



What Works for
**Children's
Social Care**

Evaluation of Creative Life Story Work

December 2022





What Works for Children's Social Care

Acknowledgments

We would like to thank the children, young people, carers and professionals who took part in interviews and surveys, the care-experienced young people we worked with to develop our interview approach, and the data leads in each local authority who collated and provided administrative data. We gratefully acknowledge the advice of Jeanne Kaniuk, Professor Mark Doel, Suzanne Joyner, Louise Sims, James Williams, Eliot Afnan-Holmes and Pat Petrie, but responsibility for this report's contents rests with its authors. We would also like to thank Iris Hofmann, Soraya Rusmaully, Louise Jones, Charlotte Scholten, Eva Schoenwald and Patrick Sholl of What Works for Children's Social Care.

Funding

The Creative Life Story Work programme delivered by Blue Cabin, in partnership with Therapeutic Life Story Work International, in Darlington, Gateshead and South Tyneside and its evaluation by Coram and Ipsos MORI, described in this report, were both grant funded by What Works for Children's Social Care

Authors

Sarah Taylor, Hannah Lawrence, Emily Blackshaw, Daniel Stern, Lizzie Gilbert
Claudia Mollidor, Chloe Juliette, Karl Ashworth, Stella Capuano, Faith Jones

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About Coram

Coram is a UK children's charity that has been supporting vulnerable children for nearly three centuries, and is still finding new ways to help children. Coram's Impact & Evaluation Team carries out research and evaluation projects in partnership with public sector and third sector organisations, and also works across the Coram group of charities to help teams to evaluate their effectiveness.

About IPSOS MORI

Ipsos MORI is a market research company based in London.

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: info@whatworks-csc.org.uk

Contents

Executive summary	4
Introduction and background	4
Research questions	5
Design and sample	6
Findings	6
Conclusions and recommendations	9
1. Introduction	11
2. Methods	16
3. Findings	30
4. Discussion	76
References	82
Appendices	84
Appendix A. Example content of All About Me sessions	84
Appendix B. List of R packages used for data cleaning and merging	86
Appendix C. List of validation checks used for data cleaning	87
Appendix D. Images of artworks created during All About Me sessions	91
Appendix E. Dates of randomisations	94
Appendix F. Number of looked after children in participating LAs, March 2022	95
Appendix G. Number of interview and focus group participants	96
Appendix H. Topics from children and young people's, carers' and professionals' discussion guides for semi-structured interviews	97
Appendix I. Additional statistical results	100
Appendix J. Role descriptions provided by Blue Cabin	109

Executive summary

This randomised controlled trial plus process and cost evaluation covers the Creative Life Story Work programme delivered to looked after children in three local authorities in north-east England in 2021–22. Children and young people aged 5 to 17 received six 90-minute sessions, delivered weekly in groups, facilitated by artists. The trial aimed to establish the impact on child outcomes: wellbeing, and stability at home and in school. Based on analysis of data on up to 551 children and young people, among whom 90 received the intervention, no statistically significant differences were found in wellbeing, placement stability or school stability between children and young people offered and not offered the intervention. This may have been due to low statistical power, and we recommend a fully powered trial is carried out. We calculated a unit cost of £2,673 per child or young person. In interviews with children, young people, carers and social workers, no negative effects of taking part were reported, and carers and children and young people recommended the programme. Many of the children and young people interviewed spoke positively about All About Me creative experience sessions, with some describing the positive impacts of the sessions on their lives.

Introduction and background

Life story work (LSW) is a social work intervention that aims to help care-experienced children and young people to understand and accept their personal history, present and future. It is statutory in England for adopted children but not looked after children. A model of Creative Life Story Work (CLSW) was implemented in three local authorities in north-east England – Darlington, Gateshead and South Tyneside – from April 2021 to March 2022. It was implemented by Blue Cabin in partnership with Professor Richard Rose of Therapeutic Life Story Work International (TLSWi). This CLSW model aimed to improve relationships, wellbeing, family stability, school stability and optimism about the future.

Part of the model was the offer of six once-weekly 90-minute sessions in small groups, called All About Me creative experiences. All About Me aimed to benefit looked after children and young people aged 5 to 17. Sessions were facilitated by Blue Cabin Associate Artists working with local authority pastoral support workers, and were delivered to small groups of up to six children and young people over six weeks. Each child was accompanied by a trusted adult such as a foster carer, kinship carer or residential home staff member. Blue Cabin and TLSWi designed All About Me creative experiences for in-person delivery. Due to COVID-19, the majority of sessions in this programme were delivered virtually.

Most looked after children and young people were eligible to take part in this Tier 1 of CLSW (All About Me creative experiences), with Tier 2 (More About Me) and Tier 3 (Therapeutic Life Story Work) also available for a small number with higher-level needs, facilitated by Therapeutic Life Story Workers. One-third of the intended number of children and young people received All About Me creative experiences (90 against a target of 270). In addition to group and one-to-one sessions, Blue Cabin alongside Professor Richard Rose of TLSWi also delivered training and support to local authority staff and supporting adults, and provided materials on an online platform used by 504 users by April 2022.

This evaluation comprises a randomised controlled trial (RCT) of the impact of All About Me creative experiences on child outcomes (“did it work?”); a process evaluation (“if so, why did it work?”) to understand the experiences of those taking part in creative experiences; and a cost analysis of All About Me and the whole CLSW programme (“how much did it cost?”). We believe this was the first ever RCT of a LSW intervention in the UK. We analysed data from 551 of the 629 children and young people who were randomised into the trial. For the process evaluation we interviewed eight children and young people, nine carers (foster and kinship) and ten social workers between October 2021 and March 2022, and surveyed 168 staff between 2 March and 26 March 2022 across the three local authorities. A co-production project delivered in partnership by Ipsos MORI and Blue Cabin was facilitated with 12 care-experienced young people in the three local authorities to support the process evaluation. This was funded by the three participating local authorities. These young researchers supported with the development of qualitative evaluation tools and reporting.

Research questions

Our three impact evaluation research questions were:

- What is the impact of Tier 1 All About Me creative experiences on the wellbeing of children and young people currently in care (as measured by the Strengths and Difficulties Questionnaire), compared to those who receive business-as-usual LSW provision?
- What is the impact of introducing Tier 1 All About Me creative experiences on placement stability (number of placement moves) for beneficiary children and young people in the first 12 months of the CLSW programme, compared to those who receive business-as-usual LSW provision?
- What is the impact of introducing Tier 1 All About Me creative experiences on school stability (number of school moves) for beneficiary children and young people in the first 12 months of the CLSW programme, compared to those who receive business-as-usual LSW provision?

To measure these, we requested data from the local authorities on endline SDQ scores gathered in the period January to March 2022, and compared: the mean scores in the intervention and control groups; number of placement moves (0+) April 2021 to March 2022; and number of school moves (0+) April 2021 to March 2022. The SDQ is a brief questionnaire covering emotional symptoms, conduct problems, hyperactivity/ inattention, peer relationship problems and prosocial behaviour.

The process evaluation questions alongside this were:

1. What is business-as-usual practice and how does CLSW differentiate itself from usual practice?
2. What changes are made by introducing CLSW relative to usual practice, and what are the core elements of CLSW, and how (if at all) do they vary across sites?

3. What are the barriers and enablers to successful implementation?
4. What are the views of children and young people, families and professionals on the programme, including perceived financial and non-financial benefits, costs and unintended consequences?

The cost evaluation question was: How much does it cost to introduce All About Me and the CLSW programme as a whole?

Design and sample

We carried out a non-blinded parallel RCT with randomisation of children and young people to two trial arms, intervention and control, following an eligibility assessment by their local authority. We analysed data on 551 children and young people (282 intervention group, 269 control group) in 353 families, compared to our target of 768 children and young people (270 intervention group, 498 control group). However, only 377 SDQ data returns included both baseline and outcome scores, reducing available data for analysis of the primary outcome. Dates of completion and informants differed across local authorities.

Findings

Impact evaluation

Our headline findings are from our analysis of data on children and young people's outcomes on our one primary (n=377) and two secondary measures (n=551):

- Strengths and Difficulties Questionnaire total difficulties score: no statistically significant difference
- Placement stability: no statistically significant difference
- School stability: no statistically significant difference.

Our findings are inconclusive: we cannot say whether the effects did not reach significance due to low statistical power or the programme itself not making a difference to the children and young people.

Process evaluation

Findings from our analysis of the 28 interviews with carers, children and young people and professionals, our focus group with Blue Cabin staff, and our survey of 168 local authority staff across the three local authorities were considered together to answer our process evaluation questions. Our full process evaluation findings are reported in Chapter 3.

Our survey of 168 local authority staff found the majority perceived CLSW as more effective than traditional LSW. More than half had not been involved in supporting children and young people to do CLSW, but may have had other involvement such as attending training. Some

reported a fair amount or great deal of change to usual practice, in their personal LSW practice as a social worker, and/or their local authority's usual LSW practice. Of those involved in delivery, which will mostly have been of All About Me creative experiences, there was generally a perception it had improved the relationships between carers and children and young people, improved wellbeing and stability of placements. A better understanding of care experience and identity were most often cited among the benefits. Various barriers to participation were seen as important, including the child not being ready, and clashes with other commitments. Staff were generally positive about the impact of training on their own and their local authority's capability to deliver LSW and the value placed on LSW by the local authority.

From the interviews, we interpreted two barriers and four enablers to the successful implementation and take-up of the programme.

Barriers

1. Apprehension and nerves at the beginning from carers and young people were an initial barrier which was quickly overcome once the young people engaged in sessions. Carers were concerned about the possibility of re-traumatising young people but did not report evidence of this.
2. Low levels of programme take-up from children and young people and their carers was a barrier to developing the programme as it meant less opportunity to develop learning.

Enablers

1. High levels of carer engagement and time were essential as an enabler.
2. The online format was an enabler for most. Carers and young people talked about it being more convenient and some young people felt more comfortable sharing their experiences in an online format
3. Local authority and Blue Cabin staff support to carers was also an enabler – carers appreciated the practical support provided to help set up the sessions technologically.
4. Buy-in from local authority staff at all levels was an enabler to help embed the CLSW approach across teams and to help with its sustainability.

Our final process evaluation question aimed to explore the views of children and young people, families and professionals on the programme, along with unintended consequences. We analysed interviews inductively (to ensure we were grounded in what children and young people, carers and professionals were saying) using reflective thematic analysis (Braun & Clarke, 2017).

Children and young people and carers we interviewed who attended All About Me creative experience sessions greatly enjoyed the sessions. Children and young people felt excited

about the sessions each week. Carers and children and young people said they would recommend the project to others. They praised the care and effort put into session preparation and the artist's approaches. The artists created a fun, inclusive, respectful and non-judgemental space where children and young people felt able to contribute if they wanted to. Children and young people also enjoyed meeting other care-experienced peers. Importantly, most children and young people talked about significant changes in their lives that they linked to taking part in the All About Me creative experience sessions. Children and young people talked about improved mental health, a better understanding of their identity and their experience of being in care and improved relationships with people. Some children and young people made big life decisions as a result of the sessions, such as changing contact arrangements with birth parents and rethinking career plans. Some children and young people also discussed being able to confidently express being in care.

We discuss three unintended consequences that we developed from our interviews with children and young people, carers and professionals:

1. Children and young people and their carers found the end of the block of sessions difficult and wanted more All About Me sessions.
2. We explored the risk of re-traumatisation as this was a concern from carers, and a risk in any form of Life Story Work with looked after children and young people, given their traumatic life experiences. There were no reports from young people, carers or professionals about children or young people experiencing distress in sessions.
3. An unintended consequence perceived by professionals was the effect of the randomised controlled trial design on project implementation. Some professionals felt it hindered project implementation, the reasons for which are described below.

We conclude that All About Me creative experiences is different to business-as-usual practice because it was higher quality and it relied on the full engagement and presence of the carer to take part alongside the child. As a result, it was a more collaborative approach which addressed traditional power imbalances in LSW. In this way, All About Me creative experiences were felt to help develop and strengthen relationships between the carer and child or young person. It was a more gentle and indirect way of speaking about life histories continuously (compared to being given a one-off life story book). A lot of effort and careful planning from artists, Blue Cabin, TLSWi and the local authorities went into preparing the high-quality creative packages and preparing and running sessions. There was enthusiastic praise from children and young people, carers and professionals for the resources in the creative packages that were put together for the children and young people. We also found these attributes to be the core elements of the programme. There were no major variations in the core elements across the sites, therefore implementation appeared to be standardised.

Our process evaluation largely supports the programme intervention logic. There were reports of improved understanding of reasons for being in care, improved relationships with carers, and management of emotions and behaviour lead to improved wellbeing and changes in practice.

Cost evaluation

We calculate the cost of the whole one-year programme at £80,195 per local authority, including a share of Blue Cabin costs, or a unit cost for All About Me creative experiences of £2,673 per child or young person who attended, which is higher than planned.

Conclusions and recommendations

There are a range of models and approaches to LSW across England. This study describes one creative model piloted in three local authorities in north-east England in groups with children and young people aged 5 to 17. We did not detect a statistically significant difference between the control and intervention groups' outcomes in terms of the Strengths and Difficulties Questionnaire total difficulties score, placement stability, or school stability. Our findings are inconclusive: we cannot say whether the effects did not reach significance due to low statistical power or the programme itself not making a difference to the children and young people.

Due to COVID-19, the intervention developers Blue Cabin, supported by Professor Richard Rose of TLSWi, had to be flexible and delivered a mixture of in-person and virtual sessions. Mostly, provision was virtual, which was not the original design. However, based on our interviews, we recommend continuing with the offer of an online format. There were challenges in implementation due to lower than anticipated take-up (one-third, compared to the expected 80%). We calculate the cost of the whole one-year programme at £80,195 per local authority, or a unit cost for just the All About Me sessions of £2,673 per child or young person who attended.

Arguably, LSW practitioners strive for balance between designing sessions that prioritise fun in order to encourage engagement, with designing content that challenges children to engage with difficult issues. Blue Cabin's All About Me creative experiences were delivered by artists and others, and described as enjoyable, fun and light-hearted by adult and child and young person attendees we interviewed, after some initial nerves. Nevertheless, some children and young people also expressed that they felt a better understanding of their identity and experience of being in care after the sessions. In line with how the All About Me creative experiences were delivered, we note that reassuring carers and children and young people about initial nerves is a key part of the engagement work needed for successful delivery, and that therefore designing activities focused on enjoyment is important. This should be balanced with linking the meaning of activities with life histories and self-identity (which are explored in more detail in Tier 2 and Tier 3).

The programme was generally well received by professionals we surveyed and the children, young people and carers we interviewed, but only one-third of the children and young people in the "offer All About Me creative experiences" group (the intervention group) received the programme. Non-take-up resulted from a variety of reasons including practical and logistical barriers for foster carers. An initial opportunity to express interest in taking part before randomisation might have improved this. After sessions end, we recommend the introduction of a routine check-in, giving a chance to discuss learning and areas for further attention or referral. We note that Blue Cabin intends the programme to be repeated once every six

months: any future evaluation of this extended model could usefully follow up the longer-term impacts.

Our findings compare all those in the “offer” group to all those in the “do not offer” All About Me creative experiences (an intention-to-treat analysis), meaning that the 90 recipients who actually received All About Me creative experiences would have needed to gain enormous benefits from the intervention for the effect to show up. It is not surprising, therefore, that our quantitative findings did not reach statistical significance. Our key recommendation is that a fully powered randomised controlled trial should be carried out. To address concerns about randomisation, a wait list trial design should be considered, whereby children and young people allocated to the control group would receive the intervention at a later date. This should gather full SDQ responses – not just total difficulties scores, as some items may be more amenable to change via CLSW than others – and consider measures more tailored to the life story work context.

Those who did attend engaged with the sessions, almost all attending all six sessions. Our qualitative interviews found some perceived benefits for child anxiety, confidence, decisions around contact, and clearer life plans. An outcome scale more tailored to the LSW context, rather than the more generic Strengths and Difficulties Questionnaire, would be preferable for future evaluations. These could explore the themes in our interviews, including sense of identity, understanding of life story, and experience of care. A larger future evaluation would enable subgroup analysis by age group, family type, mode of delivery (in person versus online) and nature of creative practice. Future evaluation could explore the impact of Tier 2 and Tier 3 CLSW on outcomes.

1. Introduction

Background on Life Story Work

Life Story Work (LSW) generally is the process of helping people to remember, fill gaps and make sense of their early lives. CLSW is a model of LSW, based on Professor Richard Rose's model of Therapeutic Life Story Work. LSW can help children who have been separated from their birth family to understand their past, and come to terms with the present circumstances and what has happened to them along the way. These past life events, for looked after children and young people, will often have been traumatising. LSW aims to give children and young people a structured and understandable way of talking about themselves, and helps them to build a sense of self-worth and to develop a record (a book for example) about themselves they can refer to and carry with them through life. The work supports children and young people to record facts about themselves, their birth families and the families they live with now, where they came from and where they live now. It also enables children and young people to write about their thoughts, feelings and aspirations in life (Camis, 2001).

For care-experienced children and young people, LSW can be challenging to undertake. Some local authorities perceive a lack of guidance on how to undertake LSW, there is no accepted standard for its delivery, and there are a range of models and approaches across England (Hammond, Young & Duddy, 2020). Some practical guides, however, have been written, such as Ryan and Walker (2016) in which they state that LSW can help the child reconcile the traumas and separations they have experienced and supports them to grieve their losses. Each child's experience of LSW is different and may depend on how well the work is carried out, by whom and at what stage of childhood.

Care-experienced children and young people may leave care without knowing their pre-care history, their birth families and life story. As these stories often involve traumatic life events, LSW can give rise to upsetting emotions. This may be important for a child or young person to go through, but in the short term it can mean emotions are brought to the surface and behaviours become more difficult to manage. In the longer term, LSW aims to help children and young people come to terms with their past, entering adulthood with a clear sense of their personal narratives.

When does LSW begin and how is it used?

LSW is an established element of social work practice for looked after children and a statutory requirement since 2005 in England for children who have been adopted (Ryan & Walker, 2016).¹ For adopted children, information about an adopted child's life story, and a life story book and later life letter, should be passed by the adoption agency to the prospective adopter. For Ryan and Walker (2016), the decision to do LSW should ideally be

¹ See the Adoption Agencies Regulations 2005 (SI 2005/389), <https://www.legislation.gov.uk/uksi/2005/389/contents/made>.

introduced at a review or case conference run by the child's local authority. The Independent Reviewing Officer's role is to oversee that the necessary information is collected as a prerequisite to LSW being done. At the same time, it will be decided who does what and where (Ryan & Walker, 2016).

Before starting LSW, a planning meeting is usually held with others involved in the child's life, to prepare others for reactions from the child and to get as many sources of information as possible. LSW can be done through different approaches but should be completed by the child together with an adult they trust who is prepared to commit to supporting the child in completing their work (Ryan & Walker, 2016). LSW has been carried out by therapists, social workers, family placement workers and carers (Shotton, 2010). The work need not result in a product, as it is believed that it is the process as well as the product which benefits children (Ryan & Walker, 2016).

What does the evidence say?

While the evidence suggests that LSW is viewed generally positively by children, young people and carers (though some also regard it negatively), there is a lack of robust evidence about its impact on looked after children and young people's outcomes, for instance wellbeing (Luke et al., 2014). Baynes (2008) describes how LSW, being seen as neither therapy nor social work, suffers from an absence of regulation of practitioners, as there is no requirement for professional qualification or supervision, despite it being a statutory requirement for some children. In a study by Selwyn, Wijedasa and Meakings (2014) for the Department for Education (DfE) in England, adopters described how post-adoption LSW had been beneficial for them and that it had helped their family. However, LSW was also seen by some as unhelpful and detrimental to children, or to be of poor quality, factually incorrect, incomplete or even non-existent.

Similarly, evidence from a study by Watson, Latter and Bellew (2015) of the adopters' perspective of life story books found that although some adopters' experience had been very positive, many thought the life story books were of poor quality and that children had been poorly prepared to explore their histories. Much of the literature focuses on adopted children, and may have transferable learning to the context of looked after children in this programme and its evaluation. Adopters also felt poorly prepared in how to use and update life story books with their children. Willis and Holland (2009) reported, in their qualitative study of young people's experiences of LSW, that the work had raised various emotions in young people such as pleasure, anger and sadness. All were positive about their experience, although a small number of children and young people had found the process intrusive or tedious at times.

Shotton (2010) looked at foster carers' and adopters' experiences of using an approach to LSW called the "memory store" approach. This approach helps children preserve memories through using items such as memory boxes and books, and might assist the child in telling new and different stories about their lives. The items support children to preserve memories from the past, such as photographs of their birth family, but also contemporary items such as awards from school. The child can decide what they want to put in their memory box or book. Shotton interviewed carers after they had attended a training course using the

“memory store” approach and found that carers felt the approach had helped them build a stronger and more secure relationship with their child, and that it had helped them to open up conversations with their children. The approach also provided opportunities to develop the child’s thinking and learning.

In another study, Shotton (2013) used a board game during sessions with children to explore their views about using the “memory store” approach. Findings from these sessions suggested that children felt their self-perception and sense of belonging had been reinforced through the approach. The “memory store” approach also saw a positive change in children’s concentration and learning skills, and children felt more positive and enthusiastic in sharing memories. Similar to Shotton’s previous study, foster carers felt that using the approach had brought them closer to their child and had helped strengthen their relationship with the child, and the child’s relationship with other family members.

The NSPCC in 2015 found that looked after children in England and Wales often received very little support to make sense of their early life experiences, reasons for entering care and family relationships (Bazalgette, Rahilly & Trevelyan, 2015). LSW was not always prioritised, they found, because “there are no drivers within the system” to ensure it is completed. LSW is often neglected or poorly completed in practice, often started late in the care process, and given little priority or investment (NICE, 2021).

A 2021 scoping review of peer-reviewed empirical evidence on the use of LSW with care-experienced children and young people (Hammond, Young & Duddy, 2021) found the following practices identified as providing “high quality” experiences: young person-led approaches; consistent support to access and process personal information, including chronological facts, reasons for care entry and beyond; the use of artefacts; and assistance/training for carers supporting LSW.

NICE guidelines, published in October 2021, on care for looked after children and young people includes references to LSW. The CLSW model is in line with the spirit of this guideline. NICE suggests that the primary carer should be present during interventions targeting primary school-age children or needing greater assistance, and should include “shared activities”. NICE recommends covering the past, the present and the future as part of LSW, tailoring to developmental age and needs, and including content such as life mapping, pictures, art, narratives, toys or play. NICE recommends social worker involvement, with social workers overseeing the LSW.

We are not aware of any existing UK RCT of LSW interventions in the literature.

Business-as-usual in Darlington, Gateshead and South Tyneside

Through Blue Cabin, local authorities provided details on business-as-usual LSW services in 2020 before the programme (Taylor et al., 2021). Darlington and Gateshead reported no consistent approach to the offer of LSW to looked after children and young people. Having been involved in the pilot approach of CLSW from 2018 to 2020, South Tyneside’s offer had been influenced by its work with the programme developers: it reported that LSW was

undertaken primarily by a child's social worker using age-appropriate creative means, and was tiered, involving creative LSW and therapeutic LSW.

Blue Cabin's creative model of LSW

The model in this programme aims to combine activities facilitated by professional artists with therapeutic life story work, to help children and young people better understand their own life stories and form stronger relationships with the adults in their lives. The model was developed by Blue Cabin alongside Professor Richard Rose from Therapeutic Life Story Work International (TLSWi) and a team of Associate Artists, and co-constructed with care-experienced children and young people, their carers, and South Tyneside Council.

The model takes a needs-based three-tiered approach (see Figure 1.1). Tier 1 interventions can be delivered to young people in groups (All About Me Creative Experiences) or one-to-one (All About Me Direct Work). The Tier 2 intervention, More About Me, is for children in need of more intensive support and is facilitated by a Therapeutic Life Story Worker. Finally, Tier 3 comprises therapeutic life story work delivered by a trained life story worker. The delivery of this model is supported by resources including life story work policies, training materials, a toolkit, monthly surgeries and support sessions, and critical friend sessions facilitated by Professor Richard Rose. In this evaluation we focus on the Tier 1 All About Me Creative Experiences. These sessions use creative approaches, and are introduced and facilitated by Blue Cabin's Associate Artists, with local authority pastoral support workers. In online sessions a Blue Cabin producer is also present. All About Me creative experiences aim to provide children and young people with trauma-informed spaces of creativity and exploration to enable them to develop agency and ownership over their life stories.

The 12-month programme began on schedule in April 2021. The All About Me creative experience sessions were originally planned to run in six blocks between April 2021 and March 2022. Due to lower-than-expected take-up (the reasons for which are detailed in the process evaluation findings in Chapter 3), in February 2022 WWCS agreed that Blue Cabin could delay using their unfilled capacity by holding a final block of six sessions for children and young people in the control group after the end of March 2022 (after outcome measures had been taken).

Blue Cabin intended that a "trusted adult" would accompany each child or young person to each session, usually their foster carer, residential worker or kinship carer, or perhaps a social worker. Blue Cabin designed All About Me creative experiences for in-person delivery. Due to COVID-19, 400 out of 495 attendances at sessions by children and young people were virtual (81%). The in-person sessions took place in a range of community venues. Children and young people took part in virtual as opposed to in-person groups for different reasons, including preference.

More About Me and Therapeutic Life Story Work

As planned, a small number of children and young people with higher-level needs received a more intensive intervention, More About Me (Tier 2 CLSW) instead of Tier 1 All About Me creative experiences. More About Me is facilitated by a trained Therapeutic Life Story

Worker, someone who has undertaken a diploma in Therapeutic Life Story Work. In April to May 2022, the three local authorities reported that a small number of children and young people had received More About Me. Darlington delivered three More About Me sessions, Gateshead had completed More About Me with one child, and South Tyneside with four. These children were not analysed as part of the RCT.

The plans for the programme included training 15 Therapeutic Life Story Workers across the three local authorities to diploma level, with the aim that they could then facilitate Tier 2 (More About Me) and Tier 3 (Therapeutic Life Story Work). There were eight trainees across the three local authorities by April to May 2022. Darlington told us they had one student who had completed the training. Gateshead told us they had four students who had each worked with one child at Tier 3. South Tyneside reported that three members of staff were studying for the diploma.

Gateshead and South Tyneside reported that some children and young people had started or completed intensive work with trained workers, Therapeutic Life Story Work: 12 currently, and two had completed this. They were not analysed as part of the RCT.

Training and online platform

In July 2022, Blue Cabin told us that total users of the CLSW platform had been 1,313 across the three local authorities, of whom 515 had logged on to the system at least once (170 in Darlington, 135 in Gateshead, 210 in South Tyneside). The platform launched on 1 April 2021. A range of staff, including foster carers, was offered access to CLSW-related resources on the platform, including articles, videos and podcasts. In 2021–22, Blue Cabin, supported by Professor Richard Rose and other trainers and facilitators, ran 32 training sessions in the form of live classrooms and bespoke “critical friend” sessions and support for each local authority. These covered themes including trauma, attachment, recovery and an introduction to Therapeutic Life Story Work.

2. Methods

Research questions

In line with the project's logic model, we hypothesised that children and young people who have a good experience of All About Me creative experiences will be better adjusted with fewer behavioural problems that might result in disruption to placements (where children and young people live) and schooling. Our three impact evaluation research questions were:

- What is the impact of Tier 1 All About Me creative experiences on the emotional wellbeing of children and young people currently in care (as measured by the Strengths and Difficulties Questionnaire), compared to those who receive business-as-usual LSW provision?
- What is the impact of introducing Tier 1 All About Me creative experiences on placement stability for beneficiary children and young people in the first 12 months of the CLSW programme, compared to those who receive business-as-usual LSW provision?
- What is the impact of introducing Tier 1 All About Me creative experiences on school stability (number of school moves) for beneficiary children and young people in the first 12 months of the CLSW programme, compared to those who receive business-as-usual LSW provision?

These questions focused on the group (rather than one-to-one) Tier 1 All About Me creative experiences, as this was the part of the programme that the large majority of children and young people were expected to experience. We did not gather outcome measures for the children and young people who received Tier 2 or 3.

Trial design

This trial was a non-blinded parallel RCT with randomisation of children and young people to two arms, intervention and control (Taylor et al., 2021).

Randomisation

Children and young people were randomised 50:50 to intervention ("offer") and control ("do not offer") in six blocks: Darlington primary school age; Darlington secondary school age; Gateshead primary school age; Gateshead secondary school age; South Tyneside primary school age; and South Tyneside secondary school age. The separation of primary from secondary pupils was intended to help Blue Cabin to organise groups of children and young people of similar age. Randomisation was conducted by the evaluation team. As is typical in social policy trials, all parties were unblinded to allocation.

Intervention

In late 2020, Blue Cabin, Coram, Ipsos MORI and WWCS developed the logic model for the CLSW programme. A summary was published in Taylor et al. (2021). CLSW has three tiers. Tier 1, branded All About Me, is a six-week intervention considered suitable for most children and young people. Children and young people eligible for more intensive support face more challenges. Tier 2 More About Me is a three-month intervention, and Tier 3 Therapeutic Life Story Work is a nine-month intervention. For example, problems at school, impacting on the stability of home placements and school attendance, or in a placement on the verge of disruption.

The intervention received in most cases was expected to take the form of six 90-minute All About Me creative experiences sessions delivered once a week over six weeks to small groups of looked after children and young people aged 5 to 17, each accompanied by a trusted adult such as a foster carer, with each group facilitated by a Blue Cabin Associate Artist and co-facilitated with a local authority pastoral support worker, and in some cases supported by a producer (see Appendix J for role descriptions). The eight Blue Cabin Associate Artists represented a range of artistic practices, such as graphic design and puppetry, and children and young people were able to express interest in attending a particular artist's group. Ahead of the first session, arts and crafts materials needed for each session were sent to each child or young person via the local authority in a creative package. The contents varied according to the artistic practice. Each session covered a different theme. For example, session 3 for one group was called "Who is in my life" and covered discussion about the key people in children and young people's lives, with the creative activity taking the form of making pipe cleaner people and decorating clay emoji pebbles to help children and young people explore and discuss the key people in their lives (Appendix A).

Blue Cabin aimed to train around 500 staff per local authority, including staff who deliver business-as-usual LSW and foster carers and other supporting adults, with the aim of ensuring that skills and knowledge were disseminated within the lifetime of the programme. Blue Cabin aimed to roll out the training to CLSW delivery staff in the first instance and then roll out the training to staff providing business-as-usual later in 2021, to minimise contamination. Blue Cabin provided Associate Artists with monthly supervision, a buddy, quarterly reflections sessions and self-care sessions.

Based on Professor Richard Rose's model of LSW, Blue Cabin believes that children and young people should have the opportunity to access All About Me every six months, but in this programme children and young people only received one block of six sessions² due to the time frame of the programme funding. The model of intervention is that, if a child or young person is unable or unwilling to take part in group work but does wish to take part in All About Me creative experiences, they should be offered equivalent one-to-one work delivered by their social worker or carer (this is known as All About Me direct work), rather than an All About Me creative experience facilitated by an artist and pastoral support worker.

² Six sessions were delivered face-to-face, or seven sessions virtually. When delivered online, an introductory session before session 1 onboarded children and young people and carers and aimed to resolve any technology issues before the first session.

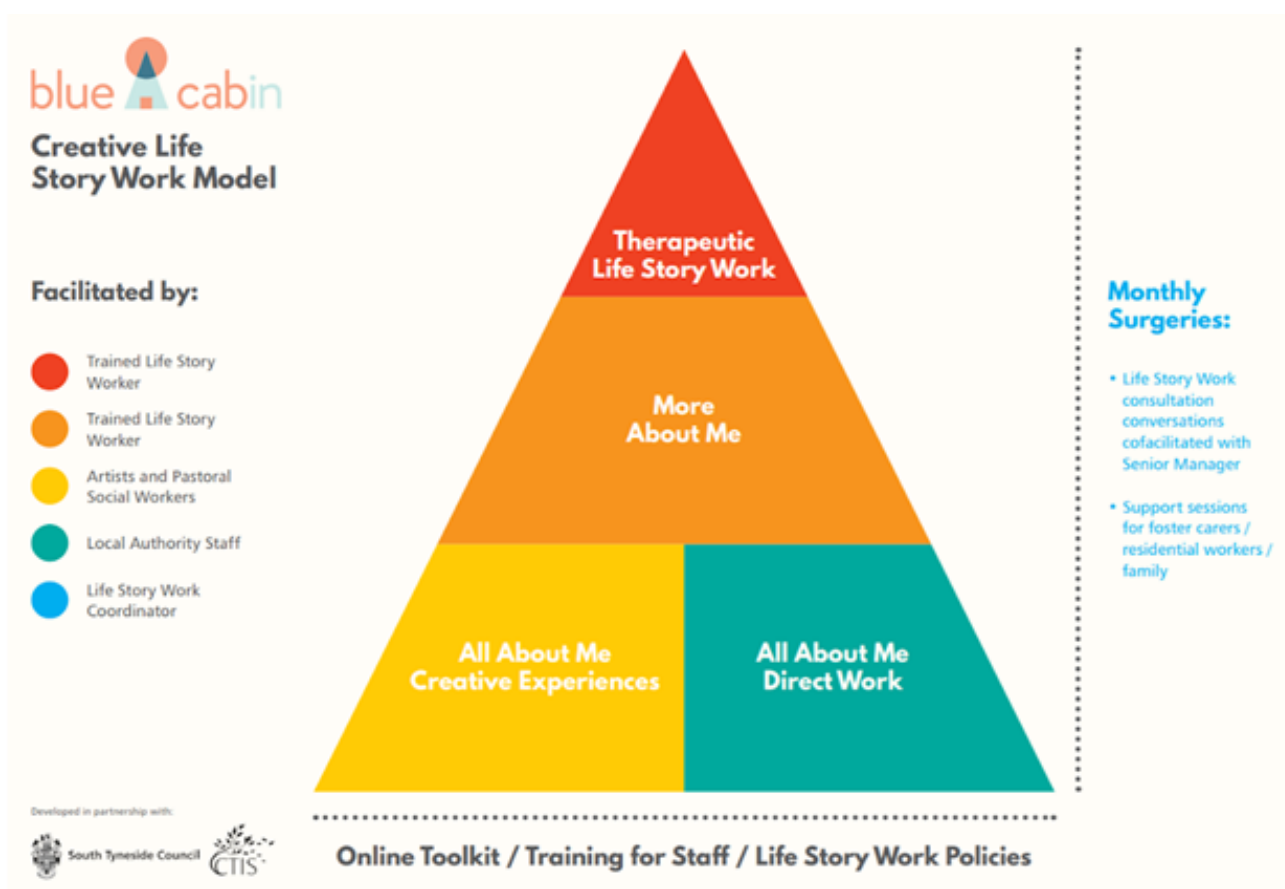
All children and young people in this study received the group version of All About Me known as All About Me creative experience. The presence of an adult is required. For the All About Me creative experiences, if an adult like a foster carer cannot or does not want to attend, then an alternative trusted adult can be found, such as a social worker. Due to COVID-19 restrictions, most sessions were delivered remotely via Zoom video conferencing. We included both in person and virtual sessions in our analysis.

Blue Cabin told us that, after each All About Me creative experience session, Blue Cabin Associate Artists and local authority pastoral support workers take part in a debrief and notes are written describing each child or young person's participation in the session. These are shared with the child's social worker and posted on the child's record. Blue Cabin told us this meant that any worries or concerns, or referrals for further support could then be picked up quickly and acted upon.

In some cases, children or young people are unwilling to take part in group work, or they are unable to, for example if they live out of the local authority area and so in-person group work is not practical. In these cases, children and young people were offered "direct work" instead, a one-to-one version of All About Me delivered by carers or social workers.

Blue Cabin and its partners developed a logic model for the pilot of CLSW in South Tyneside in 2018 to 2020. Blue Cabin, Coram, Ipsos and WWCSC met in November 2020 to develop an adapted and updated version of this model for the current programme (published in Taylor et al., 2021). In addition, Blue Cabin's illustration of the programme is shown below.

Figure 2.1: Blue Cabin’s Creative Life Story Work Model



Alongside the evaluation, a co-production project took place. This involved the recruitment of 12 care leavers in the three local authorities, to provide input into evaluation tools and reporting. The project was funded by Blue Cabin and the three local authorities.

Impact evaluation

Outcomes

In April 2022 we collected child outcomes from the local authorities over a reporting period of 12 months from April 2021 to March 2022. The three outcomes were:

1. Strengths and Difficulties Questionnaire at endline (primary outcome)

The SDQ is a validated measure which provides a brief behavioural screening questionnaire covering emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. There is some evidence that observed changes in SDQ scores over time can be attributed to “true” changes in child behaviours and emotions (Sosu & Schmidt, 2017). The SDQ is sensitive to change in short interventions (EIF, 2020). We considered it suitable for assessing the programme’s aim that children and young people are better able to manage emotional responses and behaviours. The SDQ is used in all

local authorities in England, as it is part of routine annual data returns by children's services departments to the Department for Education (DfE, 2020). There is less than complete data; for looked after children and young people aged 5 to 16 in England in the year ending March 2021, an SDQ score was received for 80% (DfE, 2022). However, data availability is better in Darlington (91%), Gateshead (84%) and South Tyneside (100%).

The SDQ has 25 items, which are divided between five subscales. An example item, on the version for completion by young people, is "I worry a lot" (not true/somewhat true/certainly true). A total difficulties score is generated by adding together the scores of 20 items in the first four subscales. The minimum theoretical total difficulties score for a child or young person is 0 and the maximum is 40. A higher score on the SDQ indicates more emotional difficulties. A score of 0 to 13 is considered to indicate "normal" behavioural and emotional health, a score of 14 to 16 is considered borderline cause for concern and a score of 17 to 40 is considered a cause for concern (DfE, 2022). The average score in 2019–20 for looked after children in England was 13.7; 51% had "normal" behavioural and emotional health, 12% had a borderline score, and 37% had scores giving cause for concern (DfE, 2022).

The SDQ can be completed by the child or young person, or a third party such as a caregiver or social worker. We sought information from local authorities on the informant to enable standardisation using the baseline mean and standard deviation values for each type of informant (child or young person; foster carer; social worker; other). Caregivers' responses on the SDQ have shown to be more useful than self-reports (Luke et al., 2014). Unfortunately, the returned data showed that the administrator of the endline SDQ was unknown in around one-third of the respondents and around one-quarter of the baseline SDQ.³ Consequently, we were unable to standardise these scores to an appropriate distribution. Analysis of the SDQ was therefore undertaken on the unstandardised scores.

2. Number of placement changes (0+) in the 12 months of the programme (secondary outcome)

The term "placement" means the place a child lives and with whom they live, such as foster carers. We considered a placement change as a change in a child's carer during their time in care (Children's Commissioner, 2020), and encouraged local authorities to follow the definitions in the annual SSSDA903 returns to the DfE (DfE, 2020), on which the question and answer wordings in our data collection template were based. We asked local authorities for each child's number of placements (that is, at least one) and from this subtracted one to give the number of placement moves.

We excluded from analysis any changes which took place for reasons beyond the child or young person's control, such as the death or incapacity of a foster carer. We also excluded placement changes due to a resignation/closure of provision; where there was a change in the status of placement only (that is, change in status of

³ These are the percentages based on the 377 cases used in the primary outcome analysis.

placement but the child remains with same carer and there is no change to the care plan); or where a setting was no longer approved/registered with the appropriate statutory body (for instance Ofsted; for full details see Taylor et al., 2021).

3. Number of school changes (0+) in the 12 months of the programme (secondary outcome)

School stability was measured by the number of different schools the child or young person attended over the course of April 2021 to March 2022. Most looked after children do not experience placement and school instability over a year (around 90% did not experience either change in 2017–18) (see Children’s Commissioner, 2019). Many moves take place for external reasons (such as transition to secondary school) so we asked local authorities for the reasons for changes, and whether moves were planned or unplanned. A permanent exclusion was treated as a school move. School moves whereby the child transitioned from primary to secondary school or Sixth Form College have been excluded from the analysis.

For each child and young person randomised into the study we also collected information on their gender, date of birth, ethnic group, postcode, legal status and case status. With regards to the delivery of the intervention, we sought information on the nature of CLSW received (Tier 1 All About Me group-work or one-to-one, Tier 2 More About Me, or Tier 3 Therapeutic Life Story Work), the date of the first session, the number of sessions attended, and of these the number of sessions attended virtually. We also sought information on whether any other looked after children or young people in the young person’s household had received CLSW during the reporting period. For South Tyneside we asked whether the child had received CLSW before the start of the trial.

Eligibility

The three local authorities were responsible for 1,006 looked after children and young people of all ages on 31 March 2021 (DfE, 2022), only some of whom were eligible for inclusion in the trial.

Inclusion criteria

Children and young people were eligible for randomisation if they were looked after, aged 5 to 17, and passed an assessment, defined as:

- **Legally defined as looked after** – in line with the Children Act (1989) a child is looked after if they get accommodation from the local authority for a continuous period of more than 24 hours, are subject to a care order or subject to a placement order.⁴
- **Date of birth between April 2004 and February 2017** (making them aged 5 to 17 in time for the start of the final block of sessions beginning mid-February 2022 and the final session in this last block of sessions, in late March 2022). The cut-off dates of

⁴ See <https://www.legislation.gov.uk/ukpga/1989/41/contents>.

birth for inclusion were therefore 31 March 2004 and 15 February 2017 (born after 31 March 2004 and before 15 February 2017).

- **Pass suitability assessment** (not considered likely to be in need of more intensive Tier 2 or 3 service – see below).

Blue Cabin and Professor Richard Rose provided the following criteria to local authorities to help them assess suitability for the All About Me creative experiences. Looked after children and young people were suitable if they:

- Were in a stable environment
- Understood why they were where they were
- Understood why they were “in need”
- Would benefit from understanding the events around them
- Were able to share views as part of annual review.

Exclusion criteria:

We asked local authorities to make an assessment and not to include the following unsuitable children and young people in lists for randomisation:

- Immediate plans for child/family to move out of local authority area at point of screening⁵
- Profound and multiple learning disabilities
- Sectioned under the Mental Health Act at point of screening
- Detained in the secure estate at point of screening.

Children and young people in South Tyneside were eligible whether or not they had previously taken part in CLSW under Blue Cabin’s earlier work with the council. This was the case for 43 children and young people, among whom 11 attended All About Me creative experiences.

Sample size

The sample size was determined through the resources available to deliver the intervention. Blue Cabin were funded to deliver All About Me creative experiences (Tier 1 of CLSW) to 90 children and young people per local authority, or 270 overall. We calculated the MDES based on the expected achieved sample sizes, a stratified random allocation design at the level of the child and the availability of a baseline measure, which assumes a pre/post correlation of 0.71, (i.e. $r^2=0.5$). We used the PowerUp tool to calculate the sample size,

⁵ Blue Cabin told us that virtual provision meant that, in fact, sessions were in some cases offered to children and young people living in placements outside their local authority area.

using the BIRA2_1f spreadsheet with six strata (primary school age and secondary school age for each of the three local authorities) and an average block size of 180. See Taylor et al. (2021) for more details.

Randomisation was mostly upfront (for the stock of existing looked after children and young people) but continued throughout the year, for in-flowing children and young people. After the initial 425 randomisations on 1 March 2021, randomisations occurred approximately monthly, as looked after children turned age five, and new children and young people became looked after; the total by the end of the year was 629 (see Appendix E). Of the 629, 316 were randomised to “offer” and 313 to “do not offer”; 304 were primary school age, and 325 secondary school age. By local authority, we randomised 206 Darlington children and young people, 193 Gateshead children and young people, and 230 South Tyneside children and young people.

Participants

Three local authorities took part in the trial; Darlington, Gateshead and South Tyneside. South Tyneside was the site of the initial pilot and wished to continue its involvement. Darlington was also previously involved with Blue Cabin’s CLSW and in 2019 Blue Cabin supported Darlington to develop its LSW programmes. In response to the invitation to tender, both Darlington and Gateshead were approached by Blue Cabin, and volunteered to join the current programme.

South Tyneside and Gateshead are metropolitan district councils and Darlington is a unitary authority. The three local authorities are relatively small in terms of their populations of all children and looked after children. Published data show that all three are below the regional and England averages in their numbers of looked after children (Appendix F). Their most recent Ofsted inspection judgements were good (Gateshead, 2019 and South Tyneside, 2017) and requires improvement to be good (Darlington, 2018).

Non-compliance with eligibility criteria

By the end of the programme in March 2022, 627 (629 including duplicates) children and young people were assessed as eligible by local authorities and randomised into the trial. Over the course of the data collection period in April 2022 we became aware of 75 children and young people who did not meet the eligibility criteria being randomised into the study. There were two reasons for this:

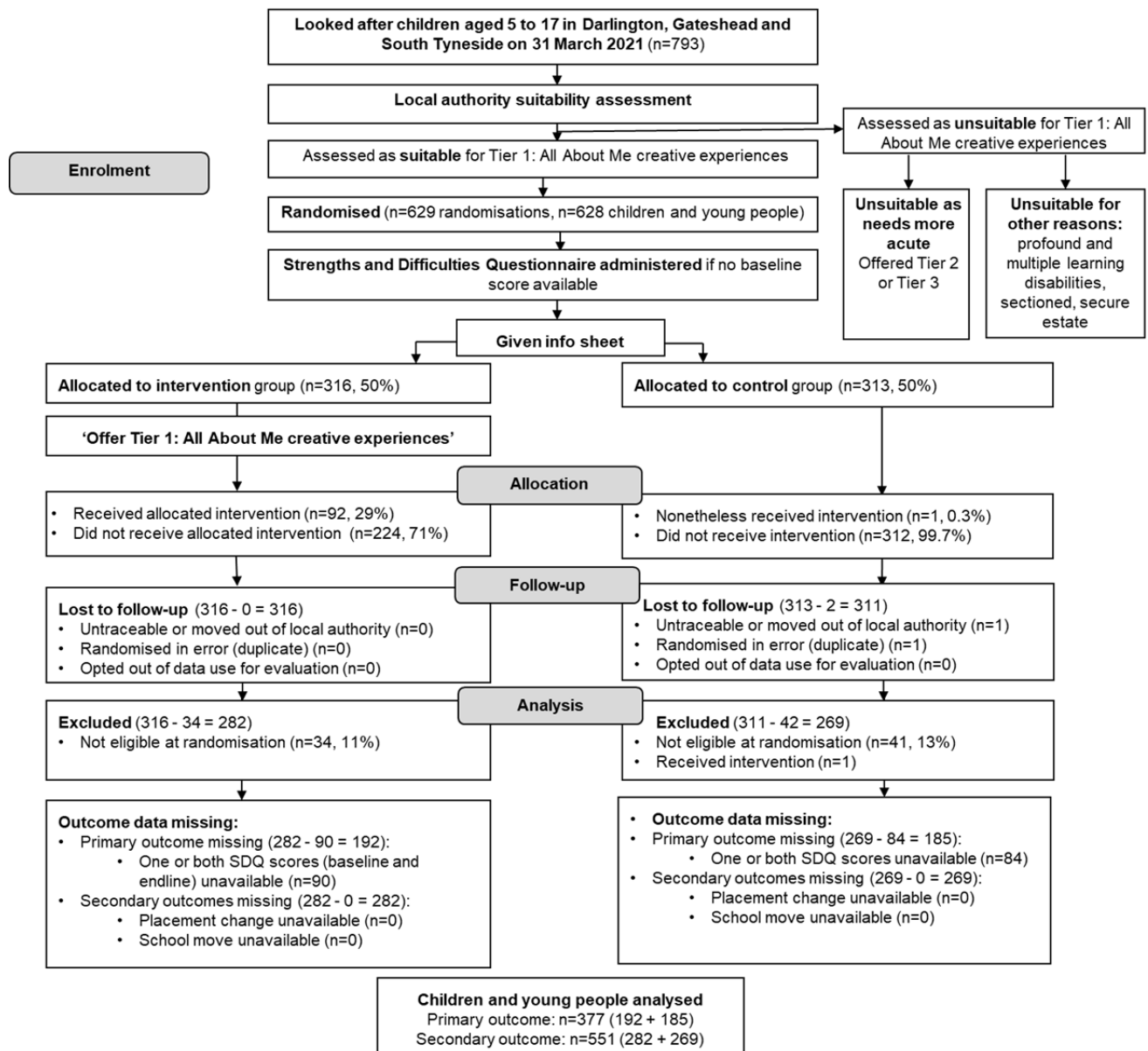
1. 52 children and young people were randomised who were not born in the eligible date of birth range from 31 March 2004 to 15 February 2017.
2. 26 children and young people were randomised who were not looked after children at randomisation.

Twenty-three children and young people were excluded as they were not legally defined as looked after at randomisation, 49 were excluded as their date of birth was not between April 2004 and February 2017, and three were excluded as they met both of these exclusion criteria. It appears that local authorities identified and assessed children and young people for suitability for the first batch-randomisation in March 2021 a number of weeks ahead of when children and young people were randomised into this trial. During this time lag, 26

children and young people had ceased to be looked after and were therefore not technically eligible at randomisation. These cases were excluded from the main analysis. We do not have information on how many, if any, were offered CLSW, but none attended All About Me creative experiences.

Figure 2.2 sets out the randomisation and assessment process, and the number of children and young people assessed, randomised, excluded, allocated, lost to follow up, and included in the final analysis.

Figure 2.2: Consort flow chart



Note: ineligible children and young people who were randomised (despite not being looked after at the point of randomisation or were not born in the eligible date of birth range) are shown in the above flow chart.

Children and young people will have spent different lengths of time in care and experienced different levels of previous stability or instability in their placements. We do not have data on these characteristics.

Process evaluation

The process evaluation questions were:

1. What is business-as-usual practice and how does CLSW differentiate itself from usual practice?
2. What changes are made by introducing CLSW relative to usual practice, and what are the core elements of CLSW, and how (if at all) do they vary across sites?
3. What are the barriers and enablers to successful implementation?
4. What are the views of children and young people, families and professionals on the programme, including perceived financial and non-financial benefits, costs and unintended consequences?

We aimed to answer these questions through the analysis of data gathered via:

- Interviews with 10 children and young people who attended All About Me creative experiences
- Interviews with nine carers who attended All About Me creative experiences
- Interviews with seven social workers
- Interviews with two Blue Cabin artists
- A focus group with three Blue Cabin staff
- Online survey of 168 local authority staff.

We also reviewed documents and information provided by Blue Cabin, including their end of project report.

Interview sample, recruitment and method

As planned, we spoke to 31 people involved in CLSW across the three local authorities and Blue Cabin as part of the process evaluation (Appendix G). We completed 28 interviews and one focus group from 1 October 2021 to 31 April 2022. The 28 interviews comprised one-to-one interviews with 25 professionals and one focus group with three professionals.

We used purposive sampling to recruit children and young people and carers who had knowledge of the intervention because of their attendance at the All About Me creative experiences. We did not interview any children and young people or carers from the control group. Participants were recruited through staff in the local authority children's services

department (for example, an email advert about the opportunity to take part in an interview was sent to a group of carers by a team leader). Carers were invited to get in touch with a Coram researcher to find out more and to arrange an interview with them or with the young person living with them.

We did not intend to interview the carers of the children and young people we interviewed and vice versa, although ultimately there was some crossover. We adopted this approach to increase the spread of people interviewed. Also as planned we avoided inviting children and young people who had a negative or distressing experience of All About Me creative experiences to avoid causing further distress (although there were no reports of children or young people having particularly distressing experiences from any professionals). As a thank you, carers and children and young people received a £15 voucher after taking part.

We interviewed key project delivery staff from Blue Cabin and local authority staff through purposive and convenience sampling. We purposively selected the Blue Cabin delivery team and artists because of their insights into project delivery. We used convenience sampling for local authority staff because there was less interest in taking part in the interviews. There are limitations with our sampling methods, and these are discussed in Chapter 4 of this report.

All interviews were via video or phone calls. Although face-to-face interviews were planned during the protocol stage (Taylor et al., 2021) we decided that video and phone calls were more convenient for participants and ensured better COVID-19 safety. It has been argued that online interview methods can replicate and possibly improve upon traditional methods (Braun, Clarke & Gray, 2017) and are convenient and cost-effective when participants are spread over a large geographical area (Archibald et al., 2019).

Interviews were around 60 minutes in length (ranging from 20 minutes to 90 minutes).

Our semi-structured discussion guides were developed and tested in partnership with a group of care-experienced young researchers. These young people were recruited through an open call communicated by Personal Assistants in each of the three authorities and following an informal interview process, the group of young researchers were given basic training in research, particularly qualitative methods, as well as briefing on the project. Following this, the young researchers were presented with the discussion guides to be used in fieldwork, which they critiqued and contributed to. Most of their feedback was acted on. Where it was not, the researchers explained why and had a further discussion. Finally, the findings of the qualitative interviews were shared with young people, and their comments aided interpretation (see Appendix H for a summary of the main topics covered in interviews). We interviewed participants between October 2021 and April 2022.

We facilitated one 90-minute semi-structured focus group with three Blue Cabin project staff. The discussion guide for this was adapted from the interview guide we used in our interviews with professionals.

Survey sample and method

We surveyed 168 local authority staff via an online questionnaire in March 2022. We asked local authority contacts to provide email addresses of intervention staff including social workers. Staff were given the option to opt out. The survey was designed to be completed in

no longer than 20 minutes and the content was informed by the qualitative findings from the interviews and discussions with local authorities and Blue Cabin. Questions explored the experience of taking part in the programme, perceived benefits such as changes to skills and confidence among children, young people and staff, and other factors or initiatives that may influence the outcome measures. The survey was mostly quantitative consisting almost entirely of closed questions, with some open-ended questions for respondents to further explain their answers.

Data analysis

Quantitative data analysis

Excel spreadsheets were used to collect outcomes data from local authorities. These data were imported into Rmarkdown statistical software (R Core Team, 2018⁶; Rstudio Team, 2020⁷) where they were cleaned and merged. The list of R packages used is provided in Appendix B. The complete list of validation criteria used for data cleaning are provided in Appendix C. Where data did not meet the validation criteria, data contacts at the local authorities were contacted and if necessary asked to correct or update data. For example, if the number of reasons for school moves did not match up with the number of school moves, this was queried with local authorities.

The data analysis was carried out in Stata (StataCorp, 2021⁸). As per the a priori data analysis plan (see Taylor et al., 2021), we calculated descriptive statistics for the characteristics of the full sample, the characteristics of those lost to follow-up (for example due to moving out of area), and of those analysed. We calculated descriptive statistics including the characteristics of the intervention and control groups on each variable to check the key characteristics of respondents were balanced across intervention and control groups.

As per WWCS statistical guidance for RCTs, impact estimation employed an intention to treat (ITT) approach. For our primary research question, we used linear regression to estimate the average effect of the intervention on endline SDQ total difficulties scores using a Newey-West robust error procedure to account for heteroscedasticity. We have reported the coefficient of the indicator variable (intervention vs control) as an estimate of the size and direction of the treatment effect and its significance was tested with a two-tailed 5% Type I error threshold. The “basic” model included only “structural” variables used in the design – that is, the outcome measure, pre-intervention baseline measure of the SDQ, and the stratification identifiers for the local authority. The results of this model were used to calculate Glass’s Delta effect size. We have taken this approach to allow us to estimate the primary impact without confounding arising from any other “control” covariates in the regression model (see below). We also estimated the Complier Average Causal Effect

⁶ R Core Team. (2018). *R: A language and environment for statistical computing*. R Foundation for Statistical Computing. Vienna, Austria. www.R-project.org

⁷ RStudio Team. (2020). *RStudio: Integrated Development for R*. Boston: MA, RStudio PBC. www.rstudio.com

⁸ StataCorp. (2021). *Stata Statistical Software: Release 17*. College Station: TX, StataCorp LLC.

(CACE) (see Bloom, 2006) to better understand the role of intervention fidelity, in this case compliance with the treatment offer.

We used further regression models to explore the impact of explanatory variables (gender, age, etc.) on the estimated impact effect size. This was also intended to help ameliorate any covariate imbalance between characteristics of the intervention and control groups; although, on exploration of the data, no evidence of imbalance was found. We compared the impact and effect size estimates of the “exploratory” model to the “primary” model to assess the extent to which the further controls have increased or decreased the impact effect. We also estimated a model only for children and young people who attended virtual sessions, and a model excluding those children and young people for whom the date of the endline SDQ score was before the date of the intervention or randomisation. A further model explored the effect of dosage – that is, the number of sessions attended – on the outcome scores.

Quasi-Poisson regression models were used to analyse the two secondary outcomes of placement and school changes. We followed the same model specification used for the primary outcome – that is, including the same variations, robust standard error specification and a quasi-Poisson error distribution. Following WWCS guidelines, which preclude adjustments for multiple testing for fewer than three outcomes for a two-armed trial, we did not adjust for multiple significance tests.

With regards to missing data in endline SDQ scores, we created a binary indicator distinguishing missing from not missing to check for a statistically significant difference in missingness between intervention and control groups using a logistic regression model including the covariates used in the basic model. As there were no statistically significant coefficients in the model, the complete case data were considered missing completely at random.

Qualitative data analysis

All interviews were recorded, transcribed and then analysed inductively using thematic analysis guided by Braun and Clarke’s six-stage approach (Terry et al., 2017) with the assistance of NVivo software. We did not edit the extracts quoted in this report for flow or clarity: we report what interviewees said verbatim. Two rounds of coding were used. First, transcripts were read and open coded. Second, these codes were grouped into focused codes. These were developed into higher-level analytical themes which captured a central concept. These themes were considered alongside the process evaluation questions. The focus group was transcribed and analysed in the same way. We viewed qualitative research as reflexive and subjective (Braun & Clarke, 2019). We therefore did not use coding reliability and codebook approaches. Our approach was interpretative and inductive, and we aimed to understand the meanings participants made of their experiences in that particular context.

Survey data analysis

We analysed closed-question data descriptively using Excel. We analysed responses by subgroups, such as type of staff, local authority and years of experience of working with children and young people.

Synthesis and triangulation

Synthesis and triangulation across the interviews, survey, RCT and cost evaluation involved analysis sessions across the project team, comparing data and drawing out correlations and insights across the evaluation.

Ethics and participation

We obtained research ethics approval through Ipsos MORI's research ethics process in January 2021. In line with WWCS requirements this trial was registered with the Open Science Framework.⁹

Coram's Impact and Evaluation Team led the evaluation in partnership with Ipsos MORI. Other parts of the Coram group of children's charities deliver LSW or training in LSW. However, the Impact and Evaluation Team's involvement in LSW has been limited to research and the team does not deliver LSW or training on LSW. Among the evaluation advisory group were individuals from other parts of the Coram group as well as independent advisors from outside of the Coram group. The group's terms of reference set out that the group would have privileged access to draft evaluation outputs in order to review and comment on them. The advisory group terms of reference set out that all papers and discussions are confidential; that advice may or may not be followed by the evaluation team; and that advisors were not members of the evaluation team and so would not have access to qualitative or quantitative data. Members of the advisory group confirmed their agreement with these terms before starting to advise the evaluation.

⁹ See <https://osf.io/5tsfm>.

3. Findings

Impact evaluation findings

Participants' characteristics

We analysed a total of 551 eligible children and young people in 353 families, 282 of whom were allocated to the intervention group and 269 to the control group.

Of these children and young people, 187 were in Darlington, 161 in Gateshead and 203 in South Tyneside (Table 3.1).

We conducted balance checks to compare intervention and control children and young people in terms of the following key characteristics:

- Baseline SDQ score (0 to 40)
- Age (5 to 17)
- Sex (female or male)
- Ethnic group (White British compared to any other ethnic group)
- Number of children and young people in the family (1+)
- Case status (grouped into: foster care, kinship care, parent, residential care, other, and missing)
- Whether other looked after children and young people in the household had received CLSW (grouped into: no, at least one, no other looked after child present in the household, or unknown/missing).

For continuous variables (SDQ score, age, number of children and young people in the family), balance was tested using two sample t-tests with unequal variances. Balance in proportions (e.g., sex, ethnicity) was tested using a z-test, while for categorical variables (case status, SDQ informant and receipt of CLSW by other children and young people in the family) a chi-square test was used. All the balance checks did not detect any statistically significant differences between intervention and control groups.

Analysed children and young people in both treatment arms were on average 12 years old (Table 3.2), ranging from 5 to 17. In total, 44% were female and most (around 86%) were White British. On average, they lived in families with two children and young people and more than half of them (64%) lived in foster care homes, with others split between kinship care, living with relatives, in residential care, other, or missing data (Table 3.3). Around 82% lived in households where no other children or young people had received All About Me creative experiences (either because no other looked after child had been in the household or because the other looked after child had not received the intervention) (Table 3.4).

Of the 282 children and young people in the “offer All About Me creative experiences” group an unknown number were in fact offered All About Me creative experiences, and 90 were reported to have participated in the intervention. One child or young person randomised to the control group took part in the programme. Our impact analysis, balance tests and attrition analysis excluded this observation. All recipients took part in group-based sessions as opposed to one-to-one sessions. Information on the number of sessions attended was available for only 89 intervention group children and young people (37 in Darlington, 22 in Gateshead and 30 in South Tyneside). The total number of sessions attended was 500 (212 in Darlington, 138 in Gateshead 150 in South Tyneside). The median number of sessions attended was six (Figure 3.1). Overall, 84% attended at least five sessions (75/89). Ten children or young people in Darlington attended seven sessions (the first of which was an initial information session). In Gateshead, 20 out of 22 children or young people attended six sessions, while in South Tyneside 24 out of 30 participants attended either five or six sessions.

Table 3.1: Number of participants by local authority by randomisation outcome

	Darlington	Gateshead	South Tyneside	Total
Control	90	79	100	269
Intervention	97	82	103	282
Total	187	161	203	551

Table 3.2: Baseline characteristics by intervention group and balance checks

	Intervention group mean	Control group mean	Two-sided test (p-value)
Baseline SDQ score	14.11 (n=253)	13.26 (n=239)	0.209
Age	11.50	11.63	0.644
Female	0.45	0.43	0.589
White British	0.86	0.85	0.638
Number of children and young people in the family	2.07	1.97	0.291

Note: Unless indicated otherwise, the number of observations was 282 in the treated group and 269 in the control group. One observation that was assigned to the control group but received the treatment was excluded.

Table 3.3: Case status by intervention or control group membership

Case status	Treatment (%)	Control (%)	Total (%)
Foster care	180 (64%)	175 (65%)	355 (64%)
Kinship care	17 (6%)	16 (6%)	33 (6%)
Parent/person with parental responsibility	22 (8%)	18 (7%)	40 (7%)
Residential care	33 (12%)	24 (9%)	57 (10%)
Other	19 (7%)	23 (9%)	42 (8%)
Missing data	11 (4%)	13 (5%)	24 (4%)
Total	282 (100%)	269 (100%)	551 (100%)

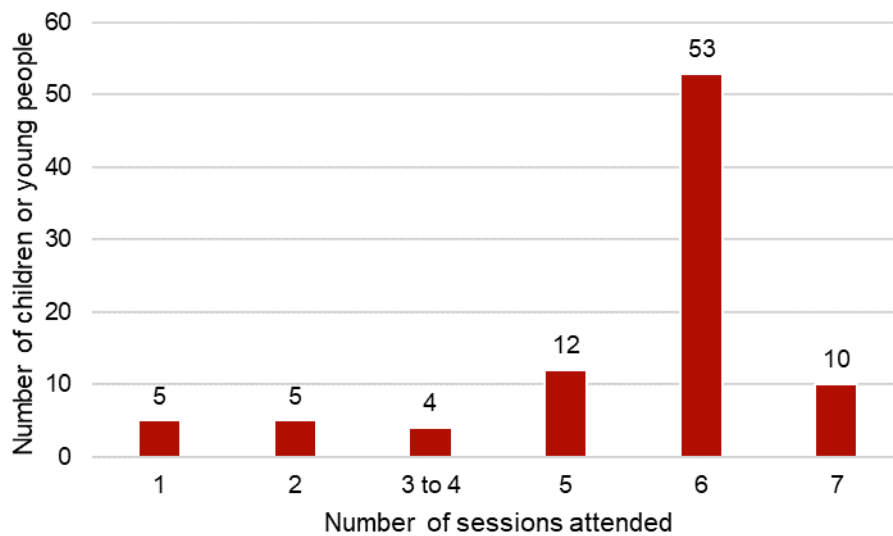
Pearson Chi-Square (df=5): 2.164 (p=0.826). One observation that was assigned to the control group but received the treatment was excluded.

Table 3.4: Other children and young people in the household received CLSW

	Treatment (%)	Control (%)	Total (%)
Yes, at least one	40 (14%)	35 (13%)	75 (14%)
No	138 (49%)	121 (45%)	259 (47%)
No other looked after child in the household	93 (33%)	102 (38%)	195 (35%)
Unknown/Missing	11 (4%)	11 (4%)	22 (4%)
Total	282 (100%)	269 (100%)	551 (100%)

Pearson Chi-Square (df=2): 1.559 (p=0.669). One observation that was assigned to the control group but received the treatment was excluded.

Figure 3.1: Distribution of number of sessions attended by treated children and young people



Note: n=89 children and young people who were offered the All About Me creative experiences attended at least one session, and information on the number of sessions attended available. For statistical disclosure control, sessions 3 and 4 have been combined into one category.

Outcomes

Strengths and Difficulties Questionnaire (SDQ) scores:

- Baseline SDQ scores

We received baseline SDQ total difficulties scores for 493 children and young people (89% of eligible participants). Most recent dates of SDQ completion ranged from December 2019 to September 2021. It is difficult to determine whether these dates are accurate, as questionnaires may have been completed and recorded as far back as 2013.

Information on who completed the SDQ was only available for 334 of the young people.

- Endline SDQ scores

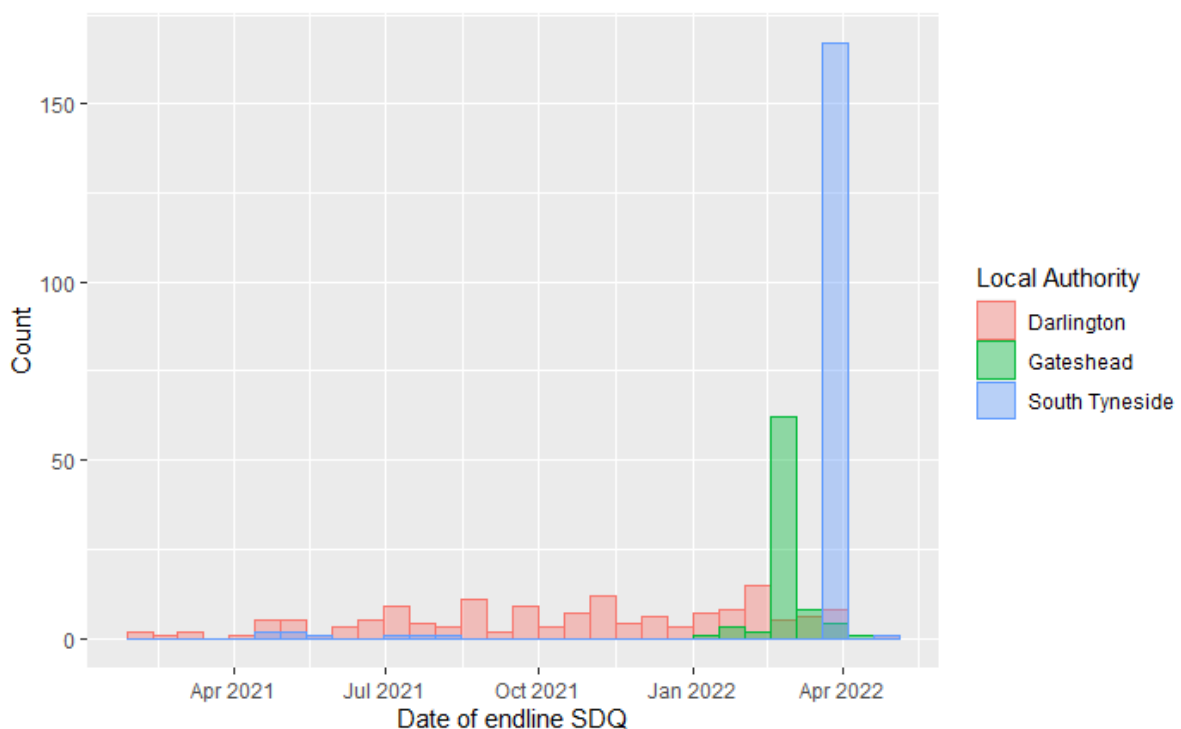
Mean SDQ score was higher at endline than baseline (Table 3.5). We received endline SDQ scores for 405 of our 551 eligible participants, dated from between February 2021 and May 2022 (72%). For nearly 65% of the participants with valid collection date, the endline SDQ scores were collected between the end of February and the end of March 2022. DfE guidance does not require local authorities to gather SDQ scores from looked after children and young people at any particular point in the year, and the pattern of completion date varied by local authority (see Figure 3.2). Of those participants whose endline SDQ score was collected in 2021, eight appear to have been randomised after the date of the second SDQ score. Six treated children and young people had a date of endline SDQ score earlier

than the date of their first session. All participants for whom valid SDQ scores were available were retained in the main analysis.

Of the 377 cases with both baseline and outcome SDQ scores, for around one-third of endline scores and one-quarter of the baseline scores we were unable to identify the administrator. Consequently, we were unable to standardise the SDQ score, as planned, to known administrator population distributions. Standardisation would have been preferable because it is known the administrator can affect the score value. However, a comparison of the distributions of administrators of the outcome SDQ, between treatment and control groups, suggested no substantial discrepancies, which suggests any bias on the impact estimator introduced by using the raw scores was minimal.

Sensitivity tests included running the baseline models excluding those cases where randomisation or intervention happened after the measurement of endline SDQ.

Figure 3.2: Date of endline SDQ scores by local authority



Information on the informant was provided for 384 children and young people’s endline SDQ scores (Table 3.6). We found a statistically significant positive association between endline and baseline scores ($r^2=0.280$).

Table 3.5: SDQ scores at baseline and endline compared to population benchmark

	Baseline	Endline	Benchmark
Darlington	12.67	13.44	
Gateshead	13.35	14.57	

South Tyneside	14.70	15.76	
Total	13.58	14.67	
Observations	493	405	
All looked after children in England (2020–21) (DfE, 2022)			13.7

Table 3.6: Informant for baseline and endline SDQ scores

Informant	Baseline (%)	Endline (%)
Child, young person or other	160 (29%)	116 (21%)
Social worker	211 (38%)	167 (30%)
Foster carer	122 (22%)	102 (18%)
Unknown	59 (11%)	167 (30%)
Total	552 (100%)	552 (100%)

Mixed randomisation outcomes within households

The number of looked after children and young people per family ranged up to five children (n=353 families), with the most frequent (modal) number of children and young people per family being one (60% of families). Where there are at least two looked after children and young people per family, there is potential for mixed randomisation allocations, whereby one child or young person is allocated to receive the intervention and the other is not. This was the case for 83 families in the study (24% of the total families taking part).

During the programme, local authorities raised a concern about families in which one or more children or young people had a different randomisation outcome to one or more others in the family. The scale of this situation was that 39% (217/551) of children and young people and 24% of households had mixed allocations. This was a factor contributing to lower than intended take-up in the treatment group.

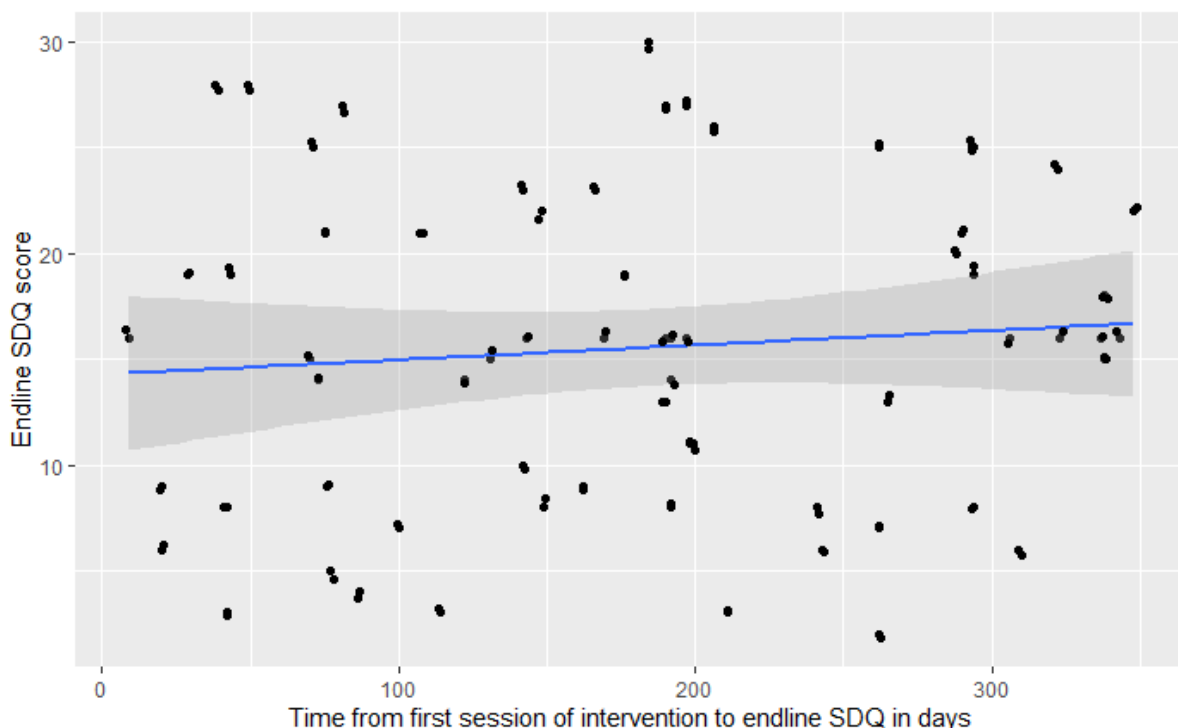
While randomising at child level allows for the possibility of contamination across trial arms, randomising at family level was considered impractical for delivery, as some carers would need to help two or more children or young people navigate All About Me creative experiences, which may be time-consuming and emotionally taxing (Taylor et al., 2021). This potential contamination may take the form of a child or young person in the control group benefitting from other children and young people in the household receiving the intervention, as their carer will receive training in CLSW. If this contamination through an indirect effect on

others in the household does occur, it is possible that we are underestimating the impact of the intervention.

Strengths and Difficulties Questionnaire scores over time

It is not uncommon for interventions to increase awareness of problems, which may result in increases in reports of problems or negative perceptions (Asmussen et al., 2019). SDQ scores may get worse before they get better. We investigated this possibility, given that our SDQ data covered a range of different numbers of months from final session to endline but found no trend over time (Figure 3.3).

Figure 3.3: SDQ scores time series, where start of intervention = day 0



Note: Line created with linear model smoothing, grey shading shows 95% confidence interval around line. Points on this scatterplot have been manipulated so that points on the plot do not accurately represent an individual’s score and time-point in order to protect participant anonymity.

Placement and school stability measures

The Children’s Commissioner (2020) found that, among children in care on 31 March 2019, most children (67.7%) had remained in their placement throughout the previous year, but 32.3% experienced one or more placement moves, 10.4% had experienced two or more placement moves, and 4.1% had experienced three or more. Teenagers and older children had the highest rates of placement instability.

The eligibility criteria meant we could expect our sample of looked after children and young people to be more stable than the average looked after child, and this was the case. Our

sample experienced more stability than the Children’s Commissioner benchmark, with 80% remaining in the same placement (440/551) (Table 3.7). A total of 112 children and young people experienced between one and five placement changes (20%), with the majority (83 out of 112) of children and young people who did experience a placement change having only one.

Table 3.7: Frequencies of number of placement changes

Number of placement changes	Number of children and young people	Total number of placement changes
0 changes	440	0
1 change	83	83
2 changes	23	46
3 changes	3	9
4 changes	0	0
5 changes	3	15
Total	551	153

School stability was measured by the number of different schools the child or young person attended over the course of April 2021 to March 2022. Most children in care in England do not experience placement and school instability over a year (around 90% did not experience either change in 2017/18) (see Children’s Commissioner, 2019). Many moves take place for external reasons (such as transition to secondary school) so we asked local authorities for the reasons for changes, and whether moves were planned or unplanned. A permanent exclusion was treated as a school move. We excluded from analysis any changes which took place for reasons beyond the child or young person’s control, such as the move from primary to secondary school, and the death or incapacity of a foster carer (for full details see Taylor et al., 2021).

Our sample experienced slightly less stability in terms of school moves than the Children’s Commissioner benchmark. A total of 84 children and young people (15%) experienced between one and three school moves, with the majority of these (77) experiencing only one school move (Table 3.8).

Table 3.8: Frequencies of number of school moves

Number of school moves	Number of children and young people	Total number of school moves
0 moves	468	0

1 move	77	77
2 or 3 moves	7	15
Total	551	92

Primary outcome analysis

A linear regression approach was used to assess the impact of CLSW on the endline SDQ scores. The basic model included only the following control variables:

- A treatment status indicator
- Baseline SDQ score
- Strata indicators (local authority and school age group (primary or secondary)).

An ordinary least square regression (OLS) was estimated in the first instance (Table 3.9). Due to missing baseline and/or endline SDQ score, the sample size of the OLS regression decreased to 377 observations – 192 in the treatment group (90 exclusions), 185 in the control group (84 exclusions).

The estimated impact of All About Me creative experiences was equal to an increase of the endline SDQ score in the treatment group of 1.06 (p-value: 0.082) with respect to the control group, which corresponds to an effect size (Glass's Delta) of 0.15. While not statistically significant at the $p < 0.05$ threshold set out in the trial protocol, the direction of the effect is counter to that desired.

Secondary outcome analysis

As most children and young people experienced no or only one school move during the period of the analysis, the dependent variable for the model on the number of school moves was defined as a binary variable, equal to 0 for children and young people that did not experience any school move, and equal to one for children and young people who experienced at least one school move.¹⁰ Logit regressions were estimated, using only the treatment and strata indicators as explanatory variables (Table 3.10). The results indicated that the intervention group had a 3.9 percentage point (p-value: 0.149) higher probability of experiencing a school move than the control group. This corresponded to an effect size (Glass's Delta) of 0.12. The estimated effect was not statistically significant.

Quasi-Poisson models were estimated for the number of placement changes (Table 3.11). The results indicated that the treatment group had on average 0.03 (p-value: 0.522) more placement changes than the control group, corresponding to an effect size of 0.06. The effect was not statistically significant.

¹⁰ Originally, we proposed to analyse this outcome using a quasi-Poisson model, as there were too few cases exceeding one school move to make this an appropriate model, we used a logistic model instead, with a binary outcome.

Sensitivity analysis

As mentioned above, it was not possible to collect baseline and endline SDQ scores for all children and young people in the trial. **Missing endline SDQ scores** are of particular concern for the unbiasedness of the primary outcome estimates. Differences in the proportion of missing values for the outcome measure between intervention and control groups may mask the effect of unobservable differences between the two groups, which could drive both participation in the intervention and the observed outcome. In the sample used for the present analysis, there was only a one percentage point difference in the proportion of missing endline SDQ scores in the two treatment arms: 23% in the intervention and 22% in the control group. This difference was tested using a logit regression with an indicator variable for missing endline SDQ as dependent variable, controlling for the same covariates as the basic models. The difference was not found to be statistically significant (coefficient = 0.09, p-value: 0.680).

In addition, a model was estimated adding interactions between the treatment status and structural covariates. None of these interactions was found to be statistically significant, indicating that there was no systematic differences between the treatment and control group attrition.

Therefore, an adjustment for different patterns of missing values between the treatment and control groups was not deemed necessary.

To adjust for missing baseline SDQ scores the basic primary outcome model was modified by including the baseline SDQ score as a categorical (rather than continuous variable), allowing for a missing category. The categories were as follows:

- Between 0 and 4
- Between 5 and 9
- Between 10 and 14
- Between 15 and 19
- Between 20 and 24
- Greater to or equal than 25
- Missing

The regression model with categorical SDQ scores used a total of 405 observations, and yielded an estimated increase in SDQ score by 0.77 (p-value: 0.218), slightly lower than the original regression model.

Finally, the robustness of the effects estimated in the basic primary and secondary models was tested by **adding further covariates to the models**. The following covariates were added:

- Age group (0–7, 8–11, 12–15, 16–17, and missing)
- Sex (1 for female, 0 for male)
- Ethnic group (1 for White British, 0 otherwise)
- Number of children and young people in the family (1, 2, and 3+)
- Whether other children and young people in the household had received CLSW (at least one, no other LAC, or no)
- Endline SDQ informant (child or young person, parent/carer, or social worker)
- 2019 Index of multiple deprivation scores at the Lower Super Output Area of postcode.¹¹

The estimated effects remained broadly similar. The effect for the endline SDQ score was estimated at 1.23 (p-value: 0.050), compared to 1.06 in the basic model. For school moves, the extended model yielded an increase in the probability of moving school by 4.8 percentage points (p-value: 0.05) compared to 3.9 percentage points in the basic model (p-value: 0.149). The extended quasi-Poisson model for placement changes yielded an increase in the number of placement changes by 0.06 (p-value: 0.198) for the treatment group (compared to 0.03 in the basic model).

We note that the extended primary outcome model brings the impact estimator to the cusp of the 5% significance level chosen for this study, though does not quite cross the threshold.

Finally, we ran the basic primary analysis excluding the 14 children and young people for whom randomisation or intervention happened after the date of the endline SDQ score.¹² The results did not considerably vary with respect to the main analysis. The estimated effect on the endline SDQ score was an increase of 1.08 of a point (p-value: 0.08), compared to 1.06 in the main analysis.

On-treated dosage model

The descriptive analysis revealed some variation in the number of sessions attended by children and young people in the intervention group who took part in the programme. An on-treated analysis was conducted to detect whether the effects on primary and secondary outcomes depended on the number of sessions attended (the “dosage” of the intervention) (Table 3.12). The analysis used the same analytical approaches of the baseline primary and

¹¹ The analysis used the overall Index of Multiple Deprivation score at the Lower Super Output Area. This is column E in the spreadsheet available at <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/mappingincomedeprivationatlocalauthoritylevel>, tab “IoD2019Score”.

¹² In practice, this amounted to excluding only 11 observations as three observations had either missing endline or baseline SDQ score, so were already not included in the main analysis.

secondary models but replaced the treatment indicator with the number of sessions attended.

The results of the on-treated dosage models were as follows:

- A unit increase in the number of sessions attended was associated with a non-statistically significant increase in the endline SDQ score, by 0.10 in the intervention group compared to the control group (p-value: 0.565).
- There was a negligible and non-significant negative association between the probability of moving schools and the number of sessions (logit marginal effect: 0.00, p-value: 0.629).
- A unit increase in the number of sessions attended was associated with a decrease in the number of placement changes by 0.02. The effect was not statistically significant (p-value: 0.158).

There was also some variation in the type of sessions that participants attended. The sessions were envisaged as in person but, primarily due to COVID-19, most were delivered online. Of the 90 intervention group children and young people who took part in All About Me creative experiences, 71 attended only online sessions, 16 attended face-to-face sessions, and two attended a mixture of online and face-to-face sessions. To check whether results were different for children and young people who attended only virtual sessions, we restricted the on-treated analysis to the 71 children and young people who attended only virtual sessions. Results suggest that, compared to other children and young people:

- The endline SDQ score for children and young people who attended virtual sessions decreased with the number of virtual sessions attended by a factor of -0.55 (p-value: 0.376). The estimated effect was not statistically significant.
- The probability of school moves was slightly lower for children and young people who attended all virtual sessions (logit marginal effect: -0.01, p-value: 0.643). The estimated effect was not statistically significant.
- Children and young people who attended all virtual sessions experienced on average 0.04 fewer placement changes than the others (p-value: 0.226).

Complier average causal effects

The Complier Average Causal Effect (CACE) was computed following equation 8 in Bloom (2006) as:

$$CACE = \frac{Y_t - Y_c}{P(T = 1)}$$

Where the numerator is the ITT estimated earlier and the denominator is the proportion of intervention group children and young people who participated in the intervention. The ITT estimated in the basic primary and secondary analysis was used for the computation of the CACE.

As there is only one-sided non-compliance (that is, those who do not comply with treatment assignment are in the treatment group, after excluding one non-complier in the control group), the CACE can be considered a good indication of the Average Treatment Effect on the Treated (ATT) – that is, the effect for those who participated in the treatment.

Since the CACE refers to the population of compliers, it is not surprising that the estimated CACE were larger than the ITT effects estimated in the main analysis. Endline SDQ scores were estimated to be higher by three points on the 0–40 SDQ scale for the compliers than the control group (p-value: 0.08), the probability of school moves higher by 12 percentage points (p-value: 0.149) and the number of placement changes higher by 0.10 (p-value: 0.522).

Primary analysis: full regression results

Table 3.9: Ordinary Least Square regression results – basic model

	Primary outcome: Endline SDQ score				
	Coefficient	Newey-West robust standard error	95% confidence interval	Glass's Delta	Newey-West robust standard error
Treatment	1.058	0.607	-0.136, 2.252	0.152	0.087
Baseline SDQ score	0.540 ***	0.043	0.455, 0.626		
Strata:					
Gateshead (base)					
Darlington	-0.863	0.864	-2.562, 0.835		
South Tyneside	0.484	0.776	-1.043, 2.010		
Age group 5–11 (base)					
Age group 12–17	-0.600	0.622	-1.823, 0.623		
Constant	7.064***	1.061	4.979, 9.150		
Number of observations	377				

*** indicates significance at 1% level (p-value < 0.01).

Secondary analysis: full regression results

Table 3.10: Logit regression results – Basic model

	Secondary outcome: Number of school moves						
	Coefficient	Newey-West robust standard error	95% confidence interval	Marginal effect	Newey-West robust standard error	Glass's Delta	Newey-West robust standard error
Treatment	0.363	0.250	-0.127, 0.853	0.039	0.027	0.115	0.079
Strata:							
Gateshead (base)							
Darlington	-0.957 **	0.429	-1.797, 0.118				
South Tyneside	1.021 ***	0.294	0.444, 1.598				
Age group 5–11 (base)							
Age group 12–17	0.237	0.253	-0.258, 0.734				
Constant	-2.232***	0.361	-3.039, -1.625				
Number of observations	551						

***Indicates significance at 1% level (p-value < 0.01), ** indicates significance at 5% level (p-value < 0.05).

Table 3.11: Quasi-Poisson regression results – Basic model

	Secondary outcome: Number of placement changes						
	Coefficient	Standard error	95% confidence interval	Marginal effect	Standard error	Glass's Delta	Standard error

Treatment	0.126	0.198	-0.262, 0.515	0.033	0.051	0.054	0.085
Strata:							
Gateshead (base)							
Darlington	0.887***	0.280	0.338, 1.435				
South Tyneside	0.511	0.290	-0.059, 1.080				
Age group 5–11 (base)							
Age group 12–17	0.206	0.199	-0.184, 0.596				
Constant	-1.997***	0.285	-2.557, -1.438				
Number of observations	551						

***Indicates significance at 1% level (p-value < 0.01).

On-treated analysis: full regression results

Table 3.12: OLS regression results – On-treated analysis

	Primary outcome: Endline SDQ score		
	Coefficient	Newey-West Robust Standard Error	95% confidence interval
Number of sessions attended	0.101	0.175	-0.240, 0.447
Baseline SDQ score	0.563 ***	0.057	0.450, 0.677
Strata:			
Gateshead (base)			
Darlington	-0.735	1.184	-3.071, 1.601
South Tyneside	1.039	1.090	-1.112, 3.189

Age group 5-11 (base)			
Age group 12-17	-1.036	0.894	-2.800, 0.728
Constant	7.509 ***	1.471	4.608, 10.410
Number of observations	192		

***Indicates significance at 1% level (p-value < 0.01).

Table 3.13: Logit regression results – On-treated analysis

	Secondary outcome: Probability of school moves				
	Coefficient	Newey-West Robust Standard Error	95% confidence interval	Marginal effect	Newey-West Robust Standard Error
Number of sessions attended	-0.033	0.067	-0.165, 0.100	-0.004	0.008
Strata:					
Gateshead (base)					
Darlington	-0.445	0.548	-1.519, 0.628		
South Tyneside	1.274***	0.413	0.465, 2.083		
Age group 5-11 (base)					
Age group 12-17	0.132	0.322	-0.499, 0.764		
Constant	-2.096***	0.430	-2.938; -1.255		
Number of observations	281				

***Indicates significance at 1% level (p-value < 0.01).

Table 3.14: Quasi-Poisson regression results – On-treated analysis

	Secondary outcome: Number of placement changes	

	Coefficient	Standard error	95% confidence interval	Marginal effect	Standard error
Number of sessions attended	-0.078	0.056	-0.189, 0.032	-0.020	0.014
Strata:					
Gateshead (base)					
Darlington	1.083 ***	0.373	0.352, 1.814		
South Tyneside	0.451	0.398	-0.328, 1.231		
Age group 5-11 (base)					
Age group 12-17	0.389	0.266	-0.132, 0.910		
Constant	-1.928 ***	0.370	-2.652, -1.203		
Number of observations	281				

***Indicates significance at 1% level (p -value < 0.01).

Note: Marginal effects in the Poisson model predict the difference in the number of placement changes for the treatment group with respect to the control group.

Table 3.15: Complier average causal effect

Outcome variable	Intention to Treat effect (from baseline analysis)	Proportion of compliers within the intervention group (and in the estimation sample)	CACE	Number of observations
Endline SDQ score	1.058	0.359	2.943	377
Number of school moves	0.039	0.319	0.120	551
Number of placement changes	0.032	0.319	0.103	551

For further model specifications, see Appendix H.

Process evaluation findings

In this section we aim to answer the process evaluation questions using the findings from:

- Interviews with 10 children and young people who attended All About Me
- Interviews with 9 carers who attended All About Me
- Interviews with 7 social workers
- Interviews with 2 Blue Cabin artists
- A focus group with 3 Blue Cabin staff
- Online survey of 168 local authority staff.

Our process evaluation questions were:

- What is business-as-usual practice and how does CLSW differentiate itself from usual practice?
- What changes are made by introducing CLSW relative to usual practice, and what are the core elements of CLSW, and how (if at all) do they vary across sites?
- What are the barriers and enablers to successful implementation?
- What are the views of children and young people, families and professionals on the programme, including perceived financial and non-financial benefits, costs and unintended consequences?

Qualitative data was analysed inductively. The analytical themes developed from interviews with carers, children and young people and professionals were used to help answer the process evaluation questions and have been structured by the questions. Any analytical themes that did not relate to the process evaluation questions have been reported separately.

Interviewee sample and characteristics

Children and young people

We interviewed ten children and young people across the three local authorities: Darlington (4), Gateshead (4) and South Tyneside (2). They were aged between 9 and 15 years old (mean age was 12.5). We purposively sampled children and young people who had not had an extremely negative experience of the All About Me creative experiences to avoid causing possible further distress (although there were no reports of children or young people having a distressing experience of the sessions). All participants were interviewed over video or phone calls. Two lived with kinship carers and eight with foster carers. Four participants showed the interviewer the artwork they had created at the All About Me sessions during the interview. Seven were interviewed with their carer present.

Carers

We interviewed nine carers across the three local authorities. All were video or phone interviews. One person was a kinship carer and all others were foster carers. All were experienced and seemingly engaged foster carers. Most had been carers for many years, some with over 15 years' experience. The carers cared for 12 children and young people who all attended the All About Me creative experiences (three carers had two children each, two sets of children attended the sessions sequentially, and one set attended synchronously). Children were aged between 8 and 14 years old. Some of these children were included in the children and young people interview sample. Generally, the children had been living with the carers for a few years and were settled, which matches the eligibility criteria for All About Me creative experiences.

Professionals

We spoke with 12 professionals involved with the CLSW project through nine one-to-one interviews, with seven local authority social workers and two Blue Cabin artists, and one focus group with three professionals working for Blue Cabin. The seven interviews with social workers were split across local authorities: Darlington (3), South Tyneside (2) and Gateshead (2). Three of the social workers had also been pastoral support workers for the CLSW project.

Answering the process evaluation questions

What is business-as-usual practice in the local authorities and how is CLSW different?

We conclude that in this programme CLSW was different to business-as-usual practice in the local authorities for five main reasons:

1. It was higher-quality, fun and interactive.
2. It required carer engagement and for the carer to be with the young person by their side.
3. It gave young people space and time to connect and talk.
4. It was directed by young people and sessions ran at the right pace.
5. There was a range of activities offered that engaged more and less creatively inclined young people.

This section also answers process evaluation questions about the changes made by introducing CLSW and about the core elements of CLSW and variations across sites. We have combined these questions into one section because:

- our descriptions of how CLSW is different to business-as-usual practice inevitably cover what changes were made by introducing CLSW relative to usual practice (Q2)

- the distinguishing aspects of the CLSW programme were also reported to be its core elements (Q3) by children and young people, carers and professionals. There were no significant variations across sites. The delivery of the model appeared to be standardised across the three local authorities.

What was business-as-usual in the local authorities?

Prior to the start of this programme, South Tyneside had worked with Blue Cabin and TLSWi to develop the CLSW programme, and continued this partnership under this programme's funding. South Tyneside had thus begun some creative approaches to their LSW offer to looked after children and young people. However, Darlington and Gateshead reported no consistent approach to offering LSW to looked after children. South Tyneside worked with Blue Cabin and Professor Richard Rose from 2018 to 2020 to pilot CLSW, so their LSW offer had been influenced by its work with the programme developers. In South Tyneside, LSW was done primarily by a child's social worker using age-appropriate creative methods, was a tiered approach and involved some therapeutic LSW.

Across England LSW is an established element of social work practice for looked after children and a statutory requirement for children who have been adopted (Ryan & Walker, 2016). LSW, which straddles social work and therapeutic work, suffers from an absence of regulation of practitioners, as there is no requirement for professional qualification or supervision, despite it being a statutory requirement for some children (Baynes, 2008). There can therefore be a range of LSW standards and approaches.

1. The CLSW approach was higher-quality, fun and interactive

The interview sample of carers were very experienced so many had used LSW before this project. Carers said that the CLSW creative approach felt different to previous LSW they had been involved with. Carers found CLSW more interactive, fun and useable.

"It is much better [than previous LSW]. It is much more personal and child-centred and a lot easier as well. It is more real than just doing it from paper ... it is fun as well." (Carer)

The All About Me creative sessions felt different to previously experienced LSW because carers and children and young people had ring-fenced, dedicated time together each week doing activities. This helped with bonding. Creating things, completing activities and playing games side by side balanced carer-child power dynamics and provided an equal platform where relationships could flourish.

"It did make our relationship stronger. He has now got a very strong attachment with me which we did not have before and so that has been really good. He trusts me and he knows I will keep him safe." (Carer)

Professionals at interview also observed the development of stronger relationships between carers and children and young people as a result of doing activities together over a sustained period of time. One of the artists commented:

"[The activities are] like a way of everybody doing the same thing, but actually it's sparking conversations or it's sparking, or it might really help develop teamwork. But really, it's about being in the space together. And growing those relationships over those six weeks." (Professional)

The attributes of the artists also helped All About Me creative experiences feel different to previous LSW and other interventions. Carers and young people said that the artists were patient, clear communicators and good listeners. Children and young people felt heard and valued because of this. Carers talked about the large amount of effort that the artists put into preparing the high-quality session materials (the creative packages) which were sent to the child, via the local authority, before the first session. This was also mentioned frequently by professionals at interview. The creative package contained the art and crafts materials needed for each session. Carers talked about the creative package making the young person feel excited and special:

"Each week there was, you know, a separate activity to open and the time what had gone into creating these things for the children to make. And they were all individually wrapped with bows on and, and it was just really lovely, you know, such a lot of time and effort had gone into it and you know some of these children haven't even seen a gift before, so to have this was special for them." (Carer)

Further care and attention was put into matching children and young people with sessions and artists. The additional needs of children and young people were carefully considered in terms of how the groups would work together:

"They weren't all the same age, but it's really been thought about in terms of my skill set and who I can work with, and whether young people will work well with other young people of their age group. In some of my initial sessions I did have one young person who was 15 so a bit older but he had ASD [Autism Spectrum Disorder] so his mental age was more like the younger 11 or 12 year olds, so that's been considered." (Artist)

Previous studies (Selwyn, Wijedasa & Meakings, 2014; Watson, Latter and Bellew, 2015) have found that LSW (for adopted children) can be poor quality and incorrect, and many adoptive parents said they felt poorly prepared to use life story books with children. Our process evaluation findings suggest the opposite for this programme. All About Me creative experiences was high quality, and activities and materials for sessions were carefully considered. Also, previous LSW across England has been carried out by therapists, social workers, family placement workers and carers (Shotton, 2010; Ryan & Walker, 2016) so the use of artists was another distinguishing feature from previous standard LSW practice.

2. It required carer engagement and for the carer to be with the young person by their side

Children and young people having a successful experience of All About Me creative experiences relied on high levels of carer engagement, support and commitment. This is perhaps different from previous forms of LSW which are led by the children's social worker (as was the case in South Tyneside, for example) and where the carer commitment is less

important because traditional LSW is inconsistently implemented (Hammond, Young & Duddy, 2020).

Initially attending six evening sessions felt like a big commitment for carers who talked about having existing busy schedules. Professionals also discussed the importance of continuous carer support to the children and young people during the block of sessions:

“The main factor in making this a success for young people is that they’ve got a foster carer who is available, prepared, engaging in the activities with them, understands the purpose of the programme, understands LSW and supports them every session – and is consistent and supportive in their approach. Where that hasn’t happened it hasn’t really worked out well for young people, and a lot of the young people who’ve stopped engaging half-way through haven’t had the support from the foster carer.” (Social worker)

3. It gave children and young people space and time to connect and talk

Children and young people we interviewed enjoyed sessions and had a lot of fun with their carers and other young people at the sessions. The artists’ light-hearted, upbeat and interactive approach created an atmosphere where children and young people could enjoy the activities and have space to think and contribute thoughts in their own time.

“We could take part in as little or as much as we wanted, we didn’t have to answer anything if we didn’t want.” (Young person)

“... the sessions were really calming, like they would take my mind off stuff, so it helped a lot.” (Young person)

The Associate Artists ensured sessions were well paced and gave clear instructions about what the child or young person needed to do next in the session:

“I liked how like they would give you the time to do one activity, so like say for like example if they said ‘oh cut that out’ they [the facilitator] like give like a couple of minutes to like cut it out and stuff.” (Child)

Creating a safe space where children and young people feel heard and equal was one of the Blue Cabin and Professor Richard Rose’s fundamental aims of the All About Me creative experiences. The findings from our interviews suggest that Blue Cabin were successful in this aim. Sharing experiences with other looked after young people was helpful and enjoyable for the children and young people. This is also a point of difference from previous LSW which is not done in a group setting typically.

“Like, just like other people doing it, like, they were just very warm people. And like inviting, and I knew some of the people that did it, some of the other kids that did it, so that meant I felt a little bit comfortable with them. But then just like on top of that, they just made me feel very welcome just by being them.” (Young person)

4. It was directed by children and young people and sessions ran at the right pace

Professionals at interview discussed how the child and young person-led session structure may have avoided re-traumatisation or emotionally distressing moments from arising during sessions:

“It’s such an indirect way of them exploring whatever they want to and it’s also very much based in the present and if they want to go into the past they can but they don’t have to.” (Social worker)

For a few carers, children and young people and professionals All About Me creative experiences was viewed as just an arts and crafts session. This description may link to the programme’s approach of being purposefully gentle in raising LSW topics. One social worker described a carer’s anxiety about the programme re-traumatising the child they cared for. To alleviate this anxiety the professional needed to help the carer to “understand what those sessions were going to look like, and that [they] ... weren’t delving deep into the history of the children or any abuse or neglect that they had suffered”. This professional described the programme as “a gentle way of tapping into memories and emotions”, and how this worked with one young person and will help them in future therapy: “being able to gently approach that subject [the child’s past experiences] and kind of have a look under the curtain will set [the child] in good stead to go into play therapy”.

Carers and young people discussed learning new information about each other in a gentle, indirect way which, in some cases, helped improve child–carer relationship security.

Carer: ... I think that it gave [me] and her the opportunity to kind of work as a team and ...

Young person: hang out

Carer: hang out, didn’t it?

Not one carer, young person or professional reported experiencing, observing or hearing of participation having a negative effect on participants. There were also no reports of there being any challenging moments with sensitive disclosures.

5. There was a range of activities offered that engaged more and less creatively inclined young people

The All About Me creative experiences included a range of creative activities and fun games to engage young people and carers. Although children and young people we interviewed were vague in their descriptions about session timings and dates, most could give detailed descriptions of one or two creative activities which they particularly enjoyed or were important to them. Different activities seemed to resonate with different young people and triggered a change or discussion with their carer.

“We made a candle, so we had to write someone’s name, who is important to us, so I wrote [name of birth sister] then we had to draw a place that reminded us of them, so I drew our house.” (Young person)

Not all young people and children we interviewed enjoyed creative activities. While some loved arts and crafts and continued to use the arts and crafts from the sessions (“I pull all me art stuff out me box every day!”) others disliked creative activities:

Carer: *on a scale of nought to 100 how much do you like art?*

Young person: *zero*”

Yet young people who said they were not creative still engaged with and enjoyed sessions as there were a range of activities for them to feel included in. For example:

Young person: *yeah because there was a lot of fun stuff and not just drawing and like creative stuff 'cos I don't like it [creative activities].*

Interviewer: *there was a lot of fun stuff and not just drawing?*

Young person: *yeah.*

Interviewer: *what fun stuff?*

Young person: *Like games and like talking about football.*

What are the barriers and enablers to successful implementation?

Apprehensive beginnings – an initial barrier that was overcome

Findings from interviews indicate that an initial barrier to the successful uptake of the All About Me creative experiences were the nerves and apprehensiveness of children and young people and carers when signing up to the project. Children and young people talked about initially feeling nervous or apprehensive about going to the sessions. In particular, they felt nervous about meeting new people and some did not want to attend at all. Carers also reported children and young people being reluctant to take part or feeling nervous about meeting new people.

“I was really apprehensive about both of them doing [the All About Me sessions]. [Child 1] has FASD [foetal alcohol spectrum disorder] and [child 2] has autism so can find it very hard sometimes to communicate with people he doesn't know.”
(Carer)

This was also noted by some professionals at interviews. One social worker felt that some of the children and young people in their caseload were reluctant to take part owing to the group-based nature of the programme. Similarly, another social worker observed that “some young people are too nervous to come to a group with other young people.”

Carers also experienced some nervousness and reluctance at the start to take part in the project. Carers felt worried that sessions would re-traumatise children and young people by surfacing difficult memories. Professionals at interview also noted carers' reluctance to sign up to the programme because of worries of bringing up memories of traumatic events. Yet, no professionals talked about a child experiencing distress in sessions.

One carer felt enthusiastic about the opportunity for the child she cared for to start to think about her life history:

“I was pleased. Was really pleased. Not for anybody else’s sake, for [child]’s sake. Because I was thinking this might just start grounding her into some kind of understanding somewhere along the line for her.” (Carer)

Children and young people themselves did not talk about having any worries about becoming emotionally distressed from attending sessions. Indeed, one social worker dismissed the idea that it was about choosing the right time for the young person to do the work, but said: “I’d recommend it for all young people [in care], but ... it’s about assessing the carers and their willingness to engage.”

There was also apprehension from carers about the time commitment required. Some carers were unsure about how they would fit the weekly sessions into their existing busy schedules.

Initial apprehension and nerves quickly disappeared as carers and children looked forward to the sessions each week. Carers enjoyed the sessions themselves and many thought it should be a mandatory part of foster carer training. The carers talked about the children and young people buzzing with excitement before sessions. It was helpful for young people to try the session out first:

“So I was like thinking ‘oh I’ll see how the first session goes and then I might carry on’ and then I found it quite fun and stuff and then I really loved it!” (Child)

At the beginning some carers also referred to lack of clarity about the fundamental aims of the All About Me creative experiences. Some carers thought the main aims could have been made more explicit to help with the child’s understanding of the sessions. One professional noted that “Blue Cabin do a good job of sending out lots of clear information”, but in some cases carers “will say it’s just some art sessions you know and just perceive it as something different”, meaning that they were unaware of any therapeutic intention.

Programme take-up was lower than expected – a barrier

There was lower-than-anticipated take-up (one-third, compared to the expected 80%) which was a barrier to project implementation, meaning less chance to test and develop learning and understanding. Professionals from the local authorities reflected on recruitment challenges and how these impacted on the number of children and young people participating in the programme. Some professionals expressed frustration that the effort put into recruitment was not met with higher numbers of children and young people enrolling. Another social worker described struggling to find the time to make referrals for All About Me creative experiences among other competing priorities. Other reasons professionals discussed for children and young people not wanting to participate included: young people feeling too old for the programme; young people being unwilling to discuss issues; and a lack of interest in arts and crafts.

Some professionals cited practical barriers that prevented children and young people from being recruited into and taking part in the programme, such as the busy lives of foster carers, who often have more than one child in their care. The timing of the sessions was

potentially inconvenient for carers and children and young people. Sessions took place usually between 4.30pm and 6pm on a weekday when they may still be arriving home from school, eating dinner or taking part in after-school clubs. Carers and children and young people did note that the online format helped with fitting sessions in with school schedules, but also did talk about it feeling quite rushed. This has implications for an in-person roll-out, as some carers discussed how they would have not had enough time to travel to another setting for an in-person session.

Professionals reflected on the care that was taken during recruitment to ensure that the programme was appropriate for the children and young people invited to take part, in terms of their age, stage of development, and the composition of the groups. This care was welcomed but it did make it more difficult to match children and young people to sessions. As one social worker noted that “logistically it’s been hard, matching ages and appropriateness of sessions”.

Some professionals also reflected on the appropriateness of the programme in terms of the timing of the sessions in a child’s journey through care. One social worker was uncertain about whether taking part in the programme was the “right thing for the child to do” when they were going through a period of transition. Another social worker referenced an occasion where the group work was adapted to support a child whose care arrangements changed during the programme:

“I think we were in the middle of the creative life story work when we decided for lots of reasons that they could no longer [participate] ... we were working towards reunification [at] home. But we had to stop that. So yeah, and I think again, because, you know, they’re getting really mixed messages. So that’s why for her, we’ve carried that on with some one-to-one work.” (Social worker)

Finally, aspects of the randomised controlled trial design – such as some children being randomly allocated to not be offered the intervention – were raised by some professionals from the local authorities and Blue Cabin as unhelpful to the implementation and take up of the programme (discussed below).

High levels of carer engagement – an enabler

As mentioned, professionals saw the engagement and practical support of the carers as essential to the success of the All About Me creative experiences. For example, one social worker recounted how a young person was dependent on their carer to set up and provide a suitable environment for the young person to take part. Carers talked about this too. Some carers described the room and area where they would do the creative activities each week:

“So we had a little set up in her bedroom, so had a little table out with all our arts and crafts out, had the laptop up, so I stayed with her the whole time.” (Carer)

A lack of carer engagement would therefore be a barrier to the successful implementation and uptake of the programme.

The online format was an enabler to carer and child and young person engagement

Carers did not report any major negative effects of the virtual format of sessions because of the COVID-19 pandemic. The online format can be viewed as an enabler to programme implementation and uptake because some carers and children and young people preferred its convenience as it helped them to fit around school schedules more easily in comparison to in-person groups. For some, the online format helped children and young people engage with the session (discussed by carers and children and young people themselves). The online format meant there was less pressure on the child or young person to always engage with the sessions if they needed a break, for example, turning their camera off to take some time out. It also gave them a chance to show aspects about their household, like their important personal belongings and their pets.

“The children were really really proud of their foster homes. They liked to go and run up to their bedroom and bring something down and show that they had something. That was another good thing that they could show they were part of that family and they were proud of it.” (Carer)

However, one carer felt quite strongly that an in-person session would have worked better for her child because the online format allowed her to frequently disengage from the sessions:

“I can see it working a lot better in person. It just felt very disjointed with everybody doing their own thing, and then you couldn’t see what other people were doing.” (Carer)

Others mentioned how in-person sessions could have helped to facilitate relationships and help children and young people to stay in contact after the block of sessions had finished.

Local authority and Blue Cabin staff support to carers was an enabler

Carers talked about being supported by the local authority and Blue Cabin staff to deal with technical issues before and during sessions and were offered ongoing support if children and young people had any difficult experiences during a session.

“We didn’t have [Microsoft] Teams and [the pastoral support worker] came to the house and helped us set up and stayed and helped with the [children], which was quite good because I felt the first one [session], everything was going too fast and I couldn’t keep up with the two children.” (Carer)

Buy-in from local authority staff at all levels was an enabler

The professionals we interviewed rated the programme highly (although professionals in our survey provided some less-positive responses, see below). The interviewed professionals thought it was an invaluable and energising project. Professionals talked about CLSW with their colleagues within their local authorities, recommending it, and some describing themselves as advocates for it. Findings from the interviews suggest the new opportunity to work with children and young people in a different way was appealing and helped professionals to buy in to the programme.

“It’s unique and a real opportunity to work with children in this way. It’s unusual to work with professional artists with children and young people – I really like that it’s bringing a whole new aspect of working with children and young people.”
(Social worker)

Continued exposure and experience of the programme appeared to be an important mechanism of buy-in to the approach:

“Social workers who have children [and young people they support] attending the [All About Me] sessions are positive about it ... in terms of buy in, people can see the benefit.” (Social worker)

However, in one local authority, the approach had lost some momentum: “all three of our therapy workers who were trained in life story [i.e. Therapeutic Life Story Work] have all left”, which has “left quite a big gap” and meant that “at the moment it’s lost its champions”. Another social worker in this authority described how “consistency in the staffing group and management has been massive ... [and that there’s] a really supportive management structure who really are dedicated to the programme and want it to work”. These messages are slightly contradictory; however, the theme of consistent frontline staffing along with a supportive, bought-in senior management team as an enabler is apparent. Blue Cabin played an important role in supporting this buy-in across the authorities. Blue Cabin facilitated 13 months of weekly meetings between the three local authorities and believes that this was a key part of the success of the project.

Another potential enabler is the additional therapeutic life story work training, sessions and online platform that was offered to the local authorities. The training and online platform promoted and gave context to the therapeutic LSW approach, upskilled some professionals and was generally viewed positively. Some professionals commented on the value of the training being open to carers and how it was an opportunity for the artists, local authority social workers and carers to share learning and ideas. Professionals interviewed valued the lead therapeutic social worker’s professional critique and input. One social worker thought that training take-up in their authority was “not the best”, but explained that this was because people were busy, not because they did not want to do it.

There were also signs that the training and approach was having a wider, positive impact on their LSW practice. One professional reported speaking to “lots of social workers who’ve attended the training and got so much out of it and understood LSW in a completely different way and then have gone on to do All About Me with their young people”, and concluded that “I think people are understanding and talking about it differently”. One social worker thought that it “definitely feels like there’s a shift across to this more creative type work”, but also thought that the local authority was in a transition period, “because this is all still in pilot that we’re not quite in that new camp yet”.

Some professionals commented on the training having a positive impact on practice beyond LSW such as increasing confidence in delivering direct work with young people and helping practitioners to develop long-term relationships with young people. One professional recommended the training for all social workers. They felt it could be adapted to everyday practice – for example, it could be adapted to talking to carers about concerns, in one-to-one sessions with children and young people or carers, and when talking about safety.

“I think every social worker should definitely engage in the training from [the therapeutic social worker lead]. Even if communicating with the children, [they] can benefit in different ways. It’s just so resourceful and great. I recommend everybody doing it.” (Social worker)

One professional talked about it encouraging them to think about how connected carers think about LSW, how they are having LSW conversations with carers at the earliest opportunity, how confident they feel about it, and why it is important.

One intended outcome of CLSW is that it becomes embedded as business-as-usual in policies, procedures and infrastructure. At the end of the programme, all three local authorities made a commitment to continue with the programme in full for another year. Generally, across all local authorities there was a desire among the social workers interviewed to have this approach to LSW embedded in their work, and for LSW to be something “that isn’t just done once” (such as a one-off life story book) but ongoing work with the child and young person. Based on interviews with professionals, South Tyneside appeared to have the most substantive buy-in from staff at different levels and was embedding the approach to LSW the most. The local authority had created a LSW post for someone to “make LSW more embedded and help social workers embed LSW”. This level of buy-in is unsurprising given the CLSW project was running in this local authority before this programme funding. One South Tyneside social worker described how they thought that more cohorts of children and young people being lined up for attending All About Me demonstrated that South Tyneside was buying in to and progressing the CLSW approach. They talked about how they had done a lot of work communicating and explaining the approach to social work colleagues and there was now more buy-in for the pastoral support worker role (the support role during All About Me sessions filled by a local authority social worker). Finally, they described CLSW as:

“something that is enmeshed and embedded in [the] aims and ambitions of [the] local authority... [and while] it is still early days, we know that, but so far it has been very positive, workforce being on board and culture around that too.”
(Professional)

There were reports of it being sustained and embedded in the other two local authorities too. A Gateshead social worker talked about colleagues rating the approach and having a desire to do the therapeutic life story work diploma. They also were optimistic that it would become embedded:

“I think it’s a practice that’s going to be embedded in Gateshead and moving on, we continue to be, more and more people taking it [the diploma].” (Professional)

What are the views of children and young people, families and professionals on the programme?

This section covers the remaining themes that were created from the interviews:

1. Children and young people’s excitement and enjoyment.
2. Children and young people’s closer relationships with carers helping future LSW.

3. Significant life changes perceived by young people and children, some changes perceived by carers.
4. Increased confidence, openness and expression perceived by professionals.
5. Ongoing use of creative LSW approaches was varied.

Unintended consequences are discussed in a separate section below.

Children and young people's excitement and enjoyment

Although there was some initial apprehension from carers and children and young people when signing up to the project, carers and children quickly began to look forward to the sessions each week. Carers enjoyed the sessions themselves and many thought it should be a mandatory part of foster carer training. The carers talked about the children and young people buzzing with excitement before sessions, and this excitement peaked when the child opened their weekly activities from the carefully prepared creative package.

"It was really well organised in the end, and it brought up excitement for [child name], because, you know, it was like Christmas all the time. She loved to open the boxes to see what was in them, she really liked that." (Carer)

All children and young people interviewed recommended sessions for other looked after children.

"I'd recommend them [other looked after children] to take part 'cos it helps you express your feelings how when you first come into care and help express them how you feel now, and then they can get all the stuff that happened in the past can come out your head and the past can stay in the past and I want them [other looked after children] to look up to the future of what they want to do." (Young person)

Children and young people who showed their artwork during interviews were excited and proud to show the interviewer the things they had created during All About Me creative experiences (see Appendix D for examples).

A handful of carers and children and young people mentioned the online All About Me creative experiences being something to do during the COVID-19 lockdown when there were limited activities available. There is clear evidence from interviews that the children and young people were excited for sessions because they enjoyed attending, although this may have been exaggerated because of the COVID-19 restrictions.

The professionals also talked about the programme being an enjoyable, positive experience for the young people who took part:

"Once they're there they love it. We've only had a couple that haven't. Some of them really do start thinking about their life story, a lot enjoy the craft activities." (Social worker)

One carer we interviewed described the child they cared for not enjoying the sessions because they kept getting distracted. Another child was a little ambivalent but did not dislike their sessions. Apart from these, as might be expected given our sampling, we heard no reports of children and young people not enjoying sessions.

One social worker reported that one young person “really, really enjoyed it ... I think because she’s quite creative”. However, being creative was not a requirement for enjoyment, and examples were provided of young people not considered creative engaging and enjoying the creative aspect of the programme (as reported above).

Children and young people’s closer relationships with carers helping future LSW

Professionals, carers and children and young people at interview talked about the closer relationships that developed between carers and children and young people because of taking part in the sessions

Professionals spoke about the children and young people and their carers enjoying their time together and generally becoming closer. Professionals also reported the young people enjoying time with their carers, the attention they received, it being a “special time” specifically for them.

“Oh, he loved it. ... I think it gave him that special time, because he has a very jealous sister who lives with them and, sometimes, I think he doesn’t get that special time with his carer.” (Social worker)

They spoke about them learning about each other, and the carers specifically gaining insight into the children and young people that they did not have previously.

“... she actually said she didn’t feel like she really knew him, even though he’d been there years, until she did this life story work with him. Uhm ’cos again I think it’s kinda expressing how he feels and just having that sort of crafty time together.” (Social worker)

“During the sessions I’ve seen carers saying I didn’t know that about you and you can see that relationship development and common ground, they’re learning about each other.” (Social worker)

Improved relationships between carers and children and young people is one of the mechanisms of CLSW to reach its intended outcomes. There was a sense from professionals that young people and carers who took part in the programme already had a good relationship (this was also reported by the carers who took part in an interview). One social worker thought that this meant that to notice any change in relationships would have had to be in a negative direction, and this did not happen. Another expressed similar sentiments, “she already had a good relationship with the foster carer and they both loved doing the arts and crafts things”, but then concluded: “I think that’s just probably cemented that even more.”

These strengthened relationships provided a foundation for future conversations about life histories. For instance, activities could be revisited and used as a prompt to discuss a

memory or (biological) family member. The All About Me creative experiences gave carers a way to start conversations about LSW that felt less intrusive. The sessions also provided some reassurance to carers who were uncertain if their children and young people felt truly settled and happy. It helped some carers to reflect on their own lives and share things from their past with young people. Some professionals highlighted this too. They noted how carers can have multiple demands on their time and emotions and therefore have their own needs, in relation to trauma and anxiety, during sessions:

“We needed to think about [the carer’s] needs within those sessions as well, because actually the level of trauma wasn’t just about what the child had experienced”. (Social worker)

Most carers (and young people) talked about at least one activity that for them triggered a LSW conversation with the young person they cared for, or particularly resonated with the young person they looked after.

Involving a social worker in the session activities levelled out the balance between the social workers and carer and children and young people:

Carer: *[the social worker] was taking part in the crafts as well so it was really nice everyone was doing it; she would make one stick man, she would make one too. Just to engage with children I suppose yes there was somebody there.*

Interviewer: *a different side to the social worker?*

Carer: *yeah, it was nice.*

Significant life changes perceived by children and young people, some changes perceived by carers

Most children and young people talked about significant changes in their lives that they linked to taking part in the All About Me creative experiences. Young people talked about improved mental health, a better understanding of their identity and their experience of being in care and improved relationships with people. Some young people made big life decisions as a result of the sessions. One young person significantly changed their contact arrangements with birth parents, and another rethought their career plans. One young person was more interested in reading because of the project. Importantly there were also discussions about being able to confidently express being in care.

Changes in relationships:

“[The programme has] made me realise my worth. So, I had some very toxic friends. But now I’ve like, kind of just left them. Like, I wouldn’t have done that. Before the sessions I don’t think, like I didn’t know how to describe it but it helped me a lot doing it, because I realised how people should treat me and how I should treat other people. If that makes sense?” (Young person)

Decisions about contact:

Young person: *and then I haven't seen him since, but I don't wanna see him ... but I still wanna see me mum.*

Interviewer: *so that's a change that's happened since you took part in the sessions?*

Young person: *yeah ... mmhmm.*

Interviewer: *so before the session you were not sure if you wanted to see your dad and now you've decided you don't want to see him?*

Young person: *yeah that's right.*

Talking about care:

"Yeah, I could speak more honestly and openly about stuff because now I know what to say about them, like before all I could say was like, well I'm in care, I didn't really know what to say about my family, but now I feel like I can." (Young person)

Most carers observed no or slight changes for the children and young people they cared for who took part in the All About Me creative experiences. Those who did not get as much out of the sessions seemed to view it more as an arts and crafts session rather than understanding the underlying aim to make sense of life histories. For example:

"They just thought it was a craft course. It didn't make any difference to them at all." (Carer)

This carer recommended more explanation around activities and how they were linked to helping a child understanding their past:

"I think that maybe even five minutes of each call to try to explain to the children what they've created and why and where does that come in their life story." (Carer)

For a minority of those interviewed there was a major positive effect. The major changes were in relation to confidence, developing friendships, speaking to new people and increased engagement with school and learning.

"... he became so confident on those sessions." (Carer)

"He has become very popular and goes to birthday parties. I would not have dreamt of him being able to do that." (Carer)

Carer: *he was never interested in English or reading – now he'll go to bed at night and read a book! Where he wouldn't do that before.*

Interviewer: *do you think the project helped with that?*

Carer: *100% definitely.*

Increased confidence, openness and expression perceived by professionals

We heard caution in interviewees' discussions about attributing impacts of the programme. While one social worker said they did not notice any changes in a 12-year-old who had good emotional wellbeing, this caution was mostly centred around it being "too early to tell", or that impact would be seen in the foster placements. Despite this view, other professionals described children and young people growing in confidence, openness, and an ability to express themselves over the course of the sessions:

"Quite a number of them would go from the initial weeks being potentially quite shy and maybe guarded about talking about things into the final weeks where [they] will be disclosing all the information about, you know, everything ... You can see that that's grown and how they can articulate their own journey far easier at the end of the six or seven sessions." (Professional)

Some of the impact on the young people was profound:

"At the beginning of the group [the young person] could only name two feelings, happy and sad, and at the end of the group was writing a feelings diary that included exactly how he was feeling at different times of the day and why, and he had this whole new vocabulary around how he was feeling and his foster carer said he'd started to open up in a way he had never done before." (Social worker)

Increased ability to express and increased confidence is exemplified by one social worker's account of a young person who was now able to express how he felt about his dad and what he wanted his relationship with him to be going forward, something he could not do before. The social worker added that "he's become like really cheeky ... it just seems to have brought him out of that shell ... he knows who he is, like he feels comfortable now and to express how he feels and that, I don't think he felt like that before." This young person is now more settled at school and the sessions have "given him the strength" to acknowledge difficult things about their past.

Ongoing use of creative LSW approaches was varied

The ongoing use of the activities and objects from the All About Me creative experiences was sporadic according to carers. Continuing to do LSW with the work from the All About Me creative experiences relied on carer continuity and encouragement. Some had stored "the box" away and were led by whether the child or young person ever wanted to get out the box, while other carers actively suggested getting out the box and revisiting the activities and objects they had made together.

"[The LSW activities are] just stored away in case they do ever want them, in their bedrooms on shelves." (Carer)

"I think it's something we did and because we did it for 12, well 14 weeks with the whole thing [Carer supported two children through sessions consecutively], it was a very much a talked about thing in our house at the time. And so if you do something for that amount of time, you're always going to go back and refer to it. It's not just going to disappear." (Carer)

The carer-child relationship is essential in continuing life story conversations after sessions have completed. The children and young people we interviewed had good relationships with their carers where an open dialogue about feelings and experiences already existed. We conclude that it would be helpful for social workers to continue checking in and raising the All About Me session creative experiences to support the continuation of life story work.

Professionals identified some LSW activities they thought would continue after the sessions. Two mentioned that young people have gone on to do further therapeutic work and one social worker suggested that the All About Me creative experiences had “laid the foundation for [the young person] to go on to do further therapeutic work, and there were some disclosures that were made during that [the All About Me] process which is why it’s gone on to work with [name of organisation], so that is just testament to how impactful it has been”. No unintended consequences of disclosures made during group sessions were discussed in our carer and child interviews.

Professionals had gained the impression that some of the activities would be continued with after the sessions had finished. One professional reported that “the little girl said she was going to make up more stories to go in the theatre” and that this child “really used the notebook, which had sort of reflection templates in ... it’s hers. She could, you know, [write/draw] any ideas or any thoughts or whatever”. This professional also reported that the child and carer were going to continue with some of the activities together – with origami, clay – but thought this “was probably more practical in terms of like using the stuff and using some of the arts activities and it was probably more that then, we’ll explore this feeling or whatever”. While another professional spoke about the activities and the sessions enhancing the young person–carer relationship, and that this would continue:

“I’ve had numerous [All About Me] sessions where some young people have been with their foster carer and they’ve done the [creative] activity and it’s been brilliant. Like you can see that their relationship is really being enhanced by being sat there doing something together and you can see that the conversation is going to continue after the Zoom call.” (Professional)

What were the unintended consequences?

Difficult endings

The children and young people we interviewed wanted more than the block of 6 to 7 sessions provided. Some wanted the sessions to be extended by a few weeks, others thought a refresher or top-up session would be helpful each year. Others were interested in the opportunity to meet and socialise with the other care-experienced children and young people they had met at sessions.

“I wish it was a bit longer. Not just sessions, just like the actual length of time we did it, like how many weeks we did it? Because we only did it six weeks? I feel like it felt like such a short time.” (Young person)

Most carers also talked about the child or young people wanting something more than the six to seven sessions. For instance, carers wanted more sessions or follow up LSW with the young person. Some carers wanted the opportunity for the young person (and themselves)

to see the group again socially. The hard ending to the block of sessions led to some feelings of sadness and uncertainty about what to do next with LSW:

“It felt like another bit of bereavement, like another loss for them [the young people].” (Carer)

“As soon as [the artist] started talking about leaving, [name of child] just shut down for the session. It was quite sad.” (Carer)

Carers suggested one-off follow-up sessions, refresher sessions, a social meeting or establishing pen pals in the group to overcome this. Blue Cabin, informed by Professor Richard Rose’s work, does intend that All about Me creative experiences are repeated every six months where appropriate, but this was not funded as part of this programme.

Risk of re-traumatisation

As mentioned, there were concerns among some carers (reported by carers and professionals) about the sessions re-traumatising children and young people by bringing up difficult memories. However, no professional, carer, child or young person reported experiencing, observing or hearing of participation having a negative effect on children and young people taking part or there being any challenging moments with disclosures.

The effect of the randomised controlled trial design on programme delivery

Some professionals from the local authorities and Blue Cabin thought that aspects of the randomised controlled trial design were unhelpful to implementation and take up of the programme. Some did not like that those allocated to the control group were not offered All About Me creative experiences. Blue Cabin professionals discussed the ethics of the control group in the focus group, with one professional expressing discomfort around the idea that children and young people in the programme may not receive All About Me creative experiences:

“I highly dislike the RCT element unfortunately. I think while its intentions are good in trying to achieve the best possible evidence, it’s meant that we’ve faced challenge after challenge in terms of recruitment, in terms of sibling groups, our ethics have been questioned in terms of engaging in it by foster carers and other professionals. It’s meant it’s been a highly challenging piece of work when actually it’s something that should have been really beneficial.” (Professional)

Some professionals reported difficulties that the randomisation procedures caused for sibling groups. Randomisation took place at child level, meaning that one child in a household or sibling group could be allocated to receive the programme, while another child could be allocated to the control group. As one social worker explained: “we talked about randomising households at one point but that didn’t happen so sibling groups have been split.” This was a difficult experience for some social workers with one noting that “having to be selective about which children participate has been hard”. It seems that identifying which children were in sibling groups was also a challenge given current administrative data:

“Often, children have different surnames. The only thing I’m going off at the moment is surnames, but often children in different sibling groups have different surnames, so that’s complicated”. (Social worker)

Professionals discussed incidents in which siblings with different randomisation outcomes caused tension in households, particularly when children and young people did not understand why they were not able to take part in the programme. One social worker referenced an incident where a child allocated to the intervention group was teased by her siblings: “the other ones used it a little bit against her as in, ‘you need to go and speak to someone’.” Some social workers discussed tactics used to counter these issues – for instance, a social worker reflected that having support from the family helped to mediate some of these tensions. They noted the importance of planning as well as supporting the carer in dealing with having the sibling in the background of the session. Another social worker referenced an occasion where the family support worker brought materials for a sibling, so they felt that they were taking part:

“The family support worker actually took over a box for the other sister, and over two or three sessions she actually completed the work with the little girl as well as with the two girls taking part in actually helping her take part in what they’ve done with their boxes.” (Social worker)

Some social workers noted that mixed allocation across sibling groups was not always a problem. One social worker described siblings who were comfortable with being allocated to the control group: “he’s been okay with it.” Another described working with the carer on a “case-by-case basis”, noting that age can mean that issues with mixed allocation have not arisen “if there’s older children that might be ready for LSW and younger children that aren’t then that’s been okay.”

We are unable to comment on any difficulties that might have arisen from the alternative design of randomising at household level. This alternative was rejected at planning stage as it was considered impractical for delivery, as some carers would need to help two or more children or young people navigate CLSW, which may be time-consuming and emotionally taxing.

Cost evaluation findings

We sought to estimate the cost of delivering All About Me creative experiences to the 90 children and young people who attended these sessions, as well as the wider programme. We asked Darlington, Gateshead, South Tyneside and Blue Cabin for their actual costs to introduce the CLSW programme in its first year. We received responses from all four organisations (Table 3.16). In theory this should have all been new activity that would not otherwise have happened, but we do not have enough information to say whether the programme may have redirected some staff time from other work. Most of the cost went on staff time. The cost of creative packages sent to the homes of participating children and young people, containing materials for use during sessions, was borne by Blue Cabin. Other direct costs included venue hire, Zoom licences, travel and postage. South Tyneside’s costs were substantially lower than the other two local authorities, which may reflect their lack of start-up costs.

Table 3.16: Cost breakdown by programme component and local authority or Blue Cabin

Local authority	Programme component	Cost of staff time	Other direct costs	Total costs
Darlington	All About Me	£27,739		£27,739
(37 children and young people, 212 sessions)	More About Me and Therapeutic Life Story Work	£7,641	£380	£8,021
	All programme components, Darlington	£35,380	£380	£35,760
Gateshead	All About Me	£4,818	£43	£4,861
(22 children and young people, 138 sessions)	More About Me and Therapeutic Life Story Work	£27,434		£27,434
	All programme components, Gateshead	£32,252	£43	£32,295
South Tyneside	All About Me	£4,764	£60	£4,824
(30 children and young people, 150 sessions)	More About Me and Therapeutic Life Story Work	£3,240		£3,240
	All programme components, South Tyneside	£8,004	£60	£8,064
All local authorities	All About Me	£37,321	£103	£37,424
(90 children and young people, 500 sessions)	More About Me and Therapeutic Life Story Work	£38,315	£380	£38,695
	All programme components, all local authorities	£75,636	£483	£76,119
Blue Cabin*	All About Me	£160,682	£42,479	£203,161

	More About Me and Therapeutic Life Story Work	£46,318	£7,521	£53,839
	All programme components, Blue Cabin	£207,000	£50,000	£257,000
Total cost of all programme components to Blue Cabin and local authorities		£282,636	£50,483	£333,119
Of which, cost to Blue Cabin and local authorities of delivering All About Me		£198,003	£42,582	£240,585
Divided by 3 to give average cost to Blue Cabin and local authorities of All About Me per local authority		£66,001	£14,194	£80,195

*In addition to these implementation stage costs, Blue Cabin also incurred £119,000 of staff and direct costs for project set-up, including Therapeutic Life Story Work diploma fees.

Given that 90 children and young people attended at least one All About Me creative experience session, the mean unit cost to both the local authorities and Blue Cabin was £2,673 per child or young person (£240,585 / 90), which was higher than planned. These figures relate to the experience of delivering CLSW in Darlington, Gateshead and South Tyneside and may not apply more widely, as pilots have limited economies of scale in some ways, but may conversely be able to make savings due to geographical concentration. The figure is also specific to the delivery of this programme, given that the randomisation meant only a maximum of half of children could receive the programme. Accordingly, set-up costs were split between fewer children and full economies of scale could not be reached. This is likely to have inflated the unit cost per child.

The average cost per local authority of delivering All About Me, including a share of Blue Cabin costs, was £80,195. The average cost per local authority of the whole programme, (including training, critical friend sessions, other support, More About Me and Therapeutic Life Story Work) was £111,040 (£333,119 / 3). This unit cost per local authority is increased as a result of including costs that were incurred by Blue Cabin.

Staff survey findings

We surveyed 168 local authority staff via an online questionnaire in March 2022. Among those who told us which local authority they worked for, South Tyneside had the highest proportion of respondents (68), followed by Darlington (48) and Gateshead (29).

Respondents were made up of people in the following roles: social worker (32%); social work manager (8%); other role in children's services (48%); artist delivering All About Me

creative experiences (4%); and another supporting role in Blue Cabin (8%). Not all roles were shown all questions.

There was substantial recognition of the promotion of CLSW during the trial, especially in South Tyneside, even though many also recognised that LSW was encouraged prior to the programme. Staff were generally positive about the impact of training on their own and the local authority's capability to deliver LSW and the value placed on LSW by the local authority.

In general, respondents who expressed an opinion on CLSW believed it was more efficacious than LSW. Of those involved in delivery of CLSW there was general agreement it had improved the relationships between carers and children and young people, improved wellbeing and stability of placements. Creative, fun, increased bonding time and child-led were common descriptions of CLSW sessions given. There was no single benefit of CLSW identified, but most often cited were a better understanding of care experience and of identity. Various barriers to participation were seen as important, including the child not being ready, and clashes with other commitments.

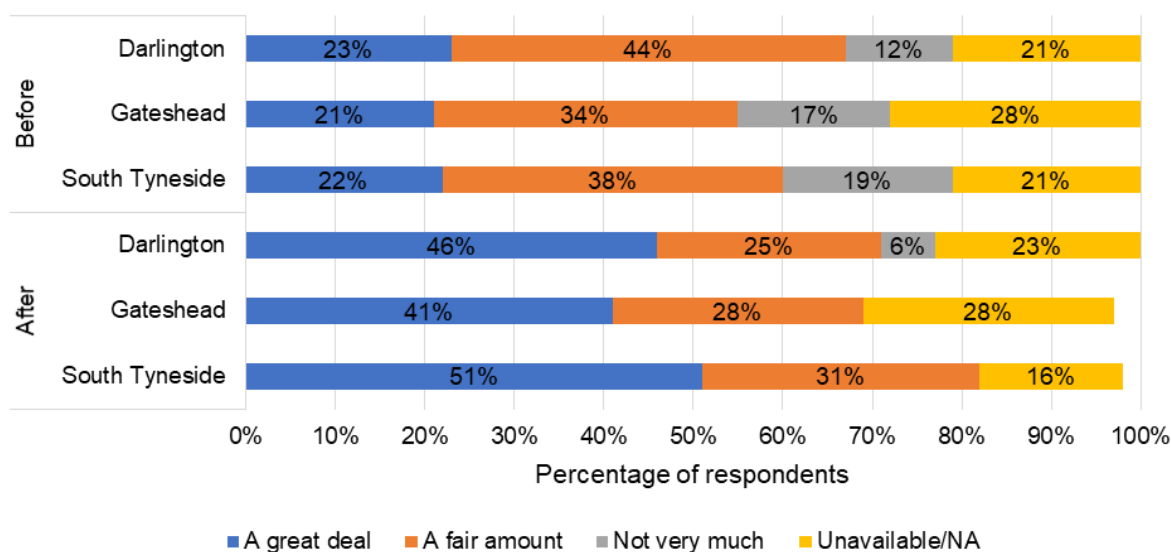
Encouragement of LSW

“To what extent do you think your local authority encouraged Life Story Work prior to Creative Life Story Work?”

LSW was perceived as commonly encouraged before the intervention, with 38% of respondents reporting that LSW was encouraged a fair amount, 21% by a great deal, and only 17% reporting not much encouragement. A further 21% did not know. After the implementation, nearly half the respondents reported CLSW was encouraged a great deal (46%), a more than twofold increase in perceived effort by local authorities to greatly encourage CLSW. When combined with the respondents reporting a fair amount of encouragement (28%) around three-quarters of respondents reported a fair or great deal of encouragement of CLSW, compared to 59% of respondents prior to CLSW.

South Tyneside appears to have been most active in promoting CLSW, reflecting some of the observations described above in other findings from the process evaluation. Before CLSW, just over one-fifth of respondents saw LSW as being greatly encouraged in each of the three local authorities (Figure 3.4). After CLSW, Gateshead and Darlington saw those percentages approximately doubled, but South Tyneside saw a rate of increase of 2.3 from 22% to 51% of respondents reporting that CLSW was greatly encouraged. All three local authorities also saw substantial drops in the percentages reporting “not very much” encouragement. This was most notable in South Tyneside, decreasing from 19% to one per cent before and after CLSW, respectively. For Gateshead, the corresponding percentages were 17% and 3%, respectively; while for Darlington they were 12% and 6%, respectively.

Figure 3.4: Encouragement of LSW by local authority, pre- and post-CLSW programme



Perceived efficacy

“Do you think Creative Life Story Work is more or less effective than traditional Life Story Work at helping children and young people in care understand their care experience?”

Respondents who expressed an opinion on the efficacy of CLSW relative to LSW were primarily supportive. Of the 58% of respondents (n=87) giving a substantive response, more than half perceived CLSW as more effective than traditional LSW (85%). Sixty per cent thought it “a lot” more effective, and a quarter found it “a little” more effective, 13% thought there was “no difference”, and 2% thought it less effective. There were no notable variations between the three local authorities in perceived efficacy, but comparatively small sample sizes for each local authority base.

Perceived impact on practice

“To what extent do you think that the Creative Life Story Work programme has changed usual practice in your local authority’s existing Life Story Work practice?”

“To what extent do you think that the Creative Life Story Work programme has changed your own Life Story Work practice?”

There were quite high levels of “don’t know” responses for these two questions, over one-third, which we asked of those in social work roles only. Asked about usual practice in general, 35% did not know; asked about their own LSW practice, 38% did not know. Given the investment in staff training to raise awareness and understanding, this is disappointing. Sixty per cent of the sample (n=89) gave a response to our question on the perceived impact of CLSW on local authority practice. Forty-eight per cent responded substantively to our

question on the perceived impact of CLSW on one's own practice. Around 92% of respondents said that local usual practice was changed either by a fair amount or a great deal, while 73% said their own usual practice was changed by a fair amount or a great deal.

Prior experience of CLSW

“To what extent have you been involved in Creative Life Story Work?”

Only ten people were previously “very involved” with CLSW – these are ignored in the analysis below, restricting the comparison between respondents with some previous experience (53) and respondents with no previous CLSW experience (86). Unsurprisingly, respondents with some previous CLSW experience were more likely to have seen their local authority previously encourage CLSW. Similarly, they were also seeing more local authority encouragement since the intervention. Those with no involvement were more likely to respond “don't know” or “not applicable”. Involvement with CLSW was associated with increased perceptions of efficacy (seeing CLSW as more effective than traditional LSW), with those not involved more likely not to know. Experience of CLSW was associated with higher levels of perceived changes in both local authority usual practice and one's own practice as a social worker, with no experience associated with higher levels of “don't know”.

Describing the CLSW programme

There were 63 respondents who reported they had been somewhat or very involved in supporting the delivery of CLSW to children and young people. When shown prompts about the most distinctive features of CLSW, the top responses selected were: creative (65%), fun (52%), bonding time between child and carer (46%) and child-led (43%).

Perceived impacts on children, young people and carers

The following analysis is restricted to respondents who reported having had at least some involvement in CLSW (n=63) and excludes non-substantive responses (max n=30, actual number varied by question). Overall, respondents were positive about the impact of CLSW on children, young people and their carers.

“To what extent do you agree or disagree with the following statement: Creative Life Story Work has had a positive impact on the relationships between the children and young people in care and their parents and carers?”

Around one-quarter (24%) strongly agreed CLSW had made a positive impact and a further 69% agreed with the statement.

“To what extent do you think the overall wellbeing of the children and young people taking part in Creative Life Story Work has changed since they took part?”

Respondents mostly agreed that overall wellbeing had improved a little (41%) or a lot (41%).

“To what extent do you think the placement stability of children and young people taking part in Creative Life Story Work has improved?”

Respondents were generally positive about their perceptions of placement stability – that is, around 46% said it had improved a fair amount and 32% a little.

We also asked for perceptions of the school stability of children and young people taking part in CLSW. As only 16 responded to this question, we do not report the results.

“What aspects of Creative Life Story Work do you think benefit children and young people who take part the most?”

There were no beneficial aspects of CLSW that were reported by a majority of respondents. Most frequently cited were a better understanding of their care experience (27%) and thinking about their identity (24%). Other reasons included feeling heard (14%), being creative (13%) and spending time with their carer (11%).

“Why do you think that some children and young people who were offered Creative Life Story Work have not taken up the offer?”

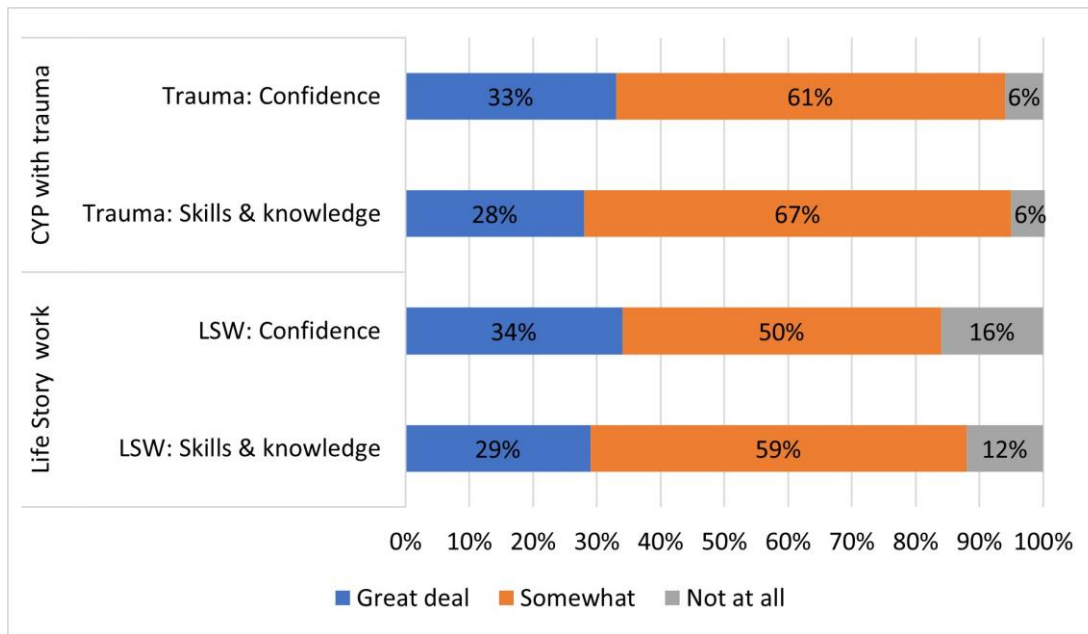
Most commonly, the reasons given for not taking up the offer of CLSW were the child being too unsettled or unready (25%) and sessions clash with other commitments (24%). Other reasons included a lack of interest from the carer (11%), not knowing what CLSW entailed (11%) and lack of interest in LSW (10%).

Perceived impacts on staff

“Thinking about your everyday practice, to what extent has the training you have received about Creative Life Story Work increased your [skills, confidence, knowledge...]?”

Respondents were generally moderately positive about the impact of CLSW training on their skills, knowledge and confidence. Around 59% reported CLSW training had improved their skills and knowledge in delivering LSW generally, with a further 29% reporting that their skills and knowledge had improved a great deal (Figure 3.5). Fifty per cent stated their confidence in delivering LSW generally had increased somewhat, with 34% reporting it had increased a great deal. Around two-thirds (67%) reported their skills and knowledge had increased somewhat for working with young people and children with trauma. A further 28% thought the training improved their skills and confidence a great deal. Sixty-one per cent of respondents reported somewhat increased confidence of working with children and young people with trauma and a further 33% reported that their confidence had increased a great deal.

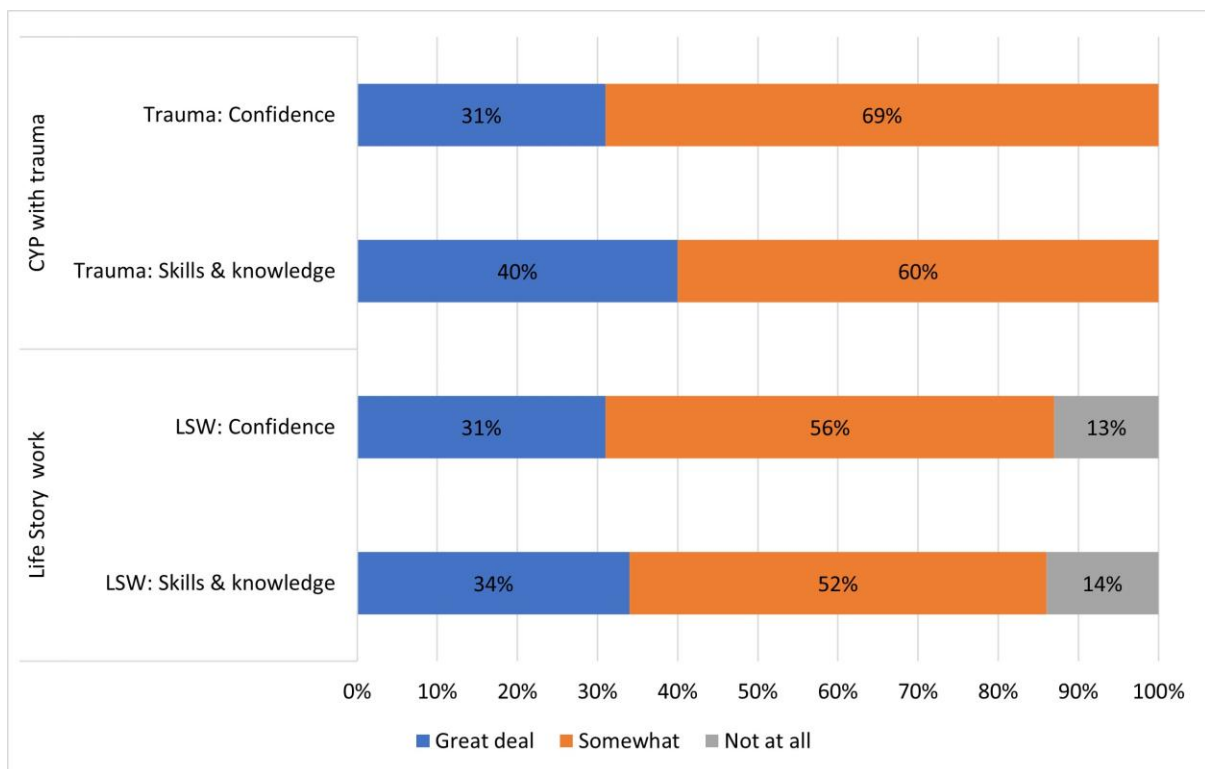
Figure 3.5: Perceived impact of CLSW training on confidence, skills and knowledge



“Thinking about your everyday practice, to what extent has your involvement in delivering Creative Life Story Work increased your [skills, confidence, knowledge...]?”

Respondents also felt their involvement in the delivery of CLSW improved their skills, knowledge and confidence to a similar extent that their CLSW training had done. Fifty-two per cent reported their skills and knowledge to deliver LSW increased somewhat, with a further 34% reporting a great deal of increased skills and knowledge (Figure 3.6). Around 56% reported a somewhat increased confidence in delivering LSW with a further 31 per cent reporting that their confidence increased a great deal. Similarly, 60% reported their skills and knowledge in working with young people and children with trauma improved somewhat, with 40% reporting a great deal of improvement. Around two-thirds (69%) reported their confidence in working with young people and children with trauma improved somewhat, with 31% reporting a great deal of improvement.

Figure 3.6: Perceived impact of involvement in CLSW on confidence, skills and knowledge



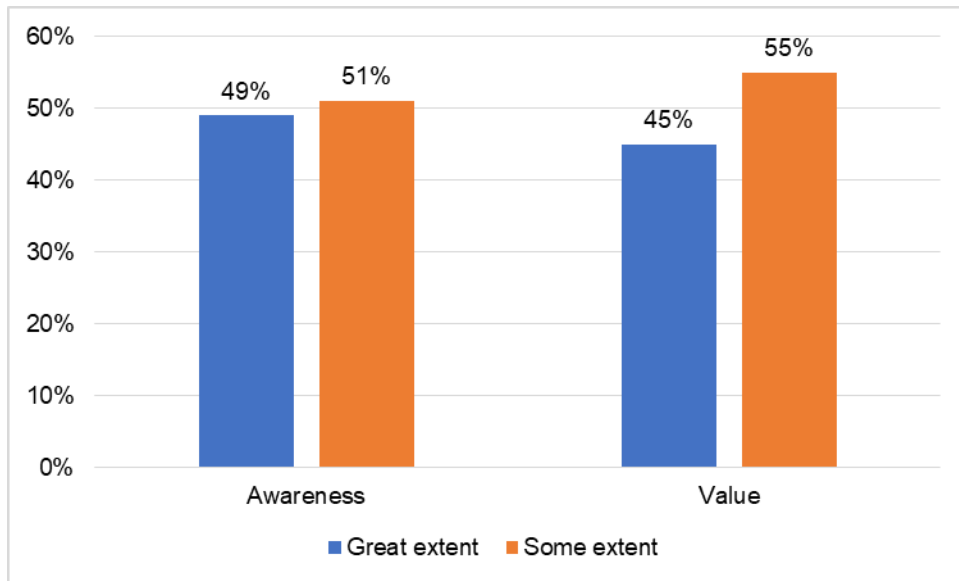
“To what extent do you think Creative Life Story Work has raised awareness of Life Story Work in your local authority?”

Respondents generally agree that awareness of LSW had been raised in their local authority with around half saying to some extent (51%) and half to a great extent (49%) (Figure 3.7).

“To what extent do you think Creative Life Story Work has raised the perceived value of Life Story Work in your local authority?”

Respondents were also positive about CLSW raising the perceived value of LSW, with 55% responding “to some extent” and 45% “to a great extent” (Figure 3.7).

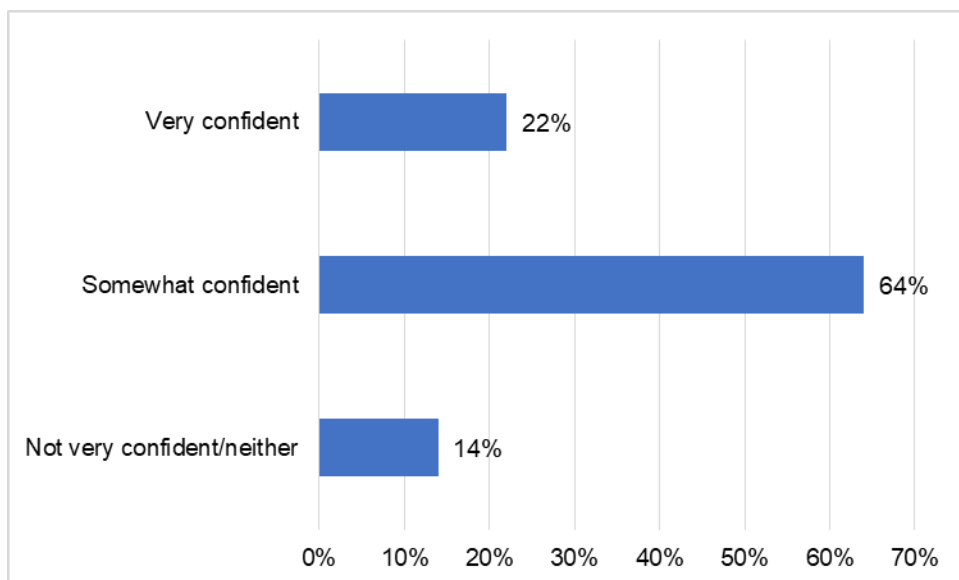
Figure 3.7: Perceived impact of CLSW on raising the awareness and perceived value of LSW



“How confident do you feel that Creative Life Story Work has now been successfully embedded in your local authority for the future?”

Respondents tended to be somewhat confident (64%) that CLSW has been embedded into their local authority for the future or very confident (22%) (Figure 3.8).

Figure 3.8: Confidence that CLSW has been successfully embedded in your local authority



4. Discussion

This trial aimed to establish the impact on child outcomes of providing a programme called Creative Life Story Work to looked after children and young people in three local authorities in north-east England in 2021–22.

Discussion of findings

Impact evaluation

We did not detect a statistically significant difference between the control and intervention groups' outcomes in terms of the Strengths and Difficulties Questionnaire total difficulties score, placement stability or school stability. However, less than one-third of the children and young people in the “offer All About Me creative experiences” group (the intervention group) received the intervention (90/282). Blue Cabin aimed for 80%. Our actual sample size therefore fell short of the target computed in our original power calculations of how many children and young people we would need to be able to distinguish from chance the difference made by All About Me creative experiences. Our findings are inconclusive: we cannot say whether the effects did not reach significance due to low statistical power or due to the programme itself not making a difference to the children and young people. There were indications that treatment might be related to an increased rather than decreased SDQ score. It seems unlikely that this finding indicates a potential negative impact of CLSW, given the process evaluation's generally positive findings. We recommend that future evaluations give thought to the appropriateness of the SDQ as the primary outcome measure in this context. In addition, it seems possible that exposure to life issues might require a longer time frame for impact, both for the delivery of CLSW and the timing of measurement for the outcome scores. Some of the responses described above mentioned the disappointment of some children and young people at the ending of the CLSW sessions.

Process evaluation

While our impact evaluation did not yield significant positive effects, findings from our process evaluation showed that All About Me creative experiences were very positively received by children and young people and carers and generally positively received by professionals. Overall, All About Me creative experiences were felt to be more fun, engaging and relevant than standard forms of LSW.

We conclude that CLSW is different to business-as-usual practice because it was higher quality and it relied on the full engagement and presence of the carer to take part alongside the child. As a result, it was a more collaborative approach which addressed traditional power imbalances in LSW. As one social worker said:

“It's using a collaborative model to do the work with the child whereas previously traditional life story work is where the social worker writes the story and the social worker gathers information ... which gives the social worker a huge amount of power over the child's story.”

In this way, All About Me creative experiences were felt to help develop and strengthen relationships between the carer and children and young people. It was a more gentle and indirect way of speaking about life histories continuously (compared to being given a one-off life story book). A lot of effort and careful planning from Blue Cabin, TLSWi and local authorities went into preparing and running sessions. There was enthusiastic praise from children and young people, carers and professionals for the resources and the creative packages that were carefully and thoughtfully put together by artists and sent to the children and young people ahead of the block of sessions. We also found these attributes to be the main, core elements of the programme. There were no major variations in the core elements across the sites therefore implementation appeared to be standardised.

We found there were two main barriers to the successful implementation and take-up of the programme. These were:

1. Apprehension and nerves at the beginning from carers and young people were an initial barrier which was quickly overcome once the young people engaged in sessions. Carers were concerned about the possibility of re-traumatising young people but did not cite evidence of this.
2. Low levels of programme take-up from children and young people and their carers was a barrier to developing the programme as it meant less opportunity to develop learning.

We found there were four main enablers to the successful implementation and take-up:

1. High levels of carer engagement and time were essential as an enabler.
2. The online format was an enabler for most. Carers and young people talked about it being more convenient and some young people felt more comfortable sharing their experiences in an online format.
3. Local authority and Blue Cabin staff support to carers was also an enabler – carers appreciated the practical support provided to help set up the sessions technologically.
4. Buy-in from local authority staff at all levels was an enabler to help embed the CLSW approach across teams and to help with its sustainability.

Our final process evaluation question explored the views of children and young people, families, and professionals on the programme, along with unintended consequences.

We have discussed three unintended consequences. The first was that young people and their carers found the end of the block of six sessions difficult. They wanted more All About Me creative experiences. They wanted the block of sessions to be extended or for there to be annual follow-up work. They also wanted to keep in touch with the other children and young people in their session. Second, we explored the risk of re-traumatisation as this was a concern from carers. However, there were no reports from young people, carers or professionals about children or young people experiencing distress in sessions. Third, an unintended consequence perceived by professionals was the effect of the randomised

controlled trial design on project implementation. Some professionals felt it hindered project implementation.

Finally, we explored children, young people, carer and professionals' views about the programme. Children and young people and carers we interviewed who attended All About Me creative experiences greatly enjoyed the sessions. Children and young people felt really excited about the sessions each week. Carers and children and young people would recommend the project to others. They praised the care and effort put into session preparation and the artists' approaches. The facilitators created a fun, inclusive, respectful and non-judgemental space where children and young people felt able to contribute if they wanted to. Children and young people also enjoyed meeting other care-experienced young people. Importantly, most children and young people talked about significant changes in their lives that they linked to taking part in the All About Me creative experiences. Children and young people talked about improved mental health, a better understanding of their identity and their experience of being in care and improved relationships with people. Some young people made big life decisions as a result of the sessions, such as changing contact arrangements with birth parents and rethinking career plans. Some children and young people also discussed being able to confidently express being in care.

Limitations

We have identified the following from our data, measures and the programme's implementation, which limit the confidence which can be placed in our findings.

Our analysis largely relied on outcomes that were routinely collected and embedded in data collections procedures for the three local authorities. However, our request followed a different timescale to statutory returns, and we did not ask for the latest data provided to DfE so may not have been subject to the same level of quality assurance. The dates on which SDQ scores were collected varied by local authority, complicating interpretation. There were high rates of complete data for children and young people in terms of their demographic information, school moves and placement changes. However, SDQ scores were only available for 89% of the eligible sample at baseline, reducing to 72% at endline. Further, there were high rates of missingness in terms of who completed the SDQ (e.g. child or young person, foster carer, social worker, etc.) meaning that scores could not be standardised according to the informant.

Not all children and young people were still eligible at the start of the programme on 1 April 2021, having been randomised on 1 March 2021. Local authorities identified children and young people for the programme approximately two to three weeks prior to 1 March 2021, meaning that 26 children and young people were no longer looked after at the point of randomisation and were therefore excluded from the analysis. A further 49 children and young people were ineligible and excluded from the analysis as their date of birth did not meet the inclusion criteria. This reduced our sample size and so the weight that can be placed on our findings.

The number of treated cases available for analysis was limited by the lower-than-anticipated take-up of the programme. Of the 282 in the "offer All About Me creative experiences" group, less than one-third of children and young people (90) participated in All About Me creative

experiences, all of whom were eligible for randomisation. In our interviews, professionals from all local authorities reflected on challenges around recruitment and how these impacted on the number of children and young people participating in the programme. Various reasons were suggested for this low uptake, including practical and logistical barriers for foster carers. Randomisation was cited by some as a reason for the lower-than-expected take-up of the programme; we cannot provide evidence of how the programme might have fared in the absence of the accompanying RCT.

As with many 2021–22 activities affected by COVID-19, virtual delivery complicated the programme and its evaluation. With most sessions delivered virtually and some in person, interpretation of our findings is not straightforward. That being said, our process evaluation found that there were no major negative effects of running the All About Me creative experiences online, with the online format reportedly improving accessibility.

The Strengths and Difficulties Questionnaire is only one way of capturing changes in how well children and young people are doing. Future research could explore additional tools, such as other validated measures, the Bright Spots survey of looked after children's wellbeing developed by Coram Voice, or a measure tailored specifically to LSW to assess the impact of the programme.

The number of school moves did not have a wide range, with 85% of children and young people in our sample experiencing no moves (not including moves from primary to secondary, etc.). This limited the use of this variable in the impact analysis as there was little scope for change. Future research may consider alternative measures of stability, such as school absence.

We interviewed participants mainly via video calls. We may have excluded participants who do not have access to hardware or the internet (although they would not have been able to access virtual All About Me creative experiences in the first place) or the required skills. By design, our purposive sample of children and young people only represented those who did not have a particularly negative experience. Although there were no reports of people having a particularly negative experience overall, our interview sample was skewed to represent those with at least an adequate experience, and survey responses were more mixed. All carers and young people were recruited via the local authorities such as through social workers. We may have only recruited participants who had a positive relationship with social workers and the local authority. We used convenience sampling to recruit professionals for interview. It is likely that the professionals included in our sample were already interested in CLSW and had a good level of knowledge about the programme.

Directions for future research

Our key recommendation is that **a fully powered randomised controlled trial should be carried out**, with process and cost evaluation. An alternative design which randomises after an initial expression of interest could increase the treated proportion of the intervention group, and measures tailored to the life story work context could potentially detect positive changes. To address concerns about randomisation, a wait list trial design should be considered. Checks should be carried out immediately pre-randomisation to prevent high levels of ineligible randomised children and young people. Specifically, any future

randomisation process should be designed so that local authorities provide enough data to allow checks by evaluators that eligibility assessments have been properly carried out. Post-COVID-19, it may also be beneficial to evaluate the originally envisaged in-person model, as opposed to the predominantly virtual model delivered in this programme, or to carry out a trial sufficiently powered to compare the effectiveness of the two modes of delivery. Given the issue around randomisation and mixed allocation of siblings, a future RCT design should involve the recruitment of a larger sample size to enable family-level randomisation. We note, however, the risk this could bring of practical and emotional difficulties for carers in supporting two or more children or young people to take part.

We recommend future mixed-methods process evaluation should:

- Focus on understanding the experiences of those who have business-as-usual LSW
- Include any young people who do not have a great experience of CLSW
- Include observation of sessions across sites to help assess quality and consistency of delivery
- Not rely on convenience/purposive sampling to recruit carers to interview.

Areas of interest for future research include the following themes:

- Subgroup analysis by age group
- Model of delivery (virtual compared to in person)
- Family type, such as foster family, kinship care, Special Guardianship Order
- Nature of creative practice
- The impact of Tier 2 and Tier 3 CLSW on outcomes, once the number of children and young people receiving these tiers grows to a point where meaningful analysis would be possible (in this programme only a small number of children and young people received Tier 2 and Tier 3 CLSW).

To explore the potential impact of these factors on child outcomes, a sample sufficiently large to enable subgroup analysis would be required.

Finally, measurement. Future research could explore gathering outcome measures directly from foster carers and other supporting adults, given how heavily involved they were in the programme. Alternatives to using Strengths and Difficulties Questionnaires should be explored, more tailored to the LSW context. Any future research using SDQs should gather scoring sheets, not just total difficulties scores, to explore any differential impact by domain. Scoring sheets should include information regarding who completed the measure, so that scores can be standardised by informant.

Conclusions and recommendations for practice

The findings of our impact analysis did not reach statistical significance in terms of the impact of the intervention (All About Me creative experiences) on SDQ scores, placement changes and school moves. Our qualitative interviews, however, found some benefits for child anxiety, confidence, decisions around contact, clearer life plans, and, for professionals, changes in local authority LSW practice that were viewed as beneficial. Owing to recruitment challenges, just 90 of the 282 children and young people randomised to the intervention condition received All About Me. In line with good practice, our “intention to treat” design therefore compares all those randomised to be offered sessions to all those randomised to not be offered them, meaning the 90 recipients would have needed to gain enormous benefits for this to show up in the data. It is not surprising, therefore, that our quantitative findings did not reach statistical significance.

Recommendations for future creative LSW practice

- **Fun activities should be balanced with linking the meaning of activities with life histories and self-identity.** From some adult perspectives the link between the activities and understanding life histories was too subtle. All About Me creative experiences seem to have leaned towards light-hearted rather than meaningful and challenging. In future development of the model, Blue Cabin could consult art psychotherapists to support a more effective use of art-making to explore feelings and experiences. Children and young people should where possible understand that sessions aim to help them understand and reframe why they came into care, through creativity.
- **Children and young people should have a routine check-in following the final session.** This would be a chance to discuss their learning and areas for further attention or referral and be encouraged to continue using the creative props in supporting life story discussions with carers and others. Check-ins could be with their social worker or the pastoral support worker, rather than the session facilitator who they have already said goodbye to. It would also be a chance for the social worker to encourage the carer to continue with the LSW approach.
- **Continue with the offer of an online format.** Our process evaluation found no negative effects reported of running the All About Me creative experiences online. The online format was found to improve accessibility, be more convenient to fit around busy schedules, and some young people felt more confident and comfortable joining the session virtually. Online sessions meant the young person could choose how involved they wanted to be.
- **Reassure carers and children and young people about initial nerves.** Carers, children and young people reported some initial apprehension about the sessions. Some carers were nervous about re-traumatising children and some children were nervous about meeting new people in a group setting. These nerves quickly dissipated after the first session. We recommend that carers and children and young people are provided with a taster session to alleviate anxieties.

References

- Archibald, M., Ambagtsheet, R. C., Lawless, M. (2019) Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants. *International Journal of Qualitative Methods*
- Asmussen, K., Brims L. & McBride, T. (2019) *Ten steps for evaluation success*. Early Intervention Foundation.
- Baynes, P. (2008) Untold stories A discussion of life story work. *Adoption & Fostering*. 32(2):43-49
- Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) *Achieving emotional wellbeing for looked after children*. National Society for the Prevention of Cruelty to Children.
- Bloom, H. (2006) The core analytics of randomized experiments for social research. MDRC Working Papers on Research Methodology. <https://files.eric.ed.gov/fulltext/ED493363.pdf> [Accessed 30/11/2022].
- Braun, V. & Clarke, V. (2019) Reflecting on reflective thematic analysis. *Qualitative Research in Sport, Exercise and Health*. 11 (4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Braun, V., Clarke, V. & Gray, D. (2017) *Collecting qualitative data: A practical guide to textual, media and virtual techniques*. Cambridge, Cambridge University Press.
- Camis, J. (2001) *My life and me*. London: British Association for Adoption and Fostering.
- Children's Commissioner. (2020) *Stability index 2020: Technical report*. www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf [Accessed 30/11/2022].
- Children's Commissioner. (2019) *Stability index 2019: Overview report*. www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-stability-index-2019.pdf [Accessed 30/11/2022].
- Department for Education [DfE]. (2022) Children looked after in England including adoption: 2020 to 2021. <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions> [Accessed 30/11/2022].
- Department for Education [DfE]. (2020) *Children looked after by local authorities in England: Guide to the SSSA903 collection 1 April 2019 to 31 March 2020 - Version 1.3*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880472/CLA_SSSA903_2019-20_Guide_Version_1.3.pdf [Accessed 30/11/2022].
- Early Intervention Foundation [EIF]. (2020) *Strengths and Difficulties Questionnaire (SDQ)*. <https://www.eif.org.uk/resource/rpc-measures-selector> [Accessed 30/11/2022].

Hammond, S., Young, J. & Duddy, C. (2021) Life story work for children and young people with care experience: A scoping review. *Developmental Child Welfare*. 2 (4), 293–315. <https://doi.org/10.1177/2516103220985872>

Hardy, R. (2017) *Tips for undertaking life story work*. Community Care. www.communitycare.co.uk/2017/06/05/tips-undertaking-life-story-work/ [Accessed 30/11/2022].

Luke, N., Sinclair, I., Woolgar, M. & Sebba, J. (2014) *What works in preventing and treating poor mental health in looked after children?*, London, NSPCC and the Rees Centre, University of Oxford.

National Institute for Health and Care Excellence [NICE]. (2021) *Looked-after children and young people*. <https://www.nice.org.uk/guidance/ng205> [Accessed 30/11/2022].

Ryan, T. & Walker, R. (2016) *Life story work: Why, what, how and when*. London, CoramBAAF.

Selwyn, J., Wijedasa, D. & Meakings, S. (2014) *Beyond the Adoption Order: Challenges interventions and adoption disruption*. London, Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/301889/Final_Report_-_3rd_April_2014v2.pdf [Accessed 30/11/2022].

Shotton, G. (2013) 'Remember when...': Exploring the experiences of looked after children and their carers in engaging in collaborative reminiscence. *Adoption & Fostering*. 37 (4), 352–367. <https://doi.org/10.1177/0308575913508721>

Shotton, G. (2010) Telling different stories: The experience of foster/adoptive carers in carrying out collaborative memory work with children. *Adoption & Fostering*. 34 (4), 61–68. <https://doi.org/10.1177/030857591003400407>

Sosu, E. & Schmidt, P. (2017) Tracking emotional and behavioural changes in childhood: Does the Strength and Difficulties Questionnaire measure the same constructs across time? *Journal of Psychoeducational Assessment*. 35(7), 643–656. <https://doi.org/10.1177/0734282916655503>

Taylor, S., Juliette, C., Borjes, E., Mollidor, C. & Ashworth, K. (2021) *Protocol for a randomised controlled trial of Creative Life Story Work*. https://whatworks-csc.org.uk/wp-content/uploads/CLSW-RCT-protocol-Coram-Ipsos-MORI_March-2021_Final.pdf [Accessed 30/11/2022].

Terry, G., Hayfield, N., Clarke, V. & Braun, V. (2017) Thematic analysis, In: *The SAGE handbook of qualitative research in psychology*. Thousand Oaks: CA, Sage.

Watson, D., Latter, S. & Bellew, R. (2015) Adopters' views on their children's life story books. *Adoption & Fostering*. 39 (2), 119–134. <https://doi.org/10.1177/0308575915588723>

Willis, R. & Holland, S. (2009) Life story work: Reflections on the experience by looked after young people. *Adoption & Fostering*. 33 (4), 44–52. <https://doi.org/10.1177/030857590903300406>

Appendices

Appendix A. Example content of All About Me sessions

The following description of the content of each weekly session delivered by one artist was provided to Coram by Blue Cabin:

Intro session

Hellos & introduction to CLSW

We printed name cards and made origami hearts.

Session 1. Favourite things

We explored our favourite things.

We made mini concertina books and plasticine creations.

Session 2. This is Me!

We looked at things we like and things we dislike.

We played a game of Yay & Yuck! and made paper teacups.

Session 3. Who is in my Life

We talked about key people in our lives.

We made pipe cleaner people and clay faces/pebble people.

Session 4. My Feelings

We talked about emotions and how we might express them.

We printed a "Weather chart" of emotions and made a clay pot to put our feelings in.

Session 5. Where I am

We explored where we are, where we were born and where we've been.

We played "Pigsty or Palace, would you live here?", we drew our own maps and we made our "Dream House" from thin card.

Session 6. My Future

We explored our future dreams, hopes, fears to overcome, aspirations and places we'd like to visit.

We wrote a letter to our future self and had a celebration with party hats and cakes.

Appendix B. List of R packages used for data cleaning and merging

- Readxl (Wickham & Bryan, 2022¹³)
- Tidyverse (Wickham et al., 2019¹⁴)
- Lubridate (Grolemund & Wickham, 2011¹⁵)
- ggplot2 (Wickham, 2016¹⁶)
- pander (Daróczy, 2022¹⁷)
- psych (Revelle, 2022¹⁸)
- summarytools (Comtois, 2022¹⁹)
- Hmisc (Harrell Jr, 2022²⁰)
- dplyr (Wickham et al., 2022²¹)

¹³Wickham H. & Bryan J. (2022) *readxl: Read Excel Files*. <https://readxl.tidyverse.org>, <https://github.com/tidyverse/readxl>.

¹⁴Wickham et al., (2019) Welcome to the tidyverse. *Journal of Open Source Software*. 4 (43), 1686. <https://doi.org/10.21105/joss.01686>

¹⁵Grolemund, G. & Wickham, H. (2011) Dates and times made easy with lubridate. *Journal of Statistical Software*. 40 (3), 1–25. <https://doi.org/10.18637/jss.v040.i03>

¹⁶Wickham, H. (2016) *ggplot2: Elegant graphics for data analysis*. New York, Springer-Verlag. <https://ggplot2.tidyverse.org/>

¹⁷Daróczy, G. (2022). *pander: An R Pandoc Writer*. <https://rdocumentation.org/packages/pander/versions/0.6.5>

¹⁸Revelle, W. (2022) *psych: Procedures for psychological, psychometric, and personality research* (R package version 2.2.5). Evanston: Illinois, Northwestern University, <https://CRAN.R-project.org/package=psych>.

¹⁹Comtois, D. (2022) *summarytools: Tools to quickly and neatly summarize data*. <https://cran.r-project.org/web/packages/summarytools/index.html>

²⁰Harrell Jr, F. (2022) *Hmisc: Harrell Miscellaneous*. CRAN - Package Hmisc (r-project.org)

²¹Wickham, H., François, R., Henry, L. & Müller, K. (2022) *dplyr: A grammar of data manipulation*. <https://dplyr.tidyverse.org>, <https://github.com/tidyverse/dplyr>.

Appendix C. List of validation checks used for data cleaning

1. LA not missing and is consistent with LA data requested form.
2. Number of rows in spreadsheet (cases) consistent with number in randomisation spreadsheet.
3. Date of randomisation not missing.
4. Date of randomisation between 01/03/21 and 31/03/22.
5. Date of randomisation consistent with randomisation spreadsheet.
6. Date of randomisation in date format DD/MM/YYYY.
7. Randomisation outcome not missing, or provided categories not used.
8. Randomisation outcome consistent with randomisation spreadsheet.
9. Child unique ID not missing.
10. Child unique ID consistent with randomisation spreadsheet.
11. Child unique ID not duplicated within spreadsheet.
12. Family unique ID not missing.
13. Family unique ID consistent with randomisation spreadsheet.
14. Date of birth of young person not missing.
15. Date of birth of young person between 31 March 2004 and 15 February 2017.
16. Date of birth in date format DD/MM/YYYY.
17. Gender not missing and provided categories used.
18. Ethnic group not missing and provided categories used.
19. Child's postcode not missing.
20. Child/young person's legal status not missing.
21. Where child/young person's legal status is not applicable or none of these, an explanation is provided.
22. Child or young person's case status not missing.

23. Child or young person's case status either fits a predefined category, or is specified if other.
24. Reason for randomisation outcome and delivery mismatch (if applicable) not missing if there is mismatch (e.g. randomisation to intervention group, but CLSW not received).
25. Date of CLSW session not missing if CLSW received (based on other CLSW columns).
26. Date of first CLSW session between 01/03/21 and 31/03/22.
27. Date of first CLSW session in date format DD/MM/YYYY.
28. Nature of CLSW session not missing if CLSW received (based on other CLSW columns).
29. Provided categories used for nature of CLSW session.
30. If nature of CLSW session given as none of these, or not applicable, an explanation is provided.
31. Number of All about Me sessions not missing or 0 if CLSW received (based on other CLSW columns).
32. Number of All about Me sessions ranges from 1 to 6 if CLSW received (based on other CLSW columns).
33. Number of All About Me sessions is numeric.
34. Of number of All About Me sessions attended, number attended virtually should be smaller or equal to the number of sessions attended.
35. Number of sessions attended virtually is numeric.
36. CLSW received by other looked after children in household not missing and provided categories used.
37. If multiple children per family ID in spreadsheet, response option 1 or 2 given.
38. Only South Tyneside to respond to question about whether children have previously received CLSW?
39. For South Tyneside, whether children have previously received CLSW not missing and provided categories used.
40. First total difficulties score not missing.
41. First total difficulties score is numeric.

42. If there is no total difficulties score, a valid reason is provided.
43. First total difficulties score ranges between 0 and 40.
44. Version of first SDQ used not missing and provided categories used.
45. Date of first SDQ score not missing.
46. Date of first SDQ score in date format DD/MM/YYYY.
47. Date of first SDQ score before randomisation date.
48. Date of first SDQ score is over a year prior to the randomisation date.
49. First SDQ score informant is not missing and provided categories are used.
50. Where first SDQ score informant is "other", further details are given.
51. Unique number for first score informant is not missing.
52. Second total difficulties score not missing.
53. Second total difficulties score is numeric.
54. If there is no second total difficulties score, a valid reason is provided.
55. Second total difficulties score ranges between 0 and 40.
56. Version of second SDQ used not missing and provided categories used.
57. Date of second SDQ score not missing.
58. Date of second SDQ score in date format DD/MM/YYYY.
59. Date of second SDQ score after CLSW date.
60. Second SDQ score informant is not missing and provided categories are used.
61. Where second SDQ score informant is "other", further details are given.
62. Unique number for second score informant is not missing.
63. Number of placements not missing.
64. Number of placements is numeric.
65. Reason for placement change not missing if number of placements is greater than 1.
66. The number of reasons given matches the number of placements.

67. Where reason for placement change is other, an explanation is provided in comments on placement change.
68. Number of school moves is not missing
69. Number of school moves is numeric.
70. Reason for school move is not missing if number of school moves is greater than 0.
71. The number of reasons given matches the number of school moves.
72. Where reason for school move is other, an explanation is provided in comments on school move.
73. Comments on data quality are understandable.

Appendix D. Images of artworks created during All About Me sessions

Image 1: Artwork from an All About Me session, young person aged 11–17

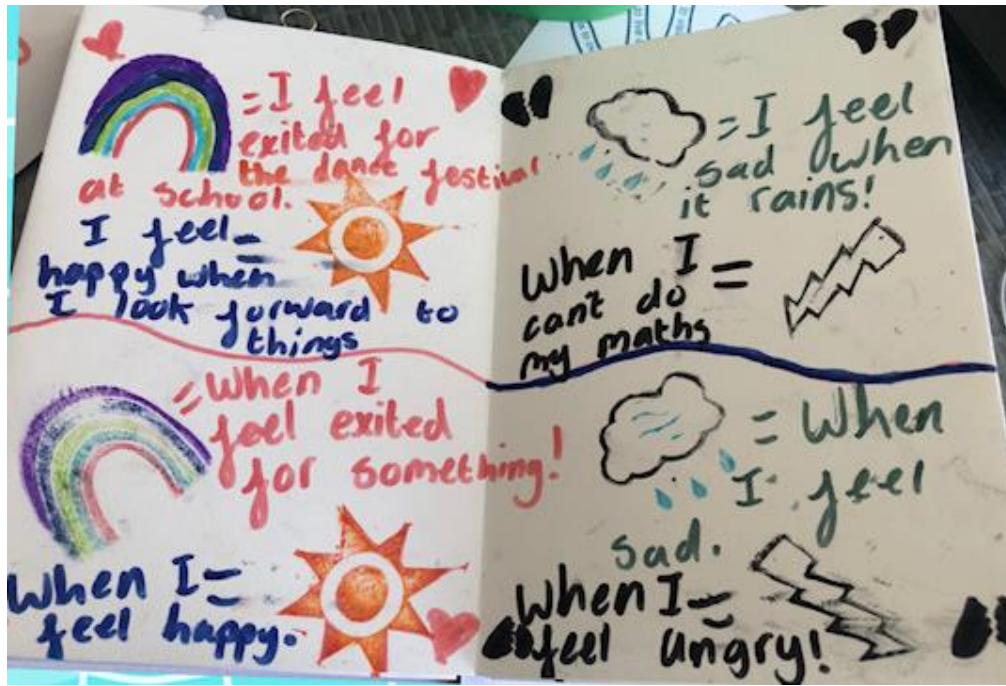


Image 2: Artwork (mask making) from an All About Me session, young person aged 11–17 (names redacted)



Image 3: Artwork (timeline of life events) from an All About Me session, young person aged 11–17 (names redacted)



Image 4: Example of All About Me creative package contents (sent prior to sessions)



Appendix E. Dates of randomisations

Date	Local authority	Number of children randomised	Cumulative number of randomisations
01 Mar 2021	Darlington	181	181
01 Mar 2021	Gateshead	152	333
01 Mar 2021	South Tyneside	92	425
21 Apr 2021	Gateshead	10	435
10 May 2021	Gateshead	2	437
21 May 2021	Gateshead	2	439
25 Jun 2021	Gateshead	14	453
21 Jul 2021	South Tyneside	138	591
08 Sep 2021	Gateshead	6	597
17 Sep 2021	Darlington	25	622
19 Oct 2021	Gateshead	4	626
10 Nov 2021	Gateshead	1	627
02 Dec 2021	Gateshead	1	628
18 Jan 2021	Gateshead	1	629

Note: Includes one duplicate randomisation.

Appendix F. Number of looked after children in participating LAs, March 2022

		Number of looked after children, all ages	Of which number aged 5+	Number of total children aged 0 to 17 (mid-2020)	Percentage of total resident children who are looked after
Darlington		272	205	22,633	1.2%
Gateshead		440	362	39,201	1.1%
South Tyneside		294	226	30,201	1.0%
North-east average (per local authority)		445	345	41,049	1.1%
England average (per local authority)		528	427	80,088	0.7%

Appendix G. Number of interview and focus group participants

	Darlington	Gateshead	South Tyneside	Total
Carers	2	3	4	9
Children and young people	4	4	2	10
Social workers	3	2	2	7
Blue Cabin	2 artist interviews, 1 focus group with 3 key project staff			5
Total	9	9	8	31

Appendix H. Topics from children and young people's, carers' and professionals' discussion guides for semi-structured interviews

Children and young people's discussion guide topics

Introduction from the researcher including:

- Confidentiality
- Checking consent and understanding
- Data protection and reporting
- Recording the conversation

Section 1: Background: about you

Section 2: Young person's experience of Creative Life Story Work All About Me sessions

Questions about: aspects they enjoyed and did not enjoy, why they decided to take part, thoughts about how the sessions were facilitated.

Section 3: Creative Life Story Work: perceived impact on the young person

Questions about: any changes in their lives since taking part, any effects on their relationships with their birth family and their carers, any changes at school.

Section 4: Closing the discussion

The conversation ended by asking the child or young person if there is anything else they would like to say about the project and if they would recommend the project to other looked after children.

Carer's discussion guide topics

Introduction from the researcher including:

- Confidentiality
- Checking consent and understanding
- Data protection and reporting
- Recording the conversation

Section 1: Participant background

Finding out about the participant for example, how long have they been a carer.

Section 2: Participant perception of the young person's experience of the Creative Life Story Work All About Me sessions

Questions about: their initial thoughts about the project, how they heard about it, the young person's experience of the sessions, what the participant noticed about the young person's experience, whether this experience was different to other forms of life story work.

Section 3: Participants' perception of the impact of Creative Life Story Work All About Me session on the young person

Questions about: any changes in their lives since taking part, any effects on their relationships with their birth family and their carers, any changes at school, does the participant attribute these changes to Creative Life Story Work.

Section 4: Closing the discussion

The conversation ended by asking if there is anything else the participant would like to say about the project and if they would recommend the project to carers, parents, etc.

Professional discussion guide topics

Introduction from the researcher including:

- Confidentiality
- Checking consent and understanding
- Data protection and reporting
- Recording the conversation

Section 1: Participant background

Finding out about the participant's role in the local authority/in Blue Cabin.

Section 2: Creative Life Story Work general experience

Questions about: what aspects of the project they have been involved with and their general experience of this.

Section 3: Participant views on implementation and fidelity of the model

Questions about: the roll-out of the project, any barriers and enablers, any changes to the model.

Section 4: comparisons between LSW and CLSW

Questions about: usual practice in the local authority, the main differences between LSW and CLSW, changes in practice in the team/wider teams.

Section 5: perceived impact on children and young people, carers and families

Questions about: project effect on child's wellbeing, relationships with carers, stability at home and school.

Section 6: Closing the discussion

The conversation ended by asking if there is anything else the participant would like to say about the project and if they would recommend the project to carers, parents, etc.

Appendix I. Additional statistical results

Table I.1: OLS regression results – Basic model adjusting for missing values in baseline SDQ score

	Primary outcome: Endline SDQ score		
	Coefficient	Newey West Robust Standard error	95% confidence interval
Treatment	0.765	0.621	-0.455, 1.985
Baseline SDQ score:			
Baseline SDQ Between 0 and 4 (base)			
Baseline SDQ Between 5 and 9	2.895**	1.246	0.445, 5.346
Baseline SDQ Between 10 and 14	3.986***	1.172	1.682, 6.289
Baseline SDQ Between 15 and 19	7.581***	1.189	5.243, 9.918
Baseline SDQ Between 20 and 24	9.995 ***	1.291	7.457, 12.533
Baseline SDQ > = 25	14.080***	1.415	11.297, 16.863
Missing baseline SDQ	5.263***	2.018	1.295, 9.230
Strata:			
Gateshead (base)			
Darlington	-1.015	0.895	-2.774, 0.744
South Tyneside	0.354	0.811	-1.242, 1.949
Age group 5 to 11 (base)			
Age group 12 to 17	-0.875	0.628	-2.109, 0.359
Constant	9.066***	1.268	6.572, 11.560
Number of observations	405		

*** indicates statistical significance at 1% level (p-value < 0.01), ** indicates significance at 5% level (p-value < 0.05)

Table I.2: OLS regression results – Exploratory analysis

	Primary outcome: Endline SDQ score		
	Coefficient	Newey West Robust Standard error	95% confidence interval
Treatment	1.230	0.624	0.003, 2.457
Baseline SDQ score	0.523***	0.046	0.432, 0.614
Female	-0.643	0.634	-1.890, 0.603
Age group			
5 to 7 (base)			
8 to 11	-0.539	1.113	-2.727, 1.649
12 to 15	-1.579	1.037	-3.619, 0.462
16 to 17	0.232	1.312	-2.349, 2.813
White British	0.526	1.008	-1.456, 2.508
Number of children			
1 (base)			
2	-0.132	0.944	-1.989, 1.725
3+	-0.551	0.958	-2.435, 1.333
Other children received the intervention			
Yes, at least one (base)			
No	-1.301	0.952	-3.174, 0.571
No other looked after child in the household	-0.623	1.180	-2.943, 1.698
Informant for endline SDQ score			
Social worker (base)			
Foster carer	1.376	2.148	-2.849, 5.600

Other	2.040	2.276	-2.436, 6.517
Unknown	2.490	2.251	-1.936, 6.916
IMD score	0.019	0.019	-0.019,0.057
Strata:			
Gateshead (base)			
Darlington	1.283	2.429	-3.494, 6.059
South Tyneside	0.691	1.109	-1.490, 2.871
Primary school age indicator	Not included (collinear with age group variable)		
Constant	6.073	3.142	-0.106, 12.253
Number of observations	374		

*** indicates statistical significance at 1% level (p-value < 0.01)

Table I.3: Logit regression results - Exploratory analysis

	Secondary outcome: probability of school moves				
	Coefficient	Newey-West robust standard error	95% confidence interval	Marginal effect	Newey-West robust standard error
Treatment	0.517	0.271	-0.014,1.048	0.048	0.024
Female	0.022	0.258	-0.483, 0.527		
Age group					
5 to 7 (base)					
8 to 11	0.570	0.448	-0.308, 1.448		
12 to 15	-0.049	0.476	-0.982, 0.883		
16 to 17	1.703 ***	0.492	0.740, 2.667		
White British	0.249	0.372	-0.480, 0.978		
Number of children					

1 (base)					
2	-0.249	0.455	-1.141, 0.643		
3+	-0.133	0.538	-1.187, 0.921		
Other children received the intervention					
Yes, at least one (base)					
No	0.734	0.481	-0.210, 1.677		
No other looked after child in the household	0.206	0.626	-1.020, 1.432		
Informant for endline SDQ score					
Social worker (base)					
Foster carer	-0.275	0.705	-1.657, 1.108		
Other	0.680	0.701	-0.694, 2.055		
Unknown	-0.121	0.648	-1.390, 1.149		
IMD score	-0.012	0.009	-0.030, 0.006		
Strata:					
Gateshead (base)					
Darlington	-0.514	0.767	-2.017, 0.988		
South Tyneside	1.543 ***	0.409	0.741, 2.345		
Primary school age indicator	Not included (collinear with age group variable)				
Constant	-3.453 ***	1.133	-5.674, -1.233		
Number of observations	547				

*** indicates statistical significance at 1% level (p-value < 0.01)

Table I.4: Quasi-poisson regression results – Exploratory analysis

	Secondary outcome: number of placement changes				
	Coefficient	Standard error	95% confidence interval	Marginal effect	Standard error
Treatment	0.243	0.190	-0.129, 0.616	0.055	0.042
Female	-0.030	0.189	-0.401, 0.341		
Age group					
5 to 7 (base)					
8 to 11	-0.453	0.268	-0.978, 0.072		
12 to 15	-0.147	0.256	-0.649, 0.355		
16 to 17	0.001	0.324	-0.634, 0.636		
White British	-0.529**	0.232	-0.984, -0.074		
Number of children					
1 (base)					
2	-0.259	0.279	-0.806, 0.288		
3+	-0.426	0.310	-1.034, 0.182		
Other children received the intervention					
Yes, at least one (base)					
No	-0.268	0.285	-0.826, 0.290		
No other looked after child in the household	-0.355	0.359	-1.059, 0.348		
Informant for baseline SDQ score					

Social worker (base)					
Foster carer	-0.533	0.444	-1.404, 0.338		
Other	0.452	0.402	-0.336, 1.240		
Unknown	0.224	0.293	-0.350, 0.797		
IMD score	0.008	0.005	-0.002, 0.019		
Strata:					
Gateshead (base)					
Darlington	1.422***	0.398	0.641, 2.203		
South Tyneside	1.054***	0.316	0.436, 1.673		
Primary school age indicator	Not included (collinear with age group variable)				
Constant	-1.660**	0.656	-2.946, -0.373		
Number of observations	547				

*** indicates statistical significance at 1% level (p-value < 0.01), ** indicates significance at 5% level (p-value < 0.05).

Note: Marginal effects in the Poisson model predict the difference in the number of placement changes for the treatment group with respect to the control group.

Table I.5: OLS regression results – On-treated analysis, with estimation sample restricted to children who attended only virtual sessions

	Coefficient	Newey-West robust standard error	95% confidence interval
Number of sessions attended	-0.554	0.621	-1.801, 0.693
Baseline SDQ score	0.525 ***	0.140	0.244, 0.807
Strata:			
Gateshead (base)			
Darlington	-0.453	2.055	-4.581, 3.675

South Tyneside	0.516	2.605	-4.716, 5.748
Age group 5 to 11 (base)			
Age group 12 to 17	-4.800 **	2.103	-9.024, -0.575
Constant	13.443 **	5.707	1.980, 24.905
Number of observations	56		

*** indicates statistical significance at 1% level (p-value < 0.01), ** indicates significance at 5% level (p-value < 0.05).

Table I.6: Logit regression results – On-treated analysis, with estimation sample restricted to children who attended only virtual sessions

	Secondary outcome: Probability of school moves				
	Coefficient	Newey-West robust standard error	95% confidence interval	Marginal effect (standard error)	Newey-West robust standard error
Number of sessions attended	-0.135	0.269	-0.663, 0.392	-0.007	0.014
Strata:					
Gateshead (base)					
Darlington	-1.519	1.598	-4.652, 1.614		
South Tyneside	-0.499	1.392	-2.229, 3.227		
Age group 5 to 11 (base)					
Age group 12 to 17	-1.759	1.051	-3.819, 0.301		
Constant	-0.882	2.143	-5.082, 3.319		

Number of observations	71				
-------------------------------	----	--	--	--	--

No result was statistically significant.

Table I.7: Quasi-poisson regression results – On-treated analysis, with estimation sample restricted to children who attended only virtual sessions

	Secondary outcome: Number of placement changes				
	Coefficient	Standard error	95% confidence interval	Marginal effect	Standard error
Number of sessions attended	-0.193	0.164	-0.513, 0.127	-0.037	0.031
Strata:					
Gateshead (base)					
Darlington	-.039	0.708	-1.426, 1.348		
South Tyneside	-1.359	1.026	-3.369, 0.650		
Age group 5 to 11 (base)					
Age group 12 to 17	-0.233	0.619	-1.446, 0.979		
Constant	-0.086	1.309	-2.652, 2.480		
Number of observations	71				

No result was statistically significant.

Note: Marginal effects in the quasi-poisson model predict the difference in the number of placement changes for the treatment group with respect to the control group.

Table I.8: OLS regression results – Excluding cases with date of endline SDQ before date of first session or before date of randomisation

	Primary outcome: Endline SDQ score
--	---

	Coefficient	Newey-West robust standard error	95% confidence interval
Treatment	1.081	0.620	-0.139, 2.300
Baseline SDQ score	0.531 ***	0.044	0.445, 0.618
Strata:			
Gateshead (base)			
Darlington	-0.792	0.877	-2.517, 0.932
South Tyneside	0.504	0.784	-1.038, 2.046
Age group 5 to 11 (base)			
Age group 12 to 17	-0.531	0.635	-1.780, 0.718
Constant	7.140 ***	1.070	5.037, 9.244
Number of observations	366		

*** indicates statistical significance at 1% level (p-value < 0.01).

Appendix J. Role descriptions provided by Blue Cabin

Associate Artist Role Specification

May 2022

Purpose

To design and facilitate/deliver creative activities to care-experienced people (and the adults and organisations in their lives) in a trauma-informed way/based upon a TLSW approach.

Outcomes

Working with care-experienced people and their trusted adults

- Facilitate one off/programme of creative activities online or face to face, in partnership with a local authority pastoral support worker and a Blue Cabin producer
- Design activities based upon a Therapeutic Life Story Work process/approach (plus any associated resources and packs)
- Attend pre- and post-meetings with local authority and Blue Cabin staff and take part in project reflection sessions
- Attend therapeutic supervision
- Writing blogs to share learning
- Attending training and events pertinent to the role.

Outcomes

Facilitating/co-facilitate training and learning sessions for partners and other organisations

- To facilitate training around trauma-informed creative practice to other organisations
- To co-facilitate research and/or consultation in partnership with BC and/or universities/researchers.

Producer Role Specification

May 2022

Purpose

(Technical) support artists and pastoral support workers in the delivery of (online) creative activities for care-experienced people (and the adults and organisations in their lives).

Assisting the Associate Artist to create a welcoming environment for participants (whether online or face to face).

Outcomes

Online

- Working alongside artists to create a welcoming environment for care-experienced people attending creative activities

- Appropriate participation in creative activities – maintaining professional boundaries
- Tech troubleshooting on zoom – often responsive reactive
- Pre- and post-meetings with artist and pastoral support worker.

Face to Face

- Working alongside artists to create a welcoming environment for care-experienced people attending creative activities
- Appropriate participation in creative activities – maintaining professional boundaries
- Pre- and post-meetings with artist and pastoral support worker
- Event runner/fixer.

Pastoral Support Worker Role Description

Hours: Varying hours and weeks throughout the year

Location: Online/various local arts venues

Specific Role Description of the Pastoral Support Worker

- This individual has a positive approach and understanding of person-centred practice with care-experienced children, young people and the adults in their lives.
- They work as part of a team and help support a creative and safe environment for all participants.
- They have attended the following training session: Introduction to Creative Life Story Work, by Richard Rose (this is offered as part of the Creative Life Story Work online platform).
- As a Pastoral Support Worker/dedicated Therapeutic Social Worker you will look for ways in which you can share any learning from your own organisation, from the experience.

Tasks

- Be the principal lead in providing pastoral support and care for participants attending All About Me Creative Experiences Online. Associate Artists will lead on the facilitation of the creative activities:
 - This involves providing a safe space for all children and young people to explore their story and identity within the session, as well as supporting children and young people who might be finding it difficult to engage or become distressed about something that is explored during a session.
 - It also involves supporting their trusted adult, usually a foster carer, should they need this.
- Be the principal lead on safeguarding, following your local authority's procedures and policies.
- Liaise with the Associate Artists before sessions and review the Information Forms for each child/young person to ensure this information is at the heart of delivery.
- To support the Associate Artist (and Blue Cabin Producer) to set up the online space, before children/young people and their key adult arrive.
- To be the first point of contact for participants arriving at All About Me Creative Experiences Online.

- To keep a register of participants present at the All About Me Creative Experiences and make enquiries to determine the whereabouts of anybody absent where no prior notification has been given.
- To be aware of and follow your local authority support mechanisms to ensure that any worries or concerns raised during the session by a child, or their supporting adult are shared and actioned.
- To provide “in the moment” support if a child becomes worried, concerned or distressed in the session.
- To spend time after each session reflecting with the Associate Artist on how the sessions went, leading on note taking and uploading notes to each child’s file.
- To actively lead on any follow-up conversations with social workers and carers.
- Ensure that any accidents/incidents are reported and recorded in an agreed local authority format.
- Work within agreed parameters of confidentiality. All information is subject to the terms and conditions of the General Data Protection Regulations.

Ensure adherence to the council’s and venue’s policies and procedures with particular reference to equal opportunities best practice and health & safety guidelines.

Work in a flexible manner and to undertake other duties as reasonably requested.



What Works *for*
**Children's
Social Care**

info@whatworks-csc.org.uk

 [@whatworksCSC](https://twitter.com/whatworksCSC)

whatworks-csc.org.uk

