




Centre for excellence
for Children's Care and Protection



September 2024





Evaluation of the Lifelong Links trial in Scotland

Authors: Dr Robert Porter and Dr Nadine Fowler
CELCCIS



*"I would recommend that all young people take part [...] I'd recommend it to everyone. Everyone that gets offered it, I would say go for it, it's definitely worth the time. It's really positive for you to do."
(Tim, young person)*

Contents

 Acknowledgements	2
 A note on names and language used in this report	3
 Executive Summary	5
About Lifelong Links	5
About the Evaluation	5
Findings.....	5
Key Messages.....	7
 About Lifelong Links.....	9
 About this Evaluation	12
Evaluation aims and intended outcomes	12
Development of the Lifelong Links Trial in Scotland	13
Eligibility	14
Methodology.....	15
Changes and disruptions to the evaluation	17
Limitations	19
 Findings	21
Delivering Lifelong Links.....	21
Children and Young People’s Experiences of Lifelong Links	32
Carers’ experiences of Lifelong Links	46
Lifelong Links and child-centred practice.....	49
Changing social work practice and culture.....	53
Learning from Lifelong Links Implementation	54
 Moving Forward.....	60
The future for Lifelong Links services	60
 Key Messages	64
 References	67
 Appendices	69

Acknowledgements

We would like to express our gratitude at having the privilege to be involved in this project and gain an insight into this work and the experiences of children and young people.

We would especially like to thank all the children, young people, carers, and practitioners we spoke to about their experiences of Lifelong Links, for making time to participate in the research, and for their honesty and openness with us. This evaluation would not have been possible without their participation. We would also like to thank those individuals within local authorities who supported us in accessing the quantitative data needed in this evaluation.

We extend our thanks to all those staff members at Family Rights Group (FRG) who supported the evaluation, including Cathy Ashley, Sean Haresnape, Lucy Hutchinson, Pam Ledward, Paul Reddiex, Vicky Rourke, and Stuart Graham. We are grateful to the KPMG Foundation, Esmee Fairbairn Foundation, RS MacDonald Charitable Trust and The Robertson Trust for providing FRG with the funds necessary to undertake this evaluation. Thank you also to the research team who evaluated Lifelong Links in England, in particular Professor Lisa Holmes for her support throughout this evaluation.

Finally, thank you to everyone in CELCIS who has been involved in supporting this evaluation from its inception five years ago until now, including Dr Vicki Welch, Dr Louise Hill, Ben Farrugia, Fiona Mitchell, Carol Ann Anderson, Dr Kirsty Deacon, Dr Joanna Soraghan, Micky Anderson, Dr Heather Ottaway, Lesley Sneddon, and Samantha Fiander.

A note on names and language used in this report

The language used when describing the experience of children, young people and families who receive services is important. Language can be stigmatising, and where possible we have tried to avoid using terms that could contribute to this. Where our report refers to data already collected by organisations, we refer to the terms they have used to identify and describe the data. This includes where organisations provide services that are defined in law, or national guidance in which terms that have a specific meaning in law or guidance are used.

Names and pseudonyms

Throughout this report each child, young person, family member, and carer quoted has been given a pseudonym. This is intended to make the report easier to read, and to retain and understand the experiences which were shared, while protecting privacy. All personal information has been changed to protect the anonymity of respondents (for example, dates, locations and/or other identifying factors). In order to protect the anonymity of everyone concerned, quotes from Lifelong Links coordinators, managers, and social workers are attributed to one of these job titles, alongside the local authority – called A, B or C, in this research – that they work in.

Family Group Conferencing (FGC) and Family Group Decision Making (FGDM)

A family group conference or family group meeting is a voluntary family-led meeting that brings together the family and friends network of a child or children to discuss a concern or problem and make a plan to support them, when a child and their family is being supported by social work services. The conference or meeting is supported by an independent practitioner who chairs the meeting, and the family are provided private time to discuss the plan and decisions that need to be made. Family group conferences and family group meetings can happen in all sorts of circumstances, ranging from helping families when they are beginning to have difficulties, to helping make big decisions about how to keep children safe or where a child should live. Children are usually involved in the family group conference, and may be supported by an advocate at the meeting.

'Looked after'

'Looked after' children is the legal definition used to refer to children who are currently in the care of a local authority in Scotland. Where it has been necessary to refer to this legal definition, the terminology 'looked after' has been retained.

'Alternative care'

'Alternative care' is the term used internationally to refer to different ways that children and young people needing care and protection are cared for when their parents are unable to do so. This term is used by the United Nations (UN), its Committees and Agencies.

Children and young people

While the Lifelong Links trial criteria included only children aged 16 and under, who would ordinarily be considered 'children' rather than 'young people' in Scotland, the language used throughout the report is 'children and young people'. This is to reflect the ageing of these children as the evaluation progressed (whereby a 16-year-old who received support from Lifelong Links in 2018 would be 21 years old by the end of the evaluation in 2023), and to recognise that children aged 12-16 may view themselves as 'young people'.

'Participating' and 'comparator'

Throughout the report, two groups of children and young people are discussed: the 'participating group' and the 'comparator group'. The 'participating group' consists of children and young people who met the trial eligibility criteria and were supported by Lifelong Links. The 'comparator group' consists of children and young people who met the trial eligibility criteria but did not receive a Lifelong Links service (either because it was not considered by the social worker or other practitioners to be the 'right time' for children and young people to work with a Lifelong Links coordinator, because the child or young person decided that they did not want to participate in Lifelong Links, or they were not in an area of their local authority where the trial was operating).

Placement

Placement refers to an environment within which a child lives while 'looked after' by their local authority. This could be living with kinship carers, foster carers or in residential child care, for example.

'Throughcare' and 'aftercare'

'Throughcare' and 'aftercare' are terms used to describe services made available to young people in Scotland who are no longer formally 'looked after' to support them as they transition into inter-dependence and adulthood. These are available to young people from the age of 16 up to the age of 26.

Permanence Order (PO)

This is the legal order involved when a decision is made on how the care and protection needs of a child will be met on a permanent basis where the child cannot be cared for by their parent/s and determines who will have the parental rights and responsibilities for the child.

Section 25 (S25)

Section 25 of the Children (Scotland) Act places a duty on local authorities to provide care and support to children and young people where it is necessary for their care and protection, and their parent/s either do not object, or are not present. When a Section 25 arrangement is in place, the local authority provides care and protection for children and young people away from their parental home.

Compulsory Supervision Order (CSO)

This is where a child needs care and protection that cannot at that time be provided by their parent/s and the local authority needs to support them and their family.

Executive Summary

About Lifelong Links

Lifelong Links was developed by Family Rights Group (FRG) as an innovative approach to supporting children and young people who are in care and living away from their parents and families. Lifelong Links coordinators work to identify and engage relatives and other supportive adults, including those who have become distant, or are not yet known to the child or young person. As Lifelong Links progresses, these important people are brought together at a Lifelong Links Family Group Conference (FGC) to make a plan with and for the child, supported by the local authority to ensure that these relationships can continue to grow. The overall aim of Lifelong Links is to ensure that children and young people have a positive support network around them, helping them during their time in care and their transition into adulthood.

About the evaluation

A mixed-method quasi-experimental trial of Lifelong Links was undertaken within three local authorities in Scotland over five years, between 2018-2023. The evaluation was designed to address: the extent to which Lifelong Links achieved its intended outcomes; the factors that facilitated or limited this; challenges regarding model fidelity; experiences of implementation of the model; and, what enables or limits the longer-term sustainability of Lifelong Links.

In total, 162 children and young people who met the trial criteria received support through the Lifelong Links trial in these three local authorities. The evaluation heard from 79 individuals involved in the Lifelong Links trial, including nine children and young people, one family member, 16 foster carers, 11 residential carers, 19 Lifelong Links staff, and 23 local authority staff to gather their views and experiences of Lifelong Links. In addition, the evaluation examined data collected by Lifelong Links coordinators about the Lifelong Links process for individual children and young people, and what was achieved. Finally, the evaluation also compared Children's Social Work Statistics Scotland data relating to children and young people who had been supported by Lifelong Links with a matched group of children and young people who did not, to see if there were differences in their outcomes.

As this trial of Lifelong Links progressed, two of the three local authorities involved in this evaluation also made the decision to offer Lifelong Links to children and young people with ongoing care experience who did not meet the trial criteria. The decision to do so was a result of the positive early experiences of Lifelong Links that these local authorities witnessed, and the desire to support as many children and young people as possible, without the constraints of waiting for the formal evaluation to end.

Findings

Through the evaluation, the research team found that Lifelong Links was highly valued by children and young people, carers, and practitioners. They highlighted the benefits that accrued to children and young people from receiving support from Lifelong Links. Children and young people told us that they enjoyed taking part in Lifelong Links, and that it helped them to feel valued and empowered as individuals. Alongside identifying and finding people that the young people wanted to connect and re-connect with, Lifelong Links also had a key

role in identifying and providing children and young people with information about their families and backgrounds, which supported and developed their sense of identity:

"I was kind of in the dark and didn't know much about my family, but then after Lifelong Links [...] I knew a lot more about my family, it was quite good in that way." (Jack, Young Person)

Carers recognised the value of Lifelong Links, highlighting the role that they fulfilled in providing support outside of direct contact with Lifelong Links coordinators. Carers reported that Lifelong Links was not always 'plain sailing', but also that they appreciated that the focus was on generating safe, positive relationships and experiences for the children and young people they cared for. Carers also told us that Lifelong Links could lead to a stronger relationship with their child or young person, through participating together, and through an enhanced understanding of their histories and experiences:

"I thought that because she was going through all that [...] she would change towards us. But no, she didn't [...] if anything she could talk to us better." (Vanessa, Foster Carer)

Lifelong Links coordinators were very clear about the positive impact of Lifelong Links for children and young people. They highlighted that the range of tools available allowed them to work in ways that were responsive to individual children and young people's needs. We heard that there could initially be resistance towards Lifelong Links from practitioners, who were concerned that it would disrupt care placements or care plans for children and young people, but that these reservations were overcome through providing better information about what Lifelong Links entailed, and through the practitioners seeing the benefits achieved for children and young people. Lifelong Links coordinators highlighted the time, effort, and adaptability that providing Lifelong Links required. The delivery of Lifelong Links was also impacted by the COVID-19 pandemic, which meant that Lifelong Links coordinators had to deliver their support in different ways. Lifelong Links coordinators also reported that they would use Lifelong Links tools and approaches in other work that they carried out:

"Until I had my first case with Lifelong Links, I probably wasn't aware of just what a huge gap it was really, and I think it's partly because social workers [...] often don't have the time to go trying to find birth family, but also we don't have the resources too." (Social Worker)

Through a matched pairs analysis, we found that children and young people who worked with a Lifelong Links coordinator experienced more care placement moves whilst they worked with the coordinator than the matched group who were not part of Lifelong Links. However, we also found no difference between these groups in the proportion of children and young people who remained in their care placement from the beginning of Lifelong Links over the course of the trial period. We also found that children and young people who were supported by Lifelong Links were more likely to engage with throughcare and aftercare supports, which help young people as they progress into adulthood.

When looking at the implementation of Lifelong Links within the trial sites we heard about the significant alignment of Lifelong Links with strategic local and national aims for the development of services for children and young people in Scotland. We also found that the independence of Lifelong Links from other services supported children and young people to participate, and that it was important that Lifelong Links coordinators had sufficient time in their working weeks to commit to the provision of Lifelong Links.

Key messages

Through the evaluation, we identified eight key messages within the information that we collected.

Lifelong Links can empower children and young people, and support their agency and sense of identity

Through Lifelong Links, children and young people developed an increased knowledge and understanding of their own identities and histories as well as an understanding of why they were being cared for away from their families. Lifelong Links helped children and young people to experience a strengthened sense of their own identity and agency that informs how they see themselves and navigate the future.

Lifelong Links can change social work practice and culture

Lifelong Links can challenge the existing culture and practices within social work departments. This can cause practitioners to change their attitudes to Lifelong Links and also their approaches to issues of relationships and connections for all children and young people in their care.

The importance of child-centred practice

Child-centred practice is central to Lifelong Links' success. The concern of Lifelong Links coordinators about how every aspect of the work they are carrying out impacts on the child or young person is what ensures that Lifelong Links provides the greatest value possible. The value of the Lifelong Links service is rooted in being tailored to what children and young people want and need. What interests and works for one child or young person may not for another. Lifelong Links coordinators continually focused on the wishes and best interests of the children and young people they were working with. They communicated with them clearly and honestly, taking the time needed to work with children and young people at their convenience and at a pace that was suitable for them, while protecting them from as many potentially negative experiences as possible.

Involving carers is important

Carers have an important role in supporting the children and young people they care for to benefit from Lifelong Links. Including, working with, and supporting carers to engage with Lifelong Links can generate the best outcomes for children and young people. Carers can support Lifelong Links in the initial planning stages, as well as through the child or young person's involvement and beyond. Additionally, informing and involving carers early in the Lifelong Links process could reduce anxieties or worries that they may have, and helps create a positive, supportive environment in which Lifelong Links can be conducted.

Maintain Lifelong Links as an independent service

Having Lifelong Links coordinators who are not linked to children and families' social work or area team social work allowed them to avoid being linked with any negative experiences or perceptions of previous social work interventions. This supports the involvement of family members and carers as well as children and young people who might otherwise have been wary of speaking openly with a social worker.

Staffing

In this evaluation, Lifelong Links support was delivered by staff who were 'split' between providing both the Lifelong Links service and a 'standard' local authority Family Group Decision Making service. While this split role can contribute to the impact of Lifelong Links on social work practice and culture, those coordinators who have less time allocated to the Lifelong Links service experience greater challenges in supporting children and young people. It is important to the successful delivery of Lifelong Links for children and young people that it is not split across too many staff working only a few hours per week.

About Lifelong Links

Lifelong Links is an innovative approach to supporting children and young people who are in care and living away from their parents and their families. It was developed by Family Rights Group (FRG) to address concerns about how the networks of children who are in care can become fragmented, impacting upon their sense of belonging and identity (Boyle, 2017; Mc Mahon & Curtin, 2013). The Lifelong Links approach aims to improve both experiences and outcomes for children and young people while they are in care and into their adulthood.

Children and young people can receive support from Lifelong Links where it is available by being referred to Lifelong Links by their social worker. Social workers will ask children and young people whether they are interested in taking part before making the referral, and if so, consent to participate is also gained from the child's parent(s) and/or their local authority. Lifelong Links is child centred and entirely voluntary – while parental consent is sought, the child or young person makes the decision to become involved or not and can stop their involvement at any time. Lifelong Links coordinators can make use of different methods and tools to support children and young people, including 'mobility mapping', whereby a child or young person rediscovers important people and places from their past by creating a 'map' of their memories, and 'genograms', which is a pictorial representation of a child or young person's family tree. All such tools are offered to the child or young person, who then decides which of these tools and methods they would like to use – they can choose as many or as few of these tools and methods as they desire.

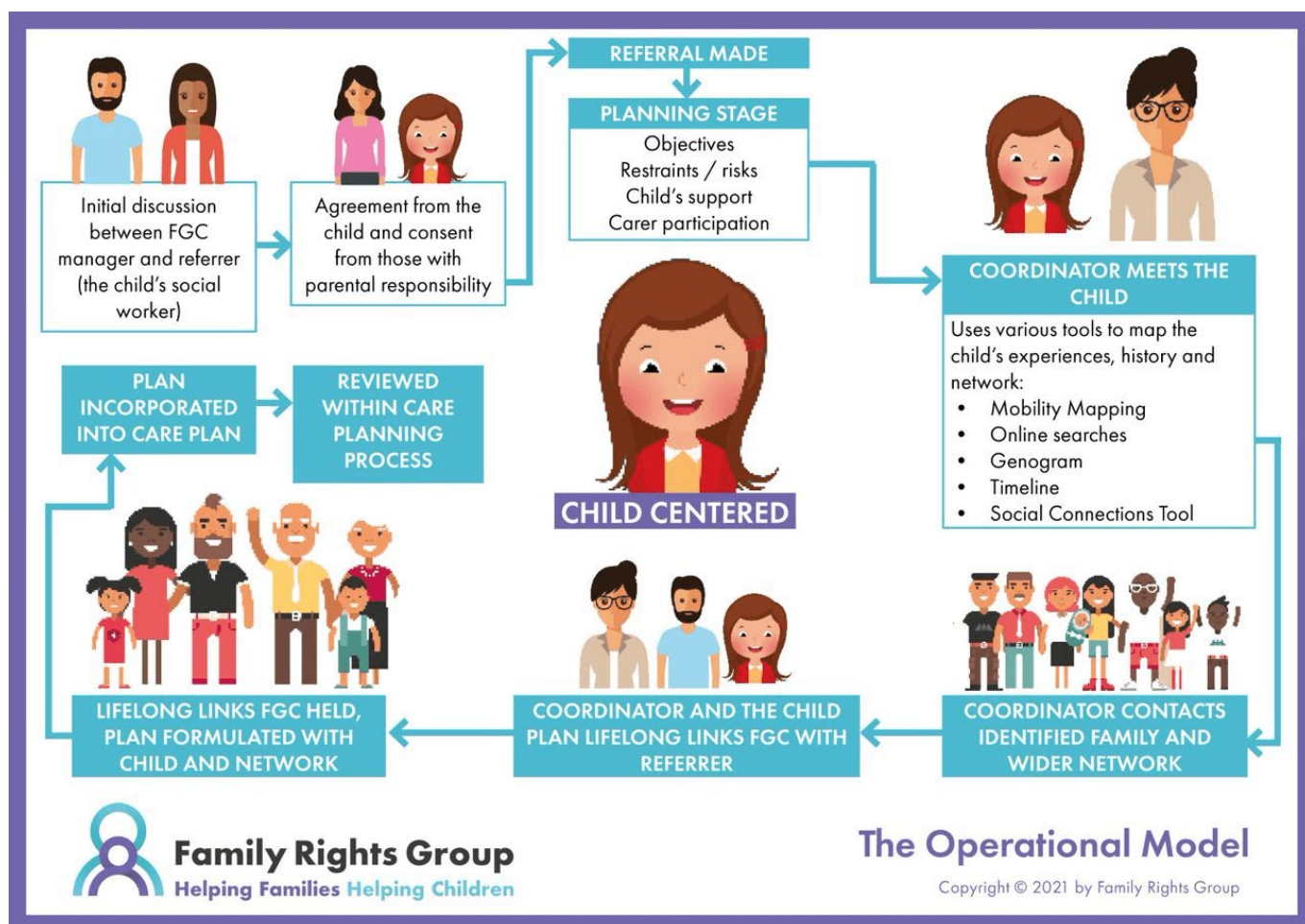


Figure 1: Lifelong Links Operational Model (FRG, 2021)

Lifelong Links was developed by FRG to identify and engage with relatives and other supportive adults of children and young people in 'alternative care' and results in the creation of a 'Lifelong Links plan' which is implemented and developed alongside the child or young person, as they grow into adulthood (Family Rights Group, 2020a). The Lifelong Links process works to identify and engage relatives and other supportive adults, including those who have become distant, or are not yet known to the child or young person. Lifelong Links has a set of tools and techniques that professionals can use to search for and find family members (known and unknown) and other adults (such as former foster carers and teachers) who care about the child. Such adults can include parents and step-parents, grandparents, aunts, uncles, siblings, teachers, foster carers, neighbours and family friends. This network of people may then be brought together in a Family Group Conference (FGC) to collectively agree on the Lifelong Links support plan with the child or young person (Family Rights Group, 2020b).

By identifying adults who are willing to make a life-long commitment to the child or young person and creating a plan to clarify their involvement, Lifelong Links aims to increase the child or young person's sense of permanence, security and wellbeing. This plan is also intended to be incorporated into the child's regular care plan, and social workers should work with the young person and their support network to implement the Lifelong Links plan during the young person's time in care, during their transition to independence and into adulthood (Family Rights Group, 2020b). It is hoped the resulting continuity and permanence of relationships (be it with relatives or others connected to the child or young person) will provide ongoing support, an explanation of historical events, and reinforce the child or young person's identity, belonging and a sense of self (Family Rights Group, 2020a).

Although Lifelong Links is undertaken by a specialist Lifelong Links coordinator, it aims to have a long-term impact on children and young people. Accordingly, Lifelong Links does not 'end', but is managed, supported, and developed in an ongoing manner through a child or young person's regular care review processes, and continues to have effect even when the young person stops being formally 'looked after' by the local authority. Lifelong Links coordinators work independently from local authority social workers, foster or residential carers, and from other statutory organisations and procedures. Nonetheless, they work alongside social workers and caregivers to engage with the relatives and supportive adults that the child or young person wishes to connect with, working alongside and in consultation with the child or young person throughout (Family Rights Group, 2020b).

Lifelong Links builds on existing Family Group Conferencing (FGC) and Family Group Decision Making (FGDM) practice. Family Rights Group introduced FGCs to the UK in the 1990s, and this model has become the most prevalent model of Family Group Decision Making (FGDM) throughout the UK, with FRG estimating in 2019 that 78% of English local authority areas had introduced FGCs (Owens et al., 2021). In 2022, it was estimated that this figure had grown, with 82.2% of local authorities in England utilising FGC services and 79.1% in the UK more widely (Wood et al., 2022). In Scotland, the term FGDM is often used synonymously with FGC, and while FGDM is identified as a 'relevant service' by the Children and Young People (Scotland) Act 2014, national standards developed for FGCs in Scotland are emphasised in the accompanying guidance documents (Scottish Government, 2016). This guidance states that 'relevant services' must be made available for eligible children (Scottish Government, 2016), but stops short of making them a mandatory service for local authorities to offer. However, FGDM's status as a 'relevant service' means that

many local authorities have developed FGDM services for children, young people, and their families. This sits alongside the Getting It Right for Every Child (GIRFEC) approach, which highlights the value of supporting children and families at the earliest possible opportunity, rather than providing support when crisis points have been reached.

In Scotland, the experiences of families and practitioners involved in FGDM and FGC services have been positively reported. Families report feeling more empowered in decision-making in their lives, practitioners highlight improved relationships with family members, and both report a change in relationships with social work services as a result of partnership working (Mitchell, 2017).

In their GIRFEC guidance for 'looked after' children (Getting It Right for Looked After Children and Young People), the Scottish Government commits to maintaining relationships for care experienced children and young people, and acknowledges that these relationships are important for children's sense of connectedness, belonging, and identity (Scottish Government, 2015, p. 24). This was underscored by The Promise (Independent Care Review, 2020), the report from the Independent Care Review in Scotland, which highlighted the importance of relationships for children and young people in care. This came alongside the development of initiatives such as Stand Up for Siblings, which campaigned to identify and preserve links between brothers and sisters. The Staying Together and Connected practice guidance (Scottish Government, 2021) stems from this, and sets out the expectations in Scotland for the social care workforce to support and maintain relationships for children and young people in care with their sisters and/or brothers.

About this evaluation

CELCIS, the Centre for Excellence for Children’s Care and Protection, was commissioned by Family Rights Group to evaluate a trial of the Lifelong Links model in Scotland, between April 2018 and March 2023, building on the development of the Lifelong Links model in England and Scotland in 2017.

Our evaluation was designed in partnership with the Rees Centre at the University of Oxford, who evaluated a Lifelong Links trial in England which was implemented in 12 local authority areas as part of the Children’s Social Care Innovation Programme (‘the English evaluation’). These two evaluations were designed in parallel to facilitate a comparison of the findings and experiences in England and Scotland. The English evaluation was conducted over three years between 2017-2020, and the final report was published in November 2020 (Holmes et al., 2020) (available at <https://frg.org.uk/lifelong-links/>). Through the course of the Scottish evaluation, two additional reports focused on Lifelong Links in England were published; an extension of the English evaluation focused on embedding practice by the Rees Centre at the University of Oxford (available at <https://frg.org.uk/lifelong-links/>), and an investigation into the impact of Lifelong Links on housing outcomes for young people leaving care by the Centre for Homelessness Impact at the Policy Institute, King’s College London (available at <https://www.homelessnessimpact.org/news/support-networks-for-young-people-can-can-reduce-risk-of-homelessness-by-10>).

The Scottish evaluation included a three-year trial period for Lifelong Links within three local authorities in Scotland, as well as two years after the completion of the trial, to help identify longer-term outcomes for children and young people who received Lifelong Links support compared with those who did not. The decision to evaluate Lifelong Links in Scotland over a five-year period was informed by learning from implementation science about the time it takes to support and implement change within complex systems. In this report, we do not name the local authorities involved in the trial in this report, but refer to them consistently as Local Authority A, B, or C to differentiate between the experiences of each. These letters were allocated randomly and do not denote any characteristic, property or name of the local authorities concerned. A further two local authorities made the decision to implement Lifelong Links during the trial period in Scotland, but these are not included in our evaluation.

Evaluation aims and intended outcomes

At the outset of the trial and evaluation, FRG developed the following aims and intended outcomes for Lifelong Links:

- Increasing the number and sustainability of children and young people’s supportive relationships
- Reducing the number of placement breakdowns
- Improving children and young people’s emotional and mental wellbeing
- Improving educational engagement and attainment
- Reducing harmful and risk-taking behaviours of young people, including substance misuses, self-harm and engaging in criminal activities
- Improving longer-term outcomes for young people moving on from care

This evaluation aimed to explore the experiences of delivering and receiving a Lifelong Links service, examine the impact of Lifelong Links for children and young people, and reflect upon the process of embedding Lifelong Links within the local authorities. In particular, the evaluation was designed to address the following questions:

1. To what extent did Lifelong Links achieve the intended outcomes of an increase in the number and sustainability of supportive relationships for young people in care, and improved feelings of self-worth and sense of identity and belonging?
2. What factors facilitated or limited the achievement of these outcomes in Scotland?
3. What are the challenges regarding model fidelity, acceptability, and quality in Scotland?
4. What facilitated or limited the implementation of the model in Scottish sites?
5. What enables or limits longer-term sustainability of Lifelong Links services in Scotland?

Development of the Lifelong Links Trial in Scotland

Family Rights Group developed the Scottish trial of Lifelong Links in order to:

"... support local authorities to build lasting supportive relationships for children in care in Scotland, including by extending their support network so that every child in care has people to turn to for emotional and practical support." (FRG written response to questions)

Prior to starting the trial of Lifelong Links in Scotland, FRG conducted work to define and articulate the Lifelong Links model, through learning from international approaches, as well as direct work with Family Group Conference Networks throughout the UK, and engagement with relevant people, including foster carers and children and young people with care experience. These activities also built on pioneering work that had taken place within Edinburgh City Council to preserve links with adults who matter to young people with care experience in the Edinburgh area. This work helped to develop the terms on which the trial would be conducted, and the criteria that would be applied.

Throughout the trial, processes for ongoing feedback between FRG and local areas were put in place, alongside support to facilitate the effective delivery and development of Lifelong Links. Two members of FRG staff were focused on supporting the Scottish implementation of Lifelong Links, the Director of Lifelong Links (Scotland), and the Development Officer (Scotland), while a number of groups were organised to facilitate shared learning, such as the National Practice Development Group. A Scottish Steering Group facilitated national reporting and information-sharing, while other groups were convened to support the local practice of Lifelong Links, such as the Local Planning and Implementation Groups (LPIGs) and Practice Learning Sets. During the process of the evaluation, a 'Lifelong Links Data Hub' was also convened by CELCIS, meeting quarterly, to help us support the local authorities in the trial compile and transfer the necessary data for the evaluation, and to address any challenges with this data on an ongoing basis. Additionally, FRG encouraged all local authorities with Lifelong Links services, not only those included in the trial, to apply for accreditation. The accreditation framework (available at <https://frg.org.uk/lifelong-links/lifelong-links-service-accreditation/>) draws together a set of standards pertaining to Lifelong Links practice and training requirements and support for Lifelong Links coordinators.

The trial and formal evaluation began in 2017 with the three identified local authority areas. Following this, FRG continued to work with other local authorities, and an additional two local authorities joined FRG's trial of Lifelong Links within Scotland in subsequent years. These additional local authorities were not involved in the initial design of the evaluation, and ultimately a decision was made by the research team not to include them in the evaluation. Their inclusion was discussed at two points, and was initially dismissed due to resource constraints within the research team. It was discussed at a second point when additional resource support was identified by FRG but was considered impractical due to competing demands on the research team's time, and experience and understanding of the time and complexity involved in gaining access to local authority data.

FRG secured charitable funding, including contributions from the Esmée Fairbairn Foundation, the KPMG Foundation, The Robertson Trust, and The RS Macdonald Charitable Trust, to support the direct costs associated with implementing Lifelong Links in the initial three local authorities, and to cover the costs associated with the evaluation. In two of these local authorities, the funding was provided to the local authority, and in the third, the funding was provided to an external service providing Lifelong Links on behalf of the local authority. In one of the initial local authority areas, additional funding was also provided to support the cost of a part-time staff member to compile and transfer the necessary evaluation data to CELCIS. Learning from this process was shared across the trial sites to facilitate the return of accurate data. All three trial local authorities received training and consultancy support from FRG to support the implementation of Lifelong Links.

Lifelong Links activities

As part of undertaking Lifelong Links with children and young people, Lifelong Links coordinators engaged in the following activities:

- Identification of eligible children and young people in the local authority area
- Referral of eligible children and young people to Lifelong Links
- Discovery and mapping of the child or young person's network
- Engagement of the people identified in the child or young person's network
- Planning for the network to meet
- Making a Lifelong Links plan with the child, young person and network to address the child or young person's needs
- Implementation of the Lifelong Links Plan
- Reviewing and integrating the Lifelong Links Plan into the child or young person's regular care plan.

Eligibility

In order to be able to participate in the Lifelong Links trial in Scotland, there were three criteria used to identify children for this support:

1. Children who had been 'looked after' by a local authority for five years or less
2. Children for whom social work had ruled out a return home
3. Children aged under 16 years old at the point of referral to Lifelong Links

These criteria were assessed by referring social workers, as well as the Lifelong Links coordinators when a referral was received, and the same criteria were used to identify the comparator group of children and young people. In the case of children and young people who were referred to Lifelong Links, the criteria that a return home had been ruled out was

assessed by the referring social worker, based on their knowledge and understanding of the particular circumstances of the child or young person concerned.

Methodology

This evaluation used a mixed method quasi-experimental design to identify the experiences and benefits of the Lifelong Links model during the trial period. In order to examine the outcomes achieved for children and young people who took part in the Lifelong Links trial (the 'participating group'), quantitative data was compared to a 'comparator group' of children and young people who were eligible for, but did not participate in, the trial because they were not referred or specifically identified to receive Lifelong Links support. Alongside this quantitative approach, qualitative interviews and focus groups were conducted with a range of individuals who experienced the Lifelong Links trial in some way, either as a young person, a carer, a social worker, Lifelong Links coordinator, manager of a Lifelong Links team or as a senior manager within a local authority.

Quantitative data

To assess the impact of the Lifelong Links pilot on children and young people, the following quantitative data sources were analysed for this evaluation:

- Lifelong Links programme information, via Microsoft Excel spreadsheets, for 162 children and young people participating in Lifelong Links.
- Children's Social Work Statistics Scotland dataset, detailing children and young people's placement and legal information, for 162 children and young people participating in Lifelong Links, and 382 children and young people in the comparator group.
- Throughcare and aftercare data for those young people who participated in Lifelong Links and those in the comparator group who were recorded as receiving throughcare or aftercare services.

The collection of this quantitative data allowed a matched pairs analysis to be performed for 127 participating children and young people. The matched pairs analysis involved matching children and young people participating in Lifelong Links with a child or young person in the comparator group, to assess whether their experiences differed significantly (totalling 254 children and young people). Further details of the matched pairs analysis can be found in [Appendix 2](#).

Quantitative data was analysed using statistical software, and appropriate analyses were conducted to answer the research questions. Full details of the collection and analysis of the quantitative data for this evaluation can be found in [Appendix 1](#).

Qualitative data

To understand the perspectives and experiences of children, young people, carers and practitioners involved in Lifelong Links, interviews and focus groups were conducted with the following participants:

- Local authority managers – 2
- Lifelong Links managers – 3
- Lifelong Links coordinators – 16
- Social workers – 21
- Foster carers – 16

- Residential carers – 11
- Children and young people – 9
- Family members – 1

In addition to these interviews and focus groups, information about the experiences of the service during the trial was gathered from a review of documentation developed during the establishment and implementation of the trial. Some of this documentation was accessible to CELCIS as the evaluator, and some was shared directly by FRG. The perspectives of FRG as sponsors of the trial were also gathered through an email interview. Written questions were sent to FRG to gain a collective perspective on different aspects of the trial from various members of FRG staff.

Full details on the challenges experienced when collecting and analysing qualitative data for this evaluation can be found in [Appendix 1](#).

Practice Summaries and Social Connections Tools

In order to gather information about the work that went into the Lifelong Links service, 'Practice Summaries' were collected. These Practice Summaries were written by the Lifelong Links coordinators, about each individual child or young person's experiences. The Practice Summaries were anonymised before being returned to the evaluation team. They were structured according to a pro-forma that was designed by Family Rights Group to gather information about the services being provided. Over the period of the evaluation, the Practice Summary pro-forma was developed in partnership with the local areas, encompassing feedback about the benefits and challenges of using the form, ensuring it collected accurate and appropriate data. This resulted in some variation in the data collected during different periods of the evaluation (for example, different categorisations of the phases of Lifelong Links). In total, 78 Practice Summaries were received and included in the analysis.

During the initial development phase of Lifelong Links, a specific Lifelong Links tool called the Social Connections Tool (SCT) was developed by Family Rights Group and a team of academics from the Rees Centre at the University of Oxford. The SCT aimed to help capture who children and young people felt they could turn to for different aspects of their life. The SCT was originally available as a paper-based tool but was developed as an online tool through the process of the trial and evaluation¹. Lifelong Links coordinators (or the child or young person's social worker) were asked to offer the SCT to children and young people at the outset of Lifelong Links; six months later or at the point where responsibility for the Lifelong Links Plan transitioned to the child's social worker and family; and two years after this transition. The SCTs would then be anonymised and returned to the evaluation team for inclusion in the analysis. This was intended to result in three time-points of data to consider whether children and young people's connections had increased or strengthened from the outset of their participation in Lifelong Links. However, at the end

¹ Since the completion of this evaluation, the Social Connections Tool has been further developed, and is now known as 'Circles'. More information can be found here <https://frg.org.uk/lifelong-links/circles/>

of the evaluation period only eight SCTs had been completed, which made including these in the analysis impossible.

Changes and disruptions to the evaluation

Data

Through the course of the evaluation, changes were made to the data that would be collected, and the resulting analyses that would be conducted. These reflected learning from the first rounds of data collection, as well as factors external to the evaluation, such as the impact of the COVID-19 pandemic, and the numbers of children and young people receiving the support of Lifelong Links. Table 1 outlines the changes in data collection that were agreed during the course of the evaluation, along with the reasons for the changes. More detail on this can be found in [Appendix 1](#).

Data planned to be included	Change/Comment
Practice Summaries	Practice Summaries were not provided by Lifelong Links coordinators for all children and young people who received Lifelong Links. 78 Practice Summaries were received, some of which related to the same child or young person, and family groups.
Social Connection Tools (SCTs)	Only eight SCTs were completed and returned to CELCIS for analysis, and these reflected only the social connections which children and young people had at the start of Lifelong Links, and only comprised of paper-based SCTs. This low rate of completion may be due to a limited number of children and young people opting to participate in the completion of the SCT, or as a result of few children and young people being offered opportunities to complete the SCT. It is not possible to clearly identify the reasons that the SCT return rate was low, as no record was kept of the number of children and young people who were offered the opportunity to complete the SCT. The lack of SCTs completed and returned to CELCIS made it impossible to conduct any meaningful analysis of these files.
Education data: Attainment; Attendance, Absence, and Exclusions	Education data was obtained from all three local authorities in the trial. However, the data that was accessible to local authorities and CELCIS was insufficient to allow any meaningful analysis.
Throughcare and aftercare Data	Data was received for 33 children and young people who participated in Lifelong Links, and 35 comparator group children and young people.

Table 1: Changes to data collected and analysed

Challenges were also experienced in recruiting participants for the interviews and focus groups, specifically children and young people. This was exacerbated by the COVID-19 pandemic and the associated public health restrictions. CELCIS adapted the evaluation methodology to include remote interviews and focus groups via Microsoft Teams or telephone, which took time to implement. Lifelong Links coordinators also reported a lack of desire from children and young people to speak with CELCIS researchers and difficulties

with 'consultation fatigue', whereby children and young people's views are already sought periodically for a range of purposes via various techniques from local authorities, specific services, and different aspects of the regular care review process.

The COVID-19 pandemic

This evaluation took place during, and was impacted by, the disruption which came about as a result of the COVID-19 pandemic and the associated public health restrictions. The timeline in [Appendix 3](#) shows a two-year period of significant disruption from March 2020 to April 2022. The impacts of this disruption were widespread throughout society and were acutely felt within children's social care in Scotland. Limitations on face-to-face contact, reductions in the provision of core services, an overstretched and under-resourced workforce, alongside the closure of schools, workplaces, and amenities all had an impact on the ability of practitioners to carry out their work.

Lifelong Links direct work was entirely paused between March and June 2020, and following this period, there remained significant disruption to the Lifelong Links services, which were impacted by additional demands on, and changes to, staffing, as well as the limitations that were placed on their ability to conduct the Lifelong Links work. As discussed in our [Findings](#), with the onset of the COVID-19 pandemic, and the return to Lifelong Links direct work in June 2020, online and hybrid approaches were used to engage with children, young people and families, and Lifelong Links coordinators. These hybrid methods continued to be used following the relaxation of COVID-19 restrictions.

Staffing and personnel

Through the course of the five-year evaluation, CELCIS, FRG and the local authorities involved in the trial experienced a number of changes to staffing and personnel. These comprised of:

- Three changes of Lifelong Links Evaluation Principal Investigators (PI) for CELCIS, as well as changes in the senior manager responsible for research in the organisation. With each change, there was a 'settling in' period, including liaison with FRG to allow the new PI to familiarise themselves with the trial and the evaluation requirements. The Research Associate for the evaluation was consistent throughout the project.
- FRG secured funds to allow CELCIS to appoint a Research Associate on a part-time basis for one year to support Local Authority A to develop their capacity to return data for the evaluation.
- In FRG, both the Lifelong Links Development Officer (Scotland) and Lifelong Links Project Director (Scotland) vacated their posts towards the end of the trial period (in August 2021 and February 2022, respectively). This resulted in a loss of institutional knowledge and Scotland-specific FRG staff members for the Lifelong Links managers and coordinators to liaise with. By July 2022 FRG had, however, employed an experienced FGDM and Lifelong Links Practice Lead, with expertise in the Scottish social work landscape to continue working with the Scottish Lifelong Links sites.
- In one local authority involved in the evaluation, two key staff members (the Lifelong Links manager and a Lifelong Links coordinator) retired before the end of the evaluation period (July and April 2022, respectively). While there remained a consistent staff member working as a Lifelong Links coordinator, a new Lifelong Links manager was appointed. Autumn 2022 required the submission of the final data returns to CELCIS for the evaluation, and hence the retirement of two staff

members in the months preceding this return meant that CELCIS provided additional support to this local authority to mitigate any disruption.

- Across all three local authorities, there were significant changes in senior management personnel responsible for Lifelong Links, alongside some changes in the composition of the Local Planning and Implementation Groups (LPIGs) and in the general staffing of Lifelong Links. These changes disrupted relationships, understanding and support for Lifelong Links, which had to be rebuilt within the trial local authorities. This disruption was particularly challenging when senior management changes occurred.

Limitations

Scotland faces a number of challenges in relation to the data that is collected and made available to the government or to evaluations such as this. Where there is data available about the type of arrangements for the care of children and young people when their parent/s is unable to provide care and protection, the length of time children and young people are in care and legal reasons behind the need to be cared for, this is not comparable to the equivalent English data, restricting the possibility of direct comparisons between this evaluation and the English evaluation. Additionally, there are known inconsistencies and limitations which impact the types of analyses that can be undertaken and inferences that can be made. In this evaluation, the limitations on the ability of local authorities to access educational records for children and young people they care for, who are educated outside of that local authority's area, meant that the research team were unable to conduct analyses in relation to educational outcomes. This is compounded by the lower than expected number of children and young people who have been supported through the trial of Lifelong Links, although two of the local authorities did offer Lifelong Links to children and young people in care who did not meet the trial criteria in addition to those included in this evaluation. Further, the lack of completed Social Connections Tools received by CELCIS also limits the ability of the evaluation to determine what changes may have been achieved through the Lifelong Links service.

During the matching process, the research team did not match participating and comparator group children on the care placement type for the child or young person at the start of Lifelong Links. This was omitted from the matching process as it was prone to change based on other matching criteria. Firstly, we needed to identify a year in which comparator children became eligible for Lifelong Links (determined by age, length of time being cared for away from home, and a return home having been ruled out - determined by their care records or a referral to a permanence panel), in order to ensure that comparator children and young people would have been eligible to receive a Lifelong Links service at the time their matched comparator did receive it. However, once this was completed, their placement type at the point at which their comparator began to receive support from Lifelong Links could only be identified after the matching was complete (that is, only after a participating child was matched with a comparator child could the comparator child's 'start date' be determined). Although it would be possible to run another round of matching to try and match on placement type at the start of Lifelong Links, the low number of comparator children and young people for whom we had data meant that we were unable to do this.

The COVID-19 pandemic also had a significant impact on the delivery and timescales of Lifelong Links within the three local authorities. It resulted both in a lower than anticipated number of referrals through the course of the pandemic, and in significantly extended

timescales for involvement in work with a Lifelong Links coordinator. This in turn had an impact on our ability to make inferences from the analyses conducted on associated quantitative data.

These limitations are mitigated by the scale of all the qualitative work undertaken in the evaluation, which enables us to describe the impacts of the Lifelong Links service and how the service was experienced from a wide range of perspectives.

Notably, this evaluation has limited representation of the views of children, young people, family members, and carers. Engaging children and young people to participate in evaluations like this is always challenging. The research team were unable to directly recruit children, young people, carers, or family members due to the nature of the project. Rather, we relied on Lifelong Links coordinators to share information about the trial with these individuals, and if they were willing to be contacted, to pass contact details on to the evaluation team. Unfortunately, we received very few contact details, although when we did receive these details, we were usually able to arrange to speak with the person concerned and we are very grateful to them for sharing their thoughts and experiences. Although this represents a limitation, previous work has highlighted the importance of relationships for children and young people in care (The Promise, 2020), and the data collected still allows us to make findings and recommendations.

Delivering Lifelong Links

In order to understand the impact of Lifelong Links on children and young people, this section considers the way that Lifelong Links worked in all three local authorities involved in the Scottish evaluation. We begin by exploring who took part in Lifelong Links, before moving to examine the different kinds of Lifelong Links activities, how responsibility for supporting the Lifelong Links plan transitions to children and young people’s social workers, and the impact of COVID-19 on the Scottish experience of Lifelong Links.

At the outset of the Lifelong Links trial period, all three local authorities involved agreed with Family Rights Group on a target number for the number of children and young people they would seek to support with Lifelong Links. These target numbers are outlined in Figure 2, with targets of 180, 83, and 10 children and young people for Local Authorities A, B and C respectively.

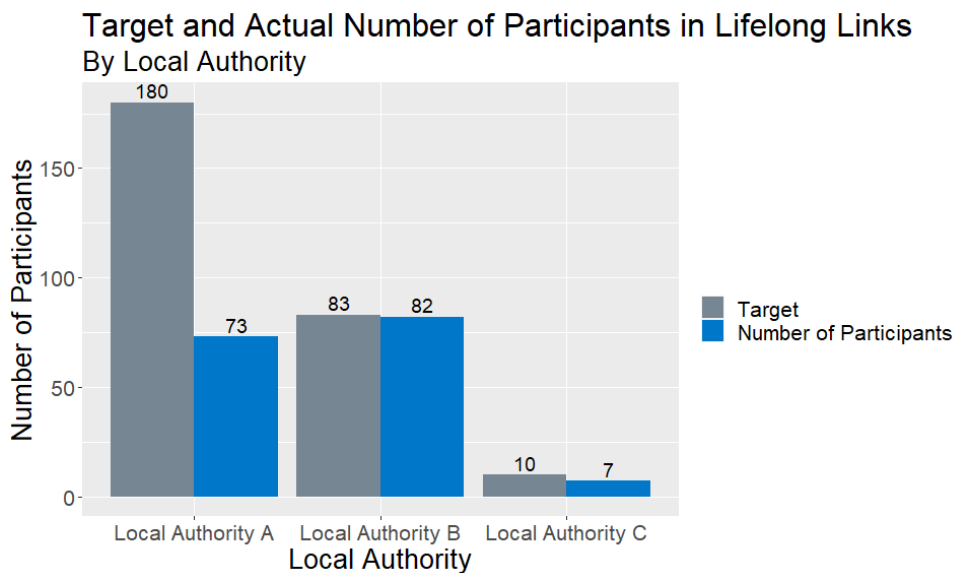


Figure 2: Target and actual number of participants in Lifelong Links, by local authority

By the end of the trial, across all three local authorities, a total of 162 children and young people had taken part in Lifelong Links: 73 in Local Authority A, 82 in Local Authority B, and seven in Local Authority C.

Understanding who takes part in Lifelong Links

Children who were supported by Lifelong Links were aged between 2 years 7 months old and 16 years 4 months old, with a mean age of 10 years 11 months old (SD=3.5 years), at the point of starting Lifelong Links. The overall spread of ages for children and young people supported during the Lifelong Links trial is seen in Figure 3.

Lifelong Links was delivered fairly evenly to children and young people aged 5-14 years old, with a larger number who were aged 15 years old at their Lifelong Links start date. This is likely due to Local Authorities seeking to provide Lifelong Links support to children and young people who would soon become ineligible for the trial.

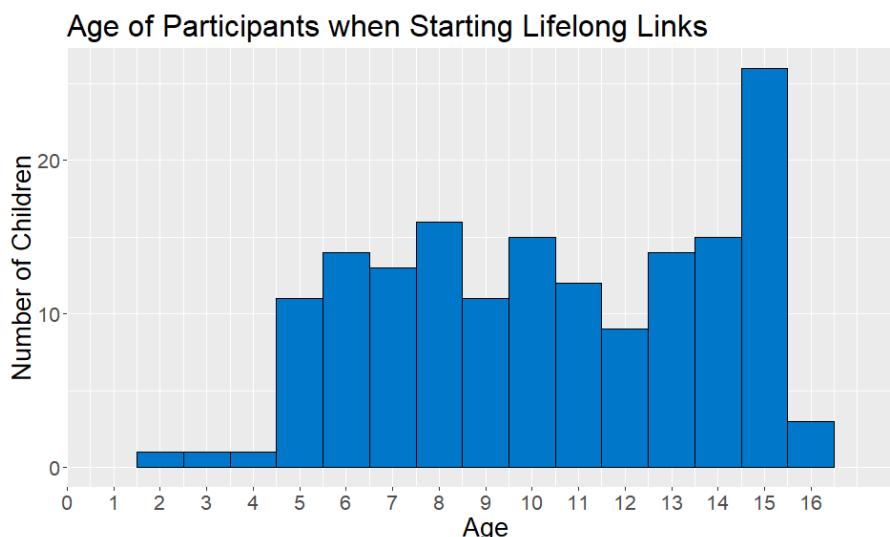


Figure 3: Age of children at their individual 'Lifelong Links Start Date', n=162 participating group children

To examine the differences between children and young people who were supported by Lifelong Links, compared to those children and young people who were eligible for the service but who did not receive Lifelong Links support, the groups were compared on age, gender, and ethnicity. No differences were found in age or gender, with a small difference found in relation to ethnicity². Figure 4 shows the spread of ages of children and young people in the participating and comparator groups³, and Figure 14 and Figure 15 in [Appendix 4](#) show the gender and ethnicities of the groups, respectively.

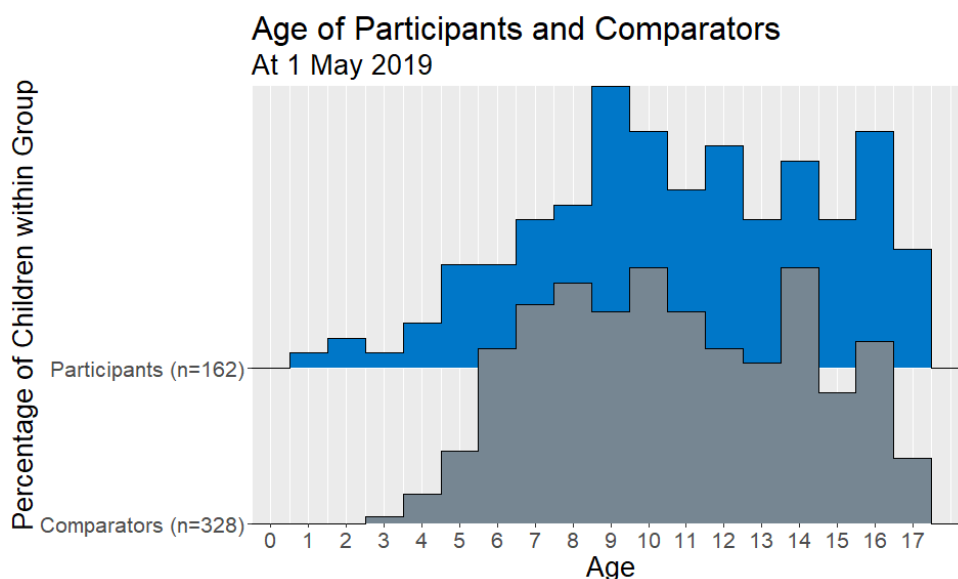


Figure 4: Age of participating and comparator group children on 1st May 2019

² Age: Wilcoxon Rank-Sum test, participating n=162, comparator n=328, p=0.399. Gender: Chi-squared test, participating n=162 and comparator n=328, p=0.259. Ethnicity: A Fisher's Exact Test, participating n=160, comparator n=320 (excludes 'not disclosed'), p=0.014.

³Age displayed at 1 May 2019, as there was one participating child who was not yet born at the beginning of the Lifelong Links Trial.

Children who were supported by Lifelong Links were more likely to be male (56%) than female (44%), with comparator group children also more likely to be male (62%) than female (38%). The majority of children and young people who took part in Lifelong Links had their ethnicity recorded as 'White' (81%), with the majority of children and young people in the comparator group also having their ethnicity recorded as 'White' (88%). There was a higher proportion of children in the 'Mixed or Multiple; Asian, Asian Scottish or Asian British; African, Caribbean or Black; and Other'⁴ in the participating group (18%) than the comparator group (10%), and this difference was found to be statistically significant⁵.

Lifelong Links alongside 'standard' FGDM services

Lifelong Links was recognised to have some similarities with 'standard' Family Group Decision Making (FGDM) services offered by the local authorities. However, Lifelong Links coordinators identified clear points of difference between their 'standard' FGDM services, and a Family Group Conference (FGC) held as part of the Lifelong Links process. For instance, Lifelong Links coordinators perceived Lifelong Links FGCs to be able to include some wider participants who would not ordinarily be included in 'standard' FGDM services, such as previous professional carers. Additionally, we heard that the Lifelong Links FGC could be carried out at a more measured pace, whereas 'standard' FGDM services were often perceived to adhere to set timescales of other plans.

The increased time was particularly recognised as an important element for Lifelong Links, as the development of new relationships required time to support the child or young person to work through any initial issues that were likely to arise:

"... we cannot come into [Lifelong Links] and assume that child is just going to meet with us and within that 12-week period is going to have got from 'hello, here's the starting point' to 12 weeks later 'hello, here's the finishing point' [...] this is about getting to understand relationships and people and what's important and what's not important, and it's not about putting a time frame on it." (Lifelong Links manager, Local Authority C)

Given this perspective, it is perhaps not surprising that many respondents regarded Lifelong Links as an enhanced version of 'standard' FGDM services, with additional

⁴ Due to very small numbers of children and young people taking part in Lifelong Links from many different ethnic groups, it was necessary to combine many of the categories in order to detect trends and preserve the anonymity of data subjects. The 'Not known' category also includes individuals whose ethnic group was listed as 'Not-disclosed', while the 'Other Ethnicity' category includes all children and young people who were identified in the data as:

- Mixed or multiple ethnicity
- Asian, Asian Scottish or Asian British
- African, Caribbean or Black
- Other Ethnicity

The authors fully acknowledge that these are very ethnicities and heritages and their experiences and impacts of Lifelong Links undoubtedly differed between them, as it did across all individuals. This equally applies to the individuals of many different backgrounds who will have been placed within the 'White' category. *For these reasons, this categorisation of ethnicity is of limited use and should be used with caution.*

⁵ Odds ratio of 1.99; 95% CI=(1.15,=3.44).

capacities that could bring additional benefits to children, young people and their families. Lifelong Links coordinators reported transferring knowledge and practice between Lifelong Links and FGDM services within a local authority, taking what they considered to be the more beneficial elements of the Lifelong Links process into their FGDM work. These included the longer child-led timescales and creating genograms. Ultimately, many repeated that Lifelong Links allowed work to be carried out with children and young people that social workers with high caseloads simply did not have the capacity to carry out:

"Until I had my first case with Lifelong Links, I probably wasn't aware of just what a huge gap it was really, and I think it's partly because social workers [...] often don't have the time to go trying to find birth family, but also we don't have the resources too." (Social Worker, Local Authority A)

Lifelong Links activities

Day-to-day activities

Across the different local authorities, there was an established process for working with children and young people that was similar for many people who took part. After gaining consent from parents and/or the local authority and holding an initial planning meeting, Lifelong Links coordinators would typically start by working directly with children and young people to find out who was important to them and work towards their goals and motivations. They could use a variety of techniques to help them explore who was important to the children and young people, their histories and experiences, and who they would like to get in touch with. Some of these techniques included visiting children and young people regularly and taking them on trips to explore where they used to live, their old schools and communities, or other locations important to them. Sometimes, Lifelong Links coordinators would work with children and young people to explore these important locations virtually, making use of technology such as Google Maps to pinpoint important buildings or streets and help the children and young people to understand where they lived, when, and who with:

"I liked Google Maps, I liked brainstorming where I lived, where I got brought up, where I lived when I came into foster care and what schools I went to. [...] We did a wee timeline from when I was young to when I was a teenager." (Chloe, Young Person, Local Authority B)

Other times, Lifelong Links activities involved coordinators and children and young people working together on creative outputs, like worksheets and other guided paper-based tasks. As well as direct work with children and young people, Lifelong Links coordinators also undertook a lot of background work, or work without the child or young person's direct involvement, to gather information and make connections with important people. This sometimes involved travelling to meet people or collecting photographs and stories. While the photographs collected by Lifelong Links coordinators could be kept as mementos for children and young people, without this leading to any new connections or re-connections with people, we also heard that sometimes Lifelong Links coordinators would ask for these photographs or letters to help make introductions to children and young people. They reflected that these could be helpful to ease people into meeting for the first time:

"... the photos and letters is something that isn't reflected in the toolkit, but that's something we both do, we'll encourage, when we're meeting a family member, to write a letter, to put in a picture, and then we'll get the young person to do the same and that's been really good actually [...] I think it gives

the young person that hope, but it's also that bit about excitement, to get a letter, 'cause they've probably never had a letter." (Lifelong Links coordinators, Local Authority A)

Lifelong Links tools

As part of the support and training provided for Lifelong Links, coordinators had access to a bank of tools that they could use with children and young people to facilitate their day-to-day activities. Information from the Practice Summaries provide a record of the different tools that were used by Lifelong Links coordinators. In total, the research team received 78 Practice Summaries, some of which described work with multiple children while others described work with a single child. This made it impossible to identify how many individual children experienced specific tools, but it still provided an insight into the propensity of some tools over others. The most common tools recorded as being used were the 'Timeline/Chronology' (35 of 78), 'Asked Family' (32 of 78) and 'Genogram' (31 of 78). Figure 5 shows the frequency of use of all Lifelong Links Tools.

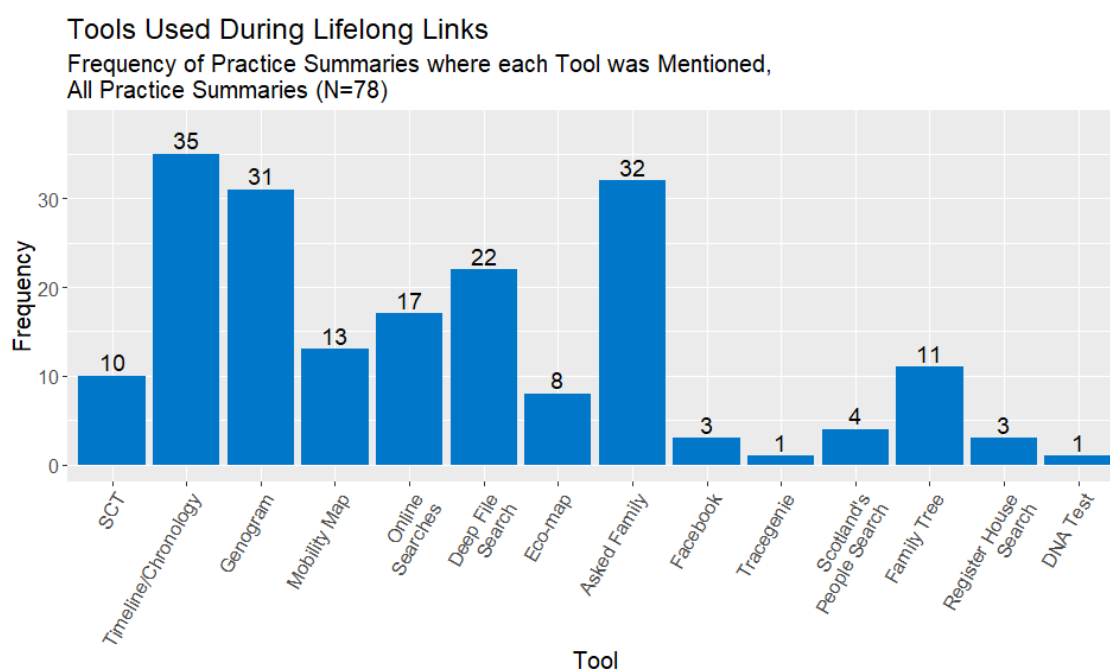


Figure 5: Tools used during Lifelong Links, n=78 Practice Summaries

While Figure 5 shows that 'family trees' were only described in 11 of 78 Practice Summaries, we were told in our interviews and focus groups that the use of family trees in this trial in Scotland was quite widespread, facilitated by Lifelong Links coordinators securing access to National Records of Scotland (NRS). The availability of comprehensive family trees facilitated by NRS was a significant new development, negotiated by FRG and only available to Lifelong Links in Scotland.

When people talked about family trees, they often highlighted how important they were for 'filling a gap' in children and young people's knowledge, and for building a picture of a young person's place in their family story:

"... they hear a lot about, you know, 'your family, there's nobody in the family can look after you, they're all drug addicts, they're all alcoholics', and, actually, they look at that and they see, that's not what it is. 'Cause, you find that they've got, like, social workers [in their family], we've found managing directors [...] I

think what kids are really interested in is the historical stuff” (Lifelong Links coordinator, Local Authority A)

We were also told that the family tree could exceed people’s expectations, providing more information than was thought possible, and resulting in an important output that children and young people could cherish and refer back to for the remainder of their lives.

While family trees were generally warmly welcomed and often used with children and young people, the format of the family trees, specifically in the early days of Lifelong Links, did receive mixed reactions. As family trees were an additional, helpful tool, rather than a core component of the Lifelong Links model designed by FRG, there was no formal family tree software provided as part of the evaluation. Local authorities were instead encouraged to consider *GenoPro* or find a similar, child-friendly resource. During the initial stages of the Lifelong Links trial in Scotland, Local Authority A had difficulty securing a software to compile family tree information collected from National Records of Scotland (NRS), and instead were using Microsoft Excel to try and capture children and young people’s family trees. This use of Excel as a stopgap while the appropriate software was made available enabled some of the benefits of family trees to be realised for children and young people, such as allowing children and young people to see the names and details of members of their family in a timely manner. Nonetheless, it was acknowledged that this use of Excel was imperfect, and did not provide an interactive or user-friendly experience, which was rectified once appropriate software was secured.

A specific Social Connections Tool (SCT) was developed for Lifelong Links, with this noted as being used in 10 Practice Summaries (Figure 5). Feedback on the SCTs and how they were designed, used and interpreted, was mixed. Lifelong Links coordinators and managers could see the value in having a tool to understand who was currently important to children and young people and who they would like to get to know moving forward. However, they largely recommended simplifying the SCT to get more buy-in from other practitioners or using the SCT more holistically so that the information is gathered in the format that is best for the child or young person. In response to this feedback, and to feedback gathered during the English evaluation, FRG arranged for the development of the SCT into an online tool, although this version was not used by any Lifelong Links coordinators in Scotland. Overall, Lifelong Links managers and coordinators also acknowledged that there were many other tools or activities promoted by their local authorities, and this could make it difficult to advocate for the SCT as an essential part of the work:

“The Social Connections Tool hasn't really been warmly received. I mean, we've really struggled to get social workers to give time to fill that in. I just think it's slightly over complex [...] it's quite professionally driven [...] Maybe there's too many other demands on people's times? So social workers in [Local Authority A], we've got Mind of My Own, and we've got other platforms. Maybe it's just, it's in conflict with other things we're expecting people to do?” (Lifelong Links manager, Local Authority A)

In general, however, the variety of tools available to support the Lifelong Links process provided helpful avenues for facilitating conversations with children and young people about their histories, who was important to them, and what they would like to achieve through Lifelong Links. Lifelong Links coordinators also stressed that it was important to work with children and young people in ways that best supported them, tapping into their interests and engaging them creatively with activities that they enjoy doing.

Lifelong Links objectives and outcomes

At the outset of Lifelong Links, coordinators would record in the Practice Summary the objectives that children and young people wanted to see achieved by being supported by Lifelong Links. These objectives would then be revisited when responsibility for the Lifelong Links Plan was being transferred to the child or young person’s social worker, to consider whether an objective had been met or not. The most common objective set was to ‘(re)connect⁶ with wider family’, recorded in 25 of 78 Practice Summaries. This objective was marked as ‘met’ in 12 of these Practice Summaries (see Figure 6). Other common objectives included ‘information’, ‘(re)connect with father’, and ‘family tree’.

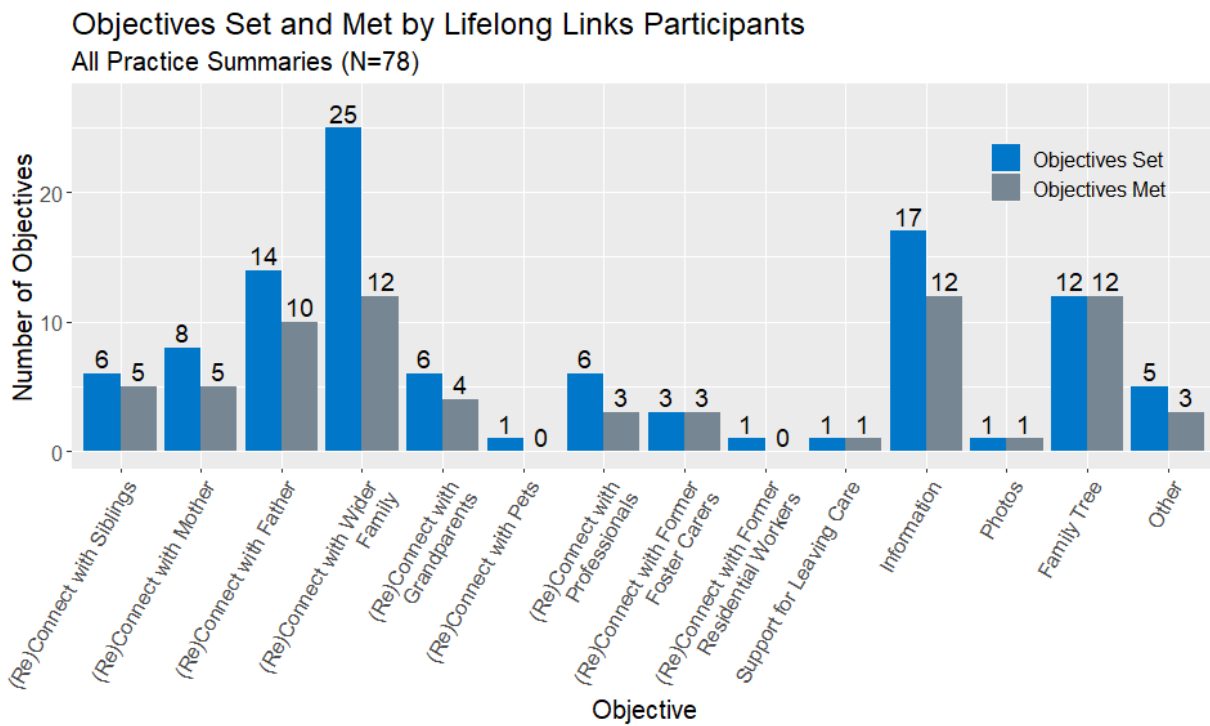


Figure 6: Objectives recorded in all Lifelong Links Practice Summaries, frequency of those that were ‘set’ and ‘met’, n=78 Practice Summaries.

In these Practice Summaries, Lifelong Links coordinators would also record outcomes for children and young people who participated in Lifelong Links. In 23 of 78 Practice Summaries, Lifelong Links coordinators recorded that children and young people had ‘increased knowledge’, in 21 they had improved their ‘sense of identity’ and in 20 they had achieved ‘long-term commitment’ (see Figure 7).

⁶ The term (re)connect is used to mean ‘connect or re-connect’.

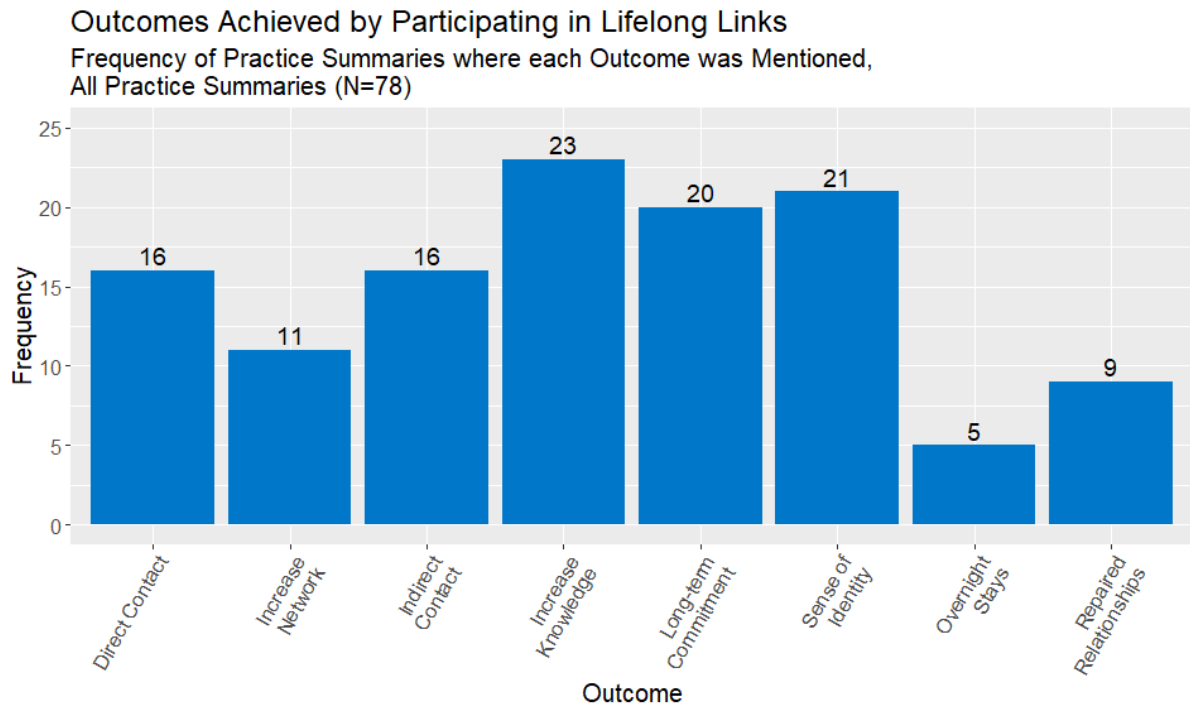


Figure 7: Outcomes recorded in all Lifelong Links Practice Summaries, n=78 Practice Summaries

Length of time supported by a Lifelong Links coordinator

At the end of the evaluation period (31 July 2022), 146 children and young people had reached a point where the responsibility for their Lifelong Links plan had transitioned to their statutory social worker. As their direct involvement with a Lifelong Links coordinator had stopped, the research team were able to calculate the length of time that children’s involvement with a Lifelong Links coordinator lasts. The average length of children and young people’s direct involvement with a Lifelong Links coordinator was 12.2 months (Standard Deviation (SD)=10.6 months). Figure 8 demonstrates the spread of time that children and young people are involved with their Lifelong Links coordinator across each local authority involved in the trial.

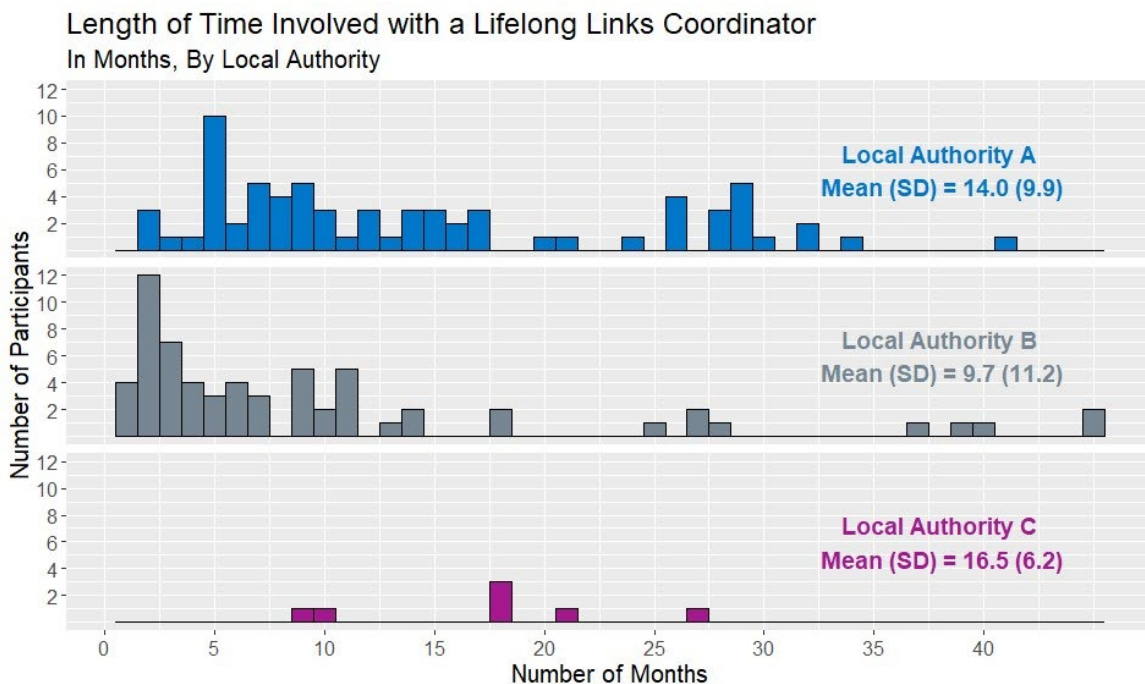


Figure 8: Length of time involved with a Lifelong Links coordinator, n=140 participating group children

Lifelong Links coordinators often reported that working with children and young people on Lifelong Links could take a long time, largely because of the complexities in children's lives and a need to build trusting relationships with children and young people. These complexities could include the child or young person's routines and interests; commitments such as school or college; meetings and reviews related to their care experience; involvement with Child and Adolescent Mental Health Services (CAMHS) and other services; unsettled relationships with family, friends, caregivers or other people important to them; challenges and disruptions within their care placements; or the Lifelong Links process slowing to allow the young person time to work through feelings that might arise while taking part:

"One of the things probably that I didn't realise was like how long it takes. I probably thought it would all move a bit quicker [...] I think for me, the majority of this time it's just the young person's maybe not ready. So, it's going at their pace." (Lifelong Links coordinator, Local Authority B)

In other instances, the research team were told Lifelong Links was a fairly brief process, dependent on the goals that children and young people wanted to achieve. For instance, if children and young people only wanted to have a family tree, the Lifelong Links coordinator could access the births, deaths and marriage certificates quickly to complete the family tree. Or if the children and young people already knew the people that they wanted to connect or reconnect with, the Lifelong Links coordinator might not have needed to undertake much background work to locate people. Even when the participants in our evaluation noted that the different processes of Lifelong Links could be undertaken quickly, they acknowledged that Lifelong Links coordinators often needed to provide ongoing support to children, their caregivers, and their families or other important people that they had been connected or re-connected with. For instance, we heard that Lifelong Links coordinators would help family members manage their own anxieties and expectations after being re-connected with children and young people or connected with them for the first time:

"... there was a lot of after support after [meeting the young people]. And a lot of after support for your dad as well, ae? Your dad needed quite a bit of support from [Lifelong Links coordinator], phoning up and asking 'can I do this? Can I do that?' And his dad, your grandad, well, I think [Lifelong Links coordinator] was getting phone calls from him every day 'when can I see them? When can I get in touch?' and [Lifelong Links coordinator] was very, very good at managing all of that stuff." (Antoinette, Foster Carer, Local Authority A)

In acknowledging that Lifelong Links could be complicated, and is not always a linear process, Lifelong Links coordinators could 'pause' a child or young person's involvement, and pick this up with children and young people at a later stage. For instance, if their circumstances changed, if they wanted to prioritise other activities instead, or if a moment of crisis occurred and it was felt that it was no longer an appropriate time for Lifelong Links. As one Lifelong Links coordinator summarised, the purpose of a pause was to allow a child or young person to progress at their pace, and ensure that they receive the support of Lifelong Links, and the benefits it can bring, at a point which is suitable for them.

In total, Local Authorities A and B had 39 'pauses', while Local Authority C did not have any. The reasons for pausing Lifelong Links were captured in the Lifelong Links Spreadsheet, and the reason most commonly given was that it 'related to the network' (cited 23 times). This often referred to a family crisis, difficulties finding family members or

other trusted adults, or enabling children and young people the ability to emotionally process connecting or re-connecting with people from one part of their Lifelong Links journey before moving onto the next.

Reason for transitioning responsibility for Lifelong Links back to social workers

Of the 146 children and young people whose social workers had become primarily responsible for supporting their Lifelong Links network, 29.5% had completed a written Lifelong Links Plan. Additionally, 15.1% had participated in a Lifelong Links Family Group Conference. For many of the children and young people whose Lifelong Links plan transitioned to the responsibility of their social worker without a Family Group Conference, this is often because the child or young person themselves decided they did not want to take part in an FGC. Sometimes, the decision not to progress to an FGC is made at the outset of Lifelong Links, and children and young people maintain this decision throughout the Lifelong Links process. This may mean holding many informal meetings, for children and young people to meet one or two of their new or re-connections at a time, while meeting other new or re-connections in additional separate meetings. As the Lifelong Links coordinator below describes, this may stem from a desire to keep different parts of one's life from mixing:

"We've had young people as well, from the very beginning saying that they don't want to have a meeting at the end of it as well, particularly if they are thinking that there's people that they might want to bring together, there might be a family member, there might be a previous teacher. And I think there's one example where I'm thinking she was really clear. She didn't want people in the same room together. They were kind of almost separate parts of her life, and she didn't kind of want to bring them together. So, from the very start she was saying, 'I don't want people together. Yes, you can reach out to people, but don't, don't bring them together.'" (Lifelong Links coordinator, Local Authority B)

Lifelong Links coordinators noted that FGCs could feel 'too intense' for some people to take part in, or that these could be 'scary' for some families, particularly where different family members are disconnected from each other. In addition, it was suggested that formal and informal family meetings were only one part of what Lifelong Links could offer to children and young people, and that it is not just about an FGC. Lifelong Links coordinators explained that children and young people can make valuable connections and re-connections with the people that are important to them outside the setting of a Family Group Conference:

"I think one of the interesting things, you know, just in terms of the model is that, you know, the Lifelong Links process can happen throughout that process, it's not just all about an FGC, it's not just about a family meeting." (Lifelong Links coordinator, Local Authority B)

We have also heard experiences of children and young people's family members being found, but the child or young person not wanting any direct or indirect contact in the immediate future. Nonetheless, this does not mean that the 'door closes' on these family members. Instead, Lifelong Links coordinators described holding details of family members on children's files, so that they may be contacted in future, when the young person is ready.

It is worth noting that many of the Lifelong Links coordinators and managers the research team spoke with highlighted the difference between creating written plans and arranging

FGCs with children and young people as opposed to unwritten plans and informal meetings. They highlighted that even when a written Lifelong Links Plan is not recorded, children and young people do often have a clear trajectory for what happens once their involvement with a Lifelong Links coordinator stops. Overall, whether children and young people reach the stage of attending a Family Group Conference and completing a written Lifelong Links Plan or not, taking part in Lifelong Links can still be a valuable experience.

Experiences during the COVID-19 pandemic

During the course of the evaluation, Lifelong Links had to contend with the COVID-19 pandemic and the associated public health restrictions. At the onset of the first national lockdown in Scotland and the UK in March 2020, Lifelong Links delivery was suspended in all three local authorities. Lifelong Links managers and coordinators reflected that social work services were in a period of flux, trying to determine how statutory services would be delivered during the uncertainty of the pandemic, and whether staff from other services would need to return to front-line social work delivery. This meant that the skills of all the coordinators who had solely been working on Lifelong Links, and had social work training and could adapt to front-line services, were needed elsewhere.

In general, the research team were told that Lifelong Links activities resumed around the time of the first 'lockdown' easing, in June 2020. When Lifelong Links services resumed, much of the day-to-day activities moved online. Lifelong Links coordinators in all three Local Authorities made use of Microsoft Teams to connect with children and young people, and to connect and reconnect children and young people to their families and other trusted adults. There were mixed reactions to moving to online meetings, with some people reflecting that it provided another avenue for children and young people to connect and reconnect with people that they cared about. Sometimes, connecting with people online was considered helpful for reducing the pressure and stress for children and young people and their families:

"Having a video call, I think it feels just that one little step removed, that if there was something, then Donald [young person] could step away from the laptop, it is not the same as, the emotion isn't the same, it's easier to ask questions, because it's not the same heat of emotion when it's on the screen." (Amelia, Foster Carer, Local Authority A)

Others noted that moving Lifelong Links practice online was not always preferable. We heard that the online video connection was not always reliable, that many people preferred face-to-face activities and conversations, and that Microsoft Teams in particular was not necessarily the most family-friendly or young person friendly technology.

Overall, while we heard there were many, often conflicting, pros and cons of using Microsoft Teams and other online tools with children and young people during Lifelong Links, most people acknowledged that moving practice online was not easy. Sometimes it was difficult to engage children and young people when doing direct work online, sometimes it felt challenging to discuss sensitive topics while meeting online, and sometimes it was difficult to find a private space for children and young people to speak with their Lifelong Links coordinator.

Children and young people's experiences of Lifelong Links

Lifelong Links is first and foremost about the needs of children and young people. It is essential, therefore, that this evaluation considers how they have experienced and been impacted by the support they received from this service. This section considers how children reacted to hearing about Lifelong Links, how taking part in Lifelong Links has impacted their lives, and what reflections they have shared with us about the overall importance of this experience for them. This section draws on data from interviews and focus groups with all groups of participants, while prioritising what children and young people had to say. It also uses data from the Lifelong Links spreadsheet, the Children's Social Work Statistics Scotland, and the Lifelong Links Practice Summaries.

Children and young people's reactions to Lifelong Links

Finding out about Lifelong Links

In general, the research team heard that children and young people reacted positively to Lifelong Links. Pamela, a foster carer, noted that the young person she cares for was particularly looking forward to receiving a family tree, and to hearing about his family members:

"He was quite excited. He said, 'apparently there's one [family tree] been done', but that was his brother's. He said, 'so they're gonna do my family, but they're gonna do my dad's as well', and I was like, 'great! Isn't that good?'. But he was really delighted!" (Pamela, Foster Carer, Local Authority B)

While there were children and young people whose initial reaction to Lifelong Links was one of excitement and delight, some initial reactions were mixed. For instance, a social worker acknowledged that the young person they were supporting was not initially keen to meet the Lifelong Links coordinator, even though they thought the service would be helpful to them. The social worker reported encouraging the young person to work with the Lifelong Links coordinator directly, and, ultimately, this was a positive experience for the young person.

An interview with Tim, a young person, highlighted the importance of clearly communicating what Lifelong Links offers. Tim noted that he thought the service sounded okay, but that he assumed it would be like other services he has been involved in, such as Children and Adolescent Mental Health Services (CAMHS). His insights emphasise the importance of clearly explaining what children and young people can expect from Lifelong Links:

"I mean, at first I thought it was just going to be like CAMHS [Children and Adolescent Mental Health Services], but I spoke to a worker for a bit about what was happening and stuff, I didn't realise exactly what it was, but I thought it sounded okay, and I thought 'alright, okay, I can do it'." (Tim, Young Person, Local Authority B)

Feelings about taking part in Lifelong Links

Taking part in Lifelong Links elicited strong emotional responses from some children and young people. We heard that some children and young people found it exciting to take part, valuing the time that Lifelong Links coordinators spent with them exploring their histories and bringing back memories:

"So, [Lifelong Links coordinator] was coming out to see us on a Thursday evening and Chloe [young person], it was the highlight of her week. It ended up with her getting her computer out, Google Maps, 'this is where I went to primary school and I would like to see my primary teacher and that was my pals at primary school'. She had all the way right back to nursery school and we had to say, 'well, listen, these people might have moved on from there'. [...] Her memory was amazing." (Elizabeth, Foster Carer, Local Authority B)

Much of the direct work of Lifelong Links involved producing creative outputs that children and young people made with their Lifelong Links coordinator. For example, a foster carer told us that the young person "loved" taking part in Lifelong Links, getting to spend time with her Lifelong Links coordinator putting together a 'mobility map' and talking about all the things that had happened in her life. The young person cherished the things that they made with information and memories, keeping them in a dedicated box that she could revisit in future too.

The research team were also told that it was helpful when children and young people had a consistent Lifelong Links coordinator throughout the process. While some children and young people will have had more than one Lifelong Links coordinator, due to staffing changes, sickness or parental leave, the design of Lifelong Links was for a consistent single-point of contact for children and young people. This was welcomed by children and young people, as well as their caregivers and family members:

"I think I liked that it wasn't like, it wasn't like really complicated, like I didn't understand it. And it was like, I think it was like set up quite well, with like one person and all that, it was quite relaxed and kind of chilled out." (Jack, Young Person, Local Authority B)

In contrast, we also heard that some children and young people felt ambivalent about taking part in Lifelong Links, even if the final outcomes of taking part were valuable to them. For instance, Victoria told us that she only took part in Lifelong Links originally because her sister wanted to. While she did benefit from the information gathered and from connecting and re-connecting with family members through the Lifelong Links process, the main driving force for her participation was to ensure that her sister was not alone in the process:

"Antoinette: *So, is it fair to say that [sister] was really quite keen to find your dad?*

Victoria: *Oh, yeah. Yeah, for her anyway. [Sister] had really nice memories of him, and still wanted to find him. I had no happy memories with him, so I didn't. But because I had like a fear of him, I decided to go along, because what if, like, my opinion of him was right and hers was wrong? Or, like, whatever, and she was hurt by it? So, yeah, she really wanted to see him, I went along for the ride." (Victoria, Young Person, and Antoinette, Foster Carer, Local Authority A)*

Impact of Lifelong Links

This section considers the impact that Lifelong Links has had on children and young people who have taken part. The research team collected quantitative data to consider whether Lifelong Links had an impact on the stability of children's care placements and their involvement with support from throughcare and aftercare services, as well as qualitative data to understand the wider impact of Lifelong Links on children and young people's lives.

Helping children and young people to feel valued and empowered

We heard a lot about the positive impact that Lifelong Links can have on children and young people's lives. Lifelong Links managers and coordinators, as well as foster and residential carers, told us that taking part in Lifelong Links, and being able to bring together a network of people who cared about a child or young person, helped children and young people to feel valued. Knowing that there were people who wanted to spend time with them and get to know them could make a "massive difference" in their lives:

"Young people, I think, just that bit about having a trusted adult to talk to them and hear their story and not being in a hurry to get somewhere else, has made such a difference, and has actually put that time into spend with them, makes a massive difference." (Lifelong Links manager, Local Authority C)

Children and young people could also feel shocked and surprised that people wanted to spend time with them, particularly if they experienced low self-esteem. Here, a Lifelong Links coordinator reflects that a young person was surprised that his previous foster carer wanted to be a part of his life:

"His [previous] foster carer [...] said to me that she would love to see him once every month, which was fantastic. And I remember going back to the unit [children's residential care] and telling him that and he was actually in total shock and disbelief [...] his starting point value base is that basically everybody hates him and he couldn't believe that she would actually want to see him, not because she's paid to, but because she can choose to." (Lifelong Links coordinator, Local Authority B)

We also heard that taking part in Lifelong Links, and being in control of the process, could help children and young people to feel empowered. This is in contrast to many experiences of the systems and processes around children and young people with care experience that were highlighted by The Promise (Independent Care Review, 2020), which can leave children and young people feeling disempowered and without agency in decisions affecting their lives. A Lifelong Links coordinator reflected that one young person had never engaged with her Children's Hearings Panels, but seemed to thrive when leading the Lifelong Links processes that they worked on together:

"And it's so empowering for them. I mean, see that wee girl that I had come to her family meeting? She'd never been to a Children's Hearing in about four years 'cause she couldn't cope with it [...] even the [Lifelong Links] model and the process, and the fact that they are leading it is just really empowering for them." (Lifelong Links coordinator, Local Authority B)

Additionally, Lifelong Links provided opportunities for children and young people to reframe relationships with people in their lives. For instance, one young person had shared some concerns with her foster carer that her dad might "disown her again". The foster carer took the opportunity to remind the young person that she was now in control of her relationship with her father, and that it is her own decision as to who is or is not in her life. The Lifelong Links process had allowed her to explore being in control of this relationship, which may not have otherwise happened.

Providing children and young people with knowledge and information

A key part of the Lifelong Links process was finding information for children and young people, often completing family trees, undertaking 'mobility mapping', or creating

genograms. The research team considered the impact of this knowledge and information on children and young people. We heard that Lifelong Links could provide a 'key piece' of information for a child or young person that hadn't previously been known, something that could provide answers about their family and their lives.

As Jack explains, before taking part in Lifelong Links he felt 'in the dark' about his family or where he fits in his family tree. He told us that this changed after taking part in Lifelong Links:

"It was like I was kind of in the dark and didn't know much about my family, but then after Lifelong Links it was a broad new scale, I knew a lot more about my family, it was quite good in that way." (Jack, Young Person, Local Authority B)

Additionally, taking part in Lifelong Links could help children and young people reconsider their care stories and the reasons behind why they stopped living with their families. We heard that some children and young people had incomplete memories of their lives before living away from their families, and that Lifelong Links could help clarify these situations and complete the picture for them:

"Just putting her life into perspective[...] I'd gone and done the deep file search, after I had been doing it with her just from her memory, then I was like, 'well these are the actual dates', and she was just like 'oh really?'. So just being able to put their life into perspective, in real time. Because she could always remember that it was a Friday...So that was very clear, the day of the week, the month she kind of knew, but the year she just couldn't quite place, she was a year out." (Lifelong Links coordinator, Local Authority C)

In some situations, filling in the gaps in children and young people's lives before living away from their families could help children and young people feel differently about themselves. Karen, a residential carer, told us that young people she cared for now understood the history and the reasons they came into care. In particular, she highlighted that this could create a positive understanding of the reasons that they were living away from their parents:

"She had a different feeling about herself by the end of it. 'I wasn't just given away or given up on', it was a positive thing. 'My mum loved me enough to give me up' and it was, I won't forget that for a very long time, because that was lovely to see her start to make a different feeling about 'why I'm here' and 'why I had to be here'" (Karen, Residential Carer, Local Authority A)

Improving children and young people's sense of identity

One of the key impacts of Lifelong Links for children and young people was on their sense of identity. The research team were repeatedly told that taking part in Lifelong Links, learning about their families and care histories, and connecting and re-connecting with people who are important to them, had a big impact on children and young people's sense of identity. We heard that children and young people were able to better understand their identity, where they had come from, and how they connected to different groups and communities as a result of taking part in Lifelong Links:

"I think their identity is a huge part of it because, you know, as soon as that child's care journey begins, it's not about losing identity, but that identity changes and that's when you start worrying about institutionalism. And I think by supporting children to realise that, that they are part of a wider community,

that being their family, where they grew up, is in some way kind of very comforting to know that what is around them and the situation that they've ended up in is not what is defining them" (Lifelong Links coordinator, Local Authority B)

Contrary to this coordinator's reflection we were told that children and young people who are living away from their families could often lose parts of their identity, forgetting or misremembering where they come from, who they look like, and who they might have shared interests with. The ability of Lifelong Links coordinators to 'dig deep' and find out about children's lives was therefore highly rated:

"The thing is, because a huge part of growing up is knowing, or finding out, who you are, is finding out where you come from [...] whether you know the person or not, there's a trait there, or there's something - you look a little bit like them. And that maybe is enough for that one person, just because I know that I look a little bit like them, that's fine, that's all I need to know, and that could be it, and then you get to understand the story." (Karen, Residential Carer, Local Authority A)

Carers highlighted the impact that a deeper understanding of their knowledge and identity could have for children and young people. This benefit could be experienced from simple things such as having photographs of family members, or family trees that showed them how they fitted within their wider family networks. Alongside these, carers also spoke of the importance to children and young people of understanding their life histories, and the reasons that they had to live away from their families:

"You know how a lot of children in care don't have that when they leave care or whatever? They've not got somebody saying 'oh, this is what happened, this is what happened'. But she got the chance for them to actually tell her this is what happened in real life, not what social workers were telling her that happened, but real family that's telling her what happened." (Vanessa, Foster Carer, Local Authority C)

Additionally, taking part in Lifelong Links could give children and young people the opportunity to revisit stories from their childhoods, and remember their hobbies and interests that might have shaped their current personalities. These might be stories that no one else could tell them, especially if they had moved around a lot or lost contact with much of their family.

Overall, we heard that while Lifelong Links coordinators could achieve what could be seen as 'big things' for children and young people, such as finding family members and other people important to them, for children and young people sometimes the 'little things' were just as significant to them, if not more so:

"And I think we have lots of those, like, little moments where you're just like, 'oh my god'. And it's not about, it's never really about the big things. It's about the little things, knowing that somebody's got the same eyes, it's just that connection isn't it?" (Lifelong Links coordinator, Local Authority A)

Connecting and re-connecting children and young people with family and other important people

The research team had initially planned to analyse quantitative data on the number and quality of connections that children and young people developed through Lifelong Links

using data from the Practice Summaries and the SCTs. Unfortunately, at the end of the evaluation period, the data gathered by these resources was limited. Complete information about children and young people's connections was recorded in 24 of the 78 Lifelong Links Practice Summaries that we received.

Children and young people on average identified connections to 16 people at the start of their Lifelong Links service. However, through the course of Lifelong Links, young people identified an additional 7 or 8 connections, meaning that they would have a Lifelong Links plan that included more than 23 connections.

Given that the main focus of Lifelong Links was to connect and re-connect children and young people with their family and other people important to them, it was not a surprise to learn that Lifelong Links had increased the number of connections for children and young people. However, this increase in connections could be surprising for children and young people, who did not necessarily expect their involvement in Lifelong Links to result in finding people, and we also heard that the connections found varied from relatives to previous carers to teachers:

"I gave her like a big list of people, and she actually did get in contact with most of them for me. I think there was a few she couldn't get in touch with, but most of it she could do. In fact, like 90% of the people I gave her, she got in contact with. [...] So, there was some family, there was some old teachers from old schools, there was workers from like clubs and stuff I used to go to ... it just varied across different things. I'd say the main ones were probably two teachers from my old school, and probably my gran and stuff." (Tim, Young Person, Local Authority B)

We were told that children and young people really valued the attention that they received from their connections, acknowledging that the people they've connected and re-connected with could help the children and young people feel good about themselves.

Additionally, the one parent that we spoke to for the evaluation reflected that Lifelong Links offered a "safety net" around re-connecting with their child. Dominic told us that he had lost contact with his son, and that without Lifelong Links, resuming contact had not seemed likely. He also acknowledged the support that Lifelong Links coordinators provide to family and other people involved, not only to the children and young people taking part:

"The best part has been the support network that they offer. It's a safety net, do you know what I mean? I lost contact with my son, and they've put a net out and pulled it back in to get it. So, the support that they offer is phenomenal." (Dominic, Parent, Local Authority A)

Some of these sentiments were echoed by Tim, a young person who indicated that his social worker had tried to re-establish a connection between him and his mum for a number of years, without success before Lifelong Links came along. He praised his Lifelong Links coordinator for managing to get a letter from his mum:

"Like, now that I'm actually putting thought into it, I can't think of something where they went wrong. Like, even, like, I've not spoke to my mum since I moved here, and I've been here three and a half years, and, social work have failed so many times trying to get in contact with her. But [Lifelong Links coordinator] did manage to get a letter from her and stuff. So, I genuinely can't

think of anything that I would change about it [Lifelong Links].” (Tim, Young Person, Local Authority B)

Many of the participants in our research also acknowledged that, sometimes, families were as disconnected from each other as they were from the children and young people at the centre of Lifelong Links. This could make it even more difficult for children and young people to connect or re-connect with people who were important to them, as their immediate, known family members might not have information about these other family members.

We heard various examples of things that children and young people now do with their connections that they did not previously do. Some of these examples were influenced by the COVID-19 pandemic, with the onset of public health restrictions making it difficult for children and young people to see people face-to-face or go to events. However, prior to the pandemic, and once restrictions eased, we were told that children and young people would visit people they had been newly connected with, attend celebrations or family occasions such as funerals, spend birthdays or seasonal holidays with them, or simply ‘hang out’ when they wanted to:

“And he's now got a long-lasting relationship. He goes to the Rangers [FC football] games every other week with his uncle. He's part of their household, stayed at Christmas, and without Lifelong Links that wouldn't have happened.” (Lifelong Links coordinator, Local Authority C)

Connecting and re-connecting children and young people with their families and other people important to them could provide them with a consistent and supportive plan for the future. For instance, we heard that children and young people now had routine visits with their families and other connections, plans that might now have been formalised in a Lifelong Links Plan or informally supported by the Lifelong Links coordinator or by their social worker:

“I see my mum and my daddy unsupervised, so I see my mum every three weeks on a Saturday and I see my daddy once a month. And the thing that I enjoyed about the Lifelong Links was getting everybody involved, like my head teacher, my old foster carer, and seeing the changes. I can see my old foster carer outside, I can see my old teacher outside, because she left the school, so I can meet up with her.” (Chloe, Young Person, Local Authority B)

However, sometimes attempts to re-connect children and young people with trusted adults were not always possible with everyone they wanted to connect with. For instance, while Tim was able to re-connect with his grandmother and a previous teacher, meeting with a previous youth worker wasn’t possible:

“I had a meeting, I had a video call with my gran and a teacher from my old school, so I managed to see them. And then I had one, a youth worker that I used to work with, and he got Jeremy’s [foster carer] contact details, he did in fact, he did get in contact with Jeremy, but the meeting didn’t go ahead because he had issues... we don’t know what happened – he phoned Jeremy, and then nothing happened.” (Tim, Young Person, Local Authority B)

Additionally, attempts to find family members and other adults who are important to children and young people could reveal sad or disappointing news. For instance, Victoria knew that her grandad might have already died by the time she started Lifelong Links, but

this was still very sad news when she found out this was the case. She noted, however, that her Lifelong Links coordinator was very supportive, and that they spent time working through this:

"I was mostly okay with it, because I guess I had already come to terms with the fact that he [grandad] was probably dead. But [sister...] She fantasizes about everyone being happy and alive, and so she took it really badly. I've benefited from all the information that we got, we found out where he was buried and how he probably died and all that stuff." (Victoria, Young Person, Local Authority A)

One key challenge, however, with connecting and re-connecting children and young people to their families and other adults important to them, is ensuring that children and young people maintain their control and boundaries after contact has been made. As Victoria went on to tell us, she originally wanted her phone number to only go to her grandmother, but that her grandmother had passed her number to other family members. This presented a challenge for Victoria, as her cousin "never stopped chatting" and found it difficult to manage boundaries. While negotiating boundaries is a natural part of most people's relationships, Victoria's insights highlight that an important role for Lifelong Links coordinators, and other adults involved, will be to help children and young people to be able to navigate this and put boundaries in place, and support the people who have been newly connected to them to respect these boundaries.

Placement stability

One of the anticipated benefits of the increased social network created by Lifelong Links was that children and young people would experience more stable care placements, as was demonstrated in the English trial (Holmes et al., 2020), thus avoiding the negative impacts of multiple moves to different carers (Konijn et al., 2019; Munro & Hardy, 2006). Therefore, an important outcome measure for the Lifelong Links Evaluation was to consider whether children and young people who received a Lifelong Links service experienced any difference in the stability of their care placements compared to their peers. To assess this, all children and young people who received a Lifelong Links service were matched to a non-participating 'comparator' child, with similar demographics and experiences, and the research team compared the children and young people's placement stability from three years before any Lifelong Links service was received, and three years after contact with the Lifelong Links coordinator had ceased. In this way, the 'matched pairs analysis' controlled for many characteristics and experiences which might account for differences in their experiences and outcomes, allowing us to focus on the differences due to the Lifelong Links service (please see [Appendix 2](#) for information on the matching process).

While this matching covered a number of issues, it also highlighted a difference in placement type between the participating and comparator groups at the beginning of Lifelong Links. Figure 9 shows that both groups were most likely to be living in 'foster care' while the second most common place of care for the participating group children was 'residential care'. This is likely a reflection of a practice decision made in Local Authority B to prioritise making Lifelong Links available to children and young people being cared for in residential child care.

Some of the comparator group children and young people were recorded as living 'at home' (eight percent) or 'with friends/relatives' (ten percent) at their corresponding participating child or young person's 'Lifelong Links start date'. It should be noted that participating and comparator group children and young people were matched on the basis of 'year of

eligibility', as this was the only information received from the local authorities (and so the evaluation team did not know the exact date that comparator children and young people would have become eligible for Lifelong Links). However, in the analyses employed throughout this evaluation, the 'Lifelong Links start date' of participating children and young people was employed. For this reason, a participating child or young person who began Lifelong Links in, for example, June 2019 may have been matched with a child or young person that became eligible for Lifelong Links when they became formally 'looked after' in, for example, July 2019. This means that, when the participating child or young person's 'Lifelong Links start date' is applied to the comparator group child or young person, the placement type for the comparator group child or young person may have been incongruent with the Lifelong Links trial criteria. Unfortunately it was not possible to know this information at the outset of the matching process, and the limited cohort of comparator group children and young people available to the evaluation team alongside the lack of more detailed eligibility information, meant it was not possible to re-run the matching process to exclude those comparator group children and young people who were living 'at home' or 'with friends/relatives' at their corresponding participating group child or young person's 'Lifelong Links start date'. As a result, our data contains information on children and young people in the comparator group who lived in these settings at their assigned Lifelong Links 'start date', but we know that they became cared for away from their parent/s (and trial eligible) within that year.

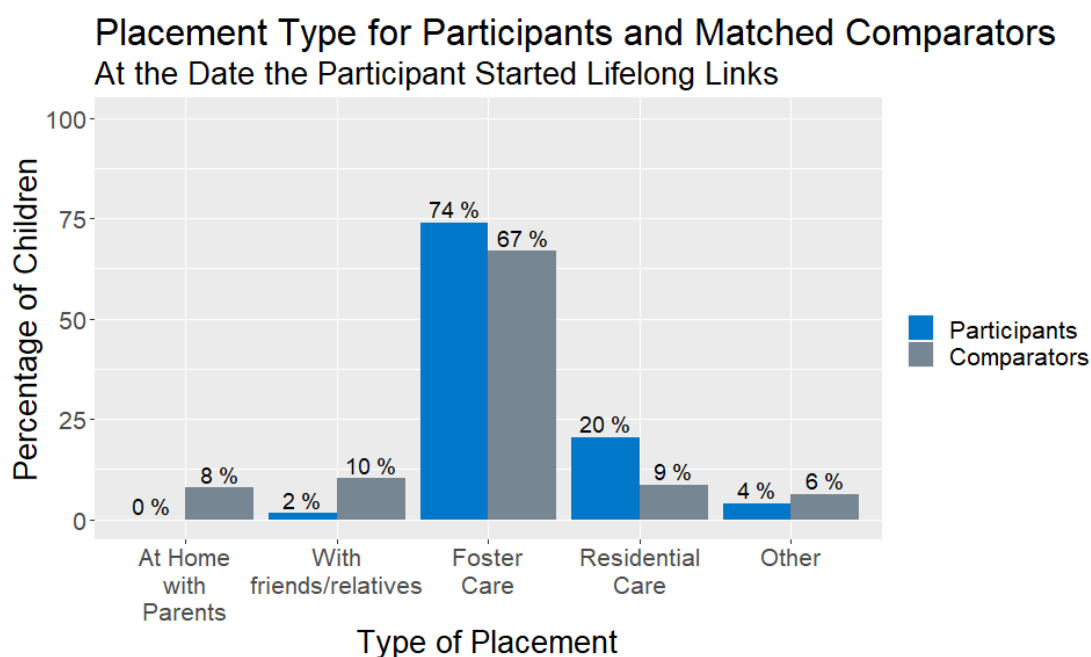


Figure 9: Placement Type for matched participating and comparator group children at the participating child's 'Lifelong Links Start Date', n=127 participating group children and 127 comparator group children

While Lifelong Links was offered to children and young people for whom social work had determined it was not in the child or young person's best interests to be returned to the care of their parent/s, this did not mean that the care arrangements they were being supported by were not going to change. Approximately 20% of both the participating and comparator groups were cared for under Section 25 of the Children (Scotland) Act, 1995 – most commonly known as voluntary accommodation. This highlights that while social work had ruled out a return home for the children and young people in both the participating and comparator groups (as determined by their care records or a referral to a permanence panel), we cannot be sure what portion were actually being cared for in a care

arrangement which was intended to be *permanent*. Regrettably, this reflects a shortcoming of the data recorded for children and young people in care in Scotland.

As would be expected, because the groups were matched for care placement stability prior to the Lifelong Links start date, there was no significant difference between the two groups for numbers of care placements prior to this point. Further, no significant difference in the number of care placements between the two groups was found in the 36 months after participating children and young people stopped being involved with their Lifelong Links coordinator (and the corresponding 36 months for comparator group children).

However, the analysis identified that a significantly higher number of care placements were experienced by the participating group of children and young people in the period during which they received Lifelong Links support (Figure 10). While this is a meaningful difference, it is not a large one. Additional supplemental analyses also indicate that Lifelong Links did not appear to introduce any long-term disruption into children and young people’s lives. This is supported by the comparison of care placement stability between the two groups for the three years after direct involvement with Lifelong Links showing no significant differences.

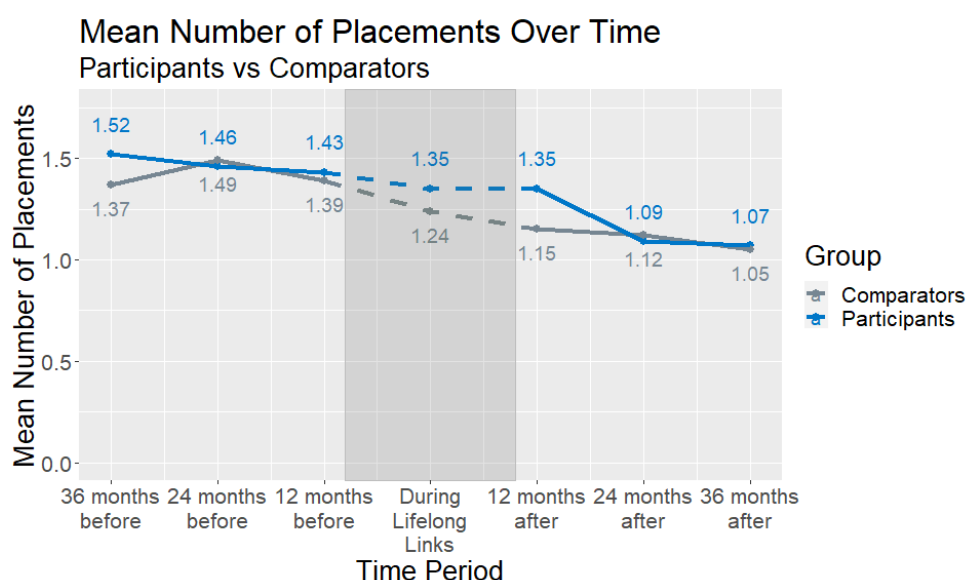


Figure 10: Mean number of placements over time for matched participating and comparator group children⁷

⁷ The number of children and young people represented at each timepoint varies in this graph. The only timepoint where a significant difference between the participating and comparator group children was found was Timepoint 4 – During Lifelong Links. Here, we summarise the number of children represented at each timepoint and the corresponding significance values.

- 24-36 months before Lifelong Links: n=73 participating group children and 73 comparator group children, p=0.244.

There are a range of possible factors that may have had an impact on the stability of children and young people's care placements across the evaluation period. As noted in Figure 9, there was a difference between the groups in the type of placements that children and young people were living in prior to Lifelong Links beginning. This suggests that the comparison of children and young people's care placements is not necessarily always comparing like-for-like. For instance, a child in the participating group who is cared for by foster carers may have been matched with a child in the comparator group that is cared for in residential care or at home with their parents. The matching process, and why children and young people were not matched on placement type, is explained in the [Methodology Section](#) and [Appendix 2](#).

It is also relevant that the criteria for the Lifelong Links trial in Scotland would be limited to children and young people who would not be returning to be cared for by their parents (those who had 'no plan to return home'). However, this does not equate to children and young people necessarily being cared for under 'permanent' care arrangements at the outset of Lifelong Links. As Figure 17 in [Appendix 4](#) demonstrates, over 70% of children and young people in both the participating and comparator groups were cared for under a 'compulsory supervision order (CSO)', with fewer than 10% of children and young people being cared for under a 'permanence order (PO)'. While children and young people cared for under a CSO with no plan to return home may be in their planned permanent care placement, we are not able to determine if this is the case. Consequently, while children and young people who participated in Lifelong Links did experience more care placements during their time involved with a Lifelong Links coordinator than the comparator group children and young people, changes to their care arrangements do not necessarily indicate a 'breakdown' in a placement but may reflect a planned move to support them in a more appropriate care setting.

In order to try to better understand our findings on the stability of care placements, we undertook an exploration of the children and young people in the participating group who had experienced a care placement change during Lifelong Links period. In total, 23 children and young people who participated in Lifelong Links experienced a placement change in this period, and 18 of these children and young people remained in their new care placement to the end of the evaluation period, or they ceased to be 'looked after'. Five of the 23 children and young people (21.7%) experienced at least one further change in their care placement through the remainder of the evaluation period. The majority of these (17

-
- 12-24 months before Lifelong Links: n=101 participating group children and 101 comparator group children, p=0.804.
 - 0-12 months before Lifelong Links: n=127 participating group children and 127 comparator group children, p=0.633.
 - During Lifelong Links: n=112 participating group children and 112 comparator group children, p=0.009.
 - 0-12 months after Lifelong Links: n=101 participating group children and 101 comparator group children, p=0.185.
 - 12-24 months after Lifelong Links: n=85 participating group children and 85 comparator group children, p=0.829.
 - 24-36 months after Lifelong Links: n=73 participating group children and 73 comparator group children, p=0.719.

of 23 total placement changes) were a child or young person moving to be cared for by one place of foster care to another place of foster care.

To add to our exploration of the stability of children and young people’s care placements, the research team undertook an analysis to explore how long children and young people remain in the same care placement they were living in when they began Lifelong Links.⁸

Figure 11 shows the proportion of children and young people who remained in the same care placement as they were at the beginning of Lifelong Links as time extends after the Lifelong Links start date.⁹ The initial steeper decrease in the blue line reflects the increased number of moves children and young people who were participating in Lifelong Links experienced during the Lifelong Links period. However, as we look further to the right, we find that the proportion of children and young people who were still in their starting care placements after 1000 days is very similar for the two groups. It is important to note, however, that the shaded areas around these lines illustrate the level of uncertainty in the estimation of the lines. As they overlap throughout the entire period, this survival analysis suggests that there is no evidence of a significant difference between the two groups in terms of how quickly they moved out of their starting care placement.

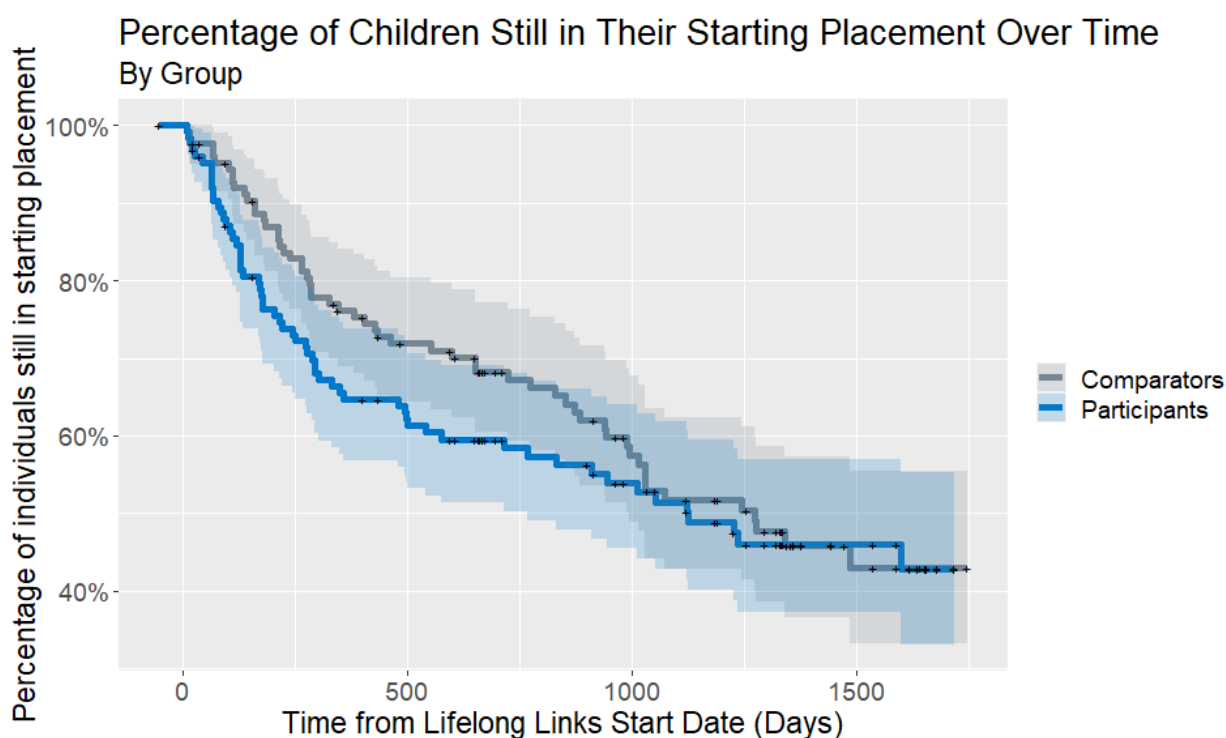


Figure 11: Percentage of children remaining cared for in the same care arrangements as when the Lifelong Links service started, over time for matched participating and comparator group children

⁸ When considering how long children and young people remained in the placement they were in at the beginning of Lifelong Links, we do not have the same length of follow-up information for all children. While some children and young people will have started in Lifelong Links close to the start of the trial period (in 2018 or 2019), and we have information on where they lived over the following three years, other children and young people will have started Lifelong Links a matter of weeks or months before the trial period ended (2022).

⁹ For children in the comparator group, this will be the number of days since their matched participant started Lifelong Links.

Throughcare and aftercare

During the period of the evaluation, some children and young people who participated in Lifelong Links ceased to be 'looked after'. The data available in Scotland does not tell us why a child or young person ceased to be considered 'looked after', as the only data recorded is the date at which they ceased to be 'looked after' under the statutory procedures. Our knowledge and experience of the data in Scotland generally tells us that the children or young people could have returned home to live with their families, they may have been adopted, or because they reached an age where they moved onto independent living. It is not possible for us to definitively know the reason. However, the research team did collect data which indicates whether children and young people are supported by throughcare and aftercare services at the end of the evaluation period.

An analysis was undertaken to compare whether there was a significant difference in the number of young people who were reported as being supported by throughcare and aftercare services. Figure 12 represents 33 individual participating group children and young people from the matched cohort, and 35 individual comparator group children and young people from the matched cohort, but these children and young people are not matched with each other. This is because there are a very limited number of matched pairs of children and young people where both have ceased to be 'looked after'. The analysis suggests that participating group children and young people are much more likely to be involved with throughcare and aftercare services than comparator group children and young people (odds ratio of 4.1; 95% CI 1.2, 16.8).

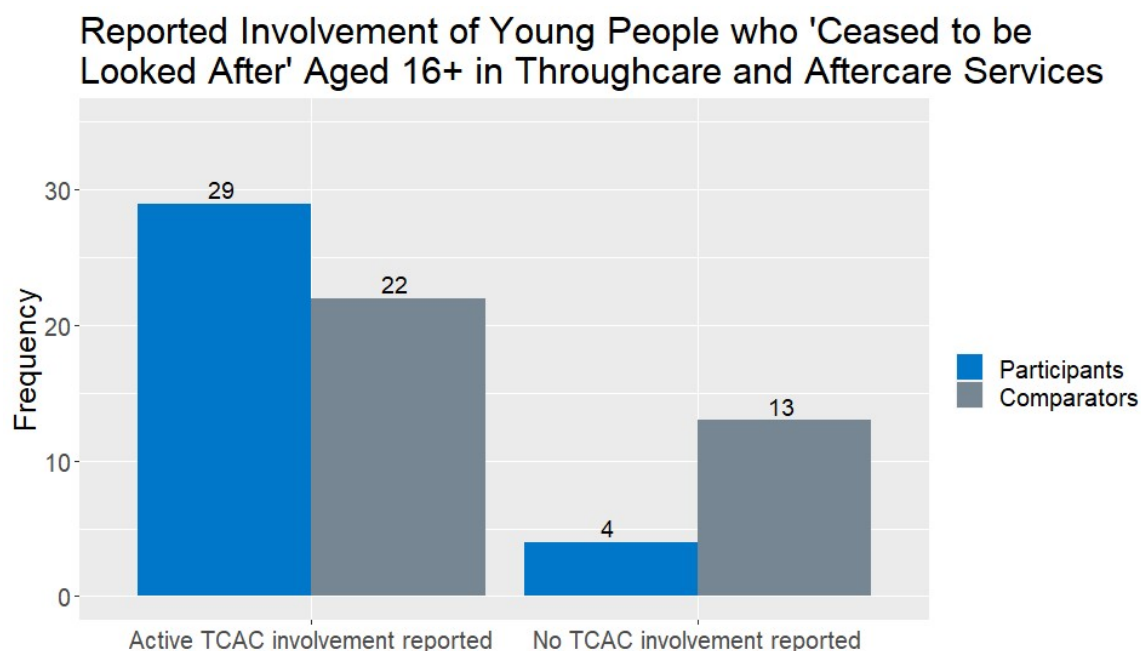


Figure 12: Reported involvement in throughcare and aftercare services for young people who ceased to be looked after aged 16+ n=33 participating group children and 35 comparator group children

Being supported by throughcare and aftercare services is thought to be a positive outcome for children and young people in Scotland, as the continued involvement in such services can facilitate their access to a wide range of support, such as mental health and educational support (McGhee et al., 2014). However, despite significant effort from the social care, health and children's services sectors, these services are widely under-utilised in Scotland (Lough Dennell et al., 2022).

The support and guidance for children and young people that can be provided by throughcare and aftercare services would be in addition to any support and guidance they receive from the people that they connect and/or re-connect with through the Lifelong Links process. A Lifelong Links coordinator stated that support through Lifelong Links could determine whether young people 'sink or swim' when they leave care, as there could now be a support network around a young person when they are 'figuring things out', struggling or progressing:

"It could be massive for young people [...] I think it could prevent them either sinking or swimming when they leave care. If they've got no support network, I think social work and other services that are there to support young people when they leave care only last a certain length of time. And then, every human needs support from family members [...] And I think Lifelong Links can provide that for young people." (Lifelong Links coordinator, Local Authority C)

This same sentiment was echoed by a social worker, who reflected that many care leavers have limited support networks as they transition to adulthood and independence, with fewer people to turn to when needed than some of their non-care experienced peers. This social worker felt that Lifelong Links could bridge this gap and provide an avenue for children and young people to build a support network at this key transitional stage in their young lives.

Children and young people's reflections on the importance of Lifelong Links

Our evaluation was also able to capture reflections from children and young people about what Lifelong Links has meant to them. While we acknowledge that the children and young people that we spoke with might not be representative of all children and young people that took part in Lifelong Links, hearing these voices are critical to understanding the impact that Lifelong Links can have on young people, and exemplify the outcomes that can be achieved through the high-quality practice of Lifelong Links coordinators.

Chloe wanted children and young people to know that they should not feel scared to take part in Lifelong Links. She highlighted that Lifelong Links coordinators will not contact "dangerous" people, and that they will help and support children and young people throughout the whole process:

"Interviewer: *So, what about if you were talking about Lifelong Links to another child or young person, what would you tell them about it?*

Chloe *[young person]: I would tell them, don't be scared about any meetings that you have with Lifelong Links, because they're not going to invite anybody that they think is dangerous, they'll invite the good people, not dangerous people, and they'll help you and support you with your family as best as they can, and help you to make a timeline of where you were, when you were born up to you were a teenager, to help you to understand."* (Chloe, Young Person, Local Authority B)

The research team also heard that Tim now felt happier than he did before taking part in Lifelong Links. He told us that he really valued getting back in touch with people who he had lost contact with, and that local authorities should keep offering Lifelong Links to "as many young people as you can":

"I'd say since all that happened with Lifelong Links I have been, I've been a lot happier now that I know that I've got contact with a lot of people that I've

missed and lost contact with because I moved away, so I'd say I've been a lot happier, which is obviously a good thing. [...] Keep doing it and keep offering it to as many young people as you can, because it's definitely something that I would recommend that all young people take part in, even the ones that aren't in care, I'd recommend it to everyone." (Tim, Young Person, Local Authority B)

Taking part in Lifelong Links provided children and young people with opportunities to revisit some of the places where they had lived, where they had gone to school, or clubs and organisations that they had been a part of, such as youth clubs or hobbies like football or the Girls' Brigade. Liam told us that he would recommend this as a key part of Lifelong Links, reflecting that visiting places can bring back memories:

"Well, I would recommend going and visiting a place again. Like going to see places that you've been before and going to find them again, or going to visit places that you have been to before and you have memories off and stuff, that would be a good thing." (Liam, Young Person, Local Authority A)

In summarising his experience, Tim said that he felt it was a great thing for him to do and that he would not change anything about Lifelong Links:

"I don't know if it's different for other people, because they've probably had different experiences, but from my experience, I think it was great, I don't think there was anything that I thought was wrong, anyway, that I thought should have been changed. I really enjoyed it and I thought that it really was a great thing for me to do." (Tim, Young Person, Local Authority B)

Carers' experiences of Lifelong Links

Carers reported a clear understanding of the aims and objectives of the Lifelong Links, including the range of options that Lifelong Links could achieve, from family trees through to re-establishing face-to-face contact with people who are important to a young person:

"[Lifelong Links] can help re-establish contact with family members or it can establish just kind of letterbox contact or it can give children an idea of their family tree on one or both sides of their family, from their parents, and possibly even give them a link to someone that they might not necessarily meet" (Amelia, Foster Carer, Local Authority A)

It was also clear that carers were aware of the child-centred approach taken to Lifelong Links work, and that Lifelong Links coordinators had discussed this with them. However, as the Lifelong Links coordinators continued their work, it became clearer to carers the extent to which the focus was exclusively on generating value for children and young people. There was also a recognition that this was not an 'unfettered' pursuit of any and all contacts that the child or young person might have expressed an interest in developing, but rather the focus was on generating safe, positive contacts and experiences for children and young people.

Carers could experience anxieties and worries about Lifelong Links. These concerns were typically about causing disruption for the child or young person who they cared for. In these instances, Lifelong Links coordinators played a key role in seeking to alleviate the worries carers had, and discussed the process, options, and benefits for the children and young people. Lifelong Links coordinators also reflected that even though carers might have reservations or concerns, the process of conducting the work of Lifelong Links demonstrated the benefits of the model to carers, giving them a more positive attitude.

Many Lifelong Links coordinators highlighted that there was a change in perceptions and reactions then to Lifelong Links, with carers appreciating what the service could offer. Despite being positive about the Lifelong Links service in general, some carers also suggested changes that they felt would improve the service. These typically revolved around a more involved role for carers in the Lifelong Links process.

When reflecting upon their experiences, some carers acknowledged that even though the outcomes were positive for the child or young person they cared for, the Lifelong Links process was not always 'plain sailing', and that carers should be aware of the challenges that they may have to deal with:

"It opened a can of worms for Olivia of things that she had buried at the back of the head, that would've had to come out eventually and maybe it's a good thing they were out at thirteen and not nineteen or twenty, but still in all it was a difficult process I think." (Donna, Foster Carer, Local Authority B)

Overall, carers were clear that their experiences had been positive, and that they had found the Lifelong Links process constructive and useful. Some of the strengths they identified reflected the core objectives and aims of Lifelong Links, such as developing children's and young people's knowledge about their backgrounds, facilitating their sense of identity, and building their connections.

Carers talked about other, more subtle, positives which were also experienced by the children and young people too. One carer highlighted the reliability of the Lifelong Links coordinator, but also the time that was taken to carry out their work, giving young people the space to process new information or questions, but maintaining connection and momentum within the work. Carers also valued the practical work that Lifelong Links coordinators would do, which they themselves were unable to do because they did not have either the skills, time, access, or confidence to take these actions forward:

"Liam's [young person] mum wasn't really forthcoming at the beginning and [the Lifelong Links coordinator] visited mum quite a lot, trying to get information out of mum and other people, contacting other people. So, she done a lot of groundwork and she was relentless. Yeah, hats off to her." (Steven, Residential Carer, Local Authority A)

Carers also talked about how they valued being involved and consulted when the child or young person they cared for was receiving a Lifelong Links service. They highlighted the importance of being a part of the process, and involved in the decision making, information sharing, and planning for the support given to young people.

They could then appropriately support the young person, and also share information and understanding that they had gained regarding the young person and their background, or to act as a 'go-between', relating information to young people who were not always willing or able to participate in face-to-face meetings with a Lifelong Links coordinator.

The independence of Lifelong Links from standard social work practice was also reported to be of value by carers, and even independence from the carers themselves. They talked about the benefits of independence in terms of avoiding the impact of potentially negative previous experiences. The fact that the Lifelong Links coordinator did not come with the 'baggage' of previous social workers, and were able to build a fresh relationship untainted by previous interventions, was seen as a strength by carers and also by a parent who took part in our evaluation:

"There's never been a bad moment. Like, before, I wouldn't say anything to social work, but [Lifelong Links coordinator] would phone me and ask me 'do you mind if I say this? How would you feel if I said this?' do you know what I mean? They never do things behind your back or... they always just, they keep you informed, they keep you up to date, there's never been a bad experience from them to be honest." (Dominic, Parent, Local Authority A)

Following involvement with the Lifelong Links coordinator, carers also spoke about the importance of ongoing support to manage the Lifelong Links plan and any contact that the child or young person may have as a result of it. Residential carers in particular were mindful that while they had a desire to maintain contacts with many children and young people, they may need some support from their local authority to do so. They also reiterated the importance of being up-front with young people about what those relationships might look like and being careful not to raise expectations.

The involvement of carers was also repeatedly talked about by Lifelong Links coordinators as a critical element of the process. They highlighted how carers were a valuable source of information, support, and direction when working with a child or young person, and that it was critical to gain the support of carers to deliver Lifelong Links:

"... they're the ones dealing with the day-to-day impact of a child being unsettled or apprehensive or whatever it may be. So, you really need the carer on board [...] If you've got a carer that's not supporting it, that isn't giving that child permission, or even willing to do some of the legwork in terms of taking them to contact or whatever it may be, it just simply won't work." (Lifelong Links coordinator, Local Authority B)

The impact of Lifelong Links on children's relationships with their carers

Despite the worries that were experienced by some carers and children and young people at the start of a Lifelong Links process, carers, children and young people indicated that Lifelong Links could support and strengthen their relationships with each other. This could either be through the child or young person or the carer developing knowledge about the young person's history and experiences, or also through the development of greater trust and closeness in the relationship through the shared experience of navigating the Lifelong Links process:

"Do you know what, I thought that because she was going through all that it would be like she wouldn't want us, you know, like she would change towards us. But no, she didn't, I would say, if anything she could talk to us better." (Vanessa, Foster Carer, Local Authority B)

Young people also indicated that they felt it supported carers to understand them better and so support their relationships with each other:

"You experience something together and it's almost like a relationship affirmation, you know, we've been through this and we're able from that to be able to be where we are now and have this open and honest conversation." (Chris, Residential Carer, Local Authority A)

Carers' perceptions of the impact of Lifelong Links on children and young people

Carers were clear in their views that Lifelong Links conferred significant benefits on the children and young people they cared for. Carers often talked about the positive impact of connecting and re-connecting children and young people with people that were important to them. They talked about how this process could transform a young person's attitude to their history and family:

"I mean, it was just a really positive experience, and Donald has gone from someone who says, 'oh I don't trust my dad, I'll never trust him, I never want to see him' to 'actually, I would like to see him and have more of an opportunity to get to know him'. And yeah, so they re-established that contact in a really, you know, slow, gentle, easy, and good way." (Amelia, Foster Carer, Local Authority A)

Carers also spoke about the child-centred way in which these connections were forged. They highlighted how when connections were facilitated, that how this would feel to the child or the young person was always the most important consideration. This was reflected in the speed that contact was initiated, as well as the environment in which any contact took place in.

Carers' reflections on the importance of Lifelong Links

In general, carers were clear with the research team about the importance of Lifelong Links for children and young people, highlighting the frequency with which children and young people might come to them who have no information about their background at all, and how Lifelong Links could relieve the significant pressure this can generate, and can support the carer and young person together. Carers highlighted that providing a service like Lifelong Links to children and young people enabled them to gain information and knowledge about their families in a safe environment, allowing them to process and deal with any issues that arise while they are well supported by carers. They also indicated that obtaining this information themselves this was a role that they were unable to fulfil, and practice team social workers did not have capacity to do this kind of work, making Lifelong Links an invaluable service that would otherwise not be possible:

"It's been great for me because, sometimes, in the past, I've been struggling to try and help a child find out where they fit into their family [...] and it can sometimes really affect their placement with us. So, having people to just get on with it and [...] doing all that for us. It's just brilliant." (Amelia, Foster Carer, Local Authority A)

Overall, carers who had supported a young person through the support from the Lifelong Links service were unambiguous about the value of Lifelong Links for the child or young person they cared for. They were clear about the impact on children and young people's connections, identity, and understanding of their own stories.

Lifelong Links and child-centred practice

Given the purpose of the initiative, Lifelong Links was specifically designed to be child-centred, giving children and young people control over which parts of the process they wanted to participate in, who they wanted to connect or re-connect with, and how they wanted to connect or re-connect with people. This has contributed to the adaptability of

Lifelong Links practice that we have seen. Here, we consider how Lifelong Links coordinators worked in child-centred ways, and what principles underlined the child-centred practice of Lifelong Links.

Prioritising the voice and wishes of children and young people

The research team heard that prioritising the voice and wishes of children and young people was a key component of Lifelong Links working in a child-centred way. While consent was always sought and gained from the child or young person's parents and/or the local authority, Lifelong Links coordinators invited children and young people to choose what they wanted to do and to direct any steps in the process. In turn, the process was entirely developed around their needs, their experiences and their story. This was framed in contrast to traditional Family Group Conferencing (FGC) and Family Group Decision Making (FGDM), where adults' voices can often be at the centre of any process, particularly where Family Group Conferences are undertaken to decide where children and young people will be cared for:

"In our traditional, and I think everybody's traditional, Family Group Decision Making, adults and carers come on as the main source of information, the main point that you go to ask 'what do you want? what's going to happen next? What's going to happen to your child'. [...] In Lifelong Links the first person we speak to is the child or young adult." (Lifelong Links manager, Local Authority C)

Placing the child or young person's wants and wishes at the forefront of Lifelong Links was also framed by participants in contrast to other processes that children and young people with care experience can be involved in, which can often be and feel bureaucratic. For instance, the Lifelong Links FGC was differentiated to 'Looked After Children (LAC) Reviews', Children's Hearings Panels, or 'Team Around the Child' (TAC) Meetings by putting the focus on children's and young people's wishes and the general tone of the meetings:

"I think for young people to see that people are caring about them. The meeting, the process, is all about them. It's not about the social worker ticking a box and getting a report written or gathering their views for the LAC review, or it's not about their mum, it's not about any of that. It's about them, and for them to see that it's about them and they're at the centre of it." (Social Worker, Local Authority C)

Going at the children and young people's pace

We repeatedly heard that Lifelong Links needed to proceed at the child or young person's pace, and that it was also important to ensure that Lifelong Links was done 'at the right time'. It was considered important to make sure that any steps in the Lifelong Links process were only undertaken when children and young people were ready for these to happen, and ensure that any decisions about what to do and when also considered other things happening in the child or young person's life:

"I think it's all about timing, do you know? I think there's a time in a young person's life when this is great and there's probably a time when it's not so great, and it's finding the right time." (Donna, Foster Carer, Local Authority B)

Ensuring that Lifelong Links was only ever undertaken 'at the right time' was also underpinned by re-visiting the circumstances of children and young people regularly, to consider if Lifelong Links would now be appropriate or whether more time needs to pass before children and young people might feel able to take part:

"But I think what [Lifelong Links manager] certainly is quite good at is, if it's not right at that time then let's re-review that in six months or three months, whatever it is, to keep it in people's heads." (Lifelong Links coordinator, Local Authority B)

Additionally, we heard that it was very important for Lifelong Links to be done 'in the right way' for children and young people. There are clear Lifelong Links standards developed by FRG that guide this process, to support Lifelong Links coordinators and ensure a child-centred approach is taken. Ultimately, children and young people will all require different things from Lifelong Links, and this might mean going 'backwards and forwards' in the process, or only doing parts of the process that children and young people are interested in, provided the approach is in adherence with the Lifelong Links standards.

This can also mean Lifelong Links coordinators challenging themselves to overcome their own views about the Lifelong Links tools or processes. For instance, sometimes Lifelong Links coordinators did not think children and young people would engage well with some steps of the process, such as the 'mobility mapping'¹⁰. However, children and young people could surprise Lifelong Links coordinators in reacting positively to tools such as these:

"I think it's often that thing when you see something written down in black and white you go 'That'll never work with kids, or they will not be interested in that, no, I'm not even going to try that' until you try it, and then you realise you find your way with it and actually the young people find their way with it." (Lifelong Links manager, Local Authority A)

Communicating with children and young people in an open and transparent way

It can take a long time for Lifelong Links coordinators to:

- Gather information for children and young people
- Compile family trees
- Make contact with the people identified as important to children and young people
- Build up trusting relationships with the children, young people and adults involved
- Arrange for any Family Group Conferences to take place.

This meant that Lifelong Links coordinators had to keep children and young people informed throughout the process. It was important that this communication was in an open, honest and transparent way with children and young people, making sure that the information passed onto young people was in a format that they wanted and could understand, and making arrangements to speak with children and young people at times that were convenient to them. Lifelong Links coordinators would often liaise with the child or young person's carer as well, if the children and young people agreed, to ensure that

¹⁰ Mobility mapping is an exercise where children and young people work with a supportive practitioner to think about the important people and places from their past, often using paper, pens and other creative resources to draw a map of these memories and relationships. It can help children and young people to rediscover memories of their life and build their knowledge and understanding about where they came from and important emotional connections from their past.

arrangements were noted in diaries and that children and young people could be supported to meet with their Lifelong Links coordinator.

Working to accommodate children and young people's needs

While Lifelong Links services were largely centred around ordinary office hours (Monday to Friday, 9am to 5pm), it was acknowledged that Lifelong Links coordinators needed to accommodate the other commitments that children and young people have in their daily lives. For instance, the research team heard that Lifelong Links coordinators should arrange to see children and young people outside of school hours, while being mindful of the time that it can take for children and young people to travel from school back to where they live:

"Interviewer: So, were there any kind of aspects that you didn't like? Anything that you would want to change?"

***Gemma:** Not really, no. Sometimes the timing, with me trying to get back from school, but that wasn't really the [Lifelong Links coordinator], that was just me trying to get back from school [...] I do college as well – so it was trying to get back and have everything, it was just tight." (Gemma, Young Person, Local Authority B)*

Most Lifelong Links coordinators were already very mindful of arranging activities around children and young people's schedules, with some even making time to meet with children and young people outside of ordinary office hours. When Lifelong Links coordinators worked in child-centred ways like this, it was noted by children, young people and their carers, and it was highly valued as an important way to help children and young people have the best experience possible:

"And it wasn't just during the week [...] she'd [Lifelong Links coordinator] make time to come out at weekends to see him and they'd go out, you know, and she'd take photographs and things [...] So, it wasn't just a 9am-5pm, five days a week, [it was] weekends and she done really well." (Steven, Residential Carer, Local Authority A)

Tailored application of Lifelong Links tools with children and young people

During the trial period, Lifelong Links coordinators were keen to provide as much support and information for children and young people as possible. In some instances, this resulted in the coordinators using the Lifelong Links tools to create outputs and information for children and young people without their direct involvement. In these cases, the Lifelong Links tools were used to generate information and resources for children and young people, and the information gathered was relayed to them by their carer or social worker. This might be done where the child or young person had been introduced to all that Lifelong Links had to offer, and while they were excited about the information that could be generated, they did not want to engage directly with the Lifelong Links coordinator. In these scenarios, children and young people chose which Lifelong Links tools they would like to be used on their behalf, and the coordinator undertook the work at a distance, relaying the information to the child or young person via their social worker or carer. In other instances, practitioners felt that children or young people were not emotionally ready to participate in the Lifelong Links process, and so the child or young person was presented with the option of information being gathered without their direct engagement, again with their consent to undertake the work and their agreement about which aspects of the Lifelong Links tools would be used on their behalf. There were also situations where the

practitioners felt the child or young person was not emotionally ready to engage in this choice, but information or outputs were created so that they could be shared with them at a later date. These children were told that Lifelong Links tools were being used on their behalf, and they consented to this happening, but they were not always given information about every aspect of Lifelong Links. While this is not in line with the ethos of Lifelong Links as a child-centred, child-led model of practice, it did enable some children and young people to receive information about their families when they otherwise would not have had access to this information. Carers shared with us that there were still clear benefits for children and young people when this work was being undertaken.

Changing social work practice and culture

Through speaking with individuals in different roles, the research team heard that Lifelong Links has filled a gap in service provision, and that the underlying principles of Lifelong Links may be changing existing narratives in social work practice.

Filling a gap in service provision

We were repeatedly told that Lifelong Links was 'filling a gap' in service provision, with Lifelong Links coordinators able to undertake tasks that social workers do not have the time or resources to do:

"I definitely think there's obviously benefit to the service, it's definitely a service that social work do not have the time to do. Whereas we obviously can go into the kind of intricacies of relationships and reconnect the young people. So, for me it's highly beneficial." (Lifelong Links coordinator, Local Authority B)

We also heard that Lifelong Links coordinators can 'dig deeper' than social workers, as they have access to tools and services that social workers are not able to use, or they have more time and resources at their disposal, and this influenced social workers' and carers' decisions to opt into Lifelong Links for the children and young people they have responsibility for.

Challenging existing narratives of social work

It was felt that Lifelong Links was helping to challenge the negative narratives about family members of children and young people needing care and support, and encouraged practitioners to see the positive attributes of family members and help them to increase their capabilities to support children and young people. We heard that this work was already ongoing in traditional social work services, but that Lifelong Links was building on this and empowering people to work in partnership with families:

"Yeah, I think it's more open and it is focusing on people's strengths, yes, and it is about valuing people [...] we [social workers] just got ourselves into this almost like battle with families, and it wasn't getting us anywhere. And I think we certainly recognised that we couldn't carry on like that, and it's not an 'us and them' situation [...] And I think we have been doing that for such a long time in social work, we weren't working in partnership with people, and they hated us, basically." (Lifelong Links manager, Local Authority B)

Lifelong Links was also viewed as giving professionals and carers 'permission' to stay in touch with children and young people into adulthood and independence. We heard that, historically, social work services had been resistant to carers and practitioners staying in

touch with children and young people, with fear and suspicion dominating any potential contact into a child or young person's adulthood.

Sometimes, there was an initial concern, particularly from carers, that taking part in Lifelong Links could unsettle existing care placements and potentially result in a child or young person moving on to a different care placement. This occasionally made social workers, foster carers or residential carers resistant to referring children and young people to Lifelong Links. However, it was noted throughout the evaluation that these views diminished over time, particularly as Lifelong Links staff members raised greater awareness of the service, and as people could see the benefits of taking part in Lifelong Links start to emerge.

There was also an acknowledgement from Lifelong Links staff that even if Lifelong Links work has the potential to unsettle children and young people, that did not mean that children and young people should not be offered the service. It was frequently noted that children and young people were likely to seek out connections and re-connections with people who are important to them at some point in their life, and that there may never be an obviously 'settled' period for children and young people to be ready to navigate this. As such, we heard that Lifelong Links coordinators took the possibility of unsettling children and young people seriously, but that children and young people still deserved to have the option of taking part in Lifelong Links at the most appropriate time for them, with support to work through how they were feeling.

Learning from Lifelong Links Implementation

Throughout the evaluation, there was learning which related to the implementation of the trial, and of Lifelong Links more generally. These are summarised here.

Local authority context and motivation

Each local authority area was operating in different contexts with regards to how they worked with children and families prior to coming into the trial of Lifelong Links, and this affected some elements of the implementation. Local Authority A had an established Family Group Design Making (FGDM) team and were familiar with work to develop connections for young people with care experience, which caused some initial confusion in distinguishing between the Lifelong Links service and their standard FGDM service. Local Authority B was establishing an authority-wide FGDM team at the start of the trial, and the trial was proposed to be started in a smaller area of the local authority before being extended to the rest, while Local Authority C commissioned their FGDM service from a third sector provider, who was also commissioned to deliver the Lifelong Links service. Family Rights Group provided specialist training and consultancy on all aspects of Lifelong Links and its tools to all three local authorities to support the implementation of Lifelong Links. This included the co-ordination of Practice Learning Sets and development activities to share learning and provide feedback as the trial progressed, the establishment of Local Practice Implementation Groups (LPIGs) in each of the trial local authorities, and a formal accreditation framework and process which all local authorities introducing Lifelong Links, including those outside of this evaluation, were encouraged to undertake.

The decision to become involved in the trial of Lifelong Links required the commitment of significant time and resource. Respondents from across the local authorities spoke of the synergy between the ethos and approach of Lifelong Links and the objectives they had to better support their children, young people, and families as a strong motivator. Local

authorities saw the potential of Lifelong Links in addition to these 'standard' FGDM services, and how it dovetailed with local ambitions to work in co-operation with families, to centre listening to the voice of the child in their practice, and to ensure that relationships were at the core of all their work. The investment by local authorities of time and resources into the LPIGs and other feedback structures for Lifelong Links also provided an avenue for senior managers to continually review the implementation of Lifelong Links and its connection with these local ambitions.

Lifelong Links was also seen as addressing shortcomings in the services that were currently available, helping to improve the experiences of children and young people. The ability to provide a better experience for children and young people in care, particularly those who lacked a support network, through working with them to create or build upon relationships and social supports, was also a strong motivator.

Developing existing practice

Lifelong Links worked to change social work practice and culture in all three local authorities. This could initially be experienced as a challenge to established practice, however. It required Lifelong Links managers and coordinators, as well as local authority managers, to inform and reassure their colleagues about the value, aims, and approach of Lifelong Links. An approach used to address this was to appeal to the core values shared between Lifelong Links and good social work practice, highlighting that Lifelong Links could inform and enhance care plans.

Staffing

The time that Lifelong Links coordinators could take to work with children and young people was highly valued. This is a reflection of the low caseload for Lifelong Links coordinators, and the child-centred approach to Lifelong Links work. Additionally, the expertise of Lifelong Links coordinators, developed by their involvement in FRG training and engagement activities as well as their knowledge and understanding of statutory social work practices, was noted as an important addition to the wider skillset of services in the local areas. However, in each local authority Lifelong Links coordinators split their role between Lifelong Links and providing other FGDM services. Staff across the local authorities reflected that this could present challenges in terms of time management and ensuring that young people (being supported by both or either services) received the best support available.

In Local Authority C, where Lifelong Links services were commissioned by the local authority from a third sector organisation, staff highlighted additional challenges because their capacity was very limited. The target number of ten children and young people to be supported by Lifelong Links in Local Authority C was not large, but was significant considering the coordinator time dedicated to Lifelong Links. Two staff members were allocated by the third sector organisation to work one day per week on Lifelong Links, which could lead to support for children and young people taking place over many weeks and months, as the worker did what they could in the time they had available.

Referral mechanisms

A crucial element of introducing Lifelong Links in all three local authorities was the establishment of clear referral processes. From speaking with Lifelong Links coordinators and managers, it was evident that children and young people became involved in Lifelong Links through two key routes:

1. They could be identified by the Lifelong Links team as children and young people who met the Lifelong Links trial criteria and could benefit from being involved
2. They could be referred to the Lifelong Links team by their social worker and could benefit from being involved.

In both pathways, a referral by the child or young person's social worker was still required, as was consent from the child or young person, consent from the child's parents and/or local authority, which was followed by an initial planning meeting.

Each local authority took a different approach to applying these two referral pathways, often decided in negotiation with the Local Planning and Implementation Groups (LPIGs), with correspondingly different experiences. One local authority adopted an approach whereby they focused on children and young people who were approaching permanency decisions. This allowed them to involve children and young people who most clearly met the eligibility criteria to have 'no plan to return home', but also faced a challenge as social workers were not keen to introduce any (perceived) risk of instability at the same time as making arrangements for a child or young person to be cared for in a permanent care placement. Another local authority chose to focus on children and young people who were in residential care, as it was thought that they might receive the greatest benefit. Finally, the third local authority identified a cohort of children and young people who were eligible for the trial, and these cases were allocated to the Lifelong Links team.

Overall, the two approaches to referrals provided helpful options for introducing Lifelong Links to children and young people. For instance, approach 1 allowed Lifelong Links coordinators to contact children and young people's social workers to discuss the possibility of a Lifelong Links referral, particularly early in the trial period, before social workers are likely to have known that Lifelong Links existed. This meant that children and young people who may have never had the opportunity to take part in Lifelong Links if they had been relying on social worker referral before Lifelong Links was widely known were able to benefit from the service. When approach 2 was applied, social workers could contact the Lifelong Links team directly to initiate a referral when they felt the child or young person could most benefit, such as if the child or young person had started to express a desire to connect with people important to them. Children and young people were more likely to be enthusiastic about taking part in Lifelong Links from the outset, as they had already expressed a desire for the type of services that Lifelong Links could offer. As approach 2 relied on social workers knowing about Lifelong Links in their local area, the continued use of both approaches throughout the trial and evaluation period meant that the Lifelong Links team could try to reach as many children and young people as possible.

Nonetheless, initially all trial local authorities experienced challenges in gaining referrals. There were a number of explanations offered for this. One was that understanding and enthusiasm for Lifelong Links among children and families' social workers was variable, despite the work that was done to introduce and inform them of the service. Where the trial was aimed at children and young people for whom permanency was being secured for their care, it was particularly difficult to work alongside these children and families, as practitioners were keen to prioritise the stability of the permanent placement, rather than 'rocking the boat' by re-connecting children and young people with their families. This resulted in a perceived reluctance to refer children and young people engaged in permanency processes to Lifelong Links teams until after these permanency processes had been completed.

Independence of the Lifelong Links service

One of the key elements that allowed Lifelong Links to become embedded successfully within local authorities was its independence from other services and separation from decision-making processes within social work services. This facilitated work with the children, young people, and families, independently from any other social work services or support that may be being provided, as well as enabling the engagement of social workers.

"You're not making decisions, you're not part of any care plan. None of that. You're facilitating all of these conversations to happen or not [...] but, we're not seen as statutory, or even official [...] We're perceived differently, we're definitely perceived differently." (Lifelong Links coordinator, Local Authority A)

Lifelong Links was also seen to be providing additional capacity and value for children and families. The tools and capabilities available to Lifelong Links coordinators supported work with families that social workers were unable to conduct, possibly because they did not have the independence that Lifelong Links coordinators had, because they lacked the time and resources to undertake these tasks, or because they may be working in contexts that de-prioritised these processes (such as continually supporting children and families through acute crises).

Fidelity and how Lifelong Links fits in Scotland's efforts to improve care experiences

Lifelong Links was felt to be a significant benefit to children and young people in Scotland, to fit alongside existing processes and structures and support existing practices. Lifelong Links coordinators worked to adhere to the Lifelong Links model, and this was evidenced in the Practice Summaries and the willingness of the local authorities involved to engage in FRG's accreditation process. The Lifelong Links model is inherently adaptable to the needs and desires of the children and young people for whom it is being delivered, but the key tenet of being child-centred can be seen throughout the findings presented in this report. The overall process of the Lifelong Links model as shown in Figure 1 was adhered to throughout the trial, working in child-centred ways to achieve the objectives established with children and young people, and to create and integrate the Lifelong Links plan within the wider Child's Care Plan.

This adherence to fidelity was supported by the training, coaching, and support provided to Lifelong Links coordinators by FRG as part of the trial, the overarching Lifelong Links Accreditation Framework (available at <https://frg.org.uk/lifelong-links/lifelong-links-service-accreditation/>), and the oversight of Local Planning and Implementation Groups (LPIGs). This included direct feedback and support from FRG on challenges and issues that Lifelong Links coordinators experienced, which were identified by FRG through the Practice Summaries, or raised by Lifelong Links coordinators and Lifelong Links managers in discussions with Family Rights Group's team. Additionally, Lifelong Links managers referenced the benefits of formal and informal peer support between implementation teams within the local authority areas, including through participation in Practice Learning Sets organised by FRG. Finally, the independence of the Lifelong Links service from more generic social work services also enabled greater fidelity to the Lifelong Links model, by 'ring fencing' time and resources to conduct the work.

Learning about the Lifelong Links Trial

A number of issues which related specifically to the trial nature of the Lifelong Links implementation were raised by respondents to the evaluation.

The trial eligibility criteria were frequently mentioned by both Lifelong Links coordinators and managers, who accepted that the criteria were necessary, but many acknowledged finding them frustrating. In particular, the need for children and young people to be 'looked after' for less than five years. As such, where it was felt that Lifelong Links would be beneficial, children and young people who did not meet the eligibility criteria were still offered the opportunity to participate in Lifelong Links by local authorities, but were unable to be included in this evaluation.

In their written responses to questions for this evaluation, FRG recognised the frustration that was experienced by practitioners in relation to the trial criteria, and reflected that a three year evaluation may have reduced this frustration while maintaining the rigour of the evaluation. Nonetheless, FRG acknowledged that the five-year timescale of the evaluation was designed to enable additional longitudinal analysis, which would not have been possible in a three-year timescale.

As a trial, FRG and the local authorities were engaged in an ongoing feedback process to improve practices and procedures, helping to ensure that Lifelong Links could be easily delivered to as many children and young people as possible. These processes included the establishment of:

- A Scottish Steering Group to oversee the development of Lifelong Links and the Scottish Evaluation
- Practice Learning Sets for coordinators to share their experiences and learn from each other
- Local Planning and Implementation Groups for local authorities to consider and reflect on the implementation of Lifelong Links in their area
- A National Practice Development Group for Lifelong Links staff members across Scotland and England to connect and share developments
- A formal accreditation process to ensure that Lifelong Links practices were in adherence with FRGs established standards.

In addition, the implementation of Lifelong Links in Scotland presented a different policy landscape and practice environment from the implementation of Lifelong Links in England, which necessitated an ongoing reflexive process when resources were in development simultaneously in both nations. As part of this process, some amendments to guidance and toolkits associated with Lifelong Links were made, which some Lifelong Links coordinators found difficult to navigate, as the changes made to documentation were not always clear to them, despite FRG's efforts to communicate these changes.

Finally, Lifelong Links staff taking part in the trial reported that they could feel 'overwhelmed' with the information they were required to record and submit to FRG and/or the research team at CELCIS. In particular, the elements of the Scottish Government's Children's Social Work Statistics Scotland that needed to be compiled and returned to CELCIS were challenging for local authorities who had limited data expertise, especially in identifying and retrieving data relating to the comparator group of children and young people. CELCIS and FRG were responsive to these challenges, with the CELCIS 'Data Hub' and the employment of a CELCIS Research Associate to work in Local Authority A. Both

were developed as a direct response to issues regarding compiling and returning data, and the support of the Lifelong Links Development Officer (Scotland) made available across all local authorities involved in the evaluation.

Moving forward

In this evaluation, the research team also considered how respondents taking part spoke about the future of Lifelong Links within their local authorities.

Respondents often talked about the learning and knowledge that had been developed through the Lifelong Links trial, and how this would continue to improve the support that they could provide to children and young people. As part of this, many respondents identified changes they would like to see in order to better support children and young people, which have already been enacted. For instance, one of the repeated requests about this was 'opening up' the offer of Lifelong Links to a wider group of young people. This reflected some concerns that the limitations of the trial on workers' ability to provide the service to all the children and young people they wanted to, in particular, age restrictions, were seen as an area where respondents felt that they would like to make changes.

Another trial criteria that respondents felt should be relaxed was the requirement for children and young people to have been cared for away from home for less than five years.

Both of these proposed changes relate to the Lifelong Links trial criteria, as opposed to the Lifelong Links model, and respondents' belief in the value and power of Lifelong Links to support young people to develop their social connections and be better supported as they transition into inter-dependence and adulthood. The requirement that children and young people be aged 16 years old or younger, and that they had been living in care for less than five years, has already been removed for all local authorities offering Lifelong Links in Scotland. Additionally, FRG were accommodating of requested changes during the evaluation and trial period, by extending the trial criteria in Scotland to include children and young people living in care for less than five years (when this was less than three years in England) and supporting the desire of local authorities to offer Lifelong Links to children and young people who did not meet the trial criteria during the evaluation period. As such, these two main changes have already been addressed and should not currently be restricting Lifelong Links services in Scotland.

Respondents also highlighted the ongoing positive impact that Lifelong Links would have on social work practice in their local authorities. They reported that Lifelong Links had supported social workers to understand the importance of social connections and networks for children and young people who are 'looked after' by the local authority. Social workers reported that Lifelong Links had made the importance of a young person's sense of identity, and family, more salient to them.

"I think area team social workers, have certainly got an eye to extended families, they're not as closed off as they were before, and hence the reason they will refer into us for FGDM or Lifelong Links, because they recognise the value of maintaining those links." (Lifelong Links manager, Local Authority B)

The future for Lifelong Links services

All three local authorities were clear in their ongoing commitment to continue to deliver the support and benefits of Lifelong Links for their children and young people. Managers repeatedly emphasised their commitment to the core values and practices of Lifelong Links. This commitment came from senior management as well as from managers of Lifelong Links services:

"I think the support and the commitment from senior management in [Local Authority B] is there, and I don't necessarily have any worry about that to be honest with you." (Lifelong Links manager, Local Authority B)

The reasons local authorities identified for taking part in the Lifelong Links trial in the first place were repeated when the motivations for continuing to provide Lifelong Links services were explored. This included an alignment with the values and objectives of the local authorities, a belief in the value of Family Group Decision Making (FGDM) models as a key support for children and families, and a need to ensure that children and young people have the social connections and support they need as they develop.

One area that remained under discussion in each of the local authorities was the degree to which Lifelong Links would continue to be delivered exclusively by a specialist Lifelong Links team, or whether it would be integrated into wider FGDM service delivery. Staff in local authorities told us that while the value of an independent service was recognised, there was also a consideration of expanding the Lifelong Links skill set to entire FGDM teams, to ensure that a larger number of workers were able to provide Lifelong Links support:

"What we're going to do here in [Local Authority A] is make it much more a part of what we do as our ordinary work, so the rest of the [FGDM] team are starting to get trained in Lifelong Links, and some of them are doing that virtual training that's happening just now, and then we'll just, then we'll have that continuum of if a family is referred to us we say 'actually, is that a Family Group [Decision Making] meetings or is that more like a Lifelong Links type meeting?', so I think there will be more of that kind of stuff. And everybody having a role in Lifelong Links, which I think will be helpful, [Lifelong Links coordinators] will continue as the lead workers for it." (Lifelong Links manager, Local Authority A)

Senior managers expanded on this discussion and reflected that there was an ongoing challenge to securing sustainable funding for Lifelong Links as an independent service, due to financially challenging environments where funding for 'additional' services could be difficult to identify. Instead, they noted that if Lifelong Links was incorporated into their mainstream FGDM offering, then the Lifelong Links way of working could be applicable to more children and young people. As the Lifelong Links coordinator reflected below, integration into mainstream FGDM services was one way of ensuring the sustainability of Lifelong Links:

"...we've already had that commitment, because we had it before, do you know, that that was just going to continue, it's going to be just part of the mainstream service, and I think that's maybe the difference for us. And that's maybe why we feel a bit more freed up because actually we don't have that kind of pressure of, 'oh god, what happens when the funding stops', do you know? That's just not a pressure for us." (Lifelong Links coordinator, Local Authority A)

This concept of integrating Lifelong Links into mainstream FGDM services is not without risks. As we have identified, children, young people, and families viewed the independence of the Lifelong Links coordinators from other local authority social work teams as an important contributor to their willingness to trust coordinators, and to participate in the Lifelong Links process. It is also important to consider the impact that integration might have on the delivery of Lifelong Links and how it continues to meet the core FRG service standards. Social care services in Scotland are already stretched and experiencing significant staffing issues (Ottaway et al., 2023), which will make it even more challenging

to deliver Lifelong Links in the child-centred, and child-led manner which is valued by children and young people and families, but takes significant time and skill as detailed earlier.

Many respondents highlighted that they felt that the integration of Lifelong Links into FGDM 'business as usual' was desirable, to ensure the maximum benefit for the most children and young people:

"It should be like a statutory service for the young person, you know, to map their life experience, that is maybe lost placement to placement, you know?" (Michael, Residential Carer, Local Authority B)

This sentiment, that Lifelong Links be made available to all children and young people with care experience, was reflected across a range of roles in all three local authorities, as well as among foster carers and young people:

"I think all kids should have it, that they can talk about their past and they can talk about their feelings." (Camilla, Foster Carer, Local Authority B)

"I think really the responsibility lies with us now as a local authority to address that and look at what we do to make sure it's available to everyone." (Local Authority manager, Local Authority C)

In Local Authority B, it was also indicated how Lifelong Links plans could be incorporated into the existing oversight structures, to ensure that there was ongoing monitoring and oversight of implementation:

"So, the expectation is the Lifelong Links plan would then be incorporated into either the 'my meeting', we have now independent reviewing officers in [Local Authority B...]. So, we would be expecting IROs [Independent Reviewing Officers] to be incorporating the Lifelong Links, meeting, plans, into their 'my meetings'. Same expectation of team leaders, children and families team leaders, who will be chairing looked after children reviews, incorporating those plans." (Lifelong Links manager, Local Authority B)

Lastly, respondents highlighted the value that the Lifelong Links model had in supporting the implementation of The Promise of the Independent Care Review, and other policy initiatives that had arisen during the evaluation in Scotland. This included support for sibling relationships, the objectives of which have been incorporated into legislation through Part 13 of the Children (Scotland) Act 2020, which aims to protect sibling relationships for children in care, and new national guidance:

"It's really helped social workers to understand the importance of connections, which has been great for our children in care, and the Care Review has probably assisted with that, as has Stand Up for Siblings, and all these things have sort of come together, which has been really helpful...all local authorities are scrambling around trying to evidence how they meet the demands of the promise, and...[w]e can say [Lifelong Links]'s a piece of evidence as to how we do this." (Lifelong Links manager, Local Authority A)

Across the board, respondents highlighted the value that they and others saw in the Lifelong Links model. They were clear in the value that it brought to children and young people, and that they wanted it to be delivered to more young people, and just wished it had been available earlier:

"Everyone that I speak to about Lifelong Links thinks that it's a really good concept and the token kind of comment is 'I wish this had been around years ago'." (Lifelong Links coordinator, Local Authority B)

In response to written questions from the research team, FRG also emphasised their commitment to continuing Lifelong Links in Scotland. Funding has been received from the Esmée Fairburn Foundation's Funding Plus programme to explore "*the right plan*" for future work in Scotland, considering how Lifelong Links can be embedded and developed across Scotland, consistent with established Lifelong Links standards. Additionally, FRG noted that work is ongoing in two local authorities to help embed and extend Lifelong Links, in addition to the continuation of Lifelong Links in Local Authorities A and B highlighted above. FRG highlighted that they "*have seen some brilliant examples of Lifelong Links practice in Scotland*" and that their:

"... ambition remains that every child in care and care leaver in Scotland has the offer of Lifelong Links to ensure that they have lasting relationships with people who are important to them through their childhood and into adulthood." (FRG written response to questions)

Key Messages

1. Lifelong Links can empower children and young people, and support their agency and sense of identity

There is a clear impact of Lifelong Links on children and young people's sense of identity, control, and agency. Children and young people with care experience who had felt disempowered by the processes and systems they had been involved with, developed a sense of control over the creation of new connections, and of agency in being able to identify and instigate the connections that they wanted to make with people who matter to them. Further, through Lifelong Links, they developed an increased knowledge and understanding of their own identities and histories, learning about family members and relations that they had, and developing an understanding of why they were being cared for. It is notable that these impacts are not exclusive to a child or young people being put in contact with someone new, although we also heard how new and revived connections had a huge impact on a child or young person. Knowledge alone was reported to have a powerful effect on young people's identity and concept of self. Lifelong Links has helped children and young people to experience a strengthened sense of their own identity and agency that is informing how they see themselves and navigate the future.

2. Lifelong Links can change social work practice and culture

Lifelong Links challenges existing culture and practices within social work departments. Initially, there was often some resistance from practitioners to Lifelong Links support, amongst fears that it would 'cut across' existing care plans for children and young people. However, as practitioners developed an understanding of Lifelong Links through communication with Lifelong Links coordinators, and through experiences of the process for children and young people they supported, social workers changed their attitudes to the programme, and also often their approaches to issues of relationships and connections for all children and young people in their care.

Social workers and senior staff highlighted how experiences of Lifelong Links reflected 'core' social work values and objectives. These experiences developed a greater awareness of the need for connections, and the value that these could have for children and young people. This resulted in Lifelong Links coordinators being sought out to provide additional support to other (non-Lifelong Links trial) children and young people.

Lifelong Links coordinators also reflected how learning and understanding developed through Lifelong Links was influencing their work in other Family Group Decision Making services. This could be through the use of specific Lifelong Links tools (such as genograms), or an increased focus on ensuring that children and young people's voices and wishes occupied a more central role in Family Group Conferences outside of Lifelong Links.

Finally, the research team also heard how experiences of Lifelong Links, and the positive articulation of maintaining relationships for children and young people, could change how social workers and carers felt about maintaining connections. This sense of 'permission' to stay in touch with children and young people allowed these individuals to go on to have meaningful relationships with young people who expressed that they wanted them, with an intention that this would continue into adulthood and inter-dependence.

3. The importance of child-centred practice

Child-centred practice is at the heart of Lifelong Links' success. The focus of Lifelong Links coordinators on how every aspect of the work they are carrying out impacts on the child or young person is what ensures that Lifelong Links provides the greatest value possible. Throughout the evaluation, we heard about the value of the Lifelong Links service being tailored to what children and young people wanted and needed. What interested and worked for one young person, did not for another, and the range of tools available within the Lifelong Links toolkit facilitated the tailoring of support to individual children, young people, and their needs and circumstances. Many young people who were supported by Lifelong Links in this trial did not attend an FGC because this did not fit with their particular needs, circumstances, and objectives. Similarly, many young people were only interested in finding out information, for example, in the form of a family tree, rather than making personal contact. This child-led approach to the goals of the Lifelong Links process, and an understanding that Lifelong Links could deliver meaningful impact for young people, even where direct connections were not established or re-established, allowed Lifelong Links staff to provide a service that was valued and supported by children, young people, and carers.

Across all three trial local authority areas, the research team saw wide variation in the time that a Lifelong Links coordinator would work with a young person - from under a month to a number of years. While of course these timescales were significantly impacted by the effects of the COVID-19 pandemic, there were also practice-based reasons why different timescales were necessary. Differing timescales reflect the different contexts, desires, capacity, and pressures in a child or young person's life. The speed at which children and young people are willing, able, or desire to take on new information will vary, alongside the complexity of the objectives that are sought. We heard how carers and young people value the time that coordinators were able to take, seeing this as a reflection of their child-led approach and the quality of the work being undertaken, despite timescales which they may not have anticipated.

It is important to note that this work is conducted in the context of often complex and significant family and relational dynamics. Children and young people who were supported by Lifelong Links often had complex extended families and connections. Lifelong Links coordinators were reported to be highly skilled in navigating these dynamics, which supported the engagement of both connections and children and young people, while maintaining a child-centred focus. This complex role was necessary to realise the benefits of the Lifelong Links model. Throughout their navigation of these challenges, Lifelong Links coordinators continually focused on the wishes and best interests of the children and young people they were working with, communicating with them clearly and honestly, while protecting them from as many potentially negative experiences as possible.

4. Involving carers is important

Carers have an important role in supporting the children and young people they care for in benefiting from Lifelong Links. Throughout the evaluation, we heard evidence of the value of including, working with, and supporting carers to generating the most value from the Lifelong Links model. In the initial planning stages, carers are often able to provide information and context for the Lifelong Links coordinator, as well as the child or young person. During the involvement of a Lifelong Links coordinator, carers can play an important role in ensuring a child or young person is supported in between sessions. We

heard how children and young people could become more talkative about their histories and families in their everyday life, and the importance of carers being available to support and respond to this. The research team also heard about how they can play a pivotal role in supporting young people to engage with the Lifelong Links coordinators, and also in 'drip-feeding' information at a pace that helps the child or young person to process it. Additionally, we heard how informing and involving carers early on in the Lifelong Links process could reduce anxieties or worries that they may have, and helped to enable the process to take place, by helping to create a positive, supportive, environment for the work carried out by Lifelong Links coordinators.

5. Maintain Lifelong Links as an independent service

We also saw and heard evidence of the importance of maintaining Lifelong Links as an independent service. The benefits of this were identified by carers, young people, social workers and Lifelong Links staff. The provision of Lifelong Links support to children and young people by Lifelong Links coordinators who are not linked to children and families' social workers or area team social workers, and who had no responsibilities to make decisions about children and young people's care, allowed them to avoid being linked with any negative experiences or perceptions of previous social work intervention. This supported the involvement of family members and carers as well as children and young people who might otherwise have been wary of speaking openly with a social worker.

Another benefit of independence is the ability to operate in a truly child-led manner, free to pursue information and carry out activities that area team social workers struggle to have the capacity to do. Additionally, separation from area teams allowed Lifelong Links to be tailored to each individual child and not become a 'standard package' of support provided to all.

6. Staffing

The Lifelong Links services within each of the trial areas was delivered by staff who were 'split' between providing both the Lifelong Links service, and a 'standard' Family Group Decision Making service offered by the local authority. While this split role could contribute to the impact of Lifelong Links on social work practice and culture, it was clear that those coordinators who had less time allocated to the Lifelong Links service, experienced greater challenges in supporting children and young people. While it is not possible to identify an ideal proportion of time (or whether it would a role should be dedicated as full time on Lifelong Links), it is important to the successful delivery of Lifelong Links for children and young people that the Lifelong Links staff have significant time dedicated to this work. This is easier to achieve in a larger local authority, with a larger number of children and young people who receive a Lifelong Links service each year, but it is important that the Lifelong Links service delivery is not split across too many staff working a few hours per week.

References

- Boyle, C. (2017). 'What is the impact of birth family contact on children in adoption and long-term foster care?' A systematic review. *Child & Family Social Work, 22*, 22–33. <https://doi.org/10.1111/cfs.12236>
- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic Analysis. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 843–860). Springer Singapore. https://doi.org/10.1007/978-981-10-5251-4_103
- Family Rights Group. (2020a). *What is Lifelong Links?* <https://www.frg.org.uk/involving-families/family-group-conferences/lifelong-links#what-is-lifelong-links>
- Family Rights Group. (2020b). *The UK Lifelong Links Operational Model*. <https://www.frg.org.uk/involving-families/family-group-conferences/lifelong-links#what-is-lifelong-links>
- Holmes, L., Neagu, M., Sanders-Ellis, D., & Harrison, N. (2020). *Lifelong Links evaluation report*. Department for Education.
- Independent Care Review. (2020). *The Independent Care Review: The Promise*. <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf>
- Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G.-J., Colonnaesi, C., Lindauer, R., & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review, 96*, 483–499. <https://doi.org/10.1016/j.childyouth.2018.12.002>
- Lough Dennell, B. L., McGhee, K., & Porter, R. (2022). *Continuing Care: An exploration of implementation*. CELCIS.
- Mc Mahon, C., & Curtin, C. (2013). The social networks of young people in Ireland with experience of long-term foster care: Some lessons for policy and practice. *Child & Family Social Work, 18*(3), 329–340. <https://doi.org/10.1111/j.1365-2206.2012.00849.x>
- McGhee, K., Lerpiniere, J., Welch, V., Graham, P., & Harkin, B. (2014). *Throughcare and Aftercare Services in Scotland's Local Authorities*. CELCIS, STAF.

- Mitchell, M. (2017). *Re-imagining Family Group Conferencing 'Outcomes'*.
<http://files/17323/Mitchell - Re-imagining Family Group Conferencing 'Outcomes'.pdf>
- Munro, E., & Hardy, A. (2006). *Placement Stability – a review of the literature*. Department of Education and Skills, Loughborough.
- Ottaway, H., McTier, A., Manole, M., Anderson, M., Porter, R., Scott, J., Young, E., Fowler, N., Soraghan, J., McIver, L., Anderson, C. A., & MacKinnon, K. (2023). *Children's Services Reform Research: Learning and Implications for Scotland—Concluding Report*. CELCIS.
- Owens, R., Haresnape, S., Ashley, C., Bradbury, V., & Firmin, C. (2021). *Family Group Conferences and Contextual Safeguarding: Key Messages for Practice*. Family Rights Group. <https://www.contextualsafeguarding.org.uk/media/a4cpjnos/cs-and-family-group-conferences-and-contextual-safeguarding-briefing.pdf>
- Scottish Government. (2015). *Getting it Right for Looked After Children and Young People: Early Engagement, Early Permanence and Improving the Quality of Care*. Scottish Government.
- Scottish Government. (2016). *Children and Young People (Scotland) Act 2014—National Guidance on Part 12: Services in Relation to Children At Risk of Becoming Looked After, etc.* (pp. 38–38). Scottish Government. [http://files/16984/Children and Young People \(Scotland\) Act 2014 - Na.pdf](http://files/16984/Children and Young People (Scotland) Act 2014 - Na.pdf)
- Scottish Government. (2021). *Staying Together and Connected: Getting it Right for Sisters and Brothers National Practice Guidance*.
- Soraghan, J., & Raab, G. (2023). *Data Explained: Scottish Government's Looked After Children Longitudinal Dataset*. ADR Scotland.
- Wood, S., Scourfield, J., Evans, R., Jones-Williams, D., Lugg, F., McCormack, E., Meindl, M., Robling, M., Schroeder, E.-A., Petrou, S., & Wilkins, D. (2022). A UK-wide survey of family group conference provision. *CASCADE, Cardiff University*.

Appendix 1: Overview of data sources

This appendix provides more information about the different data sources utilised in this evaluation. It highlights challenges with capturing this data and decisions taken by the evaluation team to mitigate the impact of these challenges.

Child-level quantitative data

All quantitative data included for analysis was analysed in Microsoft Excel and the 'R' statistical package, to provide both descriptive and inferential statistics. Due to the non-normal distribution of the data, non-parametric analyses were used for all statistics. Alongside any significant differences, an effect size was also calculated and reported, in order to understand how meaningful the statistical difference identified is.

Lifelong Links spreadsheet

This data consisted of information entered onto spreadsheets by the Lifelong Links team in each of the local authorities involved in the trial. This data was at an individual child-level and anonymised, but individual children and young people were given a unique ID number which enabled the linkage of their entries on the Lifelong Links spreadsheet with the Children's Social Work Statistics Scotland and Education data. The data collected in this spreadsheet included:

- Lifelong Links ID number
- Local authority
- Gender
- Date of birth
- Ethnic group
- Does the child or young person have a disability?
- Date involvement with a Lifelong Links coordinator began
- Did a Lifelong Links 'pause' occur?
- Date Lifelong Links 'pause' commenced
- Date Lifelong Links 'pause' stopped
- Reason for a Lifelong Links 'pause'
- Date involvement with a Lifelong Links coordinator stopped
- Reason involvement with a Lifelong Links coordinator stopped
- Was a written Lifelong Links Plan completed?
- Did a Lifelong Links FGC take place?
- Did a Lifelong Links follow-up FGC take place?

The following information was also provided for comparator group children and young people:

- Local authority
- Gender
- Date of birth
- Ethnic group
- Does the child or young person have a disability?

The Lifelong Links spreadsheet was amended three times during the course of the evaluation, to incorporate feedback from the Lifelong Links teams about developments that it would be useful to record (such as the addition of Lifelong Links 'pause' information), and to address difficulties with some of the functionality of the spreadsheet (for example, to allow the Lifelong Links coordinators to see the full-text answers in each cell, rather than simply the associated category number). Associated guidance documents were also provided, to help Lifelong Links teams understand how to use the spreadsheet, how to distil the varied experiences of children and young people into broad categories, and how to return the spreadsheet securely to CELCIS. In addition, the CELCIS 'Data Hub' meetings provided a space to consider any challenges or differing perspectives regarding the Lifelong Links spreadsheet, which also helped collective approaches to be agreed.

Nonetheless, we acknowledge that it is difficult to condense children and young people's qualitative experiences of Lifelong Links into a quantitative spreadsheet, and even more difficult to do this consistently across three local authorities with differing levels of expertise and capacity to complete the spreadsheet. We repeatedly heard that the Lifelong Links teams struggled to understand the categorical responses required in the spreadsheet, and that these responses could not capture the breadth and depth of experience. As such, the report contains explanations of categorical data from the Lifelong Links spreadsheet, where available, highlighting the qualitative experiences within these categories that we heard about from the Lifelong Links teams (see [Length of time involved with a Lifelong Links coordinator](#) for an example of these explanations).

Children's Social Work Statistics Scotland data

Each year, every local authority returns a set of data to the Scottish Government which provides information about the care journeys of all children and young people who are looked after within that local authority. This data is known as the Children's Social Work Statistics Scotland data, and, as part of the evaluation, a sub-set of this data was provided by the three trial local authorities in relation to each of the children and young people who received a Lifelong Links service, as well as for a comparator group of children who were eligible, but did not receive, the Lifelong Links service (the comparator group). The sub-set of Children's Social Work Statistics Scotland data returned as part of the Lifelong Links evaluation included:

- Episodes
 - Episode start date
 - Episode end date
- Placements
 - Placement type
 - Placement start date
 - Placement end date
- Legal reason
 - Legal reason
 - Legal reason start date
 - Legal reason end date
- Throughcare and aftercare
 - Is the young person eligible for aftercare services?
 - Is the young person in receipt of aftercare services?
 - Accommodate type
 - Economic activity

- Number of spells of homelessness
- Number of days of homelessness
- Did the young person have a pathway plan?
- Did the young person have a pathway coordinator?

The data was compiled and returned to CELCIS by the Lifelong Links teams with the support of local authority data analysts in each of the three local authorities involved in this evaluation. Data Sharing Agreements were negotiated with the three local authorities to enable the submission of this data, under General Data Protection Regulation (GDPR) protocols.

The Children's Social Work Statistics Scotland data is the main Scottish Government data return for children and young people 'in care' in Scotland. However, there are known difficulties with this data, such as inconsistencies in the data returned (Soraghan & Raab, 2023), and The Independent Care Review (2020) highlighted that the quality and completeness of the data needs improvement. Some of the difficulties experienced with the Children's Social Work Statistics Scotland data in the Lifelong Links Evaluation included no clear record of children and young people having 'no plan to return home', some missing data that required time and resources from the local authorities to correct throughout the evaluation period, and no consistent information on what happens to children and young people recorded as 'ceased to be looked after' (discussed in "[Throughcare and aftercare](#)").

The noted challenges did impact the time and resources required to undertake the evaluation, and the unavailability of some data items limited the outcomes and impact of Lifelong Links that this evaluation could report on. Nonetheless, the outcomes and impact of Lifelong Links that have been reported on in this evaluation are meaningful.

Education Data

Each local authority involved in the trial also returned data related to the educational experiences of the children and young people who were in the participant and comparator groups within their local authorities. It was initially intended to gather information on attendance, absence, exclusion, and attainment. However, it became apparent early in the evaluation that the attainment data which could be provided by the local authorities was both challenging to compile for the evaluation, and insufficiently complete to allow the planned analyses. It was also recognised that impacts on attainment were the most 'distant' impacts that might be expected from a Lifelong Links service, and in taking these elements together, it was decided to remove this reporting requirement. As such, the education data returned to CELCIS included:

- Attendance, absence and exclusion
 - Percentage of days in attendance
 - Percentage of authorised absences
 - Percentage of unauthorised absences
 - Student exclusion start date
 - Student exclusion end date
 - Length of exclusion in half days

Towards the end of the evaluation, it became possible to examine the data that was being returned in relation to attendance, absence, and exclusions, and it became apparent that there were many gaps in this data. This was at least in part due to the living arrangements of a number of children and young people who were cared for by the three local

authorities. Where a child or young person attends school outside of the local authority who is supporting their care, data in relation to their education is collected by the local authority who provides the education services, not the local authority who is providing support for their care arrangements. Due to the geographical size of many local authorities in Scotland, and the priority given to accommodating children and young people with kin (who do not necessarily live within the local authority providing the support), this is a common arrangement. Accordingly, the three local authorities involved in the evaluation were often unable to provide any education information for many children and young people in both the participating and comparator groups.

The analyses planned for the education data revolved around the creation of matched pairs of children and young people. Once this matching process was completed, the education data available across these matched pairs was examined. Ultimately, of the 127 matched pairs of children and young people, education data was only available for 53 pairs, and this data was incomplete for the evaluation period, whereby these children and young people only had complete education data for one or two years of the evaluation. This demonstrated that the number of matched pairs who had education data available was limited to such an extent that it was not possible to conduct the planned analyses. Accordingly, the education data was not included in our final analyses.

Social Connections Tools

One of the tools made available to Lifelong Links coordinators to support their work with young people was the 'Social Connections Tool', or SCT. This is a tool that enabled Lifelong Links coordinators to map the number of connections that a child or young person had, and was designed to be used in a 'before and after' approach, to evidence differences in the breadth of social connections held by children or young people before, immediately after, and two years following receiving a Lifelong Links service. The SCT was originally developed as a paper-based tool, although investment from FRG led to the creation of an online SCT for Lifelong Links teams to use with children and young people. This was in response to feedback that an online version of the tool would be more accessible and allow children and young people to engage with the tool more effectively.

It was anticipated that CELCIS would receive copies of these SCTs to aid with the evaluation. In practice, however, only eight SCTs were completed and returned to CELCIS for analysis, and these only reflected the social connections which children and young people had at the start of the Lifelong Links service. These eight SCTs included paper-based and online versions of the tool. The low return rate of SCTs may have been due to a limited number of children and young people opting to participate in the completion of the SCT, or as a result of few children and young people being offered opportunities to complete the SCT. Notably, we have no information about the number of children and young people who were offered the opportunity to complete the SCT, particularly when responsibility for completing the SCT was delegated to social workers rather than Lifelong Links coordinators. This made it impossible to conduct any analysis of these files, and they are not included in our analyses. Some reasons cited for this limited return rate included local authorities already having tools to capture children and young people's views and opinions (for example, the Mind Of My Own app), children and young people not seeing the benefit of the SCT, and social workers who were asked to work with children and young people to complete the SCT not 'buying-in' to the tool.

Qualitative data

Interviews and focus groups

Interviews and focus groups were carried out with individuals who had direct experience of the Lifelong Links model, from a range of different perspectives. Interviews were conducted with children, young people, carers, and family members who had direct experience of Lifelong Links support, as well as managers within Lifelong Links services and local authorities, while focus groups were conducted with Lifelong Links coordinators, social workers, and some residential carers. Table 2 shows the number of participants in the interviews and focus groups conducted. Lifelong Links coordinators and managers were spoken to at multiple time points, to examine the development of the Lifelong Links model within Scotland, while young people, family members, and carers were spoken to after the responsibility for Lifelong Links had transitioned back to the child or young person's social worker.

	Local Authority A	Local Authority B	Local Authority C	Total
Local authority managers	1	0	1	2
Lifelong Links managers	1	1	1	3
Lifelong Links coordinators	2	12	2	16
Social workers	8	10	3	21
Foster carers	4	10	2	16
Residential carers	7	4	0	11
Children and young people	2	6	1	9
Family members	1	0	0	1
Total	26	43	10	79

Table 2: Evaluation participant numbers across the three local authorities areas taking part in the trial

Participants were recruited to the interviews and focus groups with the assistance of Lifelong Links coordinators, who would introduce the evaluation to potential participants, collect the contact details of interested people, share these with CELCIS, and CELCIS researchers would get in touch with them to see if they were still interested in participating. This was not without challenges, however, as the process was time-consuming and overall engagement in the interviews and focus groups was not as high as anticipated. These issues are discussed in more detail in the [Changes and disruptions to the evaluation](#) and [Limitations](#) sections of the report.

To help address the impact of the low numbers of children and young people taking part in the trial who also wanted take part in the evaluation, the decision was taken in the final year of the evaluation to include interviews with children and young people who did not meet the trial criteria. This decision was taken as it was acknowledged that their qualitative experiences would be largely similar to those of children and young people who did meet the criteria, as the same processes were followed, and the same tools were used. Nonetheless, this did not result in the increase in participation that we hoped for, and only two children who did not meet the trial criteria were recruited (one who had been in care for more than five years, and one who was over 16 years old when they first began Lifelong Links).

The interviews and focus groups were analysed in the Computer Assisted Qualitative Data Analysis Software, NVivo. A thematic approach was taken to code and analyse the

extracted data (Braun et al., 2019). The data was coded using a combination of deductive coding (coding to codes or themes identified prior to analysis in partnership with the Rees Centre) and inductive coding (coding to themes which are identified within the data). The coding framework included themes related to:

- The Lifelong Links model
- Staffing
- Local authority implementation
- Communication
- Feedback
- Connections with social work practice
- Carers' perspectives
- Young people's perspectives
- Impact on family members
- Overarching issues
 - Social Connections Tool
 - COVID-19 pandemic

Practice Summaries

In order to gather information about the work that went into the Lifelong Links service, 'Practice Summaries' were also collected. Practice Summaries were developed by FRG to collect information about the way that Lifelong Links was done in practice, including the outcomes and objectives decided by children and young people at the outset of their involvement and relevant details about their background to explain why Lifelong Links was identified as a helpful service for them. The information collected in Practice Summaries was a combination of descriptive quantitative and qualitative data.

Practice Summary documents were designed as a pro-forma for Lifelong Links coordinators to complete, ideally one per child or young person that took part in Lifelong Links. The Practice Summaries used in the Scottish evaluation were the same as those used in the English evaluation.

As part of the ongoing feedback processes developed by FRG, amendments were occasionally made to the Practice Summary pro-forma, intended to make the form easier for Lifelong Links coordinators to use and to ensure the information collected was as helpful as possible. As noted in [Learning about the Lifelong Links trial](#), we heard that the changes made to documentation in Lifelong Links, and the information required for the evaluation in general, could result in Lifelong Links coordinators and managers feeling 'overwhelmed' with tasks that needed to be completed. This may have influenced the lower than anticipated number of Practice Summaries received for the evaluation (78, when the number of children and young people who participated in Lifelong Links was recorded as 162). In addition, the changes implemented meant that some of the data was not comparable between different versions of the Practice Summary pro-forma. As a result, we are often unable to describe some aspects of the data returned in the Practice Summaries completely.

Appendix 2: Matched pairs analysis

One of the key objectives of the evaluation was to determine the impact of Lifelong Links on the care experiences of children and young people. In particular, we wished to determine if there was any impact on the placement stability and longer-term outcomes for children and young people who had received a Lifelong Links service, compared to those who had not experienced Lifelong Links.

Given the (relatively) low numbers of children and young people who were anticipated to participate in the trial (a combined target of 273 children and young people), and the number who had received a Lifelong Links service at the end of the trial (162 children and young people), it was important to control for as many characteristics or experiences which might account for differences in their experiences and outcomes (confounding factors) as possible. Accordingly, the Scottish evaluation undertook a 'matching' process, to create matched pairs of children and young people who had, and had not, participated in Lifelong Links. Alongside the data returned for the children and young people who had participated in Lifelong Links, the local authorities also returned data on 'comparator' children, who were eligible for, but had not participated in Lifelong Links. In total, there were 382 comparator children and young people available for matching, and pairs were matched on the characteristics and experiences listed below:

- Gender – To account for differences based on gender of participants
- Age – To account for any differences based on age at which a Lifelong Links service was received
- Ethnicity – To account for any differences in experiences based on ethnicity
- Local authority – To account for any differences in how Lifelong Links was delivered between the three local authorities taking part in the trial, as well as differences in practice and services available to support children and young people within different local authorities
- Year of eligibility – To account for developments in practice and services that may become available across the five year time period of the evaluation
- Placement stability – To account for differences in placement experience prior to experiencing Lifelong Links.

Of the 162 children and young people who experienced a Lifelong Links service, 127 were entered into the matching process. Thirty-four children and young people were omitted from the matching process as they were recorded as not having received 'any direct work' in the Lifelong Links Spreadsheet (meaning it is not possible to determine at which point they would be receiving the benefit of the Lifelong Links work). One further child was omitted as there were no comparator children and young people within two years of their age.

It should be noted here that applying the eligibility criteria to the comparator children and young people was challenging. While their age and length of time that they had been cared for away from home were easily identified, there is no single reporting item in the data systems used in Scotland which indicates whether a plan to return home has been ruled out. For children and young people who participated in the Lifelong Links trial, this criteria was assessed by the referring social worker based on their understanding of the child or young person's specific circumstances and case notes. However, it was not possible to do this for comparator group children and young people who were being identified via the data management systems. Accordingly, to ensure that no children or young people were

included in the comparator group for whom a return home had not been ruled out, only children and young people who were recorded as having been to a 'permanence panel' (which would indicate that the social worker considered that there was no prospect of a return home) were included. Children and young people who had been to a permanence panel were included in the comparator group irrespective of the permanence panel outcome, as it was determined that the referral for a permanence panel was evidence enough that there were no plans for a child or young person to return home.

The matching process permitted both 'exact' matching (where participating and comparator children and young people must have exactly the same data, for example, they must be the same gender) and 'fuzzy' matching (where the matching finds the 'closest' matching pairs within an established range, for example, being within two years of age) in order to obtain a complete set of matched pairs. The pairs created for the evaluation were matched exactly for gender (they were required to be the same gender), and fuzzy matched on age (84% were within 1 year of age), ethnicity (95% were matched to the same ethnicity), local authority (84% were matched to the same local authority), year of eligibility (90% matched to the same year), and placement stability (85% matched exactly for placement moves in the 12 months preceding the Lifelong Links service).

One key characteristic that was not included in the matching process, was the type of care placement the child or young person was being supported in at the start of Lifelong Links. This was omitted from our matching process, as it was prone to change based on other matching criteria. Firstly, we needed to identify a year in which comparator children became eligible for Lifelong Links (determined by age, length of time accommodated away from home, and having been to a permanence panel), in order to ensure that comparator children and young people would have been eligible to receive a Lifelong Links service at the time of a matched comparator. However, once this was completed, their placement type at the point at which their comparator began to receive support from Lifelong Links could only be identified once the matching was complete (for example, we could only know the placement type of comparator group child A after they had already been matched – on the basis of the other characteristics outlined – with participating group child A).

Although it would be possible to run another round of matching to try and match on placement type at the start of Lifelong Links, the low number of comparator children and young people we had data meant that we were unable to do this. As a result, a significant difference was noted in the placement type of children and young people between the participating and comparator group at the outset of Lifelong Links. The impact of not matching children and young people based on placement type at the outset of Lifelong Links has been discussed in more detail in the section on [Placement stability](#) in the report. Overall, it means that observed variation in the experiences of children and young people in the participating group, as compared to children and young people in the comparator group, could be attributed to this difference in care placement type at the beginning of the Lifelong Links trial.

Appendix 3: COVID-19 Timeline and Impact on Lifelong Links

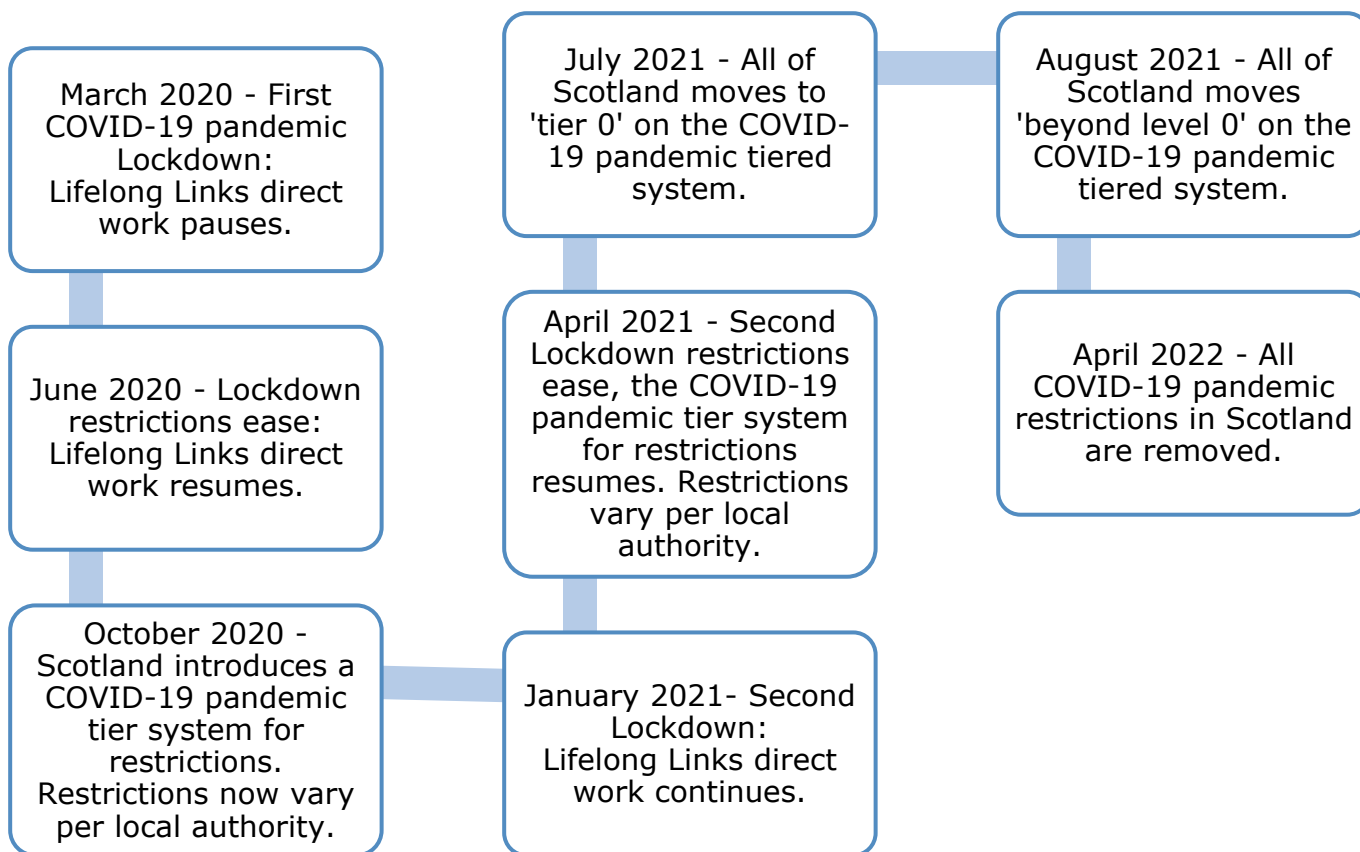


Figure 13: COVID-19 pandemic timeline for Scotland

As indicated in Figure 1, Lifelong Links direct work was entirely paused between March and June 2020, but even following this period, there was significant disruption to the Lifelong Links services, which were impacted by additional demands on, and changes to, staffing, as well as the limitations that were placed on their ability to conduct the Lifelong Links work.

The scale of the challenges which the COVID-19 pandemic presented to the social care sector is exemplified by the need for the emergency legislations introduced by the Coronavirus (Scotland) Act 2020. This Act relaxed a number of legal requirements in order to support social services to deliver their functions as best as possible. Some of the key changes were in relation to Children's Hearings, which carries out a key review and oversight function for children and young people who are looked after in Scotland. These Hearings were moved from exclusively in person to exclusively online in March 2020 to accommodate the challenges of meeting in person. The Coronavirus (Scotland) Act 2020 extended the maximum length of a Compulsory Supervision Order (CSO) extended from 12 months to 18 months, removed the need for a gender balance, and extended the window for appeals to be brought, in order to ensure that the legal protections in place for children and young people would not lapse. In addition, Child Protection Orders were extended to last for eight days in the first instance. Due to the ongoing challenges within the social care sector, these provisions were extended for an additional six months from the period initially anticipated, to allow them to run until 31 March 2022.

Residential facilities were particularly impacted by the pandemic's public health restrictions, with challenges to staffing and restrictions on children and young people's ability to take part in activities outside of the children's homes, as well as there often being no option for young people to move into alternative accommodation due to movement restrictions or a lack of carers available. We also know that the move from face-to-face, in-person working to online-working was challenging for everyone working with children and young people. For instance, research has highlighted that access to online tools varies substantially, with digital inequality a serious problem throughout the pandemic (Roesch-Marsh et al, 2021). Staff members working in children's services and young people themselves may have significant gaps in digital skills and literacy, with access to devices a particular problem for children, young people, and carers.

The specific impacts and reflections of the COVID-19 pandemic on the Lifelong Links trial are discussed in more detail in the [Findings](#) section of the report. In summary, when Lifelong Links services resumed in June 2020, much of the work moved online to include meetings with children, young people and families via Microsoft Teams. There were also difficulties completing family trees for children and young people, as National Records of Scotland (NRS) closed their offices to outside personnel, meaning that Lifelong Links coordinators could not access the necessary information that has not been digitalised and is unavailable online. Finally, Lifelong Links coordinators and managers had to either suspend or change their engagement activities with other practitioners, which had been how they explained Lifelong Links and sought to encourage buy-in and increase the participation of children and young people.

Appendix 4: Additional charts and analysis

Demographic information

As demonstrated in Figure 14, children and young people who participated in Lifelong Links were more likely to be male (56%) than female (44%). This pattern was also replicated in the comparator group of children and young people (62% male and 38% female).

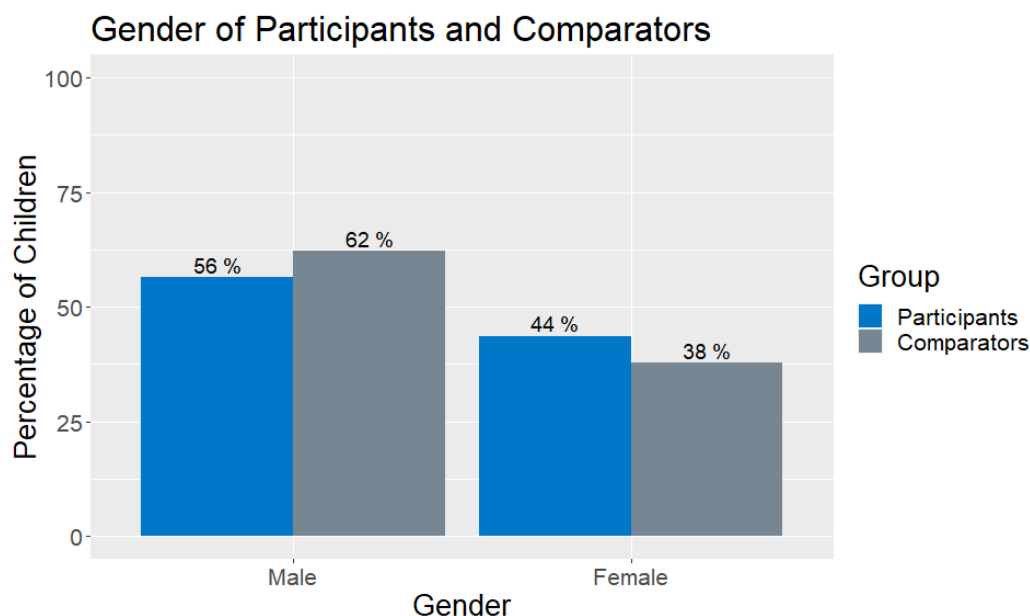


Figure 14: Gender of participating and comparator group children

Children who were supported by Lifelong Links were more likely to be male (56%) than female (44%), with comparator group children also more likely to be male (62%) than female (38%). The majority of children and young people who took part in Lifelong Links had their ethnicity recorded as 'White' (81%), with the majority of children and young people in the comparator group also having their ethnicity recorded as 'White' (88%). There was a higher proportion of children in the 'Mixed or Multiple; Asian, Asian Scottish or Asian British; African, Caribbean or Black; and Other'¹¹ in the participating group (18%)

¹¹ Due to very small numbers of children and young people taking part in Lifelong Links from many different ethnic groups, it was necessary to combine many of the categories in order to detect trends and preserve the anonymity of data subjects. The 'Not known' category also includes individuals whose ethnic group was listed as 'Not-disclosed', while the 'Other Ethnicity' category includes all children and young people who were identified in the data as:

- Mixed or multiple ethnicity
- Asian, Asian Scottish or Asian British
- African, Caribbean or Black
- Other Ethnicity

The authors fully acknowledge that these are very ethnicities and heritages and their experiences and impacts of Lifelong Links undoubtedly differed between them, as it did across all individuals. This equally applies to the individuals of many different backgrounds who will have been placed within the 'White' category. *For these reasons, this categorisation of ethnicity is of limited use and should be used with caution.*

than the comparator group (10%), and this difference was found to be statistically significant (see Figure 15).¹²

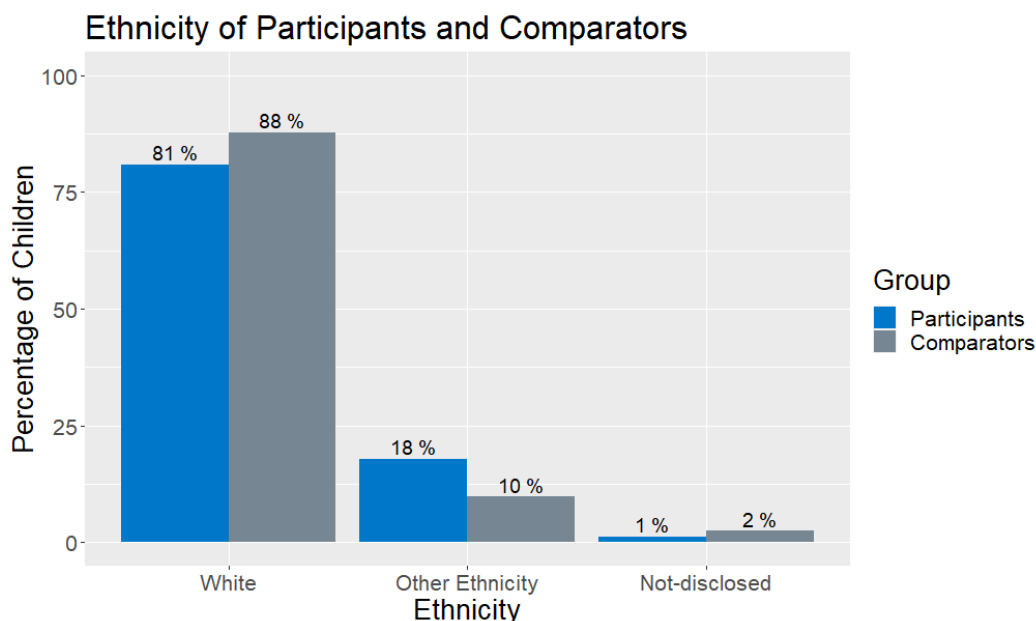


Figure 15: Ethnicity of participating and comparator group children

Lifelong Links 'pauses'

In total, Local Authorities A and B had 39 'pauses', while Local Authority C did not have any. The reasons for 'pausing' Lifelong Links were captured in the Lifelong Links Spreadsheet, and the reasoning most commonly given was that it 'related to the network' (cited 23 times, Figure 16). This often referred to a family crisis, difficulties finding family members or other trusted adults, or allowing children and young people the ability to process (re)connecting with people from one part of their Lifelong Links journey before moving onto the next.

For nine children and young people who experienced a Lifelong Links 'pause', the reason recorded was 'related to the referrer'. This often captured a social worker or carer asking for some time to support the child or young person, deciding that they no longer felt Lifelong Links was suitable, or notifying the Lifelong Links coordinator that circumstances

¹² Odds ratio of 1.99; 95% CI=(1.15, 3.44). Due to very small numbers of children and young people taking part in Lifelong Links from many different ethnic groups, it was necessary to combine many of the categories in order to detect trends and preserve the anonymity of data subjects. The 'Not known' category also includes individuals whose ethnic group was listed as 'Not-disclosed', while the 'Other Ethnicity' category includes all children and young people who were identified in the data as:

- Mixed or multiple ethnicity
- Asian, Asian Scottish or Asian British
- African, Caribbean or Black
- Other Ethnicity

The authors fully acknowledge that these are very ethnicities and heritages and their experiences and impacts of Lifelong Links undoubtedly differed between them, as it did across all individuals. This equally applies to the individuals of many different backgrounds who will have been placed within the 'White' category. *For these reasons, this categorisation of ethnicity is of limited use and should be used with caution.*

had changed and some time was needed to regroup. Finally, for seven children and young people who experienced a Lifelong Links 'pause', the reason was 'related to the child'. This was typically described as when children and young people themselves would ask the Lifelong Links coordinator to take a break, or when a change in circumstances or a moment of crisis was directly related to the young person, as opposed to their family (e.g. their mental health had changed, they were behaving differently, or they were now living somewhere else and needed some time to settle).

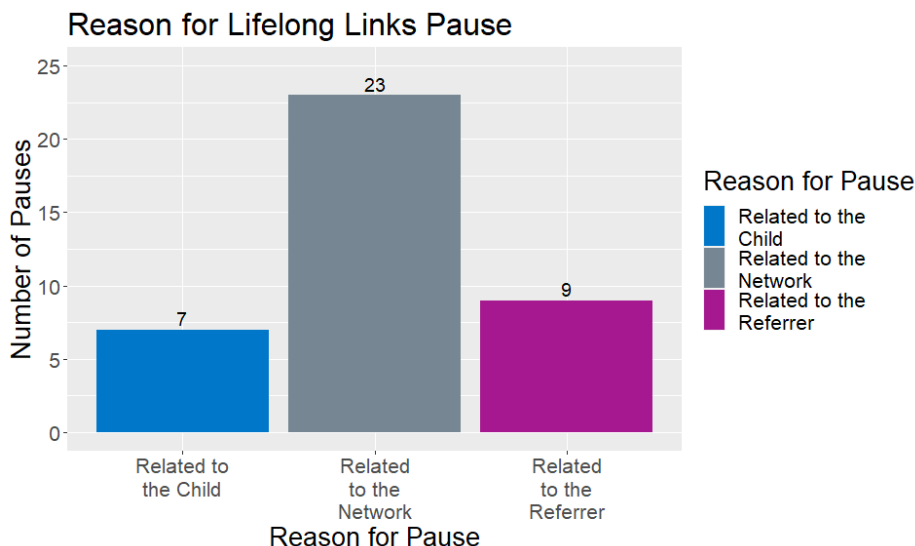


Figure 16: Reason for a Lifelong Links 'pause', n=146 participating children

Legal reason for care support

While Lifelong Links was offered to children and young people who had 'no plan to return home', in all three of the Scottish local authorities taking part in the trial, this did not mean that children and young people were living in their 'permanent' placements. Figure 17 shows that, across both groups, children and young people were most likely to be accommodated under a 'Compulsory Supervision Order (CSO)' (74.8% for participating group children and young people and 74.0% for comparator group children and young people). However, 20.4% of participating group children and young people, and 17.3% of comparator children and young people, were cared for under a 'Section 25 order', sometimes referred to as 'voluntary accommodation' in Scotland. As such, while children and young people in both the participating and comparator groups had 'no plan to return home' (as determined by their social worker or referral to a permanence panel respectively), we cannot be sure what portion were actually living in a care placement which was intended to be permanent for them, and very few were in a permanent care placement secured by a permanence order (5% and 9% respectively).

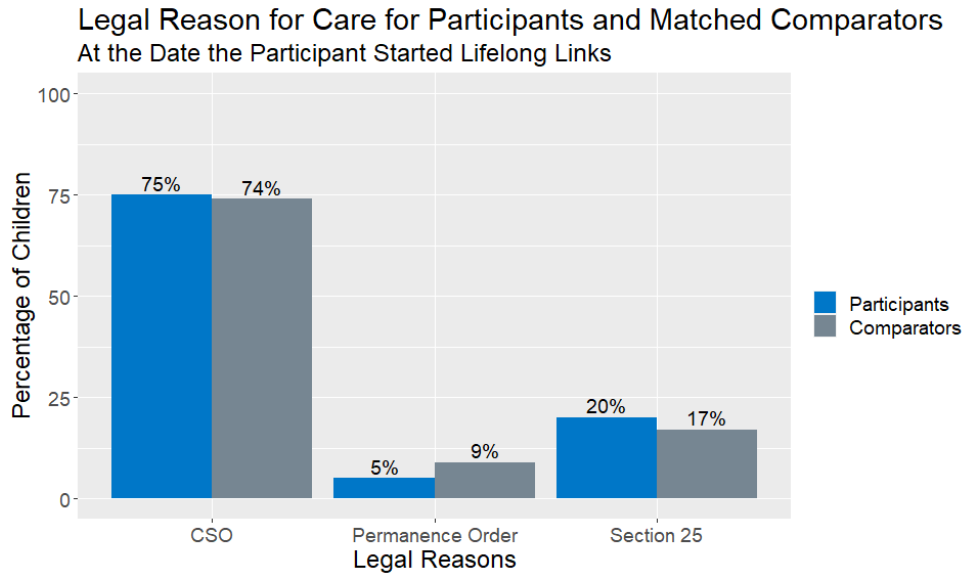


Figure 17: Legal Reason for matched participating and comparator group children at the participating child's 'Lifelong Links Start Date', n=127 participating group children and 127 comparator group children

About CELCIS

CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

For more information

Visit: www.celcis.org

Email: celcis@strath.ac.uk

Tel: 0141 444 8500

 Lifelong
Links

