

## Protocol for a randomised controlled trial of Creative Life Story Work

<b>Intervention Developer</b>	Blue Cabin, Therapeutic Life Story Work International and South Tyneside Council
<b>Delivery Organisations</b>	Darlington Borough Council, Gateshead Council, South Tyneside Council, Blue Cabin
<b>Evaluator</b>	Coram and Ipsos MORI
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<b>Type of Trial</b>	Non-blinded parallel randomised control trial with randomisation of children and young people to two arms, and process evaluation
<b>Age or Status of Participants</b>	Looked-after children and young people aged 5 to 17
<b>Number of Participating Local Authorities</b>	3
<b>Number of Children</b>	768 (total of 270 intervention and 498 control)
<b>Primary Outcome</b>	Endline Strengths and Difficulties Questionnaire (SDQ) total difficulties score, Jan-Mar 2022(difference in mean score, intervention group versus control group). The SDQ measures will first be standardised, using the baseline SDQ means and standard deviations for each type of informant (child or young person; foster carer; social worker; other).
<b>Secondary Outcome(s)</b>	Placement stability (0- moves) in the 12 months of the programme (April 2021 to March 2022) School stability (0- moves) in the 12 months of the programme (April 2021 to March 2022)
<b>Contextual Factors</b>	Quantity and quality of business-as-usual provision of Life Story Work

## Summary

The Blue Cabin model of Creative Life Story Work (CLSW) will be implemented in Darlington, Gateshead and South Tyneside from April 2021. CLSW Tier 1: All About Me creative experiences aims to benefit 270 looked-after children and young people aged 5 to 17, through six 90-minute sessions in small groups over the course of 6 weeks to understand their past and present.

There are three elements to its evaluation: a randomised controlled trial (RCT) of the impact of the creative experiences on child outcomes ('did it work?'), a process evaluation ('if so, why did it work?') to gather in depth experiences of those taking part in creative experiences, and a cost analysis of the whole CLSW programme ('how much did it cost?'). The evaluation will take place over the course of 2021-22 with an administrative data request in April 2022, and publication of the final report later in June 2022.

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## Acknowledgements

We gratefully acknowledge the advice of Jeanne Kaniuk, Professor Mark Doel, Louise Sims, 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, Louise Jones, Charlotte Scholten and Patrick Sholl of What Works for Children’s Social Care (WWCSC).

## Background

### Background on Life Story Work

Life Story Work (LSW) is the process of helping people to remember and make sense of their early lives. It 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. LSW aims to give children a structured and understandable way of talking about themselves and helps them build a sense of self-worth and to develop a record about themselves they can refer to and carry with them through life. The work allows children 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 lets children write about their thoughts, feelings and aspirations in life (Camis, 2001).

Sessions with children can include arts and crafts, puppets and play in order to explore and explain the events that have taken place in a child’s life (Hardy, 2017). The process can be recorded in various and creative ways such as a diary or photo album (Camis, 2001). Ryan and Walker (2016) have written a practical guide to LSW, in which they state that LSW can also help the child reconcile the traumas and separations they have experienced and allow them to grieve their losses. Each child’s experience of LSW is different and may or may not work depending on how well the work is carried out, by whom, and at what stage of childhood.

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 and there are a range of models and approaches across England. 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 worker practice for looked-after children and a statutory requirement since 2005 in England for children who have been adopted (Ryan and Walker, 2016).<sup>1</sup> Specifically, 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 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 and Walker, 2016).

Before starting the 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 carried out through different approaches but is completed by the child together with an adult they trust and who is prepared to commit to support the child in completing their work (Ryan and 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 rather than the product which will benefit children most (Ryan and Walker, 2016).

### **What does the evidence say?**

While the evidence suggests that LSW is viewed generally positively by 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 e.g. 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 et al (2014) for the Department for Education (DfE) in England, adopters described that 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 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. 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. The 'memory store' 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 allow 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.

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<sup>1</sup> The Adoption Agencies Regulations 2005 (SI 2005/389),

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.

## **Background on this model of Life Story Work**

The CLSW programme was informed by Richard Rose's Therapeutic Life Story Work methodology. The programme emphasises the involvement of primary carers in the process from beginning to end, with a focus on strengthening the relationships within the placement. Richard Rose determines that LSW should ideally begin at age 5.

Blue Cabin, a community interest company, created the CLSW programme in partnership with South Tyneside Council, a team of Associate Artists, and Therapeutic Life Story Work International, a division of Child Trauma Intervention Services, a private limited company. They piloted the approach from 2018 to 2020 in South Tyneside as part of the DfE funded programme Partners in Practice.

The programme has three tiers:

- Tier 1: All About Me, entailing one of the two following forms of provision:
  - six 90-minute creative experiences sessions in small groups of 6 children or young people plus a trusted adult (such as a foster carer) each, facilitated by an artist and a pastoral support worker, once a week for 6 weeks, or
  - direct 1:1 work for the child or young person and their trusted adult, facilitated by social workers
- Tier 2: More About Me, 1:1 work with the child or young person and their trusted adult, over 8-10 weeks, facilitated by trained therapeutic life story workers
- Tier 3: Therapeutic Life Story Work, 1:1 work with the child or young person and their trusted adult, over 12 months, facilitated by trained life story workers

Children and young people may receive only Tier 1, the programme's entry point, or may receive both Tier 1 and 2. Tier 1 is described by Blue Cabin as an opportunity for children and young people to explore their past, explore what is happening right now, and express their hopes and dreams for the future in a safe creative space. Children and young people may also receive only Tier 2 or 3, if they are assessed as having a higher level of need than can't be met by Tier 1 alone. Tier 3 encompasses all three tiers.

Foster carers or other trusted adults are encouraged to attend all of the sessions so that they can develop their relationship with the child or young person throughout the sessions, and continue conversations in the home between each session. If the trusted adult is not able to attend a session, and an alternative (such as the child's social worker) is unavailable, then the child would not attend the session.

As they participate in CLSW, children and young people may experience difficult emotions as they work through previous experiences. This could impact parents and carers. Blue Cabin will:

- Provide a monthly 'surgery' for anyone who wants to speak about their child's experience of going through All About Me;
- Invite foster carers to take part in an online CLSW training programme covering the model of LSW, including an introduction to Therapeutic Life Story Work and All About Me;

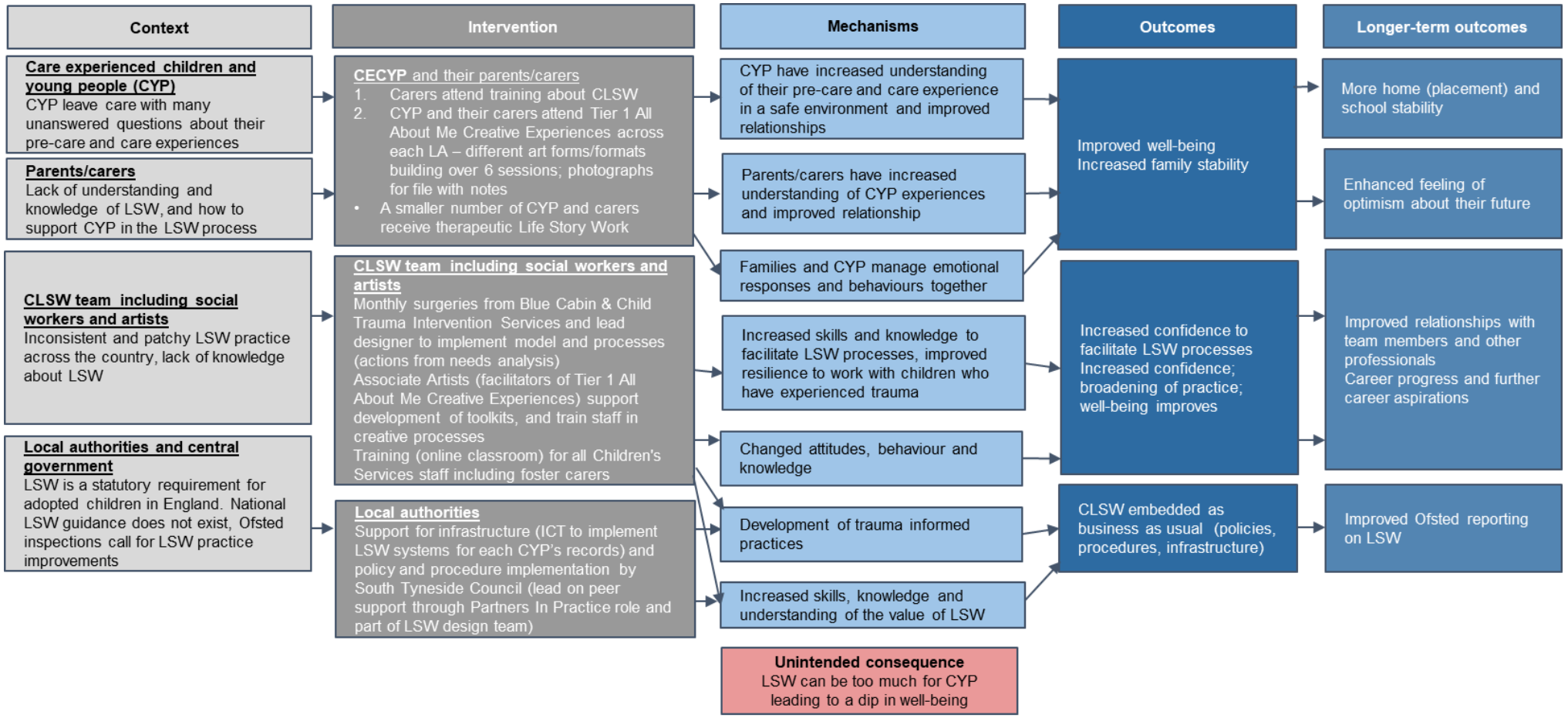
- Provide letters at sessions detailing the support they can access in their local authority if a session is triggering for them and or their child; and
- Provide post-session notes about the child's engagement (written by the facilitators) to be posted on the child's case file the day after, with an alert to notify the child's social worker. This offers an opportunity to share any concerns and request additional support for the child or young person and parent or carer if needed.

The programme also involves an online toolkit, training for staff, and monthly surgeries for local authority managers. These features do not fall within any single tier.

## Intervention and Theory of Change

### Logic model

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 MORI and WWCS met in November 2020 to develop an adapted and updated version of this model for the current programme. A summary of this logic model is shown below.





## **Nature of the intervention**

The intervention received in most cases is expected to take the form of 'All About Me' creative experiences in small groups. But in some cases a child or young person is 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, they may receive 'direct work' instead. This is a 1:1 version of 'All About Me' and is delivered by carers or social workers.

For Tier 1, children and young people receive six 'All About Me' creative experiences sessions in small groups, each 90 minutes in length, once a week for six consecutive weeks.

These sessions are delivered by an artist that has received training from Blue Cabin or Therapeutic Life Story Workers (TLSWs). Around 500 staff per local authority will receive training, including staff who deliver business-as-usual life story work, with the aim of ensuring that skills and knowledge are disseminated within the lifetime of the programme. Blue Cabin aims to roll out the training to staff who will be delivering CLSW in the first instance and then roll out the training to staff providing business-as-usual later in 2021 to minimise contamination.

Blue Cabin believes that children should ideally have the opportunity to access this form of support every six months, but in this programme children will only receive one course of six sessions. If a child or young person is unable or unwilling to take part in group work but did wish to take part in 'All About Me', they will be offered equivalent 1:1 work delivered by their social worker or carer, rather than an artist.

The CLSW programme requires the presence of an adult. 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, it is possible that some sessions may be delivered remotely via video conference. We will include both in person and remote sessions in our analysis and report the actual numbers of sessions which took place in person and remotely.

The first set of sessions will begin in April 2021, and the final session will take place in March 2022, so the programme will run for 12 months.

Children must be aged 5-17 years to be eligible for CLSW in this evaluation and must be aged 5-17 throughout the duration of the six sessions. Due to this timing and the age inclusion criteria, only children born between April 2004 and February 2017 will be eligible to take part. Those born in February 2017 will turn 5 in time for the final first session in mid-February 2022, and those born in April 2004 will turn 18 after the final session in late March 2022. The cut-off dates of birth for inclusion will be 31 March 2004 and 15 February 2017 (i.e. born after 31 March 2004 and before 15 February 2017).

Starting the sessions with children and young people in April 2021 will allow time in the early months of 2021 for Blue Cabin to train carers and staff, with the aim of preparing them to support children and young people who receive CLSW.

Notes are taken of each child’s participation in sessions and any issues that arise, which may need follow-up. These notes are shared with the child’s social worker for inclusion in their records.

The programme also involves training 15 TLSWs across the three local authorities to Diploma Level, who are then able to facilitate Tiers 2 and 3. A small number of children are expected to receive Tiers 2 and 3 by the end of this programme. The programme also involves peer support and mentoring for local authorities, toolkits, and the development of online spaces (see [logic model](#)).

### Current life story work provision in participating local authorities

Details on participating local authorities can be found in the [participants section](#). Table 1 below shows the business-as-usual LSW practices as of 2020 in each participating local authority. Having been involved in the pilot approach of CLSW from 2018 to 2020, South Tyneside’s offer has been influenced by its work with the programme developers. We may expect there to be less difference between business-as-usual and the CLSW programme in South Tyneside, and a greater difference in Darlington and Gateshead.

**Table 1: LSW business-as-usual services offered by each local authority**

Local authority	LSW business-as-usual
Darlington	<p data-bbox="320 943 544 972"><u>Adopted children</u></p> <ul data-bbox="368 981 1503 1760" style="list-style-type: none"> <li data-bbox="368 981 1503 1055">• Social workers complete a life story book separately from the child, as the majority of children placed for adoption are under 5 years of age</li> <li data-bbox="368 1064 1503 1249">• The book is provided to adopters and/or the child depending on their age prior to the Adoption Order being granted. The book is usually provided to adopters for safe-keeping due to the child’s young age, and is used with the child as they begin to explore and question their life story. As children become older many receive a copy for themselves to reflect on in their own time</li> <li data-bbox="368 1258 1503 1332">• The life story book provides details of the child’s birth parents and other important family members or individuals such foster carers or friends</li> <li data-bbox="368 1341 1503 1482">• The book includes important events and memories for the child. It also includes a simple explanation as to why the child has been placed with adopters, and their journey through care explaining where they were born, who they have previously lived with etc.</li> <li data-bbox="368 1491 1503 1641">• Social workers write a ‘later in life’ letter which is directed at young adults and provided to adopters for safe-keeping due to the child’s age. The letter includes more detailed information than the life story book and is seen as an adult text of the life story book.</li> <li data-bbox="368 1650 1503 1724">• The ‘later in life’ letter is shared by the adopters with their child when they become a young adult or are sufficiently mature to receive a letter of this nature.</li> <li data-bbox="368 1733 1503 1760">• Foster carers also collate a memory box for the child.</li> </ul> <p data-bbox="320 1805 743 1834"><u>Children in long-term foster care</u></p> <ul data-bbox="368 1843 1503 1998" style="list-style-type: none"> <li data-bbox="368 1843 1503 1877">• No consistent approach to the offer</li> <li data-bbox="368 1886 1503 1960">• Social worker can emulate style of LSW book for child upon Independent Reviewing Officer request.</li> <li data-bbox="368 1968 1503 1998">• LSW can also be requested by a child/young person.</li> </ul>

<b>Gateshead</b>	<ul style="list-style-type: none"> <li>• No consistent approach to the offer.</li> <li>• Can include conversations or direct work uploaded to child's file.</li> </ul>
<b>South Tyneside</b>	<p><u>Adopted children</u></p> <ul style="list-style-type: none"> <li>• LSW is undertaken with a child placed for adoption and supported by their foster carer to understand their adoption journey. The child's social worker prepares a folder with photographs, narratives and other materials, covering important events, details of important members of the family, foster carers, and friends. This is usually given to the adopters for safekeeping until the child is older.</li> <li>• Social workers write a 'later in life' letter which is directed at young adults and contains more detail than the above. This is shared by adopters with their child once the child is sufficiently mature.</li> <li>• Foster carer collates a memory box for the child.</li> </ul> <p><u>Children who are looked after</u></p> <ul style="list-style-type: none"> <li>• LSW undertaken primarily by a child's social worker using age-appropriate creative means.</li> <li>• Life story model is tiered, involving creative LSW and therapeutic LSW.</li> </ul>

Source: Blue Cabin, November 2020

## Impact Evaluation

### Research questions

In line with the logic model, we hypothesise that children and young people who have a good experience of CLSW will be better adjusted with fewer behavioural problems that might result in disruption to placements (where children live) and schooling. Our three impact evaluation research questions are:

- What is the impact of Tier 1: All About Me creative experiences on children 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 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 in the first 12 months of the CLSW programme, compared to those who receive business-as-usual LSW provision?

These questions focus on the group (rather than 1:1) version of Tier 1: All About Me of the CLSW programme, as this is the part of the programme that the largest number of children are expected to experience. The business-as-usual LSW may vary in quality and quantity, or be non-existent (Table 1). Some elements of the programme may generate changes in business-as-usual as experienced by the control group, such as training for staff. Training will be rolled out to up to 500 people (including foster carers) in each local authority in 2021-22 and will include the principles of LSW, and practical content on how to deliver with CYP.

### Design

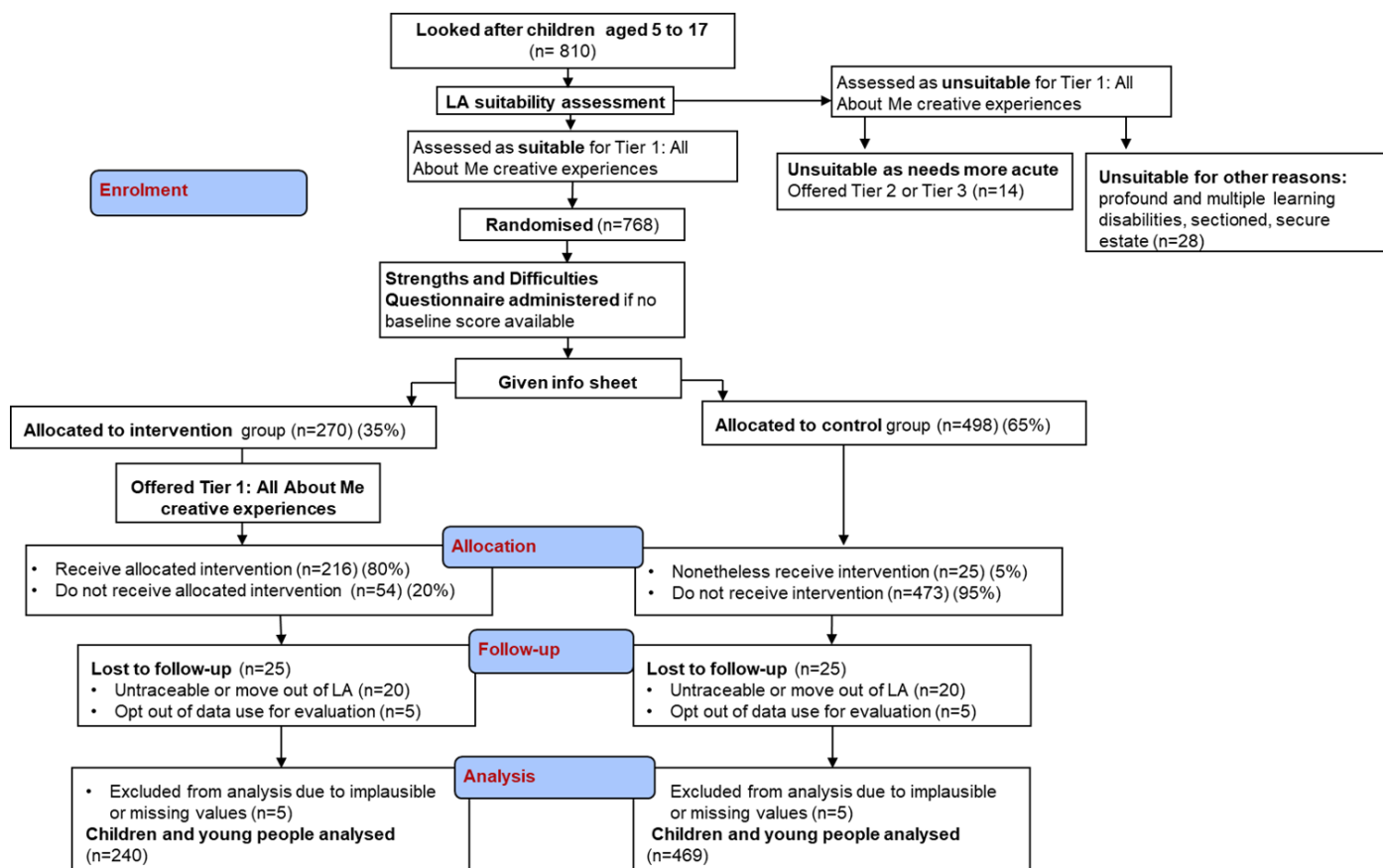
Trial type and number of arms		<b>Non-blinded parallel randomised control trial with randomisation of children and young people to two arms, intervention and control</b>
Unit of randomisation		Looked-after child or young person
Stratification variables (if applicable)		Local authority, and age of child or young person (primary, age 5-11; or secondary, age 12-17)
Primary outcome	variable	Continuous
	measure (instrument, scale)	Standardised Strengths and Difficulties Questionnaire (SDQ) total difficulties score (continuous variable with mean 0 and standard deviation 1) at endline*. Standardisation will use the baseline mean and standard deviation values for each type of informant (child or young person; foster carer; social worker; other).

Secondary outcome	variable	Count
	measure (instrument, scale)	Number of placement changes (0+) in the 12 months of the programme (April 2021 to March 2022)
Secondary outcome	variable	Count
	measure (instrument, scale)	Number of school changes (0+) in the 12 months of the programme (April 2021 to March 2022)

\* The endline score will be gathered as late as possible in the programme i.e. ideally in March 2022, but we will analyse any scores from January and February 2022.

## Randomisation

See below for a flow chart setting out the randomisation and assessment process, and our estimates for the number of children and young people who will be assessed, randomised, excluded, allocated, lost to follow up, and included in the final analysis. These are estimates because, for example, local authorities cannot know in advance the outcomes of their suitability assessments. Where children move out of the local authority area during the programme, local authorities may be less able to provide us with outcomes data, but (among the intervention group) they may still take part in the sessions virtually.



We will collect information from local authorities on the nature of the CLSW, if any, received by each randomised child and young person, and if numbers allow, we will explore how the effectiveness of the two forms (group work and direct 1:1 work) may differ.

We will stratify randomisation by local authority and age of the child or young person (primary age, 5 to 11 years; or secondary age, 12 to 17 years).

As is typical in social policy trials, all parties will be unblinded to allocation.

Most children and young people will be randomised in March 2021, once local authorities have completed suitability assessments on their existing eligible caseload in February 2021, and before the CLSW programme begins in April 2021.

Blue Cabin have been funded to deliver Tier 1 to 90 children and young people per local authority, so the ideal number to randomise is 180 per local authority, but we may receive a list of more or fewer children and young people than this.

### **Action to take in the event of fewer than 180 children and young people being assessed as suitable in February 2021**

If fewer than 180 looked after children per local authority remain after suitability assessments, local authorities will assess the suitability of children and young people who are not looked-after but are living with Special Guardians.

In the course of a year, some children may be taken into care and so we expect a gradual flow of children who become eligible for inclusion. We may therefore carry out rolling randomisation of small numbers of children and young people, on the same basis as for the main initial randomisation of most children and young people in March 2021.

### **Action to take in the event of more than 180 children and young people being assessed as suitable in February 2021**

If a local authority provides a list of more than 180 children and young people, we will carry out a random sift to the list to reduce it to 180 before carrying out the randomisation. Those sifted out will form part of the control group and will not be offered creative experiences.

Local authority staff will contact Coram when they have carried out assessments of the suitability of their looked-after children and young people for Tier 1: All About Me creative experiences in February 2021. They will supply details of the child or young person's local authority, most recent SDQ total difficulties score (plus details of the version of SDQ used, date of score and informant), a unique identifier (as recorded in the local authority system, to enable follow-up in April 2022), a unique family ID and the age group of the child or young person. Coram will keep a record of these details to facilitate later matching to administrative records based on the child unique identifier.

Coram will give the local authority a randomisation outcome by working down (by time received) six lists (one primary age and one secondary age for each of the three local authorities). These lists will be pre-prepared and saved in a secure folder which is accessible and available only to members of Coram's Impact & Evaluation Team. The lists will be prepared using random permuted blocks in blocks of two, four and six. This means that the size of the next block is randomly chosen from the available block sizes. The lists contain equal numbers of 'offer' and 'do not offer' outcomes in total and within each block (for example, a block of two must be either 'offer' followed by 'do not offer'; or 'do not offer' followed by 'offer').

It is important to note that some looked after children randomised to the control group may receive some form of LSW. However they should not receive the specific Tier 1: All About Me creative experiences.

It is possible that staff delivering business-as-usual life story work provision may receive training in CLSW from Blue Cabin. More details about this can be found in [the Intervention](#)



[and Theory of Change](#) section. In addition to this, as social workers have a caseload (which is likely to include children and young people from both the intervention and control groups), they may hear ideas about CLSW which may in turn impact their and ways of working.

## Participants

### Local authorities

#### *Reasons for participating*

Darlington, Gateshead and South Tyneside are the three local authorities taking part.

South Tyneside is a member of the sample of local authorities taking part because it was the site of the initial pilot and wishes to continue its involvement. In 2019, Blue Cabin supported Darlington to develop its LSW programmes. Darlington invested in some of Blue Cabin's time and paid for Richard Rose to deliver training to some of their staff members. Also in 2019, Blue Cabin began conversations with Gateshead about LSW.

In response to the invitation to tender, both Darlington and Gateshead were approached by Blue Cabin, and volunteered to join the current programme.

#### *Background on the local authorities*

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 (Table 2).

**Table 2: Number of looked-after children in participating local authorities, March 2020**

Local authority	Number of looked-after children, all ages	Number of looked-after children, aged 5+	Number of total children aged 0 to 17 (mid-2019)	Percentage of total resident children who are looked after
Darlington	270	204	22,529	1.2%
Gateshead	414	329	39,387	1.1%
South Tyneside	294	238	30,168	1.0%
North East average (per local authority)	478	395	40,927	1.2%
England average (per local authority)	530	459	34,851	1.5%

Source: Department for Education (2020) and ONS (2020)

### Children and young people

The three local authorities were responsible for a total of 978 looked after children and young people of all ages on 31 March 2020 (Table 2). Only some of these children and young people will be eligible for inclusion in the trial. Local authorities expect to carry out suitability assessments on 810 children and young people (216 in Darlington, 344 in Gateshead, and 250 in South Tyneside). The number of expected suitability assessments is based on information provided by the three local authorities in December 2020 on the number and characteristics of their children in care aged 5+. As the flow chart above shows, not all of these children and young people are expected to be randomised (we estimate 768 of the 810). The funding of the programme has determined its scale, and thus the number of children and

young people we will randomise, of whom we expect to be able to analyse data on 240 as part of the RCT (plus 469 control group members, or 709 total children and young people).

**Inclusion criteria:**

- **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.
- **Date of birth between April 2004 and February 2017** (making them aged 5 to 17 in time for the final first session in mid-February 2022 and the final session in late March 2022). The cut-off dates of birth for inclusion are 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)

**Exclusion criteria:**

- Immediate plans for child/family to move out of local authority area at point of screening
- 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 will be assessed as suitable if they:

- Are in a stable environment
- Understand why they are where they are
- Understand why they are ‘in need’
- Would benefit from understanding the events around them
- Are able to share views as part of their annual review

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.

For children and young people in South Tyneside, having previously benefited from the earlier CLSW programme is not an exclusion criteria (circa 60 children and young people). This is because having this as an exclusion criteria would reduce the number of looked after children and young people who are eligible in the South Tyneside area, and because CLSW is seen as ongoing work which should ideally be offered every 6 months.

		MDES (Proportion of a Standard Deviation)
MDES		0.15*
Baseline/Endline correlations	Child	0.71
	Family	n/a
	Social Worker	n/a
Intracluster correlations (ICCs)	Family	Not assumed
	Social Worker	Not assumed
	Team	Not assumed
Alpha		0.05
Power		0.8
One-sided or two-sided?		2
Level of intervention clustering		None
Average cluster size		n/a



Sample Size (children)	Intervention	270
	Control	498
	<b>Total</b>	<b>768</b>
Sample Size (families)	Intervention	unknown
	Control	unknown
	<b>Total</b>	<b>unknown</b>
Sample Size (Social Workers)	Intervention	n/a
	Control	n/a
	<b>Total</b>	<b>n/a</b>

\* 0.16 when assuming the level of attrition shown in the flow chart

The level of intervention and randomisation is the child. However, many looked-after children live in foster families with other looked-after children, and so it is possible that one child in a family may be allocated to the treatment group and another to the control group. We will be able to identify children and young people who are within a family by asking local authorities for the family ID during the administrative data request. If the family ID is not available, local authorities can use an alternative such as the ID of the eldest in the family. It is therefore possible that contamination may occur in ‘mixed allocation’ households, where a child in the control group may benefit from other children in the household receiving the treatment (in that their foster carer will receive training in CLSW). Changing the design to allocate at the family level, i.e. a cluster design, is impractical for delivery.<sup>2</sup> We have therefore chosen to accept the risk of potential contamination for pragmatic reasons. If the contamination takes place, we anticipate it would lead to us under-estimating the impact of the intervention.

The sample size is determined through the resources available to deliver the intervention. Consequently, we have 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.  $R^2 = 0.5$ ). The PowerUp tool was used to calculate the sample size, 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 to be allocated evenly to treatment and control groups.

## Outcome measures

### Discussion of outcome measures

There are a number of possible choices for outcome measures in an evaluation of CLSW. We have made pragmatic choices, aiming to investigate the outcomes set out in the logic model while minimising burden on local authorities and maximising data quality and completeness.

### Discussion of Strengths and Difficulties Questionnaire measure

The Strengths and Difficulties Questionnaire (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. As such we consider it suitable for assessing the CLSW aim of children and young people being better able to manage emotional responses and behaviours.

<sup>2</sup> It would mean that some carers would need to simultaneously help two or more children or young people navigate CLSW, which may be time-consuming and emotionally taxing.

The SDQ has 25 items, which are divided between 5 scales, and takes parents, professionals, children or young people five to 10 minutes to complete (Taylor et al., 2019). 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 scales. The minimum total difficulties score for a child or young person is 0 and the maximum is 40.

The SDQ is well known and used in local authorities in England, as it is part of routine (SSDA903) data returns, which are annual reports by children's services departments to the DfE. Since 2009, local authorities have been required by central government to administer the SDQ annually to the primary carers of all children aged 4-16 who have been looked after for at least 1 year (Goodman and Goodman, 2012). The DfE reports the mean scores for England (DfE, 2020). There is less than complete data; for looked-after children aged 5 to 16 in the year ending March 2019, an SDQ score was received for 78% (DfE, 2020).

Darlington, Gateshead and South Tyneside report that their rates are better than this, at 80% to 97% (Darlington 97%, Gateshead 80%, South Tyneside 95%). The local authorities will be able to use the period January to March 2021 to complete baseline questionnaires for any children and young people from whose records this information is missing. We will ask local authorities to gather endline scores from each randomised child or young person, which should be taken as late as possible in the programme, ideally in March 2022 but we will analyse scores from January and February 2022.

Different versions cover behaviour over the previous six months or one month. We will ask local authorities to provide scores from the version they are asked to report to the DfE, together with details on which version of the questionnaire was used.

Versions of the SDQ measure are available for use by children and young people, parents and teachers. The version used by participating local authorities varies, with Darlington asking its social workers to complete the questionnaires and South Tyneside asking carers to do this, for example. There is a risk in data collection via adult informants. Those with a stake in the intervention's success, such as social workers, may deliberately or inadvertently bias downward the pre-measures and upward the post-measures. We therefore intend to gather information on the identity of the informant and describe the difference, if any, this makes, in our sensitivity analysis. This will be a required piece of information from local authorities when requesting a randomisation outcome. We will calculate the mean endline score for children and young people in the intervention and control groups.

We anticipate, given that different versions of the SDQ will be used and SDQ scores being collected at various time points, this will involve data cleaning once data is received from local authorities. Ideally, in a controlled environment, all children would complete the same version of the instrument at specific time points. In a real-world setting, this is not possible. Consequently, we accept there may be some detriment to the average scores within each of the trial groups through averaging across different versions of the instrument. We propose to standardise the SDQ scores to national norms within informant i.e. separately for foster carers, social workers and self-reports. Ideally, we would use national population mean and standard deviation values from each informant type to standardise results. However, we are not aware that such values are published for the population of children in care.

Consequently, we have chosen to use the baseline SDQ means and standard deviation for each informant group and use these to standardise the outcome scores. These baseline scores will date from March 2021 or earlier. We will also run sensitivity tests in the analysis phase, which will include the addition of fixed effects, to explore potential bias effects.

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, 2020). The average score in 2018-19 for looked-after children in England was 14.2; 51% had 'normal' behavioural and emotional health, 13% had a borderline score and 38% had scores giving cause for concern (Ibid). By comparison, among 11-year olds in the UK general population whose parents completed the SDQ as part of the Millennium Cohort Study, 83% had a normal score, 7% were borderline and 10% had scores giving cause for concern (Morrison Gutman et al, 2015).

There is some evidence that observed changes in SDQ scores over time can be attributed to 'true' changes in child behaviours and emotions (Sosu and Schmidt, 2017). The SDQ is sensitive to change in short interventions (EIF, 2020).

It is also 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 will be able to describe whether this happens, because asking local authorities to gather scores from all children in March 2022 will mean the data covers a range of different numbers of months from final session to endline.

### Discussion of stability measures

The term 'placement' means the place a child lives and with whom they live, such as foster carers. We consider a placement change as a change in a child's carer during their time in care (Children's Commissioner, 2020), and will encourage local authorities to follow the definitions in the annual SSDA903 returns to the DfE (Department for Education, 2020), on which the question and answer wordings in our data collection template are based.

School stability will be measured by the number of different schools the child or young person attended over the course of April 2021 to March 2022. Most children do not experience placement and school instability over a year (around 90% do not experience changes) (Children's Commissioner, 2019). Many moves take place for external reasons (such as transition to secondary school) so we will ask local authorities for the reasons for changes, and whether moves were planned or unplanned.

We will request this information at the same time that we gather placement data from local authorities. Our aim will be to exclude from the 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.

Reason for move	Placement moves	School moves
Included in analysis	<p>Change to/Implementation of Care Plan for child e.g. a planned change of placement which is a part of the child's care plan on a temporary or permanent basis</p> <p>Allegation (s47) – child is removed from placement due to an allegation which is being investigated under s47</p> <p>Standards of care concern – child is removed from placement by authority or provider due to concerns about standards of care</p> <p>Carer(s) requests placement end due to child's behaviour – placement has broken down or been disrupted due to the child's behaviour</p>	<p>Child's placement move led to a change of school</p> <p>House/flat move within council area (i.e. child's foster carer moved house)</p> <p>Child was expelled from school</p> <p>Other reasons</p> <p>Unknown reasons</p>

	<p>Carer(s) requests placement end other than due to child's behaviour – intended placement was a short or long-term arrangement but has been broken down or disrupted and carer has asked for the child to be moved</p> <p>Child requests placement end – intended placement was a short or long-term arrangement but has been broken down or disrupted and child has requested to be moved</p> <p>Responsible/area authority requests placement end – intended placement was a short or long-term arrangement but responsible authority has decided the placement no longer meets the needs of the child.</p> <p>Custody arrangement – where child has been admitted into custody</p> <p>Other reasons</p> <p>Unknown reasons</p>	
Excluded from analysis	<p>Resignation/ closure of provision - child had to be moved because foster carer resigns or setting closes</p> <p>Change in the status of placement only – change in status of placement but the child remains with same carer and there is no change to the care plan</p> <p>Approval removed – a setting is no longer approved/registered with the appropriate statutory body (e.g. Ofsted)</p>	Child transitioned from primary to secondary school or sixth form college

A permanent exclusion will be treated as a school move. A school move caused by a placement move will be included in the analysis. A school move caused by a move within the council area while the child or young person remains in the same placement will be included in the analysis. We will review moves for any other reasons (local authorities will be prompted for a short text explanation of moves for other reasons). We will classify them as included.

We might expect a greater need for LSW for children who have moved out of a home area. However, we are unable to follow up any children for whom this happens during the course of the programme.

### **Time period over which measures are observed**

The observation window for the measures of home and school stability is 12 months (April 2021 to March 2022). Children and young people will start receiving Tier 1: All About Me creative experiences or care-as-usual at various time points between April 2021 and February 2022.

The endline SDQ score will be ideally taken at the end of the programme in March 2022 (for both the control and intervention groups), though we will accept scores from January and February 2022.

We will report the average number of days after the final session, for intervention group members, in our reporting. It is possible that it takes more time than our evaluation design allows for an improving understanding of the causes of having been in care to be consolidated and to feed through into improvements in affect and behaviour. We will discuss this possibility as part of our reporting. We recognise this will make interpretation more challenging. Local authorities may provide more than two SDQ scores for a child, so we will be able to describe trends over time to the extent this allows, but will treat the measure closest to March 2022 as the endline measure, and use this in our main analysis.

## Analysis plan

The plan for the statistical analysis of the trial is described below. There is no separate statistical analysis plan document, but revisions to the plan may be made before outcome data is received if they are agreed by WWCS and details will be appended in the table at the end of this protocol.

Once we have gathered the data, and carried out checks and cleaning, we will carry out the analysis using statistical software, publishing full records of syntax/code to enable replication.

We will carry out analysis of all participants for whom good enough quality data is available (see section on missing data for details), and who have not requested that their data not be used for the evaluation. We will instruct local authorities to conduct suitability assessments on all eligible children and young people and thus produce randomisation outcomes for all that are eligible. However, it is possible that one or more local authorities may fail to pass on details of some eligible children and young people. If this is the case, we will not be able to analyse their outcomes data and this should not be provided to us, as they will not have received an information sheet and so will not have had an opportunity to request that their data is not used for the evaluation. We will only be aware of children and young people who have been randomised due to the nature of the randomisation process we have planned for local authorities to use.

The process explicitly asks local authorities for a number of pieces of information including:

- Most recent SDQ total difficulties score;
- Date of score;
- Information on informant (child or young person; foster carer; social worker; other; unknown);
- Version of SDQ used;
- Local authority name;
- Unique child ID;
- Unique Family ID and
- Age group at time of suitability assessment (primary or secondary).

Without this information, we would not be able to provide a randomisation outcome and thus later request administrative data on outcomes.

We will calculate and report descriptive statistics, including the characteristics of the intervention and control groups on each variable collected to check the key characteristics of respondents are balanced across treatment and control groups. We will report full baseline characteristics of the sample, the characteristics of those lost to follow-up (for example due to moving out of area), and the baseline of those analysed. This will include:

- Age group (at time of suitability assessment)
- Gender
- Whether the child or young person received group work or 1:1 direct work

We will explore the nature and quantity of business-as-usual work the control group receive through some of our qualitative work e.g. interviews with professionals.



The analysis will use a regression framework for both primary and secondary outcomes. Regression is sufficiently flexible to adapt to a range of different types of outcome measures (continuous, count). The calculation of the impact estimate will include all children allocated to the treatment and control groups, irrespective of their level of compliance with their treatment allocation; i.e. an intention to treat (ITT) estimator. If there is evidence of non-compliance in the treatment group, i.e. at least one child invited to participate does not attend sessions, we will also estimate the Complier Average Causal Effect (CACE). This will be calculated, following equation 8 in Bloom (2006), as:

$$CACE = \frac{\bar{Y}_t - \bar{Y}_c}{\bar{D}|Z = 1}$$

Where the denominator is the proportion receiving treatment in the treatment group.

We will use linear regression to estimate the average effect of the treatment on endline SDQ total difficulties scores using a Huber-White (HW) robust error procedure to account for heteroscedasticity.

A binary indicator variable will be created with a value of 'one' indicating membership of the treatment group and 'zero' membership of the control group. The coefficient of this indicator variable will be an estimate of the size and direction of the treatment effect and its significance will be tested with a 2-tailed 5% Type I error threshold. Two regression models are envisaged. The first model will include only 'structural' variables used in the design, i.e. the outcome measure, pre-treatment baseline measure of the SDQ, the stratification identifiers for the local authority, along with the treatment group indicator and indicators for the month in which the endline SDQ was measured (January, February or March 2022). The results of this model will be used to calculate Glass' Delta effect size.

We have taken this approach to allow us to estimate the primary impact without the confounding arising from other controls. Controlling for the effect of other variables which are known to impact on outcomes increases the confidence in our model.

Further modelling will serve as sensitivity checks and will include further exploratory analysis including explanatory variables to explore their impact, if any, on the estimated impact effect size. The additional modelling will be particularly informative should any covariate imbalance exist between characteristics of the treatment and control groups.

We will include the following socio-demographic variables and characteristics of the intervention (where applicable) in the exploratory models (see table 3). We will compare the impact and effect size estimates of this second model to the first model to assess the extent to which the further controls have increased or decreased the impact effect. This may give us further insights into relationships which can help to inform future work.

**Table 3: variables for inclusion in exploratory models**

dummy variables for gender of child (female, male, non-binary, unknown)
dummy variable for previous receipt of CLSW in South Tyneside (yes, no)
dummy variables for ethnic group of child (White, Asian, Black, Mixed, Other, unknown)
dummy variables for age of child (5-7, 8-11, 12-15, 16-17, unknown)
number of randomised children per family (0, 1, or 2+)
whether other looked-after children in family received CLSW (yes, no, no other LAC in household)
deprivation indicator (derived from postcode district)
SDQ informant (child or young person; foster carer; social worker; other; unknown)

There is reason to expect an association between at least some of these variables and the primary and secondary outcomes. In a study examining recent trends in UK child and adolescent mental health, teachers, parents and children aged 11 to 15 completed SDQs in

1999 and 2004 (Maughan et al, 2008). Total mean scores showed small differences over this period in relation to both gender and age.<sup>3</sup>

Placement stability varies by age. Evidence from the Children's Commissioner's stability index (2020) indicates that teenagers and older children in care have the highest rates of placement instability, with 12% of 12 to 15 year olds and 14% of those aged 16 or over experiencing multiple placement moves in 2019. This is a higher proportion than children aged 5 to 11, among whom 7% experienced multiple placement moves.

In addition, we will also add variables identifying the individual administering the SDQ and time between baseline and endline SDQ as sensitivity tests of the potential impact of these variables on the outcome score.

If any of the cells defined as above have fewer than 10% of cases, we will merge them with another cell. For example, if necessary we will merge the 5-7 age group with the 8-11 age group.

We will report the level of statistical uncertainty around our estimated effect size and report standard errors and 95% confidence intervals.

We note that the proposed regression model assumes the outcome variable is normally distributed. In general, regression is often fairly robust to departures from normality. But, prior to running the regression models, we will check the distribution of the outcome score. If there is cause for concern, we will propose an alternative analytic approach prior to running the analysis. We will consider alternatives such as transforming the outcome score and/or changing the specification of the regression model to an appropriate link and error distribution for a generalised regression model.

## **Secondary analysis**

The two secondary outcomes are based on counts of events and, as such, we would expect them to follow a Poisson distribution. The regression framework can be applied to count variables and we can follow the same procedure, as described above for the primary outcome, to test for a difference in the average number of placements and school changes between the treatment and control groups, i.e the number of placement changes and, separately, the number of school changes in the observation period of 12 months. The treatment indicator in the model again carries the impact effect controlling for structural variables in the first model and, additionally, other characteristics in the second model. It is important to check the Poisson assumptions are met by the model (e.g. under or over-dispersion). In order to protect against violations of the assumptions, we will fit a quasi-Poisson model.

The secondary analysis will use only those events identified for inclusion into the analysis set out in table 3. In our secondary analyses, we will follow the same model specification used for the primary outcome, i.e. 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 will not adjust for multiple significance tests

Our main primary and secondary analysis will be an intention to treat analysis. However, we will also carry out CACE analysis as secondary analysis, to find out the impact of 'All About Me' creative experiences on the treated, for all three outcome measures.

## **The level of statistical significance**

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<sup>3</sup> Boys' self-rated mean score fell further than girls' self-rated mean score. Boys had a mean score of 10.54 in 1999 and 10.23 in 2004 (a decline of 0.31) and girls had a mean score of 10.03 in 1999 and 9.90 in 2004 (a decline of 0.13).

In line with standard practice we will adopt a two-tailed test with a Type I error rate of  $p < 0.05$ .

### **Stopping rules**

Due to the design of our administrative data collection we will not be in a position to carry out an interim quantitative analysis of outcomes and so there are no grounds on which we would stop the trial.

### **Missing data**

We will draw on administrative data on placements which should in theory be complete, and our SDQ outcome measure has a high completion rate in the three local authorities, and benefits from being able to be completed by an informant other than the child or young person themselves. Taking these into account, we anticipate low levels of missing data.

However, we will follow WWCS's statistical guidance on imputation for missing outcomes.

Missing data can reduce statistical power through reducing sample size and introduce bias into the impact estimator if data loss is not independent of treatment assignment. Our principal concern is with missing outcome data as this will make the most difference to our ability to accurately estimate the impact.

We propose to accept a threshold of five per cent missing data for a complete case analysis on the remaining 95 per cent of the sample. Though this five per cent threshold is somewhat arbitrary, it is reasonable to expect any bias arising from this low level of missingness to be low to negligible. It also represents a comparatively small decrease in the precision of the impact estimator.

Where data loss exceeds five per cent for outcomes, we will create a binary indicator distinguishing missing from not missing and check for a significant difference in missingness between treatment and control groups using a logistic model including the covariates listed above. If there are no significant coefficients in the model, the data will be considered missing completely at random. Where there are significant differences (i.e. missing at random), we will apply multiple imputation procedures to help reduce loss of power through loss of sample size. We will use the MICE package in R and impute 40 datasets (as recommended in Azur et al, 2011) which will be analysed and pooled using the R mitools and Survey packages to undertake the regression analysis, described above across the pooled imputed datasets.

Missingness observed for any of the covariates described above will be dealt with in the analysis through creation of a 'missing' category in the variable, which will be included in the models as a separate indicator for missingness on that variable.

### **Analysis of harms**

Although LSW is statutory for some children in England (see [Ethics section](#)) it is reasonable to assume that the trial will result in some children (in the intervention group) receiving a larger quantity and quality of LSW than they otherwise would. This may bring harms in that some previous literature has found some perceived LSW unhelpful or detrimental. It may be poor quality, factually incorrect or incomplete (Selwyn et al, 2014). Willis and Holland (2009) found that a small number of children found the process tedious at times or intrusive.

### **Exploratory analysis**

Areas of future interest include:



- subgroup analysis of family type, such as foster family, kinship care, Special Guardianship Order;
- nature of creative practice; and
- the impact of Tier 2 and Tier 3 CLSW on outcomes, once the number of children receiving these tiers grows to a point where meaningful analysis would be possible (in this programme only circa.15 children will receive Tier 2 and Tier 3 CLSW).

## Contextual factors analysis

A key contextual factor in this trial is the nature of existing LSW practice in the three local authorities. Information on this was gathered in late 2020 for a needs analysis by Blue Cabin, and we will review the results. Our process evaluation covers all three local authorities and so will be able to explore this issue qualitatively.

We expect relevant contextual factors will include the overall quality and quantity of children’s social care in each local authority, including funding, staff ratios and turnover, and the proportion and quality of different types of provision in use (such as foster care and residential care).

## Implementation and process evaluation (IPE)

### Aims

The process evaluation aims to explain the findings of the RCT, explaining context and perceived mechanisms. This will aid understanding of why and how CLSW impacts child outcomes.

### Research questions

We plan to use interviews, a survey, and using part of the administrative data request to answer the following questions:

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

### Design and methods

Methods to be used to answer each research question are presented below.

Research question	Method
What is business-as-usual practice and how does CLSW differentiate itself from usual practice?	<ul style="list-style-type: none"> <li>• Interviews with professionals (local authorities)</li> <li>• Online survey of professionals</li> </ul>
What changes are made by introducing CLSW relative to usual practice?	<ul style="list-style-type: none"> <li>• Interviews with professionals (local authorities)</li> </ul>
What are the core elements of CLSW and how (if at all) do they vary across sites?	<ul style="list-style-type: none"> <li>• Interviews with professionals (local authorities)</li> <li>• Interviews with professionals (other)</li> <li>• Online survey of professionals</li> </ul>

What are the barriers and enablers to successful implementation?	<ul style="list-style-type: none"> <li>• Interviews with children, parents/carers</li> <li>• Interviews with professionals (local authorities)</li> <li>• Interviews with professionals (other)</li> <li>• Online survey of professionals</li> </ul>
What are the views of children, families and professionals on the programme, including perceived financial and non-financial benefits, costs, and unintended consequences?	<ul style="list-style-type: none"> <li>• Interviews with children, parents/carers</li> <li>• Interviews with professionals (local authorities)</li> <li>• Interviews with professionals (other)</li> <li>• Online survey of professionals</li> </ul>

### *Interviews with children, parents/carers, and professionals*

We will conduct 30 semi-structured qualitative interviews; 10 with children and young people aged 5 to 17 years; 10 with adult carers, and 10 with professionals involved in the programme. We consider 1:1 interviews suitable due to the personal nature of LSW. Interviews will be up to 60 minutes in length, and young people and carers will receive £15 vouchers for taking part in them. To ensure maximum insights from these interviews, we will work closely with Blue Cabin and the local authorities to gather an anonymised long list against the characteristics we would like to cover. We will select 10 young people to approach using a sampling frame (see table 4 below) and seek their consent, and the consent of their parents/carers and the professionals working with them, via Blue Cabin and/or the local authorities. In the first instance, local authority staff who already have a relationship with the child or young person, and carers, will receive an information sheet and be briefed on how to explain the evaluation and request the participation of children and young people. Staff will be able to ask the Evaluation team if they have any concerns or queries.

The information sheet will be finalised collaboratively with the input of local authority staff and, ideally, care experienced young people. In recognition of the changing rules around preventing the spread of COVID-19, we will offer the options of video-call or telephone interviews as well as – if appropriate – face-to-face interviews. If face-to-face interviews are an option, we will detail the precautions that will be in place to ensure the safety of the interviewee/s and the researcher. Alternative formats will be available on request, e.g. Easy Read, and contact details for the Evaluation team will be provided with an offer to talk through the evaluation and interview process informally. Key information will be re-stated at the beginning of each interview to ensure informed consent.

Once the 10 young people have been identified, we will interview the professionals who worked with them first, then the young people and their carers afterwards. We understand there might be circumstances where we may not be able to interview the professionals who worked with the young people and their carers for all 10 young people we have chosen. Where possible, in these circumstances, we would seek to interview alternative members of staff and family members.

We will not ask to review the written reports themselves due to the personal nature of the content and the likelihood of us reading information that is not necessary for the evaluation. This could feel intrusive for the young person and could impact on their overall experience of CLSW as a therapeutic intervention. Our discussions with professionals, carers and young people will draw out experiences and consequences based on the level of detail they deem appropriate to share with us and we will make this clear before the interview.

### *Location of interviews*

We will spread these evenly as possible across the three local authorities, because barriers and enablers to implementation are often local and related to particular local authority

structures and processes. COVID-19 restrictions permitting, interviews will be conducted in person with children and adult family members, and by phone or video with professionals. However, we will be flexible and take interviewee preference into account. We will encourage interviewees to pick a suitable private location such as the home or a non-shared office; we will check this and rearrange if necessary, to ensure confidentiality.

#### *Characteristics of interviewees*

To recruit the 20 family member interviewees (children and young people, and parent/carers), we will work with the local authorities with the aim of maximising the range of life experiences, and we will aim for the children and young people to have had a range of types of creative experiences. Our sample frame covers age and local authority. Table 4 shows an ideal distribution of interviewee characteristics which we will work towards. We want to cover a range of ages of children and young people as LSW can differ greatly according to age.

We will work with local authorities to exclude from our sample frame families known to be currently in crisis and children and young people for whom CLSW has proved upsetting or who have dropped out of the 'All About Me' creative experiences sessions.

**Table 4: sample frame for qualitative interviews with children and young people**

<b>Age group</b>	<b>Group</b>	<b>Darlington</b>	<b>Gateshead</b>	<b>South Tyneside</b>	<b>Total interviews</b>
Primary school age (5 to 11)	Intervention	2	2	1	5
Secondary school age (12 to 17)	Intervention	2	1	2	5
<b>Total</b>		4	3	3	10

If there are more children and young people meeting our criteria than we require, we will take a pragmatic approach to selection based on our understanding of their experiences and demographic information.

To best answer our research questions, we will not interview any family members from the control group. These interviews will therefore not unearth differences between the control group and the intervention group, but will explore the experiences of those who received CLSW and provide greater understanding of changes to business-as-usual, perceived benefits and unintended consequences.

For adult interviews we will aim to cover foster carers and kinship carers. By including kinship carers, we hope to account for the lack of representation of birth families in research concerning children in care and care leavers, without burdening birth parents. In cases where more than one parent or carer looks after a child or young person, we will seek to speak to the parent/carer who has had most involvement in the CLSW.

We will interview a range of professionals, spread out in time across the period of implementation, including Blue Cabin staff, local authority staff including TLSWs, and artists (Table 5). Some will have roles that will enable them to comment on the contrast between CLSW and business-as-usual. The interviews will cover barriers and enablers to successful implementation, other factors influencing family and children's outcomes, and perceived impacts of the programme on staff themselves, including skills and confidence. While we will not be interviewing any children or young people who had an upsetting experience with CLSW, to ensure no harm is caused, we will interview professionals who can provide insights on a range of young people's experiences, including those with lower engagement or less positive experiences.

**Table 5: sample frame for qualitative interviews with adults**

<b>Interview type</b>	<b>Sub-group</b>	<b>Nature of CLSW involvement</b>	<b>Number of interviews</b>
Professionals - local authority	Social workers	At least one child in caseload taking part in Tier 1 AND at least one child not taking part in CLSW	3
	Other children's social care staff	Any	3
Professionals - other	Blue Cabin	Programme implementation	1
	Therapeutic Life Story Workers	Any	3
	Artists	Delivery of creative experiences	3
Parents and carers	Parents and carers	Child or young person attended creative experiences	5
		Other	2
<b>Total</b>			<b>20</b>

### *Timing of interviews*

Interviews will take place in the second half of 2021 (July 2021 onwards) to spread the burden on local authorities, as a contingency against possible future local COVID-19 related restrictions, and to allow time for the programme to embed. The timing will also let us explore qualitatively any possible initial dip in post SDQ scores followed by improvement over a longer time period.

We will have information on the stage at which children and young people are with their 'All About Me' creative experiences sessions and will give consideration to this when selecting interviewees.

### *Content of interviews*

The interviews will be an opportunity to explore soft outcomes including:

- any perceived differences to children's understanding of their pre-care and care experience;
- agency and locus of control;
- confidence in having LSW conversations;
- relationships with carers, birth families, and social workers;
- the perceived impact of CLSW on wellbeing, including perceived stability and security;
- and optimism about the future.

We will coordinate with social workers to review any existing measures available for a particular family, such as SDQs, which will allow us to explore the suitability of quantifying soft outcome measurement in any further future research or evaluation.

### *Online survey of professionals*

Once the programme is well established, expected to be by November 2021, we will carry out a survey of intervention trainers, TLSWs, artists and suitable staff in Children's Social Services departments as identified by our key contacts in the three local authorities.

We will ask our local authority contacts to provide email addresses. Staff will be notified that we will get in touch before we are given their email addresses with the option to opt-out. Having a named sample means that we can apply a tailored reminder strategy following best practice (Dillman, 2000) to maximise response rate. We will send an initial invite followed by up to three

reminders which will be tailored based on whether respondents have started and not completed, or not yet started the survey. We expect to reach around 200 individuals, based on the reach achieved by the Blue Cabin needs analysis exercise in late 2020.

### *Development of the survey*

To ensure robustness and that survey questions are understood as intended, we will carry out 6 cognitive interviews. We will recruit respondents from across the three local authorities and use a sample frame that covers all roles that will be included in the main survey, namely:

1. Foster carers
2. TLSWs,
3. Associate Artists
4. Social Workers
5. Social work team managers
6. Other children's social care staff

We will apply 'mobile first' principles (Ipsos MORI, 2020), maximising usability on hand-held devices, which we anticipate will improve response rates.

### *Timing and content of the survey*

The survey will take no longer than 20 minutes to complete and will be in the field for 4 weeks (the month of November 2021). This will allow us to gather relevant information for the IPE from a wider audience than the interviews. Our survey design will be informed by the qualitative findings from the process evaluation interviews and discussions with local authorities and Blue Cabin. Questions will explore the experience of taking part in the programme, perceived benefits such as changes to skills and confidence among children and staff, and other factors or initiatives that may influence the outcome measures. The survey will be a quantitative survey consisting of closed questions only.

### *Other methods*

We will provide a small number of questions and answer choices for inclusion in an online platform provided by Thinkific. Thinkific is a software platform that enables organisations to create, market, sell and deliver their own online courses which Blue Cabin are developing as part of the intervention, to support the remote aspects of delivery. The questions will be aimed at those undergoing training as they are looking after a child or young person who will be receiving CLSW later in 2021, i.e. foster carers, kinship carers, social workers, etc. and will explore their experiences of training, and their views of potential benefits, unintended consequences and barriers to the delivery of CLSW. These will be optional and anonymised. The timing of these questions will be finalised as the platform is developed in the first quarter of 2021, We would aim to use Thinkific to ask these questions and also ask these same questions in the professional's survey in November 2021 to explore any changes. As stated above, the professional's survey will not include foster carers or kinship carers. Both of these time points fall shortly before reporting phases. We will also provide a small number of similar questions for inclusion in discussion with professionals working on the CLSW programme, which will inform the question design in the interview discussion guides and survey, and may offer data that can be included in one, or both, of the interim and final reports.

## **Analysis**

### *Interviews with children, parents/carers, and professionals*

We will take notes from recordings and analyse the qualitative data using qualitative analysis software (Nvivo). We will carry out a thematic analysis of the data using the framework approach to qualitative analysis (Ritchie et al, 2013), and will analyse the data using sub-group

splits across local authority, role (parents/carers/social worker/TLSWs etc.) and by child or young person. Multiple researchers will be involved in analysis, including ongoing quality assurance from senior researchers.

### *Online survey of professionals*

We will analyse closed question data using Excel or SPSS. Number of responses permitting, we will analyse responses by sub-groups, such as type of staff, local authority and years of experience of working with children and young people (the minimum number of responses needed for sub-group analysis is 50, to ensure confidentiality). We will also triangulate the findings with our interview data and RCT findings to maximise the value of all research strands.

### *Synthesis and triangulation*

Synthesis and triangulation across the interviews, survey, RCT and cost evaluation will be the final stage of analysis and reporting. This will involve analysis sessions across the project team, comparing data and drawing out correlations. This will culminate in a full-team effort in writing a final chapter, drawing together insights across the evaluation.

## **Cost evaluation**

The cost analysis question is: how much does it cost to introduce the CLSW programme?

We will collect cost information from the local authorities in April 2022 covering April 2021 to March 2022. At the start of the evaluation we will alert local authorities that we will need this information, to enable consistent collection of information, and work with them to finalise realistic plans. We will also draw on the content of the IPE interviews described above. We will use interviews with professionals to ascertain the cost of the programme in terms of staff time and financial costs, such as the cost of training materials.

We will ask the local authorities for the costs of taking part in the programme over the course of financial year 2021-22, broken down into:

- staff time (proportion of FTE multiplied by salary plus other staff costs such as national insurance contributions);
- any costs associated with training and facilities (such as printing and postage) and equipment and
- other costs (such as database upgrades to accommodate information on LSW in children's records and implementation of ICT and online spaces).

We will also ask Blue Cabin for the cost of delivering the programme, including the actual costs for Therapeutic Life Story Work International and others.

The nature of the CLSW programme, rolling out from South Tyneside to two new areas while continuing in South Tyneside, will let us comment on how costs change over time. Our main analysis will focus on these local authority level costs but we will comment on any costs we discover accruing to other stakeholders.

We will estimate a per-local authority cost and provide costs per child or young person. We will estimate the per-local authority and per child/young person costs based on annual average net costs for South Tyneside Council since piloting, as setup is likely to be higher. The impact evaluation will report on service-level outcomes that may be used to infer reductions in costs (such as greater placement stability), though we do not intend to monetise any estimated benefits.



## Ethics & Participation

### Process

We obtained research ethics approval through Ipsos MORI's research ethics process in January 2021.

Coram's Impact and Evaluation Team is leading the evaluation. Other parts of Coram 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 are 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 will have privileged access to draft evaluation outputs in order to review and comment on them. The advisory group terms of reference sets out that all papers and discussions are confidential; that advice may or may not be followed by the evaluation team; and that advisors are not members of the evaluation team and so will not have access to qualitative or quantitative data. Members of the advisory group will be asked to confirm their agreement with these terms before starting to advise the evaluation.

The principal investigator is not aware of any conflicts of interest, actual or perceived, that could have a bearing on her impartiality. If any changes occur she will make these known to the chair of the Ipsos MORI Public Affairs Research Ethics Committee. She will seek statements on conflicts of interest from all evaluation team members, including an undertaking that, if the situation changes or they become aware of any actual or perceived conflict, they will inform the principal investigator immediately.

### Ethical considerations

We have designed a number of mitigations against the ethical risks and trade-offs as we see them, and take assurance from some of the features of the project and features of LSW. We are satisfied that these are sufficient and reasonable in context, that the research has merit, and will provide evidence to help improve public services in future for children and families.

### Consent

#### Administrative data collection and analysis

We will not seek consent to randomisation from children and young people. We plan to send local authorities an information sheet for them to distribute to children and young people who are randomised. This will give children an opportunity to opt out of their data being analysed for the evaluation (any opt out received will be treated as a request to also not be approached for a qualitative interview).

#### Online survey of staff

We will send the online survey link either through the online platform Thinkific, (as staff members will have login details to the platform), or via individual or blind carbon copied emails. These emails will be to staff members identified by the local authorities as involved in CLSW, although they may or may not be employees of the local authority. These emails will link to an

online survey which we will encourage recipients to click and take part in. We will make clear in the email and front page of the survey that participation is voluntary.

### **Interviews with family members**

We will approach children and young people via their parents/carers, having received contact details for parents/carers from local authorities. The contacts will be based on local authority advice about suitability for involvement in the study. These initial approaches are likely to differ for each case; they may be by phone call, text message, email, and/or letter, as local authorities advise. We will aim to provide a physical or electronic copy of our information sheet and consent form, or describe the content of these verbally. Where we are seeking an interview with a child/young person, we will provide or describe the child/young person versions of these documents. Where we are seeking an interview with a parent/carer, we will provide or describe the parent/carer versions of these documents. We will check and record whether interviewees consent before starting each interview. In the case of interviews with children below the age of 16, we will also check for the consent of their parent/carer, and not begin an interview unless we have consent both from the interviewee and their parent/carer. We will cooperate with any processes local authorities wish to put in place, such as involving an Independent Reviewing Officer or advocate in a child/young person's decision making about whether to take part in an interview.

### **Interviews with professionals**

We will approach staff via email, having received contact details from local authorities. We will provide an electronic copy of our information sheet and consent form. We will check and record whether interviewees consent before starting each interview.

## **Participation**

We will learn about any special arrangements or alternative formats from local authorities at interviewee selection stage. We will make arrangements to translate information sheets and consent forms, to provide an interpreter, or arrange other support to enable interviews to take place.

## **Ethical considerations relating to the RCT**

### **The use of randomisation is justified in this context**

Previous evaluation of the Blue Cabin model of CLSW has not employed a robust comparison (a counterfactual), which means that we cannot be confident about causality when claims about positive impacts are made. We are in ' equipoise ' meaning we are agnostic on whether the programme is effective or not, making an RCT the logical next step, taking the evidence to the next level.

Well-planned and executed RCTs can establish that programmes lead to particular benefits for families, rather than other factors explaining changes. This evaluation therefore has the potential to provide the highest quality evidence to help inform future commissioning and practice.



## **Current practice in allocation of LSW is uneven**

The nature and extent of LSW provision is uneven across England. We are not offering children, young people or families an opportunity to consent to being randomised to either the intervention or control group. The lack of consent to which intervention they receive reflects current practice for families in England. Presently looked-after children may be offered any model of or approach to LSW, or none, according to their local authority's practice over which families have no direct say. Our allocation system of randomisation – a lottery – is no worse than this, and may be a fairer basis on which to allocate this scarce resource, while having the benefit of allowing a robust and rigorous evaluation design.

## **Children and young people in the control group will receive business-as-usual support**

Looked-after children and young people who are randomised to the control group will receive usual practice which may mean they receive a form of LSW (though should not receive the particular, Tier 1: All About Me creative experiences of Blue Cabin's CLSW model which is being evaluated in this case). Intervention group members will be offered Tier 1: All About Me creative experiences instead of, rather than as well as, business-as-usual life story work.

Children and young people in the control group will not be deprived of a benefit. The CLSW programme is funded, so local authorities will not need to redeploy staff from care-as-usual in order to provide CLSW. The quantity and quality of care-as-usual should not decline in the control group relative to the pre-trial situation.

However, business-as-usual support may not be high quality at any point in the trial, as many children's services departments perform poorly, as Ofsted inspections, for example, show. South Tyneside and Gateshead were rated Good in 2017 and 2019 respectively; Darlington was rated as requiring improvement to be good in 2018. Poor or incomplete LSW may be harmful by leaving new feelings unresolved. On average, however, the introduction of the programme (parts of which aim to benefit all local care-experienced children and young people) and its evaluation (which involves randomising to Tier 1 provision) should, we anticipate, on average improve the quality of services.

## **Children and young people, not families, will be randomised**

There are ethical trade-offs to the choice of unit of randomisation. If individual children and young people are randomised, it is possible that some children within the same family will receive different randomisation outcomes and thus services. This may lead to perceived inconsistency or unfairness if one service is seen as preferable to the other. Randomising by family could mean placing a large burden on parents and carers, both practically (arranging for children and young people to attend creative experiences, and also attending with them) and emotionally (simultaneously helping more than one child or young person deal with any resulting emotions). On balance we therefore consider randomisation at the level of the child or young person the preferable design.

## **Use of LSW is statutory for some children in England**

Since 2005 in England, LSW is a statutory requirement for children who have been adopted. In England, information about an adopted child's life story, and a life story book and later life letter, are to be passed by the adoption agency to the prospective adopter. LSW is widely

believed to be safe and acceptable for children and families. Practitioners and researchers recognise that LSW is not risk-free, but the benefits are believed to outweigh the risks. Like counselling, LSW has the potential to disturb. It may kick start grief processes. 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.

### **CLSW is voluntary**

We will collect data and report on whether children and young people attend or take part in the CLSW they are offered (an intention-to-treat analysis). Blue Cabin's position is that children and young people are free to refuse to take part. The CLSW programme requires the presence of an adult. Blue Cabin inform us that, 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.

### **LSW may stir up issues meaning outcome measures get worse before they get better**

LSW is best seen as a process which helps people make sense of their lives and identities over time, rather than as a one-off intervention which leads to immediate improvements in outcomes. In this evaluation limited time for follow-up is available, as the first 'All About Me' creative experiences sessions will begin in April 2021 and our administrative data request (on outcomes for children and young people) will be made in April 2022. If data allow, we will explore statistically any trends in changes in outcomes during the available time period. This will be done by taking advantage of the fact that children and young people will start the programme at different points through the year. We recognise the desirability of longer-term follow-up but cannot guarantee this would be funded. In response to interventions, outcomes may initially decline, followed by an improvement (Amussen et al, 2019).

## **Ethical considerations relating to the interviews and online survey**

### **Private and personal nature of Life Story Work**

We consider 1:1 interviews suitable due to the personal nature of LSW. We will encourage interviewees to pick a suitable private location such as the home or a non-shared office; we will check this and rearrange if necessary to ensure confidentiality.

### **Vulnerable interviewees**

All the children and young people we interview will be care experienced, in that they have Looked After Child status. We will aim to recruit a range of parent/carers for interviews in terms of covering different local authorities and circumstances. Our aim will be to reach adult family members who are currently looking after a child or young person who has experienced the CLSW programme. Foster carers are not likely to have directly experienced or witnessed their foster child's previous life events (including neglect or abuse), but will be familiar with these life events through social workers.

In terms of content, the interviews will not ask people to revisit difficult periods in their life, but will instead focus on the CLSW received (for children and young people) and the effects of this as observed by adult carers. These expectations will be clearly explained to the interviewee before the interview takes place.

The interviews will qualitatively explore outcomes including: any perceived differences to children's understanding of their pre-care and care experience; agency and locus of control; confidence in having LSW conversations; relationships with carers, birth families, and social workers; the perceived impact of CLSW on wellbeing, including perceived stability and security; and optimism about the future.

Despite our focus on services, not personal histories, some interviewees may be prompted by our interviews to reflect on things that have happened in their pasts. For children and young people this will be their own past, but our interviews may trigger personal reflections from adult interviewees too. Asking about LSW in a research interview may make people recall the same deep emotions and re-visit the same traumatic events as they experienced and recalled during the LSW itself.

So some of the topics we ask about may be sensitive for some interviewees, but the context of the interviews may also trigger difficult feelings. We have plans (set out in the topic guides) for what to do if an interviewee becomes upset.

In terms of recruitment, we plan to work with local authorities to decide which individuals to approach to ask for interviews. This would exclude families known to be currently in crisis and children and young people for whom CLSW has proved upsetting or who have dropped out of the 'All About Me' creative experiences sessions. This will bias our evidence base towards children and young people who have had a positive experience, a limitation we will include and explain in our reporting. While we won't speak to families in crisis and children and young people for whom CLSW proved upsetting or who have dropped out of 'All About Me' creative experiences sessions, we may explore overarching reasons for drop out when speaking to local authority staff members. We will be sensitive to the particular characteristics of families in how we approach them to ask them for an interview. We will also explore what approaches or techniques tend to work well to engage particular individuals.

We will make clear that people do not need to answer all the questions and can stop the interview at any time. We will leave all family member interviewees with suitable helpline numbers they can ring after the interview to discuss any difficult issues that may have come up for them and which they wish to discuss further.

Any safeguarding issues that arise (for example, during process evaluation fieldwork) will be escalated in accordance with Coram or Ipsos MORI's safeguarding policy.

## **Interviews with young children**

We believe it is important for children and young people to feel that they are taking an active role in the research process. Conducting interviews with children and young people will allow their experiences of receiving CLSW to be captured and be an accurate reflection of the impact this work has had on them and their environment.

The content of the interviews with young children will be focused on the CLSW received rather than personal histories. However, children and young people may be prompted by our interviews to reflect on their own past which may make them recall the same deep emotions and re-visit the same traumatic events as they experienced and recalled during the creative experiences sessions themselves. However, in advance, we will tailor the topic guide to the

age of the child (including using child-friendly language), and their level of maturity, as gauged by working with local authorities at interviewee selection stage.

During interviews we will be flexible and use open questions and take a friendly and encouraging approach. We will be willing to take breaks and explore topics of interest to the child rather than being bound by the topic guide. To build rapport, following Parson et al (2016), we will use questions to check understanding; combining verbal and non-verbal communication to facilitate understanding; and allow plenty of time and tailored support for a child to make a decision about participation.

We will be alert to any influence of parents/carers or others present during the interview and take this into account as appropriate in the analysis. We will proceed with an interview if a parent/carer wishes to be present, because we require consent from both the child and parent/carer. We will be led by the child or young person's preference as to whether or not a parent/carer or other supporter or adults should be present for the interview. We will give a voucher to children and young people who take part in an interview of any length.

### **Risk of confusion between intervention and evaluation**

Our interviews will represent an additional interaction with a professional adult stranger, which families going through a difficult time may not appreciate. The materials and interactions we have with family members will make clear that we are independent evaluators who do not work for the council, and that participation is voluntary. We will work with local authorities with the aim of achieving a soft, tailored introduction to families (in terms of timing, style and mode) which explains our role and avoids over-burdening families. We will be flexible and allow younger interviewees to express themselves in different ways, but we will not proactively introduce the idea of drawing or other creative forms of expression (instead of, or as well as, speech) to answer questions as part of the interviews given that we are evaluating the CLSW model.

### **Fieldwork with professionals may be during working hours**

We will offer to interview professionals at a time which suits them, which may be a lunch break or before or after the working day. However, in at least some cases we are likely to take up the time of professionals which could be used instead to provide services to children and young people. Accordingly, we have designed a questionnaire and a topic guide to gather the minimum amount of data required to answer our research questions. We will be flexible and offer to interview staff at the most convenient time for them to minimise disruption to services. Similarly, we will allow a whole month for staff to respond to the online survey.

The staff we approach may feel pressure to consent to take part in our evaluation or to give a positive account of progress in implementing CLSW. While we will encourage staff to take part in our survey and interviews, we will make clear (in information sheets and on the survey front page and/or invitation emails) that participation is voluntary, and answers will be treated confidentially, and they will not be identifiable in any reporting. We will make clear that we are interested in their personal views and experiences, and ensure privacy by checking before interviews that interviewees are in a suitable private location such as the home or a non-shared office; we will check this and rearrange, if necessary, to ensure confidentiality.

## Risks to researchers

In the case of in-person interviews, researchers will assess the risk of each interview in advance, planning outbound and return travel, and making plans to report back to another team member following each interview. Risk assessment will take into account factors such as time of day, location and characteristics of the family, and mitigations may include interviewing in pairs or via video conference.

The content of the interviews may cause distress for members of the evaluation team. We will hold debrief discussions as part of daily team catch-ups and signpost to employee assistance programmes as appropriate.

## Registration

In line with WWCS requirements we will register this trial with the Open Science Framework (OSF) and update this trial registry with results at the end of the project.

## Data protection

This section summarises the content of a full Data Protection Impact Assessment (DPIA) Corm has completed. We sought advice on the DPIA from Coram's data protection expert, Victoria Farrington. The evaluation team gained her approval for the plans after addressing her comments by revising the DPIA, and are confident our final plans are compliant with data protection legislation.

The data protection considerations differ for the RCT, process evaluation, and costs analysis. We believe the costs analysis will not involve personal data collection or processing. For the RCT and process evaluation Coram and WWCS will act as joint data controllers, and Coram and Ipsos MORI will act as data processors. For the interviews and survey of professionals, we rely on the legal basis of consent for processing interviewee and survey respondent data. For the administrative data request, we rely on legitimate interests as our legal basis for data processing. This includes demographic data, child's legal status, SDQ scores and information on placement and school moves.

Local authorities need to fulfil their duties in the Children Act 1989 to provide families with the information and support necessary to enable participation in decisions (such as decisions on whether or not to take part in particular life story work programmes), and to do this, they need evidence on effectiveness. Our evaluation will provide the basis for this. We are not aware of any other way to perform this task in a less intrusive way (alternative ways would involve more intrusive data collection on child outcomes directly from families).

It is a reasonable expectation that local public services' data will be used for evaluation purposes. In line with HM Treasury guidance (the Magenta book: HM Treasury, 2020), evaluation should be carried out of the uses to which public money is put.

The additional condition for processing the special category data on ethnic group is Article 9(j) of the DPA 2018 (Archiving, research and statistics). We are aware that such processing is subject to appropriate safeguards. We plan a number of steps to ensure data minimisation. We consider the admin data will be pseudonymised. The data will be transferred to WWCS's data archive on completion of the project.

## Personnel

### Delivery team

Name	Organisation	Roles and responsibilities
Jenny Young	Blue Cabin	Project lead for Blue Cabin
Joanne Stoddard	Darlington	Project lead for Darlington
Catherine Hardman	Gateshead	Project lead for Gateshead
Coralie Morton	South Tyneside	Project lead for South Tyneside

### Evaluation team

Name	Organisation	Roles and responsibilities
Sarah Taylor	Coram	Principal investigator
Anita Chandra	Coram	Lead on quantitative data gathering and local authority liaison
Hannah Lawrence	Coram	Contributions to interviews with adults and children
Emma Borjes	Coram	Contributions to data collection and analysis, interviews and project management
Claudia Mollidor	Ipsos MORI	Quality assurance, survey lead
Chloe Juliette	Ipsos MORI	Day-to-day evaluation lead for Ipsos MORI
Karl Ashworth	Ipsos MORI	Lead on RCT quality assurance and statistical analysis
Faith Jones	Ipsos MORI	Contributions to survey and interviews
Zoran Orlic	Ipsos MORI	Lead, data analysis

## Timeline

Dates	Activity	Staff responsible/ leading
<b>Nov 2020</b>	Logic model workshop	Sarah Taylor
<b>Nov-Jan 2021</b>	Ethical approval process	Chloe Juliette and Claudia Mollidor
<b>March 2021</b>	Protocol publication	Sarah Taylor
<b>Mar 2021</b>	First randomisations	Emma Borjes

<b>Mar 2021</b>	Finalise plans for questions for carers on online platform	Sarah Taylor and Chloe Juliette
<b>Sep-Nov 2021</b>	Interviews with children, families professionals	Hannah Lawrence and Chloe Juliette
<b>Dec 2021</b>	Interim report shared with WWCS	Sarah Taylor
<b>Nov 2021</b>	Survey fieldwork	Chloe Juliette and Claudia Mollidor
<b>First half of Feb 2021</b>	Last possible date of randomisation (assuming delivery capacity remains and new children become eligible)	Emma Borjes
<b>Apr 2022</b>	Data request sent to local authorities	Anita Chandra
<b>May-Jun 2022</b>	Analysis of administrative data	Karl and Zoran
<b>Jun 2022</b>	Publication of final report	Sarah Taylor



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## Annex 1: Data fields we will request from local authorities

Field heading	Codes to use and requirements
Local authority	[Coram will provide this]
Date of randomisation	[Coram will provide this]
Randomisation outcome	[Coram will provide this]
Child unique ID	[Coram will provide this]
Family unique ID	[Coram will provide this]
Date of birth of child or young person	This date should be recorded in a DD/MM/YYYY format. For example, 16th October 2010 should be recorded as 16/10/2010. If there is no date of birth available for the child, please leave this field blank. We expect dates in the range April 2004 to February 2017.
Gender	<b>Answer choices:</b> <b>0:</b> Not known (gender not recorded or unknown) <b>1:</b> Male <b>2:</b> Female <b>9:</b> Non-binary (neither male nor female)
Ethnic group of child or young person	<b>Answer choices:</b> <b>WBRI:</b> White British <b>WIRI:</b> White Irish <b>WOTH:</b> Any other White background <b>WIRT:</b> Traveller of Irish Heritage <b>WROM:</b> Gypsy/Roma <b>MWBC:</b> White and Black Caribbean <b>MWBA:</b> White and Black African <b>MWAS:</b> White and Asian <b>MOTH:</b> Any other Mixed background <b>AIND:</b> Indian <b>APKN:</b> Pakistani <b>ABAN:</b> Bangladeshi <b>AOTH:</b> Any other Asian background <b>BCRB:</b> Caribbean <b>BAFR:</b> African <b>BOTH:</b> Any other Black background <b>CHNE:</b> Chinese <b>OOTH:</b> Any other ethnic group <b>REFU:</b> Refused <b>NOBT:</b> Information not yet obtained
Child's postcode district	i.e. where the child is living, their placement address. Please provide the <b>outward code</b> only e.g. for a postcode SW1W 0NY, only report SW1W as part of this field.
Child or young person's legal status	As of 31 December 2021. We expect this will usually be looked-after child. <b>Answer choices:</b> Child in need Child protection plan Looked after child None of these Not applicable
Child or young person's case status	Nature of a child or young person's placement, such as foster care, kinship care, SGO, or 'unknown'.

Date of first Creative Life Story Work session (if applicable)	Date April 2021 to March 2022 in format DD/MM/YY, or 'n/a' if CLSW not received. If CLSW was received but dates of sessions are unknown, 'unknown'.
Nature of Creative Life Story Work received (if applicable)	By the end of 2021. <b>Answer choices:</b> 1: Tier 1 All About Me Creative Experiences - group work (facilitated by artist) 2: Tier 1 All About Me Creative Experiences - 1:1 direct work (facilitated by carer) 3: Tier 2 More About Me 4: Tier 3 Therapeutic Life Story Work 5: None of these 6: Not applicable
Number of All About Me sessions attended	By the end of March 2022. Please provide your answer as a numeral i.e. 0 to 6.
Of number of All About Me sessions attended, number attended virtually	By the end of March 2022. Please enter a numeral (for example: '2', not 'two').
CLSW received by other LAC in household	Did any other looked-after children in this child or young person's household receive Creative Life Story Work in 2021-22? 1: Yes, at least one other looked-after child in the household received CLSW 2: No - other looked-after child or children did not receive CLSW 3: No - no other LAC in household 4: Unknown
South Tyneside only: previously received CLSW?	For completion by South Tyneside Council only: did this child or young person previously receive Creative Life Story Work (before 2021)? 1: yes, All About Me creative experiences 2: yes, other Creative Life Story Work 3: no 4: unknown
First SDQ total difficulties score	Please provide a numeral (minimum 0, maximum 40) total difficulties score on the Strengths and Difficulties Questionnaire. This should be the last SDQ score available for the child or young person <b>before</b> Randomisation Date. In most cases this should already have been provided to Coram, at randomisation stage. If unavailable please explain why: -Not yet obtained (Coram needs a baseline score by 1 April 2021) -Carer(s) refused to complete and return questionnaire -Not possible to complete the questionnaire due to severity of the child's disability -Other -Child or young person refuses to allow a strengths and difficulties questionnaire (SDQ) to be completed
Version of SDQ used	Which version of the Strengths and Difficulties Questionnaire was used? 1: One-sided SDQ for parents or teachers of 4-17 year olds 2: One-sided self-rated SDQ for 11-17 year olds
Date of first SDQ total difficulties score	DD/MM/YY

First SDQ total difficulties score informant	Who filled in the first Strengths and Difficulties Questionnaire? Answer choices: 1: Child or young person 2: Child or young person's social worker 3: Child or young person's foster carer 4: Other (please explain) 5: unknown
First SDQ total difficulties score informant – unique number	Please provide a unique number to identify the person who filled in the first Strengths and Difficulties Questionnaire. This can be the same as 'child unique ID'.
Second SDQ total difficulties score	Please provide a numeral (minimum 0, maximum 40) total difficulties score on the Strengths and Difficulties Questionnaire. This should be the most recent SDQ score available for the child or young person, and should relate to the time <b>after</b> Randomisation Date.
Date of second SDQ total difficulties score	DD/MM/YY
Second SDQ total difficulties score informant	Who filled in the second Strengths and Difficulties Questionnaire? Answer choices: 1: Child or young person 2: Child or young person's social worker 3: Child or young person's foster carer 4: Other (please explain) 5: unknown
Second SDQ total difficulties score informant – unique number	Please provide a unique number to identify the person who filled in the second Strengths and Difficulties Questionnaire. This can be the same as 'child unique ID'.
Number of placements, April 2021 to March 2022	Please provide a numeral (minimum zero, no maximum), following 903 guidance on what counts as a placement change. For example, if a child moved from one foster family to another foster family part-way through the year, the answer would be '1'.
Reason for placement change(s)	Please explain the placement change, using the 903 categories. If a child or young person had more than 2 placements in 2021-22, please add columns as needed. CARPL Change to/Implementation of Care Plan CLOSE Resignation/ closure of provision ALLEG Allegation (s47) STAND Standards of care concern APPRR Approval removed CREQB Carer(s) requests placement end due to child's behaviour CREQO Carer(s) requests placement end other than due to child's behaviour CHILD Child requests placement end LAREQ Responsible/area authority requests placement end PLACE Change in the status of placement only CUSTOD Custody arrangement OTHER Any other reason not captured above.
Number of school moves, April 2021 to March 2022	Please provide a numeral (minimum zero, no maximum). This refers to the number of different schools a child or young person has attended over the course of financial year 2021-22. For example, if a child moved from one school to another school the answer would be '1'.

<p>Comment on reason(s) for school move(s)</p>	<p>Please explain the school move. If a child or young person attended more than 2 schools in 2021-22, please add columns as needed.</p> <p>1: Child transitioned from primary to secondary school or sixth form college  2: Child's placement move led to a change of school  4: House/flat move within council area (i.e. child's foster carer moved house)  3: Child was expelled from school  4: Other (please explain)  5: unknown</p>
<p>Comments on data quality (optional)</p>	<p>Free text field. Describe any data quality concerns about any of the fields populated above (if applicable), or any other comments.</p>

## Annex 2: table to record any protocol deviations

Any changes to or deviations from this protocol after its publication will be recorded below.

Nature of deviation	Date	Reason