

# NIHR

Health Determinants  
Research Collaboration  
Cumberland

## Improving the Determinants of Health: Cumberland Council's Research Plan

Phase 1 Review of Interventions:

### Children Cared For

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[cumberland.gov.uk](http://cumberland.gov.uk)

# Context

- The Health Determinants Research Collaboration is a five-year research project, funded by the National Institute for Health Research from January 2024 to December 2028. The project aims to increase the research capacity of staff within Cumberland Council and voluntary sector and to improve their use of evidence to improve health inequalities.
- In 2024 the HDRC team consulted with 107 people including Council staff, elected members, community-based organisations and academic partners in order to establish seven priority areas in need of firmer evidence.
- The seven areas are: poverty, pathways to employment, access to housing, mental health and neurodiversity, substance use, obesity and children cared for.
- In each of the seven themes the HDRC aims to uncover how serious the issues are and who experiences them, how they vary across our rural, coastal and urban areas, what barriers there are to improvements, and what might work to improve them.
- Each of the seven themes will have a scoping review to understand effective practice, secondary data analysis to understand what is already known, new data collection across the health and social care system, and deep dives into particular issues by community co-researchers.
- This scoping review is one of seven, in the first phase of research set out above.



# Data Context – The Picture In Cumberland

**Key:** Cumberland - England

## **Adoption: Days**

Average Time Between Court Authority and Match With Adoptive Family: 142 (197)

## **Accommodation: Proportion %**

Care Experienced Adults (19-21yrs) in suitable accommodation: 94.4% (88%)

## **Education: Proportion %**

Care Experienced Adults (19-21yrs) in Education, Employment or Training: 57.1% (56%)

Care Experienced Adults (19-21yrs) in Higher Education: 8.7% (6%)

Care Experienced People In Apprenticeships:

Average Attainment 8 Score of Children in Care: 4.8% (2%)

## **Health Care: Proportion %**

Dental Checks for Children in Care (12 months+): 55.9% (76%)

Health Assessments for Children in Care (12months+): 81.4% (89%)

Immunisations for Children in Care (12 months+): 87.4% (82%)

## **Placements: Proportion %**

Cared For Children Living In Same Placement (2 years+): 75.1% (69%)

Cared For Children Placed Outside L.A Boundary: 51.1% (44%)

Cared For Children - (3+ Placements In 1 year): 5.6% (10%)

## **Prevalence: Total/Per 10,000**

Total Number of Children in Care: 483 (83,840)

Number of Children in Care (per 10,000): 94.4 (71.3)

## **What Does The Data Tell Us?**

Cumberland demonstrates more education opportunities, better accommodation, less waiting times for adoption and more secure placements for cared for children. However, there are some problem areas for Cumberland such as health care, placements outside of LA boundaries and the rate of cared for children are all areas performing worse when compared to national figures.



# National Policy Context

## Duty to Accommodate Children (Section 20, Children Act 1989)

- Councils must provide accommodation for children who:
  - Have no one with parental responsibility to care for them,
  - Are lost or abandoned, or
  - Are in need of accommodation for any other reason.
- This is often voluntary care, with parental agreement.

## 2. Duty to Look After Children (Section 31, Children Act 1989)

- This follows a **Care Order** granted by the court.
- The council gains **parental responsibility**, which they share with the birth parents.

## 3. Care Planning, Placement and Review (Children Act 1989 Guidance and Regulations, Volume 2)

- Councils must:
- **Assess the child's needs** and develop a **Care Plan**.
- Ensure **stable and suitable placements** (foster care, residential, kinship care, etc.).
- Appoint an **Independent Reviewing Officer (IRO)**.
- Conduct **regular reviews** of the child's care (at least every 6 months).
- Ensure the **child's views are heard** and considered.

## 4. Health and Education

- Promote the **physical, emotional, and mental health** of looked after children.
- Maintain a **Health Plan** and a **Personal Education Plan (PEP)**.
- Appoint a **Designated Teacher** in schools to support CLA.
- Ensure school attendance and achievement are prioritised.

## 5. Contact with Family

- Promote and support **contact with parents, siblings and others** unless not within child's best interest
- Review contact arrangements regularly.

## 6. Support for Care Leavers (Children (Leaving Care) Act 2000 & Children and Social Work Act 2017)

- Provide support to **care leavers up to age 25**, including:
- A **Personal Adviser**,
- A **Pathway Plan** for education, training, housing, and employment,
- Continued accommodation and financial support (especially up to age 21 or longer if in education/training).

## 7. Safeguarding and Promoting Welfare

- Overarching duty under **Section 22 of the Children Act 1989**:
- Councils must "safeguard and promote the welfare of children looked after by them."
- This includes:
- Ensuring safe, nurturing placements.
- Protecting from abuse or neglect.
- Supporting identity, culture, and religious needs.

# Method

- Core search terms developed by reviewer team; topic search terms decided by reviewer
- Several search strategies tested: the most relevant articles were captured in two searches
- Results exported to RefWorks folders and Excel spreadsheets
- Titles and abstracts reviewed for relevance against inclusion criteria (categories: H/M/N = high/medium/not)
- Articles in 'H' category included in final scoping review: read in detail, common themes identified
- Subset of most informative articles designed 'HH' : these make up the Examples in this presentation
- Articles designated M as supplementary knowledge resource for HDRC research team, searchable within Excel spreadsheets

# Search Terms

Searches completed April 2025

- Databases: UoC OneSearch database collection, advanced search
- Limiters: published 2015-2025; English language; “Articles+” option
- Optimised searches (a) and (b); limiting further missed key references:
  - IN TITLE “children cared for” OR “cared for child\*” OR “children in care”
  - IN TITLE: (“young person” OR “young people” OR child\*) AND "care experienced"
- Extra searches to identify research on reducing number of children entering care:
  - IN TITLE – ("children entering" OR "children going into" OR "children taken into") AND care
  - *plus* IN DESCRIPTION: reduc\* OR decreas\* OR preven\* OR lower
  - Also, using GOOGLE: “reducing number of children in care”

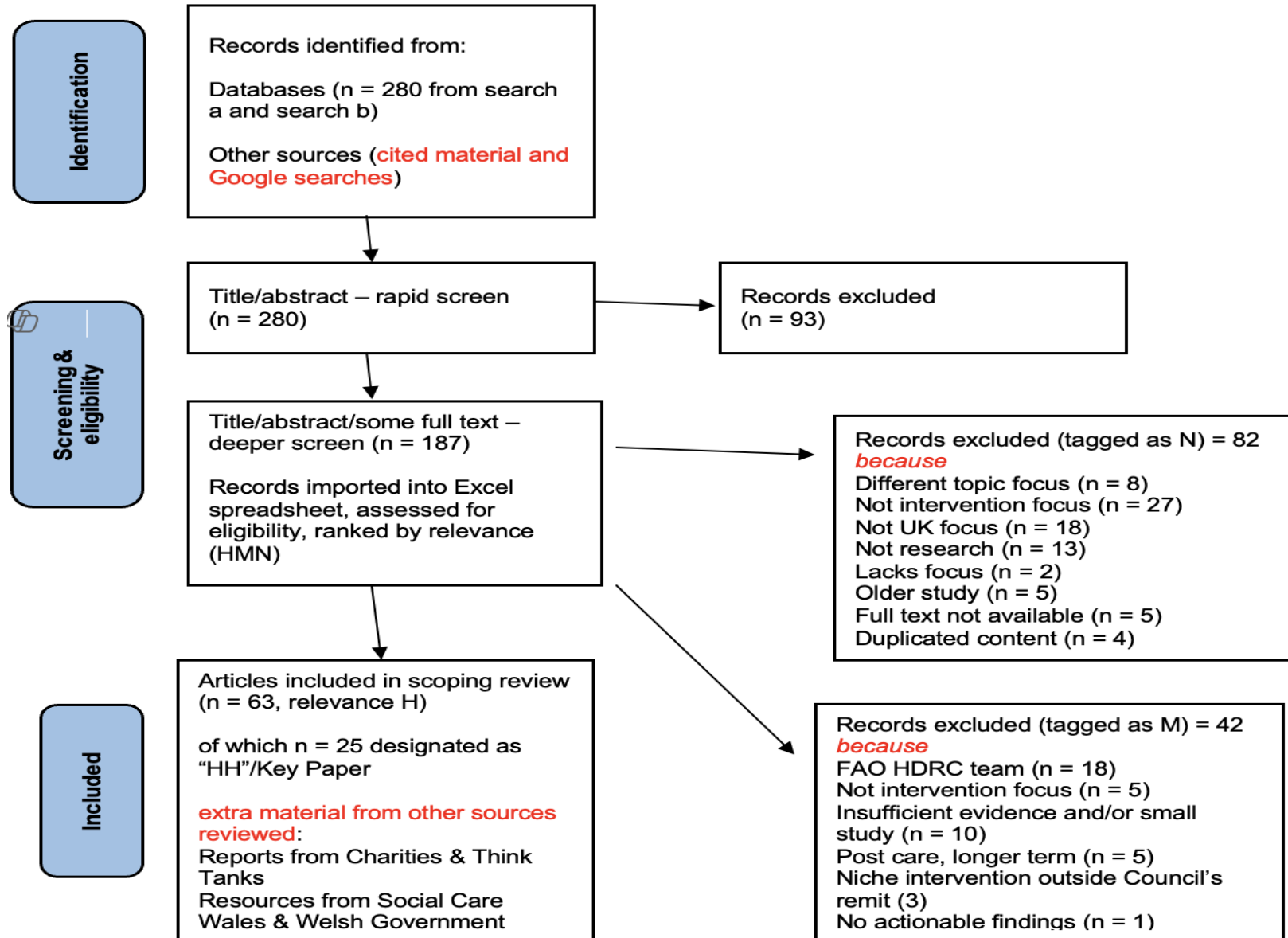
Description contains

- reduc\* OR decreas\* OR preven\* OR lower

# PRISMA For Search Results

(Adapted from: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

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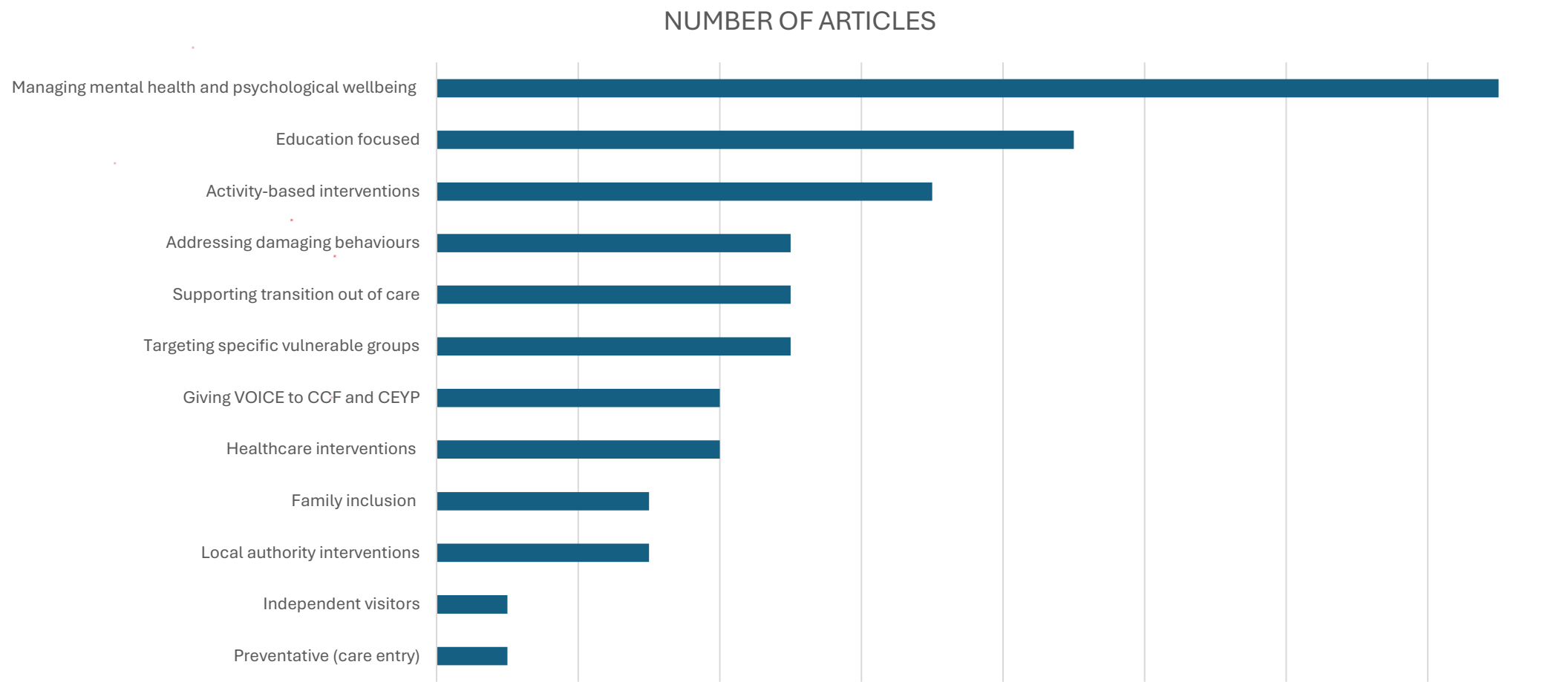


# Key Findings

- Peer-reviewed research literature on children cared for, forming the bulk of the scoping review, is mainly relevant to these research questions:
  - *Q1 What would improve the lives of children and young people in care?*
  - *Q2 What would improve the life prospects of young people when they leave care?*
- A high proportion of the literature identified concerns interventions evaluated in the UK or relevant to UK practice, but evidence of their effectiveness is patchy
- Categorisation of interventions shows “Managing mental health and psychological wellbeing “ as by far the largest category
- Success stories are found in some local authority and other hyperlocal interventions
- In contrast there is very little peer-reviewed research literature on preventative interventions:
  - *Q3 What would reduce the number of children and young people needing to enter care?*
- Extra information to address *Q3* was gleaned from reports by UK charities and think tanks
  - These emphasise early interventions with families, community facilities to support families, and shifting public spend from acute to preventative
  - Multitude of recommendations do not translate easily into a holistic LA-level strategy, but can be aligned to principles in Cumberland Council’s Sufficiency Strategy 2024-2027
- Main review findings on preventative interventions are summarised on slides 17-20 , with details available in a separate report



# Overview of Intervention Types in Research Articles



# Examples – Managing mental health and psychological wellbeing – (i) assessment

[Cummings A. et al. \(2024\) RefWorks ID 39](#)

- A systematic review, which finds that estimates of mental health disorders among care-experienced young people in the UK varies considerably, one cause being inconsistencies in the way that Strengths and Difficulties Questionnaire (SDQ) is used

[Tarren-Sweeney, M. et al. \(2019\) RefWorks ID 317](#)

- In contrast, the evaluation of three national studies, including UK, concludes that “accurate first-stage screening is achieved using either the SDQ or the Brief Assessment Checklists (BAC) alone”, noting that both can be implemented by children’s agencies without clinical oversight

[Deuchar, S. et al. \(2021\) RefWorks ID 297](#)

- Based on SDQ data from 443 UK referrals, finds that CCF receiving direct clinical therapy (such as Dyadic developmental psychotherapy) plus indirect consultation (through a child's network of carers, teachers, social workers and therapists) achieve significantly greater improvement than those receiving indirect consultation alone

# Examples – Managing mental health and psychological wellbeing – (ii) interventions focused on the roles of carers and care professionals

[Hart, A. et al. \(2022\) RefWorks ID 201](#)

- **Back on Track**, part of the Resilience Revolution: **HeadStart Blackpool** programme – trained Resilience Coaches worked with CCF aged 10-15 over 6-30 months, to embed everyday actions called '**resilient moves**' under five domains (i.e., basics, belonging, learning, coping, and core self)
- Research findings: 52% of participants reported improvement in their emotional difficulties, 65% in their prosocial behaviour; school absence was similar before and after BoT support, but there were no permanent exclusions

[Ciftci, S. et al. \(2024\) RefWorks ID 243](#)

- From Australia - interview evidence that with the support of case workers, foster carers changed their approach and found effective **emotional coregulation** strategies to calm troubled children

[Parry, S. et al. \(2021\) RefWorks ID 265](#)

- **Restorative Parenting Recovery Programme** piloted with Halliwell Homes Ltd in Manchester: the child's key worker trained in the role of **therapeutic parent**, providing **trauma-informed care**, including a tailored low-arousal living environment
- Quantitative evidence of significant improvements on indices relating to relationships, but limited progress around self-awareness and management of impulses and emotions; positive feedback from key worker interviews

# Examples – Education focused (i) conditions supporting academic attainment and wider wellbeing of CCF

[Sinclair, I. et al. \(2022\) RefWorks ID 244](#)

- **'Closing the gap':** conditions under which CCF in the UK are most likely to catch up in mainstream schools
- Secondary analysis of data for 542,998 16-year-old English children in mainstream schools, that found only 21% of the CCF subset had caught up with children in the general population since the age of 7
- Translated into guidance for policy-makers including
  - *Place the CCF in schools where educationally disadvantaged children do well*
  - *Make practitioners aware that many CCF have the potential to achieve considerably higher attainment than they do at present*
  - *Exploit where possible the likelihood that good practice with one disadvantaged group is likely to benefit another*

[Mercieca, D. et al. \(2021\) RefWorks ID 59](#)

- ☐ **'What about me?'** stories of the educational experiences of CCF and CEYP in a Scottish local authority
- ☐ The research highlights educational experiences where CCF feel most vulnerable, singled out, or excluded, including
  - ☐ *on school outings; being placed on part-time timetables; difficulties with homework due to home environment;*
  - ☐ *exclusion from friendship groups and playdates; carers not able to access school-home communications*
- Not intervention focused, but identifies potential problem areas for CC to target when working with local schools

# Examples – Education focused (ii) a sports-based intervention to prepare CCF to make the transition from primary to secondary school

[Quarmby, T. and Luguetti, C. \(2023\) RefWorks ID 91](#)

- Participatory research case study of a **football-in-the-community programme** in the West Midlands – aimed to develop skills such as resilience, teamwork, organisation and independence, and to enhance literacy, numeracy and communication
- The club's registered charity ran the programme on one evening a week, outside of school hours, **specifically for care-experienced young people in school years 5–9 (ages 9–14)**, across three separate 10-week blocks that aligned with the academic school year.
  - *'Each week we do like different problems and have to work out what to do'*
  - *'It's scary because you don't know what it's going to be like'*
  - *'They [staff] really try to get to know us and that's way different from school.'*
  - *"I think they respect us more because we're not like teachers' (Sarah - Staff)*
- The researchers observed mutual trust and respect between care-experienced young people and the staff, which helped to create a safe pedagogical environment and sense of belonging – also finding that staff moved away from a deficit perspective of CEYP
- Is this good model for practice in the CC region, if a suitable partner organisation prepared to commit funding can be found?

# Examples – Activity-based Interventions - Outcomes Are Mixed

Griffith, R. (2024) RefWorks ID 125

- Reading and maths at home for care-experienced children: **The Letterbox Club** - an action research project running for the past 20 years, aimed at engaging children in foster care with reading and number games
- A child receives a parcel once a month for six months (five levels of parcels, designed for five 2-year age ranges)
- Article gives an accessible account of the programme, for incremental maths learning, but no research evidence
- Programme is still active, supported by central government, and Pupil Premium eligible [url for Local Authorities to register](#)

Connolly, P. et al. (2023) RefWorks ID 230

- A randomised controlled trial of the **Reading Together** book-gifting programme, randomised controlled trial conducted in the UK across 22 local authorities and involving 266 children aged 7-9 – each received three book parcels
- Evidence is negative, concluding that “this trial has found no evidence that the Reading Together programme, as delivered during 2019–2020, had any discernible effect on children’s reading skills or attitudes towards reading.”
- Authors propose potential improvements including better support for foster carers, to boost paired reading with the CCF

The review also found research articles on **physical activity** (International scoping reviews from 2024 and 2016; the latter identifies low self-efficacy and instability of their social environment as barriers to PA engagement by CCF) and **music-making** (note upcoming **Loud & Clear: Foster Family Learning events** at **Gateshead Glasshouse**)

# Examples – Giving VOICE to CCF and CEYP

[Diaz, C. et al. \(2019\) RefWorks ID 263 – on children's participation in their Children in Care \(CiC\) reviews](#)

- A study evaluating the views of 11 social workers and 8 Independent Reviewing Officers (IROs) in one local authority in England
- Identifies **factors which assist participation**: quality of the relationship between the child and professionals; and the child or young person chairing their own review meeting.
- As well as **barriers to effective participation**: staff caseloads, turnover, lack of training, CCF negative past experience, poor process)

[Bakketeig, E. et al. \(2020\) RefWorks ID 81 – on “doing well”](#)

- From a longitudinal study led by Oslo Metropolitan University of 75 young adults in Denmark, England and Norway, all in education, employment or training
- Narratives challenge "traditional outcome indicators....and might better capture what young people themselves see as important."
- Accounts revealed the significance of ordinary, mundane and 'do-able' lives.' – *'It's quite a humble life. It's not...it's not grandiose, do you know what I mean? Which I like, I like that idea. Like the ironing board and friends and my car, and where I meditate'*
- Sends a positive message, making a case for a broader conceptualisation of outcomes for CEYP, which includes finding contentment from managing everyday life.....*'to live a life that you feel is good for you'*.

Other articles in the scoping review also illustrate how a research study can be “the intervention” i.e. the vehicle to give VOICE while generating learning and evidence

# Examples – Supporting Transitions Out of Care

*from Children & young people (2021) – full text/author details not available RefWorks ID 146*

- **Care Leaver Covenant** - Government-funded (DoE) national programme since 2017 to support care leavers to live independently
- Support is across five areas: Education, Work, Money, Wellbeing, Home
- Care leavers age 16-25 can use "**CONNECTS**" sign up [from this URL](#) as a gateway to opportunities with employers, colleges and universities
- **Snapshot of impact** available (see next slide), although this review found no independent research producing evidence of effectiveness

*Furey, R. and Harris-Evans, J. (2020) RefWorks ID 391*

- ☐ Research from Sheffield Hallam University evaluating an **internship scheme for care leavers at a U.K. local authority**
- ☐ All care leavers participating in the study remained in the programme and expressed a desire to continue in education or training
- ☐ Insights into the preparedness & confidence of workplace supervisors, some adopted a mentor-like role with the young people
- ☐ **Emotional support** is identified as the key factor to steer young people towards wider support networks

*Mølholt, A. et al. (2024) RefWorks ID 67*

- ☐ A study of 28 CEYP focusing on their expectations while transitioning out of care to pursue further education or higher education
- ☐ Three **modes of expectation** identified – Trust, Risk, and Danger – each linked to the environment of the young person while in care
- ☐ Presents a quite an accessible new framework that could be useful within CC district schools, as a way of recognising, and responding to, different modes of expectation amongst older CCF wanting to continue in education





# The Impact

Our network includes companies from **Amazon** to **ITV**; **Superdrug** to **Sky** as well as **councils**, **colleges**, **universities** and a major partnership with **NHS England** as well as many **charities** and **voluntary organisations**.

Stats last updated: **12 Feb 2025**

Here is a snapshot of the impact we've made so far:

623

Organisations

Have joined our network and created exclusive opportunities for care leavers.

110

Universities & colleges

Have have put in place additional support packages for care leaver students.

100+

Local authorities & charities

Have joined as partners, supporting care leavers to connect with new opportunities.

8651

Care leavers

Care leavers have registered on our dedicated Connects platform to access exclusive opportunities.

2000+

Care leavers

Are accessing training, work, wellbeing and entertainment from our amazing network.



# Concerning Preventative Interventions

## Context

### Our principles

The sufficiency strategy is underpinned by our commitment to young people as set out in our corporate parenting principles. In Cumberland our principles tell cared for, care experienced and separated young people about the hopes and aspirations we have for them. These being:

1. Your experiences will be at the heart of any decision we make, including how we plan our services, how our services work and how we check that they are working well.
2. Every member of staff in Cumberland Council is responsible for making sure you are supported and that you reach your full potential.
3. Wherever safe and possible, you should live with your family. We will ensure that if you are in care, it is only because you need to be in care.
4. We will try and stop you from being in care by working with your family earlier on and supporting them to give you every opportunity for you to stay within your family. Where you need to be in care, we will look at all options for you to live with your extended family or family friends where possible.
5. We will try our best to provide the best quality homes possible for you, that give you all the support you need and make you feel safe.
6. We want to make sure you are not moved around a lot and that you have one stable home to live in and a family to belong to. We will support you to keep and strengthen the relationships you have that are important to you. We will help you to keep in contact with people that you love throughout your childhood and into adulthood.
7. We will support you when you are ready to leave our care to move on independently, doing everything we can to make sure you are set up for life.

## What Works Centre for Children's Social Care report: Reducing the need for children to come into care: A survey of approaches used by local authorities in England (November 2018)

- Gives a ranking of specific family-focused interventions practiced at the time by 60 local authorities
- Within whole systems approaches reported by 82% of LAs, 35% identified **Signs of Safety**, a process to assess, map and analysis harm, and share findings with families
- Within edge of care approaches reported by 62% of LAs, the most common intervention involved intensive family work, typically over 12 weeks, including direct support in the family home by a care worker (available 24/7) - likened to **Intensive Family Preservation Services** (IFPS), subject of a systematic review by WWCCSC in 2019
- The most frequently reported specific intervention (43%) was **Family Group Conferencing**, a facilitated, stepwise process involving (i) information sharing, (ii) private family time, (iii) agreement of a plan, and (iv) follow-up review after 6-12 weeks
- The report found very few examples of robust evaluation of the approaches and interventions practiced

<https://whatworks-csc.org.uk/research/reports/reducing-the-need-for-children-to-enter-care/>

## Centre for Social Justice report: SAFELY REDUCING THE NUMBER OF CHILDREN GOING INTO CARE (2021)

- Makes 15 recommendations intersecting with principles 3, 4 & 6 in CC's Sufficiency Strategy
- Most centre on relationships, advocating "trauma awareness" amongst those working with vulnerable children

<https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/04/CSJJ8864-Children-In-Care-INTS-WEB-210422v.pdf>

## Health Equity North report: Children in Care in the North of England: A report prepared for the Child of the North All-Party Parliamentary Group (2024)

- A call for action, making a case for more preventative spend and less acute spend in local authority children's services, and drawing attention to the North South divide in care entry rates.
- An accompanying research paper finds that local authorities tend not to explicitly acknowledge poverty as the main cause of children entering care - it can be "lost in the mix". [Bennett, D. et al. \(2024\) RefWorks ID 383](#)

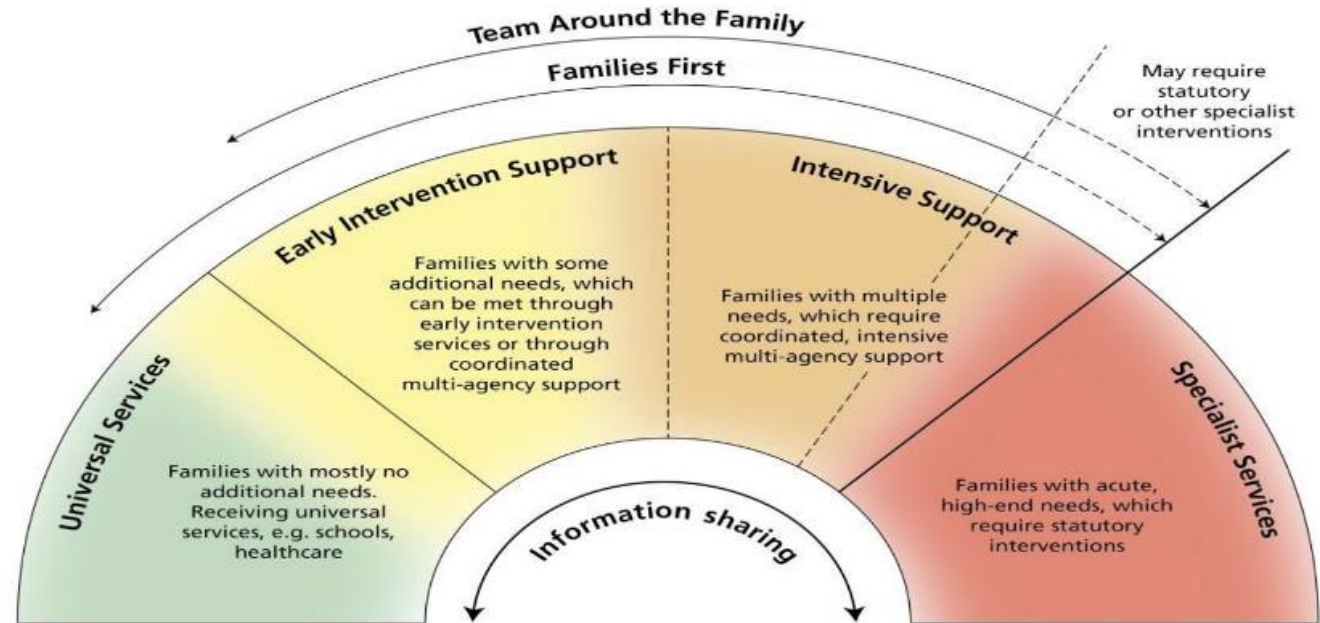
<https://www.healthequitynorth.co.uk/app/uploads/Children-in-Care-Report-2024-FINAL-2-1.pdf>

## Resources from Social Care Wales and the Welsh Government

Three-part approach practiced under the Social Services and Well-being (Wales) Act described in:

- <https://socialcare.wales/resources-guidance/improving-care-and-support/social-care-for-children-and-families/safely-reducing-the-need-for-children-to-enter-care>

A Ministerial Advisory Group for Improving Outcomes For Children advocates a **windscreen model** under which families are placed into four categories according to level of need – this may be a useful model for CC in planning where CCF funding needs to land



# Key Messages

- Interventions to improve the lives of children already in care fall into multiple domains - although extensively researched, evidence of outcomes varies in quality and quantity
- While much of the research reviewed focuses on challenges and negative life experiences of children cared for, other research emphasises how some young people have thrived in supportive care environments
- Children cared for have different needs at different ages – progression through different stages of education needs may provide a useful basis to stratify risk groups and plan tailored interventions
- For care leavers, there are good models of pathways into Employment Education and Training – as well as young people’s own stories of “doing well” in everyday living, which may inspire others
- Prevention of care entry is under-researched, but the attention it has received from charities and other stakeholder information have generated many well-intentioned recommendations – to consider against the Council’s Sustainability Strategy
- A poor care experience will expose a child to multiple vulnerabilities, exacerbated by conditions in the region; therefore this review intersects with several of the others



# References

- [[author details not available RefWorks ID 146](#)] (2021) Top Tips on How to Support Care-Experienced Young People in Higher Education *Children & young people now* 2021 (10), p.25-25 Available at 10.12968/cypn.2021.10.25
- Bakketeig, E., Boddy, J., Gundersen, T., Østergaard, J. and Hanrahan, F. (2020) Deconstructing doing well; what can we learn from care experienced young people in England, Denmark and Norway? *Children and youth services review*, 118, pp. 105333 Available at: 10.1016/j.childyouth.2020.105333.
- Bennett, D.L., Wickham, S., Barr, B. and Taylor-Robinson, D. (2024) Poverty and children entering care in England: A qualitative study of local authority policymakers' perspectives of challenges in Children's Services *Children and youth services review*, 162, pp. 107689 Available at: 10.1016/j.childyouth.2024.107689.
- Ciftci, S., Collings, S., Buratti, S. and Wright, A.C. (2024)[ Supporting Carers to Coregulate With Children in Care: Learnings From Action Research With Caseworkers *Child & family social work*, Available at: 10.1111/cfs.13219.
- Connolly, P., Sebba, J., Winter, K., Roberts, J., Tah, P. and Millen, S. (2023) The effectiveness of book-gifting programmes to enhance the reading skills of children in care: A randomised controlled trial of 'Reading Together' in England *Children and youth services review*, 153, pp. 107097 Available at: 10.1016/j.childyouth.2023.107097.
- Cummings, A. and Shelton, K. (2024) The prevalence of mental health disorders amongst care-experienced young people in the UK: A systematic review *Children and youth services review*, 156, pp. 107367 Available at: 10.1016/j.childyouth.2023.107367.
- Deuchar, S. and Majumder, P. (2021) Mental health services for children in care: investigation to elicit outcomes of direct and indirect interventions *BJPsych Bulletin*, 45(5), pp. 264–271 Available at: 10.1192/bjb.2020.147.



**Health and wellbeing is  
at the heart of everything we do**

**Our values**



Ambitious



Collaborative



Compassionate



Empowering



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# References

- Diaz, C., Pert, H. and Thomas, N.P. (2019) Independent Reviewing Officers' and social workers' perceptions of children's participation in Children in Care Reviews *Journal of children's services*, 14(3), pp. 162–173 Available at: [10.1108/JCS-01-2019-0003](https://doi.org/10.1108/JCS-01-2019-0003).
- Furey, R. and Harris-Evans, J. (2021) Work and resilience: Care leavers' experiences of navigating towards employment and independence *Child & Family Social Work*, 26(3), pp. 404–414 Available at: [10.1111/cfs.12822](https://doi.org/10.1111/cfs.12822).
- Griffith, R. (2024) Maths at home for care-experienced children: The Letterbox Club *Mathematics Teaching*, (294), pp. 17–20. [\[DOI not available\]](#)
- Hart, A., Kara, B., Morris, R., Mezes, B., Butler, S., Mckenzie, C., Gordon, R., Cameron, J. and Eryigit-Madzwamuse, S. (2022) A SOCIAL PEDAGOGICAL INTERVENTION TO SUPPORT CHILDREN IN CARE: BACK ON TRACK 1 *Pedagogía social*, (41), pp. 29–42 Available at: [10.7179/PSRI\\_2022.41.02](https://doi.org/10.7179/PSRI_2022.41.02).
- Mercieca, D., Mercieca, D.P. and Randall, L. (2021) 'What about me?' Stories of the educational experiences of care-experienced children and young people in a Scottish local authority *Adoption & fostering*, 45(2), pp. 173–190 Available at: [10.1177/03085759211011736](https://doi.org/10.1177/03085759211011736).
- Mølholt, A., Bengtsson, T.T. and Frederiksen, M. (2024) Navigating educational success: Modes of expectation among care-experienced young people *British educational research journal*, 50(2), pp. 513–528 Available at: [10.1002/berj.3908](https://doi.org/10.1002/berj.3908).
- Parry, S.L., Williams, T. and Burbidge, C. (2021) Restorative Parenting: Delivering Trauma-Informed Residential Care for Children in Care *Child & youth care forum*, 50(6), pp. 991–1012 Available at: [10.1007/s10566-021-09610-8](https://doi.org/10.1007/s10566-021-09610-8).



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