial (primary outcome)**

		Primary intervention group	Control group	Total
Number of participants	Randomised	466	510	976
	Baseline	228	247	475
	Analysed	128	143	271
Participant attrition (from randomisation to analysis)	Number lost between randomisation and baseline	238	263	501
	Number lost between baseline and follow-up	100	104	204
	Percentage lost between baseline and follow-up	44%	42%	43%

### 3.3 Participant characteristics

#### Characteristics of all young people in the two arms of the trial for whom baseline scores were provided

Table 11 provides the characteristics and baseline outcomes for the 475 YPs in the formal trial population for whom baseline SDQ scores were provided by FCs, split into those randomised to the primary intervention arm ( $n = 228$ ) or the control group ( $n = 247$ ). Information on YPs’ ethnicities came from the FC survey, while age and sex data were drawn from the 903 returns.

As anticipated, the characteristics and baseline outcome measures of the two groups were broadly similar, with no statistically significant differences between them. Levels of missing data conditional on a baseline survey being completed were very low. The YPs’ LAs and ethnicities were known in all cases, with two YPs (one per arm) missing data on age and two YPs (again one per arm) missing data on sex.

The sample size per LA varied considerably, from 34 to 95 YPs per LA, with the largest number of YPs coming from Lancashire (30 in the primary intervention arm and 65 in the control arm) and the fewest from Dudley (20 in the primary intervention arm and 14 in the control arm). Because the proportion of SWs allocated to the primary intervention arm varied across LAs according to course capacity, Bradford had the largest proportion of YPs in the primary intervention arm ( $n = 44$ , 19.3% of all YPs in the primary intervention arm), while Hackney had the fewest ( $n = 17$ , 7.5%). Conversely, Lancashire had the largest proportion of YPs in the control arm ( $n = 65$ , 26.3% of all YPs in the control arm), while Dudley had the fewest ( $n = 14$ , 5.7%).

Around half of the YPs in the formal trial were male (54.4% of the primary intervention arm and 50.2% of the control arm), and YPs were broadly distributed across the 10–17 age range. The majority of YPs were White (72.8% of those in the primary intervention arm and 74.5% of those in the control arm).

The mean (SD) baseline SDQ externalising scale (the primary outcome) was very similar in the primary intervention and control arms: primary intervention arm 8.75 (5.08) and control arm 8.68 (4.91), effect size = 0.01. Likewise, the mean (SD) baseline scores for the secondary outcomes of the SDQ internalising scale and the SDQ prosocial subscale were similar in the two trial arms, with effect sizes of –0.08 and 0.04,

respectively. For the SDQ externalising and internalising scales, a lower mean indicates a better outcome, while for the SDQ prosocial subscale, a higher mean indicates a better outcome.<sup>24</sup>

Histograms showing the distributions at baseline for the primary and secondary outcomes are included in Appendix E.

**Table 11: Baseline characteristics of young people in the primary analysis groups for whom the baseline Strengths and Difficulties Questionnaire scores were provided**

Participant-level (categorical)	Primary intervention group		Control group	
	n/N (missing)	Count (%) <sup>25</sup>	n/N (missing)	Count (%)
<b>LA</b>	<b>228/228 (0)</b>		<b>247/247 (0)</b>	
Bradford	44/228	44 (19.3%)	34/247	34 (13.8%)
Bristol	21/228	21 (9.2%)	24/247	21 (9.7%)
Dudley	20/228	20 (8.8%)	14/247	14 (5.7%)
Hackney	17/228	17 (7.5%)	23/247	23 (9.3%)
Lancashire	30/228	30 (13.2%)	65/247	65 (26.3%)
NCT	41/228	41 (18.0%)	33/247	33 (13.4%)
Somerset	27/228	27 (11.8%)	30/247	30 (12.1%)
Telford and Wrekin	28/228	28 (12.3%)	24/247	24 (9.7%)
<b>Sex</b>	<b>227/228 (1)</b>		<b>246/247 (1)</b>	
Male	124/228	124 (54.6%)	124/247	124 (50.4%)
Female	103/228	103 (45.4%)	122/247	122 (49.6%)
<b>Age at baseline</b>	<b>227/228 (1)</b>		<b>246/247 (1)</b>	
10	26/228	26 (11.5%)	21/247	21 (8.5%)
11	30/228	30 (13.2%)	34/247	34 (13.8%)
12	29/228	29 (12.8%)	33/247	33 (13.4%)
13	24/228	24 (10.6%)	35/247	35 (14.2%)
14	31/228	31 (13.7%)	35/247	35 (14.2%)
15	31/228	31 (13.7%)	31/247	31 (12.6%)
16	34/228	34 (15.0%)	28/247	28 (11.4%)
17	22/228	22 (9.7%)	29/247	29 (11.8%)
<b>Ethnicity</b>	<b>228/228 (0)</b>		<b>247/247 (0)</b>	
White	166/228	166 (72.8%)	184/247	184 (74.5%)
Black	13/228	13 (5.7%)	22/247	22 (8.9%)
Asian	14/228	14 (6.1%)	11/247	11 (4.5%)
Mixed	25/228	25 (11.0%)	18/247	18 (7.3%)

<sup>24</sup> See the description of outcome measures in the impact methods section for more detail on the measures.

<sup>25</sup> Percentages calculated excluding missing values

Other or prefer not to say <sup>26</sup>	10/228	10 (4.4%)	12/247	12 (4.9%)	
<b>Participant-level (continuous)</b>	<b>n/N (missing)</b>	<b>Mean (SD)</b>	<b>n/N (missing)</b>	<b>Mean (SD)</b>	<b>Effect size</b>
SDQ externalising scale	228/228 (0)	8.75 (5.08)	247/247 (0)	8.68 (4.91)	0.01
SDQ internalising scale	228/228 (0)	6.40 (4.35)	247/247 (0)	6.77 (4.39)	-0.08
SDQ prosocial subscale	228/228 (0)	6.53 (2.42)	247/247 (0)	6.43 (2.38)	0.04

Note: LA = local authority; NCT = Northampton Children’s Trust

### Characteristics of all young people included in the primary analysis

Table 12 provides data on the same characteristics and baseline outcomes presented in Table 11, but for the 271 YPs in the formal trial population for whom *both* baseline *and* follow-up SDQ scores were provided. Again, they are split into those randomised to the primary intervention arm ( $n = 128$ ) or control arm ( $n = 142$ ). These YPs form the eligible sample for the impact analysis.

Among YPs with baseline and follow-up SDQ scores, the two arms of the trial remained balanced. The characteristics and baseline outcome measures of the two groups remained broadly similar, again with no statistically significant differences between them. Again, levels of missing data conditional on a follow-up survey being completed were very low, with one YP (in the control arm) missing data on age and one (again in the control arm) missing data on sex.

Among YPs with baseline and follow-up SDQ scores, the proportion of YPs from each LA broadly mirrored that found among all YPs with baseline outcomes, suggesting a broadly similar response rate among FCs across the LAs. The largest number of YPs included in the primary analysis came from Bradford (29 in the primary intervention arm and 20 in the control arm) and NCT (25 in the primary intervention arm and 24 in the control arm). Bradford continued to have the largest proportion of YPs in the primary intervention arm ( $n = 29$ , 22.7% of all YPs in the primary intervention arm). Conversely, Lancashire continued to have the largest proportion of YPs in the control arm ( $n = 32$ , 22.4% of all YPs in the control arm). The number of YPs in Dudley and Hackney were low (below 10 in at least one arm in each LA), which led to a requirement to combine their numbers in Table 12.

Among YPs in the formal trial with both baseline and follow-up SDQ data (i.e. those included in the primary analysis), half were male (50.0% in both arms), and they were broadly distributed across the 10–17 age range. Again, the majority of YPs in this sample were White (76.6% of those in the primary intervention arm and 74.1% of those in the control arm).

Among these YPs, the mean (SD) baseline SDQ externalising scale (the primary outcome) was similar in the intervention and control arms: intervention arm 8.62 (5.01) and control arm 8.93 (5.06), effect size =  $-0.06$ .<sup>27</sup> Likewise, the mean (SD) baseline scores for the secondary outcomes of the SDQ internalising scale and the SDQ prosocial subscale were very similar for YPs in the two trial arms, with effect sizes of  $-0.05$  and  $0.01$ ,

<sup>26</sup> The categories were combined to ensure that cell sizes remained at 10 or more.

<sup>27</sup> The analysis to estimate the effect size for the SDQ externalizing scale was regression-based and included the baseline score as a covariate, so this difference is adjusted for.

respectively. As explained earlier, for the SDQ externalising and internalising scales, a lower mean indicates a better outcome, while for the SDQ prosocial subscale, a higher mean indicates a better outcome. Across all three scales, the primary intervention arm started from a slightly better position than the control arm.

**Table 12: Baseline characteristics of young people in the primary analysis groups for whom the baseline and follow-up Strengths and Difficulties Questionnaire scores were provided**

Participant-level (categorical)	Intervention group		Control group	
	n/N (missing)	Count (%) <sup>28</sup>	n/N (missing)	Count (%)
<b>LA</b>	<b>128/128 (0)</b>		<b>143/143 (0)</b>	
Bradford	29/128	29 (22.7%)	20/143	20 (14.0%)
Bristol	14/128	14 (10.9%)	14/143	14 (9.8%)
Dudley and Hackney <sup>29</sup>	15/128	15 (11.7%)	23/143	23 (16.1%)
Lancashire	14/128	14 (10.9%)	32/143	32 (22.4%)
NCT	24/128	24 (18.8%)	25/143	25 (17.5%)
Somerset	15/128	15 (11.7%)	16/143	16 (11.2%)
Telford	17/128	17 (13.3%)	13/143	13 (9.1%)
<b>Sex</b>	<b>128/128 (0)</b>		<b>142/143 (1)</b>	
Male	64/128	64 (50.0%)	71/143	124 (50.0%)
Female	64/128	64 (50.0%)	71/143	122 (50.0%)
<b>Age at baseline</b>	<b>128/128 (0)</b>		<b>142/143 (1)</b>	
10	15/128	15 (11.7%)	14/143	14 (9.9%)
11	17/128	17 (13.3%)	23/143	23 (16.2%)
12	17/128	17 (13.3%)	18/143	18 (12.7%)
13	15/128	15 (11.7%)	21/143	21 (14.8%)
14	19/128	19 (14.8%)	19/143	19 (13.4%)
15	20/128	20 (15.6%)	18/143	18 (12.7%)
16 or 17 <sup>30</sup>	25/128	25 (19.5%)	29/143	29 (20.4%)
<b>Ethnicity</b>	<b>128/128 (0)</b>		<b>143/143 (0)</b>	
White	98/128	98 (76.6%)	106/143	106 (74.1%)
Black or Asian <sup>31</sup>	11/128	11 (8.6%)	19/143	19 (13.3%)
Mixed, other or prefer not to say <sup>32</sup>	19/128	19 (14.8%)	18/143	18 (12.6%)

<sup>28</sup> Percentages calculated excluding missing values

<sup>29</sup> The categories were combined to ensure that cell sizes remained at 10 or more.

<sup>30</sup> The categories were combined to ensure that cell sizes remained at 10 or more.

<sup>31</sup> The categories were combined to ensure that cell sizes remained at 10 or more.

<sup>32</sup> The categories were combined to ensure that cell sizes remained at 10 or more.

Participant-level (continuous)	n/N (missing)	Mean (SD)	n/N (missing)	Mean (SD)	Effect size
SDQ externalising scale	128/128 (0)	8.62 (5.01)	143/143(0)	8.93 (5.06)	-0.06
SDQ internalising scale	128/128 (0)	6.68 (4.38)	143/143(0)	6.90 (4.62)	-0.05
SDQ prosocial subscale	128/128 (0)	6.47 (2.53)	143/143(0)	6.44 (2.44)	0.01

Note: NCT = Northampton Children’s Trust; SDQ = Strengths and Difficulties Questionnaire; SD = standard deviation

### 3.4 Outcomes and analysis

In this section, we present:

- The impact estimates for YPs, including:
  - Primary analysis of the impact of the intervention on the SDQ externalising scale for YPs
  - Secondary analysis of outcomes for YPs: SDQ internalising scale, SDQ prosocial subscale, unplanned moves and missing from care episodes
- The impact estimates for FCs, including:
  - Secondary analysis of the ProQOL compassion satisfaction scale, burnout scale, the secondary traumatic stress scale and the ARTIC underlying causes subscale
- The impact estimate for SWs, including:
  - Secondary analysis of the ARTIC scale
- Analysis in the presence of changes to SWs and non-compliance: analysis of YPs’ outcomes accounting for changes over the course of the trial in their SWs and accounting for non-compliance with the intervention amongst SWs who were allocated to the training
- Missing data analysis for YPs’ outcomes: assessing whether the overall findings are sensitive to assumptions about missing data
- Exploratory analysis: analysis using data from all four randomisation groups

**Across all the analyses, we found no quantitative evidence of impacts on YPs, FCs or SWs.** There are a range of possible explanations for this. Two key ones are discussed in this section of the report. Firstly, a very high percentage (65%) of YPs in the primary analysis had a change to either their SW or their FC’s SSW during the course of the trial. For most of these, the change was to an SW from outside of the trial, none of whom were offered the training. Secondly, the take-up of the training by SWs assigned to the intervention was only modest, at 40% for YPSWs and 46% for SSWs. Both these factors would tend to dilute any effect. A wider discussion of the potential reasons why the effect sizes were small is included in Section 5.

#### Impact estimates

Primary analysis: impacts on the externalising SDQ score for YPs

Table 13 shows the trial results for the headline ITT analysis of the primary outcome, the mean score of the SDQ externalising scale, which is a measure of YPs’ behavioural difficulties, combining their scores on the conduct and hyperactivity subscales. The measure is scored from 0 to 20, with a lower score representing a better outcome. The estimated effect size for this outcome is very small, at 0.019, with a 95% confidence interval of -0.126 to 0.164 and a p-value for a test of whether the effect size is zero being 0.800. The

conclusion we drew was that the training of SWs did not lead to impacts for YPs on this measure within one year.

**Table 13: Primary analysis of the Strengths and Difficulties Questionnaire externalising behaviour scale**

	Unadjusted means				Effect size		
	Primary intervention group		Control group		Total n (intervention, control)	Hedges' <i>g</i> (95% CI)	p-value
Outcome	<i>n</i> (missing)	Mean (95% CI)	<i>n</i> (missing)	Mean (95% CI)			
SDQ externalising scale	128 (100)	8.31 (7.25, 9.37)	143 (104)	8.62 (7.69, 9.55)	271 (128,143)	0.019 (-0.126, 0.164)	0.800

Note: SDQ = Strengths and Difficulties Questionnaire; CI = confidence interval

### Secondary analysis of young peoples' outcomes

Table 14 shows the trial's results for four secondary outcomes for YPs. These are:

- The mean score of the SDQ internalising scale, which combines YPs' scores on the emotional problems and peer problems subscales. It is scored from 0 to 20, where a lower score denotes a better outcome.
- The mean score of the SDQ prosocial subscale, scored from 0 to 10, where a higher score denotes a better outcome.
- Whether there were any unplanned moves in the year, a measure of placement stability, which was recorded in the SSSA903.
- Whether there were any missing episodes recorded in the SSSA903 data in the year, which we used as a proxy for youth involvement in violence and exploitation of youth (including victimisation).

For the first three of these outcomes, the effect sizes were not significantly different from zero. For the final outcome, there was some evidence of an effect, with the percentage of YPs in the intervention group having at least one reported missing episode between April 2024 and March 2025 being higher than the percentage in the control group. However, once the p-values were corrected for multiple comparisons (using Hochberg's step-up procedure), this finding was no longer significant.<sup>33</sup>

<sup>33</sup> The p-value would need to be below 0.0125 for the null hypothesis to be rejected.

**Table 14: Secondary analysis of young peoples' outcomes**

Outcome	Unadjusted means/percentages				Effect size		
	Primary intervention group		Control group		Total <i>n</i> (intervention, control)	Hedges' <i>g</i> (95% CI)	p-value
<i>n</i> (missing)	Mean (95% CI)	<i>n</i> (missing)	Mean (95% CI)				
SDQ internalising scale	128 (100)	6.27 (5.50, 7.05)	143 (104)	6.59 (5.82, 7.36)	271 (128,143)	-0.002 (-0.171, 0.166)	0.980
SDQ prosocial subscale†	129 (99)	6.73 (6.23, 7.23)	143 (104)	6.69 (6.27, 7.12)	272 (129, 143)	0.008 (-0.157, 0.173)	0.925
Any unplanned moves (903 data) †	464 (0)	10.1% (7.8%, 13.1%)	510 (0)	8.6% (6.4%, 11.6)	974 (464,510)	0.067 (-0.055, 0.240)	0.323
Any missing from care episodes (903 data) †	464 (0)	8.4% (6.1%, 11.5%)	510 (0)	4.1% (2.7%, 6.2%)	974 (464, 510)	0.155 (0.016, 0.383)	0.023*

† The multi-level model did not converge, so the effect size was estimated from a single-level model

Note: SDQ = Strengths and Difficulties Questionnaire

### Secondary analysis of foster carer outcomes

Table 15 shows the estimated effect sizes for FC secondary outcomes. Overall, we have baseline and follow-up data for 106 FCs from the primary intervention group and 111 FCs from the control group.

The secondary outcome measures for FCs are:

- The mean score of the z-scores from the three 10-item ProQOL subscales, which measure the positive and negative aspects of helping professions, including:
  - Compassion satisfaction (the pleasure derived from being able to do work well), where a higher score denotes a better outcome
  - Burnout, where a lower score denotes a better outcome
  - Secondary traumatic stress (secondary exposure to trauma), where a lower score denotes a better outcome
- The mean score of the seven-item understanding the underlying causes of problem behaviour and symptoms subscale of the ARTIC scale, scoring from 1 to 7, where a higher score denotes a better outcome.

Across all four secondary outcomes for FCs, the estimated effect sizes were not significantly different from zero.

**Table 15: Secondary analysis of foster carer outcomes**

Outcome	Unadjusted means				Effect size		
	Primary intervention group		Control group		Total n (intervention, control)	Hedges' g (95% CI)	p-value
<i>n</i> (missing)	Mean (95% CI)	<i>n</i> (missing)	Mean (95% CI)				
ProQOL compassion satisfaction subscale	106 (61)	49.42 (47.32, 51.52)	111 (60)	50.81 (49.12, 52.50)	217 (106, 111)	-0.064 (-0.247, 0.119)	0.496
ProQOL burnout subscale	101 (66)	52.28 (50.08, 54.48)	105 (66)	50.48 (48.50, 52.46)	206 (101, 105)	0.015 (-0.185, 0.215)	0.882
ProQOL secondary traumatic stress subscale†	105 (62)	51.69 (49.68, 53.69)	108 (63)	51.10 (48.87, 53.32)	213 (105, 108)	0.040 (-0.155, 0.236)	0.687
ARTIC underlying causes subscale†	92 (75)	5.05 (4.81, 5.29)	102 (69)	4.74 (4.55, 4.93)	194 (92, 102)	0.260 (-0.001, 0.521)	0.052

† The multi-level model did not converge, so the effect size is estimated from a single-level model.

Note: ProQOL = Professional Quality of Life Scale; CI = confidence interval

### Secondary analysis of the Attitudes Related to Trauma-Informed Care scale for social workers

SWs in the trial were asked to complete questionnaires at baseline and follow-up, with the 45-item ARTIC questions being part of those questionnaires. The response rate for SWs was, unfortunately, low, and we only achieved baseline<sup>34</sup> and follow-up ARTIC scores for 86 SWs, from a total of 660 who were randomised (Table 16).

The ARTIC scale measures SWs' attitudes to TIP, calculated across all 45 items, with a scale of 1 to 7, where a higher score denotes a better outcome.

The effect size for the ARTIC score was not significantly different from zero.

**Table 16: Secondary analysis of the Attitudes Related to Trauma-Informed Care (ARTIC) scale for social workers**

Outcome	Unadjusted means				Effect size		
	Intervention group		Control group		Total n (intervention, control)	Hedges' g (95% CI)	p-value
<i>n</i> (missing)	Mean (95% CI)	<i>n</i> (missing)	Mean (95% CI)				
ARTIC scale†	44 (145)	5.74 (5.52, 5.97)	42 (173)	6.03 (5.83, 6.22)	86 (44, 42)	-0.375 (-0.795, 0.045)	0.083

† The multi-level model did not converge, so the effect size was estimated from a single-level model.

Note: CI = confidence interval

<sup>34</sup> Being randomised to the trial was not conditional on SWs completing a baseline questionnaire.

## Analysis accounting for changes in social workers during the trial and non-compliance

One of the greatest obstacles to estimating effect sizes for YPs in this trial was that the SW turnover that YPs and their FCs experienced was very considerable, and only a minority of YPs in the primary intervention arm spent the whole of the follow-up period assigned to SWs who were offered the training. Overall, for the 271 YPs in the primary analysis, 65% of them experienced a change in either their YPSW or in their FC's SSW, between randomisation and follow-up. For the vast majority of these (89% of those with a change), at least one of the new SWs was from outside of the trial, so not in scope for the training or the control group.

The implication is that, even if the training were to lead to improved outcomes for YPs given enough time, for most YPs in the intervention arm, the time they spent with a trained SW would be shorter than intended, and in many instances, could have been very short indeed. This would inevitably lead to dilution of any positive effect.

A second diluting factor relates to the fact that not all SWs who were assigned to the intervention arm fully took up the training. The measure of compliance adopted for the trial for individual SWs was attendance at four out of seven training sessions, plus at least one out of three RP sessions. For YPs, we defined compliance as at least one of the two SWs being compliant.

For YPSWs who were assigned to the primary intervention arm, the compliance rate was 40%; for SSWs, it was 46%.<sup>35</sup> Overall, given that we defined compliance at the level of a YP as one or both of the two SWs being compliant, the compliance rate for those YPs in the intervention arm was much higher, at 81%. However, the percentage of YPs in the intervention arm for whom *both* their SWs were compliant was much lower, at 40%.<sup>36</sup> Given that the intention of the trial was to establish the effects of both SWs being trained together, this percentage is lower than was hoped for.

To establish whether the changes to SWs and the imperfect rates of compliance may have masked a larger effect size for the primary outcome (SDQ externalising scale), the analysis was re-run with the data reduced to those YPs without any change in SW, followed by a simple CACE<sup>37</sup> analysis on this reduced data set.

Table 17 shows the estimated effect sizes from this analysis. The first column shows the main ITT effect size (from Table 13), the middle column shows the effect size after reducing the data set to those YPs with no change to their SWs and the final columns show the results of a simple CACE analysis to estimate the effect size for compliers. The sample sizes were small for the analysis based on the reduced data set, at fewer than 50 per arm.

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<sup>35</sup> The percentage of SWs attending at least one training session was 59% per SW group. The other 41% declined to take part at all.

<sup>36</sup> This was higher than might be expected given the compliance rates for individual SWs, but although the attendance across all SWs allocated to training was 42%, the attendance for the SWs of the YPs we have in the analysis was higher, at around 60%. This was because the more eligible YPs they had in their care, the higher the compliance rate. (For SWs with at least six YPs in the randomisation file, the compliance rate was 64%, compared to just 34% for those with smaller numbers of YPs.)

<sup>37</sup> This was estimated using two-stage least squares regression. The first stage modelled via a logistic regression model the probability of being compliant. Given the small sample sizes, no predictors other than group were used. The second stage models used predicted compliance in place of the group identifier variable in the ITT regression model to generate the CACE estimate.

This analysis generated slightly larger effect sizes than the main ITT analysis, bearing in mind that a negative value for the effect size represents better scores for the intervention arm. However, the effect sizes were still small (at  $-0.065$  for the CACE analysis) and did not reach statistical significance. That is, even amongst compliers, and after having reduced the data to a set of YPs for whom there was little or no risk of between-arm contamination, the effect sizes were estimated to be small and far below the level of the MDES for the trial as a whole.

**Table 17: Estimated effect sizes from an analysis excluding young people who changed social workers**

Outcome	Main ITT analysis: Hedges' <i>g</i> (95% CI)	Analysis reduced to YPs with no change in SWs	CACE analysis estimate of the effects on compliers
SDQ externalising scale effect size	0.019 (-0.126, 0.164)	-0.057 (-0.263, 0.148)	-0.065 (-0.299, 0.169)
p-value	0.800	0.588	0.934
<i>N</i> (intervention, control)	(128, 143)	(49,46)	(49, 46)

Note: SDQ = Strengths and Difficulties Questionnaire; ITT = intention-to-treat; YPs = young people; SW = social worker; CACE = Complier Average Casual Effect

### Missing data analysis

The method of data collection for the trial, with most data being collected using voluntary online surveys of FCs, led inevitably to high rates of attrition, firstly between randomisation and baseline and then between baseline and follow-up. As discussed in the sections on attrition, we took the baseline as the starting point for the trial. The section on participant characteristics demonstrated that there was no evidence of bias between the two arms of the trial at that stage. In this section, we focus on attrition between the baseline and follow-up data and present revised versions of the primary and secondary outcomes for YPs and FCs after controlling for observed characteristics that were either predictive of attrition between baseline and follow-up or that were unbalanced between the two arms of the trial at follow-up.

The variables used in this analysis were the baseline outcomes and FCs' characteristics that were collected either during the baseline survey of FCs or were available via the SSSA903 data.

For YPs, these include:

- Baseline SDQ externalising, internalising and prosocial scores
- Baseline FC ProQOL and ARTIC underlying causes scores
- Unplanned moves or episodes of missing in the year prior to randomisation
- Age, sex and ethnic group
- FC characteristics: whether the FC was a kinship carer at baseline, the length of time they were an FC, whether there was another household member who was a registered FC, the number of YPs aged 10 to 17 they were fostering, their gender, their age, their ethnic group and their level of qualifications

For FCs, these included:

- Baseline ProQOL and ARTIC underlying causes scores
- FC characteristics: whether the FC was a kinship carer at baseline, the length of time they were an FC, whether there was another household member who was a registered FC, the number of YPs aged 10 to 17 they were fostering, their gender, their age, their ethnic group and their level of qualifications

Logistic regression models were fitted to establish which, if any, of these variables was related to whether follow-up data were collected or, for those in the follow-up, whether any variables were different between the randomisation arms. Given the large number of potential predictors, these models were fitted forward stepwise, with an inclusion probability of 0.05 and an exclusion probability of 0.1.

Given that the decision as to whether to complete the follow-up data was made by the FC, we anticipated that the predictors of follow-up would most likely be FC characteristics. This proved to be the case: FC age and qualifications were found to be predictive of follow-up, and the number of YPs cared for and the number of years having been an FC were found to be unbalanced at follow-up for the two arms of the trial. Table 18 shows the follow-up percentages for these variables. They show, in particular, that the follow-up rate tended to be higher for older FCs and those with higher qualifications.

**Table 18: Follow-up rates for young people, by foster carer (FC) characteristics**

	Intervention group		Control group	
	n/N	% with follow-up	n/N	% with follow-up
<b>Number of years being an FC</b>				
Five or less	38/83	45%	63/109	58%
Six to 10	40/72	55%	42/66	64%
11 or more	52/74	70%	41/73	56%
<b>Number of YPs aged 10–17 they were fostering</b>				
1	53/105	50%	64/110	58%
2	46/75	61%	61/95	64%
3 or more	31/49	63%	21/43	49%
<b>FC age</b>				
Up to 44	20/41	49%	13/27	48%
45–54	29/59	49%	39/67	58%
55 or more	68/103	66%	89/134	66%
Missing	13/26	50%	8/20	40%
<b>FC qualifications</b>				
Degree or higher	25/40	63%	46/64	72%
A-levels or equivalent	24/40	60%	25/34	74%
GCSEs or a post-secondary school certificate or equivalent	50/84	60%	42/83	51%
No qualifications/other	11/20	55%	11/22	50%
Missing	20/45	44%	22/45	49%

Note: YPs = young people

Given these findings, the effect sizes for the primary and secondary outcomes that used data from the FC surveys were re-run, this time including these variables in the regression models. The re-estimated effect sizes and their p-values are shown in Table 19 alongside the original effect sizes. As can be seen, the effect sizes changed slightly once the factors predictive of non-response or randomisation group status were added to the models, but the conclusions did not change, with all the p-values remaining above 0.05.

**Table 19: Effect size for young people’s (YPs’) and foster carers’ (FCs’) outcomes before and after controlling for factors relating to non-response between baseline and follow-up**

Outcome	Hedges’ <i>g</i> (95% CI): main ITT analysis	Hedges’ <i>g</i> (95% CI): analysis adjusting for FC age, number of children being cared for, qualifications and baseline burnout score (FC outcomes only)
<b>YPs’ outcomes:</b>		
SDQ externalising scale	0.019 (–0.126, 0.164) p-value = 0.800	0.071 (–0.086, 0.227) p-value = 0.375
SDQ internalising scale	–0.002 (–0.171, 0.166) p-value = 0.980	–0.004 (–0.182, 0.173) p-value = 0.962
SDQ prosocial subscale	0.008 (–0.157, 0.173) p-value = 0.924	–0.065 (–0.243, 0.113) p-value = 0.474
<b>FCs’ outcomes:</b>		
ProQOL compassion satisfaction subscale	–0.064 (–0.247, 0.119) p-value = 0.496	–0.046 (–0.250, 0.157) p-value = 0.655
ProQOL burnout subscale	0.015 (–0.185, 0.215) p-value = 0.882	–0.016 (–0.232, 0.199) p-value = 0.883
ProQOL secondary traumatic stress subscale	0.040 (–0.155, 0.236) p-value = 0.687	0.061 (–0.148, 0.270) p-value = 0.566
ARTIC underlying causes subscale	0.260 (–0.001, 0.521) p-value = 0.052	0.259 (–0.036, 0.553) p-value = 0.087

Note: ARTIC = Attitudes Related to Trauma-Informed Care; ProQOL = Professional Quality of Life Scale; SDQ = Strengths and Difficulties Questionnaire; ITT = intention-to-treat; CI = confidence interval

A final test of whether missing data led to bias in the effect sizes exploited the fact that we had data on SDQ total difficulties scores for a fairly high percentage of the YPs in the trial from the SSDA903 returns, at both randomisation and follow-up. There were a number of issues with these data, one being that the timing of the SDQ data did not correspond well with the trial start and end dates, so they did not give a reliable estimate of impact. Nevertheless, we linked pre- and post-data on this outcome for 299 of the 477 YPs in the baseline from the two primary analysis groups, and having these data allowed for a test of whether there was significant interaction between randomisation group status and follow-up status on this outcome. None were found, the p-value for the interaction term being 0.141. Furthermore, although not described in the SAP, it is possible to generate a crude estimate of the effect size for the SDQ total difficulties score based on all the SSDA903 data for YPs for whom we had linked pre–post data (not just those YPs for whom we had a baseline survey). This gave an effect size of –0.035, with a p-value of 0.61. The effect size for the SDQ total difficulties score based on the FC survey data is 0.015, with a p-value of 0.845.

Our conclusion from these analyses of missing data was that although the exact values of the estimated effect sizes were somewhat sensitive to assumptions about missing data, the overall finding of no significant effects across the primary and secondary outcomes was consistent and robust.

### **Exploratory analysis using data from all four randomisation groups**

In the SAP for the trial, we described an exploratory analysis for the primary and secondary outcomes that included randomisation for Arms 3 and 4 in the regression model, those being the groups of YPs in which one SW (YPSW or SSW) was randomised to training but the other to control. The intended aim of this analysis was to establish the added value of the intervention being delivered to both SWs rather than being delivered to just one.

However, in light of the fact that we did not identify a positive effect of having two trained SWs relative to none, testing for the added value of training both SWs rather than one no longer made sense. Instead, we combined the three intervention arms of the trial into one and compared outcomes for this combined group with the outcomes in the control group. This tested the hypothesis that having *at least* one SW who was offered training led to improved outcomes for YPs and FCs. The analysis was run using the same model specifications as the primary ITT analysis. It had the advantage over the primary analysis of maximising the sample size.

Given that Arms 3 and 4 of the trial were not balanced with the primary analysis arms (see randomisation section), this analysis needs to be treated as potentially informative but with a risk of some bias.

Table 20 shows the estimated effect sizes for this analysis for the YPs' and FCs' outcomes. As with all the other effect sizes presented in this report, the effect sizes did not reach significance. The exception was the outcome measuring the percentage of YPs having at least one reported missing episode between April 2024 and March 2025, for which the p-value is 0.044. However, once the p-values were corrected for multiple comparisons (using Hochberg's step-up procedure), this finding was no longer significant.<sup>38</sup>

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<sup>38</sup> The p-value would need to be below 0.0125 for the null hypothesis to be rejected.

**Table 20: Effect sizes for the combined randomisation arms analysis: young people (YPs) and foster carer (FC) outcomes**

Outcome	Unadjusted means/percentages				Effect size		
	All intervention groups (either SW offered training)		Control group		Total <i>n</i> (intervention, control)	Hedges' <i>g</i> (95% CI)	p-value
<i>n</i> (missing)	Mean (95% CI)	<i>n</i> (missing)	Mean (95% CI)				
<b>YPs' outcomes:</b>							
SDQ externalising scale	280 (205)	7.82 (7.16, 8.48)	143 (104)	8.62 (7.69, 9.55)	423 (280, 143)	-0.108 (-0.238, 0.022)	0.105
SDQ internalising scale	280 (205)	6.22 (5.67, 6.77)	143 (104)	6.59 (5.72, 7.36)	423 (280, 143)	-0.023 (-0.165, 0.111)	0.698
SDQ prosocial subscale†	281 (204)	6.75 (6.45, 7.06)	143 (104)	6.69 (6.27, 7.12)	424 (281, 143)	0.002 (-0.140, 0.144)	0.976
Any unplanned moves (903 data)	965 (0)	10.5% (8.6%, 12.7%)	530 (0)	8.6% (6.4%, 11.6%)	1,475 (965, 530)	0.086 (-0.025, 0.235)	0.144
Any missing from care episodes (903 data)	965 (0)	7.5% (5.9%, 9.4%)	530 (0)	4.1% (2.7%, 6.2%)	1,475 (965, 530)	0.115 (0.002, 0.292)	0.044*
<b>FCs' outcomes:</b>							
ProQOL compassion satisfaction subscale	258 (206)	49.75 (48.51, 50.99)	111 (95)	50.81 (49.12, 52.50)	369 (258, 111)	-0.063 (-0.223, 0.097)	0.440
ProQOL burnout subscale	248 (216)	50.27 (49.02, 51.51)	105 (101)	50.48 (48.50, 52.46)	353 (248, 105)	-0.121 (-0.286, 0.044)	0.152
ProQOL secondary traumatic stress subscale	257 (207)	49.77 (48.62, 50.91)	108 (98)	51.10 (48.87, 53.32)	365 (257, 108)	-0.105 (-0.273, 0.063)	0.221
ARTIC underlying causes subscale †	220 (244)	4.89 (4.73, 5.04)	102 (104)	4.74 (4.55, 4.93)	322 (220, 102)	0.154 (-0.057, 0.365)	0.384

† The multi-level model did not converge, so the effect size was estimated from a single-level model.

Note: ARTIC = Attitudes Related to Trauma-Informed Care; ProQOL = Professional Quality of Life Scale; SDQ = Strengths and Difficulties Questionnaire; CI = confidence interval

## 4. Implementation and process evaluation results

### 4.1 Outcomes and analysis

#### 4.1.1 What are the perceived impacts of the Fostering Connections programme on Young Peoples Social Workers and Supervising Social Workers, foster carers and young people? (RQ11)

Despite the quantitative findings, overall, the findings from the IPE suggest that the Fostering Connections programme had an influence on practice and relationships across layers within the fostering system. The strongest evidence came from SWs themselves, who described integrating trauma-informed principles into everyday practice, improving collaboration and empathy in their relationships with colleagues and carers and experiencing personal and professional benefits for their wellbeing. However, the few FCs and senior managers who confirmed these perceptions sometimes framed the changes as extensions of longstanding good practice rather than entirely recent changes.

#### Embodying trauma-informed practice in the social worker role

The training broadly helped to improve and refresh SWs' knowledge of trauma-informed approaches and to embed this understanding into their everyday practice. Participants described feeling more aware and reflective about the behaviours of YPs and FCs, recognising how different behaviours might be manifestations of trauma. The training also encouraged them to consider their own responses and how these relate to their previous experiences, supporting more thoughtful and measured practice.

*"[The training] was actively changing my practice through each task that we did." (YPSW)*

Building on this foundation, the training had a meaningful impact in SWs' practice, providing them with a set of skills and frameworks that reshaped the way they approached their day-to-day work. Many SWs described a shift towards a more therapeutic, reflective and analytic style in both their supervision of FCs and their direct work with YPs. A key aspect of this shift was gaining a deeper awareness that children's behaviours should be understood as expressions of trauma rather than simply misbehaviour, aligning closely with principles of TIP.

*"I obviously have supervisions with my foster carers. I think I'm able to be a little bit more therapeutic or more analytical (...) I would say I'm definitely better at analysing what they're saying and being able to point out where they're doing things really well. Not that I couldn't before that, but I'm just able to do it now a bit more confidently." (SSW)*

The specific skills SWs highlighted were often relational and emotional in nature. They were evident in intrapersonal processes, such as increased confidence in perspective-taking, situations viewed through the lens of YPs' experiences and improved self-awareness and regulation, pausing to reflect on their own reactions and how these relate to their previous experiences. They also emerged in interpersonal interactions, including showing deeper compassion by responding to challenging behaviours in calmer, more measured ways and demonstrating greater acceptance by listening more attentively to YPs and validating their wishes.

*"It's allowing that child to talk and respond in a way they feel comfortable, rather than try and make them conform and sit down and talk to me." (YPSW)*

These relational qualities were echoed by YPs from the CiCC sessions when consulted about what defines a positive relationship with SWs. They particularly valued feeling heard and understood, praising those SWs who took the time to learn about their histories and triggers, made an effort to understand what they are trying to communicate and accepted their preferences and wishes as meaningful considerations. FCs' perspectives also supported this finding. In a few cases, carers perceived noticeable shifts in their SSWs' relational approach, particularly through more active listening and encouragement around self-care.

*"[The relationship with SSW] it's probably a lot more relaxed now than in [the] previous six months to that. A lot of the supervision before has been question-led. So, you get asked a question, and then you'd answer it, and then that'd be it, whereas now there's more of an approach of actually listening to us and talking with us and being relaxed with us."* (FC)

However, these were not always linked directly to recent changes following the training. Most carers described longstanding positive and supportive relationships with their SSWs, identifying this as a valued attribute that underpinned their work.

Alongside these relational skills, the training refreshed and deepened SWs' practical knowledge of TIP. They described applying this knowledge to routine but essential tasks, such as recording cases and assessments, embedding new ways of thinking into their work and analysis and strengthening their ability to advocate for YPs in forums with other professionals, including school staff and case panels. A few senior managers also observed this impact, noting that staff were drawing on concepts from the training to interpret family dynamics, question assumptions and seek additional frameworks to support their understanding of parenting and context.

In addition to the mechanisms outlined in the hypothesised causal pathway from the programme's TOC, SWs emphasised that specific aspects of the Fostering Connections training itself – such as active learning experiences, spaced repetition and content rooted in their immediate professional context – were critical enablers of change. These elements were perceived as supporting the integration of trauma-informed principles into day-to-day practice, enhancing confidence, reflective capacity and relational skills. Explicitly incorporating these core training elements into the TOC could help clarify how the training approach contributes to shifts in SWs' practice, alongside the broader mechanisms aimed at improving outcomes for YPs.

## **Improved relationships working across groups**

### *SWs' and colleagues' relationships*

There was some evidence that the training fostered more positive relationships with colleagues, rooted in the experience of YPSWs and SSWs navigating a professional and personal development journey together. SWs described developing a greater awareness and appreciation of each other's perspectives and challenges, which in turn encouraged kinder, more supportive interactions and improved team dynamics. For a few, the training also created opportunities to connect with peers on a deeper level, which translated into improved team cohesion and more constructive approaches to managing disagreements. The training encouraged reflective discussions when conflicts arose, ensuring that differences were addressed collaboratively rather than escalating tensions.

*“You got to know people [from] the office. The fostering, they sit on that side, and the child in care, they sit on the other side. So, before, people just walk in; you don’t even acknowledge them, but now that you know this person – we were in the training together – you know her by name. You can reach out to them and say, ‘Hello, can we go for lunch?’ (...) You can interact with them, talk to them. (...) Maybe you don’t even have a case together, but you know them from the training, so you can have that one-to-one chat with them because you feel free around them.” (YPSW)*

*“It’s really important to work alongside supervising social workers, and it’s really important that everyone has that same understanding in terms of the trauma-informed approach.” (YPSW)*

Evidence on greater collaboration between YPSWs and SSWs was scarce, with only a small number of carers describing less separation between roles and a stronger sense of teamwork around the child.

*“In the past, the girls’ social worker presented that she was here just for the girls so didn’t really include us with anything. The same with our social worker. They didn’t really involve the girls’ social worker with anything that we were discussing. Now, it’s like a three-way thing now. (...) They [YPSW and SSW] talk. It does make a change when I say something to one that the other one knows about it too, rather than me having to say the same things again. (...) That probably has been in about the last six months, that’s changed.” (FC)*

#### *SSWs’ and FCs’ relationships*

While many FCs felt the relationship with their SSW was stable and did not change substantially in recent months, a small number noted recent improvements. These included SSWs framing children’s challenging behaviours more explicitly through a trauma lens, adopting a more relaxed and listening style in supervision and providing more guidance and support around therapeutic parenting and carers’ self-care. A few carers highlighted examples of SWs going the extra mile in particularly challenging circumstances.

*“I’m having face-to-face training every time [SSW] comes, every eight weeks, on different practices. For example, therapeutic parenting, how I should do that or why, giving me examples from other foster carers, what she’s seen over the years and what could work. She’s giving me more guidance and giving me more support on strategies that I could use, and there’s more support on my self-care.” (FC)*

#### *YPSWs’ and YPs’ relationships*

There was some evidence of improved relationships between SWs and YPs reported by FCs, though most carers described these as positive over the longer term rather than as recent changes. A few FCs, however, reported noticeable shifts in the previous months. They described YPs becoming more relaxed in their interactions with SWs, enjoying visits and feeling listened to in ways that gave them greater voice and agency. In these cases, YPSWs’ approaches were described as moving away from a tick-box style towards genuine engagement.

*“[YPSW] wasn’t ticking boxes; she was actually engaging with the child (...) getting to know [child], (...) seeing [child] in the environment. Actually, getting to know me, how me and the child were working together.” (FC)*

### *FCs' and YPs' relationships*

There was limited evidence of improvements in FCs' relationships with YPs being directly linked to changes in SW practice. Most FCs described these relationships as positive but longstanding, developed over time through trust building. However, in a small number of cases, carers felt that increased support from SSWs – particularly around self-care and understanding trauma – enabled them to respond more calmly and effectively to YPs, which in turn strengthened their relationships.

*“I’m taking time out for myself so I can be there for them. I’m ready for them when they come back from school or wake up in the morning, and I’m able to look past their behaviours (...) and understand what the underlying triggers could be (...) They’re talking to me more, telling me their emotions more, discussing their feelings with me (...) I’m giving them more options, and they’re able to communicate with me more.” (FC)*

### **Social workers' improved wellbeing**

#### *SWs' personal wellbeing*

The training had a meaningful impact on SWs' personal wellbeing, helping them achieve a better work–life balance, strengthen self-care practices and recognise their own triggers. A few SWs also described improvements in their relationships with children, partners and other family members as a result of applying what they learned.

*“I couldn’t do that work–life balance prior to that training. But that training has really helped me.” (YPSW)*

These perceptions correlate with delivery partners' observations; they noted that participants often linked the training to benefits beyond the workplace.

*“I think I’ve had lots of people saying how they’ve found the training really useful in their personal relationships, so people are saying, ‘Oh, it’s helped me with conflict with my children,’ or my partner or other family member.” (Programme delivery team member)*

#### *SWs' professional wellbeing*

There was some evidence of positive effects on SWs' professional wellbeing, including improved relationships with colleagues and a greater sense of job satisfaction. This is consistent with the renewed enthusiasm among some participants observed by delivery partners, who believed the training helped them reconnect to their original motivations for entering social work.

*“[The training] reminded them of why they were there, what they wanted to do. It renewed their enthusiasm, their hope. That was really powerful.” (Programme delivery team member)*

At the same time, a small number of participants acknowledged the structural challenges of working in social care, suggesting that training alone could not fully buffer workplace pressures. For a few, the training also created links between personal and professional wellbeing, with greater awareness of how neglecting self-care could hinder their ability to support the families they work with. This recognition led to stronger boundaries and a more intentional approach to maintaining their own mental health.

Overall, Fostering Connections appears to have deepened reflective, compassionate and connected ways of working while also providing some support for staff resilience. The training has helped SWs consolidate, and in some cases enhance, the consistency and intentionality with which they integrate trauma-informed principles into daily practice. This was evident in how they interpret and respond to YPs' behaviours, in the quality of their relationships with families and colleagues and in the way they approach professional tasks, such as case recording and assessment. It also appeared to support more collaborative relationships across teams and with carers. In addition, there was some evidence of improved wellbeing, both personal and professional, including better self-care practices, enhanced family relationships and renewed motivation at work. However, the extent to which these changes were perceived as new learnings by other actors, such as senior managers or FCs, was less consistent, with some describing these qualities as longstanding aspects of SWs' good practice.

#### **4.1.2 Are there any unintended consequences or other negative effects of the Fostering Connections programme? (RQ12)**

In this section, *unintended consequences* refer to unexpected outcomes, which may be positive or negative, whereas *negative effects* refer to adverse outcomes experienced by participants. In this evaluation, the evidence pointed only to negative effects, rather than neutral or positive unintended consequences. While the majority of interviews across stakeholder groups framed Fostering Connections positively, valuing the opportunity to reflect, connect and develop skills, a small number of interviewees (including SWs, SMs and programme team members) reported negative effects of the programme. These centred on three themes: increased burden, feelings of disempowerment and lack of agency, and emotional distress.

##### **Increased burden**

Increased burden, particularly relating to time pressure and cognitive load, emerged as the most commonly reported negative effect of the Fostering Connections programme. The majority of SWs interviewed explained that their already large caseloads made it very challenging to take seven full days away from practice for face-to-face training. This not only disrupted their ability to complete essential tasks but also intensified pre-existing workload pressures. Although some SWs welcomed the training as a temporary break from daily demands, many felt it was ultimately unrealistic to balance such an intensive programme alongside their existing responsibilities.

*"It's really tricky in terms of the time that it takes. It does take a significant chunk of time out of your working week, and it has been quite difficult at times to manage my workload if I've had lots of training sessions." (TIC)*

One SW explained that they had to catch up on unfinished tasks in the evenings to make up for the time that they lost during training.

Moreover, some participants described the increased cognitive load of needing to think about both the training content and unfinished casework simultaneously. Several SWs reported receiving emails and requests while in sessions, with implicit expectations that they would respond during breaks or after hours. This over-hanging pressure about work in the background was thought to reduce participants' capacity to fully engage with the in-person training sessions and undermined the intended benefits of reflective learning.

*“There are so many things to respond to; there are cases; there are case files you need to enter on the system, visits – so it’s relentless. I think it’s just that time that you will never get back.” (TIC)*

### **Disempowerment and lack of agency**

Feelings of disempowerment and lack of agency were also mentioned by some of the stakeholder groups. While the Fostering Connections training was widely praised for creating space for reflection and generating enthusiasm for social work, a number of SWs described how the programme also heightened their awareness of the systemic barriers they face in practice (such as chronic lack of funding, workforce shortages and an increasing demand for complex support). For these participants, the training shone a light on the gap between best practice and what was realistically achievable within their LA. Lacking the influence to address these barriers and implement meaningful organisational change, some SWs reported feelings of frustration and, in some cases, a sense of futility after attending the training. One SW described the tension between attending training that inspired new ways of working and having a lack of agency in applying the learning due to entrenched systemic shortcomings at their LA.

For some, the training prompted deeper reflection about the systemic challenges of social work and their own professional futures. In a focus group discussion, a member from the delivery team spoke about a participant in one cohort who decided to leave the profession, explicitly linking this decision to insights gained through the course.

*“I had someone in one of the sessions who has now stopped being a social worker. I think she put in her notice just before one of the sessions, and she said that it was partially the course that helped her to come to this realisation.” (Programme delivery team member)*

### **Emotional distress**

Emotional distress was also identified by a small number of interview participants as a negative consequence of the Fostering Connections programme. One SM described how an SW experienced emotional distress when attending the training, as they did not prepare for the experiential nature of the training, particularly the expectation to share past experiences in a professional setting. Several managers agreed that it would be beneficial to provide participants with upfront health or trigger information, enabling them to prepare themselves emotionally and to make an informed choice about participation. In addition, some SWs that we spoke to described experiencing emotional distress when elements of the training required deep reflection and led to the resurfacing of past negative experiences. One SW reflected that they left an in-person session in a negative emotional state and felt that without the follow-up pastoral support call they received, they might have experienced a more adverse and prolonged emotional reaction to the content.

*“It was really good just to say it and talk to someone about all the deep-rooted trauma I had gone through myself that those sessions erupted.” (TIC)*

A more serious case of distress was reported by the delivery team, which described a participant with lived experience of the care system becoming retraumatised during the sixth in-person session. This incident had a substantial impact on the participant: they required time off work and support from their doctor, their line manager and the facilitator team, and they ultimately decided not to attend the seventh session.

*“It made us, as a team, really have a discussion around that [potential retraumatisation], even with the delivery manager, and, actually, [it] was a wider discussion about what support can we play as a role in situations like that.” (Programme delivery team member)*

#### **4.1.3 What factors contribute to observed outcomes? (RQ 13)**

Our findings suggest there is strong evidence that the training promoted greater RP, uptake of practical tools and improved interpersonal skills. There was some evidence that SWs used these changes to better support FCs in relationship building with YPs. Evidence of systemic collaboration across roles was more limited, but there were signs of stronger relationships within teams and between SWs, FCs and YPs. There was also some evidence that the training contributed to greater job satisfaction and awareness of secondary traumatic stress, with a small number of SWs linking this to stronger professional identity, clearer boundaries and the importance of self-care.

##### **Training programme based on adult learning theory**

SWs strongly emphasised specific features of the training itself as critical enablers of change. These features align closely with principles of the adult learning theory (Grus, Lagbo & Rozensky, 2025). Adults are viewed as self-directed, experience-based learners who are motivated by problem-solving and by seeing the immediate relevance of new knowledge. Adult learning theory also highlights the value of active learning experiences, spaced repetition and content rooted in learners’ immediate context.

SWs repeatedly noted that it was how the training was delivered rather than simply the content that made it impactful. Many described the sessions as highly experiential and even therapeutic in themselves, with exercises inviting participants to understand trauma through their own experiences. Rather than providing didactic lectures, the training connected participants’ prior knowledge and professional challenges with new frameworks and tools, including resources for self-care and emotional regulation. Trainers were also described as skilled facilitators who modelled curiosity, empathy and openness. These were qualities that SWs saw as a powerful demonstration of the very relational practices the programme aimed to cultivate.

*“[It’s not about] thinking ‘Oh, now I know more about this theory, and I can go and put it into practice’. It’s more just having a space to be able to reflect with colleagues on how this job and these relationships we build with foster carers and children and families make us feel and what impact that has on the rest of our lives outside of work. Yes, it felt more like group therapy, actually, at times, rather than learning something. Obviously, you learn from group therapy, don’t you? It wasn’t like learning in an academic way.” (SSW)*

Following a face-to-face format free from technological distractions, the training was consistently praised for fostering active learning by centring activities, such as role-play and discussion. SWs also consistently highlighted the length of the course: delivered across seven sessions over twelve weeks, it allowed time for concepts to consolidate, for reflection to become habit and for new skills to be tested and refined in day-to-day practice.

*“It was interactive. You were constantly engaged. It wasn’t death by PowerPoint or anything like that. There was a constant flow of what was happening. [The trainer lead] does this brilliant thing where she gets everybody to just ground yourself and be present (...) It allowed you to reflect an awful lot(*

*...)* and sometimes when you were doing the games you forgot that you were learning; it's great."  
(SSW)

### **Training acting as a bridge between theory and practice**

The training functioned as a bridge between abstract knowledge of trauma and its practical application in daily practice. This helped build skills, muscle memory and confidence in applying techniques with FCs and YPs.

*"Resources are really restricted, but the training gave you bite-sized, easy ways to make a difference in your relationships. It gave you practical things you can be doing, rather than just theory."* (YPSW)

There was strong evidence that YPSWs moved from a directive, problem-solving stance to a more receptive and patient approach, paying attention, giving space and responding to YPs' needs on their terms. This shift was consistently linked to strengthened trust in their relationships.

*"I feel like I've been able to break down some of those walls a little bit more with young people (...)  
For example, before, I'd go in almost thinking, 'I need to fix all their issues', but actually, that's not what's helpful to them."* (YPSW)

There was also strong evidence that SWs widely adopted specific tools, such as the iceberg diagram, I-statements and the red-flag analogy. These were used to facilitate communication with YPs and to explain trauma concepts to FCs. These tools helped bridge abstract theory and day-to-day practice. Feedback from CiCC meetings echoed this, with YPs emphasising the value of creative or alternative methods to support communication rather than relying solely on conversation.

*"I've definitely done some of the activities that we did in the training. I've tried that with some of the young people. Even some of the dads, their issues are around their own trauma, so I've built that into the parenting work I do with them as well."* (YPSW)

Evidence also pointed to the strengthening of interpersonal and socio-emotional capacities. Evidence for these shifts was strong, though it was often expressed subtly when describing relational contexts. They reported developing greater patience (tolerating slower progress and regulating their responses), increasing perspective-taking and empathy (reflecting a broadened awareness of children's inner worlds), and becoming more personable, warm and approachable with FCs. This closely aligns with YPs' views: they highlighted the importance of approachable SWs who show genuine care, make them feel understood and supported, take the time to learn their histories and provide a trusting environment.

*"The biggest thing it's taught me is to be patient. It reminded me that we're only seeing one part of a person's emotions, and there's always something beneath that. It's grounded me in terms of not jumping to conclusions or being reactive."* (YPSW)

*"I think I've been able to take that [being more open] into my supervisions and just be a little bit more personal with foster carers; it helps them to relax and to open up."* (SSW)

### **Reframing the interpretations of young people's behaviour**

There was strong evidence of SWs gaining a broader understanding of trauma's impact on behaviour. SWs widely reported a shift in how behaviour was interpreted, from being seen as defiant to being recognised as

a form of communication, often signalling underlying distress rather than misbehaviour. Rather than presenting entirely new content, SWs described the training as serving to connect and consolidate existing knowledge, deepen self-awareness and reflect on their practice. YPSWs and SSWs noted they were already familiar with trauma theory but emphasised that the programme helped them operationalise concepts and translate theory into practice, which they found more impactful than acquiring new theory.

*“From this training, I learnt that we have all suffered some form of trauma. It’s just different experiences, but everyone has experienced some form of trauma from their childhood to where they are now.” (YPSW)*

### **Shared language and tools for collaboration**

While the TOC predicted improved collaboration across roles as a key mechanism, evidence of systemic changes in information sharing or care planning between YPSWs and SSWs was limited. However, some SWs noted more frequent use of shared language, the ability to frame findings within a trauma-informed perspective when speaking with colleagues and carers, and greater confidence when advocating for YPs. We found some evidence of change in inter-agency referrals and case panel assessment reporting.

*“There is so much trauma that’s not been addressed. With some of my young people, I’m beginning to put the referrals through so they can get therapy.” (YPSW)*

*“When the panel [case panel assessment] requested more information around trauma, I used to struggle. Now I can actually explain and reflect on this with them.” (SSW)*

There was evidence of the introduction of training tools into reflective spaces, such as team meetings, practice sessions and peer supervision.

*‘I’ve got a reflective session with colleagues coming up, so I’ll be using some of the tools then, particularly the ones around burnout, self-care and affirming others.’ (YPSW)*

### **Intentional reflective practice**

There was some evidence that YPSWs and SSWs translated their own learning into support for YPs and FCs, with some shifts evident in how they worked to strengthen the relationships between them. In particular, SWs described bringing a more therapeutic approach to their work with FCs, using reflective conversations to help carers reframe YPs’ behaviours. Evidence of YPSWs and SSWs directly working together to strengthen FC–YP attachment was limited. A smaller number of SSWs noted that their increased calmness and reflective capacity made them better able to model calm, attuned interactions for carers. In turn, this was described as helping carers improve their relationships with YPs. Though less frequent, these shifts suggest the beginning of a spill-over effect onto foster care relationships.

*“Since I’ve been giving the carer more time to think about themselves (...) she’s able to start making links as to why the young person might be behaving this way. I’ve noticed a shift in how she talks about the young person now.” (SSW)*

### **Professional identity and boundaries**

There was some evidence that both YPSWs and SSWs gained greater awareness of their professional identities and what these entail for how they show up in their roles. A smaller number of SWs described the

training as helping them connect personal and professional wellbeing, becoming more conscious of how neglecting self-care could impair their ability to effectively support YPs or carers. This led to greater self-awareness of their own experiences and triggers and a stronger recognition of the need to protect their boundaries and safeguard their mental health through intentional self-care practices.

*“It made me really reflect on my professional boundaries and bring me back to my professional identity in terms of what I expect from a workplace and what I don’t expect and what I will engage in and what I won’t engage in.” (SSW)*

### **Personalised support for foster carers**

A small number of carers reported improvements in supervision received from SSWs in recent months. These included more time spent discussing the YP’s life story, applying TIP in day-to-day care and receiving guidance on their own self-care. In a few cases, carers felt this had positively influenced their relationship with the YP in their care.

*“She’s giving me more guidance and giving me more support on strategies that I could use (...) and there’s more support on my self-care.” (FC)*

*“If you feel supported [by SSW], then you are in a more stable place, and you’re more positive, and that makes you happier, and that, in turn, gives you a better ability to care for the children.” (FC)*

#### **4.1.4 Can Fostering Connections be delivered as intended (dose, reach and adaptations)? (RQ14)**

The programme was delivered as intended, relating to dosage, with facilitators able to deliver the total required one-day training sessions ( $n = 7$ ) and RP sessions ( $n = 3$ ) across all LAs. In 99% of the sessions, facilitators recorded that the aims of the individual session were met. In 86% of the sessions, facilitators recorded that the required content was covered. There were three main causes for facilitators not being able to deliver all the content. First, SWs arrived late or had to leave early for various reasons, e.g. having to attend court. Second, when SWs missed one or two of the first sessions, it took time to introduce them to the group and for them to learn the ways of working and to catch up on the content missed. Finally, technological difficulties meant that some online RP sessions started late.

When the circumstances required it, facilitators briefly noted the adaptations they made to the delivery of the content for that session. The most common approach was to reduce the length of time allocated to some of the activities planned for that day if, for example, the session started late. On some occasions, an activity was left out completely or merged with another activity. There were no common patterns as to which specific activities might have been omitted. A final adaptation noted by a few facilitators was to offer an additional unplanned clearing activity for participants to share anything related to current and recent events in the UK more broadly. During the time of the delivery, there were riots in the UK, and this was something that participants wished to reflect on as a group and, for example, how they affected them personally as well as professionally.

Although the dosage was high, this was not the case for programme reach, as measured by SW attendance at four of the seven training sessions and one of the three RP sessions. As shown in Section 3, the attendance across all SWs allocated to the training was 42%, (YPSWs 40%/SSWs 46%). The main reasons for non-attendance reported by SWs were general workload pressures, attendance at court, requests to attend an emergency meeting, annual leave and sickness.

#### **4.1.5 Is Fostering Connections and its content and principles viewed as appropriate and acceptable by Young People's Social Workers and Supervising Social Workers, foster carers and young people? (RQ15)**

SWs very highly rated the acceptability and appropriateness of Fostering Connections, as measured by the AIM, which was completed as part of the post-training feedback questionnaire by those SWs ( $n = 80$ ) who attended the last training session. In all four questions, over 80% of the SWs completely agreed (top score out of 5) that the programme 'met their approval' (83%) and 'appealed to them' (81%) and that they 'liked' (85%) and 'welcomed' (84%) Fostering Connections. These findings were closely aligned with those from the interviews with SWs, SMs, TICs and FCs.

Participants valued the in-person training's content and activities, the experiential and therapeutic in-person training, the skills of facilitators and the provision of pastoral support. While there were mixed views on the content and delivery of RP sessions, the intensity and duration of the in-person training, the e-learning modules and the COP forum were not considered fit for purpose.

##### **Content and activities of the in-person training**

The programme content was widely valued. Many of the SWs interviewed felt it filled knowledge gaps, was easy to connect with and included practical strategies applicable to everyday work with YPs and carers. The combination of self-reflection, theory and applied tools was viewed as effective. One SW noted that the content of the in-person training helped them identify how personal experiences apply in practice to help carers, while many SWs commented on how the training brought the content to life through applicable strategies and tools to use directly with YPs and carers. SWs also spoke about how the training helped expand their empathy and allowed them to reflect on the perspectives and challenges of the YPs and carers they support.

*"I don't know, what's the most generous or the biggest word I can use? It was just different. It was very impactful. The mode of delivery, the strategies that were used, the patterns."* (TIC)

*"The sessions were very good and very enjoyable. In fact, since I started, I was looking forward to the next one because every time we went there, there [was] something new. There was a lot to learn and a lot of activities."* (YPSW)

The content and activities of the in-person Fostering Connections sessions were frequently contrasted with other professional development opportunities that SWs had undertaken. Whereas many previous trainings were described as heavily PowerPoint-based, information-heavy and largely passive in style, Fostering Connections was viewed as more dynamic, participatory and engaging.

*"I really struggle with PowerPoints and with just being sat listening all the time. I think what they did really well is they got everyone to interact. We'd be up, we'd be doing a game or we'd be talking to each other, or we'd have a group circle where we'd all be talking, everyone would be chipping in. It never felt boring."* (SSW)

Although the experiential design and content of Fostering Connections was widely praised, several SWs cautioned that the delivery model may not adequately accommodate different learning styles. For example, they noted that participants who prefer written or visual resources may have benefited from a physical manual or booklet containing key tools and concrete examples of how to apply them in practice. This highlights a broader implementation consideration that, while the training was seen as innovative compared

to more traditional, didactic approaches, ensuring accessibility across diverse learning preferences is crucial for maximising engagement and retention of knowledge.

From a strategic perspective, the LA SMs judged the content to be appropriate and well-aligned with organisational priorities, such as embedding restorative and relational practice. They viewed Fostering Connections as a timely opportunity to strengthen trauma-informed approaches and to foster collaboration across different strands of the workforce. One manager suggested that offering professional development of this kind could also support staff retention, signalling that LAs were invested in their workforce.

Although YPs did not directly comment on the specific content of the Fostering Connections training, in the interviews and focus groups, they consistently emphasised the importance of YPSWs understanding their personal histories and potential trauma triggers. YPs highlighted that positive relationships with SWs were built on feeling genuinely understood and having a foundation of trust. They stressed that SWs should take time to learn about their individual stories, cultural backgrounds and religious identities and to provide support that reflects and respects these contexts. When asked how important it is for a YPSW to understand a YP's background, one YP responded.

*“Obviously, it’s very important because that’s the social worker’s job, to understand, and she just doesn’t understand. You just can’t get along with someone that doesn’t understand background and history, all of that.” (YP)*

These insights suggest that even without direct engagement with the training content, the programme’s emphasis on trauma-informed and relationship-based practices align closely with what YPs value in their interactions with their SWs. As such, the focus of the programme may be considered acceptable and relevant from the perspective of the YPs interviewed.

### **Experiential and therapeutic delivery of the in-person training**

SWs emphasised the experiential and therapeutic nature of the training as a standout feature. Interactive exercises and the style of delivery were consistently cited as unique, powerful and effective at engaging SWs and helping them better connect with the material.

### **Skills of the in-person facilitators**

The facilitators of the in-person sessions were also frequently cited as a strength of the programme. The majority of SWs interviewed described the facilitators as warm, approachable and engaging. The facilitators’ ability to share personal experiences was seen as powerful, encouraging openness from participants and deepening reflection.

*“Even the programme leads – the people that delivered the training – just how they were so comfortable actually in speaking about their own experience. Because I think that’s more powerful, isn’t it, when you’re being given information by someone that’s lived to tell the tale, sort of thing.” (YPSW)*

Some SWs spoke about how the diversity of facilitators (in ethnicity, professional background and lived experience) enhanced the programme’s cultural fit and relevance to different participant groups. This diversity supported participants in seeing the training as applicable to their own contexts, strengthening perceptions of appropriateness.

## **Provision of pastoral calls**

Although the take-up of the pastoral calls was not high amongst the SWs interviewed, they identified this element of the programme as highly useful. The majority of SWs described the pastoral calls as a suitable and valuable resource for participants who may require extra support, either because they are brand new to TIP, because they have lived experience of the topics covered or because they have a particularly challenging case or require adaptations of the strategies/tools for YPs with different/additional needs.

*“I think if I [were] a newly qualified social worker, I would have done [taken up a pastoral call]. I think they’re valuable. I was okay because I’ve been doing it a long time, and I’ve been through the processes of building resilience in that type of way.” (YPSW)*

SWs who took up a pastoral call found them very useful. One SW noted that they had a call with a facilitator and found the call very helpful, and it appeared pivotal for the personal nature of the training. While SWs viewed the resource as useful, they also identified several barriers to engaging with them, such as not knowing that the resource was available until the end of the in-person sessions and being in firefighter mode and not having the capacity to engage.

## **Content of the online reflective practice sessions**

Generally, there were mixed views on the content of the RP sessions. Some SWs viewed the content of the RP sessions as interactive, helpful and aligned with their needs. Some SWs appreciated the space to consolidate their learnings from the sessions and appreciated the RP sessions as an opportunity to bridge fundamental learnings, theory and application/implementation.

*“I found it helpful, and it supported the programme because we were able to step away from the learning that we did in person (...) Reflect back [on] what you’ve done and then think about it again through a different lens. Certain questions would get posed to us, and we’d have to think about it in a context of practitioners who’ve attended this training, which, again, I thought was great.” (YPSW)*

Some SWs questioned the value of the RP sessions, suggesting that they would have been more useful if focused on applying learning to their own practice. They proposed a show-and-tell format, in which participants could share how they were embedding trauma-informed approaches within their organisations. Others felt the sessions lacked structure, with low attendance and activities that were too superficial, noting they had already reflected on the in-person content independently and viewed the additional sessions as a poor use of time, given their workload pressures.

## **Delivery of the online reflective practice session**

Even though there were mixed views about the relevance and usefulness of the content of the RP sessions, the majority of SWs were aligned in their views regarding the delivery of the sessions. Although the facilitators of the RP sessions were often described as nurturing, authentic and honest, SWs often commented that they would have preferred the same facilitators for the RP sessions that they had for the in-person sessions; they built a therapeutic relationship with the in-person trainers, and it was a shame that this was not continued in the RP sessions.

They also highlighted the juxtaposition of the delivery method and the personable nature of the in-person sessions. In-person sessions allowed them to engage with other people in a safe space in a way that could

not be replicated online. The RP sessions were less immersive. Additionally, being online meant that SWs faced greater levels of distractions, such as having access to emails, which meant they could not drop in as easily to the sessions.

### **Intensity and duration of the in-person training**

However, some components of the programme were found to be less acceptable and appropriate for certain stakeholders. The most consistent concern across SWs was the intensity and scheduling of the training (seven full days, typically one week apart). While many valued the immersive nature, the time commitment was widely described as burdensome, particularly given high workloads.

*“A lot of people at the start, I think, were really anxious about how much time it would eat into our social workdays and what we had to do.” (TIC)*

Multiple SWs described feeling pressure being out of the office for so much time, which made it hard to relax being out the whole day with other ongoing commitments at work (this increased pressure and cognitive load was highlighted in RQ12). One SW commented that committing to the in-person training was particularly challenging for part-time professionals, as the session took up a large part of their work week. This concern was also reflected in the interviews with the LA SMs, who noted that the main pushback they received from the SWs who were selected to participate in the training was anxiety around the intensity and duration of the training.

Moreover, one SW spoke about how full-day training sessions may not be suitable for everyone or those with different needs/concentration abilities.

*“I sometimes found it physically quite challenging. I think, having a whole day was nice occasionally, but I think it was just quite hard [exhausting doing training all day] (...) I’ve done half-day training before, and I think it helps me. I can lose concentration.” (YPSW)*

To reduce the impact of increased pressures and cognitive load, one SW provided feedback that it would have been useful to have a choice of training days to attend; this would have helped get SWs in the room. Another mentioned that having the training sessions less regularly (e.g. every two weeks) would have made it more feasible to balance training with their workloads.

However, there were diverse views on this point, as one SW suggested that it would have been more feasible to participate in the training if the sessions were closer together:

*“If it had all been across three or four weeks, you can kind of just fit it in and get it done, rather than having to juggle all of it.” (SSW)*

### **Usefulness of the e-learning module**

The e-learning module was consistently reported as being unacceptable and inappropriate. While the majority of the SWs interviewed reported completing the course, uptake was generally low. Those who did complete it found it time-consuming, overly basic and poorly designed, with limited relevance to the main Fostering Connections training. Several commented that it failed to meaningfully introduce the course and was, therefore, not fit for purpose. One participant questioned the rationale for requiring the pre-training at all, suggesting that an introduction should instead be integrated into the face-to-face sessions.

*“I hate being asked to do some kind of training before I go on training. I just think, no, I’m not doing that. I’ve booked to do the training. I’ve blocked that out of my diary. I don’t have time to do some prior training before the training, so it’s highly possible that I didn’t. Or if I did, I did it whilst muttering angry thoughts to myself, but I don’t remember.” (SSW)*

Those who did not complete the module often cited a lack of communication or awareness about it.

Similar experiences were reported by FCs. The majority of FCs interviewed did not complete the module, largely because they did not receive or did not recall the invitations or reminders sent. Among those who did engage, the module was often described as a tick-box exercise, with content that could be skipped through quickly and that offered little perceived value. While some FCs acknowledged the convenience of online training compared to in-person delivery, most felt that this specific module lacked substance and failed to support their learning.

### **Usefulness of the Community of Practice forum**

The COP forum was viewed as the least useful element of the Fostering Connections programme. While SWs liked the idea of an online space to share resources and reflections, in practice, most did not engage with it. Reasons included poor communication about its existence, limited awareness of how to access or use it, lack of time and low activity from peers. While SWs liked the idea of an online space to share resources and reflections, in practice, most did not engage with it because of poor communication about the resource, technical difficulties accessing the portal or limited capacity to engage with it due to high workload. Those who did engage with the COP forum found it underwhelming, citing technical challenges and a lack of interaction. Some SWs who accessed the COP forum reported that they did not find it that useful because of the lack of engagement from other SWs on the forum, and others mentioned that they found the portal complicated to use and were not sure how to add posts/comments.

#### **4.1.6 Is the implementation support system sufficient, and what strategies are required for quality implementation and embedment in practice? (RQ 16)**

Overall, across stakeholder groups, the implementation support system for Fostering Connections was widely regarded as insufficient to enable SWs to embed their learning in a sustainable and meaningful way. At the programme level, challenges such as unclear roles and responsibilities for TICs, low engagement with pastoral calls and limited use of the COP forum were frequently cited as undermining the support systems in place. At the team level, barriers to effective implementation included the absence of a systematic approach to training and limited involvement of managers and supervisors, both of which restricted SWs’ ability to apply TIP consistently. However, one enabler that supported implementation at the organisational level was the integration of RP into existing supervision and support systems. At the broader organisation level, the implementation support systems was not sufficient to tackle persistent systemic challenges, such as workforce capacity constraints.

### **Unclear roles and responsibilities for trauma-informed champions**

At the programme level, the TICs’ role was designed to support the sustainability of learning by working with SMs to drive the TIP agenda locally. However, in practice, this mechanism was inconsistently enacted and often poorly understood. Some TICs reported having initial meetings with managers but little follow-up

activity, while others described being unclear about the role's expectations or struggling to coordinate with other TICs.

*"I think the problem is, like a lot of training like this, there seems to, it happens, and then it's just forgotten about."* (YPSW)

SWs also described being unaware of who their TICs were, which limited their visibility and influence. Several TICs and SMs suggested that clearer role definitions, dedicated mentoring from the delivery team and stronger communication channels were required. Additionally, some of the SWs and LA SMs interviewed argued that meaningful implementation would require a dedicated role or protected time rather than placing additional responsibilities onto already overstretched SWs.

### **Low engagement with pastoral calls**

As highlighted in RQ15, SWs valued the opportunity for pastoral calls and generally viewed them as a potentially supportive resource. The idea of having a space to reflect on training content, seek advice and process emotionally challenging material was seen as helpful for embedding TIP. However, in practice, engagement was limited due to both communication and capacity barriers. Many SWs reported not being aware of the offer until the very end of the in-person training, suggesting that this support mechanism was poorly signposted. This lack of early and consistent communication reduced opportunities for participants to utilise this offer. Even among those who were aware of the offer, several described being in constant firefighter mode due to workload pressures, meaning that they could not realistically prioritise or engage with the calls, despite recognising their potential value.

### **Limited use of the Community of Practice forum**

Similarly, communication about the COP forum was reported to be poor, undermining its potential as an implementation support mechanism. Several SWs stated that they were either unaware of its existence, unclear about its purpose or unsure how to access it. This lack of early and consistent signposting meant that the forum failed to become embedded as a routine part of the training experience. Among those who did attempt to use the platform, technical difficulties were a recurring barrier, with participants describing challenges in navigating the site or adding posts and comments. These practical frustrations compounded the limited engagement. Beyond these logistical issues, capacity constraints were also a significant factor for engagement. Many SWs highlighted that their demanding caseloads left little time for engaging with the online forum, even if the networking and support opportunities were valuable.

### **Absence of a systematic approach to training**

At the team level, the unsystematic approach to training was identified as a major barrier to embedding practice. SWs described challenges in applying learning when colleagues or managers did not participate. This created a knowledge-and-experience gap within the workforce, which led to a lack of shared language and understanding. This knowledge-and-experience gap was noted to be most critical with team managers. The majority of SWs saw managers as a key lever in the implementation process, supporting them in embedding the trauma-informed principles from the training into their practice. In turn, it was consistently suggested by SWs and SMs that team managers should also be part of the training cohort.

*"It's a culture that needs to be embedded from top down. I think perhaps senior management attending the training opportunities that we have, I think that would be really helpful."* (YPSW)

Several SWs noted that managerial participation would be critical to embedding trauma-informed principles in supervision, team discussions and casework planning. One SW highlighted how they trained alongside their supervisor on the programme and how this significantly impacted their ability to embed the learnings into their practice.

*“It’s easy for me to do so because I work closely with the people I’m attending the training with. On the team, another person had the opportunity to join the training as well. She also enjoyed it, and we carried things into our team meetings and reflective supervision. It’s something that we’re always able to bounce off each other. We’re not like trauma champions, but it feels like that in the team. Being able to speak to each other and reflect on what we were taught [in] the training has been helpful. It helps us – when we’re having case discussions informally – be able to think about how we can support each other or how we can support our families.” (YPSW)*

SMs also highlighted how including team managers in the training would be necessary for learning from the programme to be embedded within the service. They highlighted workforce instability and reliance on agency staff as barriers to sustaining TIPs. If only a certain part of the workforce (i.e. YPSW and SSW) is trained and they leave, that knowledge and practice go with them. Including managers and supervisors in training was, therefore, seen as essential to building capacity and creating organisational continuity. However, the feasibility of this was questioned by several SMs; managers would face the same workload pressures as frontline staff, and releasing them for seven full training days is unrealistic. Shorter or more flexible formats may be needed to make manager involvement achievable.

### **Limited involvement of managers and supervisors**

SMs and members of the programme delivery team highlighted the need for stronger priming and preparation of senior staff at LAs regarding the aims, content and expectations of Fostering Connections. Without this, senior leaders lack a clear understanding of the programme’s purpose, which can limit buy-in and weaken internal communication about its relevance to SWs. Better preparation would help senior staff articulate why the training matters, reinforce attendance as a priority and create the conditions for staff to embed learning into everyday practice.

### **Existing supervision and support systems**

One of the most promising strategies identified for effective implementation was embedding RP into BAU systems. Some of the SWs interviewed spoke about the pre-existing systems within their team and how they had been used to facilitate further discussions regarding TIP. For instance, one SW mentioned that at their LA, they have bimonthly systemic supervision groups, which are for the fostering team when they are experiencing a challenging situation and need support. This was identified as a useful place to share some of the work that had been completed in line with the training. Another SW spoke about how if they needed something in particular relating to embedding TIP, they would go to the looked-after mental health team, which is part of the Children and Adolescent Mental Health Service they already use.

### **Capacity of the workforce**

At the organisational level, workforce capacity emerged as a significant barrier to the effective implementation of Fostering Connections. This challenge was consistently highlighted across interviews with SWs and SMs. Several SWs explained that high caseloads and limited time prevented them from fully

reflecting on and applying the training in their day-to-day practice. One participant noted that they struggled to plan and prepare for visits in a trauma-informed way due to competing demands, while another emphasised that time pressures limited their ability to provide the depth of support that YPs and carers required.

*“The biggest barrier is time because you’ve got so many things that you want to do, so many things that you want to implement and improved the way you work with the children, but the time is not there. We spend so much time in a day in front of the screen doing paperwork (...) We don’t have the time to work (...) one-to-one with the children that we work with (...) Our time is mainly taken by the screen.”* (YPSW)

SMs also acknowledged that capacity issues, combined with workforce instability and reliance on agency staff, made it difficult to sustain TIPs across the service, highlighting the need for organisational support, protected time and realistic expectations to enable the training to translate into lasting practice change.

Taken together, these findings indicate that while Fostering Connections includes potentially valuable implementation support mechanisms – such as TICs, pastoral calls and the COP forum – their impact was limited by unclear role definitions, poor communication, technical barriers and workforce pressures. Even where supportive strategies exist, systemic challenges, particularly high workloads and limited time, remain significant obstacles to embedding TIP. For the programme to achieve a sustainable and meaningful impact, clearer structures, stronger managerial involvement, protected time for implementation roles and integration into existing reflective and supervisory practices are essential. Without these, the training risks being perceived as a standalone intervention rather than a driver of enduring organisational change.

#### **4.1.7 How do structural equity factors affect the need for the programme, acceptability, appropriateness, and perceived outcomes and impacts? (RQ17)**

Understanding how structural equity factors, such as gender, ethnicity and cultural background, shape the relevance and impact of training interventions is central to evaluating Fostering Connections. These factors can influence not only the need for the programme, but also its appropriateness and acceptability and the way outcomes are perceived across different groups. Most stakeholders viewed the programme as relevant and inclusive, and the diversity of the delivery team was highlighted as a key factor relating to acceptability. However, equity factors were more salient when participants reflected on the programme’s appropriateness, especially relating to the programme’s reliance on Western psychological frameworks and further explorations of types of trauma.

Across stakeholder groups, the programme was consistently described as both necessary and relevant. Trauma was viewed as a universal issue that cuts across equity factors, such as gender, ethnicity and cultural background, meaning that training to promote TIP was seen as inherently valuable across the children’s social care system.

*“Trauma is trauma. Everyone can be affected by trauma in any stage in their lives, whether they are Asian, White British, Black African. We’ve all suffered trauma, so I think it suits everyone. It’s not just for a specific group of people, and you can apply it to anyone.”* (YPSW)

For SWs, the programme addressed a recognised gap in knowledge and skills in TIP, offering concrete strategies for working with children and families with complex trauma. FCs highlighted its relevance in

supporting their day-to-day interactions with YPs, particularly in developing greater empathy and understanding trauma-related behaviours. Together, these perspectives reinforced the idea that the universality of trauma makes the programme broadly applicable, while its adaptability enhances its relevance across varied equity groups.

### **Diversity of the delivery team**

In terms of acceptability, the diversity of the delivery team was highlighted as a key equity factor. Having trainers from a range of cultural, ethnic and professional backgrounds – some of whom also brought lived experience of the care system – was consistently described as enhancing the credibility and relatability of the training by the SWs interviewed. As one programme delivery team member explained:

*“The fact that we have a very diverse group of trainers from different backgrounds and different ethnicities and different cultures and beliefs, bringing their own experiences of that into the training room and the discussion.”* (Programme delivery team member)

Participants felt that this diversity created a more inclusive and supportive learning environment, where differing perspectives were acknowledged and valued. One SW commented on the particularly strong impact of facilitators with lived experience, noting that their contributions added depth, authenticity and emotional resonance to the programme. In this way, diversity within the delivery team was not only seen as a marker of inclusivity but also as a mechanism for fostering openness, encouraging self-reflection and legitimising participants’ own professional and personal insights.

### **Reliance on Western psychological frameworks**

Ethnicity and cultural background were identified as the most significant equity-related considerations affecting the programme’s appropriateness. SWs noted that, as Fostering Connections is primarily rooted in Western psychological frameworks, it may not fully reflect alternative cultural understandings of trauma, healing or care. This misalignment could limit the programme’s relevance for YPs and families from diverse cultural backgrounds.

*“I think the context from which somebody has grown up in might make the content of this course more challenging to really understand because, perhaps, their perspective hasn’t been developed within the Western psychology framework.”* (TIC)

Participants highlighted practical challenges in applying trauma-informed concepts across linguistic and cultural differences, such as when working with unaccompanied asylum-seeking children. Given the nuanced and often subtle nature of the training content, SWs expressed concern that key concepts, principles and therapeutic strategies could be diluted or misinterpreted in translation, particularly when using interpreters.

*“It would probably need a lot of road planning. Unaccompanied asylum-seeking children come from different walks of life and different countries, and a lot of them don’t speak English, so it would need to be carefully planned (...) If it was for unaccompanied asylum-seeking children, it would probably need to be tailored by the language. That would be hard to do.”* (YPSW)

These considerations underscore the need for culturally responsive adaptations to ensure the programme’s effectiveness and appropriateness across diverse communities.

## Further explorations of types of trauma

Similarly, some members of the programme delivery team highlighted that the Fostering Connections curriculum did not examine certain forms of trauma in sufficient depth, with racial trauma being a particular gap. They noted that children and families from minoritised ethnic groups may experience trauma differently or face additional systemic stressors that are not explicitly captured by the current training content. The delivery team suggested that incorporating more explicit material on racial and culturally specific trauma would enhance the programme's relevance, helping SWs to better understand, respond to and support the lived experiences of YPs and their families. Notably, there were no reported comments directly linking structural equity factors to the perceived outcomes or impacts of the programme. Feedback in this area tended to focus more on relevance, accessibility and cultural fit rather than on measured outcomes.

## 4.2 Cost information

The cost analysis was informed by the YEF's guidance on cost reporting (YEF, 2022). As per the guidance, we calculated the costs separately for set-up and recurring costs. We also calculated costs as those incurred by the NCB and Coram Leap and those incurred by the LAs. The costs incurred by the LAs included staff costs associated with the time spent by SSWs, YPSWs and senior leaders on the programme activities.<sup>39</sup> We then calculated the costs per participant, assuming full compliance, i.e. taking into account all SSWs and YPSWs who were recruited and randomised to the intervention. All costs, including staff costs, were calculated using 2024 as the time reference, which is the year of programme implementation. The cost and time data were directly collected from the NCB and Coram Leap, while staff costs associated with LAs were imputed using the ONS Annual Survey of Earnings and hours (wages) (ONS, 2024) and Eurostat labour costs (non-wage/on-cost) (Eurostat Press Office, 2019).

Table 21 below provides a summary of the cost analysis. A further breakdown of costs by programme activity and assumptions can be found in Appendix F. Total costs are estimated at £602,022 for delivery to 327 participants across eight LAs. This is equivalent to £1,841 per participant, of which £226 is the set-up cost per participant and £1,615 is the recurring cost per participant. A large chunk of these costs is borne by the NCB and Coram Leap.

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<sup>39</sup> Note that programme activities do not include the visits to FCs and YPs by SSWs and YPSWs when calculating costs, as these are part of their usual role and responsibility, and the programme does not impose an expectation of additional visits.

**Table 21. Total costs and costs per participant**

	NCB and Coram Leap	LAs/CTs	Total
<b>Total costs</b>			
Set-up costs	£73,768	£206	£73,974
Recurring costs	£377,238	£150,810	£528,048
<b>Total</b>	<b>£451,006</b>	<b>£151,016</b>	<b>£602,022</b>
<b>Cost per participant</b>			
Set-up costs per participant	£226	£1	£226
Recurring costs per participant	£1,154	£461	£1,615
<b>Total per participant</b>	<b>£1,379</b>	<b>£462</b>	<b>£1,841</b>

Note: NCB = National Children’s Bureau; LAs = local authorities; CTs = children’s trusts

Set-up costs are costs that are unlikely to vary as the number of participants increases, implying that the cost per participant would decrease as the programme scales up. However, this decrease is likely to be marginal under this programme as set-up costs represent a small share of the total costs of this programme. The main activities assumed to be a set-up cost in this programme relate to:

- Initial preparatory meetings with senior leaders across LAs
- Preparatory work associated with the design of e-learning modules, the training, monthly follow-up workshops, cross-LA planning with project leads, calls with TICs, the COP, pastoral calls, the cross-LA learning and networking event, and policy workshops with TICs and senior leaders
- Software costs associated with the e-learning and COP platforms

Recurring costs are costs that increase as the number of participants increases. While there are several programme activities classified as recurring costs under this intervention (Appendix F, Table F.1), the largest driver of this cost was the 10-day training programme for SWs.

## 5. Conclusion

**Table 22: Key conclusions**

Key conclusions
Fostering Connections demonstrated no impact on children’s externalising behaviours. Children linked with social workers who received FC showed no difference in externalising behaviours compared with children linked to social workers who did not receive the programme. This result has a very low security rating.
FC showed mixed results on secondary outcomes related to children, social workers and foster carers. FC had no impact on children’s internalising and prosocial behaviours, a small negative impact on placement stability and a moderate negative impact on instances of missing from care episodes. FC had no impact/a small negative impact on the quality of the foster carers’ working life – including compassion, satisfaction, burnout, secondary traumatic stress – and had a positive impact on attitudes to trauma-informed practice. FC had a negative impact on social workers’ attitudes to trauma-informed practice. These are secondary outcomes and should be treated with caution.
The trial faced significant challenges that made it difficult to accurately estimate the impact of the programme. The main challenges were low attendance at training (41% of social workers did not attend any session), changes in children’s social workers and a high level of attrition (43%) throughout the trial, which resulted in a small sample size.
Social workers perceived the training to be useful, particularly its experiential and therapeutic elements, but the length of the training was challenging, given the context of a high workload.
The programme’s perceived impact on foster carers and on children’s outcomes was limited.

### 5.1 Impact evaluation and implementation and process evaluation integration

Table 23 presents a synthesis of the main findings and integrates the impact and IPE findings across the three key stakeholder groups: SWs, FCs and YPs. Fostering Connections showed promising qualitative outcomes in SW professional practice and wellbeing, including increased embodiment of TIP, reframing of YPs’ behaviours, intentional RP and strengthened professional identity and boundaries. The enablers were high levels of programme acceptability, adult learning theory-based training, experiential delivery and shared language/tools for collaboration. However, these positive indications were not statistically significant according to the ARTIC scale, which showed a small negative effect size ( $-0.375$ ,  $p = 0.083$ ), which was not statistically significant. Both strands highlighted training attendance as a major challenge. SW training attendance and compliance rates were low: only 42% overall attendance (40% compliance amongst YPSWs and 46% amongst SSWs). In addition, the IPE findings showed additional implementation challenges, including unclear roles for TICs, lack of systematic training approaches in LAs and limited involvement of senior managers.

Both the impact and IPE strand agreed that Fostering Connections had a very limited effect on FCs’ professional quality of life outcomes. There were no statistically significant changes in the ProQOL measures: compassion subscale  $-0.064$  ( $p = 0.496$ ), burnout subscale  $0.015$  ( $p = 0.882$ ) and secondary traumatic stress  $0.040$  ( $p = 0.687$ ). The IPE sheds light on possible explanations for these outcomes, including a very low

uptake by FCs of the online training module. Moreover, there was limited evidence of improved relationships between SSWs and FCs, with pre-existing stable relationships contributing to this limited observed change.

Fostering Connections did not yield statistically significant improvements in any of the intended outcomes for YPs, including emotional and behavioural difficulties (SDQ externalising 0.019 [ $p = 0.800$ ], SDQ internalising  $-0.002$  [ $p = 0.980$ ] and SDQ prosocial 0.008 [ $p = 0.925$ ]), placement stability and involvement with the criminal justice system (SSDA903 unplanned moves 0.067 [ $p = 0.323$ ] and SSDA903 missing episodes 0.155 [ $p = 0.023$ ]). Both strands provided possible explanations for these outcomes. There were, for example, high rates of SW changes (65%) and placement changes (38%) amongst YPs. Further, implementation challenges were cumulative and integrated across the programme (unclear roles for TICs, low engagement with pastoral calls and limited use of the COP forum), team (limited managerial involvement) and organisation (insufficient support systems and workforce capacity constraints) levels.

**Table 23: Integration of findings from the impact and implementation and process evaluation strands**

Key findings	Impact strand	IPE strand	Integration
Outcomes for SWs (professional practice and wellbeing)	<p>ARTIC scale</p> <p>Effect size = <math>-0.375</math> (p-value = 0.083)</p> <p><b>Evaluation challenges:</b></p> <p>42% attendance rate for training overall 40% compliance rate among YPSWs, 46% among SSWs (defined as four out of seven training sessions plus at least one out of three RP sessions)</p>	<p><b>Evidence of promise:</b></p> <p>Embodying TIP in the role of SWs (4.1.1)</p> <p>Reframing the interpretations of YPs' behaviours (4.1.3)</p> <p>Intentional SW RP (4.1.3)</p> <p>Professional identity and boundaries (4.1.3)</p> <p><b>Enablers:</b></p> <p>High levels of acceptability and appropriateness (4.1.5)</p> <p>Training programme based on adult learning theory (4.1.3)</p> <p>Training acting as a bridge between theory and practice (4.1.3)</p> <p>Shared language and tools for collaboration (4.1.3)</p> <p>Experiential and therapeutic delivery of the in-person training (4.1.5)</p> <p><b>Programme implementation challenges:</b></p> <p>Unclear roles and responsibilities for TICs (4.1.6)</p> <p>Absence of a systematic approach to training in LAs (4.1.6)</p> <p>Limited involvement of managers and supervisors in the programme (4.1.6)</p> <p>Capacity of the workforce (4.1.6)</p>	<p>The IPE findings indicated promising outcomes at the level of social work professional practice and elements of wellbeing. However, these positive indications were not corroborated by statistically significant results as measured by the ARTIC scale. Both the impact and IPE strands identified challenges related to the workforce's capacity to attend the necessary training sessions. Furthermore, the IPE strand provided additional insights by highlighting the challenges associated with implementing the programme across an LA.</p>

<p>Outcomes for FCs (professional quality of life)</p>	<p>ProQOL Compassion subscale: Effect size = -0.064 (p-value = 0.496)</p> <p>Burnout subscale: Effect size = 0.015 (p-value = 0.882)</p> <p>Secondary traumatic stress subscale: Effect size = 0.040 (p-value = 0.687)</p> <p>ARTIC underlying causes subscale: Effect size = 0.260 (p-value = 0.052)</p>	<p><b>Limited evidence of impact:</b> Limited examples of SSWs improving FC relationships (4.1.1)</p> <p>Personalised support for FCs limited (4.1.3)</p> <p>The majority of FCs felt the relationship with their SSWs was already stable and did not change substantially (4.1.1)</p> <p>FCs did not take part in the training and had low uptake of the online learning module.</p> <p>Among those who did engage, the module was often described as a tick-box exercise, with content that could be skipped through quickly and with little perceived value.(4.1.5)</p>	<p>Both the IPE and impact strands concur that the evaluation identified very limited evidence of the programme’s impact on FC outcomes, as determined through interviews with professionals, and found no statistically significant impact, according to the ProQOL measure.</p> <p>The IPE strand offers some explanation for these findings, noting that many of the FCs and SWs interviewed had already established stable relationships, that FCs were not offered the training and that the majority did not participate in the online learning module.</p>
<p>Outcomes for YPs (reductions in emotional and behavioural difficulties, increases in placement stability, reduced involvement with the criminal justice system or episodes of being missing from care)</p>	<p>SDQ externalising subscale: Effect size = 0.019 (p-value = 0.800)</p> <p>SDQ internalising subscale: Effect size = -0.002 (p-value = 0.980)</p> <p>SDQ prosocial subscale: Effect size = 0.008 (p-value = 0.925)</p> <p>SSDA903 unplanned moves: Effect size=0.067 (p-value=0.323)</p> <p>SSDA903 missing episodes: Effect size=0.155 (p-value=0.023)</p> <p>Evaluation challenges: 65% of YPs had one or more change in SW 38% of YP had one or more placement change</p>	<p><b>Cumulative and integrated nature of programme implementation challenges:</b></p> <p>Programme level – unclear roles and responsibilities for TICs, low engagement with pastoral calls and limited use of the COP forum</p> <p>Team level – absence of a systematic approach to training and limited involvement of managers and supervisors, both of which restricted SWs’ ability to apply TIP consistently</p> <p>Organisation level – the implementation support systems were not sufficient, such as the absence of a systematic approach to training in LAs and workforce capacity constraints (4.1.6)</p>	<p>The impact strand found no statistically significant evidence of the programme having an impact on the outcomes for YPs, including changes in emotional and behavioural wellbeing, as measured by the SDQ; in placement stability; in involvement with the criminal justice system; or in episodes of being missing from care, as measured by SSDA903 data.</p> <p>The IPE provides an explanation for these findings in describing the cumulative and integrated nature of several programme implementation challenges.</p> <p>In addition, the impact strand shows the SW and FC placement changes experienced by high numbers of YPs in the trial, which when taken into account alongside the IPE findings, would inevitably dilute any positive effect for YPs.</p>

Note: RP = reflective practice; YPs = young people; YPSW = Young People’s Social Worker; SSW = Supervising Social Worker; TIP = trauma-informed practice; FC = foster carer; TIC = trauma-informed champion; LA = local authority; COP = community of practice; IPE = implementation and processing evaluation; ARTIC = Attitudes Related to Trauma-Informed Care; SW = social worker; ProQOL = Professional Quality of Life Scale; SDQ = Strengths and Difficulties Questionnaire; SSDA903 = Children looked after data return

### 5.1.1 Evidence to support the theory of change

Overall, the evidence established through the evaluation partially supports the TOC, but the evidence of promise for Fostering Connections weakens as its impact is traced through the stages of causal mechanisms.

There was promising evidence for the programme’s first causal mechanism, which centres on increasing the awareness, skills and confidence of SSWs and YPSWs in TIP **and** RP. Although there was no detectable impact on the ARTIC subscales, evidence from the YPSWs’ and SSWs’ interviews is consistent with the outcomes set out in the TOC, reporting that the training had a positive impact on their practice, with more understanding of their own responses, biases and emotional reactions in their work with FCs and YPs and providing them with a set of skills and frameworks that reshaped the way they approached their day-to-day work with FCs and YPs. There was some evidence that the training contributed to stronger relationships across different actors in the fostering system and greater collaboration between the SSWs and YPSWs. A key mechanism missing from the TOC, in terms of outcomes for SWs, was the highly interactive, experiential and even therapeutic nature of the training, which was consistently reported as the primary reason why the training was so powerful for so many SWs who took part.

The programme’s TOC suggests that these outcomes for SWs would, in turn, act as a causal mechanism for improved working alliances with FCs. In addition, it is hypothesised that effective emotional support from SSWs would enhance FCs’ professional quality of life. There was only limited evidence based on IPE findings for this mechanism in the TOC. Overall, FCs described positive and supportive relationships with their SSWs. However, this was largely attributed to longstanding relationships with SSWs rather than to recent or distinct changes in practice. Only a small number of carers reported noticeable improvements in support or relationships in the recent months following the training. In addition, the lack of any significant findings from the ProQOL measure for FCs might suggest that these longstanding relationships may have been one contributing factor to this finding.

As a result of improved working alliances and professional quality of life, the next stage of the causal pathway states that FCs can respond to challenging behaviours in a more attuned, trauma-informed manner, which is critical for building and maintaining positive, stable relationships with YPs. We found no evidence for this outcome, with FCs in interviews reporting that they already had a strong awareness of trauma’s impact on YPs.

The final link in the causal chain is the impact on YPs themselves. The TOC posits that when FCs, SSWs and YPSWs consistently reflect on and respond to YPs’ behaviours through a trauma-informed lens, YPs experience fewer emotional and behavioural difficulties. Stronger, more trusting relationships with adults reduce the risk of retraumatisation and escalation of difficulties. Improved collaboration and information sharing among professionals also facilitates more timely and appropriate access to services for YPs, if required. Over the course of a year, these mechanisms are expected to lead to tangible outcomes: reduced placement breakdowns, decreased isolation and a lower likelihood of involvement in youth violence. The evaluation did not find evidence for these outcomes as measured by the SDQ and SSDA903 LA data.

### 5.1.2 Interpretation

Interpreting the findings from this evaluation requires careful consideration of the results from both the impact and IPE strands, alongside the methodological and contextual limitations of the evaluation. The IPE provided qualitative evidence of promise at the level of professional practice: SWs consistently rated the programme as ‘highly acceptable’ and ‘appropriate’, often describing it as transformative and reporting meaningful shifts in how they understood and approached TIP. These accounts suggest that Fostering Connections was successful in influencing knowledge, attitudes and self-reported practice among participating practitioners.

However, these positive perceptions and reported practice changes were not mirrored in the impact evaluation outcomes. Quantitative findings showed limited evidence of change for FCs and no demonstrable effects for YPs. This divergence raises important questions about how and when practitioner-level change translates into measurable improvements in carers’ experiences and YPs’ outcomes, particularly within the constraints of the trial design. Several methodological factors complicate this interpretation, including challenges with the sample size and representativeness, high attrition – especially among YPs who moved placements or exited foster care – and reliance on outcome measures that may have lacked sensitivity to capture incremental or relational change within the trial timeframe.

The central interpretive challenge, therefore, lies in reconciling strong qualitative evidence of acceptability and appropriateness and perceived impact among SWs with the absence of corresponding measurable change in outcomes for FCs and YPs. This section explores potential explanations for this mismatch, including issues of implementation fidelity and intensity, systemic and organisational constraints, limitations of the outcome measures used, and the time and conditions required for TIP to produce downstream effects. In doing so, it seeks to situate the findings within the broader realities of children’s social care and to clarify what conclusions can, and cannot, be drawn from the current evidence.

*Which aspects of Fostering Connections worked well in contributing to the desired outcomes for SWs?*

There are three main elements of Fostering Connections we identified as working well and contributing to the desired positive changes in SW practice, as well as for their wellbeing.

First, at the core is the interactive and experiential nature of the seven training sessions. The approach to the training facilitated a safe space for meaningful, person-centred and sometimes challenging learning for SWs. This allowed them to reflect on their current understanding of TIP through a new lens and consider new approaches and adaptations to their practice with YPs or FCs.

Second, perhaps uniquely, two different groups of SWs had to bring themselves physically, professionally and personally to several sessions over a period of approximately three months, to have the best chance of benefiting from the programme content and approach to learning. This was supported by the knowledge, expertise and personal quality of the facilitators. Such potentially challenging content over an extended period of time required facilitators who could demonstrate TIP as well as teach it.

Third, working in a trauma-informed way speaks to how SWs wish to work with children and families and is a way that they perceive is beneficial for encouraging meaningful change. Moreover, the SMs described how TIP is integral and complementary to the wider strategic aims of their service and working partnerships with families. The fact that Fostering Connections brought different groups of SWs together, as well as the

potential to include FCs in future training, was a very attractive proposition. Thus, Fostering Connections, as a programme, has the potential to align with a long-term strategic approach to supporting FCs and YPs in care.

*Which aspects of Fostering Connections did not work as well in contributing to the desired outcomes for SWs?*

Less than half of the SWs met the threshold attendance for the course. Different reasons and suggestions were provided, including SWs attending court, taking annual leave, experiencing short- and long-term sickness and facing other work constraints. It has not been possible to ascertain with any accuracy how many SWs might have decided not to attend training based on the nature of the time commitments and/or the content and experiential nature of the training. The data gathered was heavily weighted to those SWs with positive experiences.

A second challenge for LAs was the ability to put in place sufficient support for quality implementation and to embed practice. Findings from the IPE analysis identified three possible reasons for the limited implementation support. First was the challenge of implementing a wide-ranging programme in a short period of time. In many instances, it was not possible for LAs to organise all that was needed to take part in the evaluation, as well as consider the structural changes to support, to embed the programme. Second, LAs had been asked not to share practice or learning from the programme until the trial had ended. Therefore, it was a challenge to make wider practice changes without running the risk of contaminating the trial. Finally, senior managers were not involved in the training, and, therefore, there was a gap in deep understanding at a leadership level that might have supported implementation, including how best to support the work of the TICs. Consequently, it is not possible to reach confident conclusions about whether a more robust implementation support system within each LA might have contributed to stronger outcomes for professionals and YPs.

*Does Fostering Connections show promise in terms of its potential to contribute to outcomes for YPs?*

In relation to YPs' reduced emotional and behavioural difficulties, there was no evidence of promising pre-post change on the SDQ scores (externalising and internalising) or on stability or interactions with the youth justice system (SDDA903 data). While there was no evidence of encouraging change in the measures adopted, the interpretation of this should take several factors into account.

First, during the trial, 65% of the 271 YPs experienced one or more changes in their SWs. For the vast majority of these (89% of those with a change), at least one of the new SWs was from outside the trial, so not in scope for the training or the control group. The implication is that even if the training was to lead to improved outcomes for YPs given enough time, for most YPs in the intervention arm, the time they spent with a trained SW would be shorter than we intended, and in many instances, could have been very short indeed. Moreover, even if a YP's new SW was taking part in the programme, any change in SW requires a period of transition in relationship building between a YP and the SW. Any one or combination of these factors would mitigate the effects of the programme in terms of changes in the desired outcomes for the YP.

Second, the one or more placement changes in foster care placements experienced by 38% of YPs could disrupt the possibility of the programme leading to the desired outcomes of reduced emotional and behavioural difficulties and the wider secondary outcomes. Even if the YPSW remained the same, any

change in placement (whether planned or not) is a transition to be experienced and managed for the YPs and their FCs.

Third, a key consideration is the assumption that a single training programme for professionals can effectively address the complex and multifaceted challenges faced by YPs in care. Many of the issues these YPs experience are deeply rooted and systemic, often requiring long-term, multi-layered interventions. Therefore, it may not be realistic to expect significant changes in YPs' lives within just one year as a result of one programme. In this context, the TOC for Fostering Connections might be somewhat overly optimistic in predicting measurable outcomes, such as improvements in mental health and a lower likelihood of involvement in youth violence for YPs, over such a short timeframe.

Nevertheless, data from the IPE indicate that SWs found the training highly acceptable and appropriate. This suggests that while trauma-informed training like Fostering Connections is a valuable and foundational step, it should be seen as one important component within a broader systemic approach. Improving the mental health and life chances of YPs in care is likely to require ongoing coordinated efforts that extend beyond a single intervention.

## **5.2 Limitations and lessons learned**

This was an ambitious evaluation of an innovative programme in a multi-layered context. If we describe complexity in social science research as comprising a complex problem, a complex intervention and a complex context, then this evaluation meets all three criteria (Nobles *et al.*, 2022). To our knowledge, this evaluation is a first in several ways. It is one of the first to adopt an RCT to investigate the impact of SW training on outcomes for YPs in care, training that brought together different groups of SWs and that evaluated the impact of a programme with a focus on trauma training for SWs. The lack of and need for research using an RCT approach in these areas is well documented (Filges *et al.*, 2019; Gaffney, Jolliffe & White, 2021).

### **5.2.1 Trial design**

The trial of the Fostering Connections programme was immensely complex and ambitious, with randomisation of YPSWs (and their associated SSWs) and the collection of outcome data being undertaken without disrupting the normal operations of the LAs beyond what was strictly necessary. There were numerous challenging aspects to the impact evaluation, some of which could almost certainly not be avoided in any future trial. However, some of the complexities could perhaps be at least partially addressed, with the caveat that no RCT design for the programme looks to be a straightforward enterprise.

#### **Randomisation**

Probably the most complicated aspect of the trial was the need to randomise YPs to four groups, only two of which were included in the primary analysis (that is, the YPs for whom both their YPSW and their FCs' SSW were assigned to the training, and the YPs for whom neither their YPSW nor their FCs' SSW was assigned to the training). This reduced the sample size for the primary analysis.

A related problem, as has already been discussed, was that, during the trial, many YPs were assigned to new SWs, so that, for the YPs in the intervention arm, many did not spend the whole trial period with SWs who had been assigned to the training.

Some of these issues could potentially be avoided, or at least their impact reduced, if the trial were to be run as an LA-clustered trial, with randomisation at the level of the LA rather than, as was done in this trial, at the level of the SW. Under that design, all SWs within an LA would either be assigned to the training or to the control group. SWs new to the LA would automatically be offered the training where practical. In practice, such a design would bring its own challenges, a key one being the logistics of offering training to all SWs within a short time period and perhaps the need for a much bigger trial overall. But such a design would certainly address a number of the statistical issues.

## **Contamination**

There is some potential for contamination of the control group in the study. The main contamination risk is YPs, or their FCs, in the control arm being allocated to SWs during the trial who have attended the training. This happened rarely – just three percent of YPs – and an analysis taking these cases out did not change the overall findings. Over and above this type of contamination, there is potential contamination between the intervention and control groups at the SW level. Although formal dissemination of learning from the Fostering Connections programme did not occur until after follow-up data collection, interviews with SWs and SMs indicated that some informal sharing of practices took place within teams. Some trained SWs reported informally incorporating elements of the programme into shared team spaces. This included using reflective check-ins to support collaborative working and discussing during team meetings that included colleagues allocated to the control group how specific tools from the training informed their practice.

While this informal sharing was limited in scope and did not involve the transmission of the full training content, it nonetheless represents a degree of contamination that may have slightly reduced observable differences between trial arms. Such informal diffusion is difficult to prevent in real-world social care settings, where collaborative working and shared reflective spaces are integral to practice. This limitation highlights the challenges of maintaining strict separation between intervention and control conditions in settings such as Children’s Social Care and should be accounted for in the design and interpretation of future evaluations, for example, through cluster-level designs or explicit strategies to monitor and manage informal knowledge sharing.

BAU practice varied substantially across fostering teams within participating LAs. Although all sites delivered standard statutory social care functions, there were notable differences in the type, intensity and focus of support and practice offered within fostering teams. This variation included differences in access to specialist therapeutic provision, such as in-house or commissioned mental health and therapeutic teams, and exposure to attachment- or trauma-informed training (e.g. Dyadic Developmental Psychotherapy). Some LAs were also engaged in broader organisational initiatives aimed at aligning practice with systemic, anti-racist, trauma-informed, relational or restorative approaches. Despite this variability, BAU did not include a consistent or structured trauma-informed framework across all sites or dedicated training, protected time or formal implementation supports to embed TIP systematically within fostering teams.

### **5.2.2 Data collection**

A key limitation of this evaluation was its reliance on follow-up data on YPs from FCs to assess the main outcome measure. Tracking and obtaining follow-up data proved challenging, particularly for YPs who had moved placements during the study period, especially when YPs moved out of foster care or were placed with FCs who did not participate in the baseline survey. These placement-related challenges are common in

children's social care research but significantly impact data completeness and the robustness of outcome analyses. Future evaluations should consider strategies to mitigate data loss associated with placement mobility. For instance, relying more on administrative outcomes, in particular the SDQ scores collected as part of the SSSA903, might be merited.

### **5.2.3 Outcome measures**

#### **Strengths and Difficulties Questionnaire**

Another limitation identified in this study relates to the use of the SDQ to measure outcomes in YPs. In the FC surveys, the externalising subscale of the SDQ was used to assess changes in behavioural difficulties, in line with the programme's TOC. While the SDQ is a widely validated and reliable measure in child and adolescent research, there are concerns regarding its sensitivity to detect nuanced or short-term changes resulting from interventions that are delivered to the support system around a YP, such as Fostering Connections. Behavioural improvements may be incremental, context-dependent or influenced by multiple factors beyond the intervention, potentially limiting the ability of the SDQ to capture meaningful shifts over the study period. Additionally, relying solely on carer-reported outcomes may introduce reporting bias, as carers' perceptions could be influenced by their own experiences or expectations of the programme rather than objective changes in YPs' behaviours. Collectively, these factors suggest that the SDQ may have provided a partial or conservative picture of the intervention's impact.

Future studies could benefit from including a broader range of outcome measures to complement the SDQ, including multi-informant reports (allowing triangulation across perspectives from YPs, carers and independent observers) and measures sensitive to short-term, subtle and incremental changes. This could help capture more nuanced effects of interventions delivered to support systems around YPs. Additionally, identifying existing tools focused on socio-emotional outcomes and their dimensions – particularly those used in programmes aiming to influence behaviour and wellbeing indirectly through carers or professionals – may improve the precision and relevance of outcome assessment. Measures should also be carefully selected to reflect the specific outcomes and their components that the intervention is designed to influence, ensuring alignment between programme aims and the evidence captured.

#### **Attitudes Related to Trauma-Informed Care**

On reflection, the use of the ARTIC scale as an outcome measure for SWs may have been a limitation in this study. The ARTIC scale is designed to measure attitudes, knowledge and self-reported behavioural intentions regarding TIP. However, in the context of this trial, there was a stronger focus on capturing actual changes in SW practice and the embedding of trauma-informed approaches rather than only attitudes or intended behaviours. Consequently, the ARTIC scale may not have been sensitive enough to detect the nuanced, practical changes in day-to-day practice that the intervention aimed to foster.

In addition, as a self-report measure, the ARTIC scale may be subject to social desirability bias, with participants potentially overestimating their application of trauma-informed principles. These factors suggest that the ARTIC scale may have provided an incomplete assessment of the intervention's true impact on practice.

Future research should prioritise behaviourally based rather than attitude-based outcome measures that more accurately capture the systemic application of trauma-informed principles in practice. Instruments

that assess observable behaviour change – such as structured supervision reflections, case audit tools or manager-rated competency frameworks – are likely to provide a more valid representation of practice change.

#### **5.2.4 Recruitment**

##### **Local authorities**

A key challenge in this evaluation was the recruitment of LAs to the trial. Securing participation took considerably longer than anticipated, which delayed the planned start of the trial and affected the overall timeline for programme delivery and data collection. Although the introduction of a staggered delivery approach helped to manage these delays and allowed the evaluation to proceed, the extended recruitment period had downstream impacts. Phase 2 was delivered in parallel with phase 1 or shortened in some LAs. It meant compressed timeframes for staff engagement, potential variations in baseline characteristics between early and later cohorts and challenges in coordinating evaluation activities across sites. Additionally, delays may have affected the ability to fully integrate the programme within some LAs' existing schedules, potentially influencing uptake and the timing allowed for the follow-up survey, as it did in one LA.

Future projects should prioritise early scoping and sustained relationship-building with prospective LAs to secure senior leadership buy-in before trial commencement. As highlighted in RQ16, limited strategic engagement and understanding of the programme's aims were also barriers to effective implementation. Investing additional time at the outset to build trust, clarify expectations and align the intervention with local priorities could support the recruitment process, facilitate smoother evaluation setup and strengthen overall implementation fidelity. Additionally, using adaptive or rolling recruitment models similar to the staggered delivery approach used in this trial can help maintain project momentum while accommodating varying readiness levels across sites.

##### **Social workers**

As highlighted throughout the report, the social care workforce is under extreme pressure, with large caseloads and limited resources making time a scarce commodity. This affected both communication about and participation in various evaluation activities. Many SWs did not regularly check emails, and since email was the only available method of contact for several LAs, our invitation strategies were often ineffective. Even when contact was made, workload pressures made it difficult for SWs to commit to interviews. Although we sought to minimise burden by piloting the topic guide and limiting interviews to 60 minutes, the lack of incentives (unlike YPs' and FCs' interviews) further reduced uptake.

Another limitation was the self-selection bias in the interview sample. Despite our aim to achieve a spread across roles (YPSWs and SSWs), years of experience, employer and levels of attendance (non-attenders, partial attenders and completers), the majority of respondents were those who had completed the training. These participants naturally had more to contribute, but their perspectives likely underrepresent barriers to attendance and engagement.

In the future, from an IPE perspective, shortening topic guides or using focused, modular interview approaches could reduce time demands, while alternative methods – such as reflective journals, audio

diaries or digital surveys with open-ended questions – could capture rich qualitative insights without requiring formal interviews.

Integrating surveys into routine workflows (such as existing team meetings) and exploring the use of incentives may further increase response rates and support more representative findings. Future research could also consider more flexible, technology-enabled survey approaches, such as mobile- or app-based systems, that allow participants to complete surveys in stages and include automated nudges for completion. These approaches could increase engagement and capture perspectives from stakeholders who might otherwise have limited time to participate.

### **Foster carers**

Similarly, response rates to the survey for FCs were low. The incentive for participating in the baseline survey was gradually increased over the course of the trial (from £5 to £8, £10 and ultimately £20), and this significantly increased engagement. However, this strategy did not support high response rates for the follow-up survey. Several factors likely contributed, including survey fatigue (given the multiple data collection activities running alongside the trial), FCs' already demanding caring responsibilities, the changes in YPs' placements, which meant that new FCs had to be approached at follow-up, and variation in LA communication about the survey itself. As a result, the low response rates meant that the survey could not fully complement or triangulate the qualitative findings.

### **Young people**

Recruiting YPs to participate in interviews proved to be one of the most significant challenges in this evaluation. The process for engaging YPs relied on YPSWs to identify and reach those who may want to participate in an interview, as they were best placed to judge appropriateness and safeguard relationships. However, as discussed earlier, SWs were already under considerable pressure, and this additional responsibility was sometimes unfeasible. Communication through email further reduced effectiveness, and the timing of requests, particularly in some LAs before the Christmas period, likely compounded low response rates.

Another challenge was that as YPs were not directly involved in the Fostering Connections programme, they had little awareness of or interest in the evaluation, even with incentives. As a result, only three one-to-one interviews were conducted, far short of the original target of 20. To mitigate this, we adapted our approach by engaging with existing forums, such as CiCCs, where focus groups were held. These groups provided useful perspectives on themes such as key characteristics of good SWs, but the data were necessarily broader and less tailored to the specific research questions than individual interviews would have been.

The limited engagement and recruitment of YPs for interviews constrained our ability to incorporate their voices in the IPE evaluation, meaning their perspectives were less well-represented compared to other stakeholder groups. In future, alternative methods – such as focus groups within existing youth councils, creative workshops, participatory activities, digital storytelling or interactive online platforms – could provide opportunities for YPs to share their perspectives in ways that feel engaging and accessible. Ensuring that data collection is visually engaging, interactive and age-appropriate, alongside clear communication about the purpose and benefits of the research, could help capture a broader and more representative range of youth voices in evaluations.

### **5.2.5 Wider local authority contextual factors**

A key limitation in conducting both the impact and IPE strands of this intervention in children's social care relates to the broader contextual pressures experienced by the participating LAs. During the trial period, many sites were managing multiple Ofsted inspections, financial constraints, team restructuring and staff redundancies. These factors created substantial operational pressures, which made evaluation setup, coordination and data collection particularly challenging. Engaging with essential staff, including SWs, senior managers and other key stakeholders, was complicated by competing organisational priorities and frequent staff turnover. Consequently, the evaluation faced practical constraints that may have limited the completeness, timeliness and breadth of the data collected and shaped the representativeness of the sample. These challenges highlight the difficulty of conducting rigorous evaluations within dynamic and high-pressure social care environments, where systemic and organisational instability can significantly affect both the implementation and assessment of interventions.

Given the frequency of external inspections, financial pressures, workforce instability and structural reorganisations across the sector, future studies should build in greater flexibility in both the research design and delivery timelines. Embedding evaluation processes within existing organisational structures and supervision systems may reduce the burden on staff and improve participation. Additionally, incorporating context monitoring throughout the evaluation period would enable researchers to better interpret findings in light of external events and organisational change.

A further limitation of this study was that across several sites, there were insufficient administrative and business support structures to manage the logistical and data requirements of the evaluation. Staff members who might ordinarily have supported data coordination or communications were often unavailable or redeployed due to ongoing workforce shortages, restructuring or financial constraints. As a result, key research activities, such as compiling eligibility data for randomisation, managing consent processes and liaising with the evaluation team, were often delayed. This lack of dedicated support capacity led to the disruption of timelines, inconsistent data submission and additional demands on overstretched teams. In many instances, a limited understanding of research processes/tasks or data governance requirements further compounded these challenges, hindering smooth collaboration between the evaluation and implementation teams.

Embedding a research team member within local sites or assigning a dedicated research liaison officer could help bridge gaps, support data collation and ensure consistent adherence to research protocols. Where embedding is not feasible, early and sustained engagement with senior management should include explicit discussions about resourcing and business support for evaluation-related tasks. In addition, providing accessible, flexible training resources (such as short videos or step-by-step written guides) could build confidence and understanding among staff who are less familiar with research requirements, reducing reliance on synchronous meetings with the evaluation team.

### **5.2.6 Programme delivery**

A key limitation of this evaluation is that the programme was not always implemented in ways that would allow us to fully capture its potential impact. Recruitment periods were relatively short, which meant some participants experienced the training as an additional last-minute burden rather than as a planned and integrated opportunity. In some instances, the training was truncated or delivered in parallel with phase

two (follow-up wraparound support). In future evaluations, allowing more time for scheduling and enrolment could help ensure participants can fully engage with the content.

More broadly, lessons for programme delivery emerged that would strengthen both implementation and evaluation. While providing the programme widely to SWs is important for enabling embedding in the system, given the therapeutic nature of the training, it is important that participation is framed as universal but optional, respecting consent while supporting widespread uptake. In addition, embedding the programme more systematically within LAs would support a more consistent trauma-informed culture and align better with the broader aim of the approach. This could be achieved through strengthening senior leader participation, providing further guidance on the TIC's role and clarifying how systemic changes are expected to occur. These adaptations would not only improve implementation but also provide stronger conditions for evaluating the long-term effects of TIP on actors across the system.

### **5.3 Future research and publications**

This evaluation highlights both the promise and the limitations of implementing trauma-informed training within the current realities of Children's Social Care. Fostering Connections was widely regarded by SWs and SMs as a high-quality, relevant and emotionally resonant programme. Qualitative findings suggest that, for many practitioners, the training supported meaningful reflection, shifts in perspective and changes in day-to-day practice, particularly in how relationships with YPs and carers were understood and approached. In this sense, the programme aligned strongly with what frontline practitioners described as needed, appropriate and acceptable within their roles.

However, the evaluation also underscores a critical disconnect between individual-level change at the practitioner level and wider system-level outcomes. Despite engagement and self-reported practice change among SWs, there was limited evidence of corresponding change for FCs or YPs. These findings cannot be interpreted in isolation from the structural context in which the programme was delivered. High caseloads, workforce instability, competing organisational priorities and limited protected time constrained the extent to which learning could be consistently embedded, reinforced and translated into sustained change across services.

Taken together, the findings suggest that trauma-informed training, while necessary, is insufficient on its own to deliver measurable improvements in outcomes for children and YPs. Programmes like Fostering Connections may be most effective when they are part of a broader organisational and systemic commitment to TIP, one that includes managerial engagement, alignment with supervision and decision-making processes, realistic workload expectations and continuity across the workforce. Without these conditions, training risks being experienced as impactful at a personal level but diluted in its ability to shift practice cultures or influence outcomes at scale.

More broadly, this evaluation illustrates the challenge of delivering and assessing complex relational interventions within an overstretched children's social care system. It highlights the importance of designing interventions that are not only theoretically sound and well-received but also feasible within existing structures and responsive to the lived realities of practitioners, carers and YPs. In doing so, it contributes to a growing body of evidence that improving outcomes for children and YPs who experience trauma requires not only skilled and reflective practitioners but systems that actively enable rather than constrain trauma-informed ways of working.

Based on the findings, the limitations of the evaluation and the lessons learned, we make the following recommendations for future research:

### **Programme development**

A future evaluation should:

- Extend the innovative approach of bringing together different types of SWs for the training to include FCs. This would have benefits for FC practice and the working alliance between FCs and SWs. In turn, this might contribute to stronger outcomes for YPs.
- Explore the TICs' role in depth. This could include the different ways they might be identified within the LAs, any additional training needs required for the role other than attendance at the training, an account of their main roles and responsibilities within their specific context, how the role is communicated to relevant teams and its relationship with other teams, (for example, the learning and development team), their own ongoing support, and how their workload needs to be adjusted to take account of the demands of the role.
- Review the COP and the pastoral call elements of the programme for possible further development. Although earlier and more consistent messaging might have increased uptake in this evaluation, there remain issues of relevance, feasibility and technical difficulties with the COP platform.
- Consider how Fostering Connections is more widely positioned in relation to the professional standards for SWs and, specifically, the Continuing Professional Development (CPD) Standard (Research in Practice, 2025). There is, for example, the requirement for SWs to reflect on their own values and challenge the impact these values have on their practice. This resonates strongly with the Fostering Connections approach. This positioning should be extended to the current understanding of what SWs report about their own continuing professional development. A 2021 YouGov study of SWs' views of their CPD found that online learning was the most common form of CPD during 2020 (76%).<sup>40</sup> However, the report noted that some participants held misgivings around the suitability of an online format for more sensitive and reflective CPD topics, such as those associated with Fostering Connections (YouGov, 2021). Finally, according to this report, SWs, on average, spend six days a year on their own continuing professional development. Where might Fostering Connections fit in within this context?

### **Programme implementation**

A future evaluation should:

- Establish if non-attendance by SWs was primarily due to work demands, lack of sufficient notice about the training and/or a reluctance to take part in the programme because of its content and approach to learning. To help reduce this factor, participating SWs would need workloads to be adjusted to take account of their participation in the programme.
- Explore the merits of developing a shorter, more streamlined version of the training. Such a course would have the benefit of allowing managers to have more of a lived experience of the programme

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<sup>40</sup> Note: This was during the COVID pandemic.

and, therefore, a greater understanding of the experiences, perspectives and development of the SWs. This would help to ensure stronger support for SWs and put them in a better position to understand how the programme might be embedded within the individual context of an LA.

- Consider developing a taster session for participants before the training commences. Most of the negative effects reported were experienced because SWs were unprepared for the course, and, therefore, they could be mitigated by delivering a taster session. This may also improve buy-in and attendance. The current e-learning module is a resource that goes some way to trying to address these issues, but due to low engagement with the module, a future study might explore the mode of delivery as well as the content.

## **Trial design**

A future evaluation should:

- Consider running the evaluation as an LA-clustered trial, with randomisation at the level of the LA rather than, as was done in this trial, at the level of the SW to try and reduce the impact of the statistical challenges reported.
- Design the length of the trial and the programme (number of sessions and delivery period) to take into account how long it might be expected to see change at the YP level, considering the complexity of their lives and the challenges within the system that supports them.
- Beyond the robust implementation of the Fostering Connections programme, consider the other variables that might need to be in place for changes in outcomes at the YP level. This refers to a previous point made about what the reasonable expectations for the impact of a professionals' training programme are, especially in the wider context of very few existing studies in the field of social care and limited studies in other fields.
- Review some of the outcome measures with a view to selecting a set that is more closely aligned with the TOC. A comprehensive account has been provided in Section 5.1.2., but in summary, the SDQ scores completed by FCs about YPs might instead be based on the scores collected for the SSDA903. Outcome measures for FCs and SWs should focus on measures and/or instruments that assess observable behaviour change (rather than attitudes).
- Perform early scoping and relationship-building activities with potential sites to secure senior leadership buy-in well in advance of trial initiation. This might include the use of an embedded researcher to, for example, address ethics and recruitment demands to reduce the burden on LA staff (Homer *et al.*, 2022).

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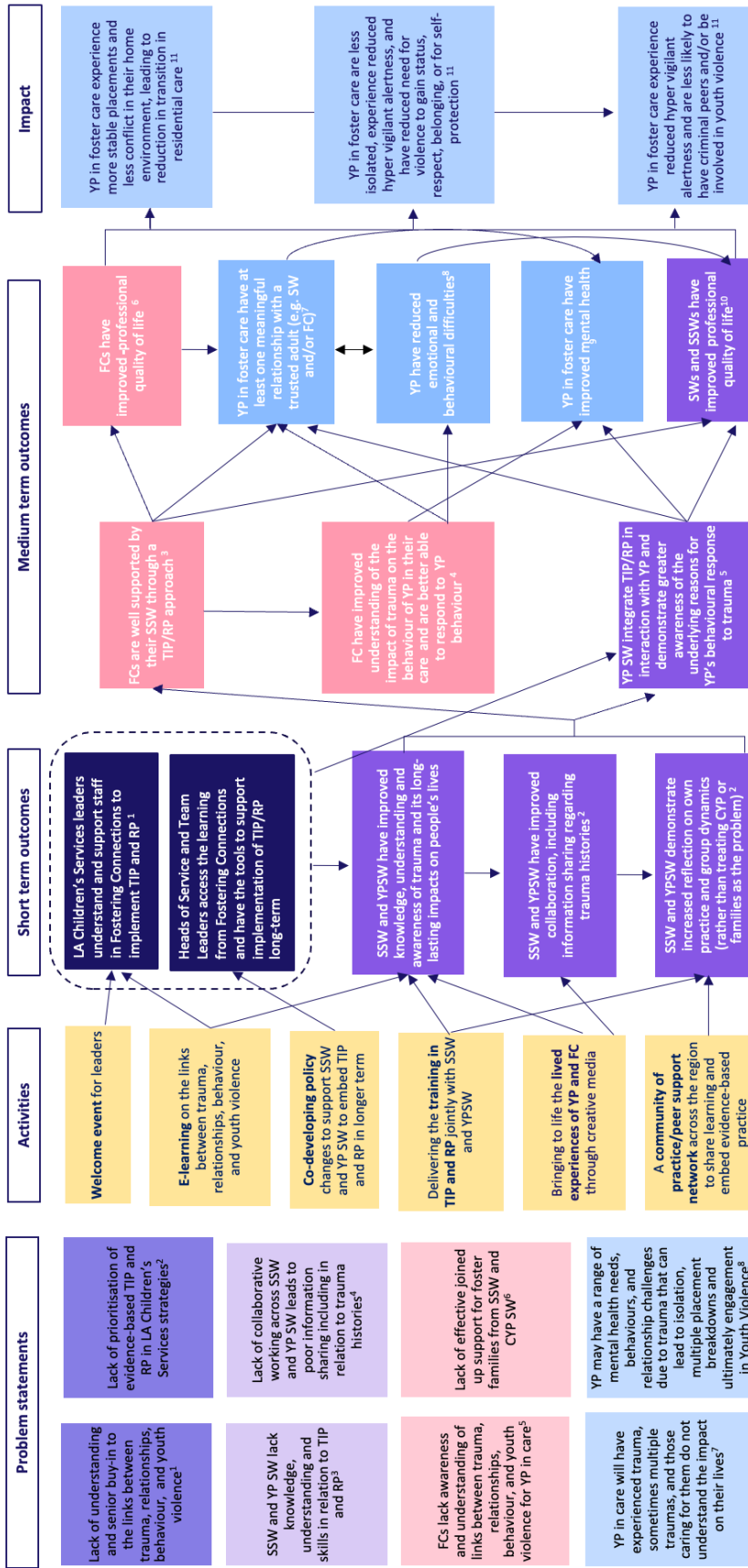
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# Appendix A: Theory of change



**Key**

- Organisation
- Supervising Social workers (SSW) & Young people's social workers (YP SW)
- Foster carers (FC)
- Young people (YP)
- Multiple groups

## Appendix B: Recruitment documents



### Memorandum of Understanding

Between

**National Children's Bureau**

23 Mentmore Terrace, London, E8 3PN

(Lead Partner)

And

**Name of LA**

(Partner)

### Purpose

This Memorandum of Understanding (MOU) sets out the terms of reference between the National Children's Bureau and the Trust in relation to the Fostering Connections Programme – Wave 3 Intervention and Control Groups (start date to be agreed – September 2024).

This agreement is concerned with the delivery of defined objectives within the agreed proposal for the Youth Endowment Fund (YEF): Trauma Informed Practice and its Impact on Youth Violence. The National Children’s Bureau, Leap Confronting Conflict, and the Centre for Evidence and Implementation are the key partners that local authorities will engage with for the duration of the programme.

For this partnership, this Agreement sets out the basis for that relationship. Its content is only concerned with that contract and relationship and shall not apply to any other work or relationships between organisations.

In the event that YEF do not complete the contract with the partnership or choose to terminate the grant with NCB, then this agreement shall cease with immediate effect with no continuing obligation on either party (subject to any exit arrangements in the case of termination).

## **AGREED TERMS**

### **Definitions and interpretations**

The following definitions and rules of Interpretation in this clause apply in this agreement:

- **Agreement** means this MOU including its schedules.
- **Business Day** means day (other than a Saturday, Sunday, or a Public Holiday).
- **Confidential Information** means all confidential Information (however recorded, preserved, or disclosed by a Partner or Its Representatives to another Party and/or that Party's Representatives In connection with the Project after the date of this agreement.
- **Partner** means the organisation(s) who have signed up to this agreement.
- **Disclosing Party** means a Party to this Agreement as signed by all parties to it.
- **Recipient** means a party to this Agreement which receives or obtains directly or Indirectly confidential Information.

### **Duration**

This MOU has been constructed ‘at will’ and may be modified by mutual consent of authorised officials from NCB and the Trust. This MOU shall become effective upon signature by the authorised officials from NCB and the Trust and will remain in effect until the duration of the Fostering Connections programme and evaluation process (date – wave 3: until June 2025). Otherwise, the MOU may be:

1. Modified or terminated by any one of the partners by mutual consent in exceptional circumstances.<sup>41</sup>
2. Three years have lapsed from the date of the last signature on this MOU.

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<sup>41</sup> Once the first grant payment has been received by the local authority, there is an expectation for local authority involvement through to the post intervention final data collection phase of the programme.

## Trust Grant

This Memorandum of Understanding is an agreement between NCB and the Trust Bradford Children and Families Trust, to use funding from the Youth Endowment Fund to deliver activities as set out in this MOU.

The £10,000 funding grant is for the use of the additional capacity required by the Trust to engage in the intervention and evaluation process (including engagement with Independent Fostering Agencies).

Once the initial payment is received by the Trust, there is an expectation for Trust involvement through to the post intervention final data collection phase of the programme.

This grant will be released through the following payment schedule:

1. **£2,500** on (August 2024) based upon the initial sign-up process and engagement which involves:
  - Completion of the signed Memorandum of Understanding and signing of the Data Sharing Agreement
  - Provision of an anonymised list of eligible young people, their foster carer and social workers to the evaluation team for the randomised control trial.
  - Emailing provided information and opt-out sheets to eligible social workers and foster carers to introduce them to the evaluation and give them an opportunity to opt out from having their contact details shared with the evaluation team.
  - Sharing contact information of eligible social workers and foster carers with the evaluation team who do not opt-out via a secure file transfer system.
  - Supporting baseline data collection by encouraging social workers and foster carers to complete the survey.
  
2. **£5,000** on (November 2024) to support data collection at baseline and during delivery of the intervention. This will include:
  - Sharing an anonymised subset of SSDA903 data for 2023/2024 for young people included in the trial with the evaluation team via a secure file transfer system.
  - Assisting the Evaluation Team in selecting a small number of foster carers and young people to be invited for an interview and provide any necessary support in setting up the interviews.
  - A small number of social workers and strategic managers to participate in an optional interview with the Evaluation Team.
  - Sharing basic information on staff cost time for their participation in the programme (inc. pay scale grade) with NCB and Coram Leap using a provided template, and the potential sharing of a sample of social worker visit records.
  
3. **£2,500** on (June 2025) for endline data collection post intervention

- Updating the information previously provided on young people, their foster carer and social workers and potentially repeat an opt-out exercise with some foster carers.
- Supporting follow-up data collection by encouraging social workers and foster carers to complete the survey.
- Sharing an anonymised subset of SSDA903 data for 2024/2025 for young people included in the trial with the evaluation team via a secure file transfer system.

Please refer to the **NCB Invoice Checklist** for information about how to ensure invoices are compatible with the NCB payment system.

### **Work to be delivered.**

The partnership will focus on delivery of the following activities:

#### Training Intervention, delivered by Coram Leap Confronting Conflict over maximum of five months:

The training to social workers and supervising social workers will be delivered by Coram Leap Confronting Conflict, who have over 30 years' experience in designing and delivering highly impactful training programmes to young people and the adults in their lives about successful conflict navigation.

- The organisation and payment of venues for the training intervention will be led by NCB, with support from a Lead Contact in the Trust to provide information about suitable dates, locations, and scheduling of the training sessions.

Overview of training intervention:

- Supervising Social Workers, Children/Young People Social Workers and Foster Carers to complete Trauma Informed Practice and Reflective Practice eLearning course.
- Supervising Social Workers and Children/Young People Social Workers to attend 7 face to face Trauma Informed Practice training days.
- Supervising Social Workers and Children/Young People Social Workers to attend 3 Reflective Practice days (*these may be delivered virtually or face to face – to be confirmed with local authorities*).
- The exit strategy for the training intervention will be informed by reflective practice, to support Supervising Social Workers and Young People's Social Workers to reflect on what they have learned, to acknowledge the impact on their professional relationship, practice and relationships with foster carers and young people.

#### Sustainability work, facilitated by the National Children's Bureau during the training and as a follow up to the core training intervention over five months maximum:

- NCB to work with each Trust to identify and establish a group of up to four Supervising Social Workers and Children and Young People's Social Workers who

have been involved in the intervention group only, to act as Trauma Informed Practice (TIP) Champions in each Trust.

- NCB to support the TIP Champions via an online community of practice forum, with participation from all local authorities committed to the programme.
- Workshop with Trust leaders and Supervising Social Workers and Children and Young People's Social Workers in the intervention group to co-develop policies that support ongoing implementation of TIP and reflective practice for the intervention group.
  - *Local authorities must not facilitate the sharing of any formal learning about the training intervention outside of participants in the intervention group, until data collection for evaluation is completed.*
- Monthly cross Trust virtual follow up workshops, to be delivered for four months beyond core delivery of the training intervention.
- Two cross Trust learning and networking events which bring together all Supervising Social Workers and Children and Young People's Social Workers who were part of the intervention group across the different waves of the programme.
- The online community of practice forum will facilitate peer-to-peer support across all local authorities participating in the programme, to help support shared learning and implementation of TIP and reflective practice in the longer-term.

#### Evaluation activities (Evaluation led by the Centre for Evidence and Implementation):

- Local authorities will support to set up of baseline and follow-up data collection, randomisation, and other evaluation data collection.
- Eligible social workers and foster carers will be invited to complete a baseline and follow-up survey.
- A subset of Strategic Managers, Social Workers, Foster Carers and Young People will be invited to take part in an interview.
- Local authorities will compile a subset of SSDA903 data for young people in the trial, and share the anonymised dataset (with unique IDs) with the evaluation team via a secure file transfer system at two time points (covering 2023/24 and 2024/45)
- Local authorities will share basic information on staff cost time for their participation in the programme (inc. pay scale grade) using a provided template, and the potential sharing of a sample of social worker visit records.

The delivery of this work will be agreed and monitored in regular meetings with the Nation Children's Bureau project team. The meetings will take place virtually via Microsoft Teams.

#### **Reporting**

The Partners will report to NCB each quarter, or as otherwise defined by the Youth Endowment Fund (YEF) outlining progress against contracted outcomes and work plan report to be mutually agreed and in line with the contractual requirements and expectations. In keeping with the partnership, all parties will exchange information on progress and challenges and contribute to a risk and issue register. NCB will be accountable for reporting to YEF.

Outlined below is information required from each Trust for quarterly reporting purposes:

- Numbers of children and young people referred and recruited to for the intervention broken down by of the total figures by characteristics, such as ethnicity and Special Education Needs and Disabilities, neurodivergence.
- Number of Social Workers referred and recruited to the intervention.

This information will be pseudonymised.

### **Intellectual Property**

Within this partnership arrangement, all partners may be required to share organisational data and intellectual property. All background IP remains the property of the organisation which created it. IP created by Partners in the course of this project remains the property of the Youth Endowment Fund. Partners grant to each other, for the life of this project an irrevocable, royalty-free, non-exclusive licence of any Intellectual Property Rights required for the purposes of delivering this requirement.

Partners shall also retain all data and intellectual property rights associated with their original works including but not limited to all patents, copyrights, and trademarks.

Partners shall not use data and intellectual property provided by partners for any other commercial or commercial purpose.

On termination of this Agreement, Partners shall transfer to NCB any such information and materials relating to this Agreement as may reasonably be requested. NCB is entitled to withhold final payment of any monies due to Partners until this transfer has been affected.

### **Confidentiality**

For the purpose of this agreement “Confidential Information” shall mean all information of commercially sensitive nature including (but not limited to) documents, data, techniques, and know-how which are disclosed by one Partner to the other for use in or in connection with the proposed partnership.

The Partners hereto agree to use all reasonable endeavours to ensure that any Confidential Information disclosed to one Partner (receiving Partner) by the other (Disclosing Partner) shall be treated with the same care and discretion to avoid disclosure as the Receiving Partner uses with its own similar information which it does not wish to disclose

The Receiving Partner shall not, during a period of five years after the termination or expiry of this Agreement, use any such Confidential Information for any purpose other than the carrying out of its obligations under this Agreement or other than in accordance with the terms of this Agreement.

The undertaking above shall not apply to Confidential Information:

- which, at the time of disclosure, has already been published or is otherwise in the public domain other than through breach of the terms of this Agreement;
- which, after disclosure to the Partners, is subsequently published or comes into the public domain by means other than an action or omission on the part of any of the Partners;

- which a Partner can demonstrate was known to them or subsequently independently developed by them and not acquired as a result of participation in the collaboration;
- which was lawfully acquired from a third Party or third parties who had a right to disclose it with no obligations of confidentiality to any of the Partners; or
- is required to be disclosed by applicable law or court order or by any Partner's regulatory body, which is empowered by Statute or Statutory Instrument, but only to the extent of such disclosure and the Receiving Partner shall notify the Disclosing Partner promptly of any such request.

This confidentiality clause is intended to be legally binding.

### **Safeguarding**

Where a child protection or safeguarding incident or concern directly arises from the YEF funded activity or is of a high level of severity, we expect to be notified right away and to be kept informed. This includes where a child or vulnerable adult is:

- Involved in Homicide as victim or charged as perpetrator; is
- A victim or perpetrator of assault amounting to attempted murder;
- A victim or perpetrator of serious sexual offences including rape.

In addition, where the safeguarding:

- Allegation is against a member of staff funded by the YEF project – and for this project we would want to extend this to any serious allegations made against trained social workers.
- Incident happens during or on the premises of an activity in the YEF project – i.e., during training or data collection, but also any serious safeguarding incidents that occur during a social worker's interaction with a young person or foster carer.

YEF expect NCB to notify them of these cases within 48 hours using their serious incident report form. Therefore, we will need Local Authorities to notify us (NCB) of safeguarding cases within 24 hours.

### **Contact Information for all relevant partners:**

Partner name: National Children's Bureau Partner Representative: Caroline Coady Position: Deputy Director, Social Care Address: 23 Mentmore Terrace, London, E8 3PN Email: ccoady@ncb.org.uk Telephone:	Partner name: Coram Leap Confronting Conflict Partner Representative: Denise Allen Position: Address: Unit 7, 5-7 Wells Terrace, Finsbury Park, London N4 3JU Email:
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	Telephone:
<p>Partner name: Centre of Evidence and Implementation</p> <p>Partner Representative: Dr Ellie Ott</p> <p>Position: Associate Director</p> <p>Address: The Evidence Quarter, Albany House, SW1H 9EA, London,</p> <p>Email: <a href="mailto:eleanor.ott@ceiglobal.org">eleanor.ott@ceiglobal.org</a></p> <p>Telephone: 0208 175 1313</p>	

### Signatories

<p>Partner name: Charlotte Ramsden</p> <p>Partner Representative: Bradford Children and Families Trust</p> <p>Position: CEO</p> <p>Address: Sir Henry Mitchell House, 4 Manchester Road, Bradford, West Yorkshire, BD5 0QL</p> <p>Email: <a href="mailto:charlotte.ramsden@bradfordcft.org.uk">charlotte.ramsden@bradfordcft.org.uk</a></p> <p>Telephone: 07974894816</p>	<p>Partner name: Julie Crellin</p> <p>Partner Representative:</p> <p>Position: Director of Finance</p> <p>Address: Sir Henry Mitchell House, 4 Manchester Road, Bradford, West Yorkshire, BD5 0QL</p> <p>Email: <a href="mailto:Julie.Crellin@bradfordcft.org.uk">Julie.Crellin@bradfordcft.org.uk</a></p> <p>Telephone: 07890 420772</p>
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# Invoice Checklist – National Children’s Bureau



National Children's Bureau  
23 Mentmore Terrace, London E8 3PN  
020 7843 6000 ✉ info@ncb.org.uk

21 September 2020

Dear Supplier,

## Invoice Checklist – Ensuring your invoice is compatible with our automated AP system

To help Finance process payments as quickly as possible using our automated invoice processing software and provide external auditors with information they require, please ensure that the following criteria are met:

### Format:

Invoices must be sent to us in PDF (Portable document format) and not as Microsoft office document.

### Supporting Documents:

If your invoice comes with supporting documents (receipts, service breakdown reports, etc.) please merge these as additional pages under the invoice.

### Required information:

- The word "INVOICE" or "CREDIT NOTE"
- Name, address, phone number and email contact of the supplier
- Addressed to NCB with name and address (please ensure this is up to date)
- Addressed to the Department/Project the work refers to
- Invoice is dated
- A unique reference number (avoids duplications and makes it easier to record the activity and invoices payment status)
- Consultants/Associates must state that they have the responsibility for their tax & NI
- VAT registration number (if applicable). Hence if they are not VAT registered there should not be any mention of VAT on the invoice
- If expenses are claimed, details of the costs incurred (and receipts attached)
- Bank details so payments can be made directly to their account

### Helpful (Optional) information to include:

- Details of the work done, by whom & for which NCB Department/Project
- Dates of when the work was completed
- The number of days worked with the amount per day or per SLA

UNITED FOR A BETTER CHILDHOOD

National Children's Bureau  
Registered charity number 258825  
Company limited by guarantee number 00952717  
Registered office: 23 Mentmore Terrace, London E8 3PN



National Children's Bureau  
23 Mentmore Terrace, London E8 3PN  
020 7843 6000 ✉ info@ncb.org.uk

21 September 2020

**We recommend invoices to be sent by email to [purchaseinvoices@ncb.org.uk](mailto:purchaseinvoices@ncb.org.uk) and all other correspondence to [finance@ncb.org.uk](mailto:finance@ncb.org.uk)**

If you must send us invoices and other correspondence by post, and currently have an address of WeWork 115 Mare Street or 8 Wakley Street, please update your records immediately to ensure your invoices are received and paid. Please note that not meeting the above requirements may lead to delays in payment.

Yours faithfully,

A handwritten signature in black ink that reads "D. Oaker".

**Dan Oaker**  
Head of Finance & Resources

**UNITED FOR A BETTER CHILDHOOD**

National Children's Bureau  
Registered charity number 258825  
Company limited by guarantee number 00952717  
Registered office: 23 Mentmore Terrace, London E8 3PN

## Appendix C: Privacy Notice

### Centre for Evidence and Implementation Privacy Notice for the “YEF Fostering Connections” Evaluation (Foster carers and carers)

#### Introduction

The Centre for Evidence and Implementation (CEI) is a research organisation which looks at how to improve services for children, young people and families. CEI understands that keeping your personal details safe, and using them correctly, is important.

This privacy notice explains what personal details we collect about you when we conduct research for the *Fostering Connections* evaluation project. If you have any questions about any aspect of this privacy notice, you can contact us using the information provided below or by emailing us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org) quoting ‘*Fostering Connections*’ in the subject or body of the email.

We want to test whether the *Fostering Connections* programme has a positive impact on children in foster care and their carers. The evaluation is carried out by CEI, together with our evaluation partner Bryson Purdon Social Research (BPSR). The evaluation project is funded by the Youth Endowment Fund (YEF).

#### The personal details do we collect and how

We may collect personal details in a variety of ways and at a variety of times throughout the research study being conducted. We refer to “direct data collection” when details are collected directly from you and we refer to “indirect data collection” when the details are not collected directly from you.

CEI will collect the following information from you (direct data collection):

- Demographic information (gender, ethnicity, age, education) (via interview and/or online survey)
- Survey responses (via online surveys) including about the young person in your care and your own well-being as a foster carer
- Answers in interviews you have with us which are audio-recorded

Your Local Authority will share the following information with CEI (indirect data collection) to help us undertake the research:

- Your name
- Your email address
- Your phone number
- Local authority name

Your Local Authority will share pseudonymised administrative data (data with no names) on the child(ren) in your care with CEI and its partner BPSR to analyse. This information will be added to the Office of National Statistics’ archive and may be used by other organisations later for further studies. The information will be

associated with a unique ID, meaning that the information can be then linked up with other government departments without using a name.

The information you provide about the behaviours, emotions and relationships of the child(ren) in your care as part of surveys will also be archived.

### Why we use your details and for what legal reason

When conducting the evaluation, we may use your personal details for the following purposes:

Purpose	Legal reasons for use
For the relevant Local Authority to identify you as a research participant and share the minimum amount of relevant personal details to allow the research project to take place.	Public Task
To gain your permission (Ethical Consent) for your participation in the evaluation (you do not have to participate in the study and can withdraw at any time).	Art 6 Legitimate Interest
To send you two surveys so you can take part in the research study.	
For CEI to contact you to participate in an interview which will be recorded as part of the research.	
To transcribe the audio captured from any recorded interviews CEI have with you.	
To share administrative data for analysis and reporting.	
To write a research findings report based on information collected and analysed. No personal details will be in the report.	
Archiving of pseudonymous data (data with no names) which may be used by other organisations later for further studies. Data will be linked with data from the National Pupil Database held by DfE and other government departments (further information available <a href="#">here</a> ).	Art 9 Archiving, research and statistics
To identify your data, which would be deleted where possible, should you no longer agree to have your data processed for the purpose of conducting the research Project.	Art 6 Legitimate Interest

### How we share your details

It is unlikely that we'll ever share your details outside the UK. If, however, it becomes necessary, we would do this while still respecting the law.

Any details shared with the below categories of recipients is the minimum necessary for the task they have been instructed to carry out. The partners listed here will manage your details safely and securely:

- Delivery partners – for this project, we will be working with Coram Leap Confronting Conflict (Coram Leap) and the National Children’s Bureau (NCB) who will be delivering the *Fostering Connections* programme
- Research partners - we will be working with our evaluation partner Bryson Purdon Social Research (BPSR) who will be responsible for analysis of the survey data
- Pre-approved transcription vendors: Mc Gowan Transcriptions
- Pre-approved online survey platform providers

- YEF archiving of pseudonymised data (data with no names) derived from your survey responses and administrative data on the child(ren) in your care

There may be occasions where we are subject to a legal obligation to disclose or share your personal data, such as with law enforcement agencies, regulatory bodies or public authorities in order to prevent or detect crime. We will only ever disclose your personal data to these third parties to the extent we are required to do so by law.

We may also share and use your personal details if we choose to sell, transfer, or merge parts of our business and/or group. We will only do this if they agree to keep your data safe and private. If a change to our group happens, then other parties may use your data in the same way as set out in this notice.

### **How long we keep your details**

Details will be reduced, redacted, de-identified and deleted at appropriate times so we retain the minimum amount of them throughout the study.

Transcription vendors are instructed to confirm the deletion of interview recordings and any copies of transcriptions of interviews within 90 days of delivery of the transcription to CEI.

Data collected and held by CEI is kept for 2 years after delivery of the final report.

Selected pseudonymous research data (data with no names) shall be transferred to the YEF's secure data archive, permanently hosted and stored by the ONS 'Secure Research Service'.

Further information on how the ONS SRS keep data secure can be found by following this [link](#).

### **Use of Microsoft TEAMS**

CEI uses Microsoft TEAMS to facilitate interviews online, please read Microsoft TEAMS privacy statement at <https://privacy.microsoft.com/en-gb/privacystatement>

### **How we protect your details**

We keep your details safe in our computer systems, and we complete checks to make sure that the use of your details is correct.

We will always keep these under review to make sure that the measures we have implemented remain appropriate.

### **Your rights and options**

You have the following rights in respect of the details we keep about you. However, please note that these rights may not apply in all situations, especially when the information has no names attached to it, or is included in analysis:

- You have the right of access to your personal data and can request copies of it and information about our processing of it.

- If the personal data we hold about you is incorrect or incomplete, you can ask us to rectify or add to it.
- Where we are using your personal data with your consent, you can withdraw your consent at any time.
- Where we are using your personal information because it is in our legitimate interests to do so, you can object to us using it this way.
- We never use your personal data for advertising (direct marketing purposes).
- You can ask us to restrict the use of your personal data if:
  - it is not accurate,
  - it has been used incorrectly but you do not want us to delete it, so we do not need it anymore, but you want us to keep it for use in legal claims, or ○ if you have already asked us to stop using your data but you are waiting to receive confirmation from us as to whether we can comply with your request.
- In some circumstances you can ask us to erase your details and request a machine readable copy of your personal data to transfer to another service provider.
- You have the right not to be subject to a decision based solely on decisions made by machines (including profiling) that produces legal effects concerning you or similarly significantly affects you.

If you want to do any of these things, please contact us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org)

You can ask us to do any of these things for free. However, we may charge a reasonable fee if your requests are for no reason or too often.

### **How to complain**

You can also lodge a complaint with the Information Commissioner's Office. They can be contacted using the information provided at:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Helpline number: 0303 123 1113

ICO website: <https://ico.org.uk/concerns/>.

### **Contact us**

If you have any questions, or wish to exercise any of your rights, then you can contact:

Project: Fostering Connections

Organisation: Centre for Evidence and Implementation

Address: 58 Victoria Embankment, Temple, London EC4Y 0DS

Alternatively, you can email us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org)

## **Changes to this privacy notice**

We may update this notice (and any supplemental privacy notice), from time to time as shown below. We will notify you of the changes where required by applicable law to do so.

Last modified 10.02.2025

*LA Staff*

## **Centre for Evidence and Implementation Privacy Notice for the “YEF Fostering Connections” Evaluation (Social Workers and Managers)**

### **1. Introduction**

The Centre for Evidence and Implementation (CEI) is a research organisation which looks at how to improve services for children, young people, and families. CEI is committed to protecting the privacy and security of any personal information that we collect.

This is a privacy notice which explains what personal details we collect about you in our evaluation of *Fostering Connections*.

If you have any questions about this privacy notice or how we will be using your details, you can email us at [dpo@ceiglobal.org](mailto:dpo@ceiglobal.org) quoting ‘*Fostering Connections*’ in the subject or body of the email.

The evaluation project aims to assess whether the *Fostering Connections* programme has a positive impact on children in foster care and their careers. The evaluation is carried out by CEI, together with our evaluation partner Bryson Purdon Social Research (BPSR). The evaluation project is funded by the Youth Endowment Fund (YEF).

### **2. Personal data we collect and how**

We may collect personal data in a variety of ways and at a variety of times throughout the research study being conducted. We refer to “direct data collection” when data is collected directly from you and we refer to “indirect data collection” when the data is not collected directly from you.

The Local Authority will share the following information with CEI and BPSR (indirect data collection) to help us undertake the research:

- Your name
- Your email address
- Your phone number

- Place of work (local authority name)
- Your social worker ID
- Your job title and staff pay grade
- Pseudonymised data from social worker’s visit records

CEI will collect the following information from you directly (direct data collection):

- Demographic information (gender, ethnicity, years of experience, education, and training background) (via interview and/or online survey)
- Survey responses (via an online survey) including about your relationship and practice with foster carers / young people in care
- Answers in interviews you have with us which are audio-recorded
- Written notes based on observation of training, reflective practice sessions, and workshops under the programme

The National Children’s Bureau (NCB) and Coram Leap Confronting Conflict

(Coram Leap), who are jointly responsible for delivering the *Fostering Connections* programme, will share the following information with CEI and BPSR:

- Your attendance at training, reflective practice sessions, and workshops under the programme, and engagement with online training
- Your feedback on the training.

### 3. Why we use your details and for what legal reason

When conducting the evaluation, we may use your personal details for the following purposes:

Purpose	Legal reasons for use
For the relevant Local Authority to identify you as a programme participant and share the minimum amount of relevant personal data to allow the research project to take place.	Public Task
To gain your permission (Ethical Consent) for your participation in the evaluation (you do not have to participate in the study and can withdraw at any time).	Art 6 Legitimate Interest
To send you two surveys so you can take part in the research study.	
For us to contact you to participate in an interview which will be recorded as part of the research.	
To conduct an interview with you, which will be recorded.	

Purpose	Legal reasons for use
To transcribe the audio captured from any recorded interviews we have with you.	
To share administrative data for analysis and reporting.	
To write a research findings report based on information collected and analysed. No personal data will be in the report.	
To identify your data, which would be deleted where possible, should you no longer agree to have your data processed for the purpose of conducting the research Project.	

#### 4. How we share your details

It is unlikely that we'll ever share your details outside the UK. If, however, it becomes necessary, we would do this while still respecting the law.

Any details shared with the below categories of recipients is the minimum necessary for the task they have been instructed to carry out. The partners listed here will manage your details safely and securely:

- Delivery partners – for this project, we will be working with Coram Leap Confronting Conflict (Coram Leap) and the National Children’s Bureau (NCB) who will be delivering the *Fostering Connections* programme
- Research partners - we will be working with our evaluation partner Bryson Purdon Social Research (BPSR) who will be responsible for analysis of the survey data
- Pre-approved transcription vendors: Mc Gowan Transcriptions
- Pre-approved online survey platform providers

There may be occasions where we are subject to a legal obligation to disclose or share your personal data, such as with law enforcement agencies, regulatory bodies or public authorities in order to prevent or detect crime. We will only ever disclose your personal data to these third parties to the extent we are required to do so by law.

We may also share and use your personal details if we choose to sell, transfer, or merge parts of our business and/or group. We will only do this if they agree to keep your data safe and private. If a change to our group happens, then other parties may use your data in the same way as set out in this notice.

#### 5. How long we keep your data

Details will be reduced, redacted, de-identified, and deleted at appropriate times so we retain the minimum amount of them throughout the study.

Transcription vendors are instructed to confirm the deletion of interview recordings and any copies of transcriptions of interviews within 90 days of delivery of the transcription to CEI.

Data collected and held by CEI is kept for 2 years after delivery of the final report.

Selected pseudonymous research data (data with no names) shall be transferred to the YEF's secure data archive, permanently hosted and stored by the ONS 'Secure Research Service'. Further information on how the ONS SRS keeps data secure can be found by following this [link](#).

## **6. Use of Microsoft TEAMS**

CEI uses Microsoft TEAMS to facilitate interviews online, please read Microsoft TEAMS privacy statement at <https://privacy.microsoft.com/en-gb/privacystatement>

## **7. How we protect your data**

We keep your details safe in our computer systems, and we complete checks to make sure that the use of your details is correct.

We will always keep these under review to make sure that the measures we have implemented remain appropriate.

## **8. Your rights and options**

You have the following rights in respect of the details we keep about you. However, please note that these rights may not apply in all situations, especially when the information has no names attached to it, or is included in analysis:

- You have the right of access to your personal data and can request copies of it and information about our processing of it.
- If the personal data we hold about you is incorrect or incomplete, you can ask us to rectify or add to it.
- Where we are using your personal data with your consent, you can withdraw your consent at any time.
- Where we are using your personal information because it is in our legitimate interests to do so, you can object to us using it this way.
- We never use your personal data for advertising (direct marketing purposes).
- You can ask us to restrict the use of your personal data if:
  - it is not accurate,
  - it has been used incorrectly but you do not want us to delete it,
  - we do not need it anymore, but you want us to keep it for use in legal claims, or
  - if you have already asked us to stop using your data but you are waiting to receive confirmation from us as to whether we can comply with your request.
- In some circumstances you can ask us to erase your details and request a machine-readable copy of your personal data to transfer to another service provider.
- You have the right not to be subject to a decision based solely on decisions made by machines (including profiling) that produces legal effects concerning you or similarly significantly affects you.

If you want to do any of these things, please contact us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org)

You can ask us to do any of these things for free. However, we may charge a reasonable fee if your requests are for no reason or too often.

## 9. How to Complain

You can also lodge a complaint with the Information Commissioner's Office. They can be contacted using the information provided at:

Information Commissioner's Office

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Helpline number: 0303 123 1113  
ICO website: <https://ico.org.uk/concerns/>.

## 10. Contact us

If you have any questions or wish to exercise any of your rights, then you can contact:

Project: Fostering Connections

Organisation: Centre for Evidence and Implementation

Address: 58 Victoria Embankment, Temple, London EC4Y 0DS

Alternatively, you can email us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org)

## 11. Changes to this privacy notice

We may update this notice (and any supplemental privacy notice), from time to time as shown below. We will notify you of the changes where required by applicable law to do so.

Last modified 10.02.2025

*Children and Young People*

**Centre for Evidence and Implementation (CEI)**

**Privacy Notice for the Fostering Connections Evaluation (Children and Young People)**



## 1. Introduction

We are testing a new programme called 'Fostering Connections' to understand if training for social workers has a positive impact on young people like you. The Youth Endowment Foundation has asked us (CEI) and an evaluation partner (Bryson Purdon Social Research - BPSR) to carry out this study together.

We understand that keeping your personal details safe and using them correctly is important. This privacy notice explains what personal information we collect about you, how we use it and store it, who we share it with, when we do research for testing the 'Fostering Connections' programme.

If there are any words you don't understand or are unsure of, please ask the person who has given you this document to explain them. If you have any questions about anything related to this privacy notice, you can message James at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org) writing 'Fostering Connections Evaluation' in the subject line or body of the email.

## 2. What personal details do we collect and how?

Your details will be used by CEI to organise interviews and collect your answers. Your name will then be taken away and replaced by a unique number, and the information will be analysed by CEI

Your local council will also share information on you with no names included with it. This will be shared with us and our evaluation partner BPSR using a secure system to transfer files; and we will store it in an online folder that can only be accessed by the study team with a password.

We will use the following information about you:

- Your name (for the interview only)
- Your phone number (for the interview only)
- Your interview answers
- Your date of birth and age
- Your local authority's name
- Your gender
- Your ethnicity
- Your unique pupil reference number
- Whether you have a disability or special educational needs
- Information on your period in care such as number of moves, transition to residential care if applicable, possible involvement with the police.

- Information provided by your foster carer in relation to your behaviour, emotions and relationships

This information (with no names) will also be added to an archive so that it may be used for further study in the future ([link for more information](#)).

### 3. Why do we need your personal details?

When conducting the research study, we may use your personal details for the following purposes and on the following legal reasons

Purpose	Legal reason for Use
For the relevant local council to identify you as a research participant and share the minimum amount of relevant personal data to allow the research project to take place.	Public Task
To gain your permission (Ethical Consent) to take part in an interview (you do not have to participate in an interview and can withdraw at any time).	Art 6 Legitimate Interest
For us to contact you to participate in an interview which will be recorded as part of the research.	
To transcribe the audio captured from any recorded interviews we have with you.	
To share data with no name on it for the research project.	Art 9 Archiving, research and statistics
To write a research report based on information collected and analysed. No personal details will be in the report.	
Archiving of pseudonymous data (data in which names are replaced by random numbers or letters) to facilitate further analysis and research in the future.  Data will be linked with data from the National Pupil Database held by DfE and other government departments (further information available <a href="#">here</a> )	
To identify your details, which would be deleted where possible, should you no longer agree to have your details used for the research project.	Art 6 Legitimate Interest

### 4. How do we share your details?

It is unlikely that we'll ever share your details outside the UK. If, however, it becomes necessary, we would do this within the law.

Any details shared with the recipients below is the minimum necessary for the task they have been instructed to carry out. The partners listed here are considered safe to use your personal details:

- a. Research partners - we will be working with our evaluation partner BPRS who will be analysing whether the programme has a positive impact in young people
- b. Transcription service – we will be sharing digital recordings of interviews with a company named McGowan, which will transcribe the interviews’ content, word by word. YEF archiving of pseudonymised data derived from foster carer’s survey responses and administrative data on children in care

There may be occasions where we may have to share your details because there is a legal reason to do so, such as the council or the Police asking us. We will always make sure that their request is justified and take into consideration your own right to a private life.

We may also share and use your details if we choose to sell, transfer, or merge parts of our business and/or group. We will only do this if they agree to keep your data safe and private. If a change to our group happens, then other parties may use your data in the same way as set out in this notice.

### **5. How long do we keep your details?**

Details will be reduced, hidden, used without your name attached and deleted at appropriate times so we keep the minimum amount possible throughout the study.

People writing down what you said during interviews are instructed to confirm deletion of interview recordings and any copies 90 days of delivery of their work to CEI.

Information collected and held by CEI is kept for 2 years after delivery of the final report.

Selected research information with your name replaced by random numbers or letters will be placed in a secure data archive for future use. This will be there forever. See this [link for further information](#).

### **6. How will we use Teams?**

CEI will use TEAMS to carry out interviews online, please read TEAMS privacy statement at <https://privacy.microsoft.com/en-gb/privacystatement>

### **7. How do we protect your data?**

We keep your details safe in our computer systems, and we complete checks to make sure that the use of your details is correct. We will always keep this under review to make sure that the measures we are taking remain appropriate.

### **8. What are your rights and options?**

You have the following rights regarding the details we keep about you. However, please note that these rights may not apply all the time and may not be possible to action once the information is anonymous (without names):

- You have the right of access to your personal data and can request copies of it and information about our processing of it.
- If the personal data we hold about you is incorrect or incomplete, you can ask us to correct it or add to it.

- Where we are using your personal data with your consent, you can withdraw your consent. You can ask for your interview responses to be removed from the study up until the 31st January 2025. After this date, the data will be processed for sharing and reporting.
- Where we are using your personal information because it is in our legitimate interests to do so, you can object to us using it this way.
- We never use your personal data for advertising (direct marketing purposes).
- You can ask us to restrict the use of your personal data if:
  - It is not accurate
  - It has been used incorrectly but you do not want us to delete it
  - We do not need it anymore, but you want us to keep it for use in legal claims, or
  - If you have already asked us to stop using your data but you are waiting to receive confirmation from us as to whether we can comply with your request.
- In some circumstances you can ask us to erase your details and request a machine – readable copy of your personal data to transfer to another service provider.
- You have the right not to be subject to a decision based solely on decisions made by machines (including profiling) that produces legal effects concerning you or significantly affects you.

You will not have to pay a fee to access your personal data (or to exercise any of the other rights). However, we may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, we may refuse to comply with the request in such circumstances.

If you wish to exercise your rights, please contact us at [dpo@ceiglobal.org](mailto:dpo@ceiglobal.org)

## 9. How to complain?

You can also lodge a complaint with the Information Commissioner's Office. They can be contacted using the information provided at:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Helpline number: 0303 123 1113

ICO website: <https://ico.org.uk/concerns/>.

## 10. How can you contact us?

If you have any questions, or wish to exercise any of your rights, then you can contact:

Project: Fostering Connections Evaluation

Organisation: Centre for Evidence and Implementation (CEI)

Address: 58 Victoria Embankment, Temple, London EC4Y 0DS 9EA

Alternatively, you can email us at [cei.dpo.uk@ceiglobal.org](mailto:cei.dpo.uk@ceiglobal.org)

### **11. What if we need to change this privacy notice?**

We may update this document (and any supplemental privacy notice) from time to time. If this happens, we will let you know of the changes where required by applicable law to do so.

Last modified: 10.02.2025

## Appendix D: Effect size estimation

### Appendix table D: Effect size estimation and ICCs

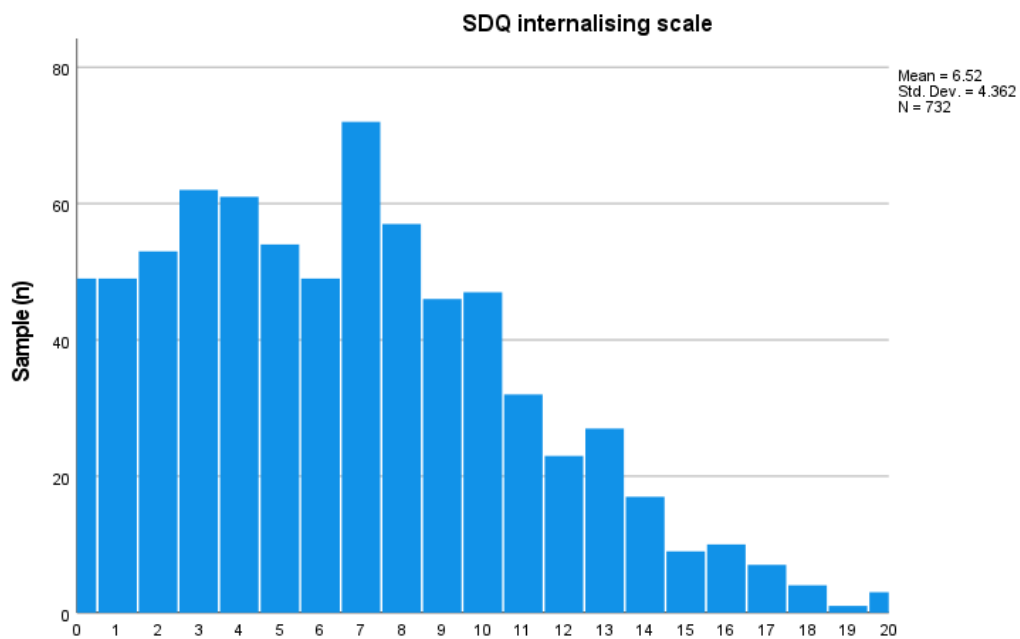
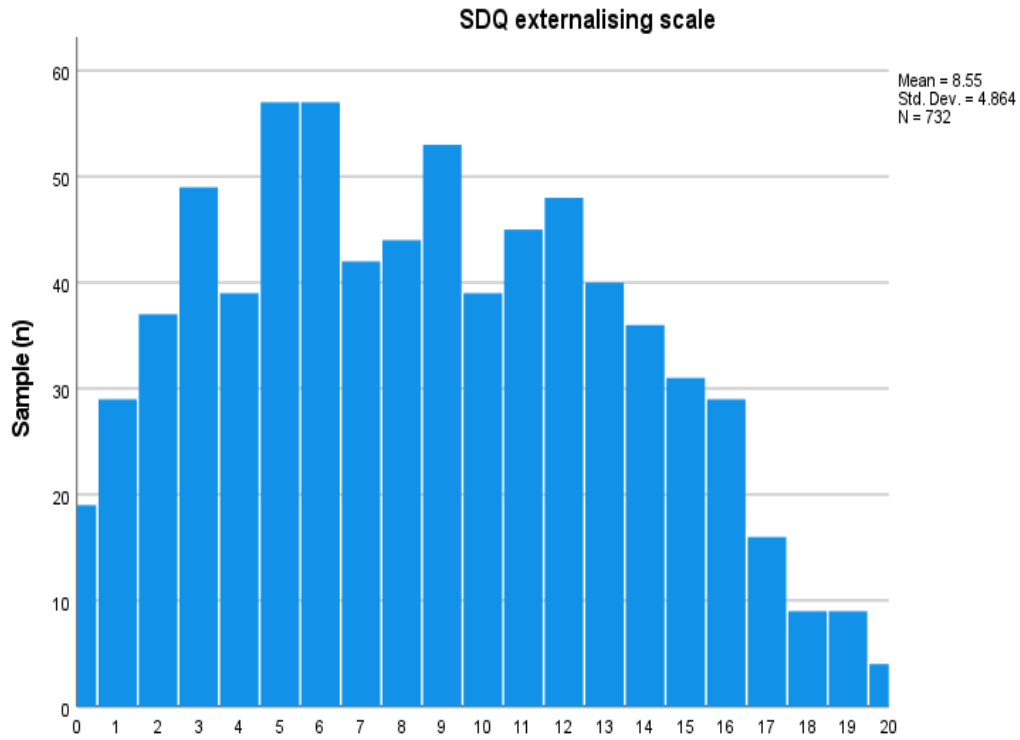
Table D.1 shows the components of the effect size estimates. For regression models that were run as a multilevel model and the model converged<sup>42</sup>, the final column shows the ICC. This is calculated as the between-YPSW variance divided by the sum of the residual variance and the between-YPSE variance. The average cluster sizes are very small, so the ICCs are somewhat unstable.

Outcome	Unadjusted differences in means	Adjusted differences in means	Intervention group		Control group		Pooled variance	ICC
			n (missing)	Variance of outcome	n (missing)	Variance of outcome		
<i>Young person outcomes</i>								
SDQ externalising scale	-0.31	0.096	128 (100)	25.24	143 (104)	27.11	26.23	0.048
SDQ internalising scale	-0.32	-0.009	128 (100)	16.91	143 (104)	19.30	18.17	0.061
SDQ prosocial subscale	0.04	0.019	129 (99)	6.11	143 (104)	5.91	6.00	N/A
Any unplanned moves (903 data)	0.015	0.020	464 (0)	0.091	510 (0)	0.079	0.084	N/A
Any missing from care episodes (903 data)	0.043	0.037	464 (0)	0.077	510 (0)	0.039	0.058	N/A
<i>Foster carer outcomes</i>								
ProQOL compassion satisfaction subscale	-1.39	-0.653	106 (61)	118.3	111 (60)	91.8	104.8	0.004
ProQOL burnout subscale	1.80	0.154	101 (66)	110.9	105 (66)	97.4	104.0	0.072
ProQOL secondary traumatic stress subscale	0.59	0.429	105 (62)	106.1	108 (63)	121.5	113.9	N/A
ARTIC underlying causes subscale	0.31	0.272	92 (75)	1.149	102 (69)	1.038	1.091	N/A
<b>Social worker outcomes:</b>								

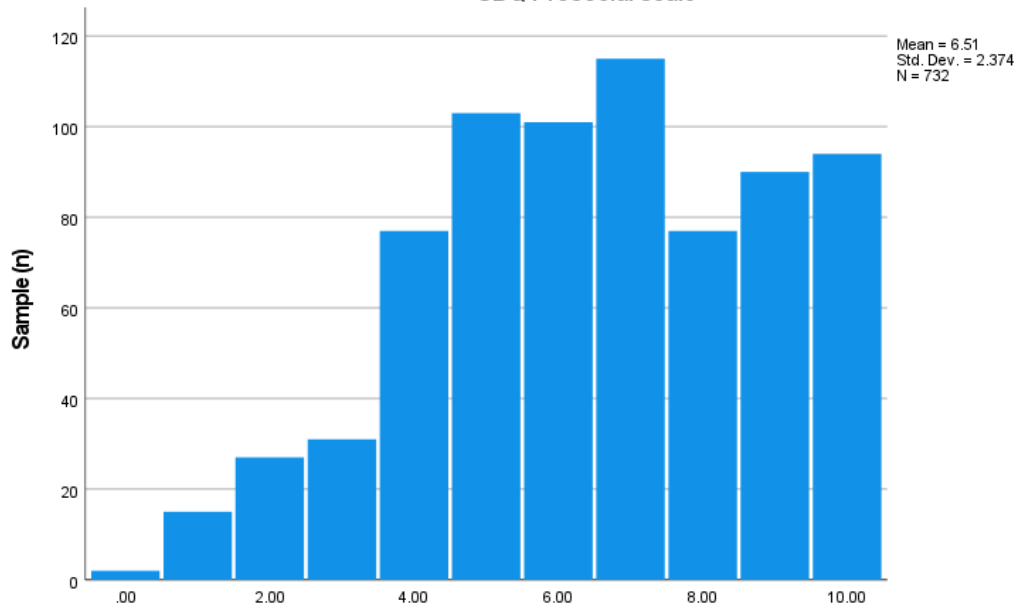
<sup>42</sup> Where the multilevel model did not converge a single-level model was used instead

ARTIC scale	-0.29	-0.257	44 (145)	0.588	42 (173)	0.346	0.470	N/A
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## Appendix E: Histograms of the privacy and secondary SDQ scores at baseline



### SDQ Prosocial scale



## Appendix F: Costings evaluation

**Table F.1: Breakdown of costs by programme activity, cost type, and delivery partners.**

Price year: 2024					
Activity	Cost category	Cost type	NCB and Coram Leap (in £)	LAs (in £)	Total
Weekly preparatory meeting <i>Approximately 4*30 min</i>	Staff	Set up	66	206	272
Monthly catch-up calls for troubleshooting, feedback on attendance, pastoral support, and promoting the community of practice <i>Approximately 5*30 min per LA/CT</i>	Staff	Recurring	639	257	896
Initial 30 e-learning module for social workers and foster carers	Staff (design and development of materials)	Set up	704		704
	Staff	Recurring	157	854	1,011
	Programme*	Set up	6,300		6,300
Training of social workers <i>7 days in person and 3 days online delivered per cohort. Total of 10 cohorts across all LAs/CTs</i>	Staff (preparation of materials)	Set up	64,973		64,973
	Staff	Recurring	252,346	128,139	380,486
	Venue, catering, materials	Recurring	54,280		54,280
	Travel, accommodation, per diems	Recurring	52,992		52,992
Pastoral Calls**	Staff (promoting the activity)	Set up	256		256
	Staff	Recurring	10,661		10,661
Cross LA planning with project leads <i>Approximately 1*90 min</i>	Staff	Recurring	526	227	754
Calls with TICs <i>Approximately 6*60 min</i>	Staff	Recurring	589	627	1,216
Policy workshops with TIP champions and Senior leaders <i>Approximately 1*90 min per LA/CT</i>	Staff	Recurring	1,351	244	1,595
	Travel, accommodation, per diems	Recurring	835		835
Monthly cross LA follow up workshops <i>Approximately 4*120 min</i>	Staff (preparation of materials)	Set up	768		768
	Staff	Recurring	1,217	13,668	14,885

Community of Practice**	Staff (developing content)	Set up	248		248
	Staff	Recurring	132		132
	Programme*	Set up	454		454
Cross LA learning and networking event <i>Approximately 1*half day</i>	Staff	Recurring	1,513	6,793	8,306
<b>Total costs</b>					
Total set up costs			73,768	206	73,974
Total recurring costs			377,238	150,810	528,048
<b>Total</b>			<b>451,006</b>	<b>151,016</b>	<b>602,022</b>
<b>Cost per participant</b>					
Number of participants					327
Set up costs per participant			226	1	226
Recurring costs per participant			1,154	461	1,615
<b>Total costs per participant</b>			<b>1,379</b>	<b>462</b>	<b>1,841</b>









\*Refers to the software/platform annual charge. \*\*We have not estimated the costs for time spent by SSWs and YPSWs on pastoral calls or the community of practice, as this may vary greatly from one social worker to another and would have added to their workload if we attempted to collect this information through daily diaries. Figures are rounded to the nearest whole number.

**Table F.2: Full list of assumptions by cost category**

YEF cost category	Assumptions
Staff	<p>Actual salary and on-costs were used in the calculations and were obtained from NCB and Coram Leap. Staff at various levels (e.g. Associate Director, Manager, Assistants, Trainers) were involved in the delivery of various activities. While it is not possible to disclose the actual salary levels used in the analysis for confidentiality reasons, the median annual salary and on-costs across all staff was £35,650 and £6,315 respectively.</p> <p>The salary levels for social workers and other local authority social work staff were estimated using the 2024 <a href="#">ONS Annual Survey of Earnings and Hours</a>. Relevant Standard Occupation Code (SOC) used were 2461 corresponding to social workers with median salary of £40,697; and 117 corresponding to social services managers and directors with median salary of £42,181. These figures were uplifted by 22% to account for non-wage on costs, such as employer contributions to National Insurance and superannuation as informed by <a href="#">Eurostat Labour Cost, 2019</a>.</p> <p>When converting annual salaries to daily or hourly estimates, it was assumed that the working hours per day is 7.5 and that there are 228 working days in a year excluding weekends, 8 bank holidays and 25 days of annual leave allowance.</p>
Programme	<p>While there was no bespoke printed manual created as part of the intervention, there was costs associated with online platforms to support the e-learning modules and the community of practice. These are software costs or costs charged by the platform on an annual basis. Actual annual charges have been included.</p>
Buildings and Facilities	<p>Certain activities under the intervention were delivered in person. These include the training hosted separately in each LA/CT, and the policy workshop with TICs and senior leaders also hosted separately in each LA/CT. The latter did not include building hire and delivered through facilities provided by the LA/CT. No cost has thus</p>

	<p>been attributed for this, as it is assumed that in programme scale up, this is likely to be norm across LAs/CTs.</p> <p>For the training of SSWs and YPSWs, venue was hired in 5 out of 8 LAs/CTs for all sessions, in 2 LAs/CTs some sessions took place in LA/CT provided venue and free of charge, and in 1 LA/CT all sessions took place free of charge in LA/CT or NCB provided venue. We have assessed costs as actual costs and not imputed the venue hire costs for the 3 LAs where it was provided free of charge. We expect that in programme scale up, this is likely to be norm across LAs where some sessions may take place free of charge in venues provided by the LA/CT whereas in some, venue hire expenses may be required.</p> <p>Due to data being reported as aggregated costs for venue hire, equipment hire (e.g. projector), and catering, we are unable to disentangle costs into strict YEF categories - 'Buildings and facilities', 'Materials and equipment', 'other inputs'. Hence, in Table 1, we refer to these collectively as 'Venue, catering, materials'.</p>
<p><b>Materials and Equipment</b></p>	<p>There were some costs associated with equipment hire, e.g. projector, and photocopying during the delivery of the training to SSWs and YPSWs. However, the data is not disaggregated enough for us to separate these out from venue hire costs. We refer to these collectively as 'Venue, catering, materials'. Also see Building and facilities.</p> <p>While a few activities (meetings, workshops, e-learning modules, community of practice, networking event, part of the training) were delivered online, and would require ICT equipment and internet, we have not costed these. We assume these inputs to be a pre-requisite for the intervention.</p>
<p><b>Incentives</b></p>	<p>No incentives were offered to SSWs, YPSWs, or social work staff at the LAs/CTs for participating in the intervention. We note that LAs/CTs received a one-off £10,000 as a contribution to their participation costs. However, we have not considered this in the cost analysis and instead estimated the costs of participation directly based on the time spent on programme activities.</p>

## Appendix H. YEF Security Rating

Rating	Design	MDES Outcome: Threshold*	Attrition	 Initial score	 Adjustments	Final score	
5 	Randomised design	Offending: $\leq 0.1$ SDQ tot: $\leq 0.3$ Other: $\leq 0.2$	0-10%	1			
4 	Design for comparison that considers some type of selection on unobservable characteristics (e.g. RDD, Diff-in-Diffs, Matched Diff-in-Diffs)	Offending: 0.11 – 0.19 SDQ tot: 0.31 – 0.39 Other: 0.21 – 0.29	11-20%				
3 	Design for comparison that considers selection on all relevant observable confounders (e.g. Matching or Regression Analysis with variables descriptive of the selection mechanism)	Offending: 0.2 – 0.29 SDQ tot: 0.4 – 0.49 Other: 0.3 – 0.39	21-30%				
2 	Design for comparison that considers selection only on some relevant confounders	Offending: 0.3 – 0.39 SDQ tot: 0.5 – 0.59 Other: 0.4 – 0.49	31-40%				
1 	Design for comparison that does not consider selection on any relevant confounders	Offending: 0.4 – 0.49 SDQ tot: 0.6 – 0.69 Other: 0.5 – 0.59	41-50%				1
0 	No comparator	Offending: $\geq 0.5$ SDQ tot: $\geq 0.7$ Other: $\geq 0.6$	>50%				

\*MDES requirements vary by outcome measurement. Offending: Offending data collected through self-report or admin data; SDQ tot = SDQ total difficulties score; Other: all other outcomes, incl. SDQ externalising and internalising