Summary of findings

- Lifelong Links practice should be child led and should be carried out at a pace determined by them, with a recognition that for some children, objectives might change.
- Most of the objectives set by children and young people are met.
- Clear communication and a shared understanding of the handover of the Lifelong Links plan and mechanisms to review the plan are pivotal to support the embedding of Lifelong Links.
- Lifelong Links supports the concept of relational stability, with the recognition that relationships can continue beyond placements, and that foster carers and birth family members can work collaboratively.
- The longitudinal child level analysis shows that:
  - placement stability continues for children and young people in the years following the commencement of Lifelong Links.
  - emotional health and wellbeing appear to improve (as measured by the Strengths and Difficulties questionnaire).

Background

Funding from the Department for Education (DfE) Children's Social Care Innovation Programme (Round 2) enabled a three-year trial of Lifelong Links (2017-20) in England. Lifelong Links aims to ensure that a child in care has a positive support network around them to help them during their time in care and into adulthood. A trained independent Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them altogether in a Lifelong Links family group conference to make a plan of support with and for the child. This plan is then embedded in the child’s care or pathway plan. The DfE commissioned evaluation indicated that Lifelong Links contributed to children and young people’s sense of identity, supported them to build their own narratives and addressed their needs to build safe connections and restore damaged relationships\(^1\).

\(^1\) The Lifelong Links evaluation report is available to download [here](#).
Introduction

The research presented in this briefing paper was funded by the Department for Education (DfE) and commissioned by Family Rights Group (FRG) as part of an extension to the aforementioned evaluation of Lifelong Links. This further work was designed to build on the previous evaluation by exploring how Lifelong Links is being implemented and embedded into practice. The evaluation extension also provided an opportunity to examine Lifelong Links practice by way of further analysis of practice summaries (see below for further details) and some child level outcomes over a longer time period in two of the local authorities. The evaluation extension also included the development of a Cost Benefit Analysis template for use by participating local authorities to support their planning for the sustainability of the Lifelong Links service and business cases. The template has been incorporated into the Lifelong Links toolkit provided by Family Rights Group. The evaluation extension research, set out in this paper, aimed to address the following:

- Whether the (child led) objectives set at the start of Lifelong Links were being met.
- How Lifelong Links was being integrated into care plans, as well as how this was being recorded, checked, and evidenced.
- Who was accountable for the Lifelong Links plan once the coordinator stopped working with the young person and how that transition was managed?
- Whether there was any evidence of culture change within the local authorities participating in Lifelong Links.
- What were some of the barriers to embedding Lifelong Links into practice?
- What was working well in embedding Lifelong Links into practice?
- Whether there was any evidence of longer-term outcomes, such as placement stability, associated with Lifelong Links.

Methods

There were three elements to the evaluation extension, taking place across four local authorities. Two of these local authorities had been involved in Lifelong Links from the outset and were part of the main DfE evaluation. The other two had introduced Lifelong Links more recently. The local authorities were spread throughout England and included a range of shire, metropolitan and boroughs, although they are not necessarily representative. The three evaluation extension activities are detailed below.

Embedding practice

Semi-structured interviews were conducted across the four local authorities. In total, 40 professionals participated in the interviews. The breakdown of their roles, by local authority is provided in Table 1.

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2 To access the Lifelong Links toolkit, email JSewell@frg.org.uk.
Table 1: Interview participants

**Practice summaries**

Practice summary templates for authorities to complete about each child participating in Lifelong Links were created as part of the DfE trial of Lifelong Links. They are intended to capture data about the process of Lifelong Links, the objectives set, and outcomes achieved. They also provide an insight into practice. Data was analysed from 100 practice summaries completed across the four local authorities, although the majority of these were provided by two of the local authorities (54 and 31).

**Longitudinal child-level outcomes**

Longitudinal child-level outcomes were analysed as part of the DfE evaluation using data routinely collected by the participating local authorities as part of their statutory data returns to the DfE, and management information systems data about Lifelong Links participation. This included data up to March 2020. Two of the local authorities that have been participating in Lifelong Links since the outset (April 2017) provided additional child-level data for the subsequent year (April 2020 to March 2021). This data was then linked with the previous years of data for these two local authorities to create a dataset with up to four data time points. Data were provided for a total of 292 children and young people who received Lifelong Links before March 2020. Of these a complete set of data for the four time points was available for 164 children and young people.

**Limitations**

There are some limitations associated with each of the three evaluation extension activities. These are as follows:

- The qualitative research did not include social workers in two local authorities (as shown in Table 1). Those that did participate were recruited via the Lifelong Links service, so there is likely to be some bias towards positive views and experiences of Lifelong Links. The research was time limited and took place between June and September 2021, at a time when local authorities were facing time and capacity pressures because of the COVID-19 pandemic.
- As detailed above the submission of practice summaries varied greatly between the four local authorities and as such it has not been possible to include any analysis between local authorities. Furthermore, the practice summary template was updated throughout the DfE trial period. Although
the current version was introduced in April 2019, some older versions of the template were submitted. The older version accounts for a third of the submissions.

- The longitudinal analysis is restricted to a smaller cohort than the main DfE evaluation, and the focus differs (longer-term outcomes in two local authorities, rather than all local authorities implementing Lifelong Links)\(^3\). We had also intended to examine a wider range of longer-term child level outcomes, such as school exclusions, self-harm behaviours and offending. However, the number of children and young people with any data about these outcomes was minimal, indicating that at the point of referral to Lifelong Links only a few young people were excluded from school, were committing offences or, for whom, there was a record of self-harming behaviours.

Findings

The following sections of this briefing paper are organised around a series of themes that emerged from our analysis. They focus on the Lifelong Links operational model (as shown in Figure 1), and how the different stages have been implemented as Lifelong Links is embedded in practice. The findings include an exploration of the barriers and facilitators, and consider the outcomes and impact, from the perspectives of those working in the local authorities and drawing on the data from the practice summaries. The section in the latter part of this paper, focused on outcomes, also includes the findings from our longitudinal analysis of child level outcomes.

As set out in the DfE evaluation the implementation of Lifelong Links was variable, and as with other innovations and new practices in children’s social care, the implementation was most effective in sites where there was a commitment across the local authority, from senior leadership, through to the Family Group Conference (FGC) service. The importance of the overarching commitment was also evident from our examination of the embedding of practice. Across the four local authorities practitioners set out a range of strategies to support referrals to Lifelong Links, and to embed it into wider practice, these are discussed in the following sections.

Referrals to Lifelong Links

Referrals to Lifelong Links are usually made by the child’s social worker or personal advisor, but practitioners also provided examples of referrals being made by an Independent Reviewing Officer (IRO). These were usually instances where the child had a new social worker and a relationship had not yet been established. Social workers described some of the reasons why they had referred to Lifelong Links:

“They’d probably been in care about 2 years at [the point I referred] and it was specifically about reaching out to wider family ... to see what where they were at in their lives, did they want contact, can we start to re-establish some of these relationships ... the outcome of that was ... one of the children’s older brothers ... the children hadn’t seen him or spoken to him ... probably in over 3

\(^3\) This focus on two local authorities resulted in the removal of the comparator group included in the DfE evaluation because of the complexities associated with matching the groups. Further information about the approach to matching, and associated complexities is set out in Appendix 5 of the evaluation report.
years. They now meet up at least a minimum of monthly and go out and have family days all that sort of thing, which I don’t think would have happened without that service.”

“So a lot of my young people are wanting to develop their sense of identity and reconnect with people who they may have lost contact with in the past, or a lot of my young people have moved around from placement to placement or from schools or even away from family. So it’s ... a good way for them to ... reconnect with people.”

As indicated in these examples, for the most part social workers were receptive to Lifelong Links, but interview participants also indicated that communication and promotion of Lifelong Links was variable and eligibility for referral was not always clear, this was particularly pronounced in the local authorities where there had been specific eligibility criteria for the initial DfE trial\(^4\). Our findings also indicated there was not always an even spread of referrals across social work teams. This highlights the need for clear and consistent awareness raising in local authorities, and those working in the Lifelong Links teams reported that they were exploring whether these differences were as a result of perceptions or awareness. In one of the local authorities that had been involved since the outset, they reported that they received a relatively even spread of referrals across teams. This was attributed to the groundwork and preparation when they first started Lifelong Links:

“At the beginning of Lifelong Links we went out to social worker teams to promote what we were doing and to drum up some business, and I think social workers know about it quite fully now and we get referrals in on a regular basis.”

Interview participants were positive about the process, and the ease with which they could make referrals:

“If you do that form properly, the referral form, it can take you less than 5 minutes... it generates itself on the child’s file, so you’re not looking up addresses and date of births, what year did this happen and it’s really succinct.”

\(^4\) The Lifelong Links trial eligibility criteria (for April 2017 to March 2020) were set to include children and young people under 16 years old, who have been in care for less than 3 years and for whom there is no plan for them to live within their family or be adopted. These criteria were determined during the pre-trial period by FRG in consultation with sites.
Lifelong Links process

The different stages of Lifelong Links are shown in Figure 1. In line with the findings from the DfE evaluation, the four local authorities reported variance in the stage that was reached for young people. In some instances, work stopped after the completion of Lifelong Links tools, such as genograms and family trees. For others a plan was completed, and others progressed to making a plan at a Lifelong Links Family Group Conference. This is also reflected in the data from the practice summaries, which indicates that a Family Group Conference took place for around a quarter of the children and young people (this aligns with the data from the previous DfE evaluation). The Practice Summaries also provide an indication of not only a plan being made, but the subsequent work to have the plan agreed with the network and to embed the plan. Most young people (57) agreed to the Lifelong Links plan and for it to be sent to their network, of these, 65% were then recorded as being embedded.

Although there was variability in the progression through the Lifelong Links process, workers emphasised the value of ‘low level’ Lifelong Links:
“I think it depends on the children, because obviously it’s totally child led. We take it where the children want to take it … obviously, it’s not low level for them, but they wouldn’t necessarily want the big FGC.”

The concept of ‘low level’ also seemed to vary between the local authorities, and interview participants in two of them reported that they still completed Lifelong Links plans for those children and young people who had been involved in a very small piece of work. In one of the local authorities, they indicated that 90% of all of their Lifelong Links referrals had progressed to a plan. The participants in the local authorities where an emphasis was placed on completing a Lifelong Links plan also highlighted the longer-term value of having a plan. They cited the importance of having a plan that could be shared with social workers and IROs, and essentially providing the foundations, if the child or young person was to want further work to be carried out in the future. The concept of ‘low level’ also speaks to the emphasis placed on child-led practice, with Lifelong Links objectives being set by the young people.

**Lifelong Links tools**

The practice summaries captured data about the use of the different tools used as part of the discovery and engagement process. The most used tool was a genogram (87%) followed by asking the family (70%). An ecomap was only used for 9% of children and young people. The practice summaries also captured data about the time spent on the different elements of Lifelong Links. Practitioners reported spending on average just under five hours on the completion of genograms and mobility maps.

**Transition**

Interview participants were asked about the transfer of the plan once the Lifelong Links coordinator finished their work with the child or young person. The coordinators emphasised the need for a clear handover to ensure that the child’s social worker and the IRO understood that they were now responsible for supporting the plan. Coordinators described some of their approaches, including a ‘goodbye visit’ and compilation of ‘Lifelong Links packs’ to support the transition.

Despite these examples, participants reported variability in the process of transition. One IRO indicated that they had experienced a smooth process:

“It just seems to continue to flow. From the young person’s perspective, it seems to have continued to happen in the majority of cases, I think there’s been some where it hasn’t, but it seems to have just continued to happen.”

Conversely other participants indicated that they still needed to do further work to ensure the transition worked well in practice:

“We do try quite often to make sure it’s reviewed at their child in care review so we have attended a few of those as well when we think things are not quite happening in the way that had been agreed … Social workers are so busy it is difficult for them to remember all this stuff … but we need to find a better way, whether it’s having a prompt on the child in care review minutes or I don’t know we need to formalise it a little bit better …. overall … we’ve got a really good process and we’ve got
some really good pieces of work, it’s just that end bit we are struggling with, it’s just the embedding bit.”

Participants focused on the potential value of strategic oversight of the transition process to support the embedding of practice, and as per the quote above, some of the participating authorities were encouraging their Lifelong Links coordinators to attend child looked after reviews to ensure the plan was being implemented.

IROs taking responsibility of the Lifelong Links plan as part of the transition was considered to be pivotal for ensuring future actions were reviewed and the integration into the care plan. In the larger local authorities IROs were also identified as having a key role in raising awareness of Lifelong Links as well as supporting the embedding of the work. Their position across the local authority, working with different social work teams was cited as a way of introducing social workers to Lifelong Links.

**Accountability**

All participants were clear that once the Lifelong Links coordinator handed over the plan, the social worker was responsible for ensuring that the plan was implemented, and the IRO was responsible for monitoring the plan. However, the inclusion, and awareness of a clear strategy was not always evident. In one of the local authorities an IRO explained how she used the decisions in the child looked after review to embed the Lifelong Links plan but was unsure as to whether that was the correct course of action.

In some of the local authorities participants indicated that social work team managers were also included in terms of ongoing accountability, and ensuring the embedding of Lifelong links plans. In two of the local authorities this had manifested as the inclusion of Lifelong Links in supervision with social workers:

“I’ve written to all the team managers to say ‘in your supervision when you’re meeting with your social workers and going through all the children ... can we now add Lifelong Links as an agenda item. Now, I don’t think we’ve got that cracked, but I do think that’s another route in.”

One local authority carried out an internal evaluation which included reviewing all case files where there had been a Lifelong Links plan to look for evidence of that being implemented, and where evidence was lacking, they have followed up to explore why. They have also added a section on Lifelong Links to the child’s care plan. Another of the Lifelong Links services are also planning an internal evaluation and are planning to implement feedback forms.

**Barriers to embedding Lifelong Links Plans**

The DfE evaluation included an examination of the barriers and facilitators for the implementation of Lifelong Links. The issues that were identified were also revisited to understand whether they were also present in terms of the embedding of Lifelong Links. Participants consistently emphasised the importance of commitment to, and ‘buy-in’ at all levels across the local authority. They also provided examples of how they had tried to achieve this. Local implementation groups were cited as being particularly important both in terms of the initial set-up of Lifelong Links and then supporting the embedding of practice. Participants also indicated the value of embedding Lifelong Links into the wider Family Group Conference service,
although the ease of doing so differed across the local authorities. As set out earlier, participants emphasised the need for a strategy to support the embedding of Lifelong Links and referred to this as a facilitator, where there was a lack of strategy additional work was required to ensure the children and young people had a joined-up experience.

**Expectations**

Linked to the need for a clear strategy, participants indicated that clear expectations were essential to encourage social workers to refer, and foster carers to support Lifelong Links:

> “So it’s about making sure everyone knows their roles and responsibilities, this is the piece of work the coordinators going to do but if you’re making a referral the social worker and the foster carer take on the responsibility to continue with the work.”

Some of the reticence identified during the DfE evaluation and associated negative perceptions of Lifelong Links remained in some local authorities, although for the most part the reticence was associated with a perspective of ‘protecting the child’ from potential rejection. There was also substantial discussion about potential risks, and the Lifelong Links coordinators reported a confidence in navigating and assessing risks. Service managers and IROs also associated the perceptions of risk with wider discussions across children’s social care and the complexities of decision making.

**Changes of social workers**

Often a change in social worker is cited as a barrier in supporting new practices in children’s social care, and while it is another change experienced by the child or young person participants also identified some positive examples where the arrival of new social workers provided an opportunity for new referrals or Lifelong Links work. Where there was more frequent turnover of social workers, an emphasis was placed on the importance of detailed records associated with Lifelong Links, and the embedding of the plan to ensure work continued following the transition between workers.

**Views and role of foster carers**

There was also a recognition of the importance of foster carers, and their role in supporting Lifelong Links. Some of the local authorities had ensured that Lifelong Links was talked about in foster carer training and others involved a foster carer in their local implementation group. Participants provided some examples of foster carers supporting Lifelong Links, a finding that aligns with the DfE evaluation. However, they also reported some challenges with foster carers, and the need for continued awareness raising and collaborative working from the outset:

> “The relationship with the foster carer is really critical right from the beginning, and so we’re encouraged to meet the foster carer, talk to the foster carer before we ever do a visit just to make sure that they understand Lifelong Links ... Some foster carers can be quite hostile so it’s about making sure that relationship is on solid ground to start off with and then that makes our job so much easier as time progresses.”
Relationship between Family and Children’s Services

Participants highlighted that in some circumstances it was necessary to establish, or re-build positive relationships with birth family where there had been prior negative experiences. As identified in the DfE evaluation, the position of Lifelong Links in the FGC service was perceived to be a way of supporting this, both in terms of their independence and thus perceived distance from social work teams, and the underlying culture of collaborative working with families. However, the transition (as detailed above) to the child’s social worker to embed Lifelong Links was identified as a complexity, and potential barrier:

“So while they are happy to engage with the Lifelong Links coordinator and will do everything that the Lifelong Links coordinator requires of them, when it then comes to the transfers across to the social worker... that that can be a barrier sometimes. We then get social workers saying, ‘well they’re not engaging with us,’ and it’s often because parents or family members have had a difficult experience and they don’t feel able to.”

Examples of how Lifelong Links was starting to impact on the culture within local authorities were also provided, specifically in terms of perceptions of, and ways of working collaboratively with parents. They cited moves to include parents in looked after child reviews and involve them in discussions about schools and education, and one local authority indicated that they had set up an advocacy service for parents. Participants also identified culture changes where Lifelong Links aligned well with other initiatives in the local authority:

“[Lifelong Links] sits with a number of initiatives that hit the crest of the same wave, things like the reunification programme that we have... and the family group conferencing ... all of the parent led stuff ....”

Moving forward

It is evident from the interviews across the four local authorities that substantial work has already been carried out to embed Lifelong Links practice. Participants identified a range of mechanisms to support the embedding. They also set out a series of points to inform future learning as well as key issues that could either help or hinder the sustainability of Lifelong Links.

Resources

The cost effectiveness, or the value for money of a service, or intervention is integral to implementation, associated evaluations and to inform local business cases. The DfE evaluation included a cost benefit analysis of Lifelong Links and identified a small return on investment, at a programme level. In addition to the evaluation extension activities set out earlier in this paper, a Cost Benefit template has been developed for use by local authorities, at a programme level to support discussions about the sustainability of Lifelong Links. The short-term nature of funding for Lifelong Links was highlighted as a concern, alongside the need to secure sufficient funding locally to support continuity of and commitment to the Lifelong Links coordinator posts:
“It would be good for the funding to be more assured on a long-term basis... I believe that there are enough people who believe in Lifelong Links ... for us to be sure for a while longer people will continue to fund it.”

The concerns about longer-term funding and commitment are not unique to Lifelong Links and mirror discussions about other new programmes and interventions in children’s social care. This was highlighted in the summary of DfE Innovation Programme evaluations, along with a discussion of necessary timeframes to demonstrate longer-term outcomes attributable to specific programmes\(^5\).

**Integration**

The need for integration and alignment between Lifelong Links and wider practice to support embedding was identified earlier in this paper. In addition, the DfE evaluation reported that in some local authorities the concept of ‘just good social work practice’ had been cited when discussing Lifelong Links. One aspect of alignment that resulted in differing perspectives in the four local authorities, was the intersection between Lifelong Links and life story work. Although there was a consistent view of the value of life story work having taken place prior to Lifelong Links. Participants in one of the local authorities articulated that they are very different pieces of work, with a different purpose:

> “Because ours is the next stage on isn’t it? It’s not about how they came into care, it’s the going forward ... what happens next.”

Conversely, in one of the other local authorities close connections had been identified between the pieces of work, placing an emphasis on ongoing work that informs the other:

> “Then the Lifelong Links worker will do the beginning work of the family tree and locate family, and then you can start doing further work. Because its continual life story work, it’s never ending, so it’s very much again about that joint working really and then continuing that piece of work following Lifelong Links.”

Integration was also discussed within the context of Lifelong Links becoming a service that could be made available to all children in care:

> “We’re reliant on the social worker deciding that the child might be the right child for this, rather than it being the child’s right to have this work or the child knowing about this work.”

There was recognition that expansion of the service to this level would require resources, both in terms of the initial work being carried out by the Lifelong Links coordinators and to ensure ongoing monitoring and review of the plan following the transition to the social worker and IRO.

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\(^5\) The summary report of the last rounds of DfE Innovation Programme evaluations was published in 2020 and is available [here](#).
### Outcome and impact

Within this section we draw on data from the three elements of the evaluation extension, and we frame the findings within the context of the prior DfE impact evaluation.

#### Setting objectives and outcomes

At the outset the child or young person indicates what their personal objectives for Lifelong Links are. The practice summaries are used to capture data about the number, and type of objectives that are set and those that are met. The number of objectives set by young people ranged from one to nine and 71% of all objectives were met. Most of the objectives set relate to (re)connections with family and an understanding of family history. The specific objective of gaining more knowledge about family was successfully achieved for the majority of young people (81%) who had set it as an objective.

The practice summaries also capture data about a set of outcomes, and whether Lifelong Links has led to improvements or steps towards achieving these outcomes for each child or young person. This information is recorded by the Lifelong Links coordinator. The different types of outcomes, and corresponding percent where there have been improvements are detailed in Table 2.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Family knowledge</td>
<td>74</td>
</tr>
<tr>
<td>Stronger identity</td>
<td>69</td>
</tr>
<tr>
<td>Direct contact</td>
<td>52</td>
</tr>
<tr>
<td>Indirect contact</td>
<td>64</td>
</tr>
<tr>
<td>Long-term commitment</td>
<td>53</td>
</tr>
<tr>
<td>Overnight stays</td>
<td>18</td>
</tr>
<tr>
<td>Repaired relationships</td>
<td>43</td>
</tr>
<tr>
<td>Network support</td>
<td>54</td>
</tr>
</tbody>
</table>

Table 2: Lifelong Links outcomes (practice summary data)

Interview participants also provided reflections on the outcomes and impact associated with Lifelong Links. They cited examples of how Lifelong Links was supporting children and young people with understanding their ethnic and cultural heritage by reconnecting with birth family members, and this in turn was helping them to understand their identity:

“We’ve separated children from their identity... so Lifelong Links by reconnecting children with members of their birth family and the people who share a similar background we can sort of restore and promote a sense of identity ... he just took her to places which she’d not gone to before … she just reconnected with that side of her family, that [was] unknown to her before.... We will never match all children ... so how can family fill that space?”
Permanence and stability

Relational stability, and the concept of permanence was a theme that emerged during the evaluation extension interviews. The perspectives of the practitioners aligned with the positive evidence from the DfE evaluation around the association of Lifelong Links and continued placement stability, and the work helping to establish and build trust between the young person, their foster carers or key worker, and birth family.

One of the local authorities’ participants reported that their culture of ‘permanency’ had led to a reduction in family contact, and this was a concept that Lifelong Links was helping to challenge, with the recognition that placement stability, and some instances ‘permanence’ can be achieved alongside relational stability with birth family members, or other trusted adults identified by the children and young people as part of Lifelong Links.

There was also recognition of the potential value of Lifelong Links when ongoing face to face contact is not possible. Examples were provided of letters being given to young people to help them understand their family tree and that family members were still thinking of them, even if direct contact was not possible.

The longitudinal analysis of the child-level data in two of the local authorities also focused on placement stability. One of the headline findings in the DfE evaluation was that almost three-quarters (74%) of the children and young people who were referred remained in their placement in the year following Lifelong Links, compared to 41% of the comparison group.

As detailed earlier in this paper, in our subsequent analysis we examined longer-term placement stability for the children and young people in two of the local authorities, incorporating data for 2020-21. As shown in Figure 2, the pattern of placement stability identified in the DfE evaluation has continued for the young people included in the longitudinal analysis (n=164). The average number of placements the year before Lifelong Links was 1.99, which then dropped to 1.49 during the year. This downwards trajectory continued, with subsequent reductions to 1.42 in the year after starting Lifelong Links and as shown in Figure 2
reducing to 1.31 in the final datapoint (up to three years after the commencement of Lifelong Links). This is a pivotal finding against the backdrop of some of the early rhetoric in local authorities when they start to implement Lifelong Links in terms of concerns that it has the potential to disrupt placements. Our qualitative interviews also indicated that the evaluation evidence of positive placement stability trajectories were being cited in local authorities starting to implement Lifelong Links to provide reassurances, particularly to foster carers, around the potential to unsettle stable placements.

**Wellbeing**

The DfE evaluation highlighted the positive association between Lifelong Links and its role in helping children and young people to understand why they are in care, and the consequential positive impact on their wellbeing. The analysis of wellbeing using the Strengths and Difficulties questionnaires (SDQ) was limited by the amount of missing data. We returned to this data as part of the extension activities and had a more complete dataset to analyse, with multiple SDQ scores for the cohort of children and young people in the two local authorities, this facilitated an exploration of SDQ scores over time, following the commencement of Lifelong Links. The latest data published by the Department for Education indicates that nationally just over a third (37%) of children looked after for at least 12 months had a SDQ score in the high range (a score of 17 and over).

As shown in Figure 3, on average there is a clear improving, year-on-year trend in SDQ scores for children and young people who received Lifelong Links. Average SDQ scores the year before children and young people took part in Lifelong Links was 16.77, close to the top end of the Borderline range. This steadily

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6 A higher score on the SDQ indicates more emotional difficulties. A score of 0-13 is considered normal, a score of 14-16 is considered borderline cause for concern and a score of 17 and over is a cause for concern.

7 Department for Education SDQ data for 2020-21 is available here.

8 Data is based on 152 young people. Analysis only included children and young people for whom there was at least four years of placement data and at least two valid SDQ scores.

9 The data included in Figure 3 is based on the SDQ scores of 152 children and young people, where we had at least 2 valid SDQ scores, and at least four years of placement data.
declined to 14.96 the year that children and young people began to take part in Lifelong Links and dipped into the Normal range one year after with an average SDQ score of 13.68. The average SDQ score continued to decrease two, and three years after starting Lifelong Links, to 12.85 and 12.44 respectively.

Leaving care

Some of the social workers reported that they perceived Lifelong Links to have particular value for older teenagers, to help to establish a support system before they left care:

“It’s something I’ve started to do with a lot of my teenagers ... So I’m trying to help ... with that sense of identity and belonging now, but then also from when all the services take a step back.”

The role of the personal advisor was also considered to be pivotal in facilitating Lifelong Links for older teenagers. There was also a view that Lifelong Links could support young people to navigate and re-establish difficult relationships:

“They need their family around them so much at different points in their adult journey and the fact that we sever those relationships when they come into our care is a travesty, it’s just wrong. Lifelong Links is such an opportunity to repair that and get that right for them.”

Conclusion

The DfE evaluation as part of the Children’s Social Care Innovation Programme concluded that Lifelong Links had positively impacted the lives of children and young people in care. The additional analysis capturing the twelve months following that evaluation provide further evidence to indicate a continuing positive impact on children and young people.

The findings presented in this report also indicate the ongoing need for commitment to Lifelong Links across all parts of the local authority children’s services department, and the importance of the necessary culture changes in the ways of working with birth families.

Messages for policy and practice

- Our findings highlight the necessity for Lifelong Links to be embedded in an environment where there is a shared culture and environment to work collaboratively with birth families.
- The way in which Lifelong Links is operationalised should be led by each child.
- Lifelong Links needs to be considered as ongoing, rather than a process that stops when the work is completed by the Lifelong Link coordinator. Clear communication and a shared understanding
of the handover of the Lifelong Links Plan and mechanisms to review the plan are pivotal to support the embedding of Lifelong Links.

- The concept of permanence and stability should be re-framed as relational stability rather than placement stability, in recognition that relationships transcend living arrangement.
- There are benefits associated with the separation of Lifelong Links, maintained as part of the Family Group Conference service, to provide a necessary conceptual disconnect for family members, from previous decisions related to the placement of the child or young person in care.
- Training and support should be provided to foster carers and key workers in children’s homes focused on partnership working with birth family.