



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

Putting Kitbag to Work

Pilot study

September 2022





What Works for Children's Social Care

Acknowledgments

This evaluation was carried out by What Works for Children's Social Care (WWCSC). As well as the listed report authors, many WWCSC staff participated in various stages of the evaluation process. Data collection was conducted by the report authors and Eve Smyth (Research Associate). Data analysis was carried out by the report authors. Quality assurance of the findings was conducted by Hannah Scott (Research Associate). Quality assurance of the report was conducted by Arnaud Vaganay (Head of Research), Chloe Juliette (Senior Qualitative Researcher), and Charlotte Scholten (Head of Programmes). The report was also peer reviewed by two external, anonymous reviewers.

Funding and competing interests

This project was funded by WWCSC, awarded as part of their Open Funding Round in 2020 to the Kitbag delivery partners at the International Futures Forum (IFF) and University of Sussex. The project was delivered by International Futures Forum and University of Sussex, and evaluated by WWCSC.

Authors

Shibéal O' Flaherty, Research Associate at WWCSC

Emily Walker, Research Associate at WWCSC

Alyssa Eden, Research Assistant at WWCSC

About What Works for Children's Social Care

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



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Executive summary

The 'Putting Kitbag to Work' project provides social workers, family support workers, foster and kinship carers with a direct work resource. Kitbag, a multi-sensory toolkit, was designed with insight from psychologists to create something to help children and young people discover ways to talk about their feelings and share their thoughts in a safe place, whilst helping social work staff and carers to reach out, listen and understand what children and young people are feeling. Part of the project includes the use of physical kitbags that are made of soft, brightly coloured material and contain several tools such as calming oils, timers and a "talking stick".

This pilot study was conducted between March 2021 and June 2022, with 60 social worker teams involved (830 participants - including social workers, family support workers, foster carers and kinship carers) across four Local Authorities (LAs).

The project originally included an impact evaluation using a Cluster Randomised Controlled Trial (RCT) design, randomised at the team level, meaning participants in 30 out of the 60 teams were eligible to receive a kitbag. However, an interim survey conducted in October 2021 showed low usage of Kitbag among delivery teams. As a result, the research team decided to cancel the impact evaluation, and conducted a scaled back qualitative evaluation involving an Implementation and Process Evaluation (IPE), drawing on a range of data collection sources including interviews, focus groups, observations, survey data, and administrative data. The protocol was updated accordingly in April 2022.

Following the cancellation of the RCT, all practitioners and foster carers were offered a kitbag, and additionally, the IPE was changed to place more emphasis on feasibility questions of conducting a future evaluation of Kitbag.



The findings paint a varied picture of business as usual (BAU) direct work, with practice largely dependent on individual social workers and their wider team culture. Where they were used, social workers tended to source direct work tools themselves, while also making use of resources provided by their LA. There was general agreement that LAs should provide additional resources and training, but there was also a sense that social workers should use creativity in conducting dynamic, direct work.

Findings indicate that Kitbag, where it is used and training is provided, can have positive outcomes such as improving communication and relationships between practitioners, children and young people, and their families. There was also a strong suggestion that children can take a lead on how the Kitbag is used, allowing for a shift in the power dynamic between adult/social worker and child.

However, overall there was low uptake across the four LAs with a number of barriers hindering usage, including issues LAs faced in the distribution of the kitbags (particularly due to Covid-19 when staff were frequently working from home), a lack of understanding of the purpose of Kitbag, and Kitbag not being seen as suitable for use for children and young people of different ages and with different needs. In light of these findings, we discuss what the next steps could be for both the design of the programme as well as in terms of future research.



Introduction

This report describes the findings of a pilot evaluation of Kitbag; a resource that was developed by the International Futures Forum (IFF) to help people develop their ‘inner capacity for mindfulness, calm, resilience, compassion, relationships and reflection’ (IFF, 2021). Its overall aim is to promote an environment of ‘empathic listening, being present and emotionally congruent’. Kitbag has been used with individuals across a variety of settings, including schools, a women’s prison, a disabled adults’ support group, a domestic abuse group, and the Scottish Health Board department.

The “Putting Kitbag to Work” study aimed to explore the use of Kitbag as part of direct work with children, young people and families in a children’s social care (CSC) setting. Direct work has been defined as working face-to-face with a child or young person using a variety of methods according to their age, level of understanding and preferences, with methods including (but not limited to): play, story books, picture cards, photos, jigsaws, drawing, puppets, toys, videos, workbooks, and family trees (Hertfordshire, 2022). Direct work involves entering a child’s world to enable them to understand significant events in their past and current situation, alongside listening to their views (Horwath, 2010). The purpose of direct work is to provide secure conditions for children, so that they can feel safe to express their feelings.

Prior research on Kitbag has primarily focused on IPE design studies, including its implementation in school settings (IFF, 2017). Additionally, an exploratory piece of work was conducted on a small scale in seven children’s services (50 participating social workers) (Vowels, 2019). The purpose of this pilot evaluation was to examine the distribution of Kitbag on a larger scale in a CSC context, its potential outcomes for children and families and those who work with them, and the conditions needed for a future larger-scale evaluation of Kitbag, for example, a Randomised Controlled Trial (RCT).

Throughout this report we will refer to Kitbag, meaning the initiative itself. Reference to the physical kitbags used during the initiative will be highlighted as such.

Need for Kitbag in social work context

Although there appears to be a lack of research into what direct work looks like and how social workers communicate with children (Whincup, 2017), practitioners report that they lack both the time and resources to undertake creative direct work. The Talking and Listening to Children (TLC) research project found less than a fifth of social workers used resources when communicating with children (Ruch et al., 2020).¹ A subsequent Twitter poll (with 157 participants) conducted by Professor Ruch revealed that 70% of participating social workers did not receive any resources from their employer to work with children (Ruch, 2022). Ruch’s study suggested that where resources are provided to teams, these are sometimes lost or not replenished.

These issues appear to be more critical in some social work teams than others. Prynallt-Jones et al. (2022) found through analysis of interview data that there is a need for additional resources and

¹ The Talking and Listening to Children (TLC) Kitbag campaign, paired with the British Association for Social Worker’s (BASW) 80-20 campaign.



training to improve relationships, communication and meaningful support for children and young people with disabilities. They found that in some cases, social workers invested their personal time and money on resources and training to help them conduct direct work.

Putting Kitbag to work: the intervention

Kitbag is a resource designed to support the building of emotional literacy and regulation, and build good relationships, in this case between children, young people, and the social work professionals and carers who care for them. It is intended for social workers and foster carers to use with children and young people to help better build a relationship, understand the situation from the child's point of view, and to discuss specific issues. It is also aimed at social workers and family support workers to support themselves, and to be used as part of team meetings to build emotional awareness within the team.

IFF developed the contents of Kitbag working with health professionals; including psychotherapists, psychologists and a team of designers. Kitbag draws on a number of principles developed by psychologists, i.e. mindfulness based cognitive therapy and psycho-synthesis (IFF, n.d.). As part of the programme social workers and family support workers are given a [physical kitbag](#) containing eight multi-sensory resources:

1. **Aromatic oil:** has soothing properties and helps to evoke calm and balance
2. **Timers:** to time mindfulness exercises and in conversations for people to take turns with equal amounts of time
3. **Feelings Cards:** which open up a way to describe and share feelings
4. **Talking stick:** which encourages listening and taking turns for people to speak and others to listen with respect
5. **Animal Cards:** cards with a picture of an animal and an associated quality, for example, love, communication etc. designed to encourage affirmation and empathy
6. **Presence Cards:** which feature mindfulness exercises
7. **A "Wonder journey":** a story which acts as a visualisation and relaxation exercise, with accompanying music available for download online
8. **Finger puppets:** to enable role play and for soothing.

While all the kitbags contain the same resources, they are wrapped in soft materials with different, brightly-coloured designs.

Kitbag Online replicates elements of Kitbag in an online form, including the Feelings Cards, Animal Cards, Presence Cards, Timer, Talking Stick, Wonder Journey and its music. For example, the user can display all of the animal cards and click on each card to turn it over and reveal the characteristic associated with the animal. Kitbag Online was shared with participants via an email, which included an access link, explainer video and a link to the user guide and support page.² Kitbag Online was introduced after the physical version of Kitbag, once the delivery team were able to retrieve names and email addresses of participants to set them up on their system.

² Kitbag Online was introduced to three of the LA sites (Bexley, Haringey, Warwickshire) on 16th June, 2021. It was introduced to Oxfordshire on 18th August, 2021 due to a later intervention launch at the site.



The “Putting Kitbag to Work” programme involved:

- The distribution of physical kitbags to social workers (SWs), family support workers (FSWs), foster carers (FCs) and kinship carers (KCs) across four LAs in England
- The appointment of a “Kitbag Super Leads” (KSLs) at each of the LAs to lead the distribution and adoption of kitbags
- The distribution of Kitbag Online to SWs and FSWs to facilitate virtual direct work with children and families
- The appointment of two “Designated Kitbag Leads” (DKLs) in each team assigned to the intervention group to support SWs, FSWs, FCs and KCs on how to use Kitbags, and to facilitate sharing of ideas on how to use Kitbag
- Monthly online workshops for DKLs (which were later opened up to SWs, FSWs, and FCs) facilitated by the delivery partners to support the uptake and use of Kitbag within their LAs
- Four training sessions for DKLs specifically on the use of Kitbag Online, to then cascade the learning within their teams
- Training and workshops for SWs and FSWs on how to use Kitbag, facilitated by DKLs.

The training and workshops were flexibly structured and the facilitators responded to the needs and preferences of the attendees.

Social work practitioners have a statutory obligation to visit children on a child protection plan every 10 days, children on a Child in Need plan every four weeks, and children in care every six weeks. Recipients of Kitbag were not given a specified number of times to use it, and were not expected to use it on each visit, though intervention developers estimated that three to four sessions would be the minimum usage required in order for it to be beneficial. See Appendix A for documentation regarding how delivery partners communicated the intent and details of Kitbag to LA partners.

Existing evidence base

Business as usual

Ruch et al. (2020) conducted a qualitative study to investigate how SWs communicate with children in their everyday encounters. They conducted observations of social work practice across eight different social work teams (for example looked-after children, duty and assessment) and across a variety of settings, including homes, schools, offices and public spaces. They also drew on 82 interviews with SWs which were conducted before and after their meetings with children and parents.

Their findings identified shortcomings in terms of SWs’ communication practice with children and young people, with more weight being placed by SWs on verbal encounters and information gathering, rather than a child-centred, dialogical approach that involved empathy, inclusion and exploration, which they argued could lead to more cooperation and rapport building.

Moreover, they found that resources for direct work were often sourced privately by SWs themselves rather than provided by their employer which suggested that this placed disproportionate responsibility on SWs to manage direct work themselves without sufficient resources. However, to date, there has



been no examination of the potential resources that could increase the effectiveness of social work practitioners' communication during direct work in CSC settings.

Implementation and experience

The IFF conducted a qualitative study in 2017 to examine the use of Kitbag in 71 schools (70 primary schools and one secondary school) in Fife, Scotland. There was indication of some positive outcomes for children from using Kitbag, such as improved emotional intelligence and psychological wellbeing, as well as improved communication skills and promoting readiness to learn through de-escalation.

The key barriers to the use of Kitbag included a lack of engagement from staff and students as well as limited staff time to use Kitbag and/or take part in training. The age of pupils was also highlighted as a barrier, indicating that Kitbag was not always age appropriate.

Facilitators for the study included having key staff who would “drive forward” the use of Kitbag, and having an existing culture of change and nurture at the school.

However, the evaluation was based on a small sample of schools (34%) involved in the study that had responded to an endline survey (24 of 71 schools) and eight semi-structured interviews with staff who reported using Kitbag.

Objectives

The aim of this pilot study was to explore the potential outcomes of using Kitbag during direct work with children and young people within a social care setting (see Appendix B for logic model). The “Putting Kitbag to Work” pilot evaluation had three key objectives, namely to better understand:

1. **The implementation of Kitbag in a children’s social care context.** This included understanding what BAU looks like for direct work, the delivery of the “Putting Kitbag to Work” programme in the four participating LAs and subsequently the take-up of Kitbag by practitioners
2. **People’s experiences of using Kitbag and any perceived outcomes.** This included understanding whether there had been perceived change in how direct work is undertaken in the participating LAs, and any other perceived outcomes for children/young people, social workers, family support workers, and foster carers. We also wanted to understand what prevents or supports staff to use Kitbag
3. **The factors that would need to be in place to enable effective evaluations** of Kitbag in the future, for example through a larger-scale pilot study or RTC.



Methods

The full methodology can be found in the study protocol on the WWCS website ([here](#)).³ We used a combination of qualitative and quantitative data collection (see full information below). The full data collection method and IPE indicator table can be found in Appendix C.

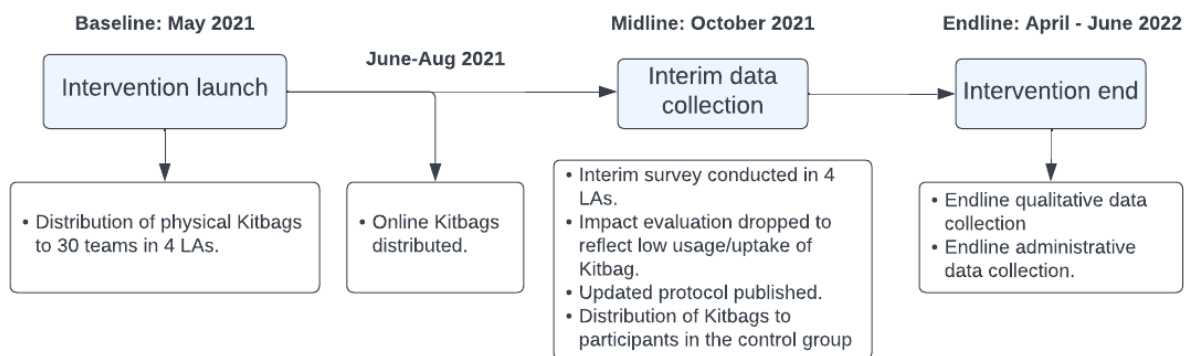
Randomisation

As the trial was originally planned as an RCT, teams at the four LA sites were randomised to either receive Kitbag, or to be a control group (see Appendix D for full details). If a practitioner who was assigned to the treatment group had a child or young person in their caseload who lived with a carer, that carer was also provided with a kitbag. After the impact evaluation was dropped, we notified our LA partners on 24 November 2021 that all staff and carers were now eligible for Kitbag and they could distribute them accordingly.

Data collection timeline

The data collection timeline can be found below:

Putting Kitbag to Work: project timeline



³ An earlier version of this project was published as a trial protocol on the WWCS website [here](#) in October 2021. As a result of low uptake of the intervention as indicated by survey analysis in October 2021, we amended the study design to a pilot study, removing the impact evaluation component of the project.



Qualitative data collection

Participant recruitment

Below is a description of each of the participant group types:

- **Practitioners** refers to social workers (SWs) as well as family support workers (FSWs) who used Kitbag
- **Delivery partners** refers to the individuals responsible for coordinating with LA sites to implement the “Putting Kitbag to Work” programme
- **Super lead** refers to the senior staff member responsible for coordinating Kitbag in their LA
- **Foster carer (FC)** refers to foster carers as well as kinship carers who used Kitbag
- **Non-user** refers to social workers who received a kitbag, but who did not use/enjoy it (or used it sparingly)
- **Children and Young People are** children and young people whose social worker and/or carer had received a kitbag and used it with them.

Qualitative data collection methods

Focus groups and interviews

Two focus groups and 13 interviews in total were conducted at endline (April - June 2022) with a range of participants who were involved in the intervention:

- **Focus Groups with Practitioners (2):** two focus groups with three participants each were conducted at two separate LAs with three members each who were assigned to use kitbags. In each of the social worker focus groups, it emerged that one participant was essentially a ‘non-user’, i.e. they had been given a kitbag but did not use it, or tried it and didn’t like it. Participants included family support workers, social workers and practitioners across a range of seniority, including newly qualified social workers
- **Interview with Delivery Partners (1):** one interview with delivery partners of the intervention
- **Interview with LA Super Leads (4):** four interviews conducted with each of the LA super leads across the four delivery sites
- **Interviews with Foster Carers (2):** two interviews conducted with FCs who had received and used a kitbag
- **Interviews with Non-Users (3):** three interviews conducted with social workers ‘non-users’ - those who were assigned to the treatment group but who did not use their kitbags (or used it sparingly) - including a mixture of individuals who worked with different age groups
- **Children and Young People (4):** of the four children and young people we heard from, two were jointly interviewed, and two provided written quotes (via their foster carer). The sample included a range of ages.



Observations

We attended and observed three workshops with Kitbag leads and practitioners (in three different LAs); two workshops with supervising SWs and FCs (in two different LAs); and conducted an observation of the “Kitbag Learning Event” in February 2022. See further information below regarding attendance:

Observation type	Attendees
Workshop 1: Social Work Practitioners	Two family support workers/social workers
Workshop 2: Social Work Practitioners	One senior practitioner
Workshop 3: Social Work Practitioners	One business apprentice, three social workers/senior practitioners, one principle social worker
Workshop 4: Supervising Social Workers and Foster Carers	Four family support workers/social workers/team managers, one foster carer
Workshop 5: Supervising Social Workers and Foster Carers	Two social workers
Observation of Kitbag Learning Event (Feb 2022)	Eight social workers/family support workers/team managers/practice leads

Quantitative data collection

Interim survey

A survey was conducted at an interim point, five months after the intervention launch (October 2021) to get a sense of uptake amongst the SW teams and carers who were assigned to the treatment group, and to determine whether or not it was feasible to proceed with an impact evaluation for the study. We administered the survey to all participating practitioners (including SWs, FSWs, and team managers) as well as carers in both the treatment and control groups at the four LAs. See Appendix E for full survey measures, and Appendix F for full survey results.

Our response rates were as follows:

- Practitioners: 90 respondents (17% response rate)
- Foster carers: 71 respondents (15% response rate)

Please see table 1 below for a full breakdown by LA site.



Given the low usage of Kitbag indicated by survey response rates, we proceeded with dropping the impact evaluation planned as part of the original research protocol.

Table 1: survey response rates by LA

LA	Practitioners (out of the approx. number involved in the trial)	Foster carers (out of the approx. number involved in the trial)
Warwickshire	59/207 (29%)	68/283 (24%)
Oxfordshire	20/200 (10%)	0/119 (0%)
Bexley	10/64 (16%)	0/57 (0%)
Haringey	1/54 (2%)	3/18 (17%) <i>NB: survey only sent to foster carers selected by the Kitbag lead</i>

Administrative data

We also requested the below administrative data from delivery partners to assist with our interpretation of the IPE research questions:

- Anonymous records of logins to Kitbag Online as a proxy for frequency of use (see Appendix G)
- The number of workshops that have taken place, and the number and proportion of designated kitbag leads that attended each workshop (see Appendix H)
- The date that kitbags were distributed to treatment teams, and the number that were distributed; how the budget allocated for administrative time was spent (for the purposes of understanding how a future cost evaluation might be impacted).



Implementation and process evaluation: key findings

Research questions:

RQ1). Implementation of Kitbag in a CSC context

RQ1a). What is business as usual (i.e. what does direct work look like in the four participating local authorities without Kitbag)?

Experiences of direct work

Respondents confirmed that direct work is important, and felt there was a growing emphasis placed on it in their LAs, with a number of interest groups forming and conferences being held on the subject. However, in line with previous research, barriers towards direct work were mentioned.

In interviews and focus groups, practitioners identified not having sufficient time to plan purposeful sessions with children and families, and also expressed difficulty in identifying good quality tools that would allow them to do this. Overall practitioners painted a varied picture of direct work, largely dependent on individual practitioners and their wider team.

In our survey conducted with practitioners across the four LAs (90 practitioner participants), 68% of practitioners reported delivering direct work to children and young people on a weekly or bi-weekly basis, and 66% of respondents reported delivering direct work to parents and carers on a weekly or bi-weekly basis. In our FC survey (71 respondents), 95% reported completing direct work with the children and young people they care for on a weekly or bi-weekly basis.

Types of direct work materials used

A wide variety of resources were used by practitioners and carers for direct work. Although it was unclear as to why some resources were used less frequently than others, our findings suggested that this came down to personal preference. Materials mentioned by practitioners as being used in their LA ranged from online worksheets, paper and pens, happy meal toys, stick figures to use in genograms, worry monsters, sensory toys such as playdough and fidget toys, and activity-based direct work such as playing football, cooking together, going for a walk or going out for something to eat. These materials were similar to those mentioned in the free text responses in the survey, where practitioners reported using an array of resources (see Appendix E for graphs).

Compared to practitioners, for whom survey results showed that the most commonly used resources were paper and pens/arts and crafts and digital worksheets, FCs most commonly went out for a meal with children and young people or played games, cards and jigsaws. They were least likely to use worksheets. One FC interviewee described how they used sensory and visual resources to promote engagement and a consistent routine with a young boy they looked after who experienced hyperactivity. They also used a 'cool down' tent and the communication technology Makaton.



Provision of resources for direct work

A lack of time was cited by practitioners as a barrier towards engaging in direct work with children and young people. In line with the contextual factors described in our logic model, while all the LAs provided physical direct work resources in some form, super leads and practitioners in general agreed that LAs did not provide consistent resources, and practitioners tended to source and fund their own direct work tools. One super lead said that their LA provided resources such as games and playdough which could be picked up from the office and then returned. Another explained that their team had created their own tool kit, which aimed to emphasise children's voices in direct work. The toolkit they developed was then offered to all children and families staff at the LA, although take-up was low.

Super leads and practitioners spoke about staff creating their own bag of tools or resources which contained objects they have picked up over time. One super lead explained that while there was not an expectation for staff to source their own direct work tools, there was a willingness to do this because they came into social work to do direct work with children, and therefore want to invest in and develop this practice.

Super leads felt that there was an appetite among practitioners for the LA to provide more resources. However, one super lead reported that while practitioners sometimes asked for additional resources, they were not specific about what this would look like. They felt that they may need a better idea of what direct work can look like, rather than needing access to different resources. This was reflected in interviews with SWs who described wanting more direction on appropriate resources to use.

When asked to select all the ways in which they sourced resources for direct work with children and families, 76% of practitioner survey respondents reported using LA facilities to print worksheets, 69% reported buying direct work resources themselves, 50% reported using physical resources provided by the LA, and 47% used online resources. However, half also reported making use of the resources the LA provides.

In one focus group, practitioners reported not having as many resources as they would like to complete direct work, although they were not specific about what additional tools they would find useful. They all accessed resources independently, and one expressed frustration when they researched a worksheet, but had no printing facilities at home. Practitioners felt they frequently heard about direct work tools, but were unsure about which tools were applicable to different situations. They agreed that it would be useful to have a shared cabinet of resources in the office where they could access direct work tools.

The other focus group described a different experience, as participants who were FSWs reported having more time for direct work opportunities, making weekly or even daily visits. They described using a combination of a basic pack of resources provided for them by the LA, alongside creating their own supplementary toolkits. They felt that their LA had acknowledged the need to supply them with more direct work resources, and that this had improved over time.



All three non-user practitioners we interviewed reported that they had previously self-funded resources for direct work. One non-user reported that they had never tried to claim back funds for direct work resources, and a second reported having purchased their own resources, for example, games, but used the LA facilities to print direct work resources. A third non-user reported a mixture of purchasing resources themselves or funding this through the LA, but explained that they had a preference for owning their own materials so that they were available for use with the child/young person when needed:

“I think I’m the sort of worker who tends to go out and get a lot of my own stuff anyway. I don’t like to share team resources. I want my own! What if I want to use that on a specific day and it’s not there, because obviously, you know, [LA] funding is limited.” - Non User

However, the same non-user reported that in addition to the introduction of Kitbag, their LA recognised the need for practitioners to have direct work bags and allocated a pot of £20-25 for each to spend on a list of resources that they could choose from.

The majority of FC survey respondents reported using both their own funds (76%) and the fostering allowance (73%) to purchase resources, with 36% reporting using online resources. Financial barriers, such as the fostering allowance not “*stretching far enough*”, were raised by respondents as preventing access to resources and extracurricular activities.

Both FCs interviewed reported that they did not receive resources from the LA to support direct work, and this was mirrored by our survey findings, with just three of 139 FCs who completed the survey question receiving direct work resources from their LA. However, one FC interviewee stated that they received support in the form of a referral to a psychologist to support a child in their care, who recommended a number of resources, for example; visual aids, timetables, and sensory toys.

Creativity, time and experience

Super leads felt that the materials used and the quality of direct work was variable and dependent on the worker, manager and team. There was also a strong sense that it was influenced by the creativity of the practitioner. For example, the children with disabilities team was highlighted as being particularly creative due to the varied needs of the children they work with. One super lead felt that while some individuals are very proactive in undertaking creative direct work and really see the value in it, others get subsumed with the bureaucracy and paperwork of the practice.

Time, experience and organisation were also highlighted as being beneficial for direct work. Newly qualified social workers (NQSWs) were seen as having more time to think about direct work, and were therefore able to be more dynamic and creative. Indeed, one NQSW we interviewed had created their own interactive board game. Experienced practitioners were also believed to be more confident and have a lot of tried and tested direct work resources that they’ve collected over the years, meaning they are able to conduct direct work without needing to plan ahead.



One super lead felt that there was a gap in the middle though: practitioners without the protected time of a NQSW and the breadth of experience of a more experienced practitioner were seen as more reliant on worksheets such as the Three Houses.⁴ The same super lead felt that in general, it was the practitioners who were organised in other areas of their work that had collected their own tools and conducted creative direct work.

“The idea of what direct work would look like had become a bit wedded to the idea as something on a piece of paper.” - Super Lead

51% of practitioner survey respondents shared that having high and complex caseloads was a barrier to conducting direct work with children and families, followed by a lack of time (42%). Staff confidence in working creatively was also discussed by respondents, and three respondents felt that they did not receive enough support from LAs to experiment with creative ideas, or to wholly embed direct work training. 38% of respondents reported that little or no time is given in supervision to discuss direct work, with one stating:

“When pressure mounts we stop seeing that creative spaces can hold the most serious of topics safely and sensitively and feel a need to ‘save time’ using words and forms” - Social Worker

In one focus group, practitioners felt that they did not have as much time and resources as they would like to complete direct work. They emphasised a lack of time to fit in direct work around other social work demands. One felt this was particularly difficult when working with large families, where they only visit the children for an hour after school and there are many distractions.

Recording of direct work

Most practitioner survey respondents (85%) reported recording direct work in case notes, and 70% reported uploading copies of completed work to the case recording systems. Direct work was written up less frequently in statutory visit recordings, although staff were encouraged to use all three methods of recording.

In line with this, super lead and practitioner interviewees said that practice as usual was for direct work to be reflected in case notes, and if a product came out of it, a photo would be uploaded alongside notes. Although, one super lead mentioned that direct work can look different in children with disabilities teams, in which case they may upload a video. Life story work was also recorded in case notes. While it was recognised that direct work should be discussed in supervision, linking back to the child’s plan and progression, whether this was done in practice was seen as dependent upon the practitioner’s manager and the culture of their team.

One super lead felt that there had come to be an over-reliance on the Three Houses worksheets, and that this had created anxiety around doing more prescriptive direct work that could be recorded and evidenced. Another super lead explained that their auditing process found that the voice of the child

⁴ Three houses is a worksheet developed from the Signs of Safety model, which enables a child to identify positive things in their life, things that they are worried about and what their hopes and goals are (Roy, 2020).



needed to be better recorded in direct work case notes, but felt their LA was getting better at doing this.

Practitioners reported that Kitbag had not changed the way in which they recorded direct work in their case notes, although one explained that it was difficult to take a picture of the activity as it was interactive and they didn't want to interrupt the session.

Reliance on prior experience and shared learnings with others

There was a prominent theme amongst non-users of a strong reliance on peer-to-peer learning amongst their network to support their use and development of direct work. One non-user stated that they share experiences and advice within their team, and that shared learning is also facilitated through webinars that take place around the practice framework and around Signs of Safety. A second non-user stated that they would “always ask colleagues... and friends if they know of anything that they've used before that's worked really well with a child if it's similar context or similar concerns”, and that they also relied on looking up information on Google to see what's out there.

FCs reported having prior experience and training in conducting direct work, such as therapeutic parenting and PACE strategies.⁵ FCs described how they drew on their previous experiences and training to inform their direct work. For example, one FC reported having 20 years experience in special needs and behaviour support, and utilised methods such as Circle Time and massage during direct work.

Research question:

RQ1b). How is Kitbag implemented and used in the four participating local authorities?

Distribution and experience of receiving Kitbag

The super leads in the smaller LAs stored the kitbags in the office and had a sign-out sheet for when they were collected. This was more difficult for the super leads in the two larger LAs whose offices were dispersed over a larger geographical area. The super leads had recording sheets to keep a note of who had received their kitbag. Super leads generally distributed kitbags to FCs through their supervising SW.

In general, the super leads described a difficult and sometimes convoluted process to get the kitbags out to practitioners, having to commit a lot of time to ensuring they were sent around, on top of their usual roles. This was made more difficult as both super leads and staff were not in the office regularly due to COVID-19 restrictions. Several super leads said it was a number of months before the kitbags were properly distributed.

⁵ PACE is an approach developed for working with traumatised children. PACE stands for Playfulness, Acceptance, Curiosity and Empathy.



It was seen as particularly challenging to distribute kitbags to FCs. FCs interviewed reported being introduced to Kitbag through their SW. One reported an issue around not having received their kitbag until after their first session due to issues with delivery during the COVID-19 pandemic. In one workshop with FCs and supervising SWs, most attendees did not have access to a kitbag. Super leads explained that they did not have the necessary information to facilitate straightforward delivery. Two super leads shared that identifying FCs who were eligible for a kitbag was difficult because they did not have an easy to use “map” or list linking SWs to children to FCs. In observations, supervising SWs expressed their frustration with finding suitable FCs to receive a kitbag, as contextual factors (e.g. change of placement) prevented some from using Kitbag. Further, introducing Kitbag and providing an explanation for the project over email was seen as difficult, and take up in some LAs was initially very low. In a workshop, one FC shared that the “word needs to be shared differently” as the learning platform Kitbag was advertised on isn’t used regularly. However, word of mouth between FCs and through coffee mornings eventually increased interest.

Another practical barrier mentioned by both super leads and the delivery partners was a lack of administrative support. All four super leads were in senior positions at the LA, and were balancing the Kitbag project on top of their regular jobs. Two super leads were supported by a colleague with the distribution, which they described as a significant facilitator.

In focus groups and interviews, practitioners shared their experiences of being introduced to Kitbag. In one focus group, two practitioners who joined the LA whilst Kitbag was being implemented described hearing about it, but not knowing what it was for a while. A more long-standing colleague in the focus group was invited to a meeting where she was introduced to Kitbag. They explained that there was a cabinet in their LA office where the kitbags were stored, which meant practitioners were able to pick out the colour bag they wanted. In the other focus group, practitioners described kitbags being delivered to them in the office wrapped in a black plastic bag. This packaging meant they didn’t know which patterned material outer wrapping they were getting, and some people were not happy with the one they received.

Practitioners described confusion when first introduced to Kitbag. Some were curious, while others felt that it would be more work on top of an already heavy workload, and that the purpose of it was not clear. When explaining why they did not use Kitbag, non-users highlighted a lack of understanding as to what was being asked of them, as well as the random allocation of kitbags without sufficient resources to accompany it. One practitioner describes their experience of receiving a kitbag:

“This is what I’m saying because I was a little bit like a rabbit in headlights. [...] In a [name of LA] way, they haven’t really filtered information down. So it was a little bit like, I don’t know what you’re on about. I don’t know. Even my Manager was a bit, I’m not quite sure. I can’t see how that’s going to work.” - Social Worker



Kitbag trainings and workshops

The delivery partners planned for the training to facilitate self-organisation. Rather than a didactic style, they wanted to encourage practitioners to talk to each other and give them the opportunity to practice various ways of using Kitbag:

“You encourage people to support each other, rather than us being in a position as experts, but more facilitating their conversations.” - Delivery Partner

This aligns with observational data, where Kitbag workshops were seen as a space where the intervention developers encouraged staff to be confident using Kitbag, generating new ideas by discussing examples of practice and using workshops as a “rehearsal space”.

Super leads had a positive impression of the content of the training, although admitted it was hard to encourage staff to take part and attendance was low, with administrative data showing an average of four attendees across the sessions for practitioners and six for foster carers, with only one attendee at some of the workshops (table demonstrating workshop attendance is in Appendix H). One super lead received feedback that some practitioners did not like the reflective model of the training, and thought they would receive more straightforward instruction on how to use Kitbag.

Not all practitioners or FCs had attended training workshops, and some practitioners found it difficult to attend training due to the time pressures of their job, or had limited information about how to attend workshops. Interviews, focus groups and survey data indicated that there were mixed views on the training amongst those that attended. Some felt that the training was helpful and informative, and facilitated a space for practitioners to “share ideas and experiences”. A senior practitioner perceived training as an opportunity to address their team’s questions and concerns about the project. Another practitioner had attended a workshop with FCs and described it as useful as they were good at using Kitbag.

However, other practitioners found the training unhelpful, and one felt pressured to attend. There was discussion in one of the focus groups and agreement that practitioners had to already be using Kitbag to find the workshops helpful, and that they were not appropriate as an introduction due to the reflective style. They agreed that due to work day time pressures, the training had to be relevant to be useful.

Some survey respondents indicated in free text responses that there was little or no training or information provided to practitioners on utilising Kitbag in a child-focused way, affecting staff confidence in completing direct work. Some respondents would have appreciated more ideas and examples of how to use the kitbag more creatively. One practitioner suggested having “video examples of practitioners role modelling how they use the kitbags.” In interviews, some practitioners expressed the desire for further training on specific elements of the bag, for example, the animal cards.



There was a sense in interviews and focus groups that, outside of the formal training, practitioners had to be confident and creative in their use of Kitbag. Some suggested the need to try it out and try new things, without being taught exactly how to use it.

“So you just have to be creative. That’s what my colleague told me. You just have to be creative. So I was like ‘Okay,’ so I picked the [unclear] ‘What will you tell a child with this?’ ‘I don’t know, just try to figure it out’ That’s what my colleague told me.” - Social Worker

Interviews with practitioners and FCs also suggested that they relied on previous training and theory to use Kitbag.

“I think all the restorative focussed stuff that we’ve already done, [...], you have to use that to get the most from your kitbag. You couldn’t just take Kitbag in if you haven’t got some of that I don’t feel.” - Social Worker

Delivery partners, super leads, and practitioners (both users and non-users) mentioned that the workshops which brought all four LAs together were beneficial and that they enjoyed the opportunity to share what was and wasn’t working and share practice across the boroughs. One non-user felt that this was one of the most positive things about Kitbag. Practitioners and FCs shared that in addition to Kitbag workshops, colleague and peer support was particularly helpful in driving enthusiasm for Kitbag. Practitioners found it helpful when colleagues put on training sessions for the team or showed colleagues how to use Kitbag, as well as having informal reflective discussions to generate new ideas on using Kitbag. Some suggested creating a community that provides space for meaningful reflection and interaction with other colleagues, capturing examples of good practice to inspire others to use Kitbag:

“I was thinking about communities of practice in [LA], to bring people together to share ideas and experiences of Kitbag and to keep it on the agenda. We could arrange these across the four LAs.” - Practice Lead

Kitbag Online

In the trial protocol, it was predicted that the version of the programme trialled would involve considerably more use of Kitbag Online due to the COVID-19 pandemic than in more “normal” times. However, in our interim survey, a minority of respondents that had received a physical kitbag reported using Kitbag Online at least once (24%). Seven respondents reported using Kitbag Online between one to five times, and four respondents used it between five to ten times. The delivery partners’ log of Kitbag Online activity for the LAs also demonstrated relatively low usage (a total of 102 sessions logged by 24 users across the four LAs - see Appendix F for LA breakdown). In the free text responses to our survey, three practitioners considered Kitbag Online to be a good resource for virtual working, but limited in its accessibility when visiting families.

“I have used it myself to try it out in the office, I don’t always have access to online resources in home visits, it is easier to just take the kitbag itself.” - Practitioner



Similarly, use of Kitbag Online was rarely described in interviews, focus groups and observations. FCs that were interviewed reported that they did not use Kitbag Online. However, one SW shared their positive experience of using Kitbag Online:

“I introduced them to it and loved it [SW students], so I also started to use the online one. Then he tried it with his family back home in Africa, so they said they really love it. So I was very, very impressed and got interested in using the kitbag.” - Social Worker

Of those who had used Kitbag Online, 19% of respondents found the online materials useful, although a lack of information about Kitbag Online, including how to access the resource, was highlighted. Two respondents shared that additional training would be beneficial.

Research questions:

RQ2). Experiences and perceived outcomes: What are the experiences of SWs, FSWs, FCs, KCs and children who have used Kitbag and what are the perceived outcomes they identify?

Experiences

Location, time and frequency of usage

Of the practitioner survey respondents who reported receiving a Kitbag, 49 respondents (92%) reported using Kitbag with children and their families at least once. This percentage is exactly the same as the percentage of schools which reported using Kitbag in IFF’s own evaluation of 71 schools. In terms of frequency of usage, 24 practitioners surveyed (49%) reported using Kitbag on a monthly basis, 12 (24%) on a biweekly basis, nine (18%) on a weekly basis, and four (8%) less than once a month. The majority of respondents 61%, (51 respondents) reported never or rarely using Kitbag during team meetings. This differs from the findings of IFF’s Kitbag evaluation in a school setting, which found that weekly usage was the most commonly reported (70.8% of schools), followed by sporadic usage (12.5%) and then daily (8.3%). Although it should be noted that this refers to usage among the whole school, rather than usage by individual practitioners.

In interviews, while some practitioners tried Kitbag once or twice, others had embedded Kitbag into their regular practice and had incorporated it into their arsenal of direct work tools, taking it to each visit. One practitioner explained that the continuity of having a kitbag present on visits meant that it was familiar to the child and helped to build confidence and trust. Kitbag was used both at home and at school, both one-on-one and in a family setting - particularly where there were siblings at home.

Different scenarios of use were seen to have their benefits. One super lead felt that once practitioners were given a toolkit such as Kitbag, it was easier for them to “make space” to visit a child at school and use direct tools, rather than only visiting them at home where it can be busy and direct work



rushed. Conversely, using the kitbag in the family home was mentioned by practitioners as a good way of encouraging communication between family members. A few practitioners described the families they work with creating their own Kitbag resources to use when the practitioner was not there, such as homemade Talking Sticks or colour feeling cards.

Some practitioners described using Kitbag at the beginning of a visit to open up conversation, and then allowing the child to wrap up the kitbag at the end of the session, to symbolise the closing of the conversation. FSWs reported using Kitbag more frequently than SWs, due to the fact they spend more time with children. Indeed, early intervention workers and those that assess need were seen as well suited to using Kitbag:

“So those teams are really well placed to do sort of softly-softly practice around unmet need. Like assessing families but assessing them so that there’s a really clear intervention, and Kitbag I think does that really nicely.” - Super Lead

In workshops, practitioners from three LAs shared that Kitbag has been used in the senior leadership team with mixed responses from staff, as some found it more daunting and awkward, whilst others were more likely to “put themselves out there”. One super lead, a principal SW, shared that it is helpful to use as a check-in tool with colleagues.

Both FC interviewees reported using Kitbag with the child/young person they care for while at home. One FC reported using the kitbag just two or three times, and stated that the young person in their care had requested to use it more often, but schedule conflicts (the young person had a job, played football and had tutoring sessions twice a week) meant that there was not enough time. A second FC reported that they received their kitbag and started using it during school holidays, and set an allotted time each day to use Kitbag in the evening:

“We’d do it straight after dinner, so when he was in that kind of wind down sort of phase, and he absolutely loves that calming oil [...] That’s how we used it and he was very regimented in it has to be in this order. It has to be this allotted time. We’d only do it for about- to be honest, in the beginning it was once a day, and we’d do it for about 20 minutes just chatting away.” - Foster Carer

The same FC reported that their kitbags usage reduced once the child had returned to school, as school introduced its own stressors to the child’s life.

The children and young people we spoke to reported enjoying using Kitbag, although one interviewee said they only wanted to use it sometimes, not on every visit. One of the young people particularly liked to use Kitbag before bed.

Usage of various resources contained in Kitbag

Interviews, focus groups and observations revealed various accounts of how people used Kitbag and which elements they liked best. In interviews, all Kitbag elements were mentioned as being used, and



some practitioners suggested using different items for different reasons. For example, one practitioner felt the puppets would be good to use with young children when they didn't want to talk to her, as she could talk through the puppets. The puppets were also seen as useful for children to play with when they found it difficult to sit still. Another practitioner felt that the colour and presence cards were particularly useful to help children to open up about what was happening at home:

“It also depends on the reason when you are going to that family. Like if it's a domestic violence case, the colours help more. So the colours and even the presence cards because it will give the child help to talk about what is happening in that home.” - Social Worker

While the three non-users had not used Kitbag frequently (if at all), one did say that they liked certain elements of Kitbag, for example the colour card and talking stick, stating: “they are two pieces of the kit I'll definitely keep using as we move forward”.

In workshops, practitioners shared different ways that they have been using and adapting the cards, such as using them for ice-breakers or check-ins, using them with parents and making use of them in team meetings and supervision. Practitioners and FCs noted using the majority of resources included in the kitbag, although the 'Wonder Journey' was not mentioned as being used. They reported that the calming oil, cards, talking stick and puppets were particularly popular amongst children. Although some practitioners and carers did not enjoy the animal cards as they felt that the words didn't necessarily match up with the pictures.

In our interim survey, 71% of practitioners who used kitbags reported using some of the resources more than others: the feeling cards (27%/29 respondents) and animal cards (20%/21 respondents) were most commonly used, followed by finger puppets (15%/16 respondents) and the aromatic oil (10%/13 respondents).

Of the FC survey respondents who received a kitbag and used it, 93% (14 respondents) reported using some materials more frequently than others: the aromatic oil was used most frequently (22%/eight respondents), followed by the feeling cards (19%/seven respondents), talking stick (17%/six respondents), timers (14%/ five respondents) and finger puppets (11%/four respondents). Both FCs interviewed reported using multiple Kitbag resources. One Bexley FC reported a particularly positive experience with the calming oil, massage, and animal cards. Both FCs reported that they did not use the online version of Kitbag.

In interviews with children and young people, the calming oil was most frequently mentioned. Most children enjoyed using the calming oil to relax, and one child (aged 12) reported a more restful sleep when using it before bed. Another child (aged six) suggested more variation and choice of calming oil, i.e. different scents and colours. They suggested adding flashing lights, possibly to make it more engaging. Additionally, they suggested including a card which has a “smiley face, a medium face and a grumpy face” so that they could point to which one they are feeling. This might suggest that the items in the kitbag can be too abstract for young children to communicate their emotions.



Perceived outcomes

The theory of change held that Kitbag could improve the social and emotional literacy of young people, their parents/carer and of practitioners. It was theorised that Kitbag could reduce practitioner and FC stress and increase self-efficacy, therefore having the potential to improve job satisfaction and improve retention. It was also theorised that Kitbag could lead to positive behavioural outcomes and improve children and young people's relationships with others, within CSC and beyond. It was thought that kitbag could allow practitioners to learn more about the child's experience, and thus result in better care plans. Ultimately, the theory of change suggested that Kitbag could lead to a de-escalation of social care involvement.

On dropping the impact evaluation, we no longer measured practitioner/FC stress or self efficacy, child/YP SDQ score, or CSC status. In interviews, outcomes relating to communication, relationships and staff wellbeing emerged.

Facilitates communication and expression of feelings

In line with our logic model, our findings suggested that Kitbag improved communication between practitioners/carers and the children and young people they worked with. In interviews, focus groups and observations, practitioners described using Kitbag as a good ice breaker at the start of a visit. Kitbag was seen as a material they could use to relax and reassure children and carers, especially when they might be distrustful of social care involvement. Some practitioners felt that Kitbag helped children to settle when they were "difficult to handle".

Together, it was felt that Kitbag acted as a good therapeutic intervention which encouraged interaction and open communication. Several participants also reported how the kitbags were being sought out by children and that "they gravitate to it". One of the super leads discussed how Kitbag could be used to explain how somebody is feeling without possessing the words, and instead, by using a colour and explaining why they have chosen it. There was also a sense that children could use puppets to communicate when they felt uncomfortable saying something as themselves. This was in line with our logic model, which hypothesised that Kitbag could help practitioners to learn more about the child or young person's experience.

Practitioners reportedly found that Kitbag enabled a more "organic" and "intuitive" approach which felt less intrusive than questioning, allowing families to relax and process their thoughts and feelings. Some felt this had strengthened communication between families and practitioners. In addition, Kitbag was also seen as beneficial in helping inter-family dialogue and improving family relationships, particularly within the wider family network.

In interviews and observations, FCs reported positive experiences with Kitbag and perceived that it had positive outcomes for the child or young person they used it with. This aligned with our logic model, which hypothesised that Kitbag would help FCs build an open relationship with the children and young people in their care. Some of the components (such as the presence cards and oil) were



thought to have a calming effect that enabled children to regulate their emotions and facilitate open communication, helping the FC to bond with the young person in their care:

“You know, even just talk to them. That’s quality time and nobody will come in and disturb you, and I don’t take the phone upstairs so it’s just time where I can have that conversation, and he’s relaxed, and he just answers the questions. It’s nice.” - Foster Carer

One FC discussed discontinuing use of Kitbag with the child currently in their care, as they were being adopted by a different family and felt that it was “going to be a real emotive time for him”. However, they expressed a strong desire for the child to continue to use Kitbag with their new adoptive parents:

“That would be really brilliant and really beneficial. I think that continuity, because it’s something familiar in a situation that’s not going to be very familiar at all. It’s a new school, new parents, new house, new life and to have that to fall back on.” - Foster Carer

Children and young people who were interviewed expressed how elements of Kitbag had a positive impact on their emotions and wellbeing. One child explained how using Kitbag with their FC helped them to talk about their feelings and worries, and events from their past:

“I like choosing the animals cards because I can tell you [FC] what happens to me when I have bad times and talk about the bad people” - Child, aged six

Promotes staff wellbeing

In workshops, practitioners and FCs shared that Kitbag had supported their emotional and social wellbeing. Some of the components, such as presence cards and oil, were thought to have a calming effect that enabled staff to regulate their emotions. For example, one SW described how they would use the timer and presence cards in the car between visits to enable them to be fully present for the next visit. One practitioner shared that “there are lovely examples for Kitbag to promote team morale and connect with one another when working remotely.” This supported our logic model, which hypothesised that Kitbag could help to increase how supported practitioners felt in their team, though there was no indication that Kitbag could increase their sense of professional identity or how valued they felt by the LA.

Possible harms associated with Kitbag

One super lead and one FC interviewed felt that Kitbag was a powerful tool in terms of opening up communication, and that this had to be handled sensitively. The super lead explained that there had been concerns in team meetings surrounding Kitbag and children making disclosures in a family setting using Kitbag where it might not be safe for them to do so. The FC explained that she made sure to use the talking stick at the end of the session so that the child could ask her any questions that might have arisen from conversations during a Kitbag-based discussion. Prior to this, she noticed



the child might become withdrawn after using Kitbag as they were thinking about the session, and felt they could no longer ask questions about it once the kitbag was put away. There was an emphasis from both the super lead and FC that Kitbag sessions had to be ended safely and sensitively.

In observations, some practitioners found that Kitbag could elicit strong feelings for themselves. Some found using the presence cards in team meetings and supervisions “intense” and “frightening” due to the silent nature of the activity. This response was heightened in one-to-one sessions, and highlighted some staff resistance towards “slow social work”, which refers to a more intentional and reflective approach to working with families.

This finding echoes concerns from teachers, reported in IFF’s (2017) evaluation of Kitbag in schools. Some schools commented that with the number of nurture-based approaches they already use in school, using Kitbag additionally may overexpose the children to the discussion of feelings.

Research question:

RQ2a) How is Kitbag perceived to have changed practice?⁶

Shake up to direct work

Some super leads felt that the Kitbag project acted as the catalyst which placed a greater emphasis on direct work in their LA. One super lead felt it could be a powerful tool in shifting the idea of what direct work looks like, by re-focusing practitioners on the reasons behind direct work and making it more purposeful. There was a sense, particularly in LAs which followed the Signs of Safety model, that direct work had become static, and some felt there was too great a reliance on worksheets such as the Three Houses. They felt that Kitbag introduced an impetus to think differently about how to engage with children and young people.

“Workers that have connected with Kitbag have really appreciated and enjoyed the space and the resource and have felt [...] an energy. Invigorated to have those conversations, and to use the resources with young people.” - Super Lead

In contrast, it seemed that practitioners thought the change to practice was less marked. Some practitioners that already used a wide array of direct work tools felt that Kitbag acted as a good addition to what they already had. Indeed, one practitioner said if they could only bring one direct work tool, it would likely be Kitbag, but in general Kitbag would not be the only thing they brought to a visit. One felt that Kitbag was not used widely enough throughout their LA to create a change to wider practice.

⁶ Note that in the protocol, this RQ was framed as “To what extent is Kitbag perceived to have changed practice?”. However, as we are unable to measure extent through qualitative measures, we have reframed the RQ to address this.



Shift in power dynamic between practitioner and child-directed play

Practitioners, including super leads, frequently highlighted a redistribution of power or control introduced by Kitbag due to the interactive nature of Kitbag enabling children and young people to direct the session. Practitioners shared that child-directed play allowed for a shift in power dynamic between themselves and the child or young person they were with, and this resulted in more free flowing and “organic” conversation. Examples of this included children turning the question back on the practitioner and asking them what colour *they* felt and why, which promoted more equal sharing. Some described children creating their own games using the animal cards, and deciding which direction the session would take. FCs also highlighted examples of child-directed play in interviews and observations.

Practitioners saw this shift as resulting in positive relationships, meaning children and families felt more comfortable to honestly discuss how they felt. This shift of power was in contrast to some other direct work tools, which felt like something that is done to children, rather than with them.

“I would say for me the most important thing I realise is that by using the kitbag it reduced the power dynamic, because whilst working in a family home there is always that expectation, ‘Oh, they are social. They have to behave a certain way.’ But Kitbag kind of reduced that power dynamic.” - Social Worker

In workshops, practitioners also reported a greater depth of information that is gathered and recorded through play. This had enabled practitioners to gain further insight into the child’s voice and lived experience that may not have been as easy to access or evidence without using Kitbag:

“Where I have seen an impact that is consistent is the depth of the child's voice that we are able to get...this helps us to understand them and what is happening for them, and our ability to create plans.” - LA Practice Lead

Improved team relations

A theme echoed by some practitioners and super leads was that using Kitbag in team meetings not only allowed for familiarisation of the Kitbag resources, but also acted as a good way of opening up conversation within the group. One super lead felt it was important to use resources like Kitbag in team meetings, as the way practitioners engage with each other affects how they engage with children and families. A super lead from a different LA resonated with this, and explained that they had noticed Kitbag increasing wellbeing in the teams which were using them, as people were better able to recognise who was having a difficult time and support them:

“If they are benefitting emotionally from using Kitbag as a team, they will go out and do better emotionally informed practice.” - Super Lead



Research question:

RQ2e). What supports and prevents use of physical and Kitbag Online in a children's social care context? (Including insight from the non-users on why they did not adopt the tool)

The findings surrounding barriers and facilitators to the use of Kitbag fell broadly into two categories:

- Barriers and facilitators to the practical implementation of Kitbag within the LA
- Barriers and facilitators to using Kitbag with children and families.

Barriers and facilitators to the practical implementation of Kitbag within the LA

Information, support and training

Whilst 60% of survey respondents reported feeling supported to use Kitbag, in workshops, interviews and focus groups, practitioners (including non-users) described a sense of insufficient information, support and training being offered to enable practitioners to use Kitbag effectively. The survey findings revealed dissatisfaction with the process for replacing materials in the kitbag when needed, which was intended as part of the intervention, and one FC shared that this information was not covered as part of their training. One practitioner stated that they had never used kitbags in team meetings or supervision sessions, and that they had not heard much discussion about Kitbag amongst others in the LA:

“No one in my team has really mentioned it at all. I think I’m the only person in my team that has one that I know of, but obviously we don’t talk about it, so I don’t know. It’s not really something that’s prevalent in my team or that I know of colleagues in other teams use it like very proficiently.” - Non User

Many described not feeling confident in using Kitbag without training. Only 32% of survey respondents reported being invited to a monthly Kitbag workshop, and less than half (45%) reported attending a Kitbag workshop. Whilst one practitioner felt that they had received Kitbag without any information or training around it, others shared that many practitioners thought the Kitbag workshops were a one-off session to receive and be trained in using Kitbag:

“Some of the workers don’t see the follow-on sessions as important/mandatory and have been like ‘Oh! I’ve already completed that session.’” - Team Manager

Role of Designated Kitbag Leads

Designated Kitbag Leads (DKLs) were positioned in each team in the treatment group. The aim of this was to have a Kitbag champion embedded into each team to attend workshops and provide feedback to support colleagues to use Kitbag.



In our interim survey, 60% of respondents felt supported to use Kitbag. The DKL role was highlighted by respondents as a helpful form of support, and over half (56%) agreed or strongly agreed that the DKLs were disseminating information well from the monthly workshops; 29% neither agreed nor disagreed, 4% disagreed and 10% strongly disagreed that the DKLs were effective in their information sharing. However, administrative data demonstrated that DKL attendance at workshops was low, given numbers of DKLs across the four LAs (see Appendix H), and as a result, workshops were opened up to any practitioner who was assigned a kitbag.

In observations and interviews with super leads, the success of implementing and embedding Kitbag in a team was seen as being largely dependent on how involved and committed the DKL was. While some had been enthusiastic and volunteered to take part, others had been assigned the position by their managers, and some didn't realise they were in the position. One super lead described a wide variation in how DKLs carried out their roles. In some teams the DKLs had not picked up their kitbag and their team members were not using it, while in others DKLs were using their kitbag in team meetings and re-running training for those that had missed the workshops.

The above findings were reflected in one of the focus groups, where two participants were DKLs. Both felt the role had been thrust on them and was poorly explained. However, one felt that by committing time to attend the training and use Kitbag themselves, they could effectively champion it within their team and encourage their colleagues to participate. This meant they ensured other practitioners in their team had received their kitbag and supported them to embed Kitbag into their practice - something that was agreed by another team member in the focus group. The other DKL did not attend many workshops or use Kitbag, and explained that no one in their team did either. Indeed, the culture of the team was seen as important to whether Kitbag was successfully embedded, with openness to trying new things and asking questions seen as a facilitator.

Individual champions

In line with the IFF's evaluation of Kitbag in schools, individual champions (non-DKLs) were seen to play a key role in moving the project forward. There was a common theme in the interviews with delivery partners, super leads and practitioners that the project depended on proactive individuals at different levels. Delivery partners recognised the hard work of super leads in distributing the kitbags in challenging circumstances, in some cases driving around the LA to deliver them by hand. Super leads recognised the flexibility of the delivery partners in working around their schedules and organising additional training sessions, sometimes when only one person could attend. There was a sense amongst all participant groups that "word of mouth was very impactful" and individual champions were vital in the uptake of Kitbag and embedding it in some of the teams:

"Inevitably you have to work with the early adopters and get those who are really engaged on board. Then they start to champion the approach, and gradually you kind of build up a coalition of the willing, as it were, within the local authorities." - Delivery Partner



Lack of time to use Kitbag

There was a sense amongst non-users that it was difficult to find the time to use Kitbag, and it was suggested that “things that are optional kind of fall behind”, particularly given high turnover in their LA. One practitioner expressed frustration that they could not find the time to conduct direct work on top of their existing workload:

“When you have large sibling groups to do the direct work at home, and then you’re having to visit school and there’s just not the time in the day to do those, and see all your families and do all the admin.” - Practitioner

Whilst this does align with survey findings, where 42% of practitioner respondents reported lack of time as a barrier to completing direct work, notably it was not expressed in interviews, focus groups and observations of practitioners who used Kitbag. Further, the majority of practitioner survey respondents who used Kitbag reported using Kitbag bi-weekly or monthly (25% and 49% respectively).

In an interview, one FC highlighted lack of time as one factor that prevented them from spending more time using Kitbag with their young person, although most FC survey respondents (84%) reported using Kitbag on a weekly basis.

“It’s pinning him down because he’s very busy, GCSE’s, football [...], so he doesn’t get in until half four. So between the football, the dinners and everything else...” - Foster Carer

Staff confidence and resistance to new ways of working

In workshops, some staff reported that they lacked confidence or felt ill-equipped to use Kitbag with different ages, abilities and with parents, as well as expressing discomfort in using components that involved play. For example, one practitioner shared that the puppets require a lot of confidence to use.

Practitioners also expressed that they faced resistance from colleagues, particularly those who had already built a direct work kit, or who had been working at the LA a long time and were therefore more likely to have experienced burnout or fatigue. Some staff perceived Kitbag as a potential hindrance, considering it an additional material that they had to learn to use, and one that overlapped with materials they already use. Others suggested that there are some practitioners who are less receptive to slow social work:

“Some practitioners have a view that social work intervention is not necessarily about direct work tools.” - Senior Manager



Impacts of COVID-19

The delivery partners and super leads cited COVID-19 as a major barrier in the implementation of Kitbag. The delivery partners in particular explained that the negative impact it had on the project could not be underestimated. The challenges mentioned were threefold:

1. The pandemic posed a difficulty in the distribution of Kitbag, as staff were not regularly coming into the office, which meant it was difficult to ensure everyone had picked up their kitbag. This was seen as a more acute challenge in the two larger, more rural boroughs where there were a number of offices spaced around the council
2. The lack of in-person interaction was seen to detract from group knowledge sharing on how to use Kitbag and it was seen as more difficult to introduce Kitbag and hold training online and via email, where the message of Kitbag could be easily diluted. Interviewees felt that if they were able to bring people together in person, knowledge and enthusiasm over Kitbag would spread more widely and quickly:

“...because they [staff] weren’t physically sitting alongside each other and hearing when somebody came back and had had a good visit and think, ‘I’ll try that.’” - Delivery Partner

3. There was also a sense that the stress and added work associated with the pandemic was pushing staff to their limits and they didn’t have the bandwidth to take on a new resource and attend additional meetings:

“They were just juggling the anxiety and worry of managing the safety of children at home, whilst they weren’t in school and whilst they were in lockdown. Actually they just weren’t going to have the space leftover to suddenly go, ‘Well there’s this brand new idea called a kitbag. Let me invest time and understanding in what that’s about.’” - Super Lead

Super leads felt that the ‘second phase’ of the Kitbag project, when randomisation was dropped and they were distributing Kitbag to all staff, went more smoothly as pandemic restrictions were no longer in place. This meant that they were able to physically hand staff a kitbag and introduce it in person.

“The experience of giving bags to teams in the office, I was physically able to walk over to them with the bag and talk about it and show it to them, and they were really excited to receive it.” - Super Lead

In a workshop, one practice lead shared her disappointment that Kitbag had not helped to improve staff emotional wellbeing in the way that she had hoped due to COVID-19, and suggested that elements may have been more difficult to embed as they were not holding team meetings during the pandemic.



In general, COVID-19 was not emphasised by practitioners as a major barrier, although practitioners in one of the focus groups only received their kitbag once restrictions had largely been lifted. One non-user expressed that while they were not fully aware of how COVID-19 impacted the use of kitbags, they felt that “it definitely affected direct work”. With the move to virtual work, they described how they had to adapt and be creative with conducting direct work virtually, for example, by translating colour cards to a Powerpoint. Also, they described how they felt that direct work was “much easier face-to-face”, and that conducting direct work in person better helped to build a relationship with the child or young person.

Practitioners felt that it would have been useful to have access to Kitbag Online before they were provided with a physical kitbag, earlier in the pandemic. This could act both as an introduction to the resource, and provide them with a tool to use at the time they were not able to bring out physical direct work tools.

For practitioners and FCs, there was a sense that it would have been more beneficial to have participated in Kitbag training in person as opposed to virtually as it would have facilitated better learning of how to use the resources, and that virtual training was “not the same as being in a classroom with other people.” In workshops, practitioners expressed that there was increased enthusiasm and uptake of Kitbag when they were able to promote and pick up Kitbag in person. One FC shared that in-person training would have helped them to feel more comfortable in using the Kitbag resources:

“As I say it is easier, and if you are worried you can go and ask somebody from other people in the room, and you don’t feel so isolated as what you do on Teams or whatever”. - Foster Carer

Barriers and facilitators to using Kitbag with children and families

Age

Interviews, focus groups, observations and survey data highlighted that there were mixed views on the suitability of Kitbag for different age groups. Some practitioners and FCs suggested the child’s lived experience and interests - rather than age - influenced how they were able to use Kitbag and whether it complimented the direct work they were conducting with the child. Others described Kitbag as unsuitable for older children and felt that teenagers would perceive a kitbag as “*childish*”, particularly due to the design, and were therefore less likely to engage with its contents. These views were particularly prevalent in non-users or practitioners who had not used Kitbag with teenagers. There was a shared sense amongst them that some of the kitbag resources were aimed at much younger children, but also, that it was more difficult to complete direct work with teenagers in general.

Several survey respondents provided suggestions to tailor the contents and design of the kitbag to increase its appeal to older children, such as changing the kitbag’s fabric to a more neutral pattern to appear less “*baby-like*”.



Whilst some practitioners did experience a lack of engagement from some teenagers, many practitioners and FCs reported positive experiences with others, despite initial scepticisms from themselves and the young people that they worked with:

“When I first had the kitbag I used the little hand puppets, and he was like, ‘What have you got?’ He was 17, nearly 18, and he was like, ‘What the bloody hell have you got there?’ And actually, it just became a bit of a talking point, and I took the micky out myself” - Family Support Worker

Some elements were used more with older age groups, such as the calming oil and presence and feelings cards. Practitioners who had successfully engaged teenagers using Kitbag suggested that its success was dependent on how creatively it was used, and staff confidence when introducing Kitbag to the young person. This aligns with views expressed in interviews and focus groups, whereby some practitioners expressed anxieties or reluctance in using or adapting Kitbag with teenagers. This was also evident in interviews with super leads, where it was felt that the anticipation of using it, along with preconceived notions on how teenagers would perceive its design and contents, closed practitioners minds to the possibility of using it with teenagers:

“There are worries. ‘I don’t know whether a teenager’s going to engage with it. The teenager’s going to tell me to eff off.” - Super Lead

In workshops, some practitioners highlighted examples of increasing staff confidence in using Kitbag with older children by attending visits with less confident colleagues and therefore challenging their assumptions on how and whom Kitbag is useful for. One FC described challenging similar views with a young person in their care:

“... At first, he was like ‘Oh I’m too old for that. That’s for babies.’ I was like, ‘No, give it a go,’ and at the end of it he was like, ‘Can we do that again?’ - Foster Carer

Although practitioners and FCs generally agreed that Kitbag was useful for younger children, some felt that some of the resources were less suitable for children below primary school age. For example, one FC described the Wonder Journey as *“quite wordy”* and suggested including items that were more age appropriate or *“more sensory”* for younger children, which they felt would also be helpful for children with additional needs.

Differing needs and preferences of the child

Some practitioners reported finding Kitbag particularly beneficial to use with neurodiverse children and young people, such as those with ADHD and Autistic traits. One described using Kitbag to calm a child down when their anger was escalating, and another described a child using it to help them communicate how ADHD made them feel.

However, there was also a suggestion that Kitbag is less appropriate to use with some children, depending on their needs and preferences. One super lead explained that some practitioners from the children with disability team explained that they tried to use Kitbag but it didn’t work for them as



children would put the puppets in their mouths. Another example was shared by a FC who felt that Kitbag was not appropriate to use with their child whom they described as “a very avoidant child”, as they already experienced “extreme” challenges with engaging the child and didn’t feel it was “the right situation to do it”.

In line with interview findings, observational data found that Kitbag was perceived by practitioners and FCs to be more effective with children who have additional needs such as ADHD and autism, as well as younger children. Practitioners and FCs described scenarios where elements of the kitbag (such as presence and feelings cards) had promoted emotional regulation for children with additional needs. One practitioner suggested that Kitbag gives “a voice to children where English is their second language.”

However, like with age, some resistance towards using Kitbag with children with additional needs due to assumptions around engagement was evident through workshops. Delivery partners used these conversations as an opportunity to unpick biases and encourage FC confidence in using Kitbag:

“Sometimes we can expect children with neurodiversity to not do it so we may not give them the chance” - Delivery Partner

Receptiveness of parents and families to using Kitbag

Generally, practitioners reported that families were open to using Kitbag and enjoyed sessions. In focus groups and observations, practitioners described that some children and families had expected to use Kitbag during visits, and requested it if not:

“[I’ve] definitely got children now who are expectant of the kitbag, and if I don’t get it out they will ask: ‘where is it?’” - Practitioner

In observations, practitioners described examples of parents and carers using Kitbag resources outside of sessions, or creating their own resources (e.g by purchasing their own oils to use or creating feelings cards). One of the practitioners we interviewed that did not adopt the use of Kitbag felt that the resources in the kitbag were not unsuitable for all, but felt that engagement was largely dependent on the families practitioners are working with. They emphasised the importance of parental engagement and openness of Kitbag in its uptake, particularly some of what they perceived as “more abstract concepts”.

In focus groups and observations, there was a sense that using Kitbag was a good way of including the wider family in a session, which was appreciated by both children and carers. For example, one SW described how Kitbag supported engagement with a family where one of the primary caregivers (the grandfather) was care-experienced and initially suspicious and reluctant to engage with SWs due to his previous experiences:

“I think he was observing from afar, how I will interact with the child. So seeing the way we were laughing, ‘Oh today I’m picking yellow,’ ‘Why are you taking blue?’ ‘Oh because I’m wearing a blue robe.’ So it was kind of like playing. So he came closer because I think it was



not going exactly like a tick box, asking questions, tick. How have you been, what did they say in school [...] It was interactive and that's how it brought him closer.” - Social Worker

Another practitioner had a similar experience, finding that fathers in particular who used to avoid her visits would make more of an effort to be present after she started to use Kitbag.

Research question:

RQ3). Readiness for trial: What factors would need to be in place to support a successful randomised controlled trial (RCT) of Kitbag, or a similar intervention?

Randomisation as a barrier

Randomisation was seen by both delivery partners and all four super leads as a major barrier in the acceptability of the project. They all described enthusiasm with Kitbag in the early introductory phase of the project, which was then significantly diminished when some teams found out they would not receive a kitbag. One reason suggested for this was that RCTs were culturally unfamiliar to practitioners and difficult to explain. Additionally, it was felt that Kitbag was better suited to some teams than others, and this did not fit which teams were randomly assigned to receive one. In workshops, senior leaders discussed how randomisation also created confusion as to who was eligible to receive a kitbag.

One of the delivery partners, with a background in healthcare research, expressed some surprise at the level of resistance/difficulty they encountered to the randomisation of teams to receive a kitbag. They found that in conversations with super leads, randomisation was seen as an obstacle and they expressed frustration in terms of explaining the process and rationale to their workforce:

“What complicated matters for them was understanding what the randomised controlled trial meant, and what the implications of that were for them.” - Delivery Partner

They described a trade-off between wanting to generate robust evidence of the value of Kitbag, and finding it challenging to do this through an RCT design in a social work setting, as the methodology was not “culturally familiar”. There was a sense that practitioners were disappointed when they did not receive the resource, and it was difficult to encourage them to participate in the project - such as completing a survey - if they had been designated as a control. They described the intervention becoming more feasible to implement when the randomisation was lifted and Kitbag was offered to the entire workforce, as it then became a whole organisation approach. Their reflection was that in order for practitioners to change their practice, there had to be a whole service approach; a sense that practitioners are “all in this together”. This echoed with delivery partners’ initial expectations that service-wide adoption of Kitbag has the potential to influence organisational culture and improve work-related outcomes, such as improved social and emotional literacy, and increased trust and respect.



One super lead echoed the delivery partners' surprise at the lack of understanding around conducting RCTs in the workforce, despite attempts to explain the principles. All super leads described disappointment from teams that didn't receive a kitbag, and said it was then difficult to encourage the control teams to engage in what they viewed as a "meaningless task" when they were already overwhelmed with work.

In interviews and observations, some super leads described the negativity experienced by the teams that were not receiving a kitbag, which they described as spreading "like wildfire" and leading to difficult discussions:

"With the teams initially, there was a lot of excitement about it, but I would say that that excitement was dampened down really quickly when they were told that some teams wouldn't get them. That put people off almost immediately." - Super Lead

This disappointment was also seen to affect FCs. One super lead relayed a situation in which 14 FCs attended an initial meeting about Kitbag, and were very interested and enthusiastic about having a Kitbag, however only half had a child with a practitioner in an intervention team. Some super leads explained that, conversely, some of the teams that received a kitbag showed very little interest in it, with one team offering the opportunity to another. Super leads saw it as a shame that they could not offer Kitbag to those practitioners who felt they could benefit and wanted them the most.

One super lead explained that the randomisation process worked better in some work streams than others. For example, the LA has three looked after children teams, two of which received kitbags while one did not. This resulted in a deeper sense of unfairness than in the four family support and child protection teams, where only two teams received kitbags.

Another super lead expressed difficulty in adherence to the treatment and control group as kitbags were stored in a drawer for collection, which was accessed by practitioners in the control group. Further, there were challenges around monitoring this as not every practitioner signed the kitbags out upon collection, so it became difficult to ascertain who had received a kitbag and who had not. Some practitioners described an element of 'contamination' of adherence to the treatment and control group, such as a practitioner convincing a colleague to give them a kitbag despite not being in the treatment group.

Consent forms

Families were asked to fill out consent forms to take part in the Kitbag evaluation prior to the project launch when it was still a RCT design. However, delivery partners, super leads and practitioners all reported widespread confusion around what the consent forms were for, and a reluctance from practitioners to ask families to fill them out. Many practitioners mistakenly thought the purpose of the consent forms was to confirm that they could use Kitbag with a child, as opposed to taking part in the evaluation. One FSW who was also a designated Kitbag lead explained that there was a worry amongst her team that the consent forms would mean that they - rather than the resource - were being evaluated. On top of this, the forms were seen as onerous to fill out, and as adding a sense of



bureaucracy to the project. In workshops, there was reportedly an increased interest in Kitbag since the consent forms were omitted.

“Parents aren’t that happy with social services working with them [...] So asking them to consent to SWs using Kitbag, and families potentially being interviewed was a really difficult thing. [...] To bring the kitbag without the whole issue of consent would be much easier. So we wasted a lot of time with that, and I think we lost some practitioners along the way.” - Super Lead

Appropriate outcomes

Along with complications in collecting the necessary data to measure the outcomes due to consent forms, there was a question mark over how appropriate the selected outcomes for the impact evaluation were. The delivery partners thought that the time frame of the project meant it might be difficult to see a change in the outcomes which could be attributed to Kitbag, as there are so many other independent variables.

Gatekeeper effect

There seemed to be general anxiety amongst practitioners in involving children and families in research, resulting in a ‘gatekeeper effect’. In workshops, some practitioners found it “overwhelming” and “scripted” to introduce the consent form to families. This was seen to hinder the process of filling out consent forms, and inviting children and young people to take part in interviews:

“For some reason workers didn’t really want to engage young people and families in the research...There’s a couple of families that I’ve heard and had feedback along the way that have used Kitbag...Then when I’ve gone back to those individual workers to use the young people as focus groups, there’s been reasons why now isn’t the right time to speak with the young person, we’re three weeks away from adoption, or transition or they’ve just moved. I think that that’s probably discomfort for the worker rather than a child saying no. We’re not even giving the child a choice to say yes or no. It’s about the worker and our anxieties about containing or holding something for young people and families.” - Super Lead



Discussion

Our findings suggest that while LAs do provide some resources to use in direct work, these are often shared within teams. Practitioners also prefer to have their own resources which they often purchase/source for themselves as opposed to having resources covered by the LA.

Practitioners generally expressed a desire for more resources from their LA for engaging in direct work, including information and guidance, and Kitbag potentially filled a gap for practitioners who had not yet developed their own tool kit. For those practitioners who enjoyed using Kitbag, the rationale for doing so did not appear to be the financial benefit of being given a physical resource (as opposed to having to buy it themselves). Rather, it was that Kitbag was perceived as shaking up direct work, encouraging practitioners to be creative, and try new things. Some practitioners we spoke to also reported how families repurposed household items to create their own elements of Kitbag, showing that this can be done at little to no cost.

Moreover, one of the key insights from our findings was practitioners citing a lack of time - not just for engaging with Kitbag - but also for engaging in direct work with children and young people more generally. Indeed, half of our survey respondents shared that having high and complex caseloads was a barrier to conducting direct work with children and families, while 42% cited a lack of time.

Our findings suggested that direct work was previously not often discussed (38% of survey respondents reported that little or no time is given in supervision to discuss direct work), but Kitbag prompted more discussions around it, for example with colleagues. Providing space, but more crucially, time, to talk and think about direct work emerged as one of the most positive benefits of introducing Kitbag. There was a sense that Kitbag provided a space to talk about direct work and share practice and learning. For those that attended the workshops, this provided a venue to reflect and to learn from others.

Cross pollination of ideas across SWs, with FCs and between LAs too was seen as a key benefit. It had the potential to broaden the idea of what direct work could look like, in a time when some respondents felt direct work was becoming overly prescriptive and bureaucratic.

Kitbag highlighted how beneficial learning around using direct work methods is for FCs. There is currently a lack of research examining how FCs communicate with the children and young people in their care, and it is not common practice for them to receive training from their LA on how to conduct direct work. Our survey found that a small minority (4%) received direct work tools from the LA.

The participants interviewed described relying on their own prior experience and training, which was not offered to FCs as general practice. Although only based on two interviews, the FCs we interviewed found Kitbag extremely beneficial, possibly because prior to its introduction they weren't being provided with other resources. Interviews with practitioners and FCs also suggested that they



relied on previous training and theory to use Kitbag. This differs from the views of teachers interviewed for IFF's 2017 evaluation of Kitbag in schools, where one of the benefits of Kitbag was seen to be the fact that it didn't rely on previous skills.

In contrast to the TLC project's findings that 80% of SWs do not use resources to communicate with children, only 4% of respondents to our survey reported they did not use, or did not see others in their LA use, direct work resources. A potential explanation for this is that a large proportion of participants in our survey chose doing an activity together, or going out for food or a drink, from our multiple choice list of resources to use in direct work, possibly meaning that interviewees may not have considered activity-based direct work as a 'resource' in TLC's qualitative study.

When asked to select all the ways in which they sourced resources for direct work with children and families, 76% of practitioner survey respondents reported using LA facilities to print worksheets, 69% reported buying direct work resources themselves, 50% reported using physical resources provided by the LA, and 47% used online resources. Thus, the majority of our sample buy direct work resources using their own money, in line with previous research. However, half also reported making use of the resources the LA provides.

RQ1). Implementation of Kitbag in a CSC context

Business as usual

As BAU for direct work appears to be highly varied between LAs, teams and practitioners, the introduction of Kitbag impacted people differently depending on the resources they were already using. Findings suggested that for some practitioners and FCs, Kitbag acted as a welcome addition to the resources they already used. Others reported a preference for activities, like going for a walk or talking without any aids as alternatives for direct work, and felt that Kitbag would not be useful for the children and young people they work with. Kitbag appeared to introduce the most substantial change to practice for the practitioners who expressed a desire to use direct work tools, but felt they lacked access to resources and knowledge of how and when to use them. Practitioners who fit this category revealed a gap in provision of material resources from the LA, as well as training and discussion around how direct work can be enacted. For them, it appeared Kitbag was able to help fill this gap.

Barriers

Our findings also align with some of the barriers found in previous work, including a lack of engagement/uptake of Kitbag, limited time to use Kitbag, and Kitbag not being suitable for children and young people across different age groups, for example very young children who found some materials difficult to understand, or teenagers who felt the kitbags were orientated towards children younger than them (IFF, 2017).

There was a sense that there were implementation issues and wide variation with regards to how Kitbag was distributed across LAs. Despite a high number of training sessions and workshops being offered by the delivery partners to support DKLs to carry out their role, attendance at these was low.



Our findings hinted that there may have been communication failures at LAs whereby the offering of training/workshops was not sufficiently communicated to Kitbag recipients, since several of our interviewees stated that they were unaware of any training/workshops to use Kitbag and expressed a desire for more support. However, it may have also been the case that DKLs (and later practitioners, who were invited to attend workshops) were simply too busy to attend workshops, or had not noticed communications from the LA inviting them to attend.

Moreover, there were issues regarding the LAs ability to distribute the kitbags due to the COVID-19 pandemic, with practitioners not able to pick up their kitbag in person at the LA until some time after the intervention had launched. This may have impacted their ability to have sufficient time to introduce Kitbag into their ways of working, and may explain some of the low engagement and uptake we observed during the midline survey, five months after the intervention was meant to have launched.

Lastly, the randomisation element of the study - which was initially introduced when the research was designed as a cluster RCT with half of teams at each LA receiving a kitbag - seemed to have had a detrimental effect on the initial momentum and sense of excitement around Kitbag. This was seen by super leads and delivery partners as a pivotal factor impacting on the engagement and uptake of Kitbag. The lack of access to Kitbag for certain teams at the LAs seemed to create a sense of unfairness amongst these participants, and as a result, when kitbags were offered to control teams, they may have been less receptive and/or open to using and implementing Kitbag into their ways of working.

Facilitators

In line with the IFF study, it was important to have staff members who would act as champions to “drive forward” and promote the use of Kitbag amongst other staff. Additionally, it appeared that staff who were already used to creative methods of direct work, or staff who were in teams where an existing culture of engaging in creative work was being promoted, were more likely to use (and enjoy using) Kitbag with children and young people.

Attendance at training and workshops offered to support the use and uptake of Kitbag was low. However, super leads reported that the opportunity for shared learning was a particularly positive factor of the intervention. This is described further in the outcomes section below.

Practitioners who did attend training and workshops reported a very positive experience, and attributed this to the opportunity for shared learning with others across LAs. It may be the case that if training and workshops were attended more, or if they were held in-person at LAs, that this could have helped to facilitate the uptake of Kitbag and boost engagement with the intervention.

As a result of dropping the impact evaluation, we were unable to assess whether the intervention had an impact on the outcomes we had listed in our logic model. However, our findings did suggest that Kitbag could help to improve relationships between practitioners and carers, and children and young people.



In terms of relationship building, an important facilitator may have been the role of the family: there were reports of family members becoming more involved and engaged when Kitbag was used with the child or young person, and of family members replicating Kitbag resources to use with the child or young person outside of practitioner visits. Thus, family members may have helped to facilitate the use of and engagement with Kitbag, though this would need to be explored in future research.

RQ2). Experiences and perceived outcomes: What are the experiences of SWs, FSWs, FCs, KCs and children who have used Kitbag and what are the perceived outcomes they identify?

Kitbag as a way to increase creativity and innovation

Our findings suggest that the provision and use of Kitbag allowed some social work practitioners and carers to be more creative in their interactions with children and young people - for example, a child's use of puppets to communicate openly, in scenarios where they might not open up otherwise. This is in line with past research which suggests that creative practice could help to improve the quality of direct work (Ferguson, 2014).

Practitioners found that some items worked less effectively with children of different ages or needs. A key insight from this finding was that, rather than providing a uniform set of physical resources, it may be more beneficial to provide practitioners with a choice of items and activities which would be funded by the LA. This would also provide practitioners with more autonomy over how they conduct direct work and choose direct work resources based on the individual needs and preferences of the children and young people in their care. Findings suggested that the provision of direct work resources in this manner - like Kitbag - would need to be supported with tutorials and training.

In general, workshops provided practitioners with a space to experiment with direct work and feedback to each other. Shared learning and group work was seen as a bonus, not only amongst SWs, but cross-pollination with FCs and other LAs. Indeed, one respondent reported that the opportunity to share practice with a wider network was the most beneficial aspect of the Kitbag project. This fits with one of IFF's (2017) recommendations from their evaluation in schools, where they suggested developing a "sharing culture and supporting platform" following an expressed interest by teachers to learn about Kitbag practice in other schools.

Kitbag as a tool to open up communication and build relationships

In line with the previous IFF (2017) study which was conducted in schools, there was an indication that Kitbag could help to improve communication skills for both practitioners and children and young people. Recent research has suggested that there are shortcomings in SW's communicative skills and practices with children - with an overreliance on verbal communication and prescriptive work - and there has been a call for a "reconfiguration" of communication as cooperation and dialogue (Ruch et al., 2020). Additionally, social work organisations are often found lacking in providing ample resources to SWs, particularly ones that allow them to bolster "co-operative and dialogically configured supportive spaces" with children and families. Moreover, social work communication skills,



for example relationship building, can affect outcomes for children and families (Forrester et al., 2019).

Our pilot findings suggest that Kitbag might be one resource practitioners and carers could use to work with children and young people in a cooperative, rather than prescriptive manner, enabling them to “move beyond a preoccupation with verbal interactions” and to engage in more creative, non-verbal methods of communication during direct work (Ruch et al., 2020). Additionally, our pilot research suggested that children used Kitbag to open up to their SW and it introduced a more balanced power dynamic, an important factor in children feeling heard (Winter, 2010).

Our findings also suggest that Kitbag can improve relationships between practitioners, children and families, with the potential to promote a culture of “relationship-based practice” (Hingley-Jones & Ruch, 2016). For example, in our findings there were reports of parents and families becoming more involved during social work practitioners’ visits with children and young people as a result of the kitbag being used, and practitioners and carers becoming more creative and engaging during direct work.

Kitbag as a tool to mobilise time and space for direct work

In our findings, some social work practitioners reported insufficient time for conducting direct work more generally. This is in line with prior research showing that time allocation for direct work is severely limited as a result of excessive levels of administrative burden and bureaucracy (BASW, 2018; Ferguson, 2017). The prioritisation of administrative work over time for face-to-face contact with children and families is a systemic issue across social work settings, and is attributed to the organisations in which social work practitioners work, rather than a failure of practitioners themselves (BASW, 2018; Munro, 2011).

While Kitbag is a direct work tool and cannot overcome the wider structural issue of insufficient time to engage in face-to-face contact with children and families, our findings suggest that Kitbag might help to address SWs’ feeling “that they lack the necessary skills and confidence in undertaking direct work with children” (Munro, 2011). The introduction of the Kitbag project at the four LAs, with time and space being provided to practitioners to discuss direct work during workshops and discussions, seemed to help prioritise direct work.

RQ3). Readiness for trial: What factors would need to be in place to support a successful randomised controlled trial (RCT) of Kitbag, or a similar intervention?

As our findings suggest that the perceived benefits of Kitbag vastly exceed the perceived harms, further evaluation of Kitbag in the form of a RCT is likely to be resisted and/or controversial. Moreover, interviews highlighted that there were strong negative reactions from practitioners who didn’t receive a kitbag, with a suggestion that the element of randomisation had a negative impact on the initial momentum and wave of excitement when it was announced that Kitbag was being introduced at their LA.



Additionally, previous evaluations, such as IFF's 2017 evaluation of Kitbag in school, have identified service-wide adoption of Kitbag as having the potential to generate a "Kitbag organisational culture", built on social and emotional literacy, trust and respect, which improves workforce-related outcomes. A number of participants in our study, particularly those in senior roles, believed that Kitbag could have a positive effect on team communication and morale, suggesting service-wide adoption is a more appropriate delivery method.

Lastly, similarly to the IFF evaluation, we experienced data collection challenges - including low response rates to our midline survey, and difficulties in recruiting participants to our interviews and focus groups.

Limitations

COVID-19 had a significant impact on our original study design, and created a number of challenges, including:

- 1) Participants not being able to pick up their kitbags from the offices due to the majority of staff working from home
- 2) Shifting completely to virtual training and workshops which may have been less attractive, particularly with many staff experiencing "zoom fatigue" during remote work
- 3) Practitioners and super leads having to respond to more pressing challenges during the pandemic, and as a result of having less time and/or bandwidth to engage with the intervention when it was being launched
- 4) Practitioners being less able to use physical kitbags with children, young people and families due to less in-person visits being carried out during the pandemic.

We were unable to proceed with our initial plans for more comprehensive data collection and impact evaluation as a result of low uptake, whereby teams who were assigned to receive kitbags did not use them. As such, we are unable to draw any causal inferences from the IPE findings described here.

The IPE findings reflect a very small subset of the overall sample who received the intervention as part of this study, though we were still able to draw on a wide range of experiences (including that of practitioners, carers, children and young people, and super leads) across four LA sites with different contextual factors. This small sample limits the generalisability of our findings.

The response rate to our survey was low (17% for practitioners and 15% for foster carers), despite sending reminders and offering financial incentives in the form of entry to a prize draw of 24 lots of £100, divided amongst LAs. This represents a small portion of our overall sample. There was also disparity between the LA response rates, with two of the LAs not receiving any survey completions from foster carers - leading to bias of uneven representation. Thus, the extent to which we can interpret wider themes from the survey responses is hindered - though many of the patterns and themes that emerged from the survey also emerged in interviews and focus groups.



We were unable to examine any effects of the intervention on the outcomes in our logic model due to the shift from impact evaluation to pilot study. There was some indication though that Kitbag could have positive effects for improving relationships.

We experienced significant challenges in recruiting participants for our IPE interviews and focus groups. This was particularly pronounced when recruiting children and young people to interview, something we comment on further in the “Gatekeeper effect” section of our findings. In response to these difficulties, we asked for testimonies or quotes from children or young people who had used Kitbag, rather than an interview. While this may be preferable for children, young people and their carers, in cases where quotes have been transcribed by carers, we cannot guarantee the accuracy of these.

Our findings may have benefited from a post-intervention logic model workshop, tested with practitioners, carers and others involved (for example super leads) to examine the assumptions, outcomes, and theorised mechanisms. Future research would benefit from such activities since those involved more directly in the rollout and receiving of the intervention may be able to identify gaps that the evaluators and delivery partners may not identify.

Implications

We weren't able to quantitatively assess the impact of using Kitbag, meaning we are not in the position to strongly recommend the resource or further impact evaluation. However, interview data suggests that there are no significant harms to using Kitbag, and some practitioners and carers found using the bag aided their communication. We therefore recommend making Kitbag available to practitioners and carers, along with other direct work resources.

Implications for development

We propose undertaking further development work before conducting another impact evaluation. In particular, developers should consider whether Kitbag is distinct enough from BAU to expect a significant impact on outcomes. There are many variations of direct work among practitioners and carers - including using resources provided and paid for by LAs, resources sourced and paid for by practitioners and carers themselves; using physical tools or communication and activity-based direct work, or indeed a combination of these. Some of the resources used by practitioners and carers may already overlap with those included in Kitbag. An impact evaluation would therefore not compare 'resources' versus 'no resources', but rather compare free resources chosen by IFF with free resources provided by LAs, or resources chosen and paid for by practitioners. This suggests a change to the research question, to whether Kitbag is more effective compared to other direct work tools in outcomes such as emotional literacy.

This work could benefit from testing logic models with practitioners, carers and super leads, as well as involving LAs more heavily in the design of the intervention and its implementation.



Implications for delivery

A longer run-in period before distributing Kitbag would allow more time for SWs to become familiar with the purpose and potential uses of Kitbag. This would also allow more time to build buy-in from potential champions of Kitbag, rather than assigning the role to them. It was suggested that instructional videos would be an effective method of introducing Kitbag and sharing information as they can be watched at any time.

Encouraging the use of Kitbag during team meetings could be beneficial, as they are a space which can be a comfortable and informal way to help practitioners address any initial anxieties they may have, test out materials amongst themselves, and embed it into their ways of working.

In-person training and workshops should be facilitated where possible, to increase engagement with the intervention amongst participants, as well as becoming more familiar with ways of using the kitbags.

Assign Kitbag champions amongst FCs, as word of mouth is a key mode of information spreading in this more disparate group.

Local authorities could consider holding workshops with practitioners to learn more about their direct work needs and provide information on resources they can use in a range of situations and to suit the preferences of the children and young people they work with. Of particular note was the value practitioners found in learning from others and sharing their own ideas on direct work, especially across teams and LAs.

Implications for research

Consider the appropriate study design for future research on Kitbag, and whether there is a need to evaluate the impact of Kitbag. As there were no clear harms identified by providing Kitbag, especially as there is no requirement for all practitioners and FCs to use them with all children and young people, there is no impetus for a rigorous impact evaluation such as a RCT. Moreover, practitioners and super leads identified harms associated with evaluation, such as the randomisation element creating a sense of unfairness amongst teams assigned to the control group, and the added burden of consent forms for families to participate. This leads us to conclude a RCT is not appropriate at this time, although there may be a benefit to additional IPEs to further inform the development of Kitbag and its implementation.

There is a need for more research into how foster and kinship carers define and engage in direct work, and indeed whether this is a meaningful term to them. Business as usual is currently unclear, and our findings suggest that the majority of foster carers do not receive resources specifically for direct work from their local authority. Further research into how foster carers communicate with the children in their care would provide insight on what resources they would like to use and their training needs.



More formative work should be done around investigating how to include children and young people in research. We struggled to make contact with children and young people to include in our study, and we came up against the so-called 'gatekeeper effect', finding some practitioners reluctant to introduce us to the children, young people and families they work with. We propose exploring ways to make it more appealing, so that the voices of young people run more strongly through our work.



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Appendices

Moved to a separate document [here](#).



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info@whatworks-csc.org.uk

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whatworks-csc.org.uk

