

# Information

# Report

## Scrutiny

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Date: 23<sup>rd</sup> March 2022

**Subject** Newport Strategic Partnership

**Purpose** To ensure Cabinet Members are briefed on the Newport Strategic Partnership between Newport City Council and Barnardo's Cymru

**Author** Chris Cahill & Mark Carter

**Ward** City wide

**Summary** This report provides information relating to the Newport Strategic Partnership between Newport City Council and Barnardo's Cymru

**Proposal** To ensure Members are fully appraised on the role that Newport Strategic Partnership has in supporting children on the edge of care in Newport.

**Action** by Chris Cahill & Mark Carter

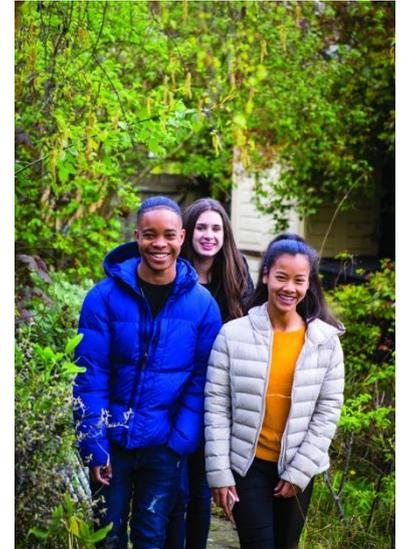
**Timetable** Immediate

# The Newport Partnership Information Report

## Section 1: Introduction

A strategic Partnership between Newport and Barnardos was established in 2011 which led to the development of Newport Family Support Service. One of the key benefits of Partnerships with public, private, and voluntary organisations mean we can provide innovative solutions and improve outcomes for children and young people. Both organisations financially contribute to the delivery of support services as well as collaboratively strive to build effective support for families. This Partnership enables the benefits that both a Local Authority and Third Sector brings in terms of opportunity as well as influence. The strategic Partnership has also afforded us the flexibility to work in partnership with key stake holders to identify and address unmet need within the community as well as enabling us to tailor our services to effectively target Newport's identified key priorities.

The primary focus of the service is to provide support to children on the 'edge of care' and their families by offering trauma informed and evidence-based services. This means where, without receiving specialist and intensive support, that there is a risk that the child or children could be placed into care due to the identified safeguarding concerns. We work with and alongside families and young people to reduce family breakdown and admissions into the care system. This is very much a partnership, working collaboratively and dynamically with the children's allocated social workers and management.



Over the past 12 months, despite the challenges of the coronavirus pandemic, the Newport Partnership has continued to develop and embed a number of specialisms, including the development of a number of new working models and toolkits that will be discussed in more detail later in the report. Our specialist interventions include:

- **Family Group Conferences and Lifelong Links**
  - Family Group Conferences (FGC's) are voluntary decision-making meetings to help families find their own solutions to problems.
- **Working with Teenagers (including Exploitation and Keep Safe)**
  - The Wider Circles Model developed by the Newport Partnership, is an approach to working with adolescents and their families intrinsically linked with the concept of contextual safeguarding. Child exploitation is where a perpetrator uses a child or young person for profit, labour, sexual gratification, or some other personal or financial advantage.
- **Addressing Neglect**
  - The CHANGE Model also developed by the Newport Partnership, provides a focused and intensive intervention to families, involving an assessment of the care given to children in their families, with the aim of addressing neglect (where children's care needs are not being sufficiently met) and ensuring a clear and robust plan is developed to promote the possibility of long-term change.

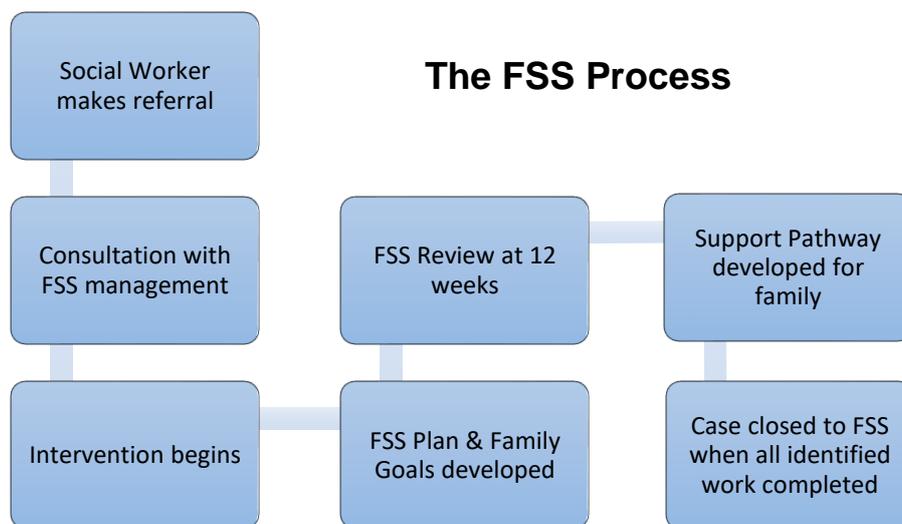
- **Baby & Me Pre-birth support and assessment**
  - The Baby & Me service provides tailored group work programme and bespoke intensive 1:1 support. We work with parents where there is a risk that the baby may be brought into care, creating a safe space for families to explore their identified issues and use a range of strategies and therapeutic approaches to work empathically with parents and empower them to reach their goals of keeping their family together.
  
- **SGO Carer Training**
  - A training programme for Special Guardianship Order carers aiming to stabilise placements and promote their ability to not only meet their children's needs, but also help them to recognise and respond to the traumatic journey likely experienced by the children.
  
- **Foster Placement Support**
  - Placement Support Workers are able to work with young people living with Newport City Council foster carers, working in conjunction with the Fostering and Pathways teams to promote the stability of these placements to prevent the trauma of repeated placement moves.
  
- **Rapid Response**
  - Working in partnership with the Safeguarding Hub, the aim of the service is to prevent breakdown and support the child to safely remain within the family home and was launched in September 2020
  
- **Research**
  - The Newport Partnership is now regularly undertaking research through consultation with Newport Children Services. The first research project undertaken by the service examined NCC's Children Protections process, which has stimulated wide-ranging changes in the systems, and process across the local authority. Further research has also investigated the impact of Covid-19 on young people and social work practice and future research is set to explore the step- up and step- down process between statutory and preventative services.
  
- **Consultation & Participation**
  - The Newport Partnership has developed a Youth Forum and a Parent Forum to provide a platform for the people who we support to have the opportunity to co-produce Partnership developments and to consult with the Local Authority.

## Section 2: Overview of the specialist projects and interventions

### Family Support Service (FSS)

This element of the service delivers focussed interventions, with plans and goals developed in collaboration with the children, families, and relevant agencies where children are on the 'edge of care' and have specific needs assessed by a case-holding Social Worker.

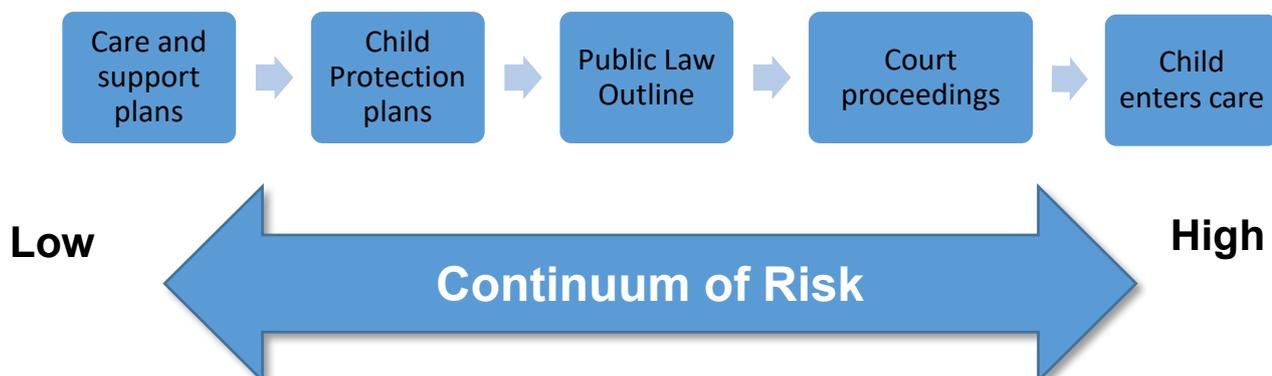
The Family Support Service management team undertake consultations with the case holding Social Worker on receipt of a referral, with a target case allocation of same day for urgent cases, and up to 5 working days for non-urgent cases (or sooner if possible). The aim of the service is to deliver interventions of 12 weeks, to review the involvement with all agencies at this point – with the potential to extend involvement for up to a further 12 weeks if appropriate and agreed by the Social Worker, family and management. A Support Pathway is developed for the family to promote their engagement with community and family support, empower them to identify and safely meet their own needs in future.



### FSS Performance

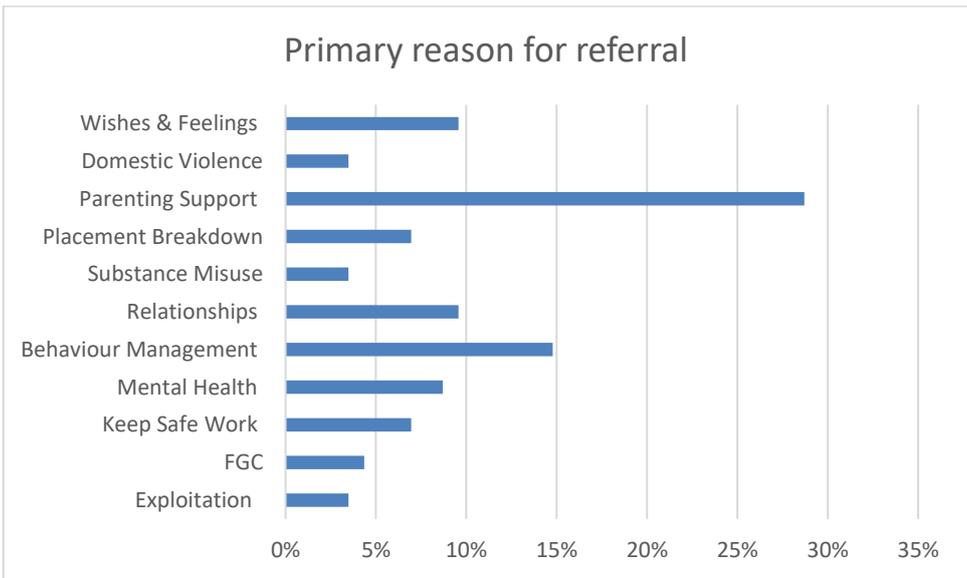
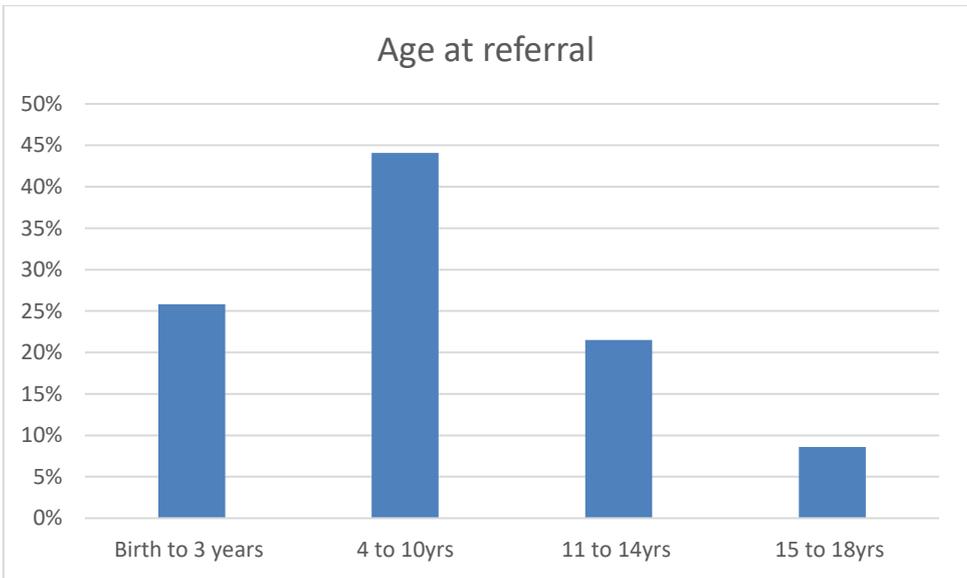
The FSS has supported **658 children** during the past 12 months (including FGC, Rapid Response and Baby & Me). This is an increase of 100 children compared to the previous year.

One of the main ways we measure our performance is by looking at changes in a young person's legal status during our involvement. When a family is open to Children Services, they can be on the following categories (legal status).



As such if a young person’s legal status was seen to stay the same (i.e. to not escalate), or there was a de-escalation in concerns, this would be viewed as a positive outcome from our intervention. With this in mind, below are the figures relating to each child’s ‘legal status’ from referral to closure over the past 12 months. These figures only include closed cases that have been open to FSS and **do not include** Rapid Response, FGC and Baby & Me, which will be outlined in detail later in the report.

- **320 out of 338** children’s cases closed during the year either did not escalate or reduced from their initial status
- Concerns did not increase in **94.7%** of closed FSS
- **41 (12%)** cases were closed to SSD at the time intervention ended.
- Concerns for the young person increased in only **18 cases**.
- **100%** would recommend FSS to other families experiencing similar difficulties.



Almost a third (**18%**) of secondary referrals from social workers detailed parental mental health as being a significant issue and **11%** of referrals identified relationship work as being required.

## **Family Group Conferences (FGC's)**

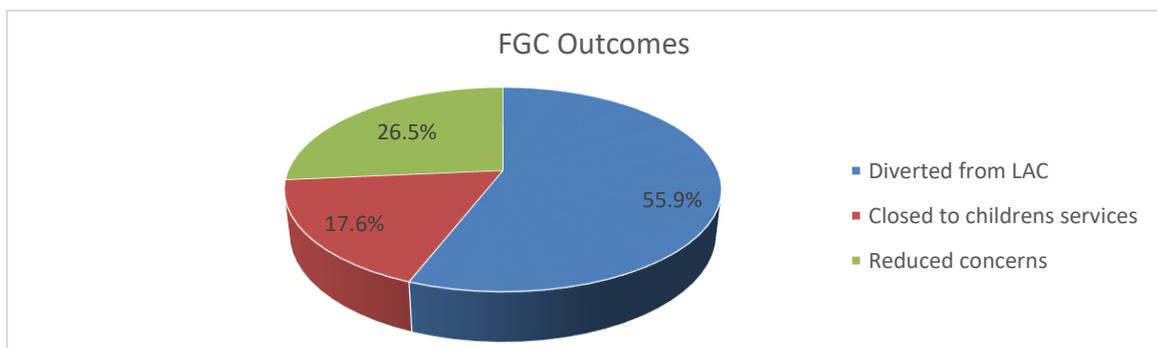
FGC's are voluntary decision-making meetings to help families find their own solutions to problems. Newport City Council and the Partnership has adopted the FGC process as a vehicle for empowering families to bring about positive changes to safeguard children. The FGC process empowers a family and their network to draw on their strengths and resources to make a safe plan for their children to overcome difficulties. These difficulties can include divorce/separation, mental illness, substance misuse, parenting, conflict, domestic abuse, education, poverty, physical illness or homelessness just to name a few. FGC's ensure the family network have a chance to hear and discuss the concerns. They also give an opportunity for everyone to be listened to, including the child and young person(s).

**A further exciting development in our FGC service is that we have been successful in obtaining a Welsh Government grant to develop a Lifelong Links offer to young people. Lifelong Links is a project developed by the Family Rights group to ensure a child has a positive support network around them to help them during their time in care and into adulthood. The Care Inquiry (2013) conducted in England, Northern Ireland, Scotland and Wales, concluded that the greatest failing of the care system and associated child welfare procedures is that they too often break, rather than build, relationships for children in or on the edge of care. Children aged 10 to 17 years are the single biggest age group of looked after children. They are also the age group most likely to be subject to frequent placements moves. This instability has lifelong multiple impacts on young people. Lifelong Links is work dedicated to providing children and young people with the network to sustain them through childhood and into adulthood. Doing so prevents placement breakdown, enhances the quality of children's time in care and builds positive outcomes for the future.**

### **FGC outcomes**

*“When I first heard about the FGC I thought that this was going to be another meeting with social workers where I would feel left out, however it is nothing like that. It was very relaxed even though everyone was nervous, we were able to speak and explain how things have been for us and then make a plan that we can work with. all social work meetings with families should be set up this way” – Feedback from a parent*

We have received **109 FGC referrals** from children's social workers for an FGC over the past 12 months an increase of **51%** on the previous year. For cases where the outcome is known, **100%** saw their legal status improve or remain the same. In **56%** of these cases, a young person was diverted from being looked after (placed into Local Authority Care) following the completion of an FGC.



## **Lifelong Links outcomes**

***"A real transformation with the young person having no idea who his family really were and having limited contact with them for many years to establishing real connection and identity with them and himself. Real positive turn around in all aspects of his life since establishing a contact with Family" feedback from a professional***

We have received 14 referrals over the past 12 months, exceeding our target of 10. Lifelong Links has resulted in an increase in connections for all of young people referred to the project. Relationships have been rebuilt with family, including one where there had been no contact with the local authority for over 5/9 years 4 of the 14 referrals now have direct contact with family, friends, and other supportive adults (including former teachers and other professionals). The contact either did not take place before or was not formalised and is now part of the child and young person's care plan. 5 others are in the process of finding and formulating direct contact and one is awaiting allocation. Professionals and the young people's report that all of children and young people with a plan now have an increased sense of identity and belonging

## **Baby & Me**

The Baby & Me service provides a package of support which includes bespoke 1:1 support, a six week group antenatal parenting programme called "Baby Steps" and a FGC where appropriate. Baby & Me work with parents to create a safe space for families to explore their identified issues and use a range of strategies and therapeutic approaches to work empathically with parents and empower them to reach their goals of keeping their family together.

Baby & Me use a relationship-based approach, to work with families in a flexible, trauma informed approach. Baby & Me is a collaboration between Health (Midwifery, Mental Health services and Health Visiting teams) and social care. This promotes health messages with the purpose of improving health outcomes for both parents and babies. We recognise the pressures of parenting alongside Child Protection processes and facilitate engagement with wider services (E.g. Substance Misuse, Housing, Mental Health) to support parents to overcome barriers to successful parenting. We also provide practical support (E.g. Budgeting, Independent living skills) recognising the importance of building skills as early as possible on the transition to parenthood. The main criteria for this support is also around edge of care, where there is a significant likelihood that the baby would be removed for the family's care when born.



Clearly, a primary objective is to keep families together safely, and we have a number of other intended outcomes including:

- Develop positive and healthy attachments between parents and their babies;
- Develop parents' understanding of risk and ability to provide safety to their babies;
- Decrease parental anxiety, improve mood and increase self-esteem;
- Keep families together and reduce the number of babies becoming Looked After.



Over the past 12 months it has been further apparent that working in partnership with the multiple agencies involved in pre and post-natal is integral to safer outcomes for babies and mothers. The team have continued to forge positive relationships with health and mental health services so that families open to Baby and Me are better able to access the appropriate services. The Baby and Me Service team have now been trained in Dialectical Behaviour Therapy (DBT) and will be co delivering emotional regulation workshops with colleagues from mental health to families open to the Baby and

Promoting positive social networks is essential, with the use of FGC's and also by developing relationships with external agencies such as Happy Hands, with whom we will be piloting pre-birth and post-natal support groups to develop the parent's bond with their child both in the womb, and when born. These community services are integral to giving opportunities for the families to develop positive support networks of their own and to not rely on statutory services.

## **Baby and Me outcomes**

***"I actually feel like I've been seen for me as person and the person I am now, not everything that happened in the past. I don't feel like I've been judge by what's happened in the past"** parent feedback*

Over the past 12 months, Baby and Me have received 34 referrals. Out of the 34 referral, only one family did not engage with the service and 5 case were transferred to FSS. Of the babies born since the team began **61%** of Baby and Me families take their babies home at birth. A significant number considering **53%** of parents have had children previously removed and **34%** of our families are care experienced parents

Of all the families that we worked with:

- 46% of our families have domestic abuse as feature
- 49% have a diagnosed mental health issue
- 35% have substance misuse issues
- 56% have childhood trauma
- 66% of our recurrent care parents take their baby home at birth.
- 58% of our care experienced parents take their baby home at home.
- 16 of our families had an FGC. 14 of those families took their child home at birth – **88%**.
- Of the babies who have gone home, 100% had be deregistered from the CPR by 1 year.
- **Baby and Me families spend less time on the CPR in their first year of life than comparative babies.**
- Newport have had a 48% reduction in care proceedings issued at birth since Baby and Me started, equating to 20 less babies coming into care in Newport compared to the 2 years prior to the service's inception.

### **Rapid Response Team**

The Rapid Response service offers families at the risk of breakdown a trauma informed, six-week intensive intervention, with the aim of preventing unnecessary admissions into the care system.

The team consists of 3 intervention workers who work in close partnership with Child protection social workers.

In addition to this service, the Rapid Response team can also deliver specific Mediation Support when needed as all staff are trained in this approach.

## Rapid Response outcomes

***"I appreciate everything you have done for us, my home feels like a home again and that is all thanks to you, Honestly thank you so so much" – feedback from a young person***

The Rapid Response service has worked with **71** young people during the past 12 months, where the Safeguarding Hub had assessed their being an increased risk of family breakdown and the young person coming into Local Authority care. **91%** of these children remained at home or were returned home because of our intervention.

## Exploitation Team

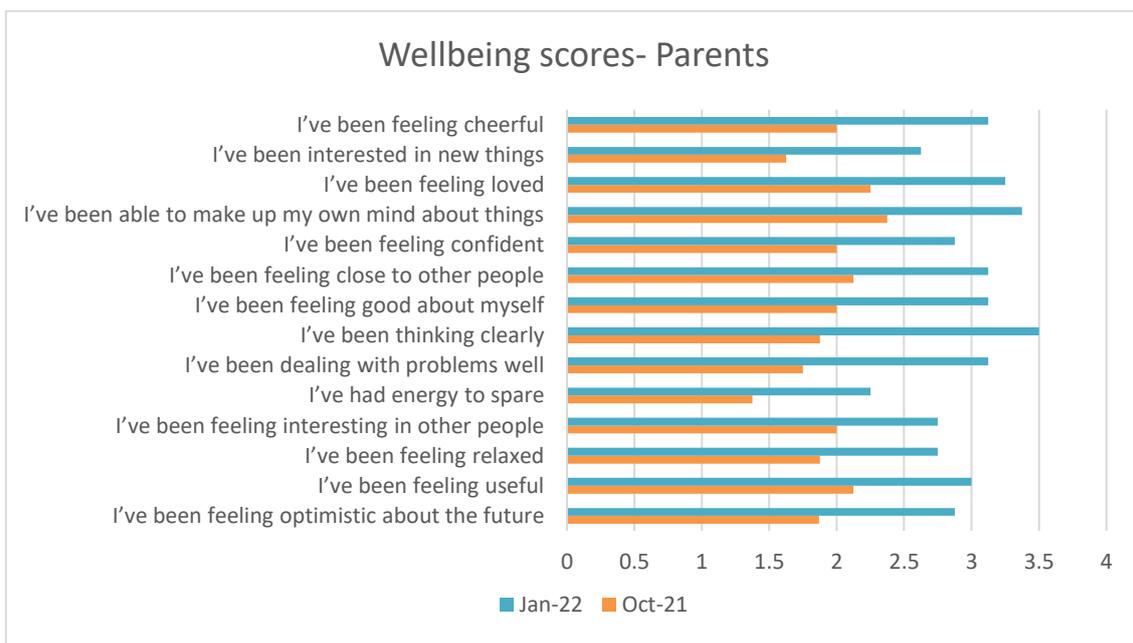
Working in line with Newport’s Child Exploitation Strategy 2022 and in conjunction with partners in Policing, Education, Youth Justice, Welsh government and community-based organisations, the Newport Partnership has developed a robust, whole family approach to tackling the exploitation of children across Newport.

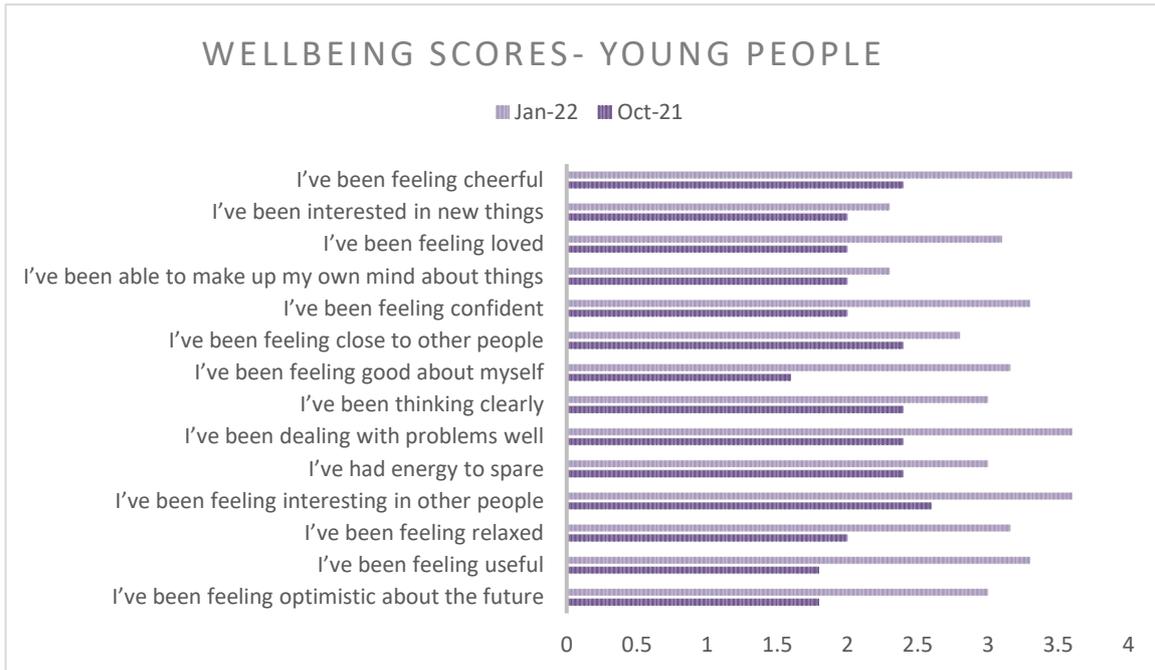
The Exploitation Team which, working closely with a Child Exploitation Social Worker based in Newport Children Services, consists of a Specialist Exploitation Worker and Parenting Worker. The ethos of this team is to adopt a trauma informed, strength-based approach to engaging young people and their families while recognising that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse, and we need to go to these places to disrupt and prevent this abuse. This is the notion of contextual safeguarding.

## Outcomes

***"I was putting myself at risk, making stupid decisions and doing stupid things, my worker has helped me sort my head out. They worked with my mum and our relationship has got so much better. I don't think I'm the person I was before now thanks to them. I feel safe and I feel happy"*** Feedback from a young person.

We have seen a reduction in the number of risk factors associated with exploitation in the young people open to the Exploitation Team over the past 12 months. Furthermore, we have recorded improvements in the wellbeing score of parents and young people during our interventions.

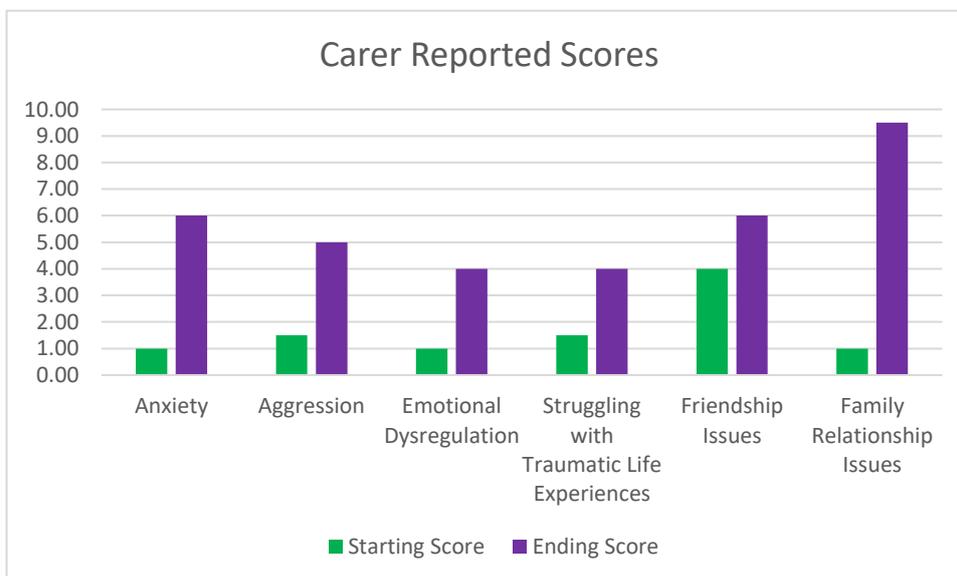




### **Play Therapy and Child Parenting Relationship Therapy**

Play Therapy is a form of counselling in which play is used as a means of helping children express or communicate their feelings and Child Parent Relationship Therapy (CPRT) is a group intervention which aims to equip parents/carers with basic Play Therapy skills, enabling them to deliver therapeutic play sessions with their child at home. The purpose of these sessions is to improve the relationships between the adults and their children, as well as to give the parents/carers practical tips that allow them to gain a deeper understanding of their children through better communication, leading to increased confidence in behaviour management. During the past 12 months we have begun play therapy sessions to a limited number of families

### **Play Therapy outcomes**



Of the **8** young people who have completed play therapy, carers have reported significant reduced levels of anxiety, less aggression, improved emotional dysregulation and more positive family relationships.



## Section 3: Newport Partnership Preventions

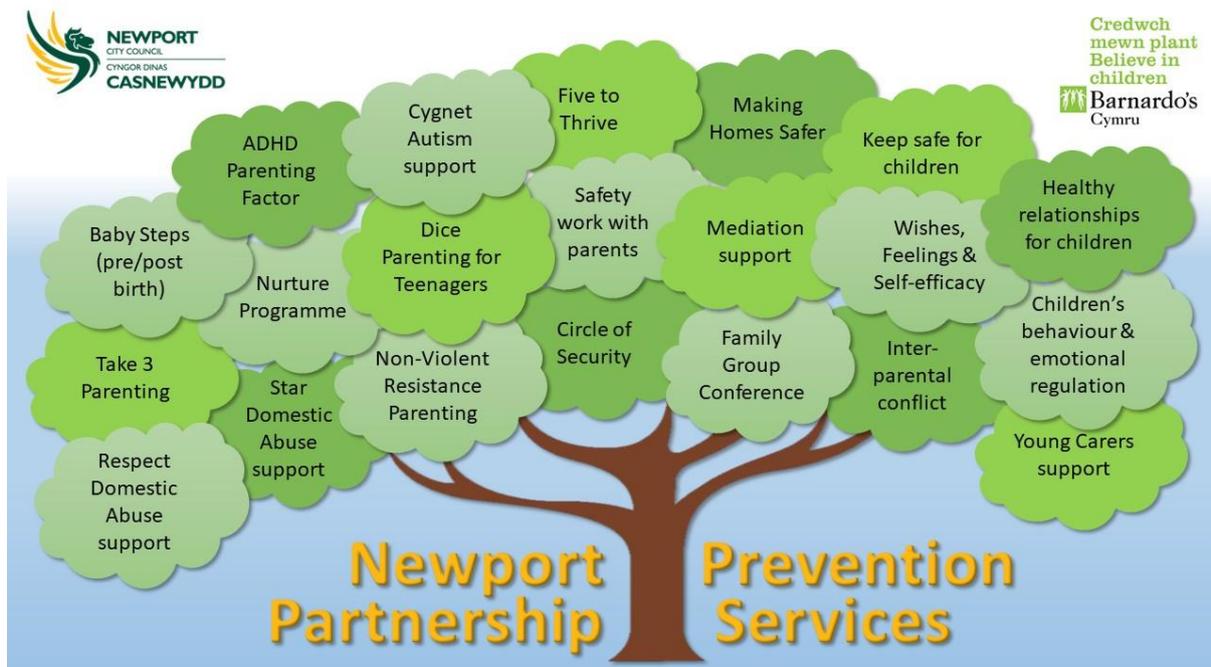
Newport City Council's Children & Family Services and Barnardo's Cymru Strategic Partnership has recently grown to include a range of different projects and preventative services for children, young people and families. Our services are voluntary for children, young people and families who would benefit from early intervention or support, where they do not meet the criteria for receiving statutory Social Services support.

The Newport Partnership Prevention Services include:

- Newport Young Carers
- Confident and Nurturing Families (CNF)
- Children with Additional Needs Service (CANS)

These services are Families First funded with some additional funding streams to complement the Newport Young Carers team.

Referrals for support for all of our Newport Partnership Prevention Services can be made via the Single Point of Access for Children's Emotional Wellbeing and Mental Health (SPACE-Wellbeing) panel, where each referral will be discussed and the most appropriate service identified to support the child, young person or family. The panel meets once per week and take referrals from multiple sources: GPs, schools, social services, but also parents and families. Attendees at the panel include representatives from a wide range of services including Health, Social Services, Education and Gwent Community Psychology.



## Children with Additional Needs Service (CANS)

Children with additional needs are one of the most vulnerable and marginalised groups in society. Children with additional needs can often face exclusion and discrimination. Families of children with additional needs are more likely to experience poverty than their non-disabled peers and 3 to 4 times more likely to experience abuse.

The CANS team provides support for families whose child or children are aged 0-17 years and present with additional needs, which may be associated with a physical or cognitive impairment. These eligibility criteria extend to physical, learning difficulties, sensory impairment and complex health needs.

The project aims to:

- Undertake early intervention work with referrals through Families First. The Project works in partnership with the Disabled Children's Team to ensure appropriate and timely support.
- Deliver planned individual support to families in their homes or communities and specialist parenting group provision.
- Provide support to families with children with additional needs and/or disability.
- Aims to prevent their needs from escalating and to facilitate resilience.
- Work according to the principles that with the right support families can identify their strengths and achieve change.

Here is some feedback recently received about the CANS service:

**Feedback from a mother :** *"I wish we had come to you sooner to be honest; it has been good to see what's going on and have some solution of how to come about it. A gentle approach has been good for me, to give me subtle things to try. It has definitely supported me to meet my child's needs, it's kind of calmed me down, and calmed her down, the whole family feels calmer."*

**Feedback from an Occupational Therapist:** *"I did feel when I last saw mum she had more confidence with her child which was lovely to see and I do feel that confidence has come from Mum working with you."*

## Confident and Nurturing Families (CNF)

The basis for all Confident and Nurturing Families intervention is to provide timely and targeted support to meet the needs of families so that they can recognise and build upon strengths to be autonomous and service free. Plans and intervention are bespoke, and family led. Practitioners draw on the various tools and approaches they have access to, enabling families to achieve their goals.

CNF will provide interventions through a range of specialised group programmes for families who are eligible for the Families First Programme with the following aims:

- To reduce the numbers of children living in poverty by taking their families out of poverty.
- To provide seamless, holistic services on a continuum of need between universal and acute services.



- To reduce family dependency on specialist service interventions.
- To remove barriers that promote inequality.
- While the Services must be offered universally to all eligible families the interventions offered to individual Service Users should be appropriate to their level of need.

**Some recent family feedback for CNF: "CNF support has been life changing for me and my family. I have always had support services and for the first time I feel confident to make decisions and also give my children a choice in decisions made about them. Verity is doing so much better at school and there are no further aggressive outbursts at home since we started to use Circle of security strategies, I feel like I can take charge whilst filling my emotional cup which allows Verity to be a child and me to be the mum."**

### Newport Young Carers

Newport Young Carers support children and young people with a caring role at home – whether for a sibling or a parent or other family member. We provide regular one-to-one and group sessions, trips & activities as well as workshops. The aim is to decrease the impact of caring on their lives, improve confidence and self-esteem, give new experiences and opportunities, offer respite time away from caring role and reduce social isolation. Newport Young Carer’s support young people who help look after a member of the family who is sick, disabled, has mental health problems or is affected by substance misuse.



The service aims to:

- positively address the identified impact of caring upon the young person (e.g. social isolation, difficulties with education, self-esteem, information, emotional wellbeing).
- provide a tailored service according to the needs of each individual young person
- provide young carer’s with opportunities to participate in the development of the service and influencing in relation to their caring role.



We have recently developed the **Life Beyond Caring** programme which is a co-produced project for Young Adult Carers up to the age of 25, providing opportunities that work to mitigate the long-term and continued impact of caring and the disproportionate effects of Covid-19 on Young Adult Carers. This includes improving educational attainment and raising aspirations, deliver an age-appropriate service that is specific to their needs, providing bespoke social, emotional and respite support, ensuring they can recover and thrive from the impact of Covid 19, providing volunteering, training, employment opportunities.

Some comments from our Young Carers:

***"A lot of young carers don't get the time to go out and be themselves and this can be broadly applied to most young carers and this clearly will affect their social skills".***

***"I don't really have anyone to talk to and I never go anywhere"***

***"Young Carers t helps me to get everything I feel off my chest and I feel like I can focus more once I have support"***

***"Everyone in Young Carers treats me like a normal person and make me laugh"***

Here are some more pictures of our Young Carers in Newport including from our 2021 Summer Party, with some players from Newport County FC and our Life Beyond Caring team meeting Jayne Bryant MS and John Griffiths MS.



## Section 4: Cases Studies and Feedback

### Case Study - Tina (Rapid Response)

Tina was 17 years old when we started to provide support. Herself and her siblings had had contact with Social Services on and off throughout their childhood, predominantly due to domestic abuse within the home. Tina's Mum was now on her own caring for her 4 teenagers.

Social Services had a referral in from Tina's counsellor in college saying she had made an accusation against her older sister of physical abuse. When the Social Worker and police had arrived to investigate, Tina had become irate and had been throwing things and banging her head against the wall. Mum understood that her daughter needed help but was also furious that she had brought in Social Services in the first place. Her relationship with Tina was completely broken. There was an acute fear that Mum would feel unable to manage the situation in the home and there was nowhere else for Tina to go.

The Social Worker called Rapid Response to see if there was any chance of an intensive intervention to try to prevent a breakdown in the home and make sure Tina and the rest of the family had the support needed. We were initially met with shouting from all family members, each trying to express their own anger at the situation and the blame was predominantly pointed at Tina. We needed to gain each family member's perspective and then work on mediation between them all as my first goal.

When speaking to Tina it became obvious that she was desperate for someone to talk to and to get help for the way she was feeling. She said she was always anxious and felt as if everyone was against her. She felt they didn't understand why she acted the way she did. Her family felt as if Tina was always craving attention, and that her behaviour was unpredictable and she could 'kick off' without any warning which was intolerable to live with. The physical abuse was supposedly as a result of Tina never pulling her weight around the house and becoming aggressive when challenged about this.

We were able to get the whole family together to be able to explain to everyone how each other were feeling. Tina was able to apologise for the way she sometimes behaves but explained some of the reasoning behind this. Mum immediately softened and said she would do anything she could to support Tina. Her older sister was still cross with Tina and said she didn't want to talk to her. This was devastating for Tina but I was able to explain to Tina that this was quite a normal reaction and it might just take time. We discussed how to tolerate these difficult emotions and continue to be able to live together in the house despite these feelings.

Over the coming few weeks, we continued to help Mum and sister to understand what was underlying some of Tina's behaviour. Mum started to open up about how Tina had very much been the middle child and hadn't had as much attention growing up. We discussed ways Mum could go out of her way to show Tina how much she loved her and Mum began going out on trips with Tina. Tina's sister also began to relax and understood that there may be some mental health issues underlying Tina's behaviour. She began to interact more kindly with Tina and show her support rather than frustration.

Tina began to recognise that her family were not all against her and felt understood. She continued to have struggles with her anxiety and low self-esteem but I was able to link her up to a support worker within MIND who would meet up regularly with her and gave her the opportunity to feel listened to. At the same time Mum supported her to get help through the GP.

By the end of our involvement Mum reported that the house was transformed. It felt calm and everyone was getting along. Tina had managed to find a job and this was building her confidence every day. They were still awaiting support through Mental Health services but Mum felt better able to support Tina within the home.

## **Case Study - Abbie (Baby and Me)**

Abbie was 16 years old when she found out she was pregnant, it came as a shock to her and her 30 year old boyfriend who hadn't planned on having a baby or ever really talked about being parents.

Abbie had experienced domestic abuse between her parents since she was 6 years old; at times she saw her Mother get injured by her Father and got caught in the cross fire as she tried to intervene. As Abbie got older she started to skip school and go missing from home. Often, Abbie was travelling from Wales to England with adults males who had histories of criminal offences and would sexually exploit her in exchange for cocaine, MDMA and vodka.

When she was 15 years old, Abbie became involved with a Barnardos Child Sexual Exploitation worker Katie, they built up a strong and positive relationship where Abbie was supported to learn how to keep herself safe. Eventually this relationship between Abbie and Katie proved to truly safeguard Abbie. Abbie trusted Katie enough to disclose that her Father was threatening to send her to Turkey to marry a family member because of her behaviour at home.

A Forced Marriage Protection Order and Emergency Protection Order was granted by the court and Abbie went to live with foster carers to keep her safe. Sadly Abbie really struggled with this move and was regularly absconding from her foster home and gravitating back home to her Mother. After a significant amount of support and intervention, it was assessed as safe for Abbie to reside back at home with her Mother while criminal orders prevented her Father from coming to the home and seeing Abbie.

At 16 years old, Abbie settled into a new relationship with Adam, and despite him being 14 years older than her, Adam brought some stability and maturity to Abbie's lifestyle. Upon finding out they were expecting their first child, Abbie and Adam were referred to the Baby and Me Service to support them to transition to parenthood and safely care for their baby. Abbie and Adam attended the Baby Steps antenatal parenting programme where they learnt all about the importance of early years, babies brain development and how to read and respond to their babies emotional needs. They loved the group environment and showed real excitement and investment in becoming parents.

As Abbie became increasingly attached to her unborn baby, her risk taking behaviours lessened. She stopped taking hard drugs, got into healthy routines and always made sure she attended her midwifery appointments to know that baby was doing ok. The change in Abbie's lifestyle and attitudes meant that Social Workers felt confident that Abbie and Adam could care for their baby with a package of support in place from Baby and Me. So when Baby Mila was born in October 2021 Abbie and Adam were able to take her home.... a huge achievement they worked incredibly hard for.

The preparations made by Abbie and Adam meant they had a smooth birthing journey, and workers noted just how connected, attuned and sensitive they were as parents. Abbie has maintained breastfeeding Mila since birth and Adam is besotted by his little princess, using his familiar voice to sing and soothe her. Baby Mila is thriving, showing reassuring signs that her parents have made her the centre of their world and are laying the foundations for healthy physical, social, emotional and cognitive outcomes.

Abbie's story is so valuable because statistically the odds were stacked against her. Research has found that 1 in 4 babies adopted in Wales are born a mother who herself has grown up in care (Dr Louise Roberts, Cardiff University, 2021), meaning that as a care experienced young person Abbie was more likely to be at risk of having her baby removed and adopted. This story shows that with the right support, provided in a timely manner, care experienced young people can be fantastic parents, and deserve every opportunity to make this happen.

## Case Study – Charlie (Lifelong Links)

Charlie was 4 years old when he came into the care system. His siblings also came into care due to physical abuse within the home. Charlie's mother was given a custodial sentence due to the level of abuse that he suffered whilst in her care. This trauma had a significant impact on Charlie – he wasn't safe or protected in the one place he should have been by the care giver he relied on. Charlie went through several foster placements where he regularly run away and put himself in very dangerous situations. He had no sense of identity and felt as though he had no links in his life.

Charlie's relationship with his siblings and wider family also broke down due to different foster placements; he did remain close to one sister and this has been the only constant in his life.

Charlie is currently living in a shared residential setting. A referral was made for Lifelong links to look at positive family and professional links to provide a plan for Charlie whilst he is in care and to continue when he leaves the residential setting. Initially Charlie was distant and did not want to disclose too much to me; however, over time he has begun to trust and engage with me on a more open level.

These discussions have been around family, friends, life, what life looks like for him and his hopes for the future. As his trust has developed with his Lifelong Links co-ordinator, he has able to open up and talk about his experiences. Through the relationship building, Charlie began to open up more about his own research and he explained that he had contacted family members via social networking. He was afraid that all contact would be stopped by telling the coordinator this. Through supporting him to recognise that we were happy to check and ensure the people were safe, and if so include them in the plan, we have seen Charlie trust us more and we feel that us engaging with his family has given him an improved sense of identity and validation.

As time has progressed Charlie has now met with an additional 3 family members in a controlled and safe environment. He states that he now feels a sense of identity – he's beginning to understand that not all of his family were 'bad' or didn't want him. An example of this is his grandfather had kept his birth certificate which Charlie feels shows he was loved and thought about.

Charlie has made great links within the residential setting, and as a result of the work in Lifelong Links he has 3 professionals who are part of his lifelong plan. Since supporting him and looking into his needs, he is in education looking to attain his GCSE's. There is a plan for his future for him to move to independent living. Charlie feels much more positive about this knowing that he could have a stable adulthood with secure connections and positive family and professionals continuing to support him as and when he needs it.

We are currently looking to arrange a final FGC where all links will come together. Charlie stated that he's never had a birthday party and this feels as though it's going to be like one!

## Feedback from families and professionals

***"The work that has been carried out has been done with sensitivity and in a child focused way that has allowed the young person to be fully involved. He has felt valued and his wants and wishes respected allowing him to feel listened too. It has been amazing to be included in such a proactive project at an important stage in the young persons life that wouldn't have happened if not for the work carried out by Mari" – Professional feedback regarding Maria our lifelong links facilitator***

***Thank u so much for all the help I had of u all it means a lot as I got to show my self It was a new life there for me and I get to be the mum I always should have been thank u for give***

***your time for me to trust in some one like u again and I think u do a good job thank u so much – parent feedback for Alex Gidden (baby and me)***

***"I want to echo what Suze said in terms of our partnership, with Suze who is just as passionate and enthusiastic for this family as I am. There are a lot of challenges in working with this family and it is so positive to have someone like Suze to work with on the case who is able to see the positive changes (all be it, small at times) that this family are making and really route for them. Our positive working partnership is definitely one that works well for this family!" - Feedback received by Suze Lopez-Love (Intervention Worker) from a Social Worker:***

***"Natalie has been an amazing support for myself and Lily. Her knowledge and experience was invaluable and she was able to connect with Lily on her level which hasn't happened before with other professionals for one reason or another. I have learnt how to manage rather than react to Lily's challenging behaviour – we are in a more positive place which I hope continues. There are still up and downs but less frequent which is what I was hoping for when we started to work with Natalie. She has enabled my family to stay together"***  
Feedback received by Natalie Hardy (Intervention Worker) from a family



*Some of the members of our Newport Youth Forum*