5th Annual Social Work and Social Care Research in Practice Conference

7th March 2018

#socialworkmakesadifference
Anne McGlade

Social Care Research Lead
Health & Social Care Board

(Photographs will be taken throughout the day)
Cecil Worthington

(Acting) Director of Social Care & Children Health & Social Care Board

Welcome and Opening Remarks

#socialworkmakesadifference
What we know from Research on Effectiveness in Social Work Practice
Issues in Evaluating Complex Interventions:
What we know from research on effectiveness in social work practice

David Westlake
Senior Research Fellow
Evaluation

• E – value – ation

• What is the value in this idea?

• What ‘works’?

• Making sense of complex interventions
Overview

1. What works? Challenges in evaluating complex interventions
   • Contradictory evidence
   • Need to embrace complexity

2. Complex interventions and their implications for evaluation
   • What counts as ‘complex’?
   • Logic models to manage complexity

3. Beyond what works
   • ...for whom, in what circumstances and in what respects, and why

4. Understanding practice in the organisational and wider context
Contradictory evidence

- Several popular interventions have mixed evidence of effectiveness
Contradictory evidence: Family Group Conferencing
Contradictory evidence: Family Group Conferencing

- Voluntary process led by family members to plan and make decisions for a child who is at risk

- Professionals and family members discuss concerns and make a plan for the child/ren

- Aim to keep children safely living at home

- Claims to be “effective in making safe plans for children, enabling many to stay within their family network as an alternative to going into care and are cost effective.” (Family Rights Group)
How family group conferences have the power to change lives

In family group conferences families come together to work out solutions, and the results can be remarkable.
The role of family group conferences in preventing the need for care proceedings

Family group conferences could benefit children who may face care proceedings and represent a long-term cost saving to councils, reports Gordon Carson

by Gordon Carson on November 4, 2010 in Children, Family justice, Family support, Looked after children
Contradictory evidence: Family Group Conferencing

Leeds Family Valued
Evaluation report
July 2017

Family Group Conferences (FGCs)

The impact analysis, using the OBA framework developed with Family Valued, shows that, of families that participated in an FGC (when interviewed (n=54)):

- 100% felt involved in the process
- 100% felt their values had been respected
- 99% felt their FGC had helped address their problems
- 91% felt the services they were offered were appropriate to their needs
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The effectiveness of family group conferencing in youth care: A meta-analysis

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Involvement of youth care

ABSTRACT
A meta-analytic study, involving 14 controlled studies (N = 88495 participants), was conducted to examine the effectiveness of Family Group Conferencing (FGC) in youth care. Child safety (in terms of reports of child maltreatment and out-of-home placement) and involvement of youth care were included as outcome variables; study, sample and intervention characteristics were included as moderators. Overall, FGC did not significantly reduce child maltreatment, out-of-home placements, and involvement of youth care. Study and sample characteristics moderated the effectiveness of FGC. Retrospective studies found FGC to be more effective than regular care in reducing the recurrence of maltreatment and decreasing the number and length of out-of-home placements, whereas prospective studies found FGC to be not more effective than regular care. Moreover, FGC was found to increase the number and length of out-of-home placements for families with older children and minority groups. The findings of this study showed that robust research proving effectiveness of FGC is limited. It is, therefore, crucial for the safety and protection of children in youth care that, before broadly implementing this decision making model in youth care, more robust studies examining the effectiveness of FGC be conducted.

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Contradictory evidence: Family Group Conferencing

Overall, FGC did not significantly reduce child maltreatment, out-of-home placements, and involvement of youth care. Study and sample characteristics moderated the effectiveness of FGC. Retrospective studies found FGC to be more effective than regular care in reducing the recurrence of maltreatment and decreasing the number and length of out-of-home placements, whereas prospective studies found FGC to be not more effective than regular care. Moreover, FGC was found to increase the number and length of out-of-home placements for families with older children and minority groups. The findings of this study showed that robust research proving effectiveness of FGC is limited. It is, therefore, crucial for the safety and protection of children in youth care.
Contradictory evidence: Multisystemic Therapy
Contradictory evidence: Multisystemic Therapy

• Intensive intervention for children and young people at risk of out of home placement in either care or custody due to offending or behaviour problems.

• Aims to break the cycle of anti-social behaviours by keeping young people safely at home, in school, and out of trouble.

• Some evidence of improved relationships, cost effectiveness, reduced offending (Carey et al, 2013)
Contradictory evidence: Multisystemic Therapy

Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): a pragmatic, randomised controlled, superiority trial


Summary

Background Adolescent antisocial behaviour is a major health and social problem. Studies in the USA have shown that multisystemic therapy reduces such behaviour and the number of criminal offences committed by this group. However, findings outside the USA are equivocal. We aimed to assess the effectiveness and cost-effectiveness of multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour.

Methods We did an 18 month, multisite, pragmatic, randomised controlled, superiority trial in England. Eligible participants aged 11–17 years with moderate-to-severe antisocial behaviour had at least three severity criteria indicating past difficulties across several settings and one of five general inclusion criteria for antisocial behaviour. We randomly assigned families (1:1) using stochastic minimisation, stratifying for treatment centre, sex, age at enrolment to study, and age at onset of antisocial behaviour, to receive either management as usual or 3–5 months of multisystemic therapy followed by management as usual. Research assistants and investigators were masked to treatment allocation; the participants could not be masked. The primary outcome was out-of-home placement at 18 months. The primary analysis included all randomised participants for whom data were available. This trial is registered, number ISRCTN77132214. Follow-up of the trial is still ongoing.

Findings Between Feb 4, 2010, and Sept 1, 2012, 1076 families were referred to nine multi-agency panels, 684 of whom were assigned to management as usual (n=342) or multisystemic therapy followed by management as usual (n=342). At 18 months, the proportion of participants in out-of-home placement was not significantly different between the groups (13% [43/340] in the multisystemic therapy group v 11% [36/335] in the management-as-usual group; odds ratio 1.25, 95% CI 0.77–2.05; p=0.37).

Interpretation The findings do not support that multisystemic therapy should be used over management as usual as the intervention of choice for adolescents with moderate-to-severe antisocial behaviour.
Contradictory evidence: Multisystemic Therapy

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Contradictory evidence: Family Nurse Partnership
Contradictory evidence: Family Nurse Partnership

- Home visiting programme for first-time young mums and families from pregnancy to age 2
- Relationship based, aims to build positive relationships with the baby and understand its needs
- Make positive lifestyle choices that will give their child the best possible start in life
- Evidence that it works in the USA
Effectiveness of a nurse-led intensive home-visitation programme for first-time teenage mothers (Building Blocks): a pragmatic randomised controlled trial

Michael Robling, Marie-Jet Bekkers, Kerry Bell, Christopher C Butler, Rebecca Cannings-John, Sue Channon, Belen Corbacho Martin, John W Gregory, Kerry Hood, Alison Kemp, Joyce Kenkre, Alan A Montgomery, Gwenllian Moody, Eleri Owen-Jones, Kate Pickett, Gerry Richardson, Zoe ES Roberts, Sarah Ronaldson, Julia Sanders, Eugena Stamuli, David Torgerson

Summary
Background Many countries now offer support to teenage mothers to help them to achieve long-term socioeconomic stability and to give a successful start to their children. The Family Nurse Partnership (FNP) is a licensed intensive home-visiting intervention developed in the USA and introduced into practice in England that involves up to 64 structured home visits from early pregnancy until the child’s second birthday by specially recruited and trained family nurses. We aimed to assess the effectiveness of giving the programme to teenage first-time mothers on infant

Implications of all the available evidence
Continued provision of the Family Nurse Partnership programme cannot be supported on the basis of the trial evidence found for its effectiveness in the UK setting.
How can we make sense of this?

- We need to embrace the complex nature of interventions
- Design studies that take account of this complexity
How can we make sense of this?

• What makes an intervention ‘complex’?

• Logic models help map out complexity
What makes an intervention ‘complex’?

- MRC: “Conventionally defined as interventions with several interacting components”

- behaviours required by those delivering or receiving the intervention

- number of groups or organizational levels targeted

- number and type of outcomes

- degree of flexibility or standardisation
A Logic model is...

- A diagram that helps us map out the different components of interventions
A Logic model is...

• A diagram that helps us map out the different components of interventions

- **Situation**
- **Inputs**
- **Outputs**
- **Outcomes**

1. **Headache**
2. **Get pills**
3. **Take pills**
4. **Feel better**
A Logic model is...

• A way of interrogating implicit **assumptions** (and identifying gaps)

• Useful for planning how we might **test** these assumptions

• Comprised of **inputs**, **outputs** and **outcomes**

• Makes explicit the series of ‘**if – then**’ relationships

• Sometimes called a ‘**theory of change**’
Parent education programme

INPUTS
- Staff
- Money
- Partners
- Research

OUTPUTS

OUTCOMES
Parent education programme

**INPUTS**
- Staff
- Money
- Partners
- Research

**OUTPUTS**
- Assess parent ed programs
- Design-deliver evidence-based program of 8 sessions
- Facilitate support groups

**OUTCOMES**
- Parents of 3-10 year olds attend
Parent education programme

INPUTS
- Staff
- Money
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- Research

OUTPUTS
- Assess parent ed programs
- Design-deliver evidence-based program of 8 sessions
- Facilitate support groups
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OUTCOMES
- Parents increase knowledge of child dev
- Parents better understanding their own parenting style
- Parents use effective parenting practices
- Parents gain confidence in their abilities
- Reduced stress
- Improved child-parent relations

Parents gain skills in new ways to parent
Possible evaluation questions...

**INPUTS**
- Staff
- Money
- Partners
- Research

**OUTPUTS**
- Assess parent ed programs
- Design-deliver evidence-based program of 8 sessions
- Facilitate support groups
- Parents of 3-10 year olds attend

**OUTCOMES**
- Parents increase knowledge of child dev
- Parents better understanding their own parenting style
- Improved child-parent relations
- Reduced stress
- Parents use effective parenting practices
- Parents gain confidence in their abilities
- Parents identify appropriate actions to take
- Parents gain skills in new ways to parent

**EVALUATION QUESTIONS**

Possible evaluation questions...

**INPUTS**
- Staff
- Money
- Partners
- Research

**OUTPUTS**
- Assess parent ed programs
- Design-deliver evidence-based program of 8 sessions
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- Parents of 3-10 year olds attend

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**INDICATORS / MEASURES**

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Beyond what ‘works’

- How can we explore interventions in more nuanced ways?
Beyond what ‘works’

- Realist evaluation theory is helpful for understanding complex interventions and the evidence about them.

- “what works for whom in what circumstances and in what respects, and why” (Pawson, 2013)
Beyond what ‘works’

- Realist evaluation theory is helpful for understanding complex interventions and the evidence about them

- “what works for whom...
Beyond what ‘works’

- “what works *for whom*…
- Different levels of analysis

- Individual
- Family
- Team
- Organisation
- Wider system
- Community
Beyond what works

• “what works for whom in what circumstances

• Areas
• Cultures
• Communities
• Support systems
• Resources
Beyond what works

• “what works for whom in what circumstances and in what respects...”
• Research the impact
  • Did it help?
  • How much and in what ways?
  • Were referrals reduced?
  • Did fewer children enter care?
  • Did more people engage with the housing service?
  • Who benefitted most and why?
Beyond what works

• “what works for whom in what circumstances and in what respects, and why” (Pawson, 2013)
• Research the process...
  • Was it delivered as planned?
  • Were service users able to access the service?
  • Was it able to refer on to other agencies quickly?
  • Were the resources sufficient?
Beyond what works

• Nothing simply ‘works’ for everyone everywhere

• So a realist lens tells us more about how, when and why

• You might find an intervention
  ...was implemented in different ways
  ...more effective with some groups rather than others
  ...better in one location than another
  ...had intended and unintended consequences
  ...had impacts that may be sustained or may taper off over time

• This is far more important information for planning and delivering services
Beyond what works

• This is far more important information for planning and delivering services
• How can realist insights be applied to social work?
• Our research suggests that we need to understand practice in the context of the organisations where it is created
Organisational and wider contexts

- Crucial in creating and supporting practice
Context: organisational factors?

• Clear differences in practice skills between different local authorities

• Some endorse and promote particular methods (e.g. systemic), others don’t adhere to a specific model

• We found differences in culture and practice between teams within a local authority
Context: wider cultural factors?

• “Family Nurse Partnership has very strong evidence of impact in the USA. This does not mean, however, that delivering the programme in the UK would have the same impact.” (Family Rights Group)

• Why might this be?
  • Impact of the welfare state?
  • Differences in local delivery?
  • Different cultural attitudes?
Outcomes

- Contextual factors also influence how we grasp outcomes.
- All methods of measuring outcomes are far from perfect.
Outcomes

- Difficult to measure when a service deals with such a disparate array of issues
- No ‘golden bullet’
- More questions than answers
  - Outcomes are often contested - who decides what the aims are and whether they’ve been met?
  - How long until we see an effect?
  - ‘Distance travelled’ - is progress always necessary, or can maintaining the status quo be considered a good outcome?
Outcomes

• Common ways of measuring outcomes:
  1. Performance indicators, e.g.
     • Number of re-referrals
     • Hospital admissions
     • Serious incidents
     • Placement breakdown
  2. Standardised measures, e.g.
     • General Health Questionnaire
     • Strengths and Difficulties Questionnaire
     • Working Alliance Inventory
     • Parenting Stress Index
     • Anxiety and depression scales
Outcomes

• Goal Attainment Scaling (GAS)
  • Experimenting with GAS as a way of measuring outcomes tailored to specific context
  • Client describes the current situation and what better/worse might be like
  • Then follow up at a later date to assess progress

• Promising, but lots of issues...
  • Client goals may differ to agency goals
  • Hard to get them specific and realistic enough
  • Difficult to generalise
“...it has been said that democracy is the worst form of Government except for all those other forms that have been tried...”
“...it has been said that democracy is the worst form of Government except for all those other forms that have been tried...”
Summary and concluding thoughts
Summary and concluding thoughts

• All interventions in social work are complex and we need to make nuanced attempts to understand them.

• Practice is created by teams and organisations, who are in turn shaped by their wider contexts.

• All of us (not just researchers!) can use some of the insights from evaluation to think more carefully about how services help people.
Summary and concluding thoughts

- Understanding what works requires a detailed grasp of
  - How the intervention is expected to operate in theory
  - The process of how it gets implemented in practice
  - The intended and unintended consequences
  - The impact on individuals and groups at different levels of the system
  - The outcomes and how (and why) these might vary for different people
  - The setting and wider context and the influence this has
Time for questions and comments!

David.westlake@beds.ac.uk
@djcwestlake
Breakout Morning Sessions
Commencing 11.00am – 12.15pm

Group 1 CHICHESTER ROOM chaired by Marian O’Rouke

Group 2 DONEGALL ROOM chaired by Brian Taylor

Group 3 DEERPARK ROOM chaired by Ray Elder
Tea & Coffee
Cheryl Lamont

Chief Executive
Probation Board NI

Enhanced combination orders: an alternative to custody based on social work principles
Enhanced Combination Orders; An effective alternative to custody based on social work principles

Cheryl Lamont
Chief Executive
Probation Board for Northern Ireland
Introduction

• How do we know we are making a difference?

• How do we evidence positive change?

• ECO as an example of what works well
PBNII

- is a Non-Departmental Public Body (NDBP)
- has a leading role in offender rehabilitation
- staff tackle the root causes of offending
Social Work Principles

• respect for the worth and dignity of all individuals
• the right to vulnerable and marginalised individuals to be supported
• the right of children and vulnerable adults to be protected, and
• respect for diversity and the promotion of social justice
PBNI Staff

- PBNI has a workforce of approximately 400 staff with around 150 probation officers, 30 middle managers, 4 senior managers and 2 Directors; all with a social work qualification.

- The key skills that all probation officers have is their ability to assess and manage risk.

- Generic teams, specialist teams e.g. domestic violence and sexual violence, prisons and working with women.
PBNI’s Principles

- Respect for Human Dignity
- Recognising People’s Capacity to Change
- Victim Awareness
- Integrity and Professionalism
- Equality and Diversity
- Collaborative Working
Problem Solving Justice

Five pilot initiatives have been developed within PSJ framework and they are:

• Substance Misuse Court
• Family drug and alcohol Court
• Enhanced Combination Orders
• Concern Hubs
• Domestic violence perpetrator programmes
Evaluation of the Enhanced Combination Order Pilot
by Northern Ireland Statistics & Research Agency
June 2017
ECO Requirements

- complete unpaid work within local communities at an accelerated pace
- participate in victim focussed work, and if possible, a restorative intervention
- undergo assessment and, if appropriate, mental health interventions with PBNI psychology staff
- participate in parenting/family support work, if applicable
- complete an accredited programme, if appropriate, such as ‘Thinking Skills’
- undertake intensive offending focussed work with their Probation Officer
Context

- Court Areas: Ards; Armagh and South Down
- Pilot Period: 1 October 2015 – 31 March 2017
- Research based on 136 orders made, up to 10 March 2017
- Based on a range of qualitative and quantitative data
Demography

- 136 participants: 80 from Ards / 56 from Armagh & South Down
- 96% Male, 4% Female
- Age range of 17-59, median of 28
- Most common offence: Violence against the person
- Average length: 20 months of Probation / 85 hours of Community Service
- 95% High or Medium Likelihood of Re-offending
Qualitative Outcomes

- Offending focussed Work
- Accredited Programmes
- Psychological Assessment
- Community Service
- Victim Focus
- Support for parenting/family
Quantitative Outcomes

• 10.5% decrease in the number of short custodial sentences imposed in the two areas between 2015 and 2016 (2.4% reduction across Northern Ireland)
• 57.7% of participants offended in the 6 months prior to being placed on ECO
• 17.3% of participants offended in the 6 months after being placed on ECO (n=52)
• Indicative costs of ECO - £9,000 per annum
General Themes

- Addresses client need
- Flexible
- Collaborative
- PSO complements the PO role
- Demanding for participants and staff
- Enforcement
Going Forward

- Clarity on Referral Process
- Greater Restorative Placements
- Single Point of Contact
- Participants’ Suitability
- International Evidence of Good Practice
View of Stakeholders & Service Users
What are the issues in evaluating interventions?

- No silver bullet intervention
- Defining what success looks like
Conclusion

• The challenge is to continue to innovate

• We need to look for opportunities for collaboration

• We need to continue to improve services

• We need to tell the public about our successes

• Build momentum about the overall value of social work
1.00pm - Lunch
Breakout Afternoon Sessions
Commencing 2.10pm – 3.20pm

Group 1 CHICHESTER ROOM chaired by Geraldine Patterson

Group 2 DONEGALL ROOM chaired by Veronica Callaghan

Group 3 DEERPARK ROOM chaired by John Sheldon
3.20 - Tea & Coffee
Dr Berni Kelly
Senior Lecturer
Queen’s University Belfast

Darren Smith
Peer Researcher

I haven’t read it, I have lived it: the YOLO study’s experience of peer research with care leavers
"I haven't read it, I've lived it!"

The YOLO study's experience of peer research with care leavers.

BERNI KELLY, SENIOR LECTURER IN SOCIAL WORK, QUB
DARREN SMITH, PEER RESEARCHER
# The YOLO Study: Transitions of Care Leavers with Mental Health and/or Intellectual Disability

## Objectives:

- Examine their characteristics
- Explore their transition pathways
- How well their needs are being met or could be met
- Their perspectives on their leaving care experiences

## Methods:

1. **Survey completed by social workers profiling care leavers**
2. **Case studies: 31 care leavers**
   - Case files & interviews:
     - Young people x3 (peer research)
     - Social worker/Personal Adviser
     - Birth parents & carers

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[Diagram showing relationships between Care Leaving, Mental Health, and Intellectual Disability]
Care Leavers with Mental Health and/or Intellectual Disabilities & Access to Services

314 care leavers in mental health (57%) & disability (43%) categories - 23% of total care leaver pop.

Mental health:
• 22.7% assessed mental illness; 35.6% receiving/awaiting MH services.
• Almost half of those with an assessed mental illness were not receiving CAMHS/AMHS.

Disability:
• Two main groups: 21% intellectual disability and 12.1% ASD
• Almost ½ of ASD cases (47.4%) and 43.8% of ID cases were not accessing 16+ social work services.
• Very limited access to child (5.1%) or adult (13.1%) disability services.

Co-existing impairments:
• Almost one fifth (19%) had more than one impairment type across disability and MH categories
• Only a few with ID (n=11) or ASD (n=6) had access to MH services

Disparities:
• Only 10% in former foster care compared with 27% of general care leaver population (HSCB, 2013).
• Very low levels of direct payment usage (4.5%) & only 1 in 10 were in employment
Case Studies: Hearing the Voices of Care Leavers
Case Studies: Experiences of Care Leavers

1. Mental health and/or intellectual disability
   - Lack of early diagnosis and delays in access to intervention
   - Inappropriate care placements led to premature care leaving
   - Pathway planning age inappropriate and not participatory
   - Trip stigma: care, mental health, disability

2. Abrupt end of children’s services
   - Children’s residential care, disability and MH services end abruptly at 18
   - Lack of appropriate supported accommodation & ongoing aftercare services

“When you’re 21 they close it unless you are in full-time education... That is wrong... I want my social worker... [but] it is not an option... If you are in full-time education you... keep them until you are 25” (Jack)

3. Fragmented adult services
   - Lengthy waiting lists and uncoordinated service systems working in silos
   - Adult services based on level of impairment not responsive to the needs of young care leavers

“Adult services… is definitely not the sort of place... to seek advice or support. You’re in 15 minutes… There’s no connection there… He doesn’t talk to you about what’s actually going on with you” (Joanne)
What does make a difference to the lives of care leavers?
**Relationships, Recognition & Extended Services**

- **Relationships and Flexible, Person-Centred Support**
  - "He’s always there when I want to talk... He's there no matter what... He’s my point of call...” (Danny)
  - “The social worker... had done it out of the kindness of her own heart because... she wanted to see the best for me herself... the support I had from her was really helpful” (Diane)

- **Recognition, equal access and inclusion**
  - Recognition in policy, data returns, research and practice
  - Equal access to services and clear routes to adult services
  - More creative communication and participation

- **Extended and integrated services**
  - More services to meet additional needs post 18 & post 21
  - Better cooperation and integrated services

*Integrated Transition Service - Contact: b.r.kelly@qub.ac.uk*
Peer Research with Care Experienced Young People

“They’ve been through the same system as I have... They have been a joy to talk to. Finally, someone who doesn't judge me!”
Case Study Interviews by Peer Researchers

- Involved at every stage – designing questions, data collection and analysis
- Supported by VOYPIC, Mencap & Praxis Care from the start
- Structured recruitment, selection and training processes
- Reflexive approach that allowed co-production to grow and develop

- Not being trained to always fly solo!
  ‘They [academics] treated us like we were staff on the same level... right from the start, that makes such a difference... They didn’t treat us any differently because we have care experience... It is nice to feel valued... that you are important to the project’ (Peer Researcher).

A different way of working!
Challenges for Everyone!

Participants
- Being interviewed by a novice researcher/ knowing peer researcher
- Dealing with differences in care experience and educational level
- Understanding the boundaries of peer researcher role

Peer researchers
- Time management, cost and transport
- Managing role boundaries, emotions and endings
- Learning new skills & knowledge of disability/ mental health issues

Academic researchers
- Added financial costs and time required
- Supporting peer researchers through each stage of the study
- Being flexible and willing to learn alongside peer researchers

Partners
- Managing staff time commitment to project
- Helping to recruit and replace peer researchers
- Providing accessible formal support for peer researchers
‘Sometimes you... think what happened was bad and you were in care... The study just made me realise how valuable my own experience is and how you can actually help other people through your own experience.... It has helped me realise that I have a... lot to be proud of and I can...'}
Benefits for Everyone!

Participants

• Sensitive, informal approach to help them share their experiences
• Peer contact and access to care experienced role models
• Signposting to support services

“It’s definitely been beneficial that somebody actually cares... to talk to them and... You’s actually care about what I’m saying” (Participant)

Peer researchers

• Built confidence, skills for work, experience of a professional role
• New friendships, re-framed care experience & inspired future careers
• Influenced research, policy and service development

“It is helping me shape my own journey - where I came from and where I am now, things seem to be meant to be, just falling into place” (Peer Researcher)
Benefits for Everyone!

**Academic researchers**
- Access to richer data & harder to reach voices
- Insider insight enhancing study quality, authenticity and motivation
- Deeper understanding of participation

**Partners**
- Introduced more young people to partner organisations
- Developed capacity to support research and policy/practice impact
- Added insight into care leaver needs and the value of participation
Key Ingredients of Successful Peer Research

- Planning, coordination and practical support
- A structured recruitment process guided by an advisory group with clear role expectations
- Comprehensive training and ongoing informal debriefing and support
- Consideration of the care journey of the peer researcher and emotional demands of the role
- Collaboration with organisations experienced at participatory practice with care leavers
- Co-production - involving peer researchers in all stages of the study
- Preparing peer researchers for making sensitive endings and exploring new roles
“I really hope social workers listen to it more than anyone... because at the end of the day we’re the only ones that really know”

(Study Participant)
All study reports are available on Public Health Agency website:
http://www.research.hscni.net/bamford-implementation-commissioned-call-portfolio
Jackie McIlroy
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Close and Evaluation

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