

# FEASIBILITY STUDY OF A KINSHIP CARE MEDIATION PILOT

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## Summary

This protocol summarises plans for a feasibility study of a mediation pilot project for kinship carers by Family Solutions in 4 local authorities in the South Hampshire area. The project is called the Kinship Care Mediation project. Throughout this document, it is referred to by its name or as “the intervention” or “the project”. The intervention runs from September 2023 to September 2024. The intervention offers mediation for 20 kinship families along with offering training to professionals who may refer to the project about the mediation process.

The study (also called “the evaluation” throughout this document), led by Coram, runs for 18 months from March 2023 to September 2024. The study will use a mixed methods approach to answer 4 main research questions:

1. To what extent is the intervention feasible and can it be evaluated?
2. How should the Kinship Care Mediation project be evaluated in future?
3. How should the Kinship Care Mediation project be developed, scaled up and replicated in the future?
4. Are there signs that the Kinship Care Mediation project is achieving the outcomes listed in the theory of change and logic model (evidence of promise)?

The evaluation aims to provide useful evidence for policy makers and commissioners in relation to support for kinship families.



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## Background and problem statement

This intervention uses mediation with the aim of helping kinship carers and parents communicate better. It aims to support kinship carers and parents to make decisions about the child in kinship care with the child's view taken into account. Mediation is a confidential process in which a neutral third person (the mediator) helps people to make mutually acceptable decisions and arrangements for their future.

### About kinship care

Kinship care is defined as a friend or family member looking after a child. It is a growing form of care for children who cannot live with their parents in England. Based on the 2011 census, an estimated 152,910 (1.4% of children) children in England were living in kinship care (Wijedasa, 2015). As another indication, in 2021-22 the number of Special Guardianship Orders granted for children who were previously in care rose by 6% to 4,010 (ASGLB, 2022). Special Guardianship Orders are largely made to family and friend carers (Wade et al., 2014). There is also an upward trend in the proportion of local authority foster care placements made to family and friend households with 7,855 in March 2022 (Ofsted, 2022).

Most children are living in kinship care because their parents are not able to look after them safely (Hunt, 2020). Most (51% in England) kinship carers are grandparents (Wijedasa, 2015; Hunt, 2020). There is a spectrum of arrangements in place from informal, with no local authority children's services involvement, to several different types of legal order<sup>1</sup> where the child is known, and may have been previously looked after, by the local authority. Arrangements and legal statuses may change over time. This means that there are variations in the experiences of kinship carers and in the support that kinship carers can access. Additionally, kinship carers report a lack of support from the local authority and other services (Harwin et al., 2019), and it has been found that local authority support to kinship carers can be poorly developed and inconsistent (Hunt, 2020). As kinship carers can lack a clear identity, it also can make it more difficult to understand their prevalence and support needs and entitlements.

Compared to parents in the UK general population, kinship carers are more likely to live in the least affluent areas and be categorised as experiencing deprivation in terms of employment, education, housing or disability (Hunt, 2020). In addition, kinship carers often face significant challenges due to their children's experiences or because of their own vulnerabilities, and most have very limited access to advice or support (McGrath and Ashley, 2021).

Despite kinship care rising up the UK policy agenda, as seen in the Independent Review of Children's Social Care and the subsequent government response (MacAlister, 2022; Department

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<sup>1</sup> Kinship carers can be granted a range of legal orders which includes: family and friends foster care, children who are subject to a Special Guardianship Order, Child Arrangements Order or Residence Order, and children living in an informal arrangement where there is no court order (which includes private fostering arrangements).



for Education, 2023), it has a limited evidence base. As highlighted in Harwin et al.'s (2019) evidence review of special guardianships (as one type of legal order a kinship carer can be granted), the evidence around special guardianship is in its early stages when compared with fostering and adoption. In particular, the paucity of evidence on children's medium- and long-term outcomes is striking (Harwin et al., 2019).

## Why a mediation approach?

Conflict between the kinship carer and the parent is very possible. Kinship carers and parents must work together to make contact arrangements and other decisions relating to the child after the child has been removed from the parent's care. Balancing a parent's wish to see their child(ren) with the carer's and local authority children's services' concerns about the risks that parent may pose to the child(ren) is often an unmanageable task for the kinship carer and can lead to further conflict. Frequent, intense and poorly resolved conflict between parents and carers can place children at risk of mental health issues, behavioural, social and academic problems, and can significantly effect a child's long-term outcomes (Early Intervention Foundation, 2016).

During Family Solutions' delivery of a mediation project to families in the child protection process, it learned that families most likely to attend and make agreements at mediation were kinship care families. The team therefore developed a bespoke mediation intervention for kinship families.

Mediation has been established for many years and has a developing evidence base. There is some evidence that it works. For instance, one study in Northern Ireland found that family mediation was effective in facilitating cooperation and agreement between those involved in family-based disputes; in this study, 83% of those using a specialist family mediation service were able to reach an agreement in relation to contact and residence arrangements (Glover, 2008). Although mediation typically results in high rates of settlement and increased rates of contact, there is debate over the extent to which mediation alone is effective in resolving disputes and whether cooperation facilitated by mediation is enduring. In addition, the process has been found to be less effective in improving communication and resolving underlying conflicts between parties (Trinder et al., 2011). This means conflict can arise again once mediation has finished. In response to this, Family Solutions' kinship care mediation project will provide additional support in communication skills, conflict management techniques and positive parenting approaches. The accredited mediators who have received additional training in trauma informed practice, positive parenting techniques and communication skills, will deliver this.

## Why a feasibility study?

This feasibility study of the kinship care mediation project aims to develop the evidence base on what interventions and support can work best for this growing cohort of carers and their children. We have selected a feasibility study for this intervention because:

- **Mediation services for kinship carers have been and can be challenging to access (meaning the evidence base is still developing):** mediation services specifically for kinship carers are a novel application of the approach. As kinship carers are



more likely to be categorised as experiencing deprivation (Hunt, 2020) and have very limited access to legal aid advice and representation<sup>2</sup>, or fall outside the financial eligibility criteria for legal aid (Smeiman, 2023), mediation services are more difficult to access for these carers. Second, if legal aid is granted the additional support Family Solutions will offer through this project (communication skills, parenting approaches and conflict management) is not covered by a legal aid certificate

- **The intervention design targets a small number of people in one geographic region:** this means that at this stage the intervention does not have a large enough sample size to be suitably powered for an evaluation with an experimental design such as a randomised controlled trial
- **The people involved in the intervention are less represented in research studies:** kinship carers are less represented in research compared with foster carers and adoptive parents. Furthermore, kinship carers can have additional stressors in their life based on their caring responsibilities, which are often taken on suddenly. This means accessing a sub-sample of kinship care families for the research may be more challenging. Equally, social workers, Cafcass (Cafcass stands for Children and Family Court Advisory and Support Service) staff and family court representatives (who refer to the intervention) will likely be stretched and potentially difficult to engage with evaluation fieldwork
- **The existing administrative data available is in a developing stage:** as this is the first time Family Solutions has delivered a specific service for kinship carers this will be the first time data is collected for this cohort of families. At this stage, we are unclear about the data quality and whether this would support a different evaluation design.

## Intervention overview

Family Solutions is a team of experienced family professionals who help families find ways of moving forward with their lives after a separation of some form. Family Solutions provides mediation to 600 families per year. Mediation is a confidential process in which a neutral third person (the mediator) helps people to make mutually acceptable decisions and arrangements for their futures.

In 2022, Family Solutions was supported by Foundations' (formerly known as What Works for Early Intervention and Children's Social Care (WWEICSC)) Practice in Need of Evidence team to deliver mediation services to 50 families in the child protection process (in the same geographic area). During this project, Family Solutions learned that:

- Many social workers and other professionals did not understand the process of mediation. This meant that families who could have benefitted from mediation were often not referred, or were referred in too late when conflict was already entrenched

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<sup>2</sup> Kinship carers with Special Guardianship Orders have access to means-tested legal aid.



- From the cohort of 50 families, people who were most likely to attend and make agreements in mediation were families where the child was living with a kinship carer.

Based on this learning, through the kinship care mediation project Family Solutions aims to:

1. **Provide specialist mediation for 20 kinship care families** (between September 2023 and September 2024). These kinship families will be offered 4 in-person mediation sessions which will typically take place over 16 weeks. Mediation sessions will be delivered by a trained, accredited Family Solutions mediator. In addition to standard mediation, the sessions will also include additional support with conflict management, positive parenting techniques and communication skills. A child consultation will also be offered to the child as part of the 4 sessions. A child consultation involves the child talking in-person with the mediators separately. Child consultations typically involve children who are aged 10 and over. Child consultations can be with multiple children i.e. a sibling group. Child consultations are on the basis that what the child says is completely confidential from anyone else including their carer and parent(s). With the child's permission, the mediator will then bring what the child has said into the following (adult) mediation sessions. If a child consultation does not take place then an adult mediation session would take place instead. Prior to the 4 mediation sessions, a Mediation Information and Assessment Meeting (MIAM) is held individually with the adults taking part in the mediation sessions. The MIAM is an opportunity for the mediator to gather important information about the kinship carer's and parent's situation along with explaining the mediation process to them.
2. **Provide mediation training for at least 70 professionals** (between September 2023 and February 2024) who are based in one of the 4 local authority areas. This may include social workers and professionals from contact centres, Cafcass, family courts and local charities as they are the primary source of referrals into the service. Family Solutions aims for this to increase the number of appropriate referrals to the intervention. Family Solutions views the referral training as a key component of the intervention. This part of the intervention is detailed in the theory of change and logic model (see Appendix 1 and 2) as an input that facilitates the delivery of mediation with families. This part of the intervention has been developed due to the high rates of inappropriate referrals (for instance, families with long-term, deeply entrenched conflict) in the child protection mediation project which caused barriers to delivery for the organisation (for instance, staff time spent on reviewing and rejecting inappropriate referrals). Arguably, this part of the intervention is 'proximate' in that it enables the delivery of the mediation sessions. However, from our preliminary intervention development work with Family Solutions it seems that it serves an important function to enable the delivery of the intervention in full. The approach we have proposed (detailed in Methods below) is proportionate to the nature of this aspect of the intervention. Having said this, if the feasibility study suggests the training is having minimal effects on the referrals into the service (indicated by the referral rates data and interviews with staff) then we would adjust the theory of change and logic model and make a recommendation about this for any future evaluation.



## Participants

This feasibility study includes primary research with participants based in 4 different local authority areas. These local authorities are:

1. Hampshire County Council
2. Portsmouth City Council
3. Southampton City Council
4. Isle of Wight Council.

Professionals in each of the local authorities (e.g. social workers) can refer kinship carers and parents to the mediation project. Alongside this, professionals based in other organisations in the local authority areas (e.g. schools, GP surgeries, contact centres) can also refer to the project. Parents/carers can also self-refer to the project.

The primary research will be with kinship carers, parents, Family Solutions mediators and professionals who refer into the mediation project from the 4 local authority areas. As mentioned, this is likely to include social workers from special guardianship/foster care/kinship teams. It also may include school staff such as SENCOs, Cafcass professionals, GPs and staff at contact centres.

In the first phase of the project (September to December 2023) we will explore with Family Solutions our options for involving children and young people in primary research. We would like to understand children’s experiences of the child consultations sessions and the mediation sessions overall. Children involved in the child consultation sessions would typically be aged over 10 years old. The primary research would therefore only be with children aged 10 and over. If this takes place, then this would be detailed in an addendum to this protocol in November to December 2023 and subject to ethical approval by Coram’s research ethics committee.

## Research questions

We have developed a set of predominantly formative research questions, which incorporate Foundations’ key feasibility study questions.

**Table 1: the main and specific research questions for the feasibility study including indicators**

Main questions	Specific questions	Indicators
<b>Q1. To what extent is the intervention</b>	a. Is the intervention distinct?	<ul style="list-style-type: none"> <li>• The intervention can be distinguished from other existing business as usual practices in the 4 local authorities and nationally</li> </ul>





<b>feasible and can it be evaluated?</b>	b. Is the intervention well specified?	<ul style="list-style-type: none"> <li>• There is a clear protocol for the intervention which can be followed and potentially replicated in other areas</li> </ul>
	c. Is the intervention controlled?	<ul style="list-style-type: none"> <li>• The intervention is delivered as intended</li> <li>• Adaptations to the model are discussed, agreed and documented</li> <li>• There is evidence of quality control</li> </ul>
	d. Is the intervention credible?	<ul style="list-style-type: none"> <li>• Stakeholders understand the intervention aims and pathway from delivery to outcomes (i.e. the theory of change)</li> <li>• There is a comprehensive theory of change</li> <li>• The theory of change has been developed openly and has been scrutinised and reviewed</li> </ul>
<b>Q2. How should the Kinship Care Mediation project be evaluated in future?</b>	a. What would be the best evaluation design and approach?	<ul style="list-style-type: none"> <li>• An assessment against a framework of design criteria using data from interviews, administrative data and observations</li> </ul>
	b. Are outcomes quantifiable?	<ul style="list-style-type: none"> <li>• There is monitoring and evaluation data that can be collected and is good enough quality to be analysed and described (for instance, administrative data collection and completion rates of the Family Mediation scale measure – see Appendix 5)</li> <li>• There is an outcome measure which is feasible to use in a future evaluation</li> </ul>
	c. Are beneficiaries comparable?	<ul style="list-style-type: none"> <li>• A suitable, ethical and achievable comparison group can be established</li> </ul>
	d. What would be feasible and acceptable outcome measures for a larger scale evaluation?	<ul style="list-style-type: none"> <li>• Intervention stakeholders’ perceptions about type and distribution method of an outcome measure in terms of acceptability, usability and meaningfulness</li> </ul>
<b>Q3. How should the Kinship Care Mediation pilot be</b>	a. What can be improved about the intervention’s design?	<ul style="list-style-type: none"> <li>• Interviewees (kinship carers, parents, referring professionals and mediators) perceived barriers and facilitators to programme implementation</li> </ul>



<b>developed, scaled up and replicated in future?</b>	b. How can the delivery of the programme be improved?	<ul style="list-style-type: none"> <li>• Observations of training for professionals and MIAMs and/or mediation sessions</li> <li>• Feedback forms from kinship carers and parents</li> <li>• Feedback forms from children and young people</li> <li>• Note any unforeseen circumstances during the delivery and evaluation of the intervention</li> </ul>
	c. What are the barriers and facilitators of the implementation of the programme?	
	d. What were the referral routes to the programme? Where did these come from and at what point in the child's journey through children's services?	<ul style="list-style-type: none"> <li>• Monitoring and analysis of Family Solutions administrative data</li> </ul>
	e. Who were referred to the programme in terms of their characteristics, legal status, and geographical location?	<ul style="list-style-type: none"> <li>• Monitoring and analysis of Family Solutions administrative data</li> </ul>
<b>Q4. Are there signs that the Kinship Care Mediation pilot is achieving the outcomes listed in the logic model (evidence of promise), such as:</b>	a. Reducing levels of conflict between parents and kinship carers?	<ul style="list-style-type: none"> <li>• Interviewees (kinship carers, parents, referring professionals and mediators) perceived indications of conflict reduction, improved communication and better understanding of the impact of ongoing conflict on children</li> <li>• Pre and post completion of the Family Mediation scale measure</li> </ul>
	b. Improving communication and increasing cooperation between parents and kinship carers?	
	c. Increasing parent and kinship carer understanding of the impact of ongoing conflict on children?	



# Methods

## Overview of approach

As this is a feasibility study, we will use an approach based on rapid cycle design and testing. Rapid-cycle design and testing is a method to develop, refine and improve services. It is a flexible approach for evaluation that uses small and iterative phases, and what organisations do with the results of these tests is as much a part of the process as the results themselves (Green et al., 2021). We will therefore take a two-phased approach to fieldwork and act as a collaborative, supportive and critical learning partner to Family Solutions as the intervention develops over the one-year delivery phase (September 2023 – September 2024). We will listen carefully, openly surface challenges and opportunities, and learn together to improve practice and ultimately the lives of children and families. This includes learning and adapting our own evaluation approaches.

Prior to the beginning of the fieldwork and to help develop this evaluation protocol we have worked with Family Solutions to review and refine their current logic model (Appendix 2) and develop a theory of change (Appendix 1). These have been used to co-create and agree the data collection methods and processes for the study. As we are taking a rapid-cycle testing approach, the logic model and theory of change will be live documents which will be reviewed and refined as the intervention develops.

### **Phase 1 fieldwork: piloting our approaches and gathering formative learning**

Phase 1 of the fieldwork will take place from 1 September to 30 November 2023 (3 months) and will culminate in an end of (calendar) year review meeting with Family Solutions to discuss early findings which will feed into 2024 delivery. Simultaneously, we will develop and refine our evaluation methods and tools for phase 2 fieldwork. This phase will focus on formative aspects of the intervention such as early expectations of the project from kinship carers and parents, referral pathways and initial enablers and barriers to rolling out the service across the 4 local authority areas. As the mediation intervention is over 16 weeks (not including the time it takes for the referral to be received, followed up by Family Solutions and the setting up of the MIAM) a kinship family will not have completed the full mediation process until the end of 2023 or early 2024 (if Family Solutions receive referrals from 1 September 2023, then 16 weeks after this is 22 December 2023).

In this first phase we plan to:

- **Interview:** 2 kinship carers, 2 parents and 2 referring professionals and 2 mediators (total = 8 participants)
- **Explore interviewing children and young people:** we want to hear about the experiences of children and young people who take part in child consultation sessions and their general views about the mediation process. Children are typically aged 10 and over when they take part in a child consultation session. In phase 1 we aim to develop the



processes of consent collection and how to interview children and young people following their child consultation session including the best methods to do this e.g. traditional questions and answers or creative approaches. This will be subject to ethical approval by the Coram research ethics committee and would be detailed in an addendum to this protocol

- **Observe** the mediation intervention. Observations will be in person and with the consent of the kinship carer and the birth parents. The options for this are:
  - Observe a MIAM session (which may be less intrusive as they are held individually)
  - Observe an adult mediation session (therefore session 1,3 or 4)
- **Review and collate possible outcome measures** to be tested in phase 2. This work will be primarily desk based, although we may also consult with Family Solutions staff. We intend to explore possible outcome measures that are: in line with the logic model; in principle suitable for kinship carer/parent self-report; have adequately tested; and reported psychometric properties
- **Begin collecting existing administrative data** collected by Family Solutions, including:
  - Number, dates and sources of referrals to the service
  - Characteristics of families including legal status, geographic location, gender, age, disability, occupation, partner relationship, history of domestic violence, number of children in family, child characteristics (date of birth, living arrangements, contact with carers), relationship to the child and ethnicity
  - Point in time the referral was made in the journey through children's services
  - At this point it is unlikely that Family Solutions will have received any mediation feedback forms which are completed at the end of the last mediation session so this would fall under phase 2
  - Any completed pre-Family Mediation scale measures (Appendix 5) – it is unlikely at this stage that there would be any post-scales completed
- **Plan what additional data we will seek from Family Solutions** (see section on data collection below) after reviewing administrative data
- **Evaluate the training** provided by Family Solutions to referring professionals:
  - We will **develop a short survey** to include at the start and end of Zoom/MS Teams-hosted training sessions. This will help understanding about whether the training does improve professionals' ability to make appropriate referrals
  - We will **observe** up to 3 training sessions to gain understanding about the intervention.

At the end of phase 1 (December 2023) we will meet with relevant stakeholders to pause, discuss learning from phase 1, reflect on the delivery and evaluation processes, feedback initial findings and revisit the theory of change and the logic model. Based on this session we will make adjustments to the theory of change and logic model and subsequently the evaluation approaches if needed.



## Phase 2 fieldwork

Phase 2 will run from February to May 2024 (4 months). Phase 2 will focus on perceived effects and learning after the intervention has had more time to implant. In this second phase, we will:

- **Interview:** 5 kinship carers, 2 parents, 3 referring professionals, the same 2 mediators from Family Solutions (total = 12 participants (2 of the same mediators from phase 1))
- **Discussions with children and young people:** depending on the findings from phase 1 we will develop our methods (and detail these in an addendum to this protocol which will be subject to ethical approval) to potentially speak with up to 3 children and young people who have taken part in a child consultation session. We anticipate this session will take place after the fourth (and last) mediation session in-person at a Family Solutions office
- **Test outcomes measures** with kinship carers and parents and mediators. We will do this through discussions as part of our interviews with kinship carers, parents, referring professionals and mediators. We intend to ask:
  - “In a future evaluation, we might want to find out whether kinship care mediation makes a positive impact on kinship carers, parents and children, such as better communication, and improved wellbeing, increased confidence as a carer, and better mental health for children. Do you think kinship carers/parents would feel comfortable filling in a questionnaire that measures things like this as part of an evaluation of the kinship care mediation project?”
- **Continue collecting existing administrative data** collected by Family Solutions, including:
  - Number, dates and sources of referrals to the service
  - Characteristics of families including legal status, geographic location, gender, age, disability, occupation, partner relationship, history of domestic violence, number of children in family, child characteristics (date of birth, living arrangements, contact with carers), relationship to the child and ethnicity
  - As some mediations will now have completed we can begin to collect information about number of appropriate referrals, number of people completed all sessions, number of child consultations
  - Anonymous feedback forms from parents and carers and children and young people (collected routinely by Family Solutions at the end of sessions and shared with Coram)
  - Pre- and post-Family Mediation Scales (completed routinely as part of the mediation process. The pre-Family Mediation Scale is completed at the MIAM and the post Family Mediation Scale is completed at the end of the last mediation session. Individuals complete the scale separately).

In total across phase 1 and 2 we will interview a sample of 18 people involved in the intervention (this does not include children and young people as this would be detailed in an addendum to the protocol).



## Sample and recruitment

We will sample 18 participants for interviews. This aims to include:

- 7 kinship carers who have been referred to the mediation service
- 4 parents (who may or may not be ‘matched’ with kinship carers) who have been referred to the mediation service
- 5 professionals who have referred into the service
- 2 mediators delivering mediation to kinship families (they will be interviewed twice – once in phase 1 and again in phase 2).

We will be flexible with the exact sample sizes for each cohort depending on engagement with the intervention and the research.

### **Kinship care families**

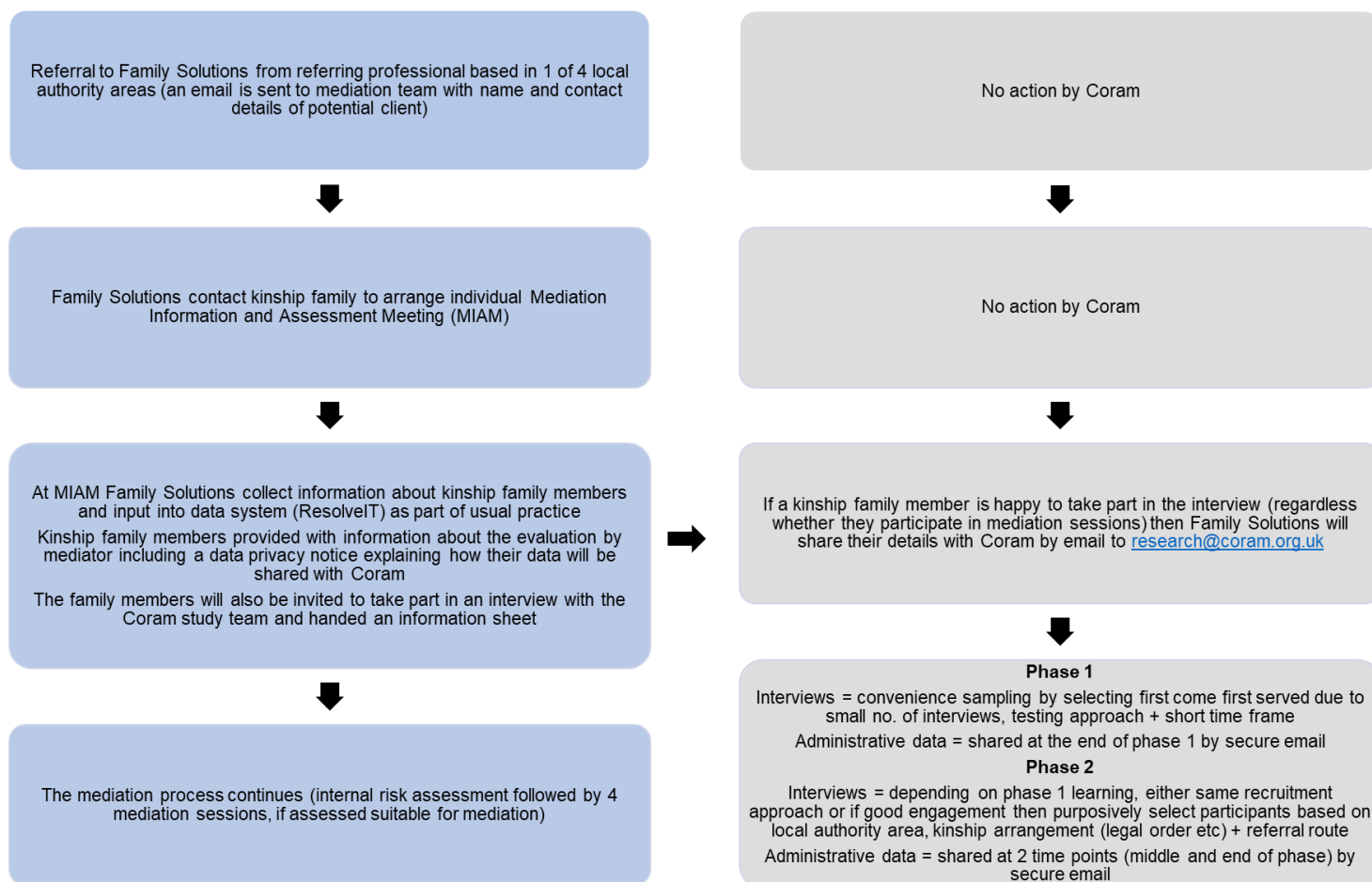
We aim to reach a diversity of kinship care families if there is a good level of engagement with the study. For kinship families this may include:

- Participants from kinship families representative of all 4 local authorities
- Participants from kinship families who did not complete the full course of mediation sessions or were deemed unsuitable for the intervention by the mediator
- Kinship families with different legal orders, as well as those with informal arrangements
- Kinship families with young and/or sibling carers (typically kinship carers are grandparents).

Our plans for informing participants about the evaluation and how their data will be shared, along with how we will invite them to take part in an interview is outlined in Figure 1 below.



**Figure 1: evaluation participant recruitment process**



Kinship carers and parents who take part in an interview for the study will be given a £15 thank you shopping voucher for taking part. This will be sent (via email or post) to them following the interview along with a signposting support sheet, a thank you email/letter for taking part and a reminder that they can withdraw from the evaluation study (up to a specified date).

## Professionals

We will interview 2 of the 5 mediators who have been directly involved in the delivery of the intervention. The Family Solutions project team will identify 2 mediators to take part in a voluntary interview. This will be based on which mediators have been most involved with the delivery of the kinship care mediation sessions so that we can gain the richest information about the experience. The mediators will be provided with an information sheet and will be asked to complete a consent form to take part in the study. We will interview the mediators at 2 time points. We want to interview them in phase 1 of the project, which will be a shorter interview gathering information about the project implementation and other formative learning. The second interview



will be towards the end of phase 2 and reflect on the learning from the intervention, the enablers and barriers to implementation and perceived impact of the mediation sessions on kinship families as well as any effects from the training of professionals in terms of referrals into the service.

We will interview up to 5 professionals who have referred into the service. We anticipate this will include social workers. We would also like to represent other professionals who have referred into the service, for instance, family court or Cafcass professionals. We will aim to interview representatives from each of the 4 local authorities. We will consult with Family Solutions about the recruitment of the referring professionals. Family Solutions will make initial contact with the professional to ask if they are happy for their contact details to be shared with the Coram study team and if they are interested in taking part in a voluntary interview about the intervention. If they are happy then their contact details will be passed to Coram and a member of the team will get in touch with them with an information sheet. If they are interested in taking part in an interview then they will be sent a consent form which will be completed prior to interview. An interview date and time will be arranged.

## **Data collection**

### **Interview approach**

Our interviews will use a semi-structured approach to focus on the research questions using a discussion guide. Discussion guides have been developed with the evaluation advisory group and Family Solutions. Discussion guides will be submitted for ethical scrutiny to the Coram research ethics committee. Interviews will also allow space for other important information participants want to raise. Our interview approach aims to be non-judgmental, friendly and relaxed.

### **Interviews with kinship carers and parents**

Interviews will take place in a mixture of locations and formats (in-person, video call, telephone) to suit the preferences of participants. We will travel to the mediation sites and interview participants following a MIAM or a mediation session if appropriate and most convenient for the participant.

Interviews will be audio (if phone or in-person) or video recorded (if video call) and then transcribed verbatim in-house by a member of the Coram study team. Recordings will be permanently deleted after the final report is published. Transcriptions will be anonymised at the point of transcribing. Transcribing will be done in-house by the Coram study team.

Interviews with adult participants (kinship carers, parents and professionals) will typically be one to one and last up to 60 minutes. We will also consider group interviews (e.g. with a friend or family member) to potentially enable less confident participants to contribute, and to gain more breadth.

As we will ask kinship carer and parent interviewees to recall their experience of mediation and the reasons that they came to the service, this may raise sensitive issues. In-person interviews may be more suitable to detect non-verbal cues which suggest the participant is feeling distressed (Elmir et al., 2011). However, online interview methods can replicate and possibly improve upon traditional





in-person methods (Braun et al., 2017) and be more accessible. Ultimately, we will be led by the kinship carer or parent's preference.

### ***Other feedback from participating kinship carers and parents***

A kinship carers and parent feedback form will be completed as standard by Family Solutions at the completion of the 4 mediation sessions (see Appendix 4). This will be anonymised and shared with the Coram study team. This feedback form contains a mix of open and close-ended questions. Coram will aggregate close-ended questions and thematically summarise the open-ended responses.

### **Hearing children and young people's views**

Family Solutions collects feedback from children and young people after the child consultation session via a feedback form (see Appendix 3). This feedback form will be anonymised and shared with the Coram study team. They contain a mix of open and closed ended questions. The closed ended questions will be analysed on aggregate and the open-ended responses will be analysed thematically.

As discussed, Coram aims to develop an approach to speak with around 3 children and young people who have taken part in a child consultation session. This method and approach will be developed in phase 1 of the project and be subject to ethical approval. If this is agreed and approved then it will be detailed in an addendum to this protocol around November 2023.

### **Interviews with professionals**

We will interview 2 mediators who have been directly involved in the delivery of the intervention and 5 professionals who have referred into the service. As with the interviews with kinship carers and parents, interviews will be semi-structured using a discussion guide. We anticipate them taking up to 60 minutes. Participants will be offered the option of video call, telephone or in-person interviews. Participants will be sent an information sheet about the evaluation and interview process ahead of the interview. Consent forms will also be sent prior to the interview and completed before the interview takes place. Interviews will be audio or video recorded and transcribed. Transcriptions will be anonymised at transcribing stage. Audio and video recordings will be permanently deleted at the end of the project.

### **Observations**

We will observe up to 3 MIAM and/or mediation sessions if possible. We will use a semi-structured observation guide to do this and we will analyse the data thematically. The observations are an opportunity to assess the credibility, distinctiveness and specificity of the intervention with the core elements of the logic model in mind. It may be that instead of attending in person, sessions can be recorded with participant consent.

We will also observe up to 3 training sessions delivered to professionals referring to the project. There are 2 types of training session. A 1-hour information session and a more detailed 2-3 hour training session. We will observe both types of session and aim to see sessions in 3 different local



authority areas (out of 4). These are likely to be online training sessions. We will introduce ourselves to the participants at the meeting and explain our evaluative role and explain that we will not participate in training session discussions.

## **Administrative data**

For administrative data, we will use Family Solutions' routine data capture system, ResolveIT. This data will be partially anonymised for security during transfer (names removed but potentially identifying information such as age included) and provided at an individual case level. We have outlined the fields we anticipate extracting below. This data will be exported by Family Solutions and shared with us securely, using either a secure SharePoint location or egress-protected email. Participants will be handed a data privacy notice at the MIAM session to explain how their data will be used as part of the study (see Figure 1 above).

### ***Data fields to be extracted from Family Solutions' case management system***

- Referral source
- Referral date
- Applicant (likely kinship carer) and other contact(s) (likely birth parent(s)) details
  - Gender
  - Date of birth
  - Ethnicity
  - Geographic location (through the first half of the postcode)
  - Disability
  - Occupation
  - Relationship
- Child details
  - Age (at point of referral or other agreed stage)
  - Gender
  - Ethnicity
  - Living arrangements
  - Contact arrangements
- Case assessment details
  - Domestic violence history
  - Safety assessment
  - Willingness assessment
  - Final outcome of case and date closed
  - Breakdown stage and reason
- Service activity
  - Dates of contact
  - Number of meetings and dates of meetings (if possible)



- Nature of meetings (MIAM, child consultation etc.).

During phase 1 we will consider supplementing this routinely stored data with other information collected by Family Solutions. This may include:

- Child consultation data. To better understand the child consultation aspect of mediation, we may request information from Family Solutions on the number of child consultations initially recommended by the mediator, the number of caregivers that agreed to child consultations, so that we can compare this with the number of child consultations that took place. We will also review whether it is possible to collect a record of the child(ren)'s wishes expressed at the consultation session in order to see whether they align with agreed plans at the end of sessions
- Mediation session agreed plans. We may also seek to access more detailed records or mediator reflections from cases in order to establish whether families have reached an agreement with regards to the issue requiring mediation
- Family Solutions staff time spent on handling and screening inappropriate referrals. We are aware that this was identified as an issue in a previous Child Protection Mediation evaluation
- Evidence of adaptations to the intervention specific to local areas and contexts from records of Family Solutions monthly review meetings throughout the period of implementation.

An important aspect of this research is to quantify what is meant by an 'appropriate referral' and ensure that this data is collected systematically. We will develop and pilot an approach to capturing referrals from professionals into the service. With consultation from Family Solutions, we will develop a set of criteria for assessing the appropriateness of referrals, which may include:

- The timeliness and point in time of referrals
- How entrenched family conflict is (based on how long the conflict has been going on, the history and number of court proceedings, how the parent/carer and child may describe the conflict to the mediator).
- Whether there is a history of domestic abuse
- Relationship between carer and parent
- Type of legal order.

These criteria could then be implemented in a future study, on their own or as part of a survey, as an indicator of change in professionals following Family Solutions' training. We will support this with interviews with professionals, where we will explore how they make referrals and how confident they are in distinguishing appropriate from inappropriate referrals.

We will also seek to use anonymised historic case data from Family Solutions to compare the proportion of 'appropriate referrals' made by professionals in the case of kinship families. This will enable us to make an uncontrolled pre-post comparison of appropriate referrals made before and after the training sessions with professionals to provide an indication of whether the training sessions are associated with any change in referral behaviours.



## Exploring the feasibility of a future evaluation

To explore the feasibility of a future evaluation, we will employ a feasibility framework, which will combine multiple sources of information gathered throughout the evaluation to inform design recommendations for a future evaluation. We will use answers generated by this framework to consider the appropriateness and feasibility of the following research designs in terms of their fit to the intervention, the available resources and constraints, and the requirements of the research design:

1. Pilot study (prior to progression to a full-trial)
2. Experimental research designs
  - Randomised controlled trial design (RCT)
3. Quasi-experimental research designs
  - Regression discontinuity
  - Matched comparisons
  - Propensity score matching
  - Difference-in-difference
4. Non-experimental research designs
  - Contribution analysis i.e. theory-based evaluation
  - Pre-post study.

For each of these research designs, there will be unique considerations. For example, when looking at the feasibility of a RCT design we will also want to understand what would be an appropriate level of randomisation, the possibility of blinding, approaches to rollout (e.g. stepped-wedge etc.) and the control group comparison (e.g. waitlist etc.).

**Table 2: Feasibility of a future evaluation key criteria**

Key questions	Methods and data
<b>How many ‘participants’ could meet the inclusion criteria for the study? i.e. eligible population.</b>	<ul style="list-style-type: none"><li>• Estimate the number and characteristics of eligible participants in the 4 participating local authorities by analysing publicly available data and interviewing local authority professionals.</li></ul>
<b>What percentage of eligible participants are referred to the study?</b>	<ul style="list-style-type: none"><li>• Analyse the number and characteristics of referrals and recruited participants against the number and characteristics of eligible participants.</li></ul>



<p><b>What percentage referred participants are referred ‘appropriately’?</b></p>	<ul style="list-style-type: none"> <li>Analyse the number and characteristics of ‘appropriate’ referrals against the total referrals and the number and characteristics of eligible participants.</li> </ul>
<p><b>How well is recruitment working in this study? How could this be optimised for a future study?</b></p>	<ul style="list-style-type: none"> <li>Analyse administrative data on the source of referrals by number, participant characteristics and appropriateness.</li> <li>Explore whether local, regional or national databases exist to facilitate the identification and recruitment of participants.</li> <li>Explore whether alternative sources of recruitment can be identified in interviews with kinship carers/parents and professionals.</li> <li>Explore what strategies and resources would be needed to enable further recruitment or to diversify recruitment.</li> </ul>
<p><b>How much does participation adhere to the intended delivery of the intervention?</b></p>	<ul style="list-style-type: none"> <li>Analyse administrative data on the uptake of intervention and participation of individuals across the sessions.</li> </ul>
<p><b>Is there sufficient consistency in intervention delivery across sites?</b></p>	<ul style="list-style-type: none"> <li>Interviews with Family Solutions professionals and observations of mediation sessions.</li> <li>Ask Family Solutions professionals to document any deviations from the intervention protocol throughout the trial period.</li> <li>Explore what fidelity criteria would be suitable for a larger evaluation.</li> </ul>
<p><b>What is the eligibility criteria for local authorities to enter a future study?</b></p>	<ul style="list-style-type: none"> <li>Analyse administrative data to consider whether any of the 4 local authorities are performing particularly well in terms of recruiting participants.</li> <li>Interview local authority professionals and Family Solution’s staff to understand facilitating factors to local authorities positively contributing to the study.</li> </ul>
<p><b>How will future local authorities and delivery sites be identified?</b></p>	<ul style="list-style-type: none"> <li>Interview Family Solutions staff to understand the logistics of expanding delivery to other locations for a larger trial.</li> <li>Agree eligibility and/or selection criteria to invite local authorities to a future trial.</li> </ul>



<p><b>What is Family Solutions’ capacity to deliver the intervention should this be rolled out on a larger scale?</b></p>	<ul style="list-style-type: none"> <li>• Analyse administrative data to understand delivery capacity over time.</li> <li>• Interview Family Solutions staff to understand the logistics of delivering to more families in other areas, considering what is possible and what is safe.</li> </ul>
<p><b>Has Family Solutions scoped out the feasibility of onboarding more staff for expansion into a larger trial?</b></p>	<ul style="list-style-type: none"> <li>• Consult senior managers in Family Solutions to understand initial thoughts around expansion including logistics of recruiting and training mediators.</li> </ul>
<p><b>What would ‘care as usual’ look like for control group participants in a future evaluation for these local authorities?</b></p>	<ul style="list-style-type: none"> <li>• Review of publicly available local authority documents.</li> <li>• Interviews with local authority professionals to understand what support is on offer other than (and in addition to) the mediation intervention.</li> <li>• Interviews with kinship carers and parents to understand what other support they would anticipate or have previously received that is relevant.</li> </ul>
<p><b>Is randomisation acceptable and at what level?</b></p>	<ul style="list-style-type: none"> <li>• Interviews with Family Solutions staff, kinship carers and parents, and local authority and other referring professionals.</li> </ul>
<p><b>How mature are the data systems used by Family Solutions?</b></p>	<ul style="list-style-type: none"> <li>• Review of how easy it is to extract and anonymise data and for this to be shared with the evaluation team.</li> <li>• Review of how much data cleaning was required and the extent to which data could be quality assured.</li> </ul>
<p><b>What outcomes are acceptable and feasible for a larger evaluation?</b></p>	<ul style="list-style-type: none"> <li>• See section below on testing outcomes measures.</li> </ul>
<p><b>What evaluation questions are of most interest to the intervention and evaluation teams at the end of this study?</b></p>	<ul style="list-style-type: none"> <li>• A review of further lines of enquiry, e.g. how much impact does mediation have? How does mediation make a difference to families? Does mediation offer a superior impact compared to an alternative intervention? Is the intervention cost-effective?</li> <li>• Conversation with a local authority data lead (from 1 of the 4 participating local authorities) to understand feasibility of using routinely collected data in a future evaluation (e.g. SDQ,</li> </ul>



	children's social care data on placement stability, return to children's service etc.).
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### *Testing outcome measures*

As part of interviews, we will explore the use of validated outcome measures (questionnaires) identified in phase 1 (see above). We anticipate that this may include family functioning measures like SCORE-15, wellbeing measures like the Warwick-Edinburgh Mental Wellbeing Scale, measures of parental or carer stress such as the Parental Stress Scale, and/or broader measures of communication and problem-solving competencies.

Family Solutions intend to collect the Family Mediation scale measure (see Appendix 5). This was developed for the 2022 Family Solution's Child Protection Mediation project evaluation (this evaluation was carried out internally by Family Solutions). The measure was adapted from the Parenting Alliance measure and Marital Conflict scale. It is used as part of Family Solutions' routine service provision. The first (pre) measure is collected at the MIAM session and then post-intervention at the end of the last mediation session. The Family Mediation scale measure is handed to the parent and carer by hand and completed on paper.

We will analyse completion rates of this measure to understand acceptability and feasibility of using this measure in a future evaluation. We will also discuss experiences of using this measure at interviews with kinship families and referring professionals and mediators. We are interested in exploring when is the best time to collect this measure (straight after the session or a few weeks post) and the best methods, e.g. we may test using a survey link for a kinship carer/parent to complete and ask them their experience of this. We will work iteratively with Family Solutions in relation to the collection of the Family Mediation scale. If there are any early indications about the best processes about collecting the Family Mediation scale measure we would implement these.

This will involve presenting research participants with a small number of measures to hear their reactions and help assess the measures' suitability for use with further kinship care family members. This would include asking about the cultural suitability and acceptability of measures. We also intend to ask interviewees about preferences around how outcome measures could be administered in a future evaluation, such as via online survey, over the phone, or in person. We do not anticipate asking research participants to complete the measures or capturing their scores. This exercise will enable us to develop recommendations for future evaluations of mediation services. We would like to seek views on outcome measures in interviews with parents, kinship carers, and mediators.



**Table 3: Data collection methods and samples**

Method	Sample size	Time point
Interviews with kinship families	7 kinship carers 4 parents referred into the mediation service (11 participants)	Phase 1 (1 Sep – 30 Nov 2023) = 2 kinship carers and 2 parents  Phase 2 (1 Jan – 31 May 2024) = 5 kinship carers and 2 parents
Interviews with mediators	2 mediators delivering sessions to understand about the service take up and roll out	We would interview the same mediators twice once in phase 1 and again in phase 2 to capture early learning and summative reflections as the intervention has had time to develop.
Interviews with referring professionals	5 children’s social care professionals (or other referrers) who support and refer families to the mediation service (we also plan to have a conversation with a data lead at a local authority)	Phase 1 = 2 referring professionals  Phase 2 = 3 referring professionals
Survey of professional/ feedback from training	70 professionals including social workers, contact centre staff, Cafcass, the family courts and local charities	Administered at the start and end of the online extended Family Mediation Awareness Training (delivery Sep 2023 – Feb 2024).
Outcomes measures testing	13 people: 5 kinship carers 2 parents 2 mediators	Phase 2 of fieldwork
Administrative data collection	Administrative data for all families referred and the 20 families that	Throughout delivery from Sep 2023 to project end





	progress to specialist mediation delivery	
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For the training evaluation survey, we would provide Family Solutions with a list of questions to be included in the Zoom/MS Teams session as anonymous survey questions at the start and end of the extended training session. This would include a note explaining that participants' anonymous responses would be included in research. We anticipate using 3 vignettes in the initial survey and 3 vignettes in the end survey. We will develop these with Family Solutions to ensure that they reflect all criteria of an appropriate referral and have provided an illustrative example below.

'Q1. Dawn is the primary carer for her granddaughter Lily. The relationship between Dawn and her daughter, Lily's mother Jessica, is strained and Jessica is refusing to engage with any attempts at mediation.'

Would you refer this case for mediation? Yes No'

The survey will be hosted on Family Solutions' Zoom account or MS Teams. We will request the anonymous survey responses to be exported and emailed to us.

## Data analysis

We will answer the feasibility study's research questions by analysing qualitative data from interviews and observations alongside the findings about the acceptability and suitability of the quantitative outcomes measures and analysis of the administrative data and feedback about the training sessions for professionals. Our combination of qualitative and quantitative data collection and analysis will ensure our data is both in-depth and comprehensive, improving the validity of findings through synthesis at analysis stage. We will use this synthesis to develop practical policy and practice recommendations for Family Solutions and the wider sector.

Our qualitative data will come from notes and transcripts of interviews and (audio/video) recordings (with consent). The data will also be based on the notes from our observations of the mediation sessions. Using NVivo software, we will analyse the transcripts using thematic analysis to carry out 2 levels of coding of the data. We will then move to identify patterns in the experiences and views of participants and a team of researchers will meet to discuss the development of higher-level theoretical themes. Maintaining a critical awareness of our positionality as researchers who are researching the experiences of people in difficult situations is vital to ensure the quality of our interview data - we would therefore use Braun and Clarke's *reflexive* thematic analysis (Braun and Clarke, 2019) to analyse the interviews. The approach identifies, organises, and reports themes (Terry et al, 2017) following 6 (non-linear) stages, and lends itself to understanding the experiential. We will use our analysis sessions to also reflect on our own assumptions, interpretations and meaning making of the data and be transparent about these in the final report.



Our approach to quantitative data analysis will primarily be descriptive. We want to understand the number of kinship carers referred into the service, when, their characteristics, their legal (or lack of legal) caring status, referral routes, and patterns of engagement with the service. We will focus on summarising the data and illustrating it graphically, but where possible we will use statistical tests to help understand patterns or differences in the data, e.g. a chi-square test to understand if more carers with or without SGOs are being referred into the service. Where possible (national data on kinship carers is often sparse and low quality), we will consider our data against useful national and local benchmarks to gain a more contextualised understanding of the service.

In our analysis of the Family Mediation Scale, our main focus will be on acceptability by describing rates of overall response and individual item missingness. We will explore other psychometric properties including floor and ceiling effects from individual item and total score distributions, and internal consistency using Cronbach's alpha and coefficient omega. We will also look at the convergence of scores from members of each family/child network using correlations. Finally, we will look at group-level pre to post score change descriptively using mean pre-post change and Cohen's  $d_z$  effect size.

## Project management

### Personnel

#### Delivery team

##### ***Helen Savage, mediator at Family Solutions***

Helen will manage the project and is the day-to-day contact for the Coram evaluation team. Helen will also co-deliver training to the referring professionals across the 4 local authorities. Helen qualified as family lawyer in 1997, became an accredited mediator in 2012. She is also a Mediation Child Consultant.

##### ***Claire Webb, CEO, director and mediator at Family Solutions***

Claire will oversee and supervise the project. She will co-deliver the training to referring professionals and carry out mediation sessions with kinship families. Claire is the project safeguarding lead. Claire is a family lawyer and has been an accredited mediator for over 15 years.

##### ***Rebecca Hawkins, director and mediator at Family Solutions***

Rebecca is a data protection lead and deputy safeguarding officer. Rebecca will carry out mediation sessions. Rebecca has been a family lawyer for over 25 years. She has a specialist accreditation in Children Law and has been an accredited mediator for over 15 years.

##### ***Jo Findon, mediator at Family Solutions***

Jo will carry out mediation sessions. Jo has been a family lawyer for over 25 years and an accredited mediator for over 10 years.



## **Evaluation team**

### ***Hannah Lawrence, Research Manager at Coram***

Hannah will lead the study team as the principal investigator and be the main channel of communication for the project. Hannah will manage the study team, ensuring the team fulfils the brief to a high standard. Hannah is a qualitative research specialist in research, evaluation and project management in the children and young people's sector. Hannah leads our current evaluation of Kinship's national peer support service for kinship carers. Hannah has led the process evaluations for 2 Foundations funded RCTs (Creative Life Story Work and Family Group Conferencing). Hannah has conducted research with adoptive parents, foster carers, kinship carers and children and young people in care. Hannah holds a MSc in Social Research and Social Policy from UCL.

### ***Max Stanford, Head of Impact and Evaluation at Coram***

Max will provide strategic oversight and quality assurance throughout the evaluation. Max has over 12 years of experience leading a range of evaluations and research projects at a community, local authority and national government level. He previously worked at the Early Intervention Foundation including as Acting Assistant Director of Evidence. Prior to that worked for the Department for Education, the Office of the Children's Commissioner, and a number of local authorities including Blackpool. Max has also worked for a number of charities including Barnardo's and Toynbee Hall and was chair of trustees of a local children's charity in Pimlico for four years. He holds an MPhil from the University of Oxford.

### ***Dr Emily Blackshaw, Lead Quantitative Analyst at Coram***

Emily will lead on quantitative methodology design, data management, control and analysis. Emily has expertise in mental health and its measurement through her University of Roehampton PhD (2022). Emily has previously worked on evaluations of mental health interventions for young people and parenting support interventions at the Institute of Psychiatry, Psychology and Neuroscience (IoPPN), King's College London. Emily has worked on the impact evaluations for 2 Foundations funded RCTs of social care interventions, and a feasibility RCT at the IoPPN.

### ***Lizzie Gilbert, Senior Research Officer at Coram***

Lizzie will provide research support to the study. Lizzie uses quantitative and qualitative research methods, and has led an evaluation of a Comic Relief-funded Harmony programme for under-5s in kinship care.

### ***Sibilla Robutti and Richard Ollerearnshaw, Researchers at Coram***

Richard and Sibilla will provide research support to the study. Sibilla is a qualitative specialist with a special interest in working with vulnerable families. Richard is an experienced mixed methods researcher, specialising in quantitative methods.



### ***Dr Daniel Stern and Lucas Jones, Research Assistants at Coram***

Daniel and Lucas will provide research support to the study.

### **Advisory group**

We have established an advisory group for the evaluation. The 6 advisors will meet around 5 times over the course of the project (approximately July and October 2023, February, May and September 2024) and advise on evaluation design, participant recruitment planning and review a draft of the final report before it is published. The principal investigator will chair the meetings and the meetings will be attended by a Family Solutions staff member.

1. **Ann Horne, CoramBAAF kinship care consultant:** Ann has been a local authority social worker in children's services for 20 years. She has worked in kinship care for the last 14 years and for 7 of these co-managed a dedicated kinship care team in Brighton and Hove.
2. **Clare Seth, CoramBAAF kinship care consultant:** Clare is a qualified social worker with over 20 years' experience in children's services. Clare's specialism is in kinship and adoption assessment and support. Clare is a qualified trainer with experience of delivering the Separated Parents Information Programme.
3. **Jennifer Ginger, doctoral student at the Rees Centre, University of Oxford:** Jennifer has worked in adoption support as a Parent Consultant for Adoption UK and as Head of Peer Services at PAC-UK. Her PhD focuses adoptive families where the adoptive parents also have birth children.
4. **Arabella Tresilian, Mediation and Training.** Arabella is an accredited Mediator registered with the Civil Mediation Council, and a conflict resolution trainer/coach. She specialises in facilitating dispute resolution and employee wellbeing in the public sector, with a particular focus on mental health, neurodiversity and disability.
5. **Dr Gillian Stokes, Assistant Professor at the Social Research Institute, UCL** Gillian conducts health focused systematic reviews, with topics ranging from impact of medical conditions on various demographic groups to health benefits of improved domestic services. Gillian completed her PhD on children's participation in medicines research and development.
6. **Dr Chris Bevan, Associate Professor in Property Law at Durham University:** Chris has served as Deputy Dean, Director of Research and Director of Post-graduate Research at Durham Law School. Prior to entering academia, Chris practised as a common law barrister specialising in matters of employment, property, housing and family law.

## **Timeline**

### **Table 4: Timetable of key project and evaluation milestones**



<b>Dates agreed</b>	<b>Activity</b>	<b>Staff responsible/leading</b>
By 31 May 2023	Work with intervention team to develop a theory of change and logic model	Hannah Lawrence
By 8 Jun 2023	Draft evaluation protocol for review	Hannah Lawrence
By July 2023	Submit ethics to Coram research ethics committee	Hannah Lawrence
By 31 Aug 2023	Ethics approval granted	Hannah Lawrence
By 31 Aug 2023	Evaluation protocol finalised and published	Hannah Lawrence
On 1 Sep 2023	Intervention delivery begins	Helen Savage
On 1 Sep 2023	Phase 1 fieldwork begins (interviews, data collection)	Hannah Lawrence
By 30 Nov 2023	Phase 1 fieldwork ends	Hannah Lawrence
By 31 Dec 2023	End of year review meeting and set out plans for phase 2	Hannah Lawrence/ Helen Savage
On 1 Jan 2024	Phase 2 fieldwork begins (interviews, data collection)	Hannah Lawrence
By 31 Mar 2024	Interim evaluation report (not published)	Hannah Lawrence
By 31 June 2024	End of qualitative fieldwork	Hannah Lawrence
By 31 July 2024	End of quantitative data collection	Emily Blackshaw



By 30 Sep 2024	Intervention delivery ends	Helen Savage
By 30 Sep 2024	Final report (first draft) submitted for review	Hannah Lawrence
By 30 Nov 2024	Final report published	Hannah Lawrence

## Risks

Researcher and participant safety is vital for us to deliver ethical and high-quality research. Our team have completed safeguarding level 2 courses and DBS checks. We have lone-working protocols and risk assessment tools in place. We will ensure participants receive good quality, accessible information about our research to support informed consent. Consent will be obtained ethically, without putting prospective participants under any form of duress. Consent will be written where possible, though verbal consent will be accepted if necessary. Further, participants will be able to withdraw from the study, after giving consent, until a specified date, when their data will be incorporated into the analysis.

Our team have completed GDPR and security awareness training and we will ensure that participant data is retained securely in line with GDPR. We will ensure compliance with all data protection regulations and Coram’s information security policy. As required, we will seek advice from Coram’s in-house GDPR experts and anticipate signing an information sharing agreement with Family Solutions.

**Table 5: Risks and mitigations for the evaluation**

Risk	Mitigation
Engaging key stakeholders in the evaluation’s primary research e.g. kinship carers are very busy and managing complex situations, social workers	<ul style="list-style-type: none"> <li>• Spread fieldwork over 2 phases with phase 1 piloting techniques and approaches</li> <li>• Consider recruitment techniques at regular meetings with Family Solutions and evaluation advisors</li> <li>• Use learning from Coram’s previous evaluations related to kinship care to help with recruitment</li> <li>• use of incentives (only for kinship carers)</li> </ul>



<p>will likely be stretched and time-poor</p>	<ul style="list-style-type: none"> <li>• Engage Family Solutions practitioners early to discuss concerns, including design of study and potential impact of pressures on their capacity for intervention delivery and evaluation.</li> <li>• Acknowledge limitations transparently in final report.</li> </ul>
<p>Mutual understanding between Coram and Family Solutions (delivery partner) of the of the intervention and the evaluation</p>	<ul style="list-style-type: none"> <li>• Co-design a theory of change and logic model and collaboratively in design the evaluation framework which is reviewed and refined as learning develops</li> <li>• Clear communication from the outset as to what is needed; regular liaison with Family Solutions and fortnightly meetings</li> <li>• Support Family Solutions with data collection processes if needed</li> <li>• Being transparent, discussing challenges and collaboratively working on tools and approaches such as interview discussion guides.</li> </ul>
<p>Unavailability of evaluation study team staff</p>	<ul style="list-style-type: none"> <li>• Project team contains 3 Coram senior leads</li> <li>• Entire Coram team (9 researchers) will be kept up-to-date and briefed through weekly internal meetings so can ‘pick up’ tasks at any stage and all can access study folder</li> <li>• Although named point of contact, there is a team email address (research@coram.org.uk) monitored Mon-Fri 9-5</li> <li>• if needed, draw on the services of Coram associates and/or researchers across Coram</li> <li>• Evaluation advisory group will provide additional oversight.</li> </ul>
<p>Family Solutions data unavailable/poor quality</p>	<ul style="list-style-type: none"> <li>• Co-ordinate with Family Solutions early to understand data currently collected and areas for improvement</li> <li>• Supply template and timeline of required data early and work through with Family Solutions</li> <li>• Robust quality assurance such as cleaning and checking as soon as data is received and time allowed for querying data with Family Solutions.</li> </ul>



# Compliance

## Registration

This evaluation protocol will be registered with the Open Science Framework (OSF) ahead of publication.

## Ethics

We submitted an ethics application to Coram's Research Ethics Committee, chaired by Professor Jonathan Portes in July 2023. Ethical approval was received from the Coram Research Ethics Committee on 30 August 2023.

Full, informed consent will be obtained before each interview. We will provide participants with accessible research information sheets, and they will be asked to sign a consent form if they are happy to take part. We will pilot the interview process in phase 1 and continue to refine processes as we reflect and learn, updating our ethics committee and/or DPIA in the event of significant changes. Participants' interview responses will be confidential. Confidentiality will only be broken if a participant is considered at risk or harm to themselves and/or others. If any safeguarding issues arise, we will adhere to [Coram's safeguarding policy and procedures](#). This will be explained to participants in information sheets and at the start of interviews in clear, simple language. They will be asked to confirm that they agree to this before they take part in the research. Identifying information will not be included in the report, and the names of any participants will be kept anonymous throughout. Participants will be asked if they are comfortable with their answers being audio or video recorded. Recording will only take place if the respondent has given explicit consent to this. The recording will be retained until the end of the project, at which point it will be permanently deleted.

During interviews, we avoid causing participants distress. We will actively request assurances that participants are comfortable discussing the subject matter and will give participants the option to pause or cease the interview whenever they wish, or to refrain from talking about certain topics. After each interview we will send a thank you email which includes the £15 thank you shopping voucher (or this will be posted if preferred), a signposting support sheet and will remind the participant that they can withdraw their data from the study if they change their mind (by a date stated on the information sheet). If any research participant wishes to raise a complaint with Coram, we will direct them to Coram's complaints procedure: [www.coram.org.uk/complaints-policy-and-procedure](http://www.coram.org.uk/complaints-policy-and-procedure).

## Quality assurance

We define quality evidence as ethical, accessible and useful. Our evidence will:

- Be used to produce practical recommendations using robust methods
- Use plain English and accessible language
- Be subject to quality assurance and peer review.





We define quality assurance as using reflective practice, ensuring continued professional development and learning and internal and external peer review and critique. We have built time for this. We maintain professional standards through continued professional development, including Coram-wide learning sessions and a training plan for research methods training; regular reflective supervision; and active membership of relevant associations such as the Social Research Association. The Coram Research Ethics Committee will also play a part in ensuring methodological rigour. We conduct all research and evaluation to ethical standards in line with Coram’s research ethics policy. This framework for research ethics draws on guidelines from the Economic and Social Research Council, the Social Research Association, and the UK Research Integrity Office.

In our qualitative research, quality will be increased using reflexive team discussions, research memo writing and review by our advisors. For quantitative quality assurance, we adhere to good spreadsheet design principles that minimise opportunities for human error. These include version control, consistent data formats, detailed metadata, the use of validation tools, and hard-copy/data entry verification. We document the sequence of steps used to get from raw data to findings to enable review, covering both the logic and the arithmetic of analysis.

## Data protection

Foundations’ overarching ‘Research Data Protection Statement’ is available here: <https://whatworks-csc.org.uk/wwcsc-research-data-protection-statement>. The below is specifically relevant to the project to which this document applies. Any questions about this section can be submitted to [dpo@wweicsc.org.uk](mailto:dpo@wweicsc.org.uk) with a reference to the Data Protection Identifier (DPID) found in the table below.

Regulatory framework	
Relevant legislation	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
Data Protection Identifier (DPID)	3045
DPIA outcome/ risk level	High/Medium/Low
Type of data processing	Use (and share)



Categories of data subjects	List
Privacy notice	Refer to PN
<b>Personal data</b>	
Lawful basis	Public Task
Justification for the lawful basis	Public Task as transferred by funder
<b>Special category data</b>	
Lawful basis	Legitimate Interest
Justification for the lawful basis	Add explanation
<b>Roles</b>	
Data controller(s)	Foundations, Coram, Family Solutions, Mediation Now, Local Authorities
Data processor(s)	N/A
Data sharing mode	encrypted email
<b>Archiving</b>	
Archiving	Y



Archive used for this project	Foundations/other
<b>Linking to NPD and use of SRS</b>	
Name of the organisation(s) submitting data to the NPD team	Foundations
Name of the organisation(s) accessing the matched NPD data	Foundations
<b>Retention and Destruction</b>	
Expected date of report publication	February 2025
Expected date of data destruction	February 2027

If you are looking for further clarification regarding our data protection notification requirements they will either be found in the project specific Data Privacy Notice and/or our Privacy Policy on our website. If you have any further questions around either of these please submit them to [dpo@wweicsc.org.uk](mailto:dpo@wweicsc.org.uk) with a reference to the Data Protection Identifier (DPID) found in the above table.



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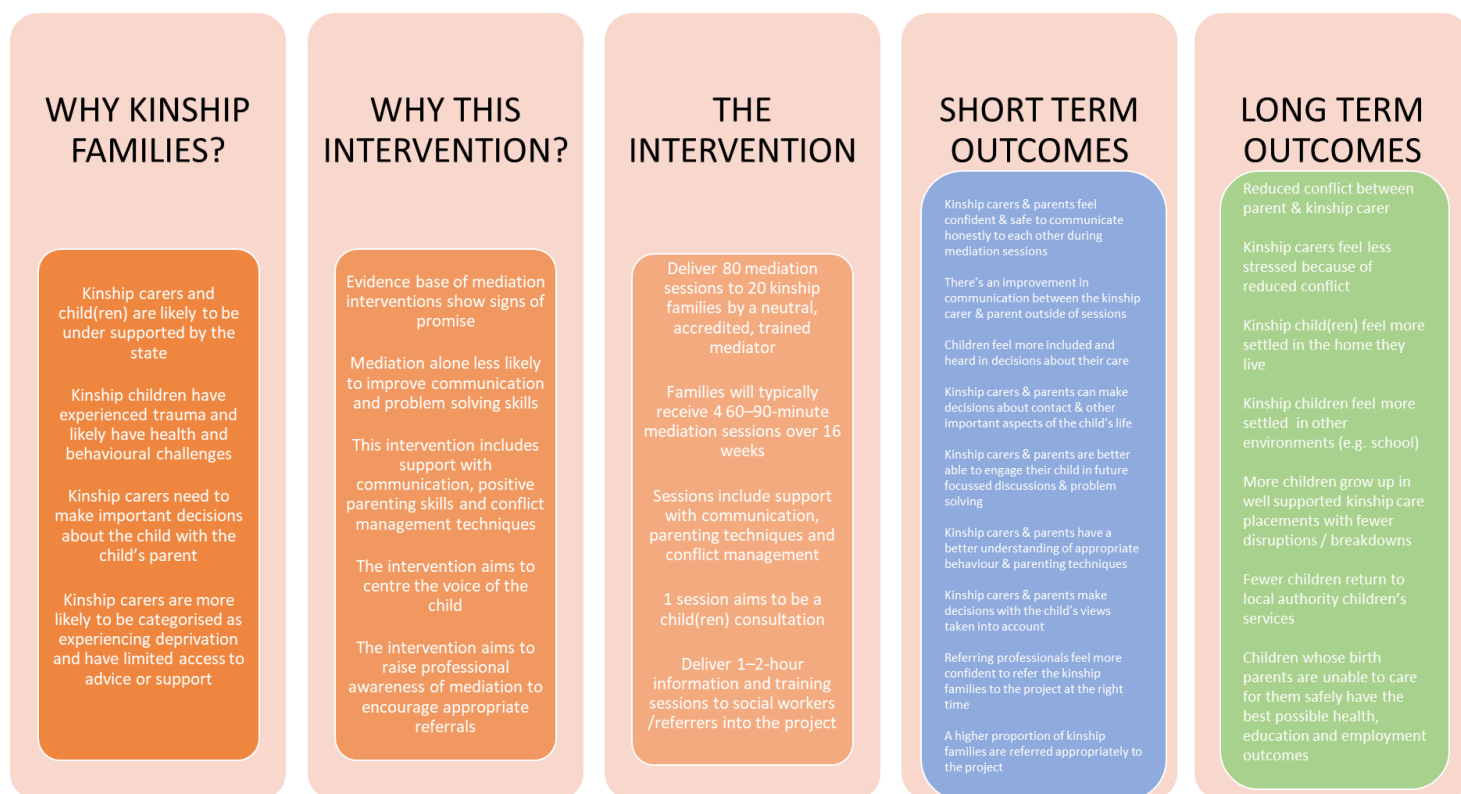
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# Appendices

## Appendix 1: theory of change for the kinship care mediation project





## Appendix 2: logic model for the kinship care mediation project

**PROGRAMME DESCRIPTION:** The Mediation Now (MN) kinship care pilot will offer mediation sessions to 20 kinship families over 1 year (September 2023 to September 2024). The project is funded by Foundations - What Works Centre for Children and Families Practice in Need of Evidence (PINE) programme for £59,800. Referrals will come from a range of organisations in Portsmouth, Southampton, Hampshire and the Isle of Wight. MN will also deliver training for social care and other professionals about mediation and will offer 1 hour and 2-3 hour mediation education sessions (online) to 70 professionals in Portsmouth, Southampton, Hampshire and the Isle of Wight. The project is being independently evaluated by Coram from May 2023 to September 2024 using a feasibility study. The evaluation cost is £61,565.

CONTEXT	INPUTS	OUTPUTS	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
<p><b>Why kinship families?</b> Most children live in kinship care because their parents are not able to look after them safely because of parental drug/alcohol misuse and parental abuse and neglect (Hunt, 2020, Harwin et al, 2019). Children in kinship care often have physical &amp; mental health needs &amp; behavioural challenges. The pressure of dealing with these additional needs can lead to stress and conflict (Harwin et al., 2019)</p> <p>Kinship carers (KCs) may lack statutory support because living with a KC means children are no longer in the care system.</p> <p>Compared to parents in the general population, KCs are more likely to live in the least affluent areas and be categorised as experiencing deprivation (Hunt, 2020) &amp; most have limited access to advice or support (McGrath and Ashley, 2021).</p> <p>KCs &amp; parents need to work together to make contact arrangements and other decisions relating to the child. Balancing a parent's wish to see their child with carer's/children's services concerns about the parent's neglect/risky behaviour is often an unmanageable task and leads to further conflict.</p> <p>During delivery of a Child Protection Mediation project MN Now learned that families most likely to attend &amp; make agreements at mediation were kinship families.</p> <p><b>Why mediation?</b> Frequent, intense and poorly resolved conflict between parents can place children at risk of mental health issues, and behavioural, social and academic problems. It can also have a significant effect on a child's long-term outcomes (GOV.UK, 2021)</p> <p>Mediation has a developing evidence base with evidence of it working (for example, Glover, 2006). But the mediation process is less likely to improve long term communication and problem-solving skills between parties (Trinder et al., 2011). Which means conflict can arise again once mediation has finished. So this project will also provide support in communication and conflict management techniques from accredited mediators who are also trained in trauma informed practice, positive parenting techniques and communication skills.</p>	<p>3 accredited (by Family Mediation Council) mediators trained in:</p> <ul style="list-style-type: none"> <li>- running child consultation directly</li> <li>- trauma informed practice</li> <li>- positive parenting techniques</li> <li>- communication skills</li> <li>- conflict management</li> </ul> <p>Suitable and confidential mediation spaces in 6 offices in 6 different locations. Locations accessible by public transport. Sessions can be online (in-person preferable)</p> <p>2 trained mediators to co-run training for professionals who may refer into the project</p> <p>Referrals from local authorities or other organisations e.g. schools, GPs</p> <p>Voluntary agreement to take part and engagement from the kinship families</p>	<p>Deliver around 80 free mediation session to 20 kinship families by a neutral, trained mediator</p> <p>Sessions are confidential &amp; privileged (meaning discussions cannot be used in court)</p> <p>Session also include additional support which can include all or any of:</p> <ol style="list-style-type: none"> <li>1. education about the impact of trauma &amp; conflict on children</li> <li>2. communication and conflict management skills</li> <li>3. developing a positive and appropriate parenting.</li> </ol> <p>The additional support will be tailored to each kinship family so that the mediator provides information about tools/techniques most relevant to the family's concerns.</p> <p>1 session is a child consultation (if child is appropriate age, typically 10 yrs+ and there is parent/carer agreement) = up to 20 child consultation sessions may be delivered</p> <p>Families will typically receive 4 60-90-min mediation sessions over 16 weeks. This is likely to impact 40 adults (2 per family) and 30-40 children in kinship families</p> <p>Deliver basic 1-hour online training across the geographic areas plus deliver advanced 2-3-hours sessions of online training to special guardian teams (delivered to at least 70 multi-professionals in total)</p> <p>Parents &amp; kinship carers will be signposted to services whether the referral is accepted or not including parenting courses, domestic abuse agencies, counselling</p> <p>Outcome summary produced after each mediation session</p>	<p>Kinship carers &amp; parents feel confident &amp; safe to communicate honestly to each other during mediation sessions</p> <p>There's an improvement in communication between the kinship carer &amp; parent outside of sessions</p> <p>Children feel more included and heard in decisions about their care</p> <p>Kinship carers &amp; parents can make decisions about contact and other important aspects of the child's life</p> <p>Kinship carers &amp; parents are better able to engage their child in future focussed discussions and problem solving</p> <p>Kinship carers &amp; parents have a better understanding of appropriate behaviour and parenting techniques</p> <p>Kinship carers &amp; parents make decisions with the child's views taken into account</p> <p>Referring professionals feel more confident to refer the kinship families to the project at the right time</p> <p>A higher proportion of kinship families are referred appropriately to the project</p>	<p>Reduced conflict between parent and kinship carer</p> <p>Kinship carers feel less stressed because of reduced conflict</p> <p>Kinship child(ren) feel more settled in the home they live</p> <p>Kinship children feel more settled in other environments (e.g. school)</p> <p>More children grow up in well supported kinship care placements with fewer disruptions / breakdowns</p> <p>Fewer children return to local authority children's services</p> <p>Children whose birth parents are unable to care for them safely have the best possible health, education and employment outcomes</p> <p><b>UNINTENDED CONSEQUENCES</b> Parents feel more distressed if the process does not achieve their preferred outcomes (e.g. parent wishes child to return home) which may lead to increased conflict.</p>



## Appendix 3: child consultation feedback form

Thank you for coming to see us!

We would love to know what you thought about your visit 😊

Use the stickers if you want!

1. How was your visit today? (Please circle your answer)



Very good    Good    OK    Bad    Very bad

2. Were you worried about coming to see us? (Please circle your answer)

Not worried at all    1    2    3    4    5    Very worried

3. What would make coming to see us easier?

.....





4. What was the best part?

.....

5. What was the worst part?

.....

6. How could we make the session better?

.....

7. Is there anything else you want to say about the session?

.....

## **Appendix 4: feedback form for adults at completion of mediation sessions**

### **KINSHIP CARE MEDIATION – EVALUATION**

Your name ..... Gender ..... Date .....



Relationship to child: ..... Other parent's/carer's name .....

**Please answer these questions to help us make kinship mediation be as good as it can be!**

*Your answers will be recorded and used to help us understand people's experience of kinship mediation. We will share your anonymised answers with Coram, the organisation which is evaluating the project.*

1. How helpful was kinship mediation? (Please circle your answer.)

*Very unhelpful*   1   2   3   4   5   6   7   8   9   10   *Very helpful*

2. Where did you hear about kinship mediation?

.....

3. Why did you attend kinship mediation?

.....

.....

4. During the sessions, did you make any new agreements about family arrangements? (This could include agreements about your child/children's time with each of you, birthdays, Christmas, regular telephone calls).

Yes                       No

If yes, what agreements did you make?

.....

.....



.....  
.....

5. What was the most useful thing about kinship mediation?

.....  
.....

6. What was the least useful thing about kinship mediation?

.....  
.....

7. Did your child/children come to a Child Consultation?

Yes  No

If so, were you able to make arrangements in line with what they said they wanted? If not, why not?

.....  
.....  
.....

8. Has anything changed in your child's life because of kinship mediation? If yes, what has changed?

.....  
.....  
.....

9. Is there anything you are doing differently because of kinship mediation?

.....  
.....  
.....



10. Would you recommend kinship mediation to other people?

Yes

No

11. How could kinship mediation be improved for other people?

Strongly disagree	Disagree	Not sure	Agree	Strongly agree
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.....

.....

12. Any other comments?

.....

.....

## Appendix 5: the Family Mediation scale

*These questions cover some of the feelings and issues which might arise while co-parenting a child.*

*Your answers will be recorded **anonymously** and used to help us work out whether mediation supports parents in their co-parenting.*

*Please circle the number which most accurately describes your response to the question.*

*Your child's other parent will **not** see your answers.*

--



Your name .....	Gender .....	Date .....
Relationship to child: .....		Other parent's name .....

My child's other parent enjoys being with our child	1	2	3	4	5
We work out a solution together if there is a problem with our child	1	2	3	4	5
We often argue with each other	1	2	3	4	5
We communicate well about our child	1	2	3	4	5
They pay great deal of attention to our child	1	2	3	4	5
They make my job of being a parent harder	1	2	3	4	5
They are willing to make sacrifices to help take care of our child	1	2	3	4	5
When we argue, the problems or arguments are serious	1	2	3	4	5
They know how to handle our child well	1	2	3	4	5
We argue in front of our child	1	2	3	4	5
We can work as a team	1	2	3	4	5
I believe they are a good parent	1	2	3	4	5
I often feel angry or resentful towards my child's other parent	1	2	3	4	5
We disagree on what our child should and should not be allowed to do	1	2	3	4	5



I am worried about my child when they are with their other parent	1	2	3	4	5
We see our child differently	1	2	3	4	5
We can't agree on how to discipline our child	1	2	3	4	5
I feel good about his/her judgement about what is right for our child	1	2	3	4	5
They don't think I am a good parent	1	2	3	4	5
We have the same goals for our child	1	2	3	4	5