



Department
for Education

The evaluation of the Mockingbird Family Model

Final evaluation report

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Executive Summary

The Project

This project aimed to introduce the Mockingbird Family Model (MFM) into 8 fostering services in England. MFM is an approach to supporting foster carers and children and young people placed with them, which brings together clusters of between 6 and 10 'satellite homes' to form a 'constellation'. The constellation is supported by 'hub carers' who provide a range of support to the adults and young people within the constellation. MFM aims to ensure that young people in foster care experience improved placement stability; stronger birth family and sibling relationships; more successful early reunifications with birth family; increased successful transition to other permanence options; more opportunities for the development of strong and lasting relationships with adults and within communities; improved educational outcomes. The model also aims to ensure that foster carers experience: improved peer support, including uptake of respite with consistent carers; reduction in stress; improved retention rates.

Evaluation aims and methods

The evaluation aimed to explore the impact of the MFM on foster carers and the children and young people they support, along with identifying the practical issues associated with implementing the model in the English context.

A mixed method approach was used. An analysis of key documents and 23 structured telephone interviews with staff stakeholders were undertaken in all 8 host services. Across the 7¹ host services that were operational during the evaluation period the evaluation team observed a variety of training and hub events and analysed monthly monitoring data submitted by hub and satellite carers regarding participation activity and impact.

These data were supplemented by in-depth qualitative elements in 4 'in-depth' sites including:

- a focus group of supervising social workers in each site
- analysis of responses to an online survey of all foster carers (n=135)
- face-to-face and telephone, in-depth interviews with participating fostering households, including hub (n=7) and satellite (n=18) carers, and the children and young people placed with them (n=12)

¹ At the time of writing one site was yet to launch a constellation. This site was due to launch the first constellation shortly after the data collection period.

- An analysis of costs and resources associated with MFM.

Key findings

The impact of MFM on the foster carers and the children and young people placed with them

- At the end of the evaluation period 16² constellations with 106³ fostering households were operational
- The evaluation found that MFM enabled foster carers and children and young people placed with them to develop supportive peer relationships within the wider community and to access one-to-one support from hub carers
- Constellation meetings were described as an opportunity to talk about different aspects of fostering in a non-judgemental environment, with other carers who understand the challenges of looking after children. Carers were able to learn from one another's experiences, and be reassured to discover that others have faced similar challenges
- The hub carers were described as extremely responsive to immediate requests for support and flexible to individual's needs and circumstances. Of particular note was the hub carers' own experiences and knowledge of fostering which was particularly valued by the interview participants
- Satellite carers reported that it was easier to access respite through MFM and that the model ensured that respite was provided by the same person on every occasion. Consequently both children and young people, and their carers reported feeling more comfortable attending respite because they were well acquainted with the respite provider. This enabled satellite carers who had not previously been able to access respite to be able to do so
- Some elements of the model were less developed at the time of the evaluation, including improving educational outcomes, supporting birth family relationships and transitions to permanence. However, given the short timeframe for implementing and evaluating MFM, these outcomes may be achieved as the model becomes embedded and further developed at both local and national levels

² Two of the constellations were established prior to the commencement of the project.

³ Due to regular movement in and out of the constellations, this number may vary marginally over time. This figure is correct as of 7th January 2016.

- The evaluation also found that MFM may facilitate some of the conditions that are positively associated with improved placement stability and foster carer retention. None of the foster carers participating in the MFM ceased to foster during the evaluation timeframe. This compares to a national estimate of around 6% of foster carers ceasing to foster in the year 2014-2015 (Ofsted, 2015). However, these findings are tentative and should be tested further as the model embeds
- In total, 6 children placed in MFM experienced placement disruptions, one of which was described as being a planned placement change. In 2 cases, the child moved into another satellite home within the same constellation. Approximately 4% of the children in MFM experienced an unplanned placement change, which is lower than the national picture, estimated in 2015 to be in the region of 8% of all children looked after⁴ (Ofsted, 2015).

The delivery of the Mockingbird Family Model: Implementation outcomes

- The hub carers were identified as being key to the success of MFM. Allowing sufficient time to recruit and support hub carers was found to be essential in implementing the model. It was evident that clear operational procedures need to be in place, including clarity around the care plans of individual children in the constellation, along with clear guidance about the parameters of data protection and confidentiality
- Recruiting highly experienced foster carers into the hub role may remove them from the available pool of carers, thereby placing increased pressure on the wider service, so this needs to be planned for
- Ambiguity regarding the aims and delivery of MFM amongst those both directly involved in MFM and those not, was highlighted as an inhibiting factor. Stakeholder communication activities with foster carers, social workers, independent reviewing officers and service managers were required to ensure that all parties understood the model so that the hub carers were protected, the model did not become diluted, and the peer element component did not become undermined
- At the time of the evaluation, the associated evidence was not yet comprehensively available to examine any actual avoided costs that result

⁴ It was not possible to match the needs of the children in MFM with those who experienced unplanned endings nationally. Therefore, these figures are provided for context only and should not be used for direct comparison.

from MFM. However, the emerging evidence presented in this report suggested that the costs of implementing and running MFM may be offset by costs avoided through improved placement stability, reduced need for specialist placements, and improved foster carer retention

- The ongoing cost of running a constellation was estimated to be in the region of £30,491 per year including payments to hub carers, along with additional payments for activities and mileage. The estimated figure does not include payments for respite care or the costs for staffing, including the constellation liaison worker (CLW). The costs of MFM may be off-set by potential costs avoided as a result of the impact of the project.

Recommendations

Existing MFM host services should:

- Ensure that all stakeholders within the organisation, including social workers, independent reviewing officers, and fostering panels are familiar with the aims and delivery of the model. In particular, host service staff should be familiar with the role of the hub carers, to ensure that they are being utilised in ways that are consistent with the model. Clarifying the extent to which site staff should be involved in the day-to-day running of constellation meetings may be beneficial
- Ensure that mechanisms are in place to support the constellation activities, without undermining the peer support element. This includes limiting the attendance at some MFM activities to those foster carers, children and young people who are part of the constellations, which may preserve the confidence of carers to build supportive relationships
- The parameters and role of the CLW in particular should be clear to all carers involved in the model to make sure that the role is perceived to be one offering support, rather than surveillance
- Ensure that all parties providing support to children and young people within the constellations, including hub carers, agree a plan of care and that mechanisms are in place to ensure that those plans are being adhered to. Protocols for addressing inconsistencies of care provided to children and young people in the constellations should also be considered
- Ensure that MFM is incorporated in the care plans and placement plans for all children and young people in the constellations to avoid any future misunderstanding and inconsistencies of practice

- Clarify the roles and responsibilities of the CLW and other social workers who supervise carers involved in MFM. This may help to reduce the possibility of duplication of work and ensure clear lines of communication are maintained
- Ensure that all the hub carers are able to take time away from the role. Reiterate the leave allocations for the hub carers to all parties involved in MFM, including hub and satellite carers along with host services staff. Ensure that mechanisms are in place to ensure that hub carers make use of the time off allocated to them. This might require the development of contingency plans, such as the use of the deputy hub carer noted above
- Consider providing further training on forming and managing groups to hub carers and other MFM staff involved in the model
- Ensure that the hub carers are clear about data protection and confidentiality policies and procedures.

In addition to the recommendations above, fostering services considering implementing MFM should:

- Ensure that adequate assessment of the available resources to implement MFM is undertaken. Services should pay particular attention to whether their current population of foster carers and the local housing stock will provide a sufficient potential pool of foster carers from which suitable hub carers can be found
- Allow sufficient time to recruit the most appropriate hub carers
- Ensure that the aims and principles of MFM are clearly conveyed to potential satellite carers and social workers and to explore different ways of ensuring a sense of commitment to all elements of the model from all involved
- Consider the constitution of the constellations to ensure that all children and young people have the opportunities to develop friendships with others at a similar age and stage
- Consider the composition of constellations to include more children with siblings who are also looked after, or for children for whom their existing placement was not one of permanence. This may enable these aspects of the model to be further developed
- Ensure that a skilled project team is available to support the implementation of MFM.

The national programme team should:

- Consider the ongoing parameters of the relationship between The Fostering Network and The Mockingbird Society (TMS). Identifying the operational decisions that might be made by The Fostering Network and what issues are required to be referred to TMS may expedite implementation in the future
- Consider how host services can be supported to develop the elements of the model that are not yet fully established including nurturing cultural identity, supporting birth family relationships and transitions to permanence.

1. Overview of the Project

The Mockingbird Family Model (MFM) is an approach to supporting foster carers and children and young people placed with them. The model was developed and piloted in Washington State in the USA by The Mockingbird Society (TMS) and based on the notion of the extended family, where members are available to provide day-to-day help and care. Clusters of between 6 and 10 fostering households (referred to as 'satellite homes') are grouped together to form a 'constellation'. The constellation is supported by a 'hub' home inhabited by experienced foster carers who provide a range of support including:

- planned and emergency respite⁵ care including daytime care, sleepovers and short breaks
- regular constellation meetings and activities
- learning and development opportunities for satellite carers
- informal one-to-one advice and support
- support for the maintenance of birth family relationships
- support for transitions to permanence.

Each constellation is supported by a constellation liaison worker (CLW) who assists with the implementation of the model and supports constellation activity.

1.1 Target outcomes

The MFM aims to ensure that young people in foster care experience:

- improved placement stability
- stronger birth family and sibling relationships
- more successful, early reunifications with birth family
- increased successful transition to other permanence options

⁵ Various terms for 'respite' were used across the host services, including 'relief care' and 'sleepovers'. 'Respite' was the mostly commonly used term across the 8 host services. For brevity the term respite is used in this report to encompass the provision of any service designed to give the foster carers a break.

- more opportunities for the development of strong and lasting relationships with adults and within communities
- improved educational outcomes.

The model aims to ensure that foster carers experience:

- improved peer support, including uptake of respite with consistent carers
- reduction in stress
- improved retention rates.

The restructuring of services in this way is also intended to achieve cost savings through avoided placement breakdown, reduction in use of residential placements, improved carer retention and improved rates of successful reunification of children with their families. The MFM theory of change, developed by The Fostering Network is shown in Appendix 1.

1.2 The project

This project aimed to introduce MFM into 8 fostering services in England. The project was managed by The Fostering Network, supported by TMS. The participating host services included 6 local authorities, consisting of one city and 2 metropolitan district authorities in the north of England, 2 London boroughs and a large shire county. One independent fostering agency participated in the project along with a Children's Trust delivering the range of social care services on behalf of a local authority. The local project team in each host service included a programme manager and a CLW to support the project. The host services were responsible for the day to day implementation of the project including stakeholder engagement, establishing implementation groups, development and approval of local protocols, staff training, and identification and support of the hub and satellite carers.

The Fostering Network provided support, guidance and quality assurance to the host services, by providing the initial training for the hub carers followed by a number of shared learning events delivered throughout the course of the project. A programme manager employed by The Fostering Network provided support and consultation to the host services, whilst a programme board oversaw governance.

1.3 Existing research evidence

While fostering can be highly rewarding, the challenges of caring for some children and young people can extend beyond normative experiences of parenting (Murray, Tarren-Sweeny and France, 2011). Previous studies have found that higher

disruption rates are found among strained carers and stress is one factor influencing decisions to cease fostering (Farmer, Lipscombe and Moyers, 2005; Wilson, Sinclair and Gibbs, 2000). However, there is evidence to suggest that respite care, may reduce some of that strain, contributing to greater placement stability and higher retention rates among carers (Brown, Moraes and Mayhew, 2005; Farmer, Lipscombe and Moyers, 2005). Moreover, social networks have been positively associated with placement stability (Sinclair *et al.* 2007; Murray, Tarren-Sweeny and France, 2011), and existing research has found that peer support between foster carers can be highly beneficial. Peer support has been found to facilitate emotional and practical support, providing opportunities for carers to learn from one another's experiences (Ivanova and Brown, 2010), and be reassured to discover that others have faced similar challenges (Pallett *et al.* 2002). Studies have highlighted the benefit of a shared understanding between foster carers and the value that foster carers place on talking to someone who knows what it is like (Nutt, 2006; McInerney, 2009; Cavazzi, Guilfoyle and Sims, 2010; Blythe *et al.* 2011; Sebba *et al.* 2016). Peer support has also been linked to decreasing foster carers' stress, reducing disruptions in placements, and improvements to the retention of foster carers (Luke and Sebba, 2013).

An independent evaluation of MFM in the USA conducted by The University of Washington was described over 5 evaluation reports, most recently in 2007 (NICF, 2007). One fostering service in the north of England also implemented a peer support model based on MFM which was evaluated as part of a wider project to improve the recruitment and retention of foster carers (Gibson and Oliver, 2015). While evidence to date has been inconclusive regarding the impact that MFM has on children's educational or behavioural outcomes (NICF, 2007; Gibson and Oliver, 2015), MFM has been found to be effective across a range of other indicators. These evaluations suggest that the model contributes to improved placement stability, increased contact between siblings, and supporting the cultural or ethnic identities of children in care. Increased uptake of respite care through the hub home was linked to a reduction in placement disruptions and maintaining foster carers' capacity, particularly during times of stress. Indeed, in light of the evidence regarding the substantial impact that both peer support and the provision of respite has on foster carers' wellbeing, placement stability and foster carer retention, the possible implementation of MFM in England was highlighted as one promising intervention in a recent review (Luke and Sebba, 2013).

2. Overview of the Evaluation

2.1 Evaluation questions

The evaluation aimed to explore the impact of MFM on foster carers and the children and young people they support, along with identifying the practical issues associated with implementing the model in the UK context. The evaluation questions were:

- a. To what extent did the project achieve the target outcomes outlined above?
- b. How transferable is the model to the UK context?
- c. What are the challenges regarding model fidelity, acceptability and quality when implementing MFM in the UK?
- d. What facilitated or inhibited the implementation of the model?
- e. What are the potential cost savings or costs avoided⁶ associated with the model?

Due to the short timeframe of the project (April 2015 to March 2016), it was necessary for the evaluation team to focus on those outcomes which could reasonably be expected to be achieved within that timeframe. It was agreed that the primary outcome was improved placement stability, with the others being regarded as secondary outcome measures. The underpinning evaluation approach is outlined in Appendix 2.

2.2 Methods

The evaluation was designed to align with evaluations that had previously been carried out in the USA by the University of Washington and utilised adaptations of their tools (NICF, 2007). Initial visits were made to each host service to gather contextual information and to explore data sources. A mixed method approach was used. Some data were collected in all 8 host services to obtain a broad insight across the whole programme. The following methods of data collection were utilised in all 8 host services:

- analysis of documentary information specific to the fostering service

⁶ A 'cost saving' is a reduction of current or actual expenditure. A 'cost avoided' is a change in the projected or predicted expenditure (McDermid and Holmes, 2013).

- in-depth structured telephone interviews with host service staff, including CLW, host service leads and other key stakeholders.

Additionally, across all 7⁷ host services which were operational during the evaluation period, the evaluation team:

- observed a variety of training and hub events
- analysed monthly monitoring data submitted by hub and satellite foster carers regarding participation activity and impact.

These data were supplemented by in-depth qualitative elements in 4 'in-depth' sites to obtain a rich understanding of the programme. The in-depth sites were selected taking account of readiness for implementation and fidelity to the model. In the 4 in-depth study sites, the following additional methods were deployed:

- a focus group of supervising social workers
- analysis of responses to an online survey of all foster carers
- in-depth interviews with participating fostering households, including hub and satellite carers, and the children and young people placed with them
- An analysis of costs and resources associated with MFM.

The evaluation methods and samples are detailed in Appendix 3. It had been originally intended to analyse routinely collected child level data based on the local authority SSDA 903 return and recruitment and retention rates in the 4 in-depth sites. However, in view of the short period of operation of MFM it was felt that insufficient time had elapsed to enable the impact of MFM to be picked up in these statistical returns. Therefore, the collation of these data would be disproportionately burdensome and of limited benefit. The future use of this analysis is explored further in Section 4.

⁷ At the time of writing one site was yet to launch a constellation. This site was due to launch the first constellation shortly after the data collection period.

3. Key Findings

3.1 Progress to date

At the end of the evaluation period 16⁸ constellations with 106 fostering households looking after 142 fostered children⁹ were operational. At the time of writing one site was yet to launch a constellation¹⁰. This amounts to around two-thirds (76%) of the 21 constellations initially planned in the project timeframe.

Overall, evaluation participants were positive about the progress that had been made over the duration of the project. It was originally intended that 4 host services would launch constellations in June 2015, following the provision of training to the hub carers by The Fostering Network. The remainder would launch in October, following a second set of training. However, it became apparent that the time taken to identify the hub carers varied across the host services, and few sites had identified their hub carers in June 2015. The training was, therefore, re-scheduled for September 2015 to accommodate those host services where the recruitment process had required more time than anticipated. However, the delays identifying and training hub carers undoubtedly impacted on the extent to which the host services could progress towards fully implementing MFM within the evaluation timeframe.

Implementation science literature suggests that it takes between 2 and 4 years for a new social care intervention to reach full implementation (Fixsen *et al.* 2005). The progress among the MFM host services is in keeping with existing evidence.

The concept of 'implementation stages' has been posited by a number of authors to conceptualise and evaluate the implementation process (Ghate, 2015). Authors vary in the number of stages included in the model, from 4 (Fixsen *et al.* 2005) to 8 (Saldana, 2014), but it is generally agreed that these stages include exploration, installation, initial implementation, full implementation, and sustained implementation (see Figure 1 in Appendix 4). The findings of this evaluation suggest that the host services had reached initial implementation and had not reached full implementation within the project timeframe. The stage of implementation at which the host services had reached by the end of the evaluation timeframe should be taken into consideration when interpreting the evaluation findings (explored further in Section 4). However, this progress should be contrasted with previous efforts to introduce MFM. By year 3 of the pilot to implement MFM across Washington state only 7 hubs

⁸ Two of the constellations were established prior to the commencement of the project.

⁹ Due to regular movement in and out of the constellations, the number of households and fostered children may vary marginally over the evaluation timeframe. This figure is correct as of 7th January 2016.

¹⁰ This site was due to launch the first constellation shortly after the data collection period.

consisting of 31 fostering households had been established (NICF, 2007). This highlights the ambitious nature of the Fostering Network's project to introduce the model on such a scale. The national and local MFM project teams should be commended for reaching the stage that they did within a very short timeframe.

3.2 Access to support and respite

3.2.1 Constellation wide activities

MFM constellations are designed to provide a range of activities including: planned and emergency respite care; monthly constellation meetings; topic based discussions or training for the satellite carers; and social activities for the children and young people (NICF, 2007). All of the constellations were having constellation meetings. The regularity of these meetings varied between sites. The monitoring data recorded a total of 28 constellation meetings held over the course of the evaluation. The constellation meetings were attended by between one and 11 satellite carers. Constellation gatherings consisted of 40%¹¹ of the interactions recorded in the monitoring data, and were clearly a substantive component of the model. All but one of the satellite carers interviewed reported that they had attended at least one of these meetings, which were described by 9 carers as an opportunity to talk about the day-to-day and more challenging aspects of fostering, in a non-judgemental environment. Six carers described the meetings as providing opportunities for carers to learn from one another's experiences, and 9 suggested that they were reassured to discover that others have faced similar challenges during constellation discussions.

In total, 47 different whole family activities were held over the course of the evaluation. Each event was attended by between 3 and 16 satellite carers and one and 23 children and young people. Around two-thirds (66%) of foster children for whom monthly data were provided had attended such an activity¹² which ranged from walks, bowling and Christmas parties. Four satellite carers reported that the whole family approach to constellation activities had been highly valuable. The fact that fostered children and birth children could attend together ensured that the birth children were not excluded from events and activities. This feature of MFM had been especially important for fostering households whose own birth children had found the experience of fostering difficult. The hub carer had undertaken some focussed work with this family to build on the relationship between the birth and fostered children.

¹¹ n=207

¹² n=72

3.2.2 One-to-one support

A little over a third of the satellite carers who provided monthly monitoring data reported that they had received one-to-one support from the hub carer during the evaluation time period¹³ The interviews revealed that a range of individualised support had been offered by hub carers, including attending Looked After Case Reviews with satellite carers, collecting the children from school at short notice, support packages offered to birth children, and out of hours help. The evaluation suggests that some of the hub carers had been providing substantial packages of support and care to birth and fostered children around very specific needs and challenges.

The interviews with satellite carers suggested that they had developed considerable confidence in their hub carers over the course of the project. Even those who had not accessed a great deal of specific support from the hub home reported that they were comforted by the fact that if they did need the support they would be able to access it. As one satellite carer stated: *'I feel with MFM you are never alone, whereas we felt very alone prior to it'*. To some degree the extent to which the hub carers are able to fulfil (or are seen to be fulfilling) their role, determined the extent to which the satellite carers feel that the model itself fulfilled its function (*c.f.* Gibson and Oliver, 2015). One respondent reflected the sentiments of many participants when they stated that *'I don't think [the Mockingbird Family Model] project would be as positive if we didn't have the right hub carers'*.

3.2.3 The provision of respite

The use of respite care through MFM was a prominent feature across the evaluation cohort. Two-thirds (66%) of the satellite carers interviewed¹⁴ and two-thirds (66%) of the children included in the monitoring data¹⁵ had accessed respite at least once during the evaluation timeframe. On 13 occasions respite was described as *'short notice respite'*. The remaining incidence of respite were described as *'planned'*. The majority of the occasions of respite were requested by the satellite carers¹⁶ and on 11 occasions the child and young person requested the respite themselves. Respite was described as being offered at a time of crisis, or very short notice in 16% of the occasions. The survey suggests that foster carers in MFM are more likely to access respite compared to those who are not part of the project. Of those respondents in MFM the proportion who reported they had accessed respite *regularly* in the last 6 months was 18% compared to 10% of respondents not in MFM. However, nearly

¹³ n=23:35%

¹⁴ n=12

¹⁵ n=72

¹⁶ n=117:56%

three-quarters (73%) of MFM respondents reported that they had used respite arrangements *at some point* in the last 6 months compared with only 28% of non MFM respondents¹⁷.

The interviews with fostering households provide further insight into the survey. Satellite carers reported that it was easier to access respite through MFM because the hub carer was usually responsible for planning their provision, rather than having to go through the fostering service system, which typically took more time to arrange and was not always guaranteed. However, in some host services it was unclear whether attendance at MFM activities, including respite, was to be arranged directly with the hub carer, or had to be ratified by a member of social work staff on every occasion. Satellite carers reported that, MFM ensured that respite was provided by the same person (on every occasion). Consequently both children and young people, and their carers reported feeling more comfortable attending respite because they were well acquainted with the respite provider. Participants from almost two-thirds of the satellite carer interviews reported that their children had previously struggled to access respite care because they did not cope well with change or with staying with new people. These carers reported that their children and young people had been able to spend time getting to know the hub carers through constellation activities, and one-to-one visits to the hub carers' home prior to an overnight stay. This enabled satellite carers who had not previously been able to access respite to be able to do so.

Like previous evaluations of MFM, this study suggests that the model enabled foster carers and children and young people to re-define respite (*c.f.* NICF, 2007, Gibson and Oliver, 2015), whereby respite was normalised and no longer considered to be the last option. One satellite carer noted that *'It is not respite anymore it is just going to [hub carers]... [the fostered children] see us with [the hub carer] and then they don't mind being with them'*. One of the young people interviewed stated that he went to the hub home regularly and although it was *'weird'* at first because he was not used to the environment and the other people, he has *'kinda got used to it now, [I have] been several times, [...] it feels a bit like a second home'*. Satellite carers reported that they felt more relaxed because they knew that the child was being well cared for by someone who understands their needs and routines. Hub carers also noted that it is easier and less stressful for them to offer respite and emergency care when they know the children. As such, MFM may fulfil suggestions from past research which propose that the use and usefulness of respite might be enhanced if arrangements were made for ensuring the child went to the same carer (Sinclair *et al.* 2005, pg. 110).

¹⁷ n=105: p=0.000

The survey showed that the respondents in MFM were more likely to report that they were satisfied or very satisfied with the *arrangements* for respite (55%) compared to those not in MFM (34%)¹⁸. However, not all foster carers had found accessing the respite as straightforward as they would like, and satellite and hub carers, along with MFM host service staff all noted that balancing the requirements of all the carers in their constellation was at times a challenge. It was not always possible for satellite carers to get the date they wanted, and this resulted in some frustrations in a small number of cases. Moreover, it was noted in 5 cases that social care staff were continuing to recommend respite care outside of the constellations which may negate some of the positive impact of maintaining respite within the constellations and risked undermining the model. Furthermore, respite was not being provided by constellations from one host service. It was reported that this was, in part, due to internal procedures within the organisation which prevented respite from being offered at the time of the evaluation.

3.3 Developing supportive relationships

The evaluation suggests that foster carers and children and young people have been able to develop supportive relationships through MFM. Participants in almost two-thirds (61%) of the interviews with satellite carers¹⁹ described MFM as an extended family, offering a range of practical and emotional support. One satellite carer in particular noted that children and young people often lose those wider family connections when they become looked after and MFM offers a substitute for those extended networks.

The children and young people and satellite carers interviewed reported that they enjoyed going along to constellation events and that these had presented opportunities to form new friendships. The monitoring data showed 28 children, almost a quarter of those children in the sample, found it hard to get along with others. However, they also showed that the children and young people in the constellations generally got on well together. The monitoring data revealed that just under three-quarters of the children 'always' or 'often' got on well with other children in the constellation. This proportion remained relatively stable throughout the course of the evaluation (see Table 4, Appendix 5). While the majority of children and young people interviewed reported they enjoyed meeting other children in the constellations, young people from 3 of the participating fostering households had found it less easy to integrate into the group. MFM was described by one of these young people, who was approaching independence, as '[not] my kind of thing' because the children in the constellation were perceived to be much younger than

¹⁸ n=90, p=0.028.

¹⁹ n=11

him. Two young people reported that they did not want to engage with MFM because they did not want to be marked out as different because they are looked after.

The Family Integration Scale (Sinclair *et al.* 2005) was used to examine any changes in the relationship between the child and the foster carer during the evaluation time period. The scale was included in the initial and monthly monitoring data to measure any changes over the evaluation time period. A score was calculated for each month the form was returned. However, the analysis of the forms suggests that there was very little change in the scores obtained by the respondents over the course of MFM (see Table 5, Appendix 5).

3.3.1 Birth family relationships

There was limited evidence of activities to support the maintenance of contact with birth family members within the timeframe of the study. Almost three-quarters (70%) of the children for whom monitoring data were provided had siblings²⁰. A little under half of those were placed together with the same foster carer. Twenty-five children had siblings placed within the constellation. Participants from 2 of the fostering households reported that siblings were part of the same constellation and saw each other regularly at constellation events. These arrangements were reported to be particularly positive for one pair of siblings who had not spent time together since becoming looked after. In addition to seeing each other at constellation events, they are able to have respite together at the hub home. One of the siblings reported that he 'loved' having contact in this way.

However, the picture is less positive when considering contact with birth family members placed outside of the constellation. The monthly monitoring data suggest that visits with birth family members were only facilitated within MFM 6 times, by 2 of the 7 operational host services over the course of the evaluation. Two satellite carers who were interviewed reported that they had initially joined MFM to facilitate contact with siblings. However, both of these participants reported that this had not been possible to date. In both cases the relationships between birth families' members were highly complex and time needed to be taken to consider how contact could be facilitated. This was compounded by the fact that siblings were placed either outside of the host service, or in specialist placements that were not able to be included in the constellation. Likewise, participants from 3 interviews reported that they plan to facilitate contact between children and their birth parent at the hub home, but this had not been possible at the time of the interview. It is possible that establishing contact between birth family members may be more prevalent once the constellations become more established.

²⁰ n=82

3.3.2 Peer support

The findings of the survey suggest that being part of MFM seems to be associated with accessing foster carer peer group support. Survey respondents in MFM were more likely to report that they regularly attended foster carer groups of all types²¹. Nearly half (46%) of those in MFM reported that they regularly attended groups organised by the local Foster Carer Association, compared to 31% of those not in MFM. In the previous 6 months, 59% of respondents in MFM had attended groups run by foster carers themselves compared to a smaller proportion of foster carers who were not in MFM (28%). Foster carers were also asked to rate how satisfied they were with the foster carer groups. The groups which were rated the most positively were those run by foster carers, with 77% of all respondents rating these as 'very good' or 'good'. This proportion rose to 87% for those carers who were part of MFM. Foster carers from MFM were also more likely to report that they received 'a lot' of practical and emotional support from other foster carers (43%) compared to those who were not part of MFM (30%). These findings are perhaps unsurprising given that MFM carers are more likely to have accessed the peer led constellation meetings. However, it suggests that MFM does facilitate access to peer support and the subsequent benefits.

Satellite carers interviewed reported that other foster carers understood the challenges associated with looked after children and could offer practical advice that they had found from their own experience to be effective. The hub carers' own experiences were particularly valued by the interview participants, with one satellite carer noting '*You need someone who has been through it, who understands*'. Seven foster carers noted that fostering can be extremely isolating and MFM had reduced this through the development of new friendships with both hub and satellite carers. Five foster carers reported that social media platforms, such as Facebook, provided additional avenues to remain in contact with other carers in the constellations between meetings. This was especially important for carers who were less able to attend MFM activities on a regular basis due to other commitments. A small number of carers also reported that social media enabled the satellite carers to get to know each other better, and discuss issues without being overheard by the child or young person in their care, unlike telephone contact. However, 3 carers reported that mediation of the social media content by host service staff (albeit well intentioned) undermined the peer element of MFM.

Other foster carers were perceived to be able to offer empathy without judgement and a number of foster carers reported that they could attend activities without feeling uncomfortable about their fostered children's behaviour (*c.f.* Gibson and

²¹ 43% of those in MFM had been to groups run by the fostering service in the last 6 months compared to 28% of those not in MFM.

Oliver, 2015). Two satellite carers reported that they felt much more relaxed at MFM events, because they knew that the other carers would understand the particular needs of children in care and watch out for their children. However, 3 carers from one site noted that other carers and fostering service staff who were not part of MFM had started to attend MFM meetings. It was reported that this was hampering the open and non-judgemental conversations that were developing in the constellations. In addition, the presence of staff including the CLW and those who were not directly involved in MFM also undermined the peer support component of MFM. It was evident that a minority of interviewees were of the view that MFM should be entirely self-governing. While this is not part of the MFM model, clarifying the extent to which site staff should be involved in the day to day running of constellation meetings may be beneficial.

3.3.3 Foster carers' wellbeing

While the support offered to foster carers was highly regarded by evaluation participants, the findings of the survey are less conclusive regarding the impact of MFM on foster carers' overall wellbeing. The analysis of the survey showed that those respondents in MFM had a lower wellbeing²² score compared to those not in MFM (see Appendix 6). This finding may be due to the fact that the sample of MFM carers who completed the survey included a higher proportion of new carers, who were more likely to have a lower wellbeing score overall. This finding may also reflect the selection of carers for MFM, who may have been placed in MFM due to increased challenges and strain.

3.4 The impact of MFM on children and young people

3.4.1 Educational outcomes

Previous evaluations of MFM have produced inconclusive evidence on the impact that the model has on children's educational outcomes (NICF, 2007; Gibson and Oliver, 2015). The findings of this study also suggest that there has been no substantial change in the educational outcomes of the children and young people in the sample. The monitoring data provided some baseline evidence regarding engagement with school and college. Over half of the children in the sample (56%) were described as being happy at school or college upon starting in MFM²³, with only 7 children being described as being '*not at all*' happy. Six children and young people were reported to have truanted from school regularly and around two-thirds

²² The Warwick-Edinburgh Mental Well-being scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

²³ n=51

(65%) of the children²⁴ were reported to have improved at school since being placed with their current foster carers.

Data were also collected on a range of indicators regarding education throughout the course of the evaluation (see Table 6, Appendix 5). However, the analysis was inconclusive. While there were fluctuations in the responses provided by foster carers about the children and young people's engagement with school over the course of the evaluation, no significant patterns of change emerged. This may be a result of the short timeframe of the evaluation which was insufficient to identify any meaningful changes in educational outcomes. Other factors might have contributed, such as gaps in the data: an insufficient number of participants submitted data for every month in the timeframe. It was therefore not possible to conclusively analyse changes over time of individual children.

Four interviewees reported that hub carers had provided some educational support. For example one hub had facilitated a discussion about homework between the children and young people in the constellation. It was reported that this had encouraged one child who was not attending school to return part time and to start to develop career aspirations. Another hub carer had facilitated home tuition for a young person whilst the satellite carer was out at work. Given the activities of the hub carers noted here, more robust data on changes to educational outcomes for the children and young people in the constellations may be evidenced at a later date.

3.4.2 Transitions to permanence

The evaluation gathered little evidence that the constellations had *explicitly* supported children's transitions to a new placement in accordance with their permanence plan in cases where the existing placement was not one of providing permanence. Only 2 permanence planning activities were recorded in the monthly monitoring forms and the impact that MFM had on transitions to permanence were not specifically mentioned by any of the interviewees. This may be a consequence of the stage which the constellations had reached during the data collection (see Section 4). This finding may be reflective of the particular sample of placements during the evaluation period: while a third of the placements in the monitoring forms sample were described as short term, over half (57%)²⁵ were long term placements (see Table 3 in Appendix 3). Three satellite carers reported that they had been caring for the same child for 10 years or more, with one of these children being placed with their carer for over 14 years. The monitoring data did not indicate whether any children in the cohort were in the process of transitioning into permanence.

²⁴ n=55

²⁵ n=50

However, this finding may be a reflection of the different practice cultures in the English and American fostering systems. The legislative framework in the US stringently emphasises the temporary nature of fostering arrangements. For example, the 1997 Adoption and Safe Families Act requires states to terminate parental rights for children who have been in foster care for 15 of the previous 22 months, unless placed with kinship carers or when the fostering agency can evidence a compelling reason why parental termination is not in the child's best interest. By contrast, while similar movements to expedite permanency planning have been made in England, by practice has varied across fostering services and jurisdictions and long term fostering has often been viewed as a permanence option. To rectify this variability, long term fostering has recently been given a legal definition and confirmed as a possible and effective permanent solution for some children (The Stationery Office, 2015; Department for Education, 2015a). Potential for fostering as a more long term solution may be more embedded in the UK practice culture, and therefore, supporting transitions to permanency may be a less prominent feature of MFM in England. However, this finding should be tested once MFM is further embedded into practice before it is considered to be conclusive.

3.4.3 Nurturing cultural identity

One of the original aims of MFM is to help fostered children feel connected to their own heritage and supported in developing and maintaining their cultural and ethnic identity. This aim is perhaps unsurprising given the cultural identity of children in out of home care in the United States, where under half of children in out of home care are White (42%), with 24% of children described as Black and 22% Hispanic (Child Welfare Information Gateway, 2016). This contrasts with the position in England where in 2015 over three-quarters of children looked after are White British (77%), 9% were of Mixed Heritage, and 13% were described as being from Black or Minority Ethnic (BME) communities (Department for Education, 2015b).

Fostering cultural identity was not mentioned by evaluation participants in 6 of the host services, and there was little evidence that this work was being undertaken by them at the time of the evaluation. This may be a factor of the composition of the hubs in those sites, which generally reflected national trends: in the sample of children for whom monitoring data were provided, 70% were described as being White British, 12% were of mixed background and 15% were from BME communities. This is in contrast with the cohort of MFM children in the US; the largest proportion of which were identified as African American (52%, NICF, 2007).

The looked after population of 2 host services, however, presented a rather different demographic profile. In one site, 27% of the total looked after population were white British, 19% of mixed heritage, and 49% BME and in the other the proportions were 51% white British, 18% mixed heritage, and 28% BME (Department for Education, 2015b). The cohort of children and young people in MFM for whom monitoring data

were provided presented a similar picture in these sites. In both host services the largest proportion of children and young people in MFM were from BME backgrounds (47% and 40%). In the 2 sites with more diverse profiles of children in MFM, 3 participants cited examples of supporting cultural heritage. These included hub meetings to which participants brought along, shared and talked about food which reflected their own cultures.

3.5 Placement stability

In total, 6 children placed in MFM experienced placement disruptions, one of which was described as being a planned placement change. In 2 cases, the child moved into another satellite home. The national picture suggests in 2015 that around 8% of all children looked after experienced an unplanned ending to their placement, and almost half the children who experienced unplanned endings experienced them at the foster carers' request²⁶ (Ofsted, 2015). This compares to approximately 4% of children in MFM who experienced an unplanned placement change.

The circumstances that lead up to, and result in, disruptions in placements are highly varied, and as noted in the introduction, may be influenced by a range of factors. While the timeframe of the evaluation (compounded by the lack of comparative data), may not have been sufficient to *conclusively* determine *the specific impact that MFM had on* placement stability (see Section 4) the findings suggest that there are early indicators that MFM may go some way to positively influence those factors. The positive impact that MFM had on increased access to respite and peer support networks is evident in this evaluation. This suggests that, in respect to these 2 key areas, the model may facilitate the conditions in which placement stability is improved and reduce the likelihood of unplanned disruptions. These findings may be interpreted as early proxies of subsequent placement stability.

Interviewees from host services and fostering households were generally positive about the impact that the model had in relation to placement disruptions. Four satellite carers reported that the support offered through MFM had been one factor in maintaining placements during potentially disruptive circumstances. These numbers may increase as the model continues.

²⁶ It was not possible to match the needs of the children in MFM with those who experienced unplanned endings nationally. Therefore, these figures are provided for context only and should not be used for direct comparison.

3.6 Foster carer retention

During the timeframe of the study no foster carers ceased to foster. This compares to a national estimate of around 6% of foster carers ceasing to foster in the year 2014-2015 (Ofsted, 2015).

When asked in the survey how frequently foster carers had considered giving up fostering in the previous 6 months, there was no discernible difference between respondents in MFM and those who were not. In the sample as a whole nearly a fifth (19%) of carers said they had '*very often*' or '*often*' felt like they would like to give up fostering. In contrast, over a third of all survey respondents (36%) said they had '*never*' considered this. However, 3 satellite carers and 3 hub carers reported that incidences of foster carers wishing to cease fostering had been averted through the provision of advice, support and respite through MFM. One of these carers said: '*If it wasn't for MFM, I wouldn't be a foster carer now*'.

The survey explored whether those foster carers in MFM felt more supported by their fostering services than those who were not and found no discernible difference between the 2 groups. However, when considering the support offered through MFM the picture is more positive. As noted above, the peer support element of MFM was highly valued by the evaluation participants. Moreover, the support provided by hub carers themselves was reported to be extremely positive. Nearly three-quarters of those interviewed noted, that while on the whole, support from their fostering service was adequate, responses from supervising social workers and emergency duty teams in particular, were characterised as slow and not always adapted to their children's specific needs and circumstances. By contrast, the hub carers were described as being extremely responsive to immediate requests for support and flexible to individuals' needs and circumstances. It is clear that MFM facilitated new avenues of support for some foster carers. Given the evidence in other studies regarding the links between access to support and foster carer retention, MFM may reduce the likelihood of carers ceasing to foster, where a lack of support is the key motivating factor.

3.7 The delivery of the Mockingbird Family Model: Implementation outcomes

3.7.1 The hub carers' role

Eleven participants, including satellite carers, host service staff and supervising social workers all agreed that recruiting the right hub carer was vital to the overall success of MFM (*c.f.* NICF, 2007; Gibson and Oliver, 2015). However, the identification of hub carers presented a number of challenges to the MFM host services. It was acknowledged that the hub role is '*quite a skilled task*'. Therefore, it

was necessary to identify foster carers who were not only skilled and experienced in fostering, but also exhibited a range of abilities including being highly organised; knowledgeable about safeguarding and other fostering procedures; welcoming; personable in one-to-one and group settings; and able to work with social care staff. Given the range of skills required for the role, concerns were raised in the early stages of the evaluation regarding the extent to which the pool of foster carers in each of the host services would elicit the right kind of people (*c.f.* Gibson and Oliver, 2015). As one interview participant noted '*They are like finding a needle in a haystack*'. Moreover, the requirement for all hub homes to have 2 spare bedrooms was cited by all but one of the host services as difficult to fulfil and reduced the pool of potential hub carers. Only one host service was unable to identify hub carers in time to launch the constellation in the timeframe of the study. However, this may cause challenges as host services scale up the model and begin to introduce new constellations.

Interview participants from 6 of the 8 host services reported that the process for recruiting the hub carers was more complex than initially anticipated, and was the primary cause of the delays in launching the MFM constellations. The host services employed a range of methods to identify their hub carers. Five of the 8 host services wrote to all foster carers to invite them to apply for the role. Each of the host services also reported strongly encouraging those foster carers who they believed to be suitable for the role to apply. One host service wrote to all foster carers who met a range of criteria and 2 identified potential hub carers and approached them directly. Only one host service was unable to recruit hub carers and launch a constellation within the evaluation time period. It was noted that this was more a consequence of wider issues within the host service, including not being able to recruit a CLW. Host services experienced some attrition among the potential hub carers, the most prevalent reason being that personal circumstances resulted in it not being the right time for them. All of the host services and the majority of satellite carers reported that the right hub carers had been recruited. However, in 2 cases concerns were raised by satellite carers about the hub carers potentially exceeding the remit, by taking on a supervisory, rather than supportive role.

3.7.2 Clarity of the hub carers role

The hub home role was described by evaluation participants as a '*24-7 role*', and the ability of the hub carer to be responsive to immediate needs was highly valued. Moreover, 3 participants noted that the hub role presented additional emotional strain on carers undertaking it as they acquired significant responsibility for other foster carers and the children and young people. In light of this, 12 participants raised concerns about the need for hub carers to have protected time off from the role. A number of strategies were in place (or were being negotiated) to ensure that hub carers are offered a break and these were incorporated into the varying terms

and conditions supplied by the host fostering service. For example, some of the hub carers were given an allocation of 28 days leave in line with the standard allocation for foster carers at the higher skills levels. In addition, the MFM programme recommends that hub carers ensure that they have one day a week and one weekend a month off. However, it was evident that not all of the evaluation participants were aware of this advice. Moreover, hub carers reported that balancing the competing needs of the satellite carers and their own free time was challenging.

The need to ensure that clear operating guidelines were in place for hub carers was raised across the evaluation. Some of the one-to-one work undertaken with children and young people by the hub carers was relatively intensive and there was some evidence to suggest that clear procedures when coordinating care between different parties may be beneficial. While the vast majority of the support provided was highly valued, there were 3 examples of hub carers providing advice or care to children and young people that were not in line with the approach that the satellite carers had taken. For example, one satellite carer reported that their fostered child was on a very strict diet due to health reasons, and this had not been adhered to by the hub carer. While these examples are rare, they could have substantial consequences for the children and young people involved. It is essential that all parties are in agreement about the strategies in place to support children and young people. Incorporating these strategies, and the role that the hub carer has in implementing them, in the child's care plan may be one avenue to ensure that inconsistencies in approach may be avoided in the future.

3.7.3 Data sharing

Five host service staff and focus group participants noted that challenges had arisen regarding the parameters of data protection and confidentiality associated within MFM. A tension emerged between hub carers' need to have sufficient information about the children and young people to ensure they were cared for appropriately and being privy to information well beyond that which is normally shared between foster carers. There was a lack of clarity among some participants regarding what information disclosed at constellation meetings should be shared with social care staff. While it was vital that proper safeguarding principles were maintained, it was also noted that the constellation should be considered to be a '*safe place*' for satellite carers to share concerns and '*blow off steam*'. Data protection and confidentiality were covered as part of the initial hub carer training provided by The Fostering Network but carers might benefit from this being revisited.

3.7.4 The configuration of the constellations

Evaluation participants universally agreed that the composition of the constellation was a critical element in the successful implementation of MFM. MFM recommends that constellations should consist of 6 to 10 satellite homes, and the constellations in

the evaluation ranged in size (see Table 7, Appendix 5). However, there was no consensus on what the ideal constellation might be. Four satellite carers reported that they preferred a smaller group because this allowed for the formation of stronger relationships and less for the hub carer to take on. By contrast, other carers reported preferring a larger group, which facilitated a buzz at meetings even when some carers were unable to attend. There was disagreement over whether children and young people would benefit from mixing with children of different ages or whether age differences made it difficult for them to make friends.

One area of consensus from the 11 respondents who commented on this was the need for all members of the constellations to understand and commit to the model in its entirety. Concerns were raised by 9 participants across the evaluation that a number of satellite carers were using MFM solely for the respite care and were not '*putting the effort in*' to attend the other constellation events. Participants suggested that this was having a detrimental impact on the development of relationships across the constellations. This was highlighted as a particular challenge for one constellation where both host service staff and the hub carer reflected that satellite carers were not engaged with the group activities, preventing the constellation from cohering as a group.

The impact of a lack of clarity in the purpose of MFM was also identified as a challenge in another constellation, where a small number of satellite carers questioned whether they had been selected for MFM because the host service was concerned about the quality of care they provided, despite this not being the case. Where MFM was perceived to be *solely* for placements that were not faring well, some satellite carers then questioned why others were part of MFM when their placements were perceived as '*going well*'. This was reported to have a divisive impact on the group as a whole, as some satellite carers questioned whether others should be part of the constellation. The ability of this particular constellation to cohere as a group was compounded by a number of other factors including a difference of personalities and values among members of the constellations which were starting to have a disruptive impact. Moreover, the large size of this constellation made it possible for sub-groups, or cliques to form.

3.7.5 Clarity of the model

Ambiguity regarding the aims and delivery of MFM amongst those both directly involved in MFM, and those who were not, was highlighted as an inhibiting factor across the evaluation. Twenty-one participants, including foster carers and host service staff, raised concerns regarding the extent to which wider staff groups understood the model. Indeed, supervising social workers in 2 of the focus groups reported that they did not feel sufficiently familiar with MFM. This finding may, however, reflect the timing of the focus groups, which were all undertaken during the early stages of the project. While there were some examples of good practice,

evaluation participants reported that supervising and children's social workers, independent reviewing officers and fostering panel members had recommended actions that did not align with the model. Examples included foster carers who were not part of MFM being referred for respite from the hub carers, or those within MFM being referred to respite outside of the constellation. Significantly, 4 respondents reported that disagreements had arisen between foster carers and social workers regarding the parameters of delegated authority. In some cases it was unclear whether attendance at MFM activities, including respite, was to be arranged directly with the hub carer, or had to be ratified by a member of social work staff on every occasion. It was reported by some evaluation participants that the latter approach undermined the autonomous nature of the model.

Four host service staff involved in the project reported that there was a lack of clarity around key features of the model in the early months of the project. Of particular note was ambiguity regarding the types of placements that could be included in the model, the role of the CLW and the exact details around the requirement for hub carers to have 2 spare bedrooms. Moreover, questions were raised by focus group participants regarding the impact that the model was likely to have on their role, and the overlap between the duties of supervising social workers and the CLW. Clarity around these aspects was not provided for several months, in part due to the need for discussions to take place between The Fostering Network and TMS.

To some degree, the delays in clarity around key aspects of the model are to be expected when introducing an innovation into a new context (*c.f.* McDermid with Hepburn, 2015). Moreover, delays in circulating key materials may be a consequence of programmes where the funding arrangements require both national and local implementation teams to begin work simultaneously. For example, the MFM programme manager was not in place until May, 2 months after the host services had started work on the programme. Without a full complement of staff at The Fostering Network, capacity within the organisation to develop and disseminate information and materials was limited in the very early stages of the project. However, the sites noted that the lack of clarity around these key features of MFM impacted on the extent to which the project teams felt confident progressing with implementation in the early stages.

3.7.6 Local project teams

Nine hub carers and host service staff described the CLW as being essential to ensure that the hub carers were enabled to carry out their role. The CLW's undertook a range of tasks including: recruiting and training the hub carers in the initial stages; recruiting the satellite carers; ongoing supervision to the hub role; assistance with delivering constellation activities; one-to-one support to individual foster carers and children and young people in the constellations; and a point of contact between the constellations and the host service. Four hub carers reported

that the CLW had been an essential source of support throughout the project, with one summarising the sentiments of many when they remarked *'I don't know if we would have stuck at it if it wasn't for [the CLW]'*.

Ten participants from all but one of the host services noted that the workload of the CLW was challenging. It was estimated that, due to the intensity of the hub carer role, supervising one hub carer was equivalent to 2 average foster carers. CLW's reported that they were in contact with hub carers at least 3 times a week and sometimes daily. This level of contact may reduce over time as the hub carers become more confident in their role. Workload issues were compounded in 2 host services that had combined the CLW and programme manager roles. It was suggested that such an approach may not be sustainable over the longer term. However, while the programme manager role was identified as being vital for the implementation of MFM, it may become less essential as MFM becomes embedded into practice.

Effective local project teams, including experienced and skilled programme managers, along with admin support, were also highlighted as being essential for the successful implementation of MFM. Indeed, the one host service that was unable to establish an operational constellation within the project timeframe had not been able to recruit a CLW until late into the project. Local teams, along with support from corporate leadership, were identified as ensuring that the implementation of MFM could progress.

3.7.7 The national programme team

Following initial delays, 10 host services staff participants were complimentary about the support received from The Fostering Network. The programme manager in particular was noted for her approachability and professionalism. One member of host service staff remarked *'I cannot emphasise more how brilliant [The programme manager] has been. She's always available, has just been so, so supportive'*. It was noted that the involvement of The Fostering Network provided added value to the project as a whole. The shared learning events were noted by both host service staff and hub carers to be of particular value, ensuring that key stakeholders could share challenges and solutions. A number of participants noted that they hoped these shared learning events would continue beyond the life of the project. A small number of participants noted that the involvement of The Fostering Network ensured that the project had credibility with their senior corporate leadership. The affiliation with a national organisation raised the profile of MFM within the host services. Moreover, one participant noted that when pressures to modify the model arose within the service, having The Fostering Network to defer to allowed them to maintain the fidelity of the model, and ensure that it did not become diluted.

3.8 The costs of MFM

Based on data provided by 5 of the 8 MFM host services, the ongoing cost of running a constellation is estimated to be in the region of £30,491 per year (see Table 8, Appendix 5). The cost includes payments to hub carers, along with additional payments for activities and mileage. The estimated figure does not include payments for respite care or the costs for staffing, including the CLW.

All but one of the host services reported that they paid the hub carers a fee aligned to the highest skill level within the services' existing foster carer skills payments. One host service reported that they aligned the payment to the hub carers with their social work personnel pay grades and the fees paid to the hub carers in this host service were akin to a social work assistant²⁷. Four of the host services reported that hub carers also received an allowance for any respite care provided, but no host services provided comprehensive data on the costs incurred for the respite provided over the course of the evaluation period. Consequently, it is not possible to quantify the additional costs associated with the additional allowances. However, in light of the findings elsewhere in the evaluation, implementation of MFM is likely to result in an increased uptake of respite, albeit across a small group of carers.

Only 2 host services provided data on the costs of staffing (including the CLW and the programme manager) associated with MFM and these varied considerably. However, it is unclear how much of the staffing time was dedicated to the implementation of MFM, such as attending national meetings and training, and how much was allocated to ongoing support of the project. The staffing costs therefore remain unclear.

Only 2 host services provided estimations of the direct costs associated with setting up MFM. These included travel to and attendance at national programme meetings and training events (estimated to be in the region of £2,000). However, some of these costs were associated with the current programme to introduce MFM to the UK and it is unlikely that new host services looking to implement MFM will incur such costs. New host services will be asked to pay a fee to the national implementation team at The Fostering Network. This will include the licence for MFM and a range of support and training from The Fostering Network, including an organisational readiness assessment, support setting up the constellations, and certification of the model at the local level.

²⁷ This site did not provide data on pay levels.

3.8.1 Potential costs avoided

The costs of MFM may be off-set by potential costs avoided as a result of the impact of the project. These costs may relate to organisational outcomes, which include changes in wider organisational functions as a result MFM, or child level outcomes, which relate to the impact of the practice on individual children (McDermid, Holmes and Trivedi, 2015). At the time of the evaluation, the associated evidence is not yet comprehensively available to examine any actual avoided costs that result from MFM (see Section 4), and any analysis of costs at this stage of implementation is largely speculative. A more comprehensive analysis of costs may be possible using the Cost Calculator for Children's Services once the model is more developed at a local level (outlined in Section 4). However, the emerging evidence presented in this report had identified the following areas of potential economic impact:

- *Reduced need for specialist placements through increasing the capacity of existing carers to support children and young people with more complex needs*

Existing research evidence has indicated that the costs associated with providing specialist placements can skew a local authority budget. The cost per child of providing specialist placements is substantially higher and can often be in the region of around £445,000 per year compared to around £87,900 for a child to be placed with local authority foster carer (Curtis, 2015). If the use of these placements is reduced this may result in substantial future costs being avoided, especially if these placements were previously being used as a long term provision. This finding may be most pertinent to those sites that included children with high levels of needs, who may otherwise need to be placed in a more costly placement in the constellations. The increased capacity of foster carers to support children with higher levels of need through MFM may provide opportunities to avoid the additional cost of specialist foster carer or residential placements.

- *Improvements to the recruitment and retention of foster carers*

Estimating the costs of recruitment and retention of foster carers has been highlighted as being extremely complex and there are currently several differing estimates of the unit cost of foster carer recruitment that range from around £2,000 up to in excess of £10,000.

- *Improved placement stability*

The costs incurred by placement changes have been estimated to range from £250 to £1,500 per change (Ward, Holmes and Soper, 2008). For an individual child that has experienced previous placement instability and then goes on to experience 3 further changes in placement over a twelve month time period the costs associated with this activity are likely to be in the region of £4,500. If

placement stability is achieved across a cohort of children placed in MFM, this is likely to lead to substantial avoided costs.

4. Limitations and future evaluation

4.1 Limitations of the evaluation

This evaluation was conducted when the constellations had been operational for a maximum of 6 months, with the majority for 4 months or less. The timeframe for the study has a number of implications which should be taken into consideration when interpreting the findings of this report. Firstly, the host services were assessed to be in the initial implementation stage during the evaluation timeframe and it is commonly acknowledged that it is typical for operational challenges to be encountered during this stage (Fixsen, *et al.* 2005; Ghate, 2015). Therefore, some of the challenges identified in this report may be representative of the particular implementation stage, rather than the model *per se*. Attempts have been made to acknowledge this in the text. Given that the host services had not yet reached full implementation, it is likely that not all elements of the model will have been realised within the evaluation timeframe as energies were directed at activities to establish the relationships within the constellation. Other aspects of the model may start to develop as the constellations become more embedded, hub carers become more confident in their role and the group dynamic is more stable.

One of the key limitations of the study is the sample size of fostering households. Indeed, a previous large scale study into the effectiveness of MFM was found to be unfeasible due to the failure to obtain a sufficient sample size of foster carers and children and young people (Barkan, Elias, and Marcenko, 2010). Some foster carers reported that they did not feel confident in participating in the evaluation because the constellations had not been running long enough for them to feel assured of the impact that MFM was having on them and the children and young people they cared for. It is possible, therefore, that there is some sample bias among those foster carers and children and young people who did participate in the evaluation.

However, many of the findings in this study align with previous evaluations of the model or similar approaches.

4.2 Review of evaluation approach and methodology

Overall, the evaluation approach was assessed to be appropriate for the innovation. However, it is recommended that a comparison study of fostering services who have implemented MFM and those who have other models for facilitating peer support and mentoring between foster carers, and/or who have a strong system of respite care would be of value. Such a study may enable an understanding of the unique characteristics of MFM to be identified and a more robust analysis to be developed. Moreover, due to the timeframe of the study, it was not possible to conclusively measure changes over time, or to undertake any before or after measures. Given

that a number of satellite carers were selected to be part of MFM due to an identified need, comparing their wellbeing with normative fostering population may not be valid. Given the limitations of the timeframe, it is recommended that a follow up evaluation is undertaken when constellations have reached full implementation. A follow up study, including a comparative component is recommended for 12-18 months following the submission of this report.

Given the issues related to the timeframe, it was decided that the proposed analysis of the SSDA 903 data and the recruitment and retention data would be disproportionately burdensome to the host services and of limited benefit. This analysis has therefore not been undertaken for this report. However, capacity for MFM host services to carry out this analysis in the future has been planned.

4.3 Capacity built for future evaluation and follow up

It was initially proposed that the SSDA 903 data analysis would be undertaken using the Cost Calculator for Children's Services (CCfCS) (Holmes, McDermid and Trivedi, 2015). This is a tool which has been developed by the Centre for Child and Family Research, and made available as a free download in 2016. In discussions with The Fostering Network, it has been agreed that the evaluation team will ensure that all of the MFM host services are given an opportunity to access the CCfCS and will be provided with guidance on how the tool might be used to carry out an analysis of their own 903 data to explore relative placement stability of MFM placements, the impact of MFM on children's wellbeing, and an analysis of costs. Support will also be provided to The Fostering Network by the research team on how to use this analysis for benchmarking. The monitoring forms used as part of the evaluation will also be provided to The Fostering Network to use as part of their ongoing monitoring and evaluation. It is recommended that these forms are incorporated into the standard operation of the model, to ensure that response rates are as high as possible.

5. Implications and Recommendations for Policy and Practice

The findings of this evaluation show that the project to introduce MFM into 8 fostering services in England has gone some way to achieve its intended aims. Overall, evaluation participants were very positive about the model, reporting that it enabled foster carers and children and young people placed with them to develop supportive peer relationships within the wider community, to access one-to-one support from hub carers, and increase the use of respite. It is evident that some elements of the model are less developed, including improving educational outcomes, supporting birth family relationships, transitions to permanence and foster carers' overall wellbeing. The latter finding however, may be due to the fact that the sample of MFM carers who completed the survey included a higher proportion of new carers, who were more likely to have a lower wellbeing score overall. However, given the short timeframe for implementing and evaluating MFM, these outcomes may be achieved as the model becomes embedded and further developed at both local and national levels. The evaluation also found that MFM may facilitate some of the conditions that are positively associated with improved placement stability and foster carer retention. However, these findings are tentative and should be tested further as the model embeds.

By the end of the evaluation, transition funding to continue the development of the model in the 8 host services had been awarded to The Fostering Network. All but one of the host services reported to be committed to the model beyond the timeframe of the initial funding from the innovation programme. The remaining site was awaiting confirmation of the financial and resource commitment required beyond the end of the formal funding period.

5.1 Implications for capacity and sustainability

An adequate supply of foster carers is essential to ensure that all looked after children are placed with carers that best meet their needs (McDermid *et al.* 2012). The sufficiency duty, introduced in April 2008, requires all local authorities in England to plan for how they will meet demand for placing children, matching the skills of foster carers to the population of children and young people in their locality (Department for Children, Schools and Families, 2010). While MFM may increase the capacity of some satellite carers to care for children with higher levels of needs, it may have other implications for the availability of foster carers across the system.

In most cases, the host services appointed highly experienced hub carers to the role. The hub carers had been fostering for between 3 and 30 years and the majority of hub carers had been fostering for 15 years or more²⁸. With this level of experience the hub carers were typically able to offer the types of placements commonly difficult to resource, including emergency placement, adolescents, and children with complex additional needs. Participants from half of the host services noted that recruiting such carers into the role removed them from the available pool of carers, thereby placing increased pressure on the wider service. A number of evaluation participants reported that there had been requests to place children who were not from the constellation with the hub carers and interviews from 3 host services reported that not placing children with these highly skilled carers has been difficult to justify at a time of increasing resource constraints. Host service staff reported that stakeholder communication activities were required to ensure that the wider service understood the model so that the hub carers were protected and the model did not become diluted.

Given the central role played by the CLW, host services may need to consider how to sustain this role beyond the life of the project. The host services approached the role of the CLW in a number of different ways: 2 host services created a new post for the CLW, and in a further 2 the role was combined with the project manager post. The role was undertaken by an incumbent supervising social worker in half of the host services and in one case an honorarium was provided in recognition of the additional responsibilities. The role of the CLW also varied across the host services. In the majority of cases the CLW supervised the hub carers and satellite carers retained their supervising social workers. In one host service the CLW became the supervising social worker for all foster carers in the constellations, and in 2 of the sites, all foster carers involved in MFM retained their supervising social worker and the CLW provided additional support. Given the intensive nature of the CLW, each of these approaches is likely to have implications for the CLW's existing case load and capacity to work with carers outside of MFM, and may have implications for supervising social workers. In one site, the case load of the supervising social worker was reduced to reflect the increased work. It will be advantageous for services considering implementing MFM to explore the different possible configurations of the CLW to ensure that any additional workload or duplication of work between the CLW and supervising social workers produced through the model is minimised.

It may also be advantageous for the host service to consider avenues for sustaining and scaling up the capacity of hub homes. As noted above, it will be essential for hub carers to ensure that sufficient leave is available so they too can benefit from respite, away from their caring role. For example, participants from one site reported

²⁸ n=8:53%

that hub carers from different constellations deputised for one another if they were not available. Six participants suggested that a deputy hub carer may be a useful solution. This carer could cover some duties as needed when the main hub carer is away. This suggestion may also provide opportunities to prepare the deputy to become a hub carer at a later date, thereby supporting scale up of the model within the existing host services. The impact of the different practice and legislative cultures between the US and England on the translation of MFM may require further consideration. For instance the different conceptualisations of fostering as a temporary or potentially long term solution, may impact on the way the model is utilised, and the outcomes achieved, between 2 countries.

5.2 Recommendations for the future development of the model

Existing MFM host services should:

- Ensure that all stakeholders within the organisation, including social workers, independent reviewing officers, and fostering panels are familiar with the aims and delivery of the model. In particular, host service staff should be familiar with the role of the hub carers, to ensure that they are being utilised in ways that are consistent with the model. Clarifying the extent to which site staff should be involved in the day to day running of constellation meetings may be beneficial
- Ensure that mechanisms are in place to support the constellation activities, without undermining the peer support element. This includes limiting the attendance at MFM meetings to those foster carers and children and young people who are part of the constellations. The parameters and role of the CLW in particular should be clear to all carers involved in the model to make sure that the role is perceived to be one offering support, rather than surveillance
- Consider avenues for protecting the peer environment of the constellation activities. For example limiting attendance at some MFM activities to members of fostering households who are part of the constellations may preserve the confidence of carers to build supportive relationships
- Ensure that all parties providing support to children and young people within the constellations, including hub carers, agree a plan of care and that mechanisms are in place to ensure that those plans are being adhered to. Protocols for addressing inconsistencies of care provided to children and young people in the constellations should also be considered

- Ensure that MFM is incorporated in the care plans and placement plans for all children and young people in the constellations to avoid any future misunderstanding and inconsistencies of practice
- Clarify the roles and responsibilities of the CLW and other social workers who supervise carers involved in MFM. This may help to reduce the possibility of duplication of work and ensure clear lines of communication are maintained
- Ensure that all the hub carers are able to take time away from the role. Reiterate the leave allocations for the hub carers to all parties involved in MFM, including hub and satellite carers along with host services staff. Ensure that mechanisms are in place to ensure that hub carers make use of the time off allocated to them. This might require the development of contingency plans, such as the use of the deputy hub carer noted above
- Consider providing further training on forming and managing groups to hub carers and other MFM staff involved in the model
- Ensure that the hub carers are clear about data protection and confidentiality policies and procedures.

In addition to the recommendations above, fostering services considering implementing MFM should:

- Ensure that adequate assessment of the available resources to implement MFM is undertaken. Services should pay particular attention to whether their current population of foster carers and the local housing stock will provide a sufficient potential pool of foster carers from which suitable hub carers can be found
- Allow sufficient time to recruit the most appropriate hub carers
- Ensure that the aims and principles of MFM are clearly conveyed to potential satellite carers and social workers and to explore different ways of ensuring a sense of commitment to all elements of the model from all involved
- Consider the constitution of the constellations to ensure that all children and young people have the opportunities to develop friendships with other at a similar age and stage
- Consider the composition of constellations to include more children with siblings who are also looked after, or for children for whom their existing placement was not one of permanence. This may enable these aspects of the model to be further developed

- Ensure that a skilled project team is available to support the implementation of MFM.

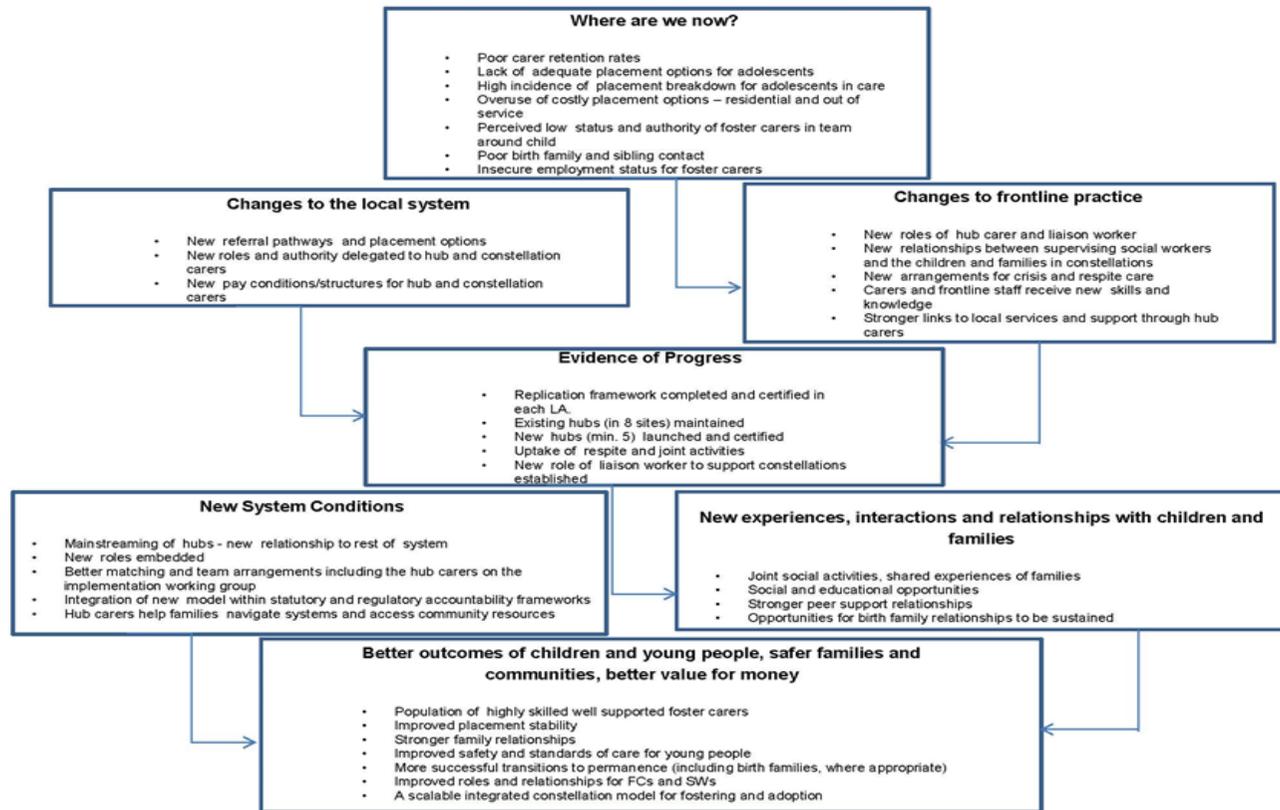
The national programme team should:

- Consider the ongoing parameters of the relationship between The Fostering Network and TMS. Identifying the operational decisions that might be made by The Fostering Network and what issues are required to be referred to TMS may expedite implementation in the future
- Consider how host services can be supported to develop the elements of the model that are not yet fully established including nurturing cultural identity, supporting birth family relationships and transitions to permanence.

Appendices

Appendix 1: Mockingbird Family Model theory of change

Figure 1: Mockingbird Family Model theory of change



Appendix 2: Evaluation approach

Programmes such as the Mockingbird Family Model typically produce 2 types of outcome (Fixsen *et al.* 2005):

1. *Effectiveness outcomes*, which examine the extent to which the innovation or intervention has resulted in positive change for the target group
2. *Implementation outcomes*, which explore how the innovation was delivered, the practical steps that needed to be taken and whether any changes to the delivery of the innovation would need to be made if it was to be replicated in the future.

While a conceptual distinction has been made between these 2 types of outcomes, in reality the 2 are necessarily linked: the way in which an intervention is delivered will impact on the types of outcomes achieved. Moreover, if not implemented²⁹ effectively the extent to which an innovation can achieve the desired outcomes will be limited (Fixsen *et al.* 2005). In recent years, the burgeoning field of Implementation Science, which seeks evidence about effective strategies and conditions for the delivery of services, has emerged (Fixsen *et al.* 2005; Wiggins, Austerberry and Ward, 2012). The central message of this growing body of evidence is that '*effective implementation is associated with better outcomes*' (Durlak and DuPre, 2008, p.340). It is therefore necessary to examine the outcomes achieved by the Mockingbird Family Model through the lens of the implementation experience.

Implementation science encourages the practitioner or researcher to consider not only the innovation itself, but the systems context into which it is being delivered. Any innovation which has been shown to be effective in one context will only be effective in another if the system is receptive. Likewise an otherwise effective programme will not achieve the desired outcomes if the system is hostile (Ghate, 2015). Systems context might refer to a range of factors including the effectiveness and receptiveness of the workforce, the specific policies and procedures relating to that intervention, and wider factors such as culture and ethos of an organisation (Ghate, 2015). These can be translated in a set of implementation drivers, which when in place and working in a complementary manner to that innovation, facilitate the implementation process. The converse is also true: if those factors are not in place, or are contradictory to the model, delivery is hindered (Fixsen *et al.* 2005, Ghate 2015). Thus, when examining the effectiveness of an innovation, account must be taken of what Ghate calls the '*invisible infrastructure*' that surrounds it (2015. p.4). This issue is particularly pertinent to the Mockingbird Family Model which was developed in the United States of America and is

²⁹ 'Implementation' can be described as the process through which the core principles and practices of an innovation or intervention are realised within a given context or service. In other words, it is the process through which an idea becomes a reality (Ghate, 2015).

being translated into the UK context. Therefore, to explore the effectiveness of the model across fostering services in England, the different legislative, practice, procedural and cultural context must be considered.

Moreover, evidencing the effectiveness of MFM on placement stability and the retention of foster carers is predicated on the ability to successfully demonstrate that the model has prevented a future event from occurring. Attempts to demonstrate the impact of preventative approaches through empirical research have proved methodologically challenging (Statham and Smith, 2010) because it involves a number of assumptions including the capability to conclusively identify those users who would otherwise go on to develop poor outcomes without intervention and those who would otherwise achieve good outcomes if left unsupported (Statham and Smith, 2010:61). The evaluation has, therefore, attempted to evidence those factors that are known to be positively correlated to placement stability and foster carer retention. The evaluation is based on the assumption that, where these factors are found to be present, the likelihood of future breakdowns in placement, or foster carers ceasing to foster, is reduced.

Appendix 3: Methods and sample

Host service staff interviews

Semi-structured interviews were carried out with the site staff involved in the implementation of MFM. The MFM programme manager and the constellation liaison worker (CLW) were interviewed in each host service. In 2 sites these roles were undertaken by one person. A suitable strategic or operational manager from all but one host service was interviewed and 2 were interviewed in one site. In one host site an individual who was involved in a previous pilot (based on MFM) was interviewed. The sample of host service staff interviews is shown below:

Table 1: Number of host service interviews by role

Role	Number of Interviews
MFM programme manager	6
Constellation liaison worker	6
Dual programme manager and constellation work role	2
Strategic or operational manager	8
Other	1
<i>Total</i>	23

The interviews were conducted over the phone and aimed to gather views and experiences of representatives from the host services about MFM, including the impact that it has had on foster carers, children and young people, and the staff and the service. These interviews paid particular attention to the implementation outcomes, and sought to identify the key barriers and facilitators to implementing MFM.

The monitoring data

Two types of monitoring data were collected using 2 types of form circulated to all fostering households participating in MFM. An initial form was used to collect baseline and demographic data on the foster carers and the children and young people placed with them. In total 79 initial forms were returned to the evaluation team. Hub and satellite carers were also asked to complete monthly monitoring forms to outline the kinds of MFM activities they had engaged in. Some data on the quality of relationships within the constellation (based on the Family Integration Scale, Sinclair *et al.* (2005) and children's outcomes were also included in the monthly monitoring data forms.

In total, 205 monthly monitoring forms were returned to the evaluation team. Overall, data were provided from 76 fostering households consisting of 11 hub carers, 65 satellite carers and 116 children and young people. Not all respondents completed all of the questions and 18 forms were excluded from the sample due to insufficient data. Therefore, the number of people replying to different questions fluctuates. The response rate varied by site and is summarised below.

Table 2: Monitoring forms response rate by site

Site	Response rate (%)						
	Initial forms	Monthly forms					
		October	November	December	January	February	March
A ¹	25	**	**	43	100	63	38
B	**	**	**	**	**	**	**
C	83	33	50	64	55	9	9
D	25	**	**	38	38	25	13
E	100	**	57	86	86	86	0
F	100	**	10	80	75	55	35
G	57	**	**	14	36	14	7
H	100	**	80	100	100	60	13

** Not applicable, no constellations operational at the site.

¹ Data were collected from 3 of the 6 constellations at this site. Two were operational for 12 months prior to the commencement of MFM and were therefore excluded from the sample. One did not become operational until February 2016, only one month before the end of the evaluation time period.

The majority of hub carers had been fostering for 15 years or more³⁰. Of those hub carers who completed forms, 7 had one child placed with them, one had 2 children placed and 3 had no children currently living with them. All of the children placed with hub carers were described as being '*long term*' and were aged between 11 and 17. All of the hub carers described themselves as fostering as part of a couple, with only one hub carer working full time in addition to their fostering role.

The sample of satellite carers had different levels of fostering experience. Only 10% had been fostering for 15 years or more, with the largest proportion reporting that they had

³⁰ n=8:53%

been fostering for between one and 3 years³¹. Thirty-four of the satellite carers, just over half of the sample, reported that they had one child placed with them, and 19 had 2 children placed. One satellite carer reported that they had 4 children placed and 5 reported that they had no child placed with them at the time of the evaluation. The type and purpose of the placements are detailed in table 3 below:

Table 3: Placement types of the children and young people placed with satellite carers

Placement type	Number of children	
	<i>n</i>	%
Short term fostering	29	33
Long term fostering	50	57
Parent and child fostering	1	1
Family and Friends or kinship care	5	6
Enhanced or specialist	2	2
<i>Total</i>	87	100

The children placed with satellite carers were aged between 3 and 23 years, with the largest proportion of children aged between 9 and 12 years old³². They were reported to have a range of needs. Just over half of the children and young people received additional support within a mainstream school³³ and 12 attended a special school or Pupil Referral Unit. Thirty-eight children were described as having additional needs and 17 had a Health, Education and Care Plan. In total additional information was provided about the needs of 47 children and young people. Fifteen children were described as having emotional and behavioural difficulties including 8 who also had attachment difficulties and violent episodes. A further 15 were described as having a diagnosed additional need including ADHD, Autism, or Global Developmental Delay. Of those children and young people for whom data on the services was accessed, 20 had received support from Child and Adolescent Mental Health Services and a further 20 had received support from Educational Psychology Services.

³¹ n=11:17%

³² n=21:28%

³³ n=52:57%

Focus group with supervising social workers

Focus groups were conducted with supervising social workers in the 4 in-depth sites. The aim of the groups was to gather the views of supervising social workers about MFM and the impact that it has had on them, the foster carers they support and the children and young people that live with them. The implementation of MFM was also explored. In total 4 focus groups, consisting of 28 supervising social workers were completed.

The survey

At the start of 2016 a short online survey was sent out to the 4 in-depth sites. The survey was circulated to all foster carers who provide mainstream foster care³⁴ and invited them to share their thoughts and opinions on the types of support and assistance they receive in their role as a foster carer. The survey was intended to explore the extent to which MFM may have impacted on foster carers' access to support services and compare the feedback from those in the constellations (hub and satellite carers) and those who were not.

In total, 135 questionnaires were received; however, not all respondents completed all of the questions. Therefore the number of people replying to different questions fluctuated. In the 4 sites we received responses from 28%, 25% 19% & 9% of all eligible foster carers in the authority.

Just under a third³⁵ of the survey respondents (28%) reported that they were part of MFM, of these 13 were hub carers and 25 satellite carers. The rest of the sample indicated that they were not in MFM. Of these 22 respondents reported that they did not know whether they were in MFM. This latter point is likely to reflect the fact that MFM was in the early stage of set up at the time of the survey but underlines the importance of ensuring the whole fostering community was aware of initiatives such as the MFM scheme.

Foster carers in the sample had been undertaking the role for varied lengths of time ranging from under 6 months to over 15 years. The MFM group had a larger proportion of newer foster carers, in which 18% had been fostering for under a year compared to 7% of those not in MFM³⁶. Around half of the foster carers had one foster child living with them at the time of the survey (55%), with a third having 2 foster children (34%). Similar rates were observed regardless of whether the carer was in MFM.

³⁴ Kinship carers and foster carers who solely provide respite or short breaks, parent and child placements or staying put arrangements, and those who solely care for children on a special guardianship order, were excluded from the sample.

³⁵ n=38

³⁶ n=129: p=0.003

The fostering household interviews

Semi-structured interviews were carried out with the fostering households participating in MFM. The majority of the interviews were conducted face to face, and 2 were telephone interviews. All members of the fostering household were invited to participate in the interviews and the configuration of the interviews varied according to the needs and preferences of the participants: 15 interviews were conducted with only the foster carers, 4 foster carers were interviewed followed by either their fostered children or their birth children being interviewed separately, and 6 interviews were conducted with both the foster carer and the child or young person together. The interviews were designed to explore the participants' experiences of MFM.

In total 25 households participated in an interview. This sample included 7 hub homes and 18 satellite homes. This amounts to approximately 43% of the total number of MFM households in the in depth sites. Interviews were completed with a total of 34 foster carers, 2 support carers, 12 fostered children and young people, and 5 of foster carers' own children.

The hub carers interviewed had fostered for between 2.5 and 30 years, with an average of 14 years. Only 3 hub carers interviewed had been fostering for 10 years or less. Four hub carers had placements at the time of the interview (one had 2 children placed with them). All of these placements were described as '*long term*'. The children placed with hub carers were aged between 12 and 16, with an average age of 14.

The satellite carers interviewed had fostered for between 7 months and 15 years, with an average duration of 6.5 years. Four had fostered for 10 years or more. Eight of the satellite carers described themselves as offering long term placements, 6 offered short term and respite. Two carers provided both short and long term placements and 2 did not state the kind of fostering they offered. Twelve satellite carers had one child placed, 3 carers had 2, and 3 carers had 3 children in placement. These children had been in placement for between 3 months and 15 years, with an average of 3.4 years. The average age of the children and young people interviewed was 10 years, with a range of 7 to 18. One of the young people interviewed was described as having mild to moderate learning difficulties, one was due to move into semi-independence within a few months of the interview, and one has been identified for adoption.

Analysis of costs – approach to costing and sample

When agencies engage in implementing a new innovation the costs incurred can be organised into 3 cost categories (*c.f.* Saldana *et al.* 2014; McDermid, Holmes and Trivedi, 2015):

1. *The ongoing costs associated with the innovation itself*
2. *The costs associated with implementing the new innovation*

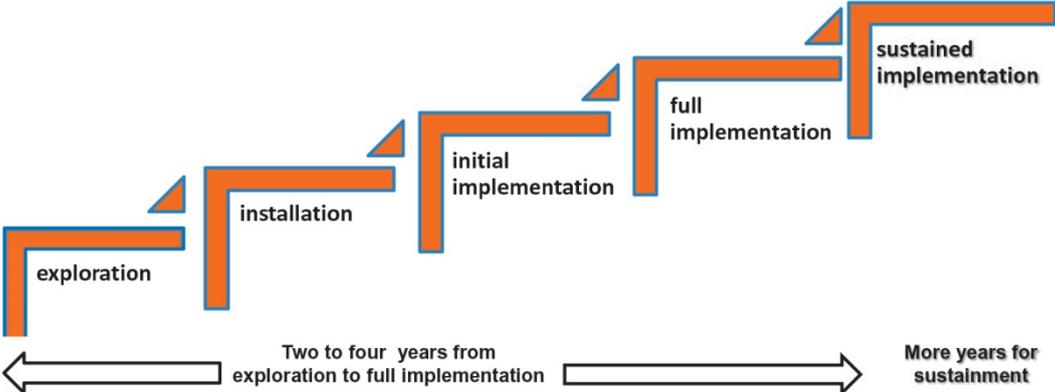
3. *The costs associated with being part of a pilot programme*

Distinguishing between these different types of costs facilitates a more comprehensive understanding of the overall costs of MFM because the expenditure associated with introducing an innovation will change as the agency moves through the various stages of implementation (*c.f.* Fixsen *et al.* 2005; Holmes, Westlake and Ward, 2008). It is likely that the costs of implementing the innovation will peak during the set up stage, as the activities required to introduce the new practice are underway. If the model is found to be cost effective, the costs should start to reduce during the full implementation stage as the innovation becomes embedded. The costs are lowest when the host service reaches sustained implementation as the new practice has now become embedded and the financial benefits are realised.

The cost analysis also makes a conceptual distinction between cost saving and costs avoided. A '*cost saving*' is a reduction of current or actual expenditure. A '*cost avoided*' is a change in the projected or predicted expenditure. For example, a reduction in expenditure to a Youth Offending Service will be achieved because a child ceases to offend: this is a '*cost saving*' and no longer requires intervention from the service. If a child who is identified as at risk of offending due to their challenging behaviour, does not offend (and therefore does not incur a cost to Youth Offending Services), a cost has been '*avoided*' (Holmes, McDermid and Trivedi, 2014).

Appendix 4: Stages of Implementation

Figure 2: Stages of implementation



Source, Ghate, 2015, p.6. Used with permission.

Appendix 5: Tables

Table 4: In the last month did your foster child get on well with others in the constellation?

Response	Number of responses									
	Month 1		Month 2		Month 3		Month 4		Month 5	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Always	11	34	16	29	19	33	20	45	20	44
Often	12	38	19	35	22	39	12	27	12	27
Sometimes	9	28	19	35	13	23	12	27	12	27
Never	0	0	1	2	3	5	0	0	1	2
<i>Total</i>	32	100	55	100	57	100	44	100	45	100

Table 5: Mean integration scores over the timeframe of the evaluation

Time point	<i>n</i>	Family Integration score			
		Minimum	Maximum	Mean	Std. Deviation
Initial form (baseline)	71	11	18	16	2
Month 1	31	12	18	16	2
Month 2	55	12	18	16	2
Month 3	51	10	18	16	2
Month 4	40	12	18	17	2
Month 5	12	11	18	16	2
Month 6	2	15	16	16	1

Table 6: Changes in behaviour at school over the course of the evaluation

Statement	Number of respondents stating always or often to the following statements									
	Month 1		Month 2		Month 3		Month 4		Month 5	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
In the last month my foster child has completed their homework	23	59	35	41	34	37	29	81	9	49
In the last month my foster child has participated in class	27	69	31	37	37	60	34	42	0	0
In the last month my foster child has got along with his/her classmates	24	60	36	54	36	57	33	70	10	77
In the last month my foster child has attended school or college	36	92	58	88	60	93	43	91	13	99

Table 7: Number of households in each constellation

Number of satellite households in the constellation	Number of constellations
Four satellite households	2
Five satellite households	2
Six satellite households	5
Seven satellite households	3
Eight satellite households	1
Nine satellite households	1
Ten satellite households	2
<i>Total</i>	16

The table above summarises the number of satellite households in the MFM constellations, and how many constellations were constituted of this number of

households. The table shows that the largest proportion of constellations contained 6 satellite households. At the time of the evaluation, 4 constellations had fewer than the recommended minimum of 6 satellite households and 2 constellations had the maximum of 10. This is likely to reflect the timing of the evaluation, as some constellations may add more satellite homes as the project develops.

Table 8: Estimation of average cost of running a constellation

Cost component	<i>n</i> ¹	Costs per week (£)			Estimated average yearly cost (£)
		Range		Average	
		Minimum	Maximum		
Fees to hub carers ²	5	342	650	501	26,048
MFM activities	4	25	77	39	2,017
Travel/mileage	3	12	65	47	2,426
<i>Total</i>					30,491

¹ Number of sites that provided costs data for each element.

² This figure does not include allowances paid for respite care provided.

Moreover, costs data were provided to the evaluation by 5 of the 8 MFM host services. The data varied in content, with one host service providing actual costs incurred over the evaluation period and the remaining host services providing the predicted (budgeted) costs. The host services also provided varied levels of information on the 3 cost categories listed above. Therefore, a degree of caution should be employed in interpreting the costs presented in Table 8. This analysis of the costs of MFM during the pilot phase should be considered as tentative, and should be revised once additional data are available. As noted in Section 4, the MFM host services were assessed as being in the initial implementation stages. Therefore, the costs presented here are likely to represent the peak in the costs.

Appendix 6: Analysis of Mental wellbeing

The survey to foster carers contained the Warwick-Edinburgh Mental Well-being scale (WEMWBS) (University of Warwick, 2015). WEMWBS was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Scotland, developed by the University of Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh. It is a 14-item scale covering subjective wellbeing and psychological functioning, in which all items are worded positively and address aspects of positive mental health (such as *'I've been feeling optimistic about the future'* or *'I've been feeling useful'*). The scale is scored by summing the response to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. Higher scores are associated with higher levels of mental wellbeing. In total 119 respondents completed all 14 statements.

The average (mean) score for all of the respondents was calculated to be 52.9 (n=119, Std. Deviation 9.64). This score is comparable to the most recent data in England where WEMWBS has been included in the Health Survey for England since 2010, and the population mean score has varied from 50.9 in 2010 to 51.6 in 2011 and 52.3 in 2012 (University of Warwick, 2015).

Those respondents in MFM recorded a lower wellbeing score compared to those not in MFM.

Table 9: Mean wellbeing score of those survey respondents in MFM compared to those who were not

	Mean wellbeing score	Sample size	Std. Deviation
For those in MFM	50.4	n=33	11.8
For those <u>not</u> in MFM	53.8	n=85	8.5

(Independent samples test, t-test: F=7.495; p=0.007; t= -1.77; df: 116; p=0.79)

Guidance accompanying the WEMWBS scale indicates that a 3 to 8 point difference between before and after time points could be considered meaningful. In this evaluation WEMWBS was issued at one time point only so there is no follow up score. If this notion is applied to the difference between the 2 survey sub-samples (those in MFM and those who are not) it is possible to infer that the mental wellbeing score for those in MFM is lower, but not meaningfully when compared to those not in MFM. Generally these findings should be treated with some caution: the WEMWBS guidance indicates that there should be at least 50 people in each group if 2 groups are going to be compared. This number is not always achieved in the analysis.

However, there is a higher proportion of new carers in the MFM group (18% compared to 7% of those respondents not in MFM). The survey also suggests that those fostering for less than a year, tend to have a lower wellbeing score.

Table 10: Mean wellbeing score of survey respondents by length of time fostering

	Mean wellbeing score	Sample size	Std. Deviation
Fostering under 1 year	48.6	n=8	10.9
Fostering between 1 and 6 years	53.3	n=55	8.2
Fostering for over 6 years	53.2	n=56	10.7

ANOVA df=38; F=1.278; p=0.178

An analysis of whether respondents had felt like giving up fostering in the previous 6 months revealed that those who had considered this had different average wellbeing scores compared with those who had '*hardly ever*' or '*never*' considered giving up.

Table 11: Mean wellbeing score of survey respondents by intention to leave fostering

	Mean wellbeing score	Sample size	Std. Deviation
' <i>Very often</i> ' or ' <i>often</i> ' felt would like to give up fostering	44.2	n=24	8.0
' <i>Sometimes</i> ' felt would like to give up fostering	51.2	n=29	9.2
' <i>Hardly ever</i> ' or ' <i>never</i> ' felt like giving up fostering	56.8	n=66	7.9

(ANOVA df=3; F=2.557; p=0.00)

Mental wellbeing was also correlated with perceived levels of support. A proxy measure for the degree of support a carer had was created based on whether survey respondents stated that they had '*very good*' support from their supervising social worker and also said they had a lot of support for their immediate family. It was assumed that those carers who met this criteria had '*high support*' (62%) and those who did not meet this criteria had '*low support*' (39%). Similar proportions were observed regardless of whether the respondent was in MFM or not.

The analysis showed that those with high support on the composite measure were also more likely to have a higher wellbeing score.

Table 12: Mean wellbeing score of survey respondents by level of support received

	Mean wellbeing score	Sample size	Std. Deviation
Carer receiving low support	51.0	n=72	9.0
Carer receiving high support	56.1	n=45	9.7

(Independent samples test, t-test: F=0.135; p=0.714; t=-2.82; df=115; p=0.006)

As may be expected those who reported higher levels of satisfaction with the support they received tended to have a higher average wellbeing score.

Table 13: Mean wellbeing score of survey respondents by satisfaction with support

	Mean wellbeing score	Sample size	Std. Deviation
'Very satisfied' or 'satisfied' with support	55.2	n=74	9.0
'Not sure' if satisfied with support	47.6	n=16	10.3
'Very unsatisfied' or 'unsatisfied' with support	50.5	n=28	8.7

(ANOVA: df=2; F=5.96; p=0.003)

In keeping with such findings, those who stated that they found fostering stressful had a lower average wellbeing score.

Table 14: Mean wellbeing score of survey respondents by how stressful respondents found fostering

	Mean wellbeing score	Sample size	Std. Deviation
'Agree' or 'strongly agree' that fostering is stressful	50.5	n=48	10.8
'Disagree' or 'strongly disagree' that fostering is stressful	54.6	n=70	8.4

(Independent samples test, t-test: F=6.05; p=0.015; t=-2.34; df=116; p=0.021)

There were no discernible differences between MFM and non-MFM carers on these 2 measures.

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