

Let's Connect Fostering Communities Intervention Protocol

March 2023

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



Contents

Intervention	7
Business As Usual (BAU)	15
Theory of Change	17
Stakeholder engagement	20
Project management	21
Project team	21
External experts or Advisory group(s).....	22
Timeline.....	22
Project-related risks	25
Safeguarding risks	28
Risks to inclusivity	29



Glossary of terms / abbreviations & acronyms

ADCS	Assistant Director of Children's Services
BDM	Business Development Manager
CAMHS	Child and Adolescent Mental Health Services
CIC/BC	Children in Care/Birth Children
CSM	Children's Service Manager
DfE	Department for Education
FC/KC	Foster Carers/Kinship Carers
FCM	Fostering Community Members
FSW	Fostering Social Workers
LA	Local Authority
MoJ	Ministry of Justice
WRAP	Wellness Recovery Action Plan
WWEICSC	What Works in Early Intervention and Children's Social Care



TIDieR Summary

Brief name	Let's Connect Fostering Communities: Wellness Recovery Action Plan (WRAP)
Why	<p>To deliver a support programme for the Fostering Community to develop individual wellbeing responses to areas of difficulty and develop a shared understanding, language and approach to wellness to improve communication and ultimately offer increased stability for placements. The WRAP process supports individuals to identify the tools that keep them well and create action plans to put them into practice in everyday life.</p> <p>tidierguide.org/#/gen/DiCnYTHzF</p>
What (materials)	<p>The Let's Connect intervention is a support programme developed by Barnardo's, based on the Copeland Centers WRAP model. Wellness Recovery Action Plan (WRAP®) is a manualized group intervention for symptom and illness management that is delivered in a self-help group context. The materials used are from both Wellness Recovery Action Plan (WRAP) and Barnardo's operational materials.</p>
What (procedures)	<p>WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualised plan to use these resources on a daily basis to manage their mental health and wellbeing. It also includes details of how an individual would like others to support them.</p> <p>For the sustainability of the intervention, members of the fostering community are trained to facilitate group work (Level 2). Keeping Connected groups are formed to encourage a social network of support.</p>
Who with	<p>Fostering Communities in 3 Local Authority Areas. This includes foster/kinship children, birth children, foster/kinship carers and social workers. Other adults in fostering households will also be eligible to be invited to participate in WRAP and the evaluation, with the exception of social workers and other adults in the family</p>



	<p>who are not birth children – their invite will be confined to just the WRAP programme, not taking part in the evaluation.</p> <p>Target Number: 178 fostering households with 311 foster carers, 544 foster children, 25 other adults, 59 birth children (plus kinship households, numbers unknown)</p>
Who provided	<p>All WRAP courses will be delivered by 2 accredited WRAP facilitators (Level 2 trained). The Barnardo's team will deliver the initial groups.</p> <p>Later groups will involve trained peer co-facilitation from members of foster families that have taken part in Level 2. To maintain consistency of experience in delivery, we will include 2 Barnardo's staff co-facilitating with one FCM after the latter is trained.</p>
How	<p>The WRAP programme has six parts and programme delivery follows the WRAP manual for each session.</p> <p>Information is imparted through lectures, discussions, and individual and group exercises, and key WRAP concepts are illustrated through examples from the lives of the Co-Facilitators and participants.</p> <p>WRAP will be delivered to participants in the following group sizes:</p> <ul style="list-style-type: none">• Adults: maximum of 16 participants per programme• Foster children: maximum of 8 participants per programme• Birth children: maximum of 12 participants per programme.
Where	<p>The intervention will take place in youth and community settings across Hull, North Lincolnshire and North East Lincolnshire, for example, in local youth clubs, schools, voluntary and community sector buildings, town halls and council buildings.</p>
When and how much	<p>The trial period runs from April 2023 – June 2024.</p> <p>Barnardo's aims to facilitate 40 WRAP courses over the project period. Adults in the intervention group will attend</p>



	<p>3 WRAP sessions over 3 short days. Children in the intervention group will attend a target of 10 2-hour sessions of WRAP over 10 weeks. Separately, some social workers will attend WRAP - but they are not included in the impact evaluation.</p> <p>Barnardo's anticipate that one train the trainer session (Level 2) will take place during the course of the trial period. Keeping Connected groups will be held two weeks after the WRAP group ends. They will run monthly for 90 minutes.</p>
Evaluator	Coram
Development stage	Pilot Randomised Controlled Trial (RCT)

How to cite this protocol

Mitchell, Kerry 2022-2024 Let's Connect Fostering Communities: Intervention Protocol
Dawson, Paula 2022-2024 Let's Connect Fostering Communities: Intervention Protocol

Intervention delivered by Barnardo's and funded by What Works for Children's Social Care. DOI.



Intervention

1.1. Why: Describe any rationale, theory, or goal of the elements essential to the intervention

The UK foster-care system is described as at ‘breaking point’. Numbers of children in care (CIC) increase year-on-year whilst 13% of foster carer’s (FC) retire/leave early every year due to burn-out. This intervention is designed to deliver a support programme for the Fostering Community to develop individual wellbeing responses to areas of difficulty and develop a shared understanding, language and approach to wellness to improve communication and ultimately offer increased stability for placements.

Hull City Council and NE Lincolnshire are authorities in Special Measures (SM) meaning serious inadequacies have been identified in the quality of care provided across council services. Part of the LA’s plans to step down from SM is to review foster care placements, reduce numbers of placement breakdowns and respond to foster carers (FC) request for development of a fostering community.

Let’s Connect is the name of the Barnardo’s service which supports the emotional wellbeing and mental health of whole communities (schools, health and Fostering). WRAP is one of the evidence-based models used within the service. WRAP supports a whole community approach to wellbeing and mental health through the following goals:

- Teach participants how to implement key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) in their day-to-day lives
- Help participants organise a list of their wellness tools—activities they can use to help themselves feel better when they are experiencing mental health difficulties and to prevent these difficulties from arising
- Assist each participant in creating a crisis plan that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
- Help each participant develop an individualised post-crisis plan for use as the mental health difficulty subsides, to promote a return to wellness

The impact of the Wellness Recovery Action Plan (WRAP) intervention has been widely researched. There have been two systematic syntheses of the WRAP evidence base; a 2019 systematic review and meta-analysis of WRAP delivered to adults with mental health difficulties (Canacott, Moghaddam, & Tickle, 2019) and an accompanying systematic review of qualitative data from service-users (Canacott, Tickle, & Moghaddam, 2020). Canacott, Moghaddam, & Tickle (2019) identified 253 studies, 5 of which were reported as having a controlled trial design. They found a small but significant effect of WRAP on self-perceived recovery outcomes when summarizing the five controlled design studies.

Three studies assessed overall clinical symptoms and the combined results showed no significant effect. However, the one RCT did demonstrate a small, significant effect of WRAP on overall clinical symptoms. Similarly, no significant effect of the intervention was found for specific symptoms of depression or anxiety. The systematic review of qualitative evidence



found positive perceived effects of WRAP, such as increased understanding and self-management of mental health (Canacott, Tickle, & Moghaddam, 2020).

1.2 What (materials): Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (for example, online appendix, URL).

Wellness Recovery Action Plan (WRAP®) is a manualized group intervention for symptom and illness management that is delivered in a self-help group context. Programme delivery follows the WRAP manual for each session. The WRAP programme is made up of six parts, the foundation of which is the wellness toolbox. The Wellness Toolbox is a list of all the skills and strategies a participant has used or wants to use to keep themselves well and to help them feel better when they do not feel well. Participants use the tools in their wellness toolbox to inform their WRAP plan.

Structure of the WRAP programme:

- Key Recovery Concepts
- Wellness Toolbox.
- Part 1: Daily Plan.
- Part 2: Stressors and action plans.
- Part 3: Early Warning Signs and action plans.
- Part 4: Breaking Down or Getting Much Worse and action plans.
- Part 5: Crisis Plan.
- Part 6: Post-Crisis Plan.

A fundamental element of WRAP is the creation of the WRAP action plan. WRAP plans are completed as part of the programme and used to assist individuals as they move forwards in their lives. How to use/develop plans is delivered as part of the programme and plans can be added to/adapted to support changing circumstances. For example, someone could have a plan about getting more sleep, engaging in more exercise, eating healthier food, listening to music or seeing a friend, all of which can have a positive impact on wellbeing.

As part of their training, participants attending Level 2 are each given a WRAP Manual provided by the Copeland Center.

1.3. What (procedures): Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.

Level 1:



WRAP guides participants through the process of identifying and understanding their personal wellness resources (“wellness tools”) and then helps them develop an individualised plan to use these resources on a daily basis to manage their mental illness.

The coping strategies that participants adopt in the WRAP programme will be specific to their individual needs. Amongst other things, WRAP provides a focus on supporters, wellness tools (skills and strategies to encourage wellbeing) and daily plans. Coping strategies will be things that participants include in their wellness toolbox and daily maintenance plans and participants will action- plan responses to stressors and early warning signs using some of what they identify in their wellness toolbox and daily maintenance plans.

A fundamental element of WRAP is the creation of the WRAP action plan. WRAP plans are completed as part of the programme and used to assist individuals as they move forwards in their lives. How to use/develop plans is delivered as part of the programme and plans can be added to/adapted to support changing circumstances.

WRAP is underpinned by five key recovery concepts which remain at the core of the programme and, along with the [WRAP values and ethics](#), help bring WRAP to life:

- **Hope.** The belief that we can get well, stay well, and go on to fulfil our dreams and goals. When we consider what hope means to us, we can also consider ways to increase hope in our own lives.
- **Personal responsibility.** It’s up to each of us to take action and do what needs to be done to stay well. We get to decide what personal responsibility means to us and the steps we want to take to be responsible for ourselves and our wellness.
- **Education.** Learning all we can about what we are experiencing helps us make good decisions about all parts of our lives. We can each define education for ourselves and explore steps we want to take to learn more in any area.
- **Self-advocacy.** Reaching out to others and expressing our needs helps us get what we need, want, and deserve to support our wellness and recovery. We can determine for ourselves how we want to self-advocate in different areas of our lives, including how we want to communicate our needs and preferences to others.
- **Support.** Receiving support from others, and giving support, will help us feel better and enhance our quality of life. We get to decide what support means to us, what we look for in supporters, and how we want to provide support as well as how we want to receive it.

Level 2:

Sustainability of the model requires Barnardo’s to step back over time. Accredited training courses support knowledge and practice of the facilitation structure that must be followed when delivering WRAP; The train the trainer course enables extensive practice of facilitating each element of WRAP. Barnardo’s understand that coordinating keeping connected peer support groups (post Level 1 programmes), requires both co facilitators to be trained at Level 2 trained.



Keeping Connected Groups:

Barnardo's staff will support facilitation (alongside FCMs) of Keeping Connected groups which provide participants with opportunities to maintain connection, peer-support and promote continued use/application of WRAP plans (so WRAP becomes a way of life) after WRAP groups have finished. When appropriate, different groups will be encouraged to mix with other groups to broaden connection/peer-support options across a wider fostering community. Involvement of Barnardo's staff in facilitation of these groups will reduce gradually over the project period to support maintenance of the groups once the project has ended.

Information sessions: Barnardo's will facilitate information sessions for FCMs, so they have clear information about the programme/evaluation to inform decisions to participate.

Sustainability: Barnardo's will make the three local authorities aware of ongoing support available should this be needed, including access to mentoring support until the end of the programme for WRAP facilitators, access to WRAP-related resources (including shared activities and WRAP Manual for reference) for all fostering community members and peer support groups for WRAP facilitators. The local authorities will have access to further WRAP Level 2 training courses to extend the pool of trained facilitators. Future train-the-trainer courses and peer-led meetings could also include training some short break carers who could have a different level of capacity.

1.4 Who with? Which groups of service users is the intervention/activity aimed at? How will these people be identified/referred? How many can receive the intervention at any one time?

The setting and target population which this programme will support is Hull City Council, North East Lincolnshire Council and North Lincolnshire Council fostering communities. Beneficiaries include all fostering community members: Foster/Kinship carers, foster and kinship children, birth children, and Fostering Social Work Teams. Other adults in fostering households will also be eligible to be invited to participate. Phase one delivery will focus on carers and social workers to equip them with resources to understand and support their own wellness, so they are better placed to support foster families.

The whole Fostering Community will be sent details of the programme from the outset with an invitation to take part in WRAP, this will include an invitation to attend an online/face to face information session to find out more and to understand the RCT element to the project. Of those who express an interest in being involved following the information sessions, specific referral information will be gathered from the LAs for self-referral.

Barnardo's and Coram anticipate delivering the intervention to 178 fostering households with 311 foster carers, 544 foster children, 25 other adults, 59 birth children (plus kinship households, numbers unknown)



Ofsted data on the size of the fostering community in the three participating local authorities:

Hull	North East Lincolnshire	North Lincolnshire
Ofsted stats: there were 415 foster households in H, NEL and NL on 31 March 2022 (725 foster carers, 1,269 foster children, 59 other adults, 138 birth children)		
200 households	105 households	110 households
360 foster carers	175 foster carers	190 foster carers
661 foster children	439 foster children	169 foster children
28 other adults	15 other adults	16 other adults
67 birth children	35 birth children	36 birth children

1.5 Who provided: For each category of intervention provider (for example, psychologist, nursing assistant), describe their expertise, background and any specific training given.

All WRAP (Level 1) courses will be delivered by 2 accredited WRAP facilitators (Level 2 trained). Barnardo's aims to facilitate 40 WRAP level 1 courses over the project period. Barnardo's staff will deliver initial groups and include FCMs in co-delivery after they have been trained as accredited facilitators. To maintain consistency of experience in delivery, we will include 2 Barnardo's staff co-facilitating with one FCM after the latter is trained.

Barnardo's staff:

The Barnardo's WRAP team have extensive experience in delivering WRAP and managers are involved in co-facilitating groups with project staff to monitor quality and fidelity to the evidenced based programme. Managers receive mentoring support direct from colleagues at The Copeland Center (founders of WRAP) and this includes co-facilitation of WRAP programmes between The Copeland Center staff and Barnardo's staff.

Barnardo's staff are Advanced Level WRAP Facilitators and will deliver two WRAP Level 2 programmes, enabling fostering community members to be trained as accredited WRAP facilitators and to co-facilitate WRAP Level 1 courses to their peers. Level 2 courses will be delivered by 2 Advanced Level facilitators over 5 days. 11 staff are trained to deliver train-the-trainer programmes.

Level 2 trained facilitators:

WRAP programmes can be delivered by accredited WRAP facilitators who have attended a Level 1 WRAP programme; actively use their own WRAP action plans to support their wellness; and have attended a 5-day train the trainer course to achieve accredited trainer status to be able to deliver WRAP level 1 courses to others. The Barnardo's team are advanced level facilitators and so are trained to deliver the Level 2 programmes to support others in the fostering community to become accredited WRAP facilitators.



Barnardo's anticipates that co-delivery of the WRAP programmes beyond this project will include foster carers and fostering social workers. There will be 16 adults trained to co-deliver WRAP to their peers which allows flexibility in who is delivering and how often.

Keeping Connected groups:

Co-facilitating WRAP offers an opportunity for those delivering the training to extend their support networks. Barnardo's staff will support facilitation of Keeping Connected groups which provide participants with opportunities to maintain connections, provide peer support to one another, and promote the continued use of WRAP plans after the WRAP groups have finished. Involvement of Barnardo's staff in facilitation of these groups will reduce gradually over the project period with the aim that the groups will continue without Barnardo's input once the project has ended.

The focus of the Keeping Connected peer support sessions is determined by the participants. Different foster carers could take a coordination role on a rolling basis. The coordinator role is concerned with venue bookings and sending reminders of the sessions, rather than leading sessions.

Information sessions:

Initially, information sessions will be delivered by Barnardo's staff but will include co-delivery with some FCMs after their completion of WRAP Level 1 groups – to share their experience and benefits of WRAP in practice.

1.6 How (mode of delivery; individual or group): Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.

Information sessions can be delivered face to face or virtually.

WRAP programmes must be delivered face to face and in a group setting (includes both Level 1 and Level 2 courses).

Keeping Connected sessions will be delivered virtually and in groups.

WRAP is an evidence-based group model and should not be delivered individually.

1.7 Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.



Group delivery will take place in different youth and community settings across the LAs and we are working closely with them to identify a range of venues to support a range of participants. We will ensure WRAP is facilitated in different venues across the three LA areas to suit a variety of accessibility needs.

1.8 When and how much: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.

Level 1 groups:

Adult sessions: The WRAP programme for adults can be delivered over 2 or 3 days – for a min of 16 hrs. In relation to childcare commitments, the usual 2-day delivery time frame for adult WRAP courses will be extended across three days to allow parents/carers to meet school drop-off and collection times and we are able to provide some courses over evenings and/or weekends to suit availability of those adults who would not otherwise be able to attend daytime only sessions. These groups will contain up to 16 people

Children sessions: Interventions for children and young people are delivered over 10 weekly sessions, 2 hrs per session, including an introduction and a celebration session. These groups will contain either 8 foster children or 12 birth children of foster carers.

Level 2 groups: Level 2 courses are delivered by 2 Advanced Level facilitators. Each Level 2 course will be delivered over 5 days.

Keeping Connected groups: We anticipate the first group (for each cohort) will run 2 weeks after the end of a WRAP group and then monthly thereafter – each Keeping Connected session will last for 90 minutes.

Information sessions: Delivery of information sessions will be ongoing throughout the programme, until we have reached capacity of recruited FCMs. There will be a need to increase frequency at certain points e.g. in the start-up period. We anticipate delivery of information sessions for FC/KC will take place in the same timeframe as delivering WRAP programmes (depending on the initial take up).



1.9 Tailoring: In tailored interventions, not all participants receive an identical intervention. Was this intervention planned to be personalised, titrated or adapted? [Yes / NA]

No adaptations will be made to the structure of the WRAP programme. However, it will be necessary to ensure that facilitated activities are age appropriate to meet the learning needs of individual participants. This takes into account, age, learning styles and needs. For example: facilitator examples shared within the group will be tailored to suit the audience according to age.

1.10 How well (planned): Fidelity refers to the degree to which an intervention happened in the way the investigators intended it to. This item refers to “how well” the intervention was received or delivered (such as how many participants took the drug/did the exercises, how much they took/did, and for how long).

We have delivered the WRAP programme maintaining fidelity for a period of 5 years. Staff are trained to deliver and maintain mandatory refresher training biannually to maintain quality and accreditation.

We also hold peer support/reflection sessions internally, as well as mentoring support from the Copeland Center on a monthly basis.

1.11 Monitoring: Please outline how the delivery of the intervention will be monitored, for example, consider if anything will be documented after a session.

Participant start and completion figures will be recorded for each separate WRAP group. Barnardo's will open case files for CYP who participate and a brief outline of the focus of individual sessions will be recorded in individual case files. Safeguarding concerns and actions taken/followed up will be recorded/reported following Barnardo's policies and procedures and reported where necessary to WWEICSC.

We will capture key learnings from the group and a session-by-session basis as part of standard programme continuous improvement.



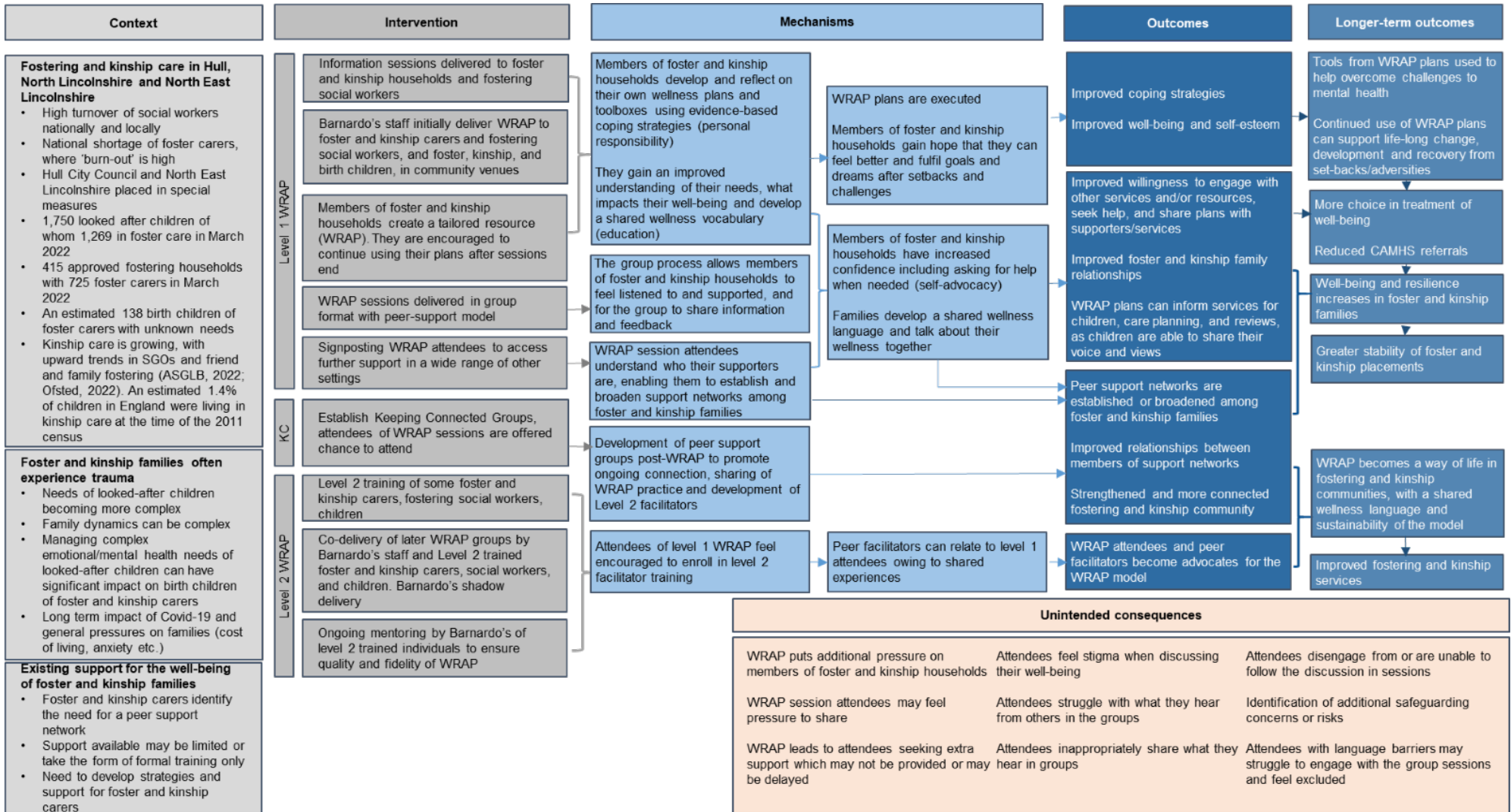
Business As Usual (BAU)

The Fostering Community BAU may vary slightly between each of the LAs. Not all Foster/Kinship carers currently engage or attend any or all of the optional groups/sessions listed below.

BAU activities may include:

- A minimum monthly visit from their allocated Fostering Social Worker – statutory
- Fortnightly coffee mornings for foster carers – optional
- 'Come and Join Us' support group and activities for children in fostering families – optional
- Tiered fostering meetings held with CAMHS, foster carers, education staff, FSW and child's SW to ensure that there is a 'team around the child approach' and that carers have access to advice and consultation with professionals – optional
- Membership of the Fostering Network for all foster carers – optional
- Access to confidential counselling – optional
- Bi-monthly meeting with managers and team members open to all foster carers – optional
- Regular fun activities for the whole fostering family including Summer fun day, annual theme park trip, pantomime, Christmas party etc – optional
- Buddy/mentor scheme for all new foster carers to link them to an experienced carer – optional

WRAP will offer opportunities for Fostering Communities to access structured/planned/specific support related directly to wellbeing and mental health, rather than casual/more informal opportunities afforded from the above optional groups. Many of the above optional groups are attended by a small cohort of the same faces, WRAP will support a crossover of participants and will hopefully capture engagement of those that don't participate in the above offer.





Theory of Change

3.1. Does the intervention work?

WRAP is an evidenced-based model with proven effectiveness in increasing resilience/emotional wellbeing/mental health/self-management/empowerment/goal achievement and quality of life. WRAP has dual benefits as a preventative model and in supporting existing emotional wellbeing/mental health difficulties. WRAP's applicability to all age groups means it is well placed as a model to support development of a whole community approach to emotional wellbeing; an approach which can be accessed, understood and adopted by all fostering community members.

Individual outcomes we expect to improve for participants (irrespective of their role in the fostering community) are listed below (these run alongside overall project outcomes highlighted in attached Logic Model).

Improved:

- Emotional wellbeing/mental health.
- Understanding what impacts individual wellness.
- Responses to managing challenges/adoption of safer coping strategies.
- Confidence to ask for help when needed.
- Family relationships (supporting placement stability).
- Peer support networks/connections/a strengthened, more connected fostering community.

Previous Evaluation

The impact of the WRAP intervention has been widely researched. There have been two systematic syntheses of the WRAP evidence base; a 2019 systematic review and meta-analysis of WRAP as delivered to adults with mental health difficulties (Canacott, Moghaddam, & Tickle, 2019) and an accompanying systematic review of qualitative data from service users (Canacott, Tickle, & Moghaddam, 2020). A further systematic literature review and meta-analysis is currently underway, to explore the international evidence base as well as the delivery and evaluation of WRAP in an Irish context (protocol published by Norton & Flynn, 2021).

Impact of Barnardo's WRAP delivery - to 2,190 CYP in secondary schools who took part in post WRAP evaluation:

Outcome	Achieved Outcome
CYP reporting improvement on presenting issues	97%

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



Parents reporting improvement on CYPs presenting issue	93%
CYP reporting improved peer networks	95%
CYP reporting improved confidence to discuss feelings/worries with trusted adult	95%
CYP reporting stronger family networks	94%
CYP reporting development of at least one additional protective factor	99%
CYP rate satisfaction as good or excellent	100%
Parents rate satisfaction as good or excellent	100%
CYP would recommend it to a friend or family member	100%

This will be the first randomised control trial of WRAP in the UK. The evaluation will draw out specific short/medium term impact for the fostering community which will enable greater understanding of what works specifically for this cohort. It will provide useful evidence for UK and international policy makers/commissioners interested in improving the mental health and wellbeing of CIC and the community around them and better support the Looked After Children population.



3.2. How is the intervention expected to work?

Through the WRAP sessions, we anticipate that participants (both adults and children) will gain an improved understanding of their needs, what impacts their well-being, and a shared wellness vocabulary is developed. From this, we anticipate that participants can gain the hope of feeling better and fulfil goals after setbacks and challenges, all of which contribute to outcomes of improved coping strategies, wellbeing, and self-esteem. Tools from individualised WRAP plans can be used to overcome future challenges to mental health, and the continued use of WRAP plans supports lifelong change and development.

The peer support model allows participants to feel listened to and supported, as well as providing the opportunity to share information and feedback. In addition, participants are signposted to access further support in a wide range of other settings, enabling them to grow support networks among foster and kinship families. Both of these aspects of the programme, combined with the lessons learnt from WRAP, encourages participants to gain confidence (including in asking for help when needed), and families develop a shared wellness language and ability to talk about their wellness together. This then contributes to improved willingness to seek help, engage with other services, and share plans with services/supporters as well as improved foster and kinship family relationships.

Through the improved short/medium term outcome, we also anticipate that in the longer-term, the programme will allow participants to access more choice in treatment for wellbeing, and a reduction in CAMHS referrals. We also hope to see further improvements in their wellbeing, resilience, which in turn, can lead to stability in foster care and kinship families.

The “Keeping Connected Groups” and options of Level 2 training provide the opportunity for participants to establish peer support networks, share experiences, and to relate to other participants' experiences. This creates a closer connected fostering and kinship community and enables WRAP to become a way of life in fostering and kinship communities, promoting sustainability of the model and ultimately improved fostering and kinship services.

3.3. Is the intervention expected to work differently for some groups?

The purpose of the funding for this programme is to specifically assess the impact of WRAP on the fostering community. The adult programme is delivered over shorter, more intensive sessions and delivery for children and young people over a longer period of time. This is based on what we have learnt in years of delivery to children and young people and to ensure enough time to embed the learning and development of individual action plans. The intervention outcomes will not be different for adults and child audiences, the only difference will be the individual nature of their WRAP plans and these will vary depending on how each person applies their WRAP plan to their identified challenges. WRAP is applicable to anyone regardless of age and ability.



3.4. Is the intervention expected to work differently in some places?

The numbers of attendees will differ in each area due to differences in the size of the FCM population (group sizes for the WRAP programme will be consistent across all 3 LA areas). As a result, staff resource will be allocated proportionally and will differ in each LA. However, we do not expect the intervention to work differently in different locations - Barnardo's have experienced consistently high outcomes irrespective of the audience delivered to.

We don't anticipate LAs in special measures to experience the intervention differently despite any additional burden associated with the rating and Ofsted inspections, as WRAP is a support programme rather than additional training.

Stakeholder engagement

We will work collaboratively with HCC/NEL/NL, Coram and other relevant partners, making sure we maintain a schedule of regular meetings/updates/reports to keep all parties informed of progress and potential challenges.

Who	How	Influence/ Change
LA Senior Managers: HCC Fostering Senior Practitioner	Engagement already commenced in stage 1/2 application process. Bi-weekly partnership forum meetings (PFM) throughout duration of project including start-up period.	Ensure clarity of roles/responsibilities and progress against these. Timely response to challenges. Collective shaping of journey; maintain motivation of all parties. Appropriate information sharing. Opportunity to embed WRAP into fostering community is strengthened. Appropriate support/maintenance of Keeping Connected groups long-term.
LA Senior Managers: NEL	As above	As above
LA Senior Managers: NL	As above	As above
LA Data Manager	Initial planning meetings to confirm set-up of data collection roles/responsibilities. Weekly PFMs throughout duration of project.	Clear monitoring of progress re data collation. Accuracy/efficiency maximised.
HCC/NEL/NL FC Consultation Groups	Advisory group to inform programme and engagement.	Engagement of FCs maximised due to consultation with advisory group on information session (content and approach).



	Representation weekly PFMs throughout duration of project.	Participation in Keeping Connected groups maximised.
--	--	--

Feedback to all stakeholders will be provided in an on-going/timely way. We will collate reports at the end of each delivery phase which will include an overview of feedback, the changes we made as a result and the impact of the changes.

Project management

Roles and responsibilities

Project team

Team details	Roles and responsibilities
Name and organisation	
Kerry Mitchell – Barnardo’s	Lead Applicant, Assistant Director Children’s Services. Overall management responsibility/oversight of programme delivery
Paula Dawson – Barnardo’s	Children’s Service Manager. Operational oversight of WRAP delivery – including phased delivery model, performance monitoring/reporting/budget/staff management
Alison Silvers – Barnardo’s	Business Development Manager – Implementation Lead
Bev Moriarty – Barnardo’s	Team Manager - Daily operational staff management (including supervision/PDR) supporting development/training of staff. Collation of data/impact/outcomes, reporting on impact/outcomes Delivery - WRAP Programmes and Information sessions
Dean Somerton – Barnardo’s	Senior Practitioner - Supervise Project Worker Level 1’s. Contribute to outcomes/impact data collation and deliver WRAP Programmes and information sessions
Sarah Wherton – Barnardo’s	Project Worker Level 2- Supervises Sessional Project Workers. Contribute to outcomes/impact data collation and deliver WRAP Programmes and information sessions
Martine King – Barnardo’s	Data Protection Officer



External experts or Advisory group(s)

Details	Roles and responsibilities
Name and organisation	
Jayne Betts – Hull City Council	Group Manager Fostering and Commissioning
Sophie Stephens – Hull City Council	Fostering Team Manager
Laura Gowthorpe – Hull City Council	Marketing Officer
Jim Strangeway – Hull City Council	Data Protection Officer
Di Rees – North Lincolnshire Council	Children and Families Service Manager
Phillipa Thornley - North Lincolnshire Council	Data Protection Officer
Glynis Tinsley – North East Lincolnshire Council	Fostering Service Manager
Paul Ellis - North East Lincolnshire Council	Data Protection Officer

Timeline

Dates	Activity	Staff responsible/leading
Set up		
12/09/2022	Confirm implementation team	Paula Dawson/Alison Silvers
	Set up implementation meetings internally	
	Set up implementation meetings with Coram	
26/09/2022 (once permitted to share news externally)	Set up implementation meetings with LA partners	
19/09/2022 (once received)	Review grant agreement, sign and return	Kerry Mitchell/Alison Silvers



19/09/2022	Prepare resources for sending to Fostering Community (including programme details, randomisation, sign up etc)	Paula Dawson/Alison Silvers
3/10/2022	Confirm dates/potential venues for delivery and roll out of WRAP to Fostering SW Teams	Paula Dawson/Bev Moriarty and LA representatives
Sept 22 – Feb 23	Phase 1 preparation: recruit participants for phase 1 groups	
Feb 23 - March 23	Online information for fostering community	
Recruitment		
16/09/2022	Permission to recruit	Kerry Mitchell
19/09/2022	Prepare recruitment information for recruitment centre	Paula Dawson
26/09/2022	Advert out	Paula Dawson
24/10/2022	Shortlisting and interviews set up	
4/11/2022	Appointment made	
21/11/2022 – 2/12/2022	Start date to be agreed	
9/1/2023	Induction	
Working with Evaluation Partner – Coram		
14/09/2022	Confirm lead person	Sarah Taylor
12/09/2022 – 10/10/2022	Planning/set up meeting schedule	Sarah Taylor/Paula Dawson/Alison Silvers
26/09/2022 – 28/10/2022	Finalise delivery and evaluation details for phased roll out	Sarah Taylor/Paula Dawson
26/09/2022 – 28/10/2022	Set up process for working with members of Fostering Community	Sarah Taylor/Paula Dawson/Alison Silvers



14/09/2022 – 28/10/2022	Complete Ethics Committee papers	Emily Blackshaw
Feb 2023 – March 2023	Initial randomising of existing foster families	
Working with the LAs		
26/09/2022 – 30/09/2022	Identify liaison role in HCC/NEL/NL	Paula Dawson/Kerry Mitchell
26/09/2022 – 28/10/2022	Begin meeting with key persons in Fostering Teams	Paula Dawson/Alison Silvers
Data Protection		
October 2022 – Feb 2023	Prepare/produce Data Sharing/DPN/DPIA agreements	James Robson/DPO's
Information Sharing sessions for all stakeholders		
27/02/2023	Arrange and confirm dates for information sharing sessions	Paula Dawson/LAs
27/02/2023	Recruitment for information sharing sessions	
6/03/2023	Delivery of information sharing sessions begins – rolling programme of activity	Paula Dawson/Bev Moriarty
Programme Delivery		
March 2023	Phase 1 Prep	
6/04/2023 – 30/06/2023	Phase 1 WRAP delivery- adult community members Set up adult keeping connected groups	Bev Moriarty/Dean Somerton/Sarah Wherton
July 2023	Review of phase 1 and prep for Phase 2	
Aug 2023 – October 2023	Phase 2 WRAP delivery – CYP Level 2 WRAP delivery – adults	



	Keeping connected groups	
Nov 2023	Review of Phase 2 and prep for Phase 3	
Dec 2023 – Feb 2024	Phase 3 WRAP delivery - CYP Level 2 WRAP delivery – CYP Keeping connected groups CYP	
March 24	Review Phase 3 and prep for Phase 4	
Apr 24 – Jun 24	Phase 4 WRAP delivery – CYP Keeping connected groups	

Project-related risks

Risk	Impact of the risk from 1 (low) to 3 (high)	Mitigation
Staff: recruitment, retention, sickness	3	<p>*All project team (Project Workers and Managers) are in place.</p> <p>*Barnardo’s Hull team is an established team – recent staff survey highlighted high morale and job satisfaction - lower risk of staff leaving.</p> <p>*Additional staff (x5) in the team have capacity to support project in the event of staff absence.</p> <p>*All additional staff are Accredited WRAP facilitators and highly experienced in facilitating WRAP groups.</p> <p>*Full Barnardo’s Hull team will be involved in evaluation training (not just the Project Team).</p> <p>*Children’s Service Manager is accredited advanced WRAP facilitator and can support delivery if needed.</p>



Engagement and retention of participants	2	<p>*On-line information sessions will be planned to enable access to programme information so that participants can make an informed decision about engaging.</p> <p>Information sessions will be scheduled on different days/times to accommodate varying availability of participants.</p> <p>*We will consult an advisory group (young care-experienced and FC consultants) regarding the content and delivery of these information sessions to CYP and FCs respectively.</p> <p>*We will include feedback and messages from previous WRAP graduates within initial information sessions and then will co-deliver these sessions with fostering community members once they have completed WRAP.</p> <p>*We can facilitate face-to-face information sessions where needed to support engagement of participants who cannot or prefer not to access on-line sessions.</p> <p>*We will seek permission to record information sessions in order to share access to fostering community members who do not attend (e.g. one foster carer attends from a 2-carer household).</p> <p>*Delivery to adults is over 2 or 3 days around school hours where needed (there is no requirement to take time off / time out over multiple and successive weeks)</p> <p>*We anticipate that by planning delivery to adults in the first phase, their enthusiasm about WRAP will motivate encouragement of their CYP to attend.</p> <p>*An additional session has been added to the beginning of the WRAP programmes for CYP to support the group to get to know each other and make initial connections before the programme starts.</p> <p>*We will use our experience and feedback from over 2000 CYP over last 4+ years to inform our approach and content/activities in group sessions.</p> <p>We will work with FC and SW teams for solutions for FCs who are unable to attend due to childcare responsibilities.</p>
--	---	---



		<p>*We will offer flexibility of when we deliver including options of evening and weekend delivery.</p>
Resource constraints	1	<p>*Additional funding for transport support for participants included in project costings to enable access to group work.</p> <p>*We will use different venues across the three LA areas so that participants can access the intervention close to where they live (as far as possible).</p> <p>*HCC/NEL/NL have agreed to support with sourcing venues for delivery of WRAP.</p> <p>*Additional funding included in project to use community venues which are not free to HCC/NEL/NL (e.g. church halls) to maximise options of venues close to where people live.</p> <p>*Lead-in period will be used to plan and confirm group work venue bookings and necessary H&S tasks.</p> <p>*We are experienced in delivering multiple WRAP groups con-currently.</p> <p>*Staffing resource within this project has been informed by our (large-scale) delivery of WRAP over the last 4+ years.</p> <p>*Possibility of some digital on-line delivery of WRAP for adults (need to co-deliver with Copeland Center facilitator as only the latter can deliver on-line WRAP groups).</p>
Data management and processing system	2	<p>*Referral form will ensure capture of key initial data received and checked by Barnardo's.</p> <p>*We have increased data administration hours and banding since 1st stage application to support robust data management and processing tasks.</p> <p>*An MOU and information sharing agreement will be set up outlining clear expectations/roles and responsibilities regarding who will collate and what specific information will be shared within specific timescales.</p> <p>*Data management and processing will be a standard agenda item on partnership forum meetings which will convene fortnightly (as a minimum) and will include lead representatives from Barnardo's, HCC/NEL/NL and Coram (and appropriate others as necessary).</p>



Partnership Working	3	<ul style="list-style-type: none">*Protocols and procedures will be in place including clear governance and risk management procedures.*An MOU and information sharing agreement will be set up outlining clear expectations/roles and responsibilities.*Positive relationships established at the outset between Barnardo's, HCC/NEL/NL and Coram.*Barnardo's has a history of effective partnership working with HCC/NEL/NL.*Regular partnership forum meetings will enable communication lines to remain open and clear and for challenges to be resolved in a timely way.
---------------------	---	---

Safeguarding risks

Due to WRAP being delivered to the fostering community, including CIC, we envisage that safeguarding concerns/issues may arise – for example: allegations relating to their experiences living with foster, kinship, or birth family (we would need to check these have been reported and investigated); concerns around risk taking behaviour; possible concerns about fosters carers responses to children's behaviour; concerns around CIC witnessing triggering behaviour from others in their group. In this event, staff will follow Barnardo's reporting procedures in liaising with HCC/NEL/NL to report the concern, sharing appropriate required information with WWCSC. Staff are experienced in delivering programmes to CYP and will sensitively manage either allegations or concerns in a timely manner and, as we will be working closely with HCC/NEL/NL Fostering Teams with information sharing agreements in place, we can support the CIC.

Barnardo's Designated Safeguarding lead for this programme is Kerry Mitchell. As ADCS she has overall responsibility for managing, reporting and reviewing any safeguarding concerns raised throughout the programme. All Barnardo's staff are required to attend mandatory core Safeguarding training at Levels 1 & 2 depending on their role and these are refreshed on at least a 3 yearly cycle.



Risks to inclusivity

Protected Characteristic	Potential impact on each of these groups	Actions to mitigate impact and advance inclusivity of programmes
Age	We have identified that delivery will need to be tailored according to age to ensure the intervention is appropriate and accessible to all participants.	<p>We will ensure clear information is shared with HCC/NEL/NL to support adherence to referral criteria.</p> <p>We will use resources and materials that we have adapted for use with children and young people to ensure they are age-appropriate for participants.</p> <p>We will deliver separate information sessions and WRAP groups for children and adults.</p> <p>We will deliver WRAP groups to CYP according to age ranges.</p>
Socio-economic class	We have identified that some participants may have limited financial resources to access the intervention (e.g. travel costs to access group work venues over consecutive weeks; IT to access on-line information sessions about the programme/project).	<p>We will ensure WRAP is facilitated in different venues across the three LA areas.</p> <p>We have requested additional funding from WWCS to support with travel costs within HCC/NEL/NL</p> <p>We will make available the option of face-to-face information sessions for families with limited/no access to IT.</p>
Disability	We have identified that some of the referred children, young people and adults may have additional learning and/or physical needs.	<p>Barnardo's WRAP facilitators are experienced in delivery and in ensuring resources are appropriate and inclusive for all attendees.</p> <p>We will create bespoke resources/activities to support the needs of individuals in the groups – this has been standard practice for us over the years we have delivered WRAP.</p> <p>We will reduce participant numbers in groups (where appropriate) to ensure inclusion of those with additional needs (where support of their needs require numbers to be smaller). E.g. a child who</p>



		<p>has autism may benefit from a smaller sized group.</p> <p>We risk assess all venues we use and ensure they are accessible for people with disabilities.</p> <p>We will read health care plans that exist on individual participants and ensure staff have relevant information and training e.g. EpiPen training for participants with severe allergies.</p> <p>We complete individual health risk assessments for those who have a health condition.</p> <p>We collate and carry emergency contact details in the event of a health emergency in groups.</p>
Ethnicity	<p>We are aware that some people may not be as open to sharing/discussing wellbeing needs in a group setting</p>	<p>Information about the Fostering Communities programme will be shared with all FC/KC who are eligible for the programme. We will gain information from LAs regarding any potential barriers e.g. language/interpreting.</p> <p>Participants choose what they want to share and they are never called upon specifically to contribute to open discussion, the invitation is to the group whether anyone would like to share.</p>
Religion or belief	<p>Lack of engagement from people from different religion/belief if delivered in particular church/religious venues.</p> <p>Engagement compromised due to religious/cultural practice/celebrations.</p>	<p>Information about the Fostering Communities programme will be shared with all FC/KC who are eligible for the programme. We will gain information from LAs regarding any potential barriers e.g. need for prayer time/space/delivery location</p> <p>Ensure opportunities for a range of venues to be used in delivery of the WRAP programme in each LA area. Participants would be given a choice of when to attend. All participants have the opportunity to share individual needs with facilitators prior to programme delivery</p>



		e.g. need for prayer time/space
Gender	We have identified that there is a higher prevalence of female foster carers, even where there may be two foster carers in the household, the female carer maybe more likely to attend this type of programme.	One of the WRAP facilitators is male and will be involved in the information sessions for ALL participants. We will ensure inclusion feedback from male participants who have attended WRAP within engagement activities.
Sexual orientation	Concerns around acceptance may deter participants from engaging.	Participants are not required nor asked to share details. The values and ethics of WRAP include unconditional positive regard and acceptance of difference.
Gender reassignment	Concerns around acceptance may deter participants from engaging.	Participants are not required nor asked to share details. The values and ethics of WRAP include unconditional positive regard and acceptance of difference.
Caring responsibilities	We have identified that some adults attending WRAP courses may have caring responsibilities.	The usual 2-day delivery time frame for adult WRAP courses will be extended across three days to allow parents/carers to meet school drop-off and collection times. We are able to provide some courses over evenings and/or weekends to suit availability of those adults who would not otherwise be able to attend daytime only sessions.
<i>Other...</i> Children in Care/Care experienced	All CYP in our programme will be members of the fostering community (children in care/care experienced).	WRAP is an inclusive programme suitable for everyone – resources, language and examples can be tailored to suit audience/participants. WRAP programme is not issue specific – can be delivered to anyone as it is a tool for individuals to focus on their own needs. WRAP will be delivered to all fostering community members (CIC, FC, SW, BC) to enable development of shared language, systems change and reduced placement breakdown.



References

WWCSC Stage 2 – Let's Connect Fostering Communities – References Cited in Application Q17

Canacott, L., Moghaddam, N., & Tickle, A. (2019). Is the Wellness Recovery Action Plan (WRAP) efficacious for improving personal and clinical recovery outcomes? A systematic review and meta-analysis. *Psychiatric rehabilitation journal*, 42(4), 372.

Canacott, L., Tickle, A., & Moghaddam, N. (2020). Perceptions of wellness recovery action plan (WRAP) training: a systematic review and metasynthesis. *Mental Health Review Journal*.

Norton, M. J., & Flynn, C. (2021). The Evidence Base for Wellness Recovery Action Planning (WRAP): A Protocol for a Systematic Literature Review and MetaAnalysis.

International journal of environmental research and public health, 18(24), 13365