

The Gwella Approach: Evaluation Summary Report

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April 2020

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This report provides a summary and key messages from *The Gwella approach: evaluation report*. The full report with the findings, analysis, and methodology of the evaluation are available from Cardiff University and Barnardo's.

The evaluation

The evaluation began at the beginning of the pilot through to the project end. It took the form of a qualitative organisational 'process' evaluation and an 'outcome' evaluation, with a strong focus on documenting the experiences of all those involved with the project, including the Gwella team, parents and carers, children, consultant specialists, and external professionals from social care and education. The research design utilised play-based creative methods to facilitate the involvement of children. It aimed to address two research questions: 1) what is the Gwella intervention, and how can it be delivered effectively?; and, 2) what are the outcomes from the Gwella intervention for children and families, and what is the 'added value' of the project?

Background to the development of the Gwella project and approach

The overarching aim of 'Gwella' was to reduce the risk of vulnerable children and young people experiencing Child Sexual Exploitation (CSE) or demonstrating Harmful Sexual Behaviour (HSB), through the development of a prevention model for use in social care, in order to improve the wellbeing of children and young people and respond to the Social Services and Wellbeing Act (2014) requirements. The interrelated project outcomes for Gwella were:

- To build capacity in/provide an evidenced practice model for a multi-agency workforce working with children, young people and families so that they:
- 1. are equipped to identify and respond to childhood trauma and abuse at the earliest opportunity to reduce risks of CSE or HSB later in childhood or adolescence; and

Overview

The Gwella project was a pilot for the Gwella approach – an intervention developed and run by Barnardo's Cymru across North and South Wales. The project and approach formed part of 'Gwella', a four-year, Welsh Government funded, innovative research and practice project, operated in partnership between Barnardo's Cymru and Cardiff University.

The intervention was designed to support children aged between 5 and 11 years old who were involved with social services and had experienced trauma and abuse, providing a trauma-informed system of supportive professionals around them, and improving their relationships with their primary carers. This aim was to be realised through a Gwella practitioner working with a child and their parents or carers on a weekly basis over a 12 month period, focussing the work around relationship-based play activities. This was supported by work with parents, carers and the professionals around the child to encourage an understanding of the impact of trauma and abuse on the child's behaviours, and of their support needs, and to help make existing provision 'trauma-informed'.

The initial 'year one' of the project ran from July 2017 for 17 months, and additional monies were granted by Welsh Government to further fund the project for an additional 12 months. The second year of the intervention began in January 2019 and all cases were closed by the first week of February 2020. In total, 31 children and their parents and carers were supported through the project.

2. can identify when referral to more specialist services is or is not appropriate.

children and young people, in accordance with key risks relating to CSE and HSB.

In order to deliver on this, the respective commitments from each organisation were as follows:

- Barnardo's would develop and pilot an innovative prevention and early intervention approach to reduce the likelihood of young people becoming victims of Child Sexual Exploitation (CSE) or perpetrators of Harmful Sexual Behaviour (HSB).
- Cardiff University would carry out academic research, and an evaluation of the pilot model, in order to create an early intervention toolkit for social care practitioners within statutory and preventative child and family services.

The premise for Gwella

The original premise for Gwella came from two hypotheses from Barnardo's: 1) that there is a link between childhood trauma, CSE and HSB; and 2) that support for a child in their early years will reduce the likelihood of experiencing abuse through sexual exploitation, and/or of displaying harmful sexual behaviours. These two hypotheses informed four areas of research and knowledge generation undertaken by Cardiff University in year one of Gwella. These consisted of:

1. a literature review exploring the relationship between childhood trauma, CSE and HSB;
2. a mapping exercise exploring the service provision across Wales in relation to identification and responses to children who have experienced trauma and adolescents exhibiting risky sexual behaviour;
3. interrogation of data held by Barnardo's CSE and HSB services, making an original contribution to the existing knowledge generated through, and in support of, the other elements of the Gwella research¹;
4. a systematic mapping exercise to comprehensively 'map' available literature relating to interventions, responses and approaches to working with 'at risk'

Summary of the research findings

The four elements of the research indicate support for the hypotheses put forth by Barnardo's that there is a link between childhood trauma, child sexual exploitation and sexually harmful behaviours; and that support for a child in their early years will reduce the likelihood of experiencing abuse through sexual exploitation, and/or displaying sexually harmful behaviours. This was evidenced most clearly in the literature review aspect of the research as the main knowledge source for the first hypotheses, but this also finds support from the three other elements of the research project. Key findings considered are:

- ➔ There is unclear and inconsistent information about 'appropriate' sexual behaviour for children and young people, and disagreement within the professional community about what this entails;
- ➔ The evidence base supports connections between trauma, CSE, and HSB, however the character and extent of these connections is variable within the literature;
- ➔ The literature supports the Gwella aim of taking an holistic approach to the support needs of children and young people regardless of whether the concern relates to CSE or HSB – and, at the same time, the research provides ample evidence of how necessary such approaches are, and how often they are absent;
- ➔ The demographic characteristics and abuse histories in the HSB and CSE cohorts across referral cases from 2014 to 2017, reveals a roughly similar pattern of experiences of prior trauma and abuse among children and young people who either experience CSE or exhibit HSB;
- ➔ Provision in Wales varies across service areas, and there is confusion around thresholds for referral to services, especially for HSB; and there is a concern in Wales about the lack of funding for services and about the lack of purpose-built training around

¹ Further detail on this analysis is available in Hallett, S., Deerfield, K., and Hudson, K. (2019) The Same but Different? Exploring the Links between Gender, Trauma, Sexual Exploitation and Harmful Sexual Behaviours. *Child Abuse Review.*, 28: 442– 454.

identifying and responding to CSE and HSB;

- ➔ In the international evidence base there is scarce evidence of formal evaluations of services; much of this evidence base has had little or no involvement from service users or practitioners; the majority of the evidence base is from services that work within the 13-18 age bracket;
- ➔ There is a clear need to improve understanding and support interventions for children and young people who experience trauma, who are sexually exploited, and who display harmful sexual behaviour;
- ➔ The evidence base substantiates the Gwella premise, of the need to provide support and early intervention for children who have experienced trauma and abuse.

Drawing on the learning from the early stages of Gwella, and building on the practice experience generated through Barnardo's work in the two fields of safeguarding, the 'Gwella approach' was developed by Barnardo's, to progress a practical preventative intervention which could recognise and address links between trauma and CSE and HSB in Wales.

The Gwella project and practice approach

The Gwella project was established to support the delivery of the Gwella approach. There were two overarching project outcomes set to improve outcomes for children who have experienced developmental trauma:

1. Provide a trauma-informed system of support around the child.

A key aim of the Gwella approach is to increase understanding of how the child's presentation or behaviour has been influenced by adverse childhood experiences. We hope that by getting all actors within the child's eco system to the same point of understanding we create an environment able to accommodate the child's needs and support them to overcome their trauma and become resilient.

2. Improve the relationship between the child and the primary carer(s).

Gwella practitioners will do this by focusing on

improving the 'inter-subjectivity' between child and parent/carer – this involves supporting the carer to engage in relationship based play activities and supporting the carer to understand that the child's behaviour has been influenced by adverse childhood experiences. In practical terms this means the Gwella workers going into the home on a weekly basis and working with the child and carers.

The Gwella approach includes a number of principles with an established evidence base, such as multi-agency working, relational practice, supporting healthy child development and professional consultation and supervision. It also draws on emerging models such as the Trauma Recovery Model (TRM) and the Playfulness, Acceptance, Curiosity and Empathy (PACE) approach to supporting primary carers, promoted in Dyadic Developmental Practice (DDP).

The Gwella approach can be considered with reference to the diverse principles and elements of its design, but is itself a novel initiative, providing a bespoke response to trauma as a broadly preventative intervention for CSE or HSB.

Further exploration of the evidence base for the Gwella approach

In order to support its development and implementation of the project outcomes and the approach itself, Cardiff University returned to the literature generated through the scoping review and the systematic mapping research. Overall, this second review reinforced support for Gwella's aims and highlighted both the strengths and challenges which might emerge in realising the Gwella approach. It evidenced significant support for a relational focus that could work at a child and carer's pace, and connect their needs to help from a system which could be hard for them to navigate. It also highlighted challenges in unfolding a flexible and novel practice approach which could draw on principles and elements of multiple methods, whilst also being attentive to how these would be applied to fit the child's unique situation and respond to what was important from their and the carer's perspective.

Due to the psychological focus of the principles behind the intervention, Barnardo's commissioned a separate rapid review of literature to identify evidence in regards to the

neurological and psychological impacts of trauma and how this evidence could inform understanding of elements of the Gwella approach. The review was not systematic and, as with rapid reviews generally, its findings need to be taken as suggestive rather than conclusive. Overall, the rapid review supports the principles from elements of the Gwella approach such as Theraplay, DDP (in regard to PACE) and the TRM, and supports the aim of building the child's sense of safety, worth and relational capacity, and its focus on enhancing a secure base through working with a primary carer.

Key findings part one: What is the Gwella intervention, and how can it be delivered effectively?

The 'process' evaluation aimed to present a detailed outline of the scope and organisational aspects of Gwella in order to inform possible future replication or expansion in Wales or nationally. We aimed to identify how the intervention and approach was realised in practice, and explore organisational issues relating to its implementation in order to identify both effective and ineffective practice, and any obstacles. We also sought to identify those methods and strategies found to 'work best' in project delivery, to ensure that lessons can be learnt and to identify potential strategies which can avoid recurrent problems and/or ameliorate their impact.

The Gwella intervention in practice

Gwella is a novel approach and the project to deliver it was a pilot, so there was no prescriptive manual for the intervention. The following brings together the analysis to detail the features of the intervention in practice.

The Gwella approach is a trauma-informed, relational and play-based approach to working with children and their parents and carers. The uniqueness of the approach is its central focus on understanding and being led by the needs of parents, children and carers, and its flexibility to draw on a range of established techniques and methods (such as the TRM, Theraplay, PACE, among others). This

enabled practitioners to be responsive to the varied, and family specific nature of concerns, and work with parents, carers and children to identify areas of support that were important to them.

The flexibility within the delivery of the intervention made allowances for working around the potential contradictions between the methods and approaches within the principles of the Gwella approach, and this flexibility was viewed as a key strength of the intervention.

There were varied practices amongst the practitioners in terms of how the intervention was employed and the activities and tools utilised. From the data it was possible to deduce that there are three key aspects directing the delivery of the intervention in all cases:

- 3.** The intervention was 'trauma-informed', meaning: a recognition of the specific trauma experienced by a child, the needs that may be present or exacerbated as a result of the trauma experienced, and the impacts such trauma may have on their behaviours. The intervention in this regard did not focus on the trauma itself, and it also allowed for an understanding that there may be a range of reasons (other than trauma) behind those needs and behaviours;
- 4.** The intervention primarily focussed on relationships, and on understanding and working to support the child in the context of their key relationships, including the broader professional network around them;
- 5.** The intervention incorporated play-based creative methods and activities to facilitate relational working in a participative and trauma-informed way.

A focus on relationships was therefore at the core of the intervention in all cases, in one or more (or all) of the three following possible ways:

- ➔ The relational bond between parent/carer and child: supporting parents/carers and children to build on their relational bond and connection;
- ➔ Supporting the relationship between parent/carer and child: focussing on supporting parents and carers in their 'emotional literacy', and in helping them to understand and plan strategies to respond to their

child's behaviours in a trauma-informed way;

- ➔ Building a relationship and connection with children: one-to-one work between the practitioner and child, focussing primarily on building and modelling a positive trusting relationship with an adult. A key part of this support was the play and activity-based nature of the interactions.

Alongside the above was work to support:

- ➔ Relationships in the system around the child: supporting children's relationships in and across the wider network of professionals around them.

The framing of the intervention

The psychological framing of the approach is potentially problematic, operating in a social care context by social care professionals. The intervention's primary focus on relationships and the relational context around the child suggests that, in practice, Gwella is primarily a social (relational) intervention. If the assumption among external professionals is that the intervention is a trauma-led (psychological/ counselling) intervention, this has the potential to undermine the professional expertise of practitioners, and misrepresent the intervention.

Ultimately, the psychological framing may not be helpful for describing what the intervention is and how it works in practice. We suggest that the cross-overs between social and psychological theories may be helpful here, and complimentary languages such as relational and dialogical approaches, along with co-production and children's rights, could be embedded within a reframing of the approach to better reflect the intervention.

A consideration of the principles behind the Gwella approach

The below provides a consideration of the ways the principles set out in the Gwella approach informed practice and were realised in the delivery of the intervention.

Trauma Recovery Model

The data suggests that the TRM model was used primarily

for directing attention to the specific needs of children, and the ways in which these needs may be exacerbated by the trauma experienced, and underpin behaviours. Not all practitioners engaged with the TRM in terms of assessment, or directly within their workplan with some of their cases. The emphasis of the TRM on establishing relational safety and a secure base prior to implementing a support plan to progress additional (therapeutic) outcomes, provides a helpful way of framing the purpose of Gwella's play-based and one-to-one work, and a marker for monitoring/evidencing ongoing progress.

How much Gwella's benefit was associated with a focus on childhood trauma and development was mixed. Some participants appeared to simply value improvements from a better understanding of a child or family's perspective, circumstances or current issues. There is a long tradition in social work around the value of network and multi-agency practice (involving families), separate to a trauma orientation. This is often driven by other models such as children's rights or dialogical approaches, and at least one Gwella practitioner raised the importance of holding other perspectives as important outside of a trauma focus.

Multi agency case formulation

The case formulation was highly valued, almost universally, by participants who took part in this process. The identification of trauma and traumatic events experienced by individual children, was important for practitioners and carers (and sometimes parents) in understanding children's needs, and informing practice in a range of contexts in order to respond in a trauma-informed way. The case formulations were also a mechanism for establishing support for the project. There were however concerns about the time-commitments needed for travelling to and attending these meetings. There were also logistical challenges for arranging these.

The 'case formulation approach' is informed by clinical psychotherapy and child development theory, however it shares similarities with the 'enhanced case management timeline' tool utilised within support approaches for the YOS, and also event timelines utilised within social research techniques as a tool for marking specific events and the meanings such events may have for participants. Given there were challenges with accessing specialist consultation,

particularly if the project is expanded, it may be possible to adapt this process to the expertise of Gwella practitioners, so that the process is not confined to clinical expertise. This would need careful consideration, and also attention given to whether some of the support from external professionals was gained through this specialist input.

Relational based play

The intervention clearly engages with relational play, in a number of ways. A key focus of practitioners' work was the play and activity-based nature of the interactions, which incorporated a number of creative activities and music and drama techniques, based on the interests of the individual children they were working with. The specific reference to Theraplay within the approach may be unhelpful, and does not reflect the diverse individualised responses and non-prescriptive approach to intervention modalities employed by practitioners.

Integrating with existing plans

This was an important part of the intervention from the perspective of parents, carers and external professionals. When the intervention worked well, Gwella can act as a helpful point of contact for all involved (including families), providing an informed perspective on behalf of families and external professionals. Another indication that the intervention worked well and complimented support is that there were several families for whom by the end of the intervention their case became closed to social services and other agencies.

PACE approach for primary carer

Practitioners employed the PACE approach in a number of their cases, but not all – notably this was less likely to inform their work with foster carers. Practitioners were flexible in their delivery of the approach drawing on the PACE principles where useful and appropriate, even if not directly in their work with parents and foster carers.

Supporting healthy child development

Almost all participants spoke about and evidenced their understanding of the effects of traumatic experiences on children's behaviours, as well as evidencing an understanding of how to recognise what may have been experienced as traumatic. From the data it suggests that regardless of the theory behind the intervention,

in its delivery it aided an understanding of the impact of trauma on children's behaviours and their emotions. This does not specifically relate to and therefore require an understanding of child and/or brain development for delivery of the intervention, or to evidence this understanding as an outcome amongst families, carers and external professionals.

Key messages from the process evaluation

The following details further key messages and considerations from the evaluation in relation to organisational planning and project delivery:

The relationship between the practitioner and children, carers or parents

A trusting relationship between the practitioner, and the parents, carers and child, is key for successful delivery of the intervention and achieving outcomes. Parents and carers recognised two qualities of what they felt characterised an effective professional: the ability to craft a positive relationship; and relevant skills and expertise in understanding trauma, and practising child and needs-focussed support which could be exercised respectfully.

Consistency and the consequences of staff absences

Consistency in the relationship was also key to the perceived success or failure of the project. This is particularly important for ensuring that the relationships formed do not mirror previous trauma and rejection. The consequences of disruption through practitioner absences and giving notice were noted as extremely significant by all involved. This indicates that organisation of provision itself needs to be trauma-informed and allow for consistency and stability.

Flexibility with the intervention

A key strength of the approach is its central focus on understanding and being led by the needs of parents, children and carers, and its flexibility to draw on a range of established techniques and methods (such as the TRM, Theraplay, PACE, among others). This enabled practitioners to be responsive to the varied, and family specific nature of concerns, and work with parents, carers and children to identify areas of support that were important to them.

Using modalities more flexibly and eclectically, was in keeping with being responsive to unique family situations. Practitioners rigidly following a technique and being method-led (rather than needs-led), informed a less positive experience of the intervention and views on suitability.

Work with foster carers required an increased emphasis on flexibility to depart from elements of the approach. Foster carers were more likely to appreciate and express support for direct work undertaken with children and for work which developed their knowledge about the child's behaviours and needs.

Duration

The findings support the 12 months of provision for the delivery of the intervention. The views of participants and the reported experiences of service withdrawal amongst children and parents indicate the need to embed these 12 months within a period of tapered support.

The analysis suggests that the duration of the intervention is crucial for the immediate and long-term success of the intervention and outcomes for families in three ways:

- ➔ firstly to build the necessary trust that is vital to facilitate practitioners' ability to engage, appropriately assess, and plan support with parents and children;
- ➔ secondly to facilitate step-down endings that provide some level of control for children and parents; and, connectedly;
- ➔ thirdly, to ensure that the intervention is withdrawn according to an assessment of the needs and situation of the families, rather than being driven by organisational set-up and funding limitations.

The extent to which the project has the ability and resources to facilitate all three considerations will also determine the extent to which it can be 'trauma-informed' in its organisational practice and delivery. There were challenges and negative experiences associated with exiting from the program which ultimately raise the question of how this echoes the child's experience of past relational losses, and whether an approach can provide the child with some level of control over the exit process.

Caseloads and flexible support arrangements with families

Consideration should be given toward the extent to which families can be impacted by seemingly innocuous professional-led logistical arrangements. Relational working involves the recognition of how work practices will be experienced and may impact on children, parents and carers. These can help to facilitate trust and their positive engagement with the practitioner.

The flexible approach to working with parents, carers and children was significant in shaping the working relationship, which was itself crucial to the success of the intervention. The very broad diversity of arrangements facilitated the bespoke intentions of the intervention.

It is important that a child-centred approach is adopted throughout all aspects of the organisation of the project, if the aim is to be trauma-informed and child-focused.

Key to enabling such an approach was the caseloads of practitioners. Practitioners reported that their caseloads afforded the ability to work flexibly with their arrangements, and with families and children in sessions, such as extending these or finishing earlier and arranging to visit again on a more suitable date. This flexibility also helped to support consistency with weekly visits.

Multi-agency working and the trauma-informed network around the child

Given that multi-agency partnership working plays a key role in the intervention, the findings speak to a need to consider how to build a robust and resilient system of co-operation among involved professionals. Involvement with social services and open communication with social workers involved with families is key in terms of facilitating practitioners ability to effect practice and existing provision, and influence the network around the child.

The number of professionals involved is less important for the success of the intervention. A salient point is whether practitioners are able to work with the relevant agencies and identified professionals for whom there is significant meaning or potential impact for the case.

Consideration should be given to involving children's extended family members and other key relationships in the case formulation or work to facilitate a trauma-informed network. While only suggested by one participant in the evaluation, it does raise the important point about who is recognised as being part of the trauma-informed network around the child, and the tendency within social care practice to focus on systems and professional relationships. This consideration would reflect the relational ethos of the approach.

Support, supervision and training

While it is not uncommon for regular supervision to be a challenge in busy social care environments, the importance of support through supervision for the approach needs to be emphasised. There are emotional demands of the role, the approach is about transformation which entails a level of monitoring, while the multi-skillset aspect of the approach, in which practitioners are expected to be competent across several specialised methods and approaches, all need to be supported by regular supervision and contact with the team, particularly so given the nature of remote working. The model supported through the findings is one of regular individual supervision, a pairing system for more informal peer support, with regular group supervision and team meetings as a more formalised mechanism of peer support.

Clinical expertise is essential to the intervention for facilitating an understanding of trauma and talking through the practitioners' plans for work. Practitioners were more confident in their role when they received clinical supervision in a form less directed by specific interventions models and approaches, rather than for consultation on the specific techniques and models that form part of the overall Gwella approach.

The flexibility of the intervention encouraged an active culture of seeking new knowledge and skills, which were actively integrated into the flexible delivery of the intervention. This should be supported. Embedding time within practitioners workplans for recording as a reflexive activity, could support this learning environment, while also promoting this as a meaningful use of time for practitioners.

Training in the Theraplay, the TRM and DDP methods is an important part of developing the skillset of Gwella practitioners, but the level of training and whether practitioners require ongoing support is dependent on the extent to which practitioners assess the relevance of these methods in their workplan with each child and their family.

Training and staff development is an important aspect of the organisation of the project. This has implications for staff turnover and induction; which also connects to the wider funding context. The significant investment in training, and the development of a rich skillset with exposure to specialised techniques, as well as creative, relational and play-based work, indicates that this pilot established a highly skilled workforce, and to lose that human capital through funding related turnover is significant.

Funding context and associated pressures

We note that the wider context of time-bounded funding had implications for the implementation and delivery of the project. Pressures arising through funding and reporting arrangements are not unique to the Gwella project but are notable, due to their particularity to short-term funded projects – more so when these are innovative and complex, aim to be relational and child-centred, and are designed to work with existing provision and external agencies so need time to 'bed-in'. Some negative impacts on child, family and practitioner experiences from organisational factors, such as workers breaking-off relationships with children early due to funding arrangements and short term employment contracts, demonstrate how aims to be relational and child-centred can sit in tension with organisational arrangements. How organisations and commissioners consider and mitigate impacts arising from these kinds of conflicts is a key challenge.

Key findings part two: What are the outcomes from the Gwella intervention for children and families, and what is the ‘added value’ of the project?

The outcomes focus of the evaluation aimed to consider progress against project established outcomes recorded through Barnardo’s casefile system and to detail the impact of the Gwella intervention on outcomes for children and families by understanding and examining these from the perspectives of children, families and carers, and those involved in key areas of their family life as well as Gwella practitioners. This part of the evaluation also considered why and how Gwella made these changes, and consider any comparisons to other supports or interventions (where service users have previous experience of similar service supports).

Key outcomes

The recorded outcomes for cases are largely positive. In all but two cases (N= 29), some improvement is recorded across at least some of the five outcomes: Access to support services; Increased resilience; Improved mental health and well-being; Safe home/service environment; Reduction in impact of trauma.

Evidencing positive change against universal outcomes may be particularly problematic for an intervention with a child-relational focussed approach ultimately offering unique and tailored support. In organisational and project delivery terms, establishing outcomes to report against for such an intervention is equally challenging.

The parents and kinship carers involved in this evaluation were universal in their praise for the project and the changes that had occurred for them as a result of the intervention. While some of these impacts were child and family specific, other impacts and outcomes reported revolved around changes in their understanding of their children, changes in their parenting, their own wellbeing, and changes in their child’s behaviour and wellbeing.

- ➔ 15 spoke of having made a bond with their children, of feeling more confident in their ability to parent, and of understanding how to play and meet their children’s needs. Three parents set the significance of this against having previously had their children removed from their care, and as a consequence having had high levels of anxiety and a lack of trust in their ability to parent before the intervention.
- ➔ Parents also marked significant improvements in their children’s wellbeing and behaviours. These changes were generally specific to the child and their previous needs, such as: no longer having night terrors or nightmares; being settled at home; no longer expressing fear or being afraid of past trauma reoccurring; being engaged in play and interested in games; making friends; no longer being afraid of the dark and now being able sleep in their room on their own; being able to be alone in their bedrooms; having significantly improved concentration and attention; ability and confidence to express and verbalise their emotions – such as joy, happiness sadness, and their worries; gaining in confidence; having better self-esteem; being aware of their bodies in a positive way; a reduction in risk-taking behaviour; significantly reduced concerns over harmful sexual behaviour; no longer being sent home from school; less anger and aggression.

The children involved in the research gave positive responses about the intervention. The majority spoke of all the games and activities they liked to do, and of missing their worker. Seven of the children specifically said that their practitioner had helped them to feel calmer, or they liked them because they helped them to think or to feel differently about things, or they felt happier and they did not have worries anymore.

The six foster carer families involved in the evaluation relayed a mixed impression of the impacts from the project. In three cases they were ambivalent about attributing to the project the positive changes that may have occurred for the child in their care.

The outcomes relayed by participants indicate the following themes which could be incorporated into the existing five outcomes in planning for a future project:

- ➔ Improved understanding of trauma: for parents, carers and professionals;
- ➔ Positive changes in family life;
- ➔ Improved family relationships;
- ➔ Settled transitions;
- ➔ Reported improvements from external professionals: such as case closure or reduced concerns; and positive school engagement;
- ➔ The importance of developing a trusting relationship between the practitioner and the parents, carers and child to achieve outcomes means that these relationships could also be a key outcome. Particularly so for interim reporting, given the emphasis by all participants on the importance of the 12 month period for facilitating and evidencing impacts.

Professionals from other agencies mainly spoke of positive outcomes for families, corroborating the impacts expressed by parents, children and some carers.

- ➔ These impacts were attributed to the activities engaged in, the duration and consistency of the contact and the relationship practitioners were able to form with parents and children.
- ➔ Two social workers reported that the project did not have positive outcomes for two families, and could have had a negative impact on the children and families. This was understood to be wholly due to the absences and disruption in the intervention experienced by these families.
- ➔ Some also referred to a reduced workload with a specific child as a consequence of the project, because they were no longer engaged in constant crisis management. This suggests possibilities for future evaluation of cost savings, which might offset costs related to Gwella.

The case formulation or trauma-timeline work undertaken with professionals and carers was an important mechanism for gaining professionals' commitments to the intervention and for facilitating an understanding of what it means to be trauma informed:

- ➔ All social workers who took part in the evaluation relayed positive outcomes from having been

involved in the case formulation work, stating that this had increased their understanding of trauma, that this had led to a change in thinking either through giving perspective on a specific case, or more broadly through an improvement in their general practice;

- ➔ Education professionals with experiences of the case formulation meetings also reported that this had changed their understanding of a specific child's behaviour;
- ➔ There was a mixed impression of the impacts from the project among foster carers, however the majority of foster carer families involved in the evaluation reported positively about the case formulation, emphasising that this had helped with understanding their child's needs.

All participants gave an important emphasis on the trusting relationship between the practitioner and the parents, carers and child, for achieving outcomes. Other factors to note are:

- ➔ The skill and social care expertise of practitioners;
- ➔ The duration of the intervention;
- ➔ Small caseloads;
- ➔ Independence from children's services;
- ➔ The flexibility to draw on different techniques and work across or focus on a particular relational aspect of the intervention;
- ➔ The flexibility to work across practice boundaries e.g. edge of care, restorations to parents, foster care, child protection.

Given the importance of the role of the practitioner in project delivery and outcomes, we also note that peer support, line management and psychological supervision have an important role to play in the successful delivery of the intervention and outcomes. We also note the importance of facilitating a supportive creative learning culture, and access to training.

While outcomes were firmly expressed and significant, there were some concerns and anxieties among parents and carers in relation to managing these changes after the end of the intervention. This was particularly so in the context of

additional changes in associated support, and managing the change and the loss of key relationships for children, or instances when other changes (such as a change in school, or other significant family event) were occurring for children. This speaks less to the significance or success of the impact and more to a recognition of the social context for such impacts, and to the need to consider the step-down ongoing support that could be provided for families as part of the duration of the intervention.

Ways in which Gwella provided 'added value' as a project

The evaluation identified three key things the Gwella intervention did to enhance the system around the child:

- ➔ First, it provided guidance to external professionals by leading a 'case formulation' meeting with a focus on trauma, held at the outset, to share knowledge of a child's circumstances with reference to the potential impacts of trauma on their behaviours and the possible wellbeing needs arising in connection to the experiences of such trauma. These case formulation meetings were highly regarded by participants.
- ➔ Second, Gwella practitioners supported external professionals ongoing work, providing guidance through contacts and meetings. This ongoing engagement was highly valued by those external professionals who had regular contact with practitioners, but was less notable where contact was minimal. There was no clear pattern to which external professionals had strongest engagement, although it appeared that the external professionals own interest and commitment was a key factor. A second factor appears to have been the location for the intervention, with stronger engagement where work was scheduled in a professional's location, such as a school. The Gwella practitioner's strong knowledge of the child and family gained through an ongoing (and non-threatening relationship) allowed them to provide important guidance to support external professionals' work.
- ➔ Third, Gwella practitioners added value in the system through the 'spin-off' effects of their ongoing direct work with children and families. For example, parents who had children restored to their care

or were at the edge of care, reported how their confidence and family dynamics were improved by involvement with the Gwella practitioner, although also highlighting a level of anxiety over the end of the intervention, given the lack of that relational practice elsewhere.

Primarily, external professionals described Gwella in terms of how the relationship between the Gwella practitioner and the child or family provided them with better knowledge and confidence about that context. It was notable that Gwella practitioners' roles contrasted strongly with those of external professionals who appeared to generally have limited time and scope to build a relationship with an individual child or family. Ultimately, the success of the Gwella practitioners in this area was due to a mixture of factors: a strong positive response to the initial trauma-focussed case formulation; added value experienced from practitioners ongoing multi or cross agency engagement; and a spin-off impact for families in the system.

Parents reported a change in their involvement with social services because of professionals' change in perspective or confidence about their ability to parent as a consequence of the intervention. Three families had children returned home to their care, and were maintaining this change, and there were no further concerns about the need for a Care Order for one family. These outcomes were credited to their practitioner advocating to social services on their behalf (about their ability to parent), or to their practitioner for supporting the family throughout this transition; and in some cases the intervention was described as the reason for the return home. Three families explained that their contact with social services was now ending because of the changes they had instigated as a result of the intervention, and there were significantly reduced concerns and involvement for another family.

Gwella practitioners were in a unique position to achieve outcomes for children and families due to the trust afforded to the practitioners by the children, parents and carers involved. The flexibility, consistency and non-directive engagement characterising the relationship between the practitioner and parents, children, and carers was perceived as the difference between Gwella and other

supports and social care involvement. The voluntary and independent nature of the service likely has some role in setting the nature of the relationship between practitioners and families, and the positive outcomes achieved. The uniqueness of the intervention was also indicated by the reported clear differences between the creative activities engaged by the intervention and similar methods employed by social workers.

Final comments

All the parents and kinship carers involved in the evaluation reported that they were very pleased to have taken part in the project. Foster carers also in the main reported positively about the intervention, even if they later felt that the initial expectations were disappointed and they declined further involvement, or when they also reported that they felt the service was not appropriate for their foster child and their circumstances. We had a relatively low take-up of involvement in the evaluation from professionals in partner agencies, but those who did participate were almost universally enthusiastic about the prospect of future involvement with Gwella. External professionals involved in the evaluation remarked on the need for the project, and its contribution to the work undertaken with families. The only exceptions to this were where professionals raised concerns about their experience of implementation (eg., about the time taken for the referral process, or about resiliency of the Gwella team in relation to staff absences) but reiterated their overall positive impression of the intervention itself and the potential benefits for children and families.

For further information see Hallett, S., Deerfield, K., Hudson, K. 2020. The Gwella approach: evaluation report. Cardiff University

For further information or to access the main report please email: **Halletts1@cardiff.ac.uk**