



Department
for Education

Lifelong Links

Evaluation report

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Key messages

Lifelong Links aims to ensure that a child in care has a positive support network around them to help them during their time in care and into adulthood. A trained independent Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them all together in a Lifelong Links family group conference to make a plan of support with, and for the child. This plan is then embedded in the child's care or pathway plan.

Our evaluation findings indicate that Lifelong Links has positively impacted the lives of children in care. Of the objectives set by children and young people at the outset, our analysis indicates that on average 81% of these were met. At the commencement of Lifelong Links children and young people identified between 1 and 25 people who they wanted to connect with and almost all of those identified (96%) were connections at a later point in time when the Lifelong Links plan had been made or a Lifelong Links family group conference had taken place.

Most professionals involved in Lifelong Links were positive about the impact of Lifelong Links on their work. While some practitioners raised concerns that Lifelong Links might unsettle children and young people, and the potentially negative impact this might have on placement stability, this was not reflected in our analysis. Conversely, in our comparative quantitative analysis, there was a statistically significant difference in placement stability between the 2 groups following Lifelong Links. Almost three-quarters (74%) of the children and young people who were referred remained in their placement in the year following Lifelong Links, compared to 41% for the comparison group.

Although some foster carers identified concerns about the potential consequences of meeting with the birth family, in many cases the concerns were mitigated by positive experiences at meetings and examples of strengthened relationships between birth family members and foster carers. There was a marked difference in the receptiveness of foster carers accordingly to their experience: those who had been fostering for a number of years and identified as experienced foster carers were more receptive to Lifelong Links than new foster carers.

The evaluation also identified some positive unintended consequences attributable to Lifelong Links. These included restorative work with previous foster carers, and support for children and young people following adoption breakdown. A small number of children and young people (14) also returned home or ceased to be looked after (with a Child Arrangements or Special Guardianship Order) following Lifelong Links.

The return on investment for Lifelong Links was shown to be 1.02. This indicates that for each £1 invested in Lifelong Links there was a saving of £1.02. The savings were predominantly attributable to placement stability, and children ceasing to be looked after. The primary outcome achieved by Lifelong Links was an increase and improvement in

the number of sustainable and supportive relationships which is not directly monetisable, but is attributable to better longer-term outcomes, and reduced isolation and loneliness.

Executive summary

Introduction

Lifelong Links is a programme funded through Round 2 of the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter). Lifelong Links was developed by Family Rights Group (FRG) in collaboration with key stakeholders including local authorities, children in care and care leavers, families, foster carers and social workers.

The project

Lifelong Links aims to ensure that a child in care has a positive support network around them to help them during their time in care and into adulthood. A trained independent Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them altogether in a Lifelong Links family group conference to make a plan of support with and for the child. This plan is then embedded in the child's care or pathway plan.

As part of the Innovation Programme Lifelong Links has been trialled in 12 English local authorities (sites): initially with 7 local authorities from April 2017 (Wave 1 sites) and with a further 5 local authorities (Wave 2 sites) joining the trial between late 2018 and early 2019. The work of FRG has been complemented in 1 of the English local authorities by Catch 22 to develop an adapted version of Lifelong Links for care leavers, with the inclusion of psychological support¹. Across the 12 sites a total of 585 children and young people were referred to Lifelong Links. Only 4% of the children and young people who were offered Lifelong Links declined to participate. There is a separately funded trial of Lifelong Links simultaneously being carried out in Scotland.

The Lifelong Links trial eligibility criteria were set to include children and young people under 16 years old, who have been in care for less than 3 years and for whom there is no plan for them to live within their family or be adopted. These criteria were determined during the pre-trial period by FRG in consultation with sites.

The evaluation

A mixed-method quasi-experimental design was used to ensure robust comparable data between the intervention group and those that are eligible but do not access Lifelong

¹ Catch 22 is a social business that designs and delivers services to build resilience and aspiration in people of all ages and within communities across the UK. Further information is available here: <https://www.catch-22.org.uk/>

Links. It comprised a process strand to assess the implementation of Lifelong Links, including an exploration of operational facilitators and barriers and an impact strand to assess the extent to which the intended outcomes were achieved, and the mechanisms through which this occurred. The evaluation also included a cost benefit analysis focused on monetisable outcomes associated with Lifelong Links.

A range of primary data collection methods were used, comprising interviews and focus groups predominantly focused on the 7 Wave 1 sites. Child level data was also included from the Wave 2 sites for the quantitative impact and cost benefit analyses. The mixed-methods, quasi-experimental evaluation included quantitative analysis of administrative data from 11 of the 12 sites, along with descriptive analysis of 160 Social Connections Tools and 119 Practice Summaries. The qualitative component comprised interviews and focus groups with a range of people involved in Lifelong Links. This included 51 interviews and focus groups carried out across the 7 Wave 1 sites and 40 interviews with children and young people, amongst others.

Key findings

Our findings indicate that Lifelong Links has positively impacted the lives of children in care. Of the objectives set by children and young people at the outset, our analysis of the Practice Summaries indicates that on average 81% of the objectives were met and for 68% of the children and young people, all of the objectives they set, were met. Furthermore, 91% reported positive outcomes associated with direct contact instigated by Lifelong Links. At the commencement of Lifelong Links children and young people identified between 1 and 25 people who they wanted to connect with and almost all of those identified were connections at the point of the Lifelong Links plan being made or a Lifelong Links family group conference.

Furthermore, our qualitative analysis provides evidence that Lifelong Links contributes to children and young people's sense of identity and their agency, by supporting them to build their own narratives and addressing their needs to build safe connections, restore damaged relationships or to achieve closure. Our analysis of the Practice Summaries indicates that 78% children and young people reported an improved sense of identity.

Most participants were positive about the impact of Lifelong Links on their work, as a result of the satisfaction they gain from making a positive difference in the lives of children and young people, and their families. While some practitioners raised concerns that Lifelong Links might unsettle children and young people, and the potentially negative impact this might have on placement stability, this was not reflected in our analysis. Conversely, in our quantitative comparative analysis, there was a statistically significant difference in placement stability following Lifelong Links. Almost three-quarters (74%) of the children and young people who were referred remained in their placement in the year following Lifelong Links, compared to 41% for the comparison group.

Although some foster carers identified concerns about the impact of meeting with the birth family, in many cases the concerns were mitigated by positive experiences at meetings and examples of strengthened relationships between birth family members and foster carers. Participants also reported a positive impact on the relationships between children and young people, and their carers. There was a marked difference in the receptiveness of foster carers according to their experience: those who had been fostering for a number of years and identified as experienced foster carers were more receptive to Lifelong Links than new carers.

The evaluation also identified some positive unintended consequences attributable to Lifelong Links. These included restorative work with previous foster carers, and support for children and young people following adoption breakdown. A small number (14) of children and young people also returned home or ceased to be looked after (with a Child Arrangements or Special Guardianship Order) following Lifelong Links.

Based on a cost benefit analysis that included 3 monetisable benefits, the return on investment for Lifelong Links was shown to be 1.02. This indicates that for each £1 invested in Lifelong Links there was a saving of £1.02. The savings were predominantly attributable to placement stability, and children ceasing to be looked after. To note, the primary outcome achieved by Lifelong Links was an increase and improvement in the number of sustainable and supportive relationships which is not directly monetisable, but is attributable to better longer-term outcomes, and reduced isolation and loneliness.

Lessons and implications

As with other innovations in children's social care, the implementation of Lifelong Links was most effective in sites where there was a commitment across the local authority, from senior leadership through to the FGC service. Across the 12 sites that implemented Lifelong Links during the 3-year trial, there was an overarching commitment to and enthusiasm for Lifelong Links. The importance of the necessary culture changes, and changes in the ways of working with birth families was recognised. Our process evaluation also highlighted the importance of maintaining Lifelong Links as a separate service, integrated into the FGC service, and the independence of the Lifelong Links coordinators. This provided a conceptual disconnect for family members of the previous role of social workers in the decision that the child or young person needed to be placed in care and the creation of new working relationships with the FGC service.

Our qualitative findings indicated a marked difference in the receptiveness of more experienced foster carers, who were less sceptical, or concerned about the potentially negative implications of Lifelong Links. This finding highlights the importance of considering not only Lifelong Links, but the premise of working in partnership with birth

family members once children have been placed in care to avoid the disconnect in children's lives, as reported in the Care Inquiry (2013)².

² The Care Inquiry report

1. Overview of the project

Project context

Family Rights Group (FRG) developed Lifelong Links in collaboration with key stakeholders including local authorities, children in care and care leavers, families, foster carers and social workers. Lifelong Links aims to ensure that a child in care has a positive support network around them to help them during their time in care and into adulthood. A trained independent Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them altogether in a Lifelong Links family group conference to make a plan of support with and for the child. This plan is then embedded in the child's care or pathway plan.

The Lifelong Links process, and associated activities are set out in Appendix 1. As part of Round 2 of the Innovation Programme Lifelong Links has been trialled in 12 English local authorities (sites): initially with 7 local authorities from April 2017 and with a further 5 local authorities joining the trial between late 2018 and early 2019. The work of FRG has been complemented in 1 of the English local authorities by Catch 22 to develop an adapted version of Lifelong Links for care leavers, with the inclusion of psychological support. There is a separately funded trial of Lifelong Links simultaneously being carried out in Scotland.

The Care Inquiry (2013) described relationships as "the golden thread" and highlights the importance of their quality and continuity. The report also indicates that the care system often breaks children's existing relationships when they become looked after, although children outside of the care system manage to negotiate complex family relationships. It further highlights the need for social workers to work with the child, their family and their wider network. The report concludes that those working with children should plan for and facilitate the building of relationships to support a young person in care and through into adulthood. Hiles and colleagues (2013) highlighted the importance of the quality of relationships and the need for trust.

There are a range of negative outcomes for young people that have been linked to a lack of support including isolation and loneliness (Munro and colleagues, 2011). Addressing these issues involves overcoming additional challenges. For example, the tension between independence and interdependence, can result in a reluctance to seek the support of others (Hiles and colleagues, 2013). Furthermore, Dixon and colleagues (2006) identified that professionals were often poor in identifying kin able to support care leavers and extend their social network. However, rekindling relationships with birth families can lead, in some cases, to further disappointment and rejection (ibid, 2006).

Project aims and intended outcomes

The aim of Lifelong Links is to identify relatives and other key adults willing to offer lasting support that can make a positive difference in the lives of children and young people in care. The aims, and intended outcomes set out by FRG in their funding application are as follows:

- increase the number and sustainability of children's supportive relationships
- reduce the number of placement breakdowns
- improve emotional and mental well-being
- improve educational engagement and attainment
- reduce incidents of running away
- reduce harmful and risk-taking behaviours including substance misuse, self-harm and criminal activity
- improve longer term outcomes for children leaving care.

The Lifelong Links trial eligibility criteria were set to include children and young people under 16 years old, who have been in care for less than 3 years and for whom there is no plan for them to live within their family or be adopted. The eligibility criteria were adapted in 1 of the local authorities to include a cohort aged 16 and over. This adaptation was agreed with DfE at the outset.

Project activities

As detailed above Lifelong Links is a new project that has been trialled in 12 sites as part of Round 2 of the Children's Social Care Innovation Programme. The following key activities have been delivered in the sites as part of Lifelong Links:

- identification of all eligible children and young people
- referral process
- discovery and mapping of the young person's network
- engage with the young person's network
- plan for the network to meet
- make a plan to address the young person's needs
- implement the plan
- review the integration of Lifelong Links into the care/pathway plan.

In addition to the activities set out above, FRG also provided training to staff in all of the trial sites. To inform the development of the training, and assess the quality, FRG

administered a training survey. FRG also developed Lifelong Links Accreditation Standards for Lifelong Links services, a draft of these were presented at the Lifelong Links National Steering Group meeting in March 2019 and they have subsequently been revised in consultation with the participating sites.

The Lifelong Links trial also included the development of a Social Connections Tool (SCT), which is a questionnaire to explore who is important to a child or young person and has been designed to be an integral part of Lifelong Links. The SCT has been developed in partnership with the Rees Centre research team and in consultation with children and young people in care, care leavers, social workers and their managers, family group conference managers and coordinators. The initial version of the tool was paper based and subsequently FRG have developed an online tool which has been tested, and is now used in 5 of the Lifelong Links sites, and another local authority that has subsequently started Lifelong Links³.

The Lifelong Links trial was also monitored via a number of ongoing mechanisms introduced by FRG. This included a National Steering Group, National Practice Development Groups, Practice Learning sets for Lifelong Links coordinators as well as local Practice Implementation Groups. Each of the participating sites held local steering group meetings. In addition, each of the sites were supported by a FRG development officer to oversee and support the implementation of Lifelong Links, including communication between the sites and the central team at FRG.

There have not been any major changes to the planned project activities, although as part of the process of developing and trialling there have been some modifications to Lifelong Links as the trial developed. There has also been learning to date in relation to specific groups of children and young people, for example, unaccompanied asylum-seeking children. From the outset it was the intention to include unaccompanied asylum-seeking children, who met the eligibility criteria, in Lifelong Links. A small number of unaccompanied asylum-seeking children were referred to Lifelong Links. Additional work was required by FRG and the trial sites to provide advice and guidance about the use of Lifelong Links with unaccompanied asylum-seeking children so as to not undermine their asylum applications.

In March 2020 FRG received funding from DfE for a continuation of Lifelong Links for a further 12 months. The continuation funding is being used for 3 overarching components: continued oversight and input by FRG to support the development and promotion of Lifelong Links and extensions beyond the trial eligibility criteria; a local authority Lifelong Links Champions Fund to offer flexible and responsive support to authorities and ongoing data collection, monitoring and analysis to facilitate longitudinal analysis of children and young people who have already experienced Lifelong Links.

³ Further information about the SCT is available [here](#)

The Theory of Change for Lifelong Links is included as Appendix 2.

2. Overview of the evaluation

Evaluation questions

The evaluation questions were as follows:

- to what extent did Lifelong Links achieve the intended outcomes?
- what factors facilitated or inhibited the achievement of the intended outcomes?
- what are the challenges regarding model fidelity, acceptability and quality?
- what facilitated or inhibited the implementation of Lifelong Links?
- what enables or limits longer-term sustainability?
- what are the potential cost savings or costs avoided associated with Lifelong Links?

Evaluation methods

We used a quasi-experimental design to facilitate a robust comparative analysis (without randomisation) between the intervention group and those that were eligible but did not participate in Lifelong Links. The evaluation plan was approved in December 2017 (the first children and young people were referred to Lifelong Links in April 2017 in some sites). The evaluation started in January 2018 following ethics approval from the University of Oxford. Evaluation preparation activities were carried out from October 2017 prior to the commencement of the evaluation⁴.

The evaluation of Lifelong Links included the following activities:

- documentary analysis of Lifelong Links materials developed by FRG
- development and testing of a SCT. The SCT has been designed to measure the social network of children and young people eligible for Lifelong Links. Analysis of 160 baseline SCTs, this included 146 paper-based and 14 online
- analysis of Practice Summaries which have been developed to capture data about the process of Lifelong Links, the objectives set and outcomes achieved. The analysis included data from 119 Practice Summaries⁵
- analysis of administrative child level data (national administrative data returns SSDA 903 and National Pupil Database) from 2015-16 to 2019-20 obtained

⁴ Additional evaluation preparation activities were carried out prior to October 2017 as part of a separately funded pre-trial of Lifelong Links.

⁵ The format of the Practice Summaries changed in April 2019, in response to feedback from the Lifelong links coordinators. Our analysis includes 41 Practice Summaries in the new format and 78 in the old format. Many of the variables remained consistent across both formats.

directly from the trial sites, as well as data about participation in Lifelong links. Data was provided by 11 out of the 12 trial sites for inclusion in the quantitative analysis⁶. This included a comparative analysis for a matched group of children and young people who met the eligibility criteria for Lifelong Links, but did not participate. See Appendix 5 for further information.

- 51 interviews and focus groups with practitioners across 7 Wave 1 sites
- 4 interviews with the Lifelong Links lead professional in Wave 2 sites
- 4 interviews and 1 focus group with the FRG team
- 5 interviews and 1 focus group with Lifelong Links development officers
- 2 interviews and 1 focus group with the Catch 22 team working in partnership with 1 of the sites to support the delivery of Lifelong Links
- survey for social workers to supplement the above interviews and focus groups (5 participants)
- interviews and focus groups with 14 foster carers involved in Lifelong Links
- 4 interviews with birth family members whose children participated in Lifelong Links
- 40 interviews with 39 children and young people who participated in Lifelong Links (including a follow-up interview)
- 3 case studies to capture the views and experience of all involved in Lifelong Links
- cost benefit analysis using the child level administrative and financial data.

Changes to evaluation methods

There have not been any significant changes to the evaluation design, although there have been some modifications to our approach to reflect the evolving requirements of Lifelong Links as the trial developed. The most substantial changes are detailed below.

We agreed to include administrative child level data from the 5 Wave 2 trial sites, as described for the Wave 1 sites. Although we have not carried out in-depth evaluation activities in these sites we have collated and analysed their child level data and also SCTs. Telephone interviews were also conducted with the Lifelong Links lead professional in 4 of these sites.

In our evaluation plan we set out our intention to receive child level administrative data (SSDA 903) 6-monthly returns from the sites. This was to facilitate timely data quality monitoring and feedback to FRG. However, only 2 out of the 7 sites participating in Wave

⁶ The SSDA 903 is the national administrative data return about children in care. Local authorities are required to submit child level data each year. Further information is available [here](#).

1 managed to meet this requirement with the remaining 5 reporting significant challenges with providing mid-year data. We therefore reverted to annual data returns.

We changed to rolling recruitment of children and young people for inclusion in the interviews. This is as a result of later than anticipated referrals and the need to interview children and young people at the most appropriate point during their Lifelong Links journey. The children and young people were recruited from the Wave 1 sites, and the recruitment process was facilitated and supported by the local FGC teams, as such we recognise the potential sample bias in the children and young people interviewed as part of the evaluation.

Following a rapid development and pre-piloting phase conducted between January and May 2018, the first version of the SCT was made available to participating sites in June 2018. Based on consultations with participating sites it was agreed that the SCT would be completed only for young people whose eligibility for Lifelong Links had been determined in June 2018 or later, once the SCT became available, thereby excluding 155 young people whose referral to the programme had been confirmed previously, and the opportunity for the completion of baseline SCTs was missed. As reported in the following sections of the report the uptake of the SCT was lower than anticipated, in particular for the comparison group, and at follow-up. Consequently, the analysis of the SCT focuses on a single point of time (baseline) for a sub-group of the children and young people referred to Lifelong Links.

Although it has been necessary to make these changes, the methods and sample sizes still facilitate a comprehensive, independent evaluation.

Limitations of the evaluation

The delayed approval and evaluation start resulted in missed baseline opportunities with some of the Lifelong Links sites referring and working with children and young people from April 2017. To a certain extent the missed opportunities have been mitigated by the work between ourselves, as the evaluation team, FRG and the participating sites as part of the pre-trial development phase. The implementation of Lifelong Links was also delayed in some of the sites, which resulted in lower than expected referrals. Although the number of referrals was lower than intended in some of the sites, the cohort was still large enough across all sites to not have a detrimental impact on the evaluation. The evaluation design remained appropriate for the project.

As detailed above, FRG have received continuation funding from DfE until March 2021. An integral component of this continuation is ongoing monitoring and evaluation activities. These have been co-designed and agreed between FRG and the Rees Centre evaluation team. The activities focus on longitudinal analysis of the impact and outcomes on children and young people referred to Lifelong Links (and ongoing work to maintain data about the comparison group) as well as additional cost benefit analysis (CBA) and an exploration of efficiencies in practice, as Lifelong Links becomes embedded.

3. Key findings

Within this section we present our key findings, which are organised according to the evaluation's 3 strands: process evaluation, impact evaluation and cost benefit analysis. The data sources for the findings are detailed within the relevant sub-sections. The 12 Lifelong Links sites have been anonymised and are referred to as sites A to M throughout the following sections of the report. Sites A to G are the 7 Wave 1 sites and J to M are the 5 Wave 2 sites.

Children and young people referred to Lifelong Links

Over the timeframe of the Lifelong Links trial (April 2017 to March 2020) a total of 585 children and young people were referred to Lifelong Links. The total constituted 61% of the target number of referrals. The target referrals were set by the sites, in consultation with FRG. As shown in Table 1, the percentage of target referrals achieved varied substantially between the sites, and 1 of the Wave 2 sites exceeded their target number of referrals (127%). The lowest targets were achieved by sites A and F (both Wave 1 sites), with 32% and 33% respectively.

The cohort of children and young people who were referred to Lifelong Links ranged in age from 5 to 18. The majority of the children and young people were living in foster care at the point of referral. A small number were in residential placements. Lifelong Links was also utilised in a small number of cases to support the restoration of relationships following an adoption breakdown. Sibling groups were also referred to Lifelong Links, and in some instances, siblings chose to take part in Lifelong Links at different time points. Some were more reluctant to become involved at the outset, but joined their siblings in the process at a later time point. As outlined later in this section, Lifelong Links was carried out within a timeframe determined by the children and young people, and in some instances, this resulted in a pause, at the request of the child or young person, before Lifelong Links then resumed at a later date. Further demographic information about the children and young people referred to Lifelong Links, included in the quantitative, child level analysis is provided later in this section.

Table 1: Referrals to Lifelong Links

Local Authority (site)	Total referrals by March 2020	Target referrals by March 2020	% Target met by March 2020
A	16	50	32
B	70	103	68
C	63	135	47
D	151	225	67
E	152	210	72
F	34	102	33
G	22	50	44
H	11	12	92
J	8	10	80
K	28	30	93
L	11	20	55
M	19	15	127
Total	585	912	61

Source: Family Rights Group monitoring data

Lifelong Links tools

As detailed in Section 1, Lifelong Links comprises a range of tools and techniques to search for family members, and other individuals identified by children and young people and their families. The Practice Summaries provided data about the different types of tools and techniques that were used in the Lifelong Links sites. Data was provided by 8 of the 12 sites, with the data coming predominantly from the Wave 1 sites (6 out of 7). The use of the different tools is shown in Table 2. The most frequently used tools were genograms⁷ (92%) followed by asking family members (88%). The least used tools were the SCT 48% and ecomaps 32%.

⁷ A genogram is a graphic representation of a family tree that displays detailed data on relationships among individuals.

Table 2: Lifelong Links tools used by local authorities

Local Authority (site)	SCT	Genogram	Online	Mobility map	Deep file	Eco-map	Ask family	Mean number of tools used
A	3	4	1	4	2	1	4	4.75
B	3	4	1	2	1	1	2	3.5
C	9	18	13	13	5	6	17	3.86
D	23	37	14	28	38	22	39	4.97
E	9	36	25	21	24	8	33	4.22
F	9	13	11	13	5	0	12	4.5
G	4	5	6	5	6	1	4	5.17
H	2	2	2	2	2	2	2	7
Total	62	119	88	73	83	41	113	4.49
Percentage (%)	48	92	68	57	64	32	88	-

Source: Practice Summaries

Children and young peoples' social connections

As detailed in Section 2, we developed a SCT questionnaire for the Lifelong Links trial. The SCT is a brief instrument designed to capture a wide range of information about the child's networks of important people and social support networks including size, perceived availability of support, adequacy of support, relationship strain, and relationship type. The tool was developed by the evaluation team together with FRG, and in collaboration with the Wave 1 sites, including children and young people. It draws on the Youth Connections Scale (Jones & LaLiberte, 2013) and the Social Support Network Questionnaire (Courtney et al., 2014), both of which have been developed in the U.S. for use with children and young people in or leaving care. It has been designed as an evaluative instrument for the purpose of this evaluation as well as a practice tool: an integral component of the Lifelong Links programme to be used by social workers to guide their ongoing work with young people around their social relationships and support. In the following sections we present the descriptive analysis of 160 SCTs for children and young people who were referred to Lifelong Links. These were completed at the start of Lifelong Links, and submissions were made by 11 out of the 12 sites. A breakdown, by site, of the number of SCTs included in the following analysis is included in Appendix 3. Additional SCTs were also submitted for 8 children and young people in the comparison group, and 13 follow-up SCTs for the Lifelong Links group. These SCTs have not been included because the low numbers prevent any meaningful analysis, as such we have

included a baseline analysis only. However, this baseline analysis provides an indication of the wider network of people the children and young people identified as important to them, and the support that was in place towards the start of Lifelong Links.

People who are important to the children and young people

As part of the SCT, children and young people were asked to nominate up to 20 people who were important to them and indicate their relationship to each of the nominees. On average, young people nominated 9 people who were important in their lives (Standard Deviation = 4.8). Table 3 displays the people children and young people nominated as important to them by relationship type (range 0-20).

Table 3: People who are important to the children and young people by relationship type

	Frequency	%
Biological mother	93	59
Biological father	66	42
Sibling	86	55
Grandparent	70	45
Other relative	64	41
Step-parent	9	6
Foster carer (current)	86	55
Foster family member	21	13
Former foster carer	7	4
Friend	72	46
School staff	50	32
Social care professional	30	19
Former professional	11	7
Lifelong Links worker	4	3

Source: Social Connections Tool

Biological mothers, were most frequently nominated as important people in the lives of the children and young people (nominated by 59% of the young people), followed by siblings and current foster carers. Friends and grandparents were also highly likely to be important and were nominated by slightly less than a half of the children and young people. Other members of the foster family, such as foster sisters, brothers or grandparents, were nominated by almost 25% of the children and young people.

Support

To assess availability of support from various members of young peoples' important networks identified above, children and young people were asked to nominate up to 3 people, from the list above, who were most important to them and rate the degree to

which they would turn to each of these nominees for support. Because important relationships for children in care are not always the ones that provide support, young people were also asked if there are additional people they were very likely to turn to for support and to nominate up to 2 of them. In total young people could nominate up to 5 most important or supportive individuals. Key relationships included biological parents who were most likely to be nominated (59%), followed by foster carers (50%), grandparents (32%), siblings (30%) school staff (19%) and friends (18%).

Over 80% of the children and young people said they would probably or definitely turn to their nominees for emotional support (81%), for advice (83%) and to socialise (88%). Less than 1 in 10 stated they were not at all or not really likely to socialise with their nominees (7%). A similar high proportion said that they felt their nominees probably or definitely believe in them (positive feedback), would always be there for them (lifelong support). Over 9 in 10 children and young people felt that they were able to definitely or probably trust those most important to them (93%). Conversely, less than 2% said they could either not trust or not really trust the people most important to them.

Considerably lower were respondents' ratings for availability of practical (63%) and advocacy support (64%). However, in some cases this will represent individuals that are less likely to be able provide these forms of support; such as teachers or younger siblings.

Relationships that provide children and young people with support can also be sources of strain. Therefore, an item assessing the degree of strain in each of the nominated relationships was also added (likely to let you down). 85% of the young people stated that the people most important to them were not really likely or not likely at all to let them down, although 5% felt they probably or definitely would.

Children and young people were asked to indicate whether they felt they had enough people to turn to for each of the 8 types of support and their responses are presented in Table 4. The overall majority of approximately 90% reported having enough people across all support domains. Nonetheless, around 1 in 10 young people reported having either no one, or not enough people to turn to, for advocacy support (15%), for practical support (15%), to socialise with (12%) and for positive feedback (12%).

Table 4: Overall adequacy of support by support type

Type of support	Total responses	No one		Too few people		Enough people	
		Frequency	%	Frequency	%	Frequency	%
Emotional	144	5	4	11	8	128	89
Practical	142	8	6	13	9	121	85
Advice	142	6	4	7	5	129	91
Advocacy	140	6	4	16	11	118	84
Socialising	135	7	5	10	7	118	87
Lifelong	139	4	3	11	8	124	89
Trust	138	7	5	7	5	124	90
Positive feedback	136	7	5	9	7	120	88

Source: Social Connections Tool

Process evaluation: operational facilitators & inhibitors

We include below findings that demonstrate the operational facilitators and barriers observed across the timespan of the Lifelong Links trial (April 2017 – March 2020). These findings are based on the qualitative fieldwork (interviews and focus groups) carried out at the multiple time points in the 7 Wave 1 sites, and interviews with 4 of the Wave 2 sites towards the end of the trial period (January 2020). We also incorporate findings from the focus group and interviews with the FRG team, and the Lifelong Links development officers.

Facilitators

During the timeframe of the trial Lifelong Links was successfully implemented in all 12 sites across England. The speed and degree of uptake was variable, and was dependent on the conditions within each of the sites. These conditions, such as consistent leadership, service re-organisation and receptiveness to change have previously been identified as pivotal for all new innovations in children’s social care (Sebba et al., 2017). Consequently, some sites took much longer to refer children to Lifelong Links, but in most cases, momentum was built once the initial work to raise awareness had been carried out. These differences are reflected in the referral rates detailed in Table 1. Across all sites FRG were cited as a facilitator to implementation and the activities to bring representatives from sites together, such as the Practice Development Groups, to share learning, were cited as being particularly useful.

Family Group Conference service and Lifelong Links

The positioning of Lifelong Links within the FGC service, and having dedicated independent Lifelong Links coordinators were both reported to be positive in terms of

their contribution to building up trust and cooperation with birth family members. The independence of the Lifelong Links coordinators from social workers who were associated with the initial decision to place children in care was viewed particularly positively, and as a central facilitator for engaging birth family members in Lifelong Links. A coordinator described a reaction to their independent role:

“The young person I work with has a particular dislike for social workers. I think if I’d have rocked up and said, “I’m another social worker,” I don’t think she’d have opened up as much as she did. And equally, some of her family members only began to engage when they said, “But you’re a social worker,” and I was like “No, I’m not a social worker,” and that was key to them talking to me.”

One mother also indicated that she felt relief and happiness when she was invited to take part in Lifelong Links and that because the person undertaking the Lifelong Links work was not the social worker, she was able to trust them.

“Thank God, that my son finally will hopefully have a contact with my members of family who really missed him, and he was always saying that he missed them as well. So, it was that happiness, but on the other hand I didn’t believe it would actually be successful...it will not be done properly. So, when I spoke with my therapist, she explained I’m sure this lady, this is put there for a purpose, and this is not the social worker or the Social Service.”

Continuity of a single worker throughout the Lifelong Links process was also identified as a positive and important aspect for the children and young people. Being able to establish safe reunification with significant adults for children and young people is expected to reduce the risk that young people will engage in informal contact through social media with adults that might have been deemed to be a risk to them when they entered care. Our findings indicate that Lifelong Links has the potential to improve the care experience of children and young people by creating the opportunity for safe, informal contact between foster carers and family members in cases where this is agreed by all those involved, and decisions are guided by the needs and wishes of the children and young people.

Leadership support

Political will and the support of the leadership team, when present, was reported as an important element for the implementation of Lifelong Links. A shared and consistent commitment for Lifelong Links from Directors of Children’s Services through to the FGC service helped to build and maintain momentum. Referral rates were higher (relative to the target referrals) in sites where this commitment was evident. Supportive professionals (both social workers and carers) were also identified as having a positive influence on the engagement of children and young people in Lifelong Links.

Challenges and barriers

The facilitators identified above are specific to Lifelong Links. In our identification of barriers and challenges we have categorised these as those that are generic to the implementation of new innovations and practices within children's social care and those that are specific to Lifelong Links. Our findings also highlight some of the added complexities for sites of being part of a trial of an entirely new innovation for the English context, and in particular that learning, reviewing and refining the work formed part of the evolution of Lifelong Links.

One of the requirements of participation in Lifelong Links was the need to have an established (accredited, or with plans to accredit) FGC service. As detailed above, there is evidence to indicate that this acted as a facilitator for the implementation of Lifelong Links. However, in some instances the integration (or lack of) the FGC service within wider children's services, impacted negatively on the necessary awareness raising across children's social care to support referrals to Lifelong Links. In sites where FGCs were less well embedded in social work practice, additional awareness raising activities were required. Other factors, such as local authority (site) reorganisations also negatively impacted on the speed with which children and young people were referred.

Many social workers highlighted their anxieties in relation to Lifelong Links. A social worker described the facilitation of new contacts as being difficult for them because of the risk that they are deemed "to go wrong". This suggests, as highlighted in the Care Inquiry (2013), that children's social care is still dominated to a certain extent by a risk adverse culture. There were conflicting views from social workers about whether aspects of Lifelong Links, specifically the direct work with children and young people, and their birth families constituted part of their usual practice. Within a focus group it was suggested that the success of Lifelong Links is dependent on whether the culture and determination in a local authority is sufficient to take advantage of what Lifelong Links has to offer. Lifelong Links challenges the limitations of children's social care by pushing professionals to reflect on them:

“[F]or me it is more of a recognition about ... the limitations of what is possible within the children in care within the care system in general through speaking to foster carers and young people and professionals around ... “No matter how good I am as a foster carer, I am in no way going to be able to tell them where their middle name came from. And no matter how hard I try, there are certain things which I just can't offer.”

Concerns that Lifelong Links might unsettle placements or introduce children and young people to unsafe contact have been expressed in focus groups with both social workers and foster carers. As demonstrated in our quantitative analysis, later in this report, these concerns are unfounded. Despite these concerns some Lifelong Links workers described Lifelong Links as a therapeutic process:

"Lifelong Links, as a process, when you're working so intensely with a child and you're going through their family and you're listening to their journey, is therapeutic, [it] can't not be."

Our findings also provide some examples of relationships between children and young people and their foster carers being strengthened, with closer contact and partnership working between foster carers and birth family members, with everybody focused on the needs of the child or young person. Furthermore, the issues cited above were addressed most effectively in the sites where there was an investment in awareness raising activities, and in particular where these were developed as the trial progressed, to ensure the experiences and learning from early referrals to Lifelong Links were incorporated into awareness raising communications with social work teams, and wider dissemination across the sites.

Implementation Issues

As mentioned above, one of the identified facilitators has been committed and consistent leadership. Some wider organisational and practice issues have been found to hinder the implementation of Lifelong Links. There is evidence to indicate that where Lifelong Links has been prioritised and there is a consistent commitment across and within the site referral rates are significantly higher. However, the prioritisation of Lifelong Links is not static, and some of the sites that were slower to start managed to build momentum later in the trial.

Being a trial has meant that some Lifelong Links resources, such as the SCT and the Lifelong Links Toolkit were still be developed, and finalised versions were not available to the Wave 1 sites from the outset. There was a distinct difference in the reported experiences of the Wave 1 and Wave 2 sites, with the majority of changes to resources and tools having been complete by the time the Wave 2 sites joined the trial. Some of the Wave 1 sites identified that they needed more administrative support and also that they underestimated the time taken to carry out the tasks associated with Lifelong Links, or needed additional IT support for new software (for example for genograms or timelines). Some social workers expressed a scepticism associated with a lack of resources:

"...[A]s I said ... although it's a really good idea, I do think the concept is a good idea, my only concern is the additional work that it's going to cause me, and that's ... I think I'm already stretched already..."

Some elements of the implementation of Lifelong Links varied between sites: some used self-employed Lifelong Links coordinators, and this was identified as impacting on their availability to progress Lifelong Links at the preferred pace of children and young people, particularly when coordinators were trying to meet competing demands of working for multiple local authorities. Attribution of the impact of self-employed coordinators on the effectiveness of Lifelong Links is problematic. Referral rates were lower in Wave 1 sites with self-employed coordinators but this was not replicated for Wave 2 sites.

As outlined in Section 1 of this report, Catch 22 contributed to Lifelong Links in 1 of the sites to provide an adapted version of Lifelong Links for care leavers with the inclusion of psychological support. The Catch 22 role evolved over the course of the Lifelong Links trial, and did not include as much direct working with young people as was originally intended. This was partly because the site did not refer children and young people as quickly as initially intended (mainly as a consequence of a reorganisation) and also because some children and young people declined psychological support. Consequently, the Catch 22 role constituted indirect support and training for professionals in the site, in addition to some direct work with young people, and support for foster carers. By the end of the trial (March 2020) Catch 22 had worked directly with 18 children and young people. There were a further 58 who were supported indirectly whereby, advice, guidance or training was provided to those working with the children and young people. Our findings do not indicate whether the role of Catch 22 directly impacted on the Lifelong Links experience, or outcomes because the numbers of young people who were worked with directly are too small for meaningful analysis. Our qualitative findings do indicate that the Catch 22 role was perceived to be positive by senior managers in the site.

Eligibility criteria and referrals

While most local authorities accepted that the eligibility criteria were necessary for a trial, most of them found the criteria constraining, in particular being in care for less than 3 years. Consequently, in some cases where children and young people expressed an interest in Lifelong Links, but did not meet the eligibility criteria, the work was carried out but cannot be included as a case in the trial or in our evaluation.

The time and resource intensity of the referral process was highlighted as a challenge in some of the local authorities. In particular, the time taken to raise social workers' awareness and to gain their commitment, and support. Referrals of older young people was cited as a particular issue where contact, instigated by the young person, had already been made with birth family members, and consequently they did not express any interest in participating in Lifelong Links.

Referral rates were also influenced by the extent to which social workers and foster carers regarded Lifelong Links as a potential threat to placement stability or where there were concerns that Lifelong Links would increase workloads. In some instances, an investment was also made by sites to increase the administrative capacity within their FGC services to support the use of the different search tools and techniques. Where this investment was made, higher rates of referrals were observable in these sites.

Lifelong Links influence on practice

Data collected from interviews and focus groups suggests that there is a strong practice endorsement for the rationale of Lifelong Links among managers, practitioners and some foster carers (particularly experienced foster carers). Despite the strong and substantial endorsement, some social workers reported scepticism and highlighted concerns about

the potential for Lifelong links to cause harm. Scepticism and resistance were higher during the early stages of the evaluation, and some social workers who reported concerns also indicated that they were grappling with "Lifelong Links being a good idea, but very problematic". Concerns about contact with birth family members were highlighted in a focus groups with social workers:

"I think one of the things that really worries me, is if it's successful, you could have lots of family members wanting contact, and contact historically is very problematic. Somebody's got to arrange that contact, arrange all the finer details, and even with the best will in the world, some of those contacts go wrong. There's a lack of communication and the contact gets cancelled, or whatever. So, contacts are a nightmare for us..."

Some of the sites highlighted that although they had a well-established FGC service, the expansion of the role to cover children in care was considered to be innovative and provided an opportunity to explore the family network for children in care, in a way that did not exist in current practice.

An awareness of the young people's need for identity, support networks and prevention of unsafe relationships when they leave care were cited as the main drivers for practitioners to support Lifelong Links. Both practitioners and experienced foster carers highlighted that young people with long care experiences often return to extended birth family members as they approach independence without having established relationships. Lifelong Links intended to address this.

One prevalent view amongst practitioners (particularly Lifelong Links coordinators and Independent Reviewing Officers) is that Lifelong Links is "what we should be doing anyway". Some social workers and foster carers expressed anxiety about (re)establishing contact with birth family members and indicated a scepticism about the potential of the birth family, which they regarded as having already been explored when children and young people enter care. However, several examples were cited of Lifelong Links resulting in the identification of additional family members. This is highlighted in the following case:

"[I was told] there's nobody for this child, nobody in the whole world, nobody wants him and that's his story, and ... I and [name]... phoned the grandma and she was in tears, and she was going, "I've got his photo here now, I'm holding his photo right now, oh my god, I've been waiting for this day when somebody called me."

One participant highlighted that Lifelong Links provided an opportunity to rectify mistakes made in the past, in terms of discontinuity of relationships. Most practitioners highlighted the potential impact of Lifelong Links on children's social care and some regarded it as being "massive", "huge and monumental", and others reported a "genuine belief that it changes social work practice" with a positive motivational or rewarding impact:

"think it can really revolutionise the way we work with looked after children ... I think all the years that I've been working in social work really it's probably been the easiest one to persuade people to do because their reaction is we should be doing this anyway."

Findings also indicate that Lifelong Links has the potential to influence practice beyond the FGC service, with the acknowledgement of the importance of contact with birth family members from an identity perspective. Practitioners expressed an interest in, and highlighted the value of the Lifelong Links tools, such as mobility mapping or genograms. The motivational element for practitioners appears to have been inspired by testimonials made by children and young people who experienced Lifelong Links and who became vocal about the positive impact on their lives. Lifelong Links has also been cited to have consolidated the importance of working with families and reflection within FGC teams as to how practice can be improved:

"[I]t has transformed my practice. It's transformed the questions I ask people. The way I supervise. The way I think about my own practice and it's really made me respectfully challenge social services decisions, where I think they need challenging. For example, if they're saying that there is no family or the young person won't engage, or the family won't engage then we'll look at why and maybe dig into that a little bit and try and find other ways of engaging that network."

Practitioners identified that Lifelong Links allows them to "think outside the box". It makes social workers ask difficult questions and not limit themselves to the care plan but engage in conversations about the children and young person's family and network rather than treat that as separate from their care. Many practitioners reported a perception that Lifelong Links had positively influenced on their practice. Specifically they highlighted that they are more aware of the needs of children and young people they work with and that they now think differently about how best to support their networks. Some of the learnings were the identification of the importance to "challenge things when it's appropriate to challenge them and... [to use] time wisely when we go and see families". Lifelong Links is regarded by some social workers as pushing boundaries by providing certain flexibility, allowing a more tailored approach for the children and young people, and "encouraging social workers to think about it in terms of those relationships that young people are entitled to know about and to have".

The Lifelong Links tools and associated training were appreciated by those participating in the interviews and focus groups. A number of practitioners and managers identified the potential for tools, such as the mobility mapping and the SCT to have wider applicability and use for their work with children in care.

Lifelong Links and different placement types

The majority of the children and young people referred to Lifelong Links were living in foster placements. A small number of children and young people were referred to

Lifelong Links following an adoption breakdown. The restorative impact of Lifelong Links appeared to have been particularly important for those who had experienced previous placement or adoption breakdown(s) in regaining their self-esteem, understanding their identity and being able to build trust and relationships with their carers. In 1 case, 2 siblings whose adoption broke down were offered Lifelong Links. Despite initial anxiety and concern about the impact it might have on them, the foster carer spoke about the positive and restorative role Lifelong Links had for the 2 children:

“When they came to me, so they came to me from the adoptive parents, they had no contact with anybody. They had no knowledge of family, they knew that they had a mum that they severely didn't like and they would never want to see her again and then the social worker said, probably now because they're so settled with me, they're going to get information out of these two, especially the little boy, he's pulled down such a shutter with that side of his life, he doesn't want to know about it, he doesn't really want to talk about it and I just thought, I was panicking thinking oh my goodness, is this going to open up a can of worms again for him bringing this all up but she was really great: recovery of network even if mother not found – reconstitution of family elements.”

A small number of children and young people (less than 5) referred to Lifelong Links were living in residential care, or supported accommodation. Lifelong Links practitioners reported difficulties associated with engaging with residential care homes, particularly if the site used private and voluntary provided placements. In these instances, the external providers were not familiar with Lifelong Links and would not have been involved in any of the awareness raising activities within the sites. Practitioners also reported complexities associated with the staffing structure of residential homes, the placement being short-term and potentially a lack of appropriate training for staff to be able to respond to the needs of children and young people to address any issues that arise from participation in Lifelong Links.

The Foster Carers' Role

Given the nature of Lifelong Links to restore relationships between the young person and their birth family, it gave rise to various reactions from foster carers. Some saw the potential benefit for the young people in the long run while others were focused on short term risks of potential emotional distress. This appeared to be the case for carers who were not as confident in their role, or those who were less experienced. Those foster carers who were able to see Lifelong Links in terms of the long-term benefit for the young person, were strongly in favour of Lifelong Links and willing to take the risk of "short term pain for long term gain" for the child, as reported by a Lifelong Links coordinator.

The views gathered in the interviews and focus groups with foster carers varied. Several foster carers spoke about being nervous of meeting family members for the first time.

Foster carers' reactions to Lifelong Links varied from full support and a willingness to engage to anxiety and reluctance. Some practitioners expressed concerns that foster carers might perceive Lifelong Links as a threat to their foster care placement, and some cases were cited where the attitude of foster carers had negatively impacted on the participation of the child or young person. However, some foster carers described a high level of commitment and empathy towards the child throughout the process.

The evidence from the focus groups indicates a distinction between foster carers who had been fostering for a number of years, and newer foster carers. Those with more experience were more in favour of Lifelong Links, whereas, foster carers with less experience expressed anxiety or reluctance to engage in Lifelong Links. Equally those who felt confident about their role in the children's life and who did not regard birth family as a threat, were comfortable with the children's engagement in Lifelong Links. Some foster carers expressed the need for empathy and unconditional support to be given to children as they experience Lifelong Links. These carers also emphasised the trusting relationship they had established with the children in their care. The centrality of the role of foster carers in Lifelong links is demonstrated in case study 1⁸.

Case study 1 – young person in foster care

Joe was offered Lifelong Links as a teenager while in foster care. He was placed with experienced foster carers at the age of 10. His foster carer described him as resilient and having high educational aspirations. Lifelong Links helped Joe to meet his father and the paternal side of his family whom he had not met before. When he was offered Lifelong Links he was already intending to look for his father and paternal family so that he could feel more like his friends. Joe remained with his same foster carers but met his father and other family members frequently, and had an opportunity to recover some of the missed time. Joe had a positive relationship with his foster carers and considers that it is essential for young people who are offered Lifelong Links to be supported by their foster carers. Joe's foster carers indicated that they felt he was less engaged in education following the reconnection with his paternal family, but his aspirations were maintained. It is likely that Joe needed to address his emotional needs and the impact of establishing new relationships before refocussing on his education.

As Lifelong Links tackles the sensitive issue of contact, our qualitative findings highlight the complexity of foster care and the loyalties and emotions of the child – carer – birth family triad. This is how a foster carer described her conflicting feelings about her teenage foster child's participation in Lifelong Links:

⁸ Names have been changed in the case studies to ensure confidentiality and anonymity.

“[H]e’s done nothing wrong but it’s just, it’s embellished that, and I feel that at home now, he’s walking around lording it about and again I’ve lost that, yeah there’s a bit of jealousy there as well I have to say, it hurts that you’re at home doing it all and there to pick up the pieces so it’s just brought a lot of feelings to the surface which I didn’t think I had really.”

Similarly, an experienced foster carer described the challenges as well as benefits of Lifelong Links:

“I think it puts a lot of people off because bringing up somebody else’s child is a massive responsibility and I think sometimes that’s how people think. If you ask my view over the last 20 years originally when we started fostering I maybe thought it was maybe not a good idea to meet family members but after 18 years I think it’s probably the best thing that happens.”

Outcomes

This section of the report draws on both the qualitative and quantitative data collections. This includes the analysis of interviews and focus groups with practitioners and children and young people. We also include analysis of 119 Practice Summaries. The longitudinal analysis facilitated by the collection of Lifelong Links participation data and of administrative data (SSDA 903 and National Pupil Database) for 11 of the 12 sites is reported. This includes comparative analysis between the children and young people who were referred to Lifelong Links, and those who met the trial eligibility criteria, but did not participate. This quantitative analysis was carried out 6 months after the end of the Lifelong Links trial to facilitate the inclusion of administrative data from 2019-20⁹.

As set out in Section 1 of this report, the primary outcome that Lifelong Links aimed to achieve was to identify relatives and other key adults willing to offer lasting support that can make a positive difference in the lives of children and young people in care. The findings related to this primary outcome are reported based on data from the Practice Summaries, as well as the qualitative interviews with children and young people.

Lifelong Links objectives

The Practice Summaries (new format) captured information about the number of objectives set, the number of objectives met, and a breakdown of the objectives into categories. Objectives were set at the start of Lifelong Links, determined by the wishes of

⁹ As a consequence of the plan to include the 2019-20 administrative data, the quantitative analysis was not available for inclusion in the overarching thematic report of the Children’s Social Care Innovation Programme Round 2 (FitzSimons and McCracken, 2020). Further information about the guidance provided to the sites for the submission of this data is included in Appendix 4. Our approach for the preparation of the data and creation of the comparison group for analysis is detailed in Appendix 5.

the children and young people. Each young person determined the objectives most relevant to them and they were recorded on the Practice Summaries in discussion with the Lifelong Links coordinator. The objectives were broken down into 16 different categories in the Practice Summaries depending on who or what they related to. From the 41 new format Practice Summaries, our analysis indicates that on average 81% of the objectives were met. The categories for the different objectives are presented in Table 5 alongside the number that were met.

Table 5: Breakdown of Lifelong Links objectives

Lifelong Links objective	Frequency
(Re)establish contact or information about: Siblings	7
(Re)establish contact or information about: Mother	7
(Re)establish contact or information about: Father	4
(Re)establish contact or information about: Wider family members	13
(Re)establish contact or information about: Grandparents	8
(Re)establish contact or information about: Friends	5
(Re)establish contact or information about: Pets	4
(Re)establish contact or information about: Professionals (e.g. former social worker)	5
(Re)establish contact or information about: Former foster carers	7
(Re)establish contact or information about: Former residential placement	1
Establish support for their plan for leaving care and the future	4
Information about their family history	17
Access and see photos of their family	3
Correspondence with family members (e.g. Christmas cards)	1
Other	6
Total	92

Source: Practice Summaries

The Practice Summaries have also been used to capture data about whether children and young people felt that there had been improvement on several outcomes. These outcome categories were completed by the Lifelong Links coordinator based on their opinion and feedback from the child or young person. There was a wide variation in the

improved outcomes. For 91% of the children and young people, it was reported that Lifelong Links had resulted in a positive outcome, in terms of (re)establishing direct contact with those they had identified as wanting to have contact with and just over half (53%) cited repaired relationships as a positive outcome. Overnight stays were cited as being achieved in 24% of cases, however, there are safeguarding reasons that would limit, or delay new overnight stays. Even so, taking this into account, one quarter having arranged or increased overnight stays is a considerable success. Table 6 details the data for each of the outcomes recorded in the Practice Summaries.

Table 6: Lifelong Links Outcome frequencies

Outcome	Frequency	Percent (%)
Direct contact	41	91
Increase network	34	76
Indirect contact	34	76
Increase knowledge	30	67
Sense of identity	35	78
Long-term commitment	34	76
Overnight stays	11	24
Repaired relationships	24	53
Other	11	24

Source: Practice Summaries

Number and sustainability of supportive relationships

Data about the number of supportive relationships has been captured in both the SCT and the Practice Summaries (119). At the start of Lifelong Links, the number of connections identified in the Practice Summaries ranged between 1 and 25 (as identified by each of the children and young people), and in total 626 people were identified during the discovery stage¹⁰ of Lifelong Links. The vast majority of these (96%) were connections (or contacts) at a later point in time when the Lifelong Links plan was being made or a Lifelong Links family group conference took place. This indicates the success of Lifelong Links in not only identifying, but also retaining potential connections, or contacts, as identified by the children and young people.

Child led working

From the outset an emphasis was placed on Lifelong Links being led by children and young people, in terms of who they wanted to (re)connect with, and the timeframes for them being ready to progress to each of the stages of Lifelong Links. Being young person

¹⁰ The stages of Lifelong Links are set out in Appendix 1.

led, Lifelong Links helped them to gain confidence which in turn helped some of them in the relationship with their foster carers. One young person said that Lifelong Links helped her trust her foster carers and improved their relationship:

"I would tell her things but I would keep it vague and I wouldn't tell her very much, and obviously because of moving around and the breakdown of adoption you don't trust anyone at all and obviously going through the Lifelong Links thing I think it's because I'd go out with my Lifelong Links person and we'd talk about it, and then we'd go back and I could tell."

The restorative role of Lifelong Links

Professionals who took part in the evaluation emphasised the importance of the restorative impact of Lifelong Links to contribute to a better understanding of the care journeys of children and young people, their needs and ensuring core information about their lives is not lost. One Lifelong Links professional explained how one of the younger children kept speaking about a pink animal which no one understood and during the meeting with a previous professional it turned out that that was the name of the nursery school of that child.

"I said "Words, just give me words," he put [animal name] down. The foster carer didn't know, but as soon as I spoke to [previous professional's name] said, "That was his nursery school". No one else is ever going to say those words, [name of nursery] or know his favourite song. It's sort of the little things, isn't it? So, I think they're very important jigsaw puzzles pieces and it seems to strengthen rather than traumatise them, that someone knows it."

An unintended, positive consequence of Lifelong Links has been the facilitation of re-connection with former foster carers, or other professionals such as previous social workers at the request of the children and young people.

"Because the foster carers might not know their mum and dad or they might not know anything about their story, and actually, just being able to have that contact with their previous social worker doesn't have to be traumatic ... it could just be saying, "You know my mum ..."."

For some young people, Lifelong Links provided an opportunity to understand why they are in care, to build a support network of a restorative nature or to achieve closure:

" It wasn't necessarily his family he wanted to connect with, it was his foster parents...he'd had quite a few foster placements that perhaps didn't end very well but he had a huge affection for those foster carers and he wanted to reconnect with them and also I think he wanted to explore if they want to reconnect with him and they all came together and it was amazing, absolutely

amazing. The social worker said she had never seen him be so relaxed and happy... it was just amazing really and they've kept in touch. "

Data from the interviews and focus groups suggests that bringing together birth family members and/or other significant adults helped children and young people to feel that their care experience was not disconnected from their life experience before care. Reconnection with siblings who are adopted or in other placements was also cited as being very important to many of the young people referred to Lifelong Links.

Practitioners highlighted several examples of children's emotional health and wellbeing being positively impacted by Lifelong Links and also expressed their perception of the potential value of Lifelong Links:

"It is going to be huge. Positive as well, because for too long I think society has gone through a process whereby they've almost cut off, deliberately, family members when a child's been removed from the family home, and I think that's been so damaging. Whereas Lifelong Links turns that on its head."

Identity and belonging

As detailed earlier in this section, the data from the Practice Summaries indicates that the outcome of improved sense of identity was achieved in 78% (34) cases. This corroborates findings from the interviews and focus groups which highlighted how the restorative work detailed above, along with re-connections helped to improve the sense of belonging and identity for the children and young people supported by Lifelong Links.

One practitioner also referred to Lifelong Links as responding to the loneliness of children and young people in care. For many children and young people, the process of discovery was important, to identify new family members and reconnect with other people who had been important to them. Several of the children and young people spoke of how surprised they were to find out that they were part of large families:

"I was shocked. I just didn't realise how big my life was I suppose. And I was just really shocked, and it really amazed me, to see how many ... how much [name of Lifelong Links coordinator] actually found out about me. I was just like ... before I was just like, well I don't know that much about my life, and now I'm just like ... it's just really clear now. And I'm just happy that I found the places where I used to live because then I actually know what happened in my life obviously."

Child level data and participation in Lifelong Links

In this section we present our quantitative analysis for a range of secondary outcome measures. The data includes a cohort of children and young people eligible for, and those subsequently referred to Lifelong Links up to March 2020. Before presenting our analysis of outcomes we include an overview of Lifelong Links participation by site, and a

summary of socio-demographic and care history characteristics of the cohort. Further background information about the cohort included in the quantitative analysis is provided in Appendix 6.

As detailed in Section 1 of this report, Lifelong Links is aimed at children and young people under the age of 16, who have been in care for less than 3 years and for whom there is no plan for them to live within their family or be adopted. Eligibility for inclusion in the trial of Lifelong Links was first determined on 1 April 2017, and was then subsequently updated periodically as determined by each site (at a timeframe of no more than 6-monthly intervals). Young people who did not meet the inclusion criteria were excluded from the analyses¹¹. The following cohort size included in this analysis includes 428 children and young people that were in receipt of Lifelong Links matched against 428 children who were eligible for Lifelong Links¹². This constitutes around three-quarters (73%) of all of the 585 children and young people referred to Lifelong Links, as detailed in Table 1. To summarise, all children and young people in both the Lifelong Links, and comparison groups met the eligibility criteria. We constructed an equally-sized comparator group of ostensibly similar children and young people who had been assessed as being eligible for Lifelong Links, but did not participate. The preparation of the dataset, including our approach to the creation of a matched cohort is detailed in Appendix 5.

As shown in Table 1 at the start of this section of the report, there was intentional variability in terms of the size of the eligible and participating cohorts. In addition to the data shown in the table, our analysis indicates that only 4% of the children and young people who have been offered Lifelong Links declined to participate. As detailed throughout this report, a key component of Lifelong Links was working with children and young people at their pace, and ensuring they had ownership over the process. This is also evident in the following case study of Evie. Child-led practice became evident very early on in the trial, and consequently data was collated on child-led pauses. Participation data, by site, including pauses is shown in Table 7.

Case study 2 – young person in residential care

Evie was 15 and placed in residential care when she was offered Lifelong links. Evie had previously experienced several foster care placements. Through Lifelong Links Evie was supported to reunite with her paternal grandparents and half-sister, as well as some of her previous foster carers. For her, Lifelong Links was an important restorative

¹¹ Following discussion and agreement with FRG some sites also carried out Lifelong Links with children and young people who did not meet the eligibility criteria. These young people are not deemed to be part of the trial, and as such are not included in the evaluation.

¹² For some of the comparative analyses the comparator group is smaller than 428 as a result of missing data. The numbers included in each analysis is included in the respective sections.

process, and the support provided by the Lifelong Links coordinator was also pivotal for Evie. As with other young people who participated in the evaluation, Evie appreciated that she was listened to in relation to whom she wanted to reconnect with. Her Lifelong Links coordinator also highlighted the value of reconnecting with previous carers, and suggested that the restorative nature of these reconnections should not be underestimated.

Table 7: Lifelong Links child level participation data by trial site

Site (Local authority)	Participating	Withdrew	Paused	Completed Plan without FGC	Completed FGC
A	11	1	0	1	1
B	9	0	0	1	1
C	53	12	4	13	26
D	158	16	6	35	10
E	134	21	0	51	45
F	8	0	0	4	3
H	6	0	1	1	1
J	5	0	0	0	0
K	24	0	3	14	12
L	10	3	0	0	0
M	10	6	6	3	3
Total (%)		14%	5%	29%	24%

Source: Lifelong Links child level participation data

Of the 428 matched children and young people who had received Lifelong Links, 14% withdrew and the majority of these came from sites C, D and E. In most of these cases the reason for Lifelong Links ceasing was that the child or young person withdrew before any work could start, or during the discovery and engagement phase.

In total 53% of the children and young people had reached a point of forming a Lifelong Links plan (29%) or having a Lifelong Links FGC (24%) by March 2020. Local authorities reported that for some young people completion of Lifelong Links can take other forms (for example, finding several lifelong links with whom contact is maintained) that are not captured in these figures. For those who progressed to the completion of a Lifelong Links plan or a FGC, the average time for completion was 7 months, ranging from 0 to 19 months.

Comprehensive data on socio-demographic and care history characteristics of the cohort, as well as baseline scores on the secondary outcome measures are presented in Appendix 6. Overall, children and young people in the cohort were on average aged just

over 12 years (with a range from 5 years old to 15 years and 11 months) at the start of the evaluation, just over half (52% were male) and the majority of them were of White British background (78%). Approximately 2% of the young people were unaccompanied asylum seekers. In terms of young people’s care history, during the periods recorded, children in both the eligible and participating cohort, on average entered care just after the age of 10. The children and young people referred to Lifelong Links were significantly more likely to enter care on a care order (s.31) and to be placed in foster care, whereas those eligible, but not receiving Lifelong Links were more likely to enter through voluntary arrangements (s.20) and be placed in other forms of care.

Placement stability

Findings from our interviews and focus groups with practitioners and foster carers, and our interviews with children and young people indicate a largely positive response to Lifelong Links. Although some unsettled behaviour was cited as a result of Lifelong Links, this was managed and did not threaten the stability of the placement. Furthermore, as detailed in the following quantitative analysis the perceptions of a potential negative impact of Lifelong Links on placement stability are largely unfounded. In our comparison of placement stability (measured by the number of placements) between the Lifelong Links group and matched comparator group, as shown in Table 8 more children and young people in the Lifelong Links group remained in their placement than the comparison group, in the year after Lifelong Links.

Table 8: Number of placements 1 year after Lifelong Links started

			Number of placements 1 year after Lifelong Links started								Total
			1	2	3	4	5	6	7	8	
Lifelong Links	No	Count	100	65	43	18	11	3	1	5	246
		%	41	26	18	7	5	1	<1	2	100
	Yes	Count	182	43	13	3	1	3	1	0	246
		%	74	18	5	1	<1	1	<1	0	100
Total		Count	282	108	56	21	12	6	2	5	492
		%	57	22	11	4	2	1	<1	1	100

Source: SSDA 903 data

To test whether the difference in placement stability between the 2 groups was statistically significant, we compared the number of placements. These are presented in Table 9, along with the results of the Mann-Whitney non-parametric test. The children and young people had significantly fewer placement changes 1 ($p<.001$) and 2 ($p=.023$) years after starting Lifelong Links than the matched comparison group. As such, participation in Lifelong Links was associated with significantly better placement stability over a 2-year period.

Table 9: Mean number of placements

	Year of eligibility or starting Lifelong Links		Year after eligibility or starting Lifelong Links		Two years after eligibility or starting Lifelong Links	
	Lifelong Links group (428)	Comparison group (428)	Lifelong Links group (246)	Comparison group (246)	Lifelong Links group (81)	Comparison group (81)
Mean number of placements ¹³	1.70	1.70	1.42	2.24	1.37	1.6
	Z=-.597, p=.550		Z=-7.942, p<.001		Z=-2.276, p=.023	

Source: SSDA 903 data

Furthermore, the qualitative data highlighted circumstances when Lifelong Links either contributed to a strengthening of a current placement, or supported a planned transition to a subsequent placement. For example, one young person moved to a different placement because the foster carers moved elsewhere, and the young person wanted to remain in their same school. Despite the placement move, connections were maintained and the young person continued to have a relationship with their former foster carers.

Several children and young people, as well as professionals indicated that Lifelong Links contributed to improved relationships between children and young people and their foster carers. In many cases, having the carers' support throughout Lifelong Links afforded an opportunity for young people to reinforce their trust. This is demonstrated in the following case study of Claire's experience of Lifelong Links.

Case study 3 – adoption breakdown

Claire was placed in foster care following an adoption breakdown, and several subsequent foster care placements. Claire declined to take part in Lifelong Links when she was initially approached, but then decided to take part. Lifelong Links facilitated Claire to reconnect with her grandparents and siblings, as well as a previous education worker (tutor) she had identified. Claire indicated that as a result of Lifelong Links she had more people that she could access for support, and it also strengthened her relationship with her foster carer. As the Lifelong Links process progressed Claire also learnt more about her extended family and was introduced to cousins, aunts and uncles. Claire described Lifelong Links as empowering and she was positive about her future.

¹³ Note that this measure was used as part of the matching process to create the comparison group and the similarities in the means in the year of eligibility or starting Lifelong Links is a consequence of this.

Missing and absent from placements

The emphasis placed on Lifelong Links supporting the development of trusting relationships with carers has also been considered through the analysis of children and young people going missing, or being absent from their placements¹⁴. For both groups, the numbers of missing and absent episodes were low. Missing episodes were reported for less than 6% of the Lifelong Links group and less than 12% of the comparison group in the year prior to Lifelong Links. These proportions remained similar during and after Lifelong Links. Although the number of children and young people missing from placements was low, some young people were missing on a number of occasions. There was a (statistically significant) difference between the 2 groups prior to the commencement of Lifelong Links for the number of absent episodes, although again the number of reported absences were low. Those who received Lifelong Links were less likely to be missing or absent prior to starting and this difference was maintained after Lifelong Links¹⁵. In terms of the mean number of days missing from placement this was higher for the comparison group, and increased in the 2 years after the commencement of Lifelong Links. Furthermore, by the second year post Lifelong Links the mean number of missing episodes for the Lifelong links group had reduced, but the difference was not statistically different¹⁶.

Reunifications and leaving care

Earlier in this section we reported positive unintended consequences of Lifelong Links associated with restoring relationships with previous foster carers, and supporting children and young people following an adoption breakdown. As stated throughout this report one of the eligibility criteria for Lifelong Links was that there was no plan for the children and young people to return home¹⁷. Another positive unintended consequence was that a small number of children and young people ceased to be looked after with a Child Arrangements Order (2), or a Special Guardianship order (3), or return to live with a family member (9). The breakdown for each of the 3 years of the trial are detailed in Table 10. These children and young people had not returned to care by the end of the

¹⁴ We have analysed the missing and absent from placement data separately, according to the definitions provided [here](#). However, we note caution in the separation of these categories and definitions which seem to have been used interchangeably and/or differently between the sites.

¹⁵ The difference between the two groups on absent episodes was statistically significant ($p=.033$) prior to the commencement of Lifelong Links and also the year after Lifelong Links ($p=.008$).

¹⁶ ¹⁶ The mean number of missing episodes for the Lifelong Links group was 0.74 in the year of starting Lifelong Links and had reduced to 0.58 2 years after. For the comparison group the mean number of missing episodes for the same timeframe was 1.02 and 1.23. As stated in the text above the difference between the groups was not statistically significant ($p=.095$ and $p=.415$).

¹⁷ As detailed earlier in this section we identified in our quantitative analysis that those children and young people referred to Lifelong Links were more likely to be accommodated with a care order (s.31) rather than a voluntary arrangement (s.20).

trial in March 2020. There was also another smaller group (15) young people who moved into independent living following Lifelong Links.

Table 10: Reunifications and ceased to be looked after

Reason ceased to be looked after (SSDA 903 categories)	Year (number of children)		
	2017-18	2018-19	2019-20
Returned home to parent, relative or other person(s)	3	0	6
Child Arrangements Order granted	0	2	0
Special guardianship Order	0	3	0
Adoption	0	0	1
Independent living (supportive accommodation)	1	0	12
Independent living (no formalised support)	0	0	3
Other	0	1	10

Source: SSDA 903 data returns

Emotional health and wellbeing

Young people’s accounts suggest that Lifelong Links helped them to understand why they are in care which has been identified as a contributor to their wellbeing (Coram Voice, 2019). According to the young people who took part in the evaluation, getting to know their families, helped them not to feel different to their peers. They spoke of the impact Lifelong Links had on them saying that it made them happy or "a bit happier" as they understood why they are in care, with some saying "it brings happiness into people’s lives":

"It’s made me a happier person. It’s made me stronger because I now realise that there are going to be family members out there that I have no clue about and that I’m never going to be able to see, but it’s made me realise that even if I can’t see this family, doesn’t mean there’s no one there. They’re still there; they’re still a part of me."

Practitioners and foster carers who participated in interviews and focus groups also cited the positive impact of Lifelong Links on the emotional health and wellbeing of children and young people referred to Lifelong Links. In addition to the qualitative data, we also explored whether the positive accounts were reflected in the quantitative analysis, with the use of Strengths and Difficulties

Questionnaires (SDQs). Completion of the SDQs was particularly sparse for the comparison group, particularly multiple returns for the same children and young people to assess changes over time. Multiple SDQ scores were provided for 130 children and young people who were referred to Lifelong Links. The mean score decreased slightly from 15 to 14, indicating a slight improvement, but the difference was not statistically significant ($p=.123$)¹⁸.

Harmful and risk-taking behaviours

To assess the potential impact on harmful and risk-taking behaviours we intended to compare the incidences of self-harming, substance misuse and criminal activity between the children and young people referred to Lifelong Links and the comparator group. Our analysis of the relevant child level data items for the 428 in our quantitative cohort and 428 in the matched comparator group identified very low numbers (less than 20) children and young people (in both groups) for whom there were reports of self-harm, substance misuse and criminal activity. Consequently, it is not possible to report the impact of Lifelong Links on these outcome measures.

Educational engagement

Data was analysed about the number of fixed-term exclusions, as a proxy indicator for school and educational engagement. There was significant missing data about school exclusions in the National Pupil Database data that the sites provided, and where data was missing it was assumed that there were no exclusions for that child or young person. There was a statistically significant difference in the mean number of fixed term exclusions prior to the commencement of Lifelong Links, and that was maintained throughout Lifelong Links and the year following¹⁹.

Assessment of costs and benefits

This cost benefit analysis of Lifelong Links was conducted by York Consulting based on the Lifelong Links participation data and the child level analysis undertaken by the Rees Centre evaluation team. The cost benefit analysis (CBA) methodology considers the relative savings attributable to Lifelong Links compared to what would have been spent based on the performance of a counterfactual comparator group with similar characteristics. Specifically, the quantitative comparative analysis between the children and young people who received Lifelong Links and the matched comparator group. The benefits have also been calculated for the Wave 1 cohort referred to Lifelong Links, as detailed in Table 1. On the basis that Innovation Programme funding was only provided to the 7 Wave 1 sites, the analysis of costs and benefits relates exclusively to the Wave 1

¹⁸ A Wilcoxon signed-rank test was used to test the difference between the SDQ score in the year they started Lifelong Links and the following year.

¹⁹ The Mann-Whitney non-parametric test was used and statistical difference in the year following Lifelong Links was $p=.011$.

sites. Further details concerning the methodology and associated assumptions are set out in Appendix 7.

Costs

The costs reflect the resources provided to deliver Lifelong Links over the trial period from April 2017 to March 2020. These are shown in Table 11 and are based exclusively on the level of funding for the project through Innovation Programme support.

Table 11: Programme Costs

Cost	Amount
Total cost	£3,798,396
Set-up costs	£714,000
Adjusted costs	£3,084,396

Source: York Consulting

The total cost of the programme over the three-year period was £3,798,396. As detailed in Appendix 7, these costs comprised the funding that was provided to the 7 Wave 1 sites, as well as the funding allocated to FRG to lead the implementation of Lifelong Links²⁰. The costs were examined, and those attributable to the one-off set-up costs associated with the initial development of Lifelong Links (for example the development of the SCT, the Lifelong Links Toolkit and legal advice) were not included in the cost benefit analysis. This resulted in an estimated deduction of £714,000 for one-off set up costs. All of the funding provided to the 7 Wave 1 sites has been included in the analysis, although it should be recognised that some of these costs would also be attributable to one-off set up costs. Additional funding was also provided to Catch 22, but on the basis of their changed, and wider remit (as referred to earlier in the report), these have not been included in the CBA. It has not been possible to calculate wider economic costs associated with programme delivery.

Benefits

The benefits relate to the cost savings linked to improved outcomes for children and young people referred to Lifelong Links during the 3-year trial period. Monetisable information has been identified from the child level data analysis for 3 outcome variables. These are shown in Table 12 and further information about the assumptions used in the calculations are set out in Appendix 7.

²⁰ To note the FRG costs were to lead the implementation of Lifelong Links for Wave 1 and Wave 2 sites.

Table 12: Programme Benefits

Outcome Variable	Absolute Change	Relative Change	Monetised Benefit
Placement changes avoided 1 year after	-142	-417	£963,270
Placement changes avoided 2 years after	-168	-117	£270,270
Missing episodes avoided 1 year after	-234	-188	£511,063
Missing episodes avoided 2 years after	-81	-188	£511,063
Reunifications from foster care in years 1, 2 and 3 of programme	-14 ²¹	N/A	£890,500

Source: York Consulting

The absolute change records the difference between the baseline and the follow-up periods which are 1 and 2 years after Lifelong Links commenced. The relative change compares outcomes to that of the matched comparator group on 2 of the outcome variables, placement changes and missing episodes. Lifelong Links outperformed the comparator group on both of these variables.

Reunifications have also been monetised, but given the difference in the legal status of the comparator group, as detailed earlier in the report, only the absolute change has been recorded. We have not monetised the potential benefits associated with some of the older young people moving into independence because it is not clear the level of support that has been provided. It should be noted that monetised programme benefits understate the total actual benefits to the children and young people supported by Lifelong Links.

²¹ Monetised benefits have been identified for 14 young people who were reunified with family, parents or carers at some point between 2017-2020. The cost savings associated with them are represented as total years avoided in foster care depending on the point at which they were reunified.

Return on Investment

The return on investment (ROI) is calculated by dividing attributed benefits by programme costs thus producing a benefit cost ratio (BCR). Details of the applied unit costs and calculation of the Lifelong Links BCR are highlighted in Table 13.

Table 13: Return on Investment

Outcome monetised	Number	Unit cost	Monetised Benefit
Placement changes avoided	534	£2,310	£1,233,540
Missing/absent episodes avoided	376	£2,719	£1,022,344
Years in foster care avoided due to reunification	25 ²²	£35,620	£890,500
Total benefits			£3,146,384
Total costs			£3,084,396
ROI			1.02

Source: York Consulting

The return on investment for Lifelong Links is shown to be 1.02. This indicates that for each one pound invested in the programme there has been a saving of £1.02, which is just above the break-even point of 1.0. It should be noted that the primary outcome achieved by Lifelong Links was an increase and improvement in the number of sustainable and supportive relationships which is not directly monetisable, but is attributable to better longer-term outcomes, and reduced isolation and loneliness.

²² In total 25 years of foster care were avoided from the reunifications of 14 young people. Those reunified in the first year of the programme were assumed to gain 3 years of savings; those reunified in the second year were assumed to gain 2 years of savings; those reunified in the third year assumed to gain 1 year of savings.

4. Summary of key findings on 7 practice features and 7 outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds.²³

Practice features

Family focus

Lifelong Links has been embedded in the FGC service within the 12 participating sites. Progress of cases through to FGC is 1 of the key components of Lifelong Links. As detailed in Section 3, the data from the Practice Summaries indicate that 24% of cases ended in a FGC, and that these meetings were attended by an average of 14 people.

Lifelong Links has safe and meaningful contact with birth family members as its main focus and improvements in the social connections and networks of children and young people referred to Lifelong Links is the primary outcome. Our findings indicate the pivotal and consistent role of the Lifelong Links coordinator in supporting the children and young people throughout the process, from referral. As outlined in Section 3, the independence of the Lifelong Links coordinator from the social work team and social work decision making about the young person was cited as a positive element to support Lifelong Links. The low turnover of Lifelong Links coordinators also helped to facilitate consistency of the practitioner, and support for children and young people, and the wider network involved in Lifelong Links.

The coordinators involved in Lifelong Links have been trained in undertaking new approaches in their work with children and young people, such as genograms, mobility mapping and the SCT. These professionals working on Lifelong Links indicated that they have learned how to conduct a child and young person led approach. Furthermore, the Lifelong Links tools and associated training were appreciated by those participating in the interviews and focus groups. A number of practitioners and managers identified the potential for tools, such as the mobility mapping and the SCT to have wider applicability and use for their work with children in care.

²³ Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

Outcomes

Stability

A strong sense of identity and belonging along with increased self-esteem were outcomes that were mentioned overwhelmingly, and attributed to Lifelong Links both by professionals and by young people. Lifelong Links contributes to the sense of stability and emotional wellbeing of children and young people by bringing together birth family members, previous foster carers, and others identified by the children and young people. The restoration of the continuity of relationships, from the child's perspective is considered to be an important element of their identity formation and to contribute to stability. As detailed in Section 3, some concerns were raised about the potential for Lifelong Links to disrupt placements, but our quantitative analysis, as well as qualitative interviews with children, young people, and foster carers highlight that these are unfounded.

Increased wellbeing

The development and continuity of relationships is a central component of Lifelong Links, with an emphasis on extending the quality and number of relationships for children placed in care. Our findings suggest that by addressing family and social connections, Lifelong Links contributes to the wellbeing of children and young people by allowing them to build their own narrative as to why they are in care and to build safe connections they can maintain throughout care and into the future.

Value for money

Based on a CBA that included 3 monetisable benefits, the return on investment for Lifelong Links was shown to be 1.02. This indicates that for each £1 invested in Lifelong Links there was a saving of £1.02. It should be noted that the primary outcome achieved by Lifelong Links was an increase and improvement in the number of sustainable and supportive relationships which is not directly monetisable, but is attributable to better longer-term outcomes, and reduced isolation and loneliness.

5. Lessons and implications

Our findings suggest that Lifelong Links has impacted positively on the lives of children in care. Specifically, that Lifelong Links contributes to young people's identity and their agency, by supporting them to build their own narratives and addressing their needs to build safe connections, restore damaged relationships (sometimes with previous foster carers) or to achieve closure. At the commencement of Lifelong Links children and young people identified between 1 and 25 people who they wanted to connect with and almost all of those identified were connections at the point of the Lifelong Links plan being made or a Lifelong Links FGC.

Most practitioners were positive about the impact of Lifelong Links on their work, as a result of the satisfaction they gain from making a positive difference in the lives of children and young people, and their families. While some practitioners raised concerns that Lifelong Links might unsettle children and young people, and the potentially negative impact this might have on placement stability this was not reflected in our analysis. Although some foster carers identified concerns about the impact of meeting with the birth family, in many cases the concerns were mitigated by positive experiences at meetings and examples of strengthened relationships between birth family members and foster carers. As the Lifelong Links trial developed these examples were used effectively by the sites to raise awareness of Lifelong Links and the potential benefits. Our findings also highlighted a greater confidence, and willingness to view Lifelong Links positively by experienced foster carers.

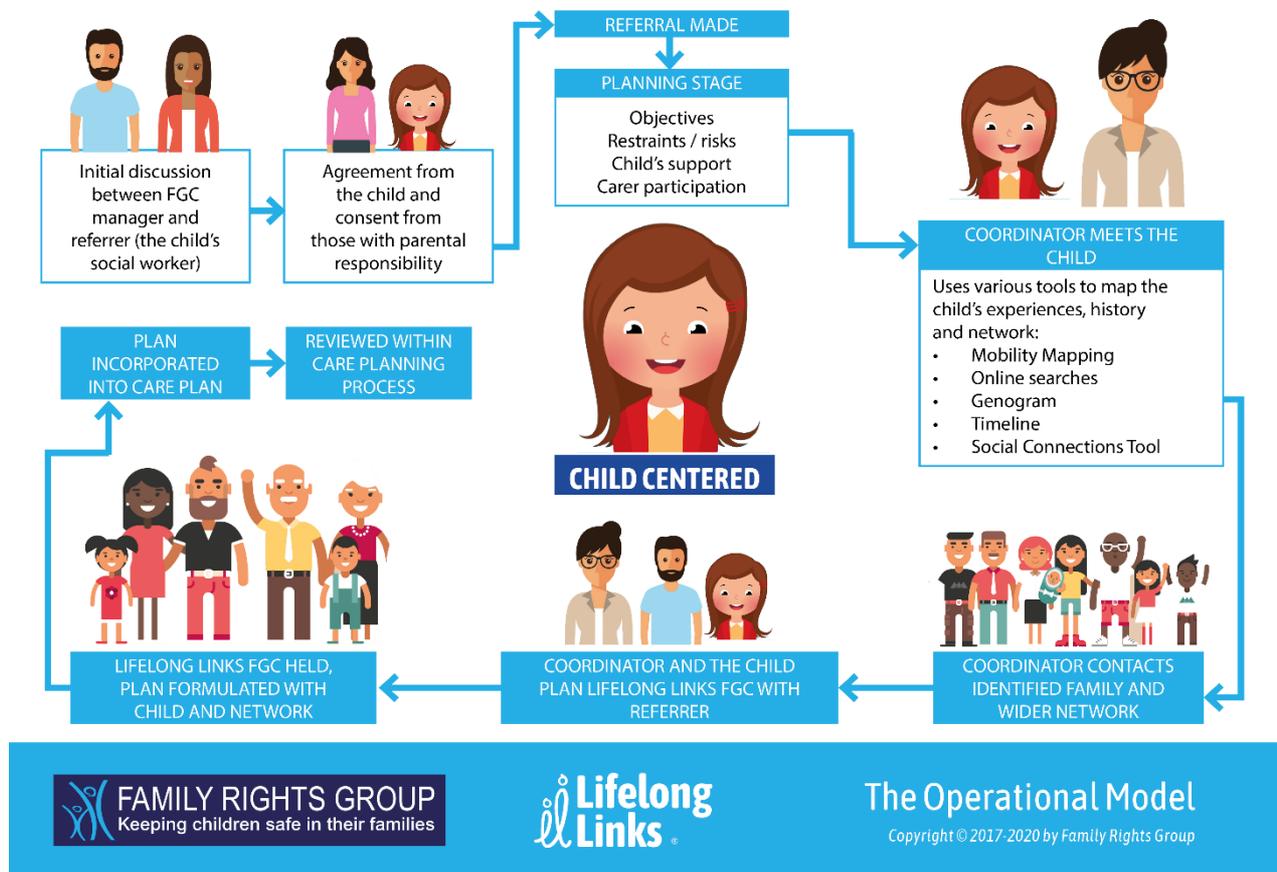
Lifelong Links has been implemented differently by the sites, and there was an evident differentiation between the experiences of the Wave 1 and Wave 2 sites. Changes in leadership or internal re-organisation of the children's social care services caused delays in some local authorities. The eligibility criteria of the Lifelong Links trial have been questioned by a number of practitioners and most local authorities have utilised Lifelong Links with children and young people outside of the trial. Following the completion of the formal 3-year trial there is now some flexibility in the use of the eligibility criteria. As part of the extension funding FRG are working with some sites on trail blazer activities which target other specific groups of children and young people, such as care leavers.

As with other innovations in children's social care, the implementation of Lifelong Links was most effective in sites where there was a commitment across the local authority, from senior leadership through to the FGC service. Across the 12 sites that implemented Lifelong Links during the 3-year trial, there was an overarching commitment to and enthusiasm for Lifelong Links. The importance of the necessary culture changes, and changes in the ways of working with birth families was recognised. Our process evaluation also highlighted the importance of maintaining Lifelong Links as a separate service, integrated into the FGC service. This provided a conceptual disconnect for family members of the previous role of social workers in the decision that the child or young person needed to be placed in care.

Our qualitative findings indicated a marked difference in the receptiveness of more experienced foster carers, who were less sceptical, or concerned about the potentially negative implications of Lifelong Links. This finding highlights the importance of considering not only Lifelong Links, but the premise of working in partnership with birth family members once children have been placed in care to avoid the disconnect in children's lives, as reported in the Care Inquiry (2013).

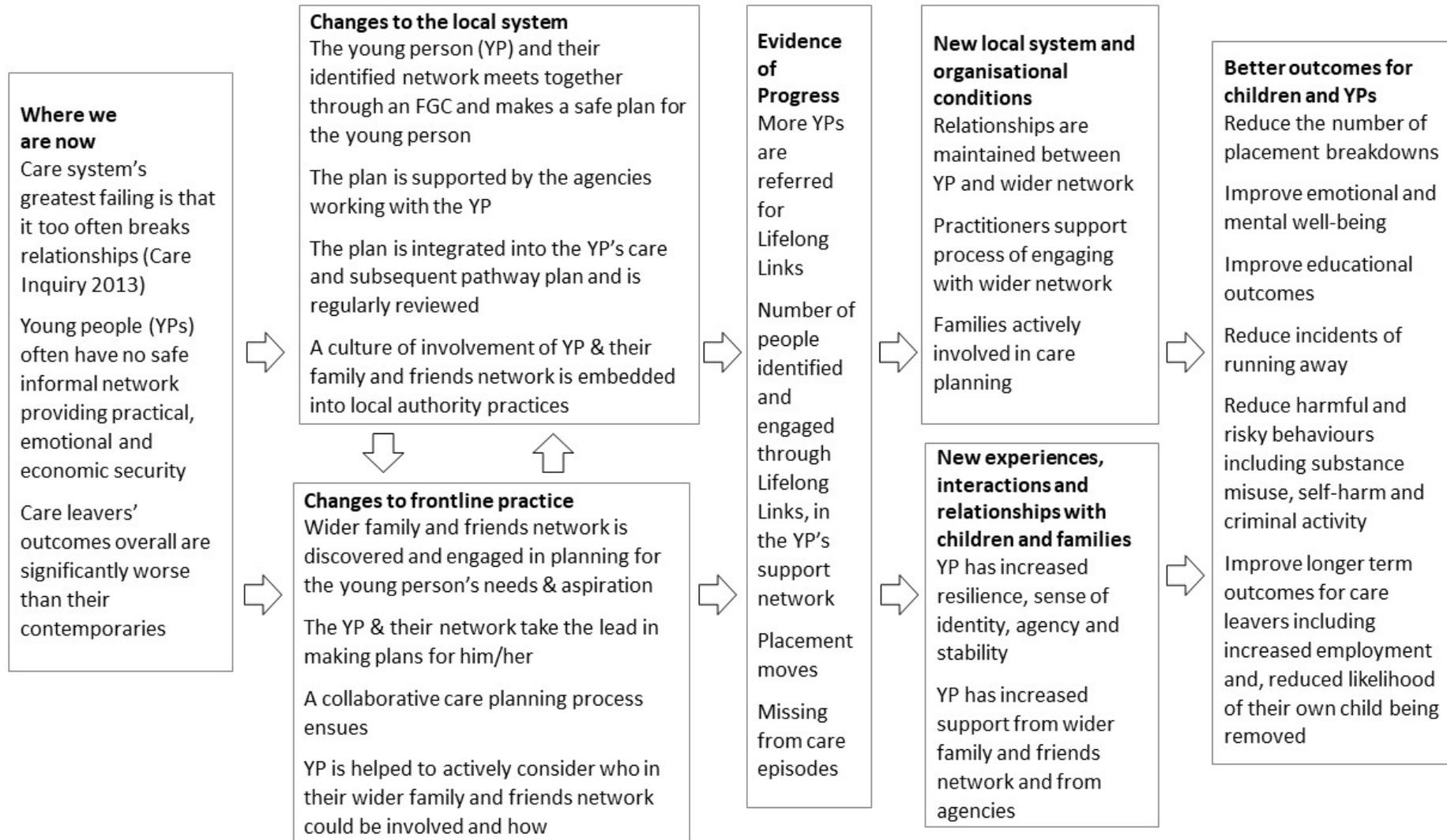
Appendix 1: Lifelong Links process

Figure 1 - Lifelong Links process



Appendix 2: Project theory of change

Figure 2 - Project theory of change



Appendix 3: Social Connections Tool

Table 14 below shows the total number of baseline SCTs received by the Lifelong Links sites. 11 out of 12 sites returned completed baseline SCTs for inclusion in the evaluation.

Table 14: Baseline SCTs received

Local Authority (site)	Frequency
A	4
B	16
C	4
D	63
E	31
F	8
G	11
H	5
J	4
K	8
L	6
Total	160

Source: SCTs

Appendix 4: Administrative data guidance

The following information was shared with all Lifelong Links sites when they started the trial, along with specific information about the SSDA 903 and NPD administrative data returns, and links to the administrative data collection guidance produced by the DfE.

Lifelong Links child-level data items guidance

Why do we need child-level data?

We are analysing anonymised child-level data as a part of the evaluation of Lifelong Links which is being implemented in your local authority. We aim to use anonymised child-level data to explore the impact that may be attributable to the programme, in terms of improving outcomes for looked after children and care leavers.

Who should be included in the data return?

Data should be returned for all looked after children eligible for Lifelong Links during the relevant data collection period. These are children under 16 years old, who have been in care for less than 3 years, and for whom there is no plan for them to live within their family or be adopted. This will allow us to compare groups of eligible children who did and did not participate in the Lifelong Links programme.

What child-level data should be provided?

We have designed our evaluation plan so that we can make use of anonymised child-level data that is already routinely collected in your local authority through your **Management Information System (MIS)** and/or for mandatory reporting to the Department of Education (DfE) (e.g. the SSDA903 return and NPD). In doing so we are trying to reduce the burden within the local authorities, we will also provide interim analysis to both the participating authorities and Family Rights Group to inform the development of Lifelong Links and inform any programme sustainability discussions. We also recognise the differences between authorities in terms of the ease in which data can be extracted from MIS, and we will tailor our approach accordingly.

When should data be returned?

We would like you to return data on an annual basis. The initial data return will also cover the three preceding statistical years. We have chosen these timeframes so that each subsequent return aligns with your preparation of data for return to the DfE.

Since the cohort of eligible children will grow from one data return to the other, each return should include information on new children identified as eligible during the period covered in that return as well as on children included in previous returns. For newly identified children the first data return should also cover the three preceding statistical

years. For children already included in previous returns, data items marked with an asterisk (*) below do not have to be reported again.

What format should the data be in?

The data should be returned as an Excel file (.xls, .xlsx, or .csv format) with a separate sheet for data from each of the following sources:

- 1) SSDA903 (excluding episode and missing from placement data: with one row per child)
- 2) SSDA903 Episode data (with one row per episode)
- 3) SSDA903 Missing from placement data (with one row per missing episode)
- 4) NPD PLASC (Spring census)
- 5) NPD Absences
- 6) NPD Exclusions
- 7) MIS data (with one row per child)

Please include the data item name in the first row of the Excel sheets and include a column referring to the relevant statistical year. Please ensure that all sheets include Child ID so that we can collate and analyse data for the same child. All missing values should be coded as -1.

How should the data be returned?

To ensure the secure transfer of data, please make sure that all files are encrypted.

MIS data

We expect the recording and extraction of the following data items to vary between participating authorities. We are aware that some authorities have put 'flags' on their systems to indicate children and young people eligible for Lifelong Links, and those in receipt of the programme. The participation data is detailed in Table 15 below.

Table 15: Participation Data

Type of data indicator	Data items	Variable name	Detailed guidance
Child-level identifiers	Child ID (as per SSDA 903 data)	child_id	p37 SSDA 903
Deprivation	LSOA based on home postcode when a child became looked after*	lsoa	Format E010XXXXX
Lifelong Links participation information	Eligible for Lifelong Links (LL)	ll_eligible	Yes = 1, No = 0.
	Participating in LL	ll_participate	Yes = 1, No = 0.
	Date enrolled in LL	ll_start	DD/MM/YYYY format
	Reason for not participating in LL	ll_np	Participated = 0 Refusal (child) = 1 Refusal (agency consent) = 2 Refusal (foster carer) = 3 Refusal (birth parent) = 4 Being considered = 5 Unknown = -1.
	Date participation in LL ceased	ll_cease	DD/MM/YYYY format
	Reason participation in LL ceased	ll_exit	Child/young person completed the full programme = 1 Child/young person chose to withdraw before completing the programme = 2 Social worker chose to withdraw child/young person before the programme was completed = 3 Other reason = 4 Unknown = -1.
	Completion of LL plan	ll_plan	Yes = 1, No = 0, Not applicable = -1.
	Completion of LL FGC	ll_FGC	Yes = 1, No = 0, Not applicable = -1.
Completion of LL review FGC	ll_revFGC	Yes = 1, No = 0, Not applicable = -1.	

Source: Site participation data

Appendix 5: Administrative data preparation

To prepare the dataset for quantitative analysis, a number of steps were carried out. Only 11 out of the 12 sites provided full data returns (SSDA 903 and NPD) for inclusion in the quantitative analysis. The remaining site did not provide data for 2019-20 so has been excluded from this component of the evaluation.

The dataset from the 11 sites included 596 children and young people who had received Lifelong Links. (This is higher than the 585 identified in the referral data provided to us by FRG). We identified that some of these were not eligible for inclusion in the evaluation on the basis of the following criteria:

1. any child or young person starting Lifelong Links after 31 March 2020, and therefore outside of the trial timeframe
2. any child or young person who was aged under 5 or over 15 at the point of starting Lifelong Links. The former were most likely included as siblings of older participants while the latter had often had lengthy periods between being assessed as eligible for Lifelong Links and starting, by which time they had reached the age of 16.

We also excluded another group of children and young people from the dataset for incidences where a continuous care record was missing, since starting Lifelong Links, and those absent from care for a period of a year or more. Finally, we excluded children and young people who left care, either because of reunification, or adoption. We have included some descriptive analysis about this group, but as a consequence of them leaving care we do not have enough SSDA 903 data to assess outcomes.

This resulted in a core dataset of 428 Lifelong Links participants aged between 5 and 15 and for whom a continuous record of care existed since they started Lifelong Links. Of these, 81 started Lifelong Links in 2017-18, 165 in 2018-19 and 182 in 2019-20. This preparation and exclusion process resulted in a loss of 27% (157) of children and young people who participated in Lifelong Links.

We used this dataset to construct an equally-sized comparator group of ostensibly similar children and young people who had been assessed as being eligible for Lifelong Links, but did not participate.

The Case Control Matching module in SPSS v26 was used to perform the matching across the following variables:

1. year of starting Lifelong Links (for participants) or year being assessed as eligible for Lifelong Links (for comparators) – exact match
2. local authority – fuzzy match
3. gender – exact match

4. ethnicity (White / Black / Asian / Mixed / Other or unknown) – fuzzy match
5. unaccompanied asylum-seeking child – exact match
6. age at starting Lifelong Links (for participants) or age when assessed as eligible for Lifelong Links (for comparators) – fuzzy match
7. number of care placements in the year of starting Lifelong Links (for participants) or year being assessed as eligible for Lifelong Links (for comparators) – exact match for those with one placement and fuzzy match for those with more than one.

We used fuzzy matching²⁴ where there were insufficient potential matches to allow for exact matching in all cases; the algorithm used still had a preference for exact matching where a possible match did exist. A small number of comparators were matched with 2 Lifelong Links participants where no other similar individuals existed.

This resulted in a parallel dataset of 428 comparator children and young people with a similar demographic background and a similar history of care at that point. The fuzzy matching generally produced very similar patterning aside from local authority, where some local authorities had too few comparators relative to the number of participants leading to a somewhat different geographical distribution of participants and comparators.

²⁴ Fuzzy matching is a technique using researcher-defined tolerance levels to generate a match when an exact match is not possible. We used the functionality in SPSS V26 to carry out the fuzzy matching.

Appendix 6: Socio-demographic and care history data

Table 16 presents the socio-demographic characteristics of the matched cohort of eligible and participating children and young people. Children and young people in the cohort were on average aged just over 12 years at the start of the evaluation, with a range from 5 to 18 and 4 months. Most young people (76%) were in the adolescent age group at the start of the evaluation (ages 10 to 15), and slightly more than half were male (52%). In terms of ethnic background, the majority of young people were of White British background (78%), with about 1 in 10 being of Black African/Caribbean or mixed White and Black African/Caribbean background and a similar proportion being of Other ethnic background (White Irish/Irish Traveller/Roma or other White background). Young people were quite evenly distributed in terms of free school meals eligibility and around a third had a special educational need. Around 2% of young people were unaccompanied asylum seekers.

Table 16: Socio-demographic characteristics of the current sample

Characteristic	Category	Total	Participating (%)
Age (years)	Mean (SD)	12.20 (3.43)	11.57(2.69)
	5 to 9	204	24
	10 to 15	652	76
Gender	Male	442	52
	Female	413	52
Ethnicity	White British	688	78
	Asian or mixed	19	6
	Black African/ Caribbean or mixed	58	9
	Other	75	11
FSM eligible ever		306	47
SEN ever		214	34
UASC ever		16	2

Source: SSDA 903 data

Note: FSM = Free school meals; SEN = Special educational need; UASC = Unaccompanied asylum-seeking child

Placement characteristics of the cohort

Table 17 presents overall care characteristics of the sample. Given that figures are based on data that dates back only to 1 April 2015 estimations of age on entry to care or length of time in care are likely to be an underestimation, as some young people are likely to have previous care periods not recorded in this data and later returned to care. As can be seen in the table, during the periods recorded, on average, those receiving Lifelong Links were in care for almost 2 years. On average children in the matched participating cohort entered care when they were a little over 9 years and 6 months old.

Table 17: Overall care history characteristics of the matched sample

Characteristic	Total	Participating Mean (SD)	Range
Age at entry to care (years)	428	9.65 (2.89)	2 - 15
Time in care (months)	428	22.44 (13.36)	0 - 80

Source: SSDA 903 data

Table 18 presents the care characteristics of the cohort as they relate to the care episode at the start of the evaluation or closest to it (if they exited care before the evaluation started). As can be seen, the most common category of need or reason for entering care for both groups was abuse/neglect, followed by family dysfunction, which was significantly more common among those receiving Lifelong Links. In contrast (not presented in the table), those eligible but not receiving Lifelong Links, were more likely than their counterparts to enter care due to experiencing a disability or absent parenting. Those receiving Lifelong Links were significantly more likely to enter care on a care order and to be placed in foster care, whereas those eligible, but not receiving Lifelong Links were more likely to enter through voluntary arrangements and be placed in other forms of care.

Table 18: Care episode characteristics at the start of the evaluation

Characteristic	Category	Total	Participating (%)
Category of need	Abuse/Neglect	217	51
	Child disability	6	1
	Family in acute distress	40	9
	Family dysfunction	130	30
	Absent parenting	7	2
	Other	28	7
Legal status	Care order	244 (Interim = 112; Full = 132)	57
	Placement order	5	1
	Voluntary arrangements (section 20)	138	32
	Other	41	10
Type	Foster care	373	87
	Kinship foster care	35	8
	Residential	14	3
	Other	5	1
Placed out of LA		115	27
Provider	LA own	296	69
	Independent	125	30
	Other	7	2

Source: SSDA 903 data

Appendix 7: Cost benefit analysis method overview

The cost benefit analysis (CBA) methodology considers the relative savings attributable to Lifelong Links compared to what would have been spent based on the performance of a counterfactual comparator group with similar characteristics. Lifelong Links outperforms the comparator group on two monetizable outcomes. Positive outcomes are also calculated for a third outcome (ceased to be looked after). For this third outcome the comparison group data was not used because there was a statistically significant difference between the legal status' of the two groups at the point of entry. All three generate sufficient benefits to exceed the costs of delivery thus generating a positive return on investment. The method focuses on savings between April 2017-March 2020 and follows what is essentially a Fiscal Return on Investment (FROI) approach. No account is taken of economic and social costs and benefits thus both the stated costs and the benefits can be assumed to be underestimates. Despite this narrower focus the analysis presented reflects a fair assessment of Lifelong Links.

On the cost side of the equation (Table 11 in main report), the resource to deliver the project is based on the grant allocation which Family Rights Group received from the DfE Innovation Fund to deliver the programme, in the 7 Wave 1 sites. A total of £714,000 was deducted from the total as they were deemed to be set up costs and therefore not relevant to the steady state costs which are the focus of a CBA calculation. Funding was also provided to Catch 22 for their role to support Lifelong Links in 1 of the sites, but as set out in the main report their role evolved and consequently provided social work practice beyond the scope of Lifelong Links. On that basis the Catch 22 budget is also not included in the CBA.

Benefits are the monetised outcomes of the programme and reflect potential cost savings to key stakeholders. The monetised outcomes, their unit costs and sources of these costs can be found in Table 19 below. A counterfactual group was used to analyse relative performance of the participant group, allowing for an estimation of the savings made due to the Lifelong Links programme across 2 key outcomes. A third outcome, foster care avoided due to reunification, did not have a relevant counterfactual group and so represents savings from absolute changes.

Benefit Monetisation

The benefits relate to the cost savings associated with improved outcomes for children and young people supported by Lifelong Links. It should be noted that monetised benefits understate the total actual benefits to the young people supported. As noted elsewhere in this report, key benefits such as improved social connections and sense of identity and belonging have been identified, but could not be quantified, hence the use of the narrower fiscal return on investment calculation. Information for monetised benefits was identified from project monitoring data for the following outcome variables:

- placement changes avoided
- missing episodes avoided
- foster care avoided due to reunification

The unit costs for each item and their sources are outlined in Table 19 below.

Table 19: Monetisable outcome unit costs

Outcome	Unit cost	Source
Placement changes	£2,310	Median cost of a placement move. Based on <i>Costs and Consequences of Placing Children in Care (Ward, Holmes and Soper, 2008)</i> and adjusted for inflation
Episodes missing	£2,719	Average total cost of a missing persons investigation, <i>Establishing the Cost of Missing Persons Investigations (Shalhev Greene & Pakes, 2014)</i> and adjusted for inflation.
Foster care	£35,620	Average overall annual cost of local authority foster care, from: <i>unit costs of health and social care (Curtis & Burns, 2018)</i> and adjusted for inflation

Source: As per 'Source' column

For the first 2 outcomes, savings were calculated based on the observed average performance extracted from programme data, and based on the 508 young people who participated in Lifelong Links by March 2020, across the 7 Wave 1 DfE funded sites. For the third outcome, foster care avoided due to reunification, savings were calculated using the actual number of reunified young people based on those for whom data was available.

Placement changes avoided

To calculate the number of placement changes avoided, the mean (average) number of placements for Lifelong Links and a comparator group were used at 3 different timepoints: start of the programme, 1 year after, and 2 years after. The change in the mean from the base to the 2 follow up points for Lifelong Links participants and the comparator group were used to calculate the relative change in mean number of placements. This was then multiplied by the number of participants (508) and weighted by the relevant unit cost.

Episodes missing avoided

To calculate the number of missing episodes avoided, the mean (average) number of missing episodes for Lifelong Links and the comparator group were used at 3 different timepoints: start of the programme, 1 year after, and 2 years after. The change in the mean from the base to the 2 follow up points for Lifelong Links participants and the comparator group were used to calculate the relative change in mean number of missing episodes. This was then multiplied by 508 and weighted by the relevant unit cost.

Foster care avoided

As detailed in the main report, a positive unintended consequence was the children and young people who ceased to be looked after. To calculate the benefits from reunifications, child level data was analysed pertaining to the reasons Lifelong Links participant young people ceased to be looked after for the 3-year trial period (April 2017 to March 2020). For the purposes of monetisation, and after consultation with the evaluation team, benefits were counted for those children and young people who had ceased to be looked after due to returning home to parent, relative or other person(s); child arrangements order granted; special guardianship order. In each case, the young people were assumed to otherwise have been in local authority foster care, on the basis that this was the most common placement type for the larger cohort (428) included in the quantitative analysis. The benefits accruing to each individual who was reunified were based on the average annual cost of local authority foster care multiplied by the number of years within the programme period that they were not in care. In total 25 years of foster care were avoided from the reunifications of 14 young people. Those reunified in the first year of the programme were assumed to gain 3 years of savings; those reunified in the second year were assumed to gain 2 years of savings; those reunified in the third year were assumed to gain 1 year of savings.

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