



Department  
for Education

# **Children's Social Care Innovation Programme Round 2 Final Report**

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## Key messages

Overall, evidence from evaluations of the Innovation Programme suggests various aspects of practice, and of service systems, were key to achieving good outcomes in projects working with cohorts across the spectrum of need and risk.

Common to the approaches to practice within the most effective projects, from large-scale system change projects to much more targeted services, were:

- the centrality of building consistent, trusting relationships, and providing time for this,
- the focus on bolstering and leveraging strengths and resources to identify solutions and working together to support progress towards positive outcomes, and
- the provision of multi-faceted support to address multiple needs and issues in a holistic, coherent, and joined-up way.

Across contexts, good outcomes were also enabled by systemic conditions, structures, and processes within children's services. Key systemic enablers included:

- improving practitioner time capacity and service capacity to enable sufficient time for work (including direct work) on each case,
- using shared, evidence-informed practice methodologies and tools, and providing training and skilled supervision to support this,
- providing integrated multi-disciplinary specialist support enabled by group case discussion (including, most notably, input from specialists in mental health),
- improving multi-agency collaboration, and
- engaging in thoroughgoing consultation on and/or co-production of services.

The extra capacity resourced through Innovation Programme funding was an overarching, critical enabler of projects achieving their aims – including, for some, making net cost savings. This highlights how crucial adequate funding of children's services is to the achievement of good outcomes, and also raises questions of sustainability, particularly where baseline circumstances were challenging. One implication is that there may be advantages to introducing longer term frameworks for budgeting of children's services, on the basis of evidence showing that greater spending now can pay off in future.

## Executive summary

This report provides an overview of key findings from evaluations of the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter), as well as drawing some overall conclusions and suggesting recommendations for children's services based on the body of evidence as a whole.

## The Innovation Programme

The Children's Social Care Innovation Programme was launched by the Department for Education (DfE) in 2014, to develop, test, and share innovative and effective ways of supporting vulnerable children and young people. Round 2 of the Innovation Programme began in 2016 and supported 50 projects over the following 4 years, including the first Partners in Practice. These projects shared the ambition of improving outcomes for children and families by improving practice and systems, but varied in their specific aims, activities, and scope. While some projects aimed to implement relatively large scale system change or workforce development, others worked specifically to improve services for children who are looked after, some focused on services for young people leaving care, and the remainder worked in targeted ways to improve service responses to specific issues such as domestic violence and abuse. Table 4 in Appendix 1 sets out a brief description of each project funded in Round 2 of the Children's Social Care Innovation Programme, along with information about each evaluation.<sup>1</sup>

## Evaluation

Opcit Research coordinated independent evaluations of these projects by 17 evaluation teams, developing an evaluation strategy, allocating teams to projects, quality assuring evaluation plans and draft reports, and providing ongoing support and challenge to evaluation teams throughout the evaluation period to help ensure evaluations were as robust as possible. Evaluators were asked to assess project impact (using quasi-experimental designs where possible), processes and costs, using a theory of change approach to explain how and why any impact or outcomes were achieved. They were also asked to explore 7 features of practice and 7 outcomes identified by the Department for Education as of particular interest.

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<sup>1</sup> At the time of reporting, all Innovation Programme evaluation reports were finalised for publication alongside this report, excepting those of Family Rights Group Lifelong Links, Firstline, and MTM Signs of Safety, which were going through the final stages of preparation and will be published in due course. The Lifelong Links report is expected to contain further quantitative analysis, which was not available at the time of writing this report.

## Key findings

### Innovation Programme outcomes

Across the Innovation Programme, the evaluations of Family Safeguarding, Richmond and Kingston Achieving for Children PIP, Lincolnshire PIP, Pause, and Inside Out produced evidence of statistically significant positive impact on intended outcomes. Several other evaluations produced quantitative evidence of some positive outcomes but did not assess statistical significance, including Bradford's B Positive Pathways, Calderdale's Positive Choices, Havering's Face to Face Pathways project, Hampshire PIP, the House Project, Leeds PIP, Mockingbird, Newham's NewDAY, the SafeCORE project in Greenwich, Shared Lives, Slough, some Staying Close pilots, and Triborough PIP. Other quantitative impact or outcomes analyses showed more mixed or unclear results, or no impact or change.

### What contributed to good outcomes?

Overall, evidence from evaluations of the Innovation Programme suggests various aspects of practice, and of service systems, were key to achieving good outcomes in projects working with cohorts across the spectrum of need and risk. While it can be difficult to disentangle which factors are most influential, a clear conclusion to be drawn is that those projects with the greatest impact (including both large-scale system change projects and more targeted services) showed evidence of delivering practice that was relationship-based, strengths-based, and holistic. That is, common to most approaches within effective projects were:

- the centrality of building consistent, trusting relationships, and providing time for this;
- the focus on bolstering and leveraging strengths and resources to identify solutions and working together to support progress towards positive outcomes; and
- the provision of multi-faceted (often multi-disciplinary and sometimes multi-agency) support that could address multiple needs and issues, including those relating to the wider relationships and social contexts in which individuals and whole families are embedded, in a holistic, coherent, and joined-up way.

The evidence from across Innovation Programme evaluations is also clear that achievement of good outcomes (again, across a range of cohorts), and of good quality, relationship-based, strengths-based, and holistic practice requires to be supported by enabling systemic conditions, structures, and processes. Key systemic enablers included:

- improving practitioner time capacity and service capacity to enable sufficient time for work (including direct work) on each case;

- using shared, evidence-informed practice methodologies and tools, and providing training and skilled supervision to support this;
- providing integrated multi-disciplinary specialist support enabled by group case discussion (most notably, this includes specialist mental health support across a range of cohorts, but also, depending on context, specialist support for domestic abuse, alcohol and substance misuse, parenting skills, life skills, education, and employment);
- improving multi-agency collaboration; and
- engaging in thoroughgoing consultation on and/or co-production of services.

The extra capacity provided through Innovation Programme funding was an overarching, critical enabler of projects achieving their aims – including, for some, making cost savings. This raises the question of whether projects will be able to sustain positive progress when the funding ends, particularly where baseline circumstances were challenging, but also highlights how crucial adequate funding of children’s services is to enabling services to achieve good outcomes. It also suggests there may be advantages to introducing longer term frameworks for budgeting of children’s services, on the basis that greater spending now can generate greater savings in future.

While the above findings apply both to whole children’s social care systems and to services working with more targeted cohorts, the evaluations have generated further findings more specific to their project contexts, producing valuable lessons for services considering introducing alternative delivery models, and for services for children and young people in and leaving care. Taken together, the evaluations also provide useful overall lessons on innovation and evaluation in children’s services.

## Recommendations

Learning from across the Innovation Programme evaluations motivates several recommendations, including the following:

- Adequate funding should be made available to enable local authorities to achieve an appropriate balance in the distribution of work across the spectrum of need and risk, with a recognition that investment in earlier and more intensive support can pay off in terms of both better outcomes for children and families, and saved costs for services in the longer term.
- Across contexts, including statutory and non-statutory services working with children and adults, evidence-informed practice methodologies should be used to provide a framework for knowledge, understanding, and skills development to support relationship-based, strengths-based, and holistic practice. Rather than there being a single, comprehensive methodology suitable for universal implementation, services should consider which methodologies are best suited to meeting the needs of their

cohorts, noting that systemic methodologies appear particularly helpful in a range of contexts.

- To support effective practice, training to an appropriately high level of knowledge and skill in line with relevant evidence-informed methodologies should be provided not only to practitioners within children's social care teams, but also residential care practitioners, and key professionals working with young people leaving care. There is a clear need for therapeutically-informed, multi-disciplinary support from highly skilled professionals, not only among children in need of help and protection and their families, but also among those in need of care and young people who are care experienced.
- Consideration should be given to incorporating multi-disciplinary, specialist support within service teams to meet the needs of children, young people, and families in a timely, joined-up, and coherent way. Specialists with expertise in mental health have emerged as holding a particularly important role in enabling good outcomes across a range of social care, post-care, and non-statutory contexts.
- Services should consider the benefits of building consultation and co-production involving service users, staff, and partners into service-level decision-making processes, while noting this requires time and careful communication.
- In any innovation or change project in children's social care, realistic planning should be a key priority. This requires research and scoping in the early stages, to ensure plans are underpinned by relevant evidence and by a clear, plausible logic model.
- Whether heading up change projects or running established services, leaders in children's social care should 'model the model', working with staff and wider stakeholders in a strengths-based, solutions-oriented way. Both the sector and the Department for Education may wish to consider how to address instability of senior leadership within children's social care.



## Introduction to the Innovation Programme

This report provides an overview of key findings from evaluations of the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter). It begins by briefly setting out the scope and purpose of the Innovation Programme, and of the programme of evaluations of funded projects. It then goes on to outline the baseline circumstances from which projects began, and the theories of change underpinning project activities to address baseline issues. Next, the report summarises the approaches taken by evaluations to assess project impact and outcomes, and details key findings from these quantitative analyses. It goes on to explain the key features of practice and services that were found to contribute to good outcomes among children, young people, and families across a range of contexts (from larger scale system change projects to more targeted services). Some projects had a relatively narrow scope, and their evaluations produced more context-specific findings. These are set out in subsequent sections on alternative delivery models, care services, and leaving care services. Taken together the evaluations also produced some overarching lessons on innovation and evaluation in children's social care, which are set out in turn. Finally, the report ends with a summary of overall conclusions and recommendations drawn from the body of evidence across the Innovation Programme as a whole. Table 4 in Appendix 1 sets out a brief description of each project funded in Round 2 of the Children's Social Care Innovation Programme, along with information about the types of quantitative impact or outcomes analysis conducted as part of their evaluations, and a brief description of the results of these quantitative analyses, arranged by project type.

## Scope and purpose of the Innovation Programme

The Children's Social Care Innovation Programme was launched by the Department for Education (DfE) in 2014, to develop, test, and share innovative and effective ways of supporting vulnerable children and young people.<sup>2</sup> Round 1 of the Innovation Programme ran until 2016 and funded 57 projects, each of which was independently evaluated.<sup>3</sup> These independent evaluations, as well as an overview report and 5 thematic reports, were published in 2017. In 2016, further investment was committed to innovation and improvement over the following 4 years. Round 2 of the Innovation Programme funded 50 projects, including 8 projects continued from Round 1 and a further 7 Round 1 projects that successfully applied to become the first Partners in Practice (PIPs). These Partners in Practice received funding to continue testing 'what works', while supporting innovation and improvement across the children's social care sector.

These projects shared the ambition of improving outcomes for children and families by improving practice and systems, but varied in their specific aims, activities, and scope,

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<sup>2</sup> Further information about the Innovation Programme is available [here](#).

<sup>3</sup> For the final evaluation report from Round 1 of the Innovation Programme, produced by the REES Centre at the University of Oxford, see Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

including geographical spread. Over half of all local authorities responsible for children's social care in England (82 in total) were engaged in Innovation Programme and Partners in Practice projects, and just over half of these were engaged in more than 1 project. Twenty-seven of the local authorities received funding directly, while in the remaining cases they were partners to the local authority or other organisation being directly funded.

While some projects aimed to implement relatively large scale system change or workforce development, others worked specifically to improve services for children who are looked after, some focused on services for young people leaving care, and the remainder worked in targeted ways to improve service responses to specific issues, including domestic violence and abuse (DVA), female genital mutilation (FGM), and special educational needs and disabilities (SEND).

## Evaluation of the Innovation Programme

The Opcit Research team coordinated the independent evaluations of 47 of the 50 projects, as well as 8 independent follow-up evaluations of projects that received Innovation Programme funding in Round 1 but not Round 2.<sup>4</sup> This involved developing an evaluation strategy, allocating evaluation teams to projects, quality assuring evaluation plans and draft evaluation reports, and providing ongoing support and challenge to evaluation teams throughout the evaluation period to help ensure evaluations were as robust as possible.

In most cases, evaluations assessed project impact (using quasi-experimental designs wherever possible), processes and costs, using a theory of change approach to explain how and why any impact or outcomes were achieved.<sup>5</sup> Where projects were not aiming to achieve measurable impact on outcomes within the evaluation period or quasi-experimental designs were unworkable (due to extremely small cohort sizes or a lack of plausible comparators), evaluations were not required to assess impact. As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds.<sup>6</sup> Evaluations also, therefore, examined whether and how these practice features were implemented, and whether and how they had any impact on outcomes.

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<sup>4</sup> Two projects were cancelled at an early stage and their evaluations discontinued. A further project, Lighthouse (London's Child House), was part-funded by the Innovation Programme and Opcit Research did not coordinate its evaluation.

<sup>5</sup> For further information on theory of change approaches to evaluation, see [here](#).

<sup>6</sup> For a summary of findings on the 7 features of practice and 7 outcomes from Round 1 of the Innovation Programme, see Spring Consortium (2017) *Learning from the Children's Social Care Innovation Programme: Seven Features of Practice and Seven Outcomes*, Department for Education, available [here](#).

## Children's social care baselines

To set in context our discussion of projects' aims, and lessons on whether and how they were achieved, we briefly outline here the baseline circumstances in which they began and which motivated their innovations.

## Children's social care systems

Many of the evaluations highlight that projects began in the context of increased pressure on children's social care services, as a result of funding cuts or constraints and increased need among children for help, protection, and care. National data for England show that while overall spending on children's services (including non-statutory services) fell by 56% between 2009/10 and 2017/18, spend on children's social care in England increased by 16%.<sup>7</sup> Over this period, as spending on preventative services declined, the number of Section 47 enquiries (undertaken where there is concern that a child is at risk of significant harm) increased by 122%, the number of children on a child protection plan increased by 38%, and the number of looked after children increased by 17%.<sup>8</sup> This national picture of increased demand on children's social care was reflected in the baseline circumstances of many Innovation Programme projects. Decreasing the need for escalation of cases through the system (for example from Early Help to statutory services, or from child in need to child protection status), was a key aim of several Innovation Programme projects, including Camden, Coventry Fact 22, Ealing BMF, Hackney Contextual Safeguarding, Family Safeguarding, Islington PIP, Leeds PIP, Lincolnshire PIP, MTM Signs of Safety, North Yorkshire PIP's Back on Track component, and Richmond and Kingston Achieving for Children PIP.

Other organisational pressures at baseline in some local authorities included high staff turnover, vacancy, and agency rates, though – also reflecting the national picture – this was variable across local authorities. National data show that, at 30<sup>th</sup> September 2018, the national social worker turnover rate was 15.2%, the vacancy rate 16.5%, and the agency staff rate 15.4%, but there were large variations between local authorities (for example, agency rates ranged from 53.8% to 0.9%).<sup>9</sup> Where staffing instability was identified as an issue within Innovation Programme local authorities, it was often associated with frequent changes in children's social workers, which can undermine development of positive relationships with families, and with inefficiencies for services as resources are spent on recruitment and social worker time on familiarisation with cases and practice models.<sup>10</sup> Reducing the number of 'handovers' (changes in social worker)

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<sup>7</sup> Institute for Government (2019) *Children's Social Care Performance Tracker 2019*, available [here](#).

<sup>8</sup> House of Commons Library (2019) *Children's Social Care Services in England: Briefing Paper*, available [here](#).

<sup>9</sup> Ibid.

<sup>10</sup> The Children's Commissioner's (2018) *Stability Index 2018*, available [here](#), reports that the two key factors increasing the risk of children in care experiencing social worker changes are social worker turnover and vacancy rates.

was a key ambition for Hampshire PIP, for example, where high handover rates were considered to be detrimental to both families and practitioners. At Dorset, staff turnover and agency rates were (among other factors) related by the evaluators to low morale among some staff.

Innovation Programme evaluations report that children's services were often responding to increased complexity of local need, as well as risks with which they were less familiar including female genital mutilation (Barnardo's National FGM Centre) and extra-familial harm such as gang-related violence and sexual exploitation (Hackney Contextual Safeguarding).<sup>11</sup> In some areas, projects had identified a need to increase the time available for direct work with children and families, and to address risks to children by providing more holistic, timely and effective support to meet families' needs, including needs relating to mental health, alcohol and substance misuse, and domestic violence and. For example, both Hampshire PIP and Richmond and Kingston Achieving for Children PIP identified a need at baseline to reduce caseloads to give social workers adequate time for effective direct work (with the latter aiming to reduce caseloads from 18-20 to 15 per social worker).

In some cases, projects had identified the need improve relationships, collaboration, and communication between families and children's services, where families lacked trust in services and felt 'done to' rather than 'worked with', or where services lacked the cultural understanding and sensitivity required to work effectively with diverse communities (Camden, Lincolnshire PIP, Richmond and Kingston Achieving for Children PIP). In Camden, for example, the evaluation highlights social workers' views that their 'traditional' ways of working, prior to implementation of the innovation, were 'prescriptive and authoritarian and inhibited families setting their own goals'. Relatedly, In Hampshire PIP, the evaluators note limited evidence at baseline of services spending time with family members to explore and support their motivation to change (though this improved throughout the evaluation period). Within the MTM Signs of Safety local authorities, evaluators described safety planning at baseline as a deficit, with safety plans 'regarded as static documents that were not amended or updated as circumstances changed and which, sometimes, were not even monitored'.

## **Projects for looked after children and young people**

Projects working specifically to improve services for children who are looked after were responding to a number of challenges within the care system and with transitions to independence. Key concerns identified by care services at baseline included:

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<sup>11</sup> This reflects the findings of a 2019 Local Government Association survey of 76 lead members for children's services, which found that 'increased complexity of need' was ranked as the highest issue facing children's social care budgets in 2019/20. The report is available [here](#).

- high expenditure on placements and concerns about inefficient placement commissioning (the Commissioning projects in North and South London)
- insufficient availability of appropriate placements matched to need, including in-borough (Commissioning projects in North and South London, Coram-i)
- processes of matching children to placements that were not always timely, child-focused, and permanency-oriented (Coram-i)
- a need to improve support and training for foster carers and reduce carer turnover (Bradford's Mockingbird component, the national Mockingbird project)
- a need to improve the mix of skill sets within the residential care workforce (Bradford's residential component)
- too much avoidable placement instability (improving placement stability was a key aim of all projects working in this area, including, for example, Inside Out and Mockingbird)
- a need to improve children's support networks and positive, stable relationships, including with former carers or extended family members (Family Rights Group Lifelong Links, Mockingbird)
- a need for better support to address some looked after children's vulnerability to engaging in 'risky behaviours' such as drug and alcohol use, gang involvement, offending behaviour, and frequent missing episodes; and girls' vulnerability to child sexual exploitation (Inside Out)
- poorer outcomes for children in care compared to children not in care across a range of metrics including wellbeing and educational outcomes (all projects working in this area were concerned to improve these outcomes)

The Innovation Programme funded a diverse range of responses to these baseline issues, from placement commissioning consortia to direct interventions with children and young people in care. Baseline data also show substantial variability across the cohorts of young people in care with whom projects worked. For example, average rates of going missing were reported as 0.5 times per year among the Mockingbird cohort of fostered young people, compared to an average at baseline of 33.6 missing episodes per year for participants in the Inside Out project (a central focus of which was to support particularly at risk young people to stabilise in their placements). Nonetheless, one common thread across projects was a concern to improve low levels of wellbeing among looked after children. Both Inside Out and Bradford's B Positive Pathways residential component recorded Strengths and Difficulties Questionnaire scores for young people at an early stage. The average score at Inside Out was 'very high', and over half of young people involved in Bradford's residential component also scored 'very high', meaning they were

facing substantial emotional and behavioural difficulties. Relatedly, qualitative data from the Mockingbird evaluation suggest that, at baseline, their cohort of children in foster care had often had limited opportunities for engaging in activities normally expected for children of their age, such as going for soft play or having sleepovers with friends.

## Projects for young people leaving care

Projects working with young people leaving care identified a need to:

- better prepare care experienced young people for independent living
- tackle the well-evidenced 'cliff edge' of support and lack of appropriate accommodation options faced by this group<sup>12</sup>
- improve outcomes for care experienced young people

All projects working with care leavers shared these ambitions, including Catch 22, Derby Local Area Coordinator, House Project, North Yorkshire's care leaver component, Shared Lives, the 8 Staying Close pilots. The outcomes these projects sought to address included care leavers' increased likelihood as a group, compared to their non-care experienced counterparts, of experiencing financial insecurity and not being in education, employment or training; homelessness and housing insecurity; physical and mental health issues; early pregnancy and child removals; and involvement in criminal justice.<sup>13</sup>  
<sup>14</sup> <sup>15</sup> <sup>16</sup> <sup>17</sup> <sup>18</sup> <sup>19</sup> In terms of wellbeing and safety, for example, Shared Lives reported issues facing their cohort at baseline included bullying or harassment, risk of sexual exploitation, substance and alcohol abuse, self harm, and suicide attempts. In Derby, baseline data suggest many young people were experiencing mental health issues that significantly affected their wellbeing, confidence, and other areas of their lives.

Some of the projects (the House Project, Shared Lives, and Staying Close) directly provided accommodation options to young people leaving care, along with other forms of

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<sup>12</sup> Department for Education (2016) Keep on caring: Supporting young people from care to independence, available [here](#).

<sup>13</sup> Department for Education (2019) *Children looked after in England (including adoption and care leavers) year ending 31 March 2019*, available [here](#).

<sup>14</sup> Gill, A. and Daw, E. (2017) *From care to where? Care leavers access to accommodation*, Centrepoint Policy Report, available [here](#).

<sup>15</sup> Baker, C. (2017) *Care leavers' views on their transitions to adulthood: a rapid review of the evidence*, Coram Voice Report, available [here](#).

<sup>16</sup> National Audit Office (2015) *Care Leavers' transition to adulthood*, Report for the Department for Education, available [here](#).

<sup>17</sup> Fallon, D., Broadhurst, K., & Ross, E. (2015) *Preventing unplanned pregnancy and improving preparation for parenthood for care-experienced young people: A comprehensive review of the literature and critical appraisal of intervention studies*, Report for Coram, available [here](#).

<sup>18</sup> Botchway S, Quigley M and Gray R (2014) 'Pregnancy Associated Outcomes in Women who Spent some of their Childhood Looked After by Local Authorities: Findings from the UK Millennium Cohort Study', in *BMJ Open*, 4(12), available [here](#).

<sup>19</sup> Dixon, J. (2008) 'Young people leaving care: health, well-being and outcomes', in *Child & Family Social Work*, 13(2), 207-217.



support to address needs relating to mental health and wellbeing, life skills, and education, employment and training. Importantly, these evaluations raise issues relevant to the practice of recording 'independent living' (the most common type of accommodation for care leavers after the age of 18, nationally) as 'suitable accommodation' on administrative systems. Each of the evaluations of projects providing accommodation options highlight the serious lack of adequate preparation for independent living afforded to care-experienced young people. This chimes with findings from evaluations of Innovation Programme projects for looked after children, which highlight how strictly regulated and regimented life in care can be.

## Other targeted projects

The Innovation Programme funded a range of projects to address previously unmet need. Three projects (Greenwich's SafeCORE, Newham's NewDAy, and Slough) worked specifically with whole families experiencing domestic violence and abuse (DVA). While NewDAy and Slough worked with cases at a range of levels of risk, SafeCORE worked only with families below thresholds for statutory intervention, who would not under 'business as usual' arrangements have received any support of this kind from children's social care. Baseline issues these projects intended to address included the high prevalence of DVA in cases referred to children's social care, low levels of provision of evidence-based support to whole families including perpetrators and thus continuation and escalation of risks, and high rates of re-referrals for DVA as problems were not adequately addressed. At Greenwich, for example, the SafeCORE evaluation found high rates of referrals, child and family assessments, and repeat contacts where DVA was a presenting factor, with 2044 contacts with social services for DVA in the year 2015/2016. Similarly, at Newham, the NewDAy evaluation notes prevalence of DVA in 32% of child in need cases, 60% of child protection cases, and 27% of looked after children cases at baseline. Each of these projects sought to address ineffective, inconsistent historical practice with families (and particularly low levels of professional engagement with perpetrators, including a lack of strengths-based approaches that support perpetrators to understand the impact of abuse on children and change their behaviour), on the basis that intensive, therapeutic support that engages perpetrators, while complex and challenging, would lead to improvements to children's safety and wellbeing.

Other projects intending to fill important gaps in service provision at baseline included the Barnardo's National Female Genital Mutilation Centre project, which sought to address deficits in professional knowledge, skills, and confidence in recognising and responding to risks of FGM and other harmful practices.

Calderdale's Positive Choice project and Pause both sought to address similar problems, including a lack of effective support for women who have children removed from their care and correspondingly high rates of recurrent removals, as well as a lack of support for care experienced young women who may be at risk of having children removed from their care. While Calderdale worked intensively with vulnerable pregnant women and

Pause worked with non-pregnant women, the basis of both projects was that the 'business as usual' absence of support for these cohorts by children's social care was not only damaging for the women themselves, but hugely costly in financial terms for local authorities.



## Innovation Programme theories of change

Theories of change describe how projects or programmes seek to achieve their aims. The theory sets out the project's intended outcomes, and describes how and why project activities are expected to lead to those outcomes.<sup>20</sup> This can strengthen both implementation and evaluation, by improving understanding of how change is expected to occur and providing a framework to guide development of evaluation indicators and topics to gather evidence on. Evaluations can then test theories of change by examining not only whether outcomes occur as expected but also how and why any changes occur, to identify lessons on enablers of and barriers to positive change.

Thematic analysis of Innovation Programme and Partners in Practice theories of change identified that, despite the diversity of funded projects, there is a degree of commonality across projects' intended outcomes and activities. Most aimed to create better outcomes for children and young people, parents, families, carers, staff, and/or children's social care services, through making changes to practice and systems.

From an early stage in the evaluations, it was clear that most projects and the key research questions of their evaluations, were either organised around particular population or need groups or related to wider system and organisational change. These groupings, and their theories of change, are as follows:

- **Children in need of help and protection will have** improved safety, stability, wellbeing, and educational outcomes **through** early identification of needs and coordinated multi-disciplinary support that builds on the strengths of the family.
- **Looked after children will have** more stability in their placements and feel better supported with more positive futures **through** better supported carers, better matched placements, and coordinated and consistent support from services.
- **Young people leaving care will be** more financially stable, more engaged in education, employment or training, and in more appropriate accommodation, with higher wellbeing, **through** the support provided by carers and professionals, improved networks within their communities, and (in some cases) an accommodation offer.
- **Families experiencing domestic abuse will experience** a reduction in risk of abuse occurring, and greater safety, stability and wellbeing **through** skilled multi-disciplinary teams who work with the whole family to address risks.
- **Whole social work systems will have** greater workforce stability, and more consistent high quality practice that works in partnership with families and across services, and achieves better outcomes for children and families, **through** new

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<sup>20</sup> Theory of change formats are diverse but, often, they take the form of a graphic setting out project inputs, activities, outputs, shorter- and longer-term outcomes, mechanisms of change and the assumptions of the theory.

methods of social work practice, training, and reconfiguration of service and team structures and processes such as supervision.

In addition to these groupings, some projects had more singular theories of change, reflecting their targeted focus (for example, Barnardo’s National FGM Centre sought to reduce risk of FGM through improving early identification of and support to address risk).

An overview of the most common intended outcomes from projects’ theories of change is provided in table 1 below. Not all projects set out to achieve all of these outcomes (projects focused on large scale system change tended to have the broadest range of intended outcomes), but most projects aimed for impact in at least some of these areas.

The ways in which projects intended to achieve these outcomes varied but, overall, most projects aimed to achieve their outcomes by making changes to practice and systems that fall into the categories set out in table 2 below.

**Table 1: Common Intended Outcomes in Innovation Programme Theories of Change**

<b>Intended Outcomes by Group</b>		
<p><b>Children and young people</b></p> <ul style="list-style-type: none"> <li>- Experience improved safety, wellbeing, stability, resilience, relationships, educational engagement and attainment, and life chances; engage in less risky behaviours; and feel better supported.</li> <li>- Children in care have more stable placements and fewer missing episodes.</li> <li>- Care Leavers are more financially stable and in more appropriate accommodation and EET.</li> </ul>	<p><b>Staff</b></p> <ul style="list-style-type: none"> <li>- Are highly skilled, knowledgeable, and confident</li> <li>- Feel supported by the wider system (e.g. team, supervision, management, training, tools, IT)</li> <li>- Have high wellbeing and satisfaction with both their current role and career opportunities</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>- Has the right mix and level of skills</li> <li>- Is more satisfied and stable, with improved turnover, agency, and sickness rates.</li> </ul>	<p><b>Services</b></p> <ul style="list-style-type: none"> <li>- Experience reduced demand due to effective support provided to families at the right time (e.g. reduced CPP, LAC, escalation, and re-referral numbers/rates, and increased de-escalation)</li> <li>- Have more efficient internal processes</li> <li>- Achieve more coherent, efficient, and effective partnership working across agencies</li> <li>- Achieve sustainable cost reductions or better value for money</li> </ul>

<b>Parents</b>	<b>Carers</b>	<b>Families</b>
<ul style="list-style-type: none"> <li>- Feel supported by and have better relationships with services</li> <li>- Take ownership of change</li> <li>- Experience better outcomes in mental health, alcohol and substance misuse, and domestic violence and abuse</li> </ul>	<ul style="list-style-type: none"> <li>- Are well supported by peers and services</li> <li>- Are well trained and have the understanding and skills they need</li> <li>- Have high wellbeing and satisfaction in their role               <ul style="list-style-type: none"> <li>- Continue caring</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Feel supported by and have better relationships with services</li> <li>- Are safer and more stable and resilient, with better family relationships, and more families able to stay together safely or be safely reunited</li> </ul>

**Table 2: Common Areas of Practice and System Change in Innovation Programme Theories of Change**

<b>Common Areas of Practice and System Change</b>		
<p><b>Evidence-informed practice methodologies</b></p> <ul style="list-style-type: none"> <li>- Promoting understanding of evidence, and of concepts and theories</li> <li>- Promoting shared language, values, and ways of working</li> </ul>	<p><b>Team structures</b></p> <ul style="list-style-type: none"> <li>- Getting the right configuration of team roles and mix of skill sets, as well as team remits, protocols, thresholds, and referral pathways</li> </ul>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>- Ensuring a clear vision is communicated well, and widely understood</li> <li>- Modelling the model and providing relevant support and permissions.</li> </ul>
<p><b>Intervention techniques and tools</b></p> <ul style="list-style-type: none"> <li>- Supporting skilled practice in line with evidence-informed practice methodologies</li> </ul>	<p><b>Service structures</b></p> <ul style="list-style-type: none"> <li>- Getting the right configuration of services and teams, including service front doors, remits, protocols, thresholds, and referral pathways</li> </ul>	<p><b>Culture</b></p> <ul style="list-style-type: none"> <li>- Promoting normative values, attitudes, behaviours, and priorities that support good practice in line with evidence-informed practice methodologies</li> </ul>
<p><b>Training staff</b></p> <ul style="list-style-type: none"> <li>- Ensuring understanding of and skills in evidence-informed practice methodologies</li> <li>- Promoting shared language, values, and ways of working</li> </ul>	<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>- Fostering efficient, effective, coordinated partnership working, good communication and relationships, and shared responsibility for outcomes</li> </ul>	<p><b>Recording and IT</b></p> <ul style="list-style-type: none"> <li>- Efficient, accessible, and in line with practice model</li> <li>- Supporting inter-agency working (in some cases)</li> </ul>

<b>Supervision</b>	<b>Direct work</b>	<b>Assessment</b>
<ul style="list-style-type: none"> <li>- Developing team and staff strengths and confidence, providing (often multi-disciplinary) input on cases, and ensuring focus on children, families, and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>- Providing more time for skilled, strengths-based, relational direct work</li> <li>- Taking approaches in line with practice methodologies, techniques, and tools</li> </ul>	<ul style="list-style-type: none"> <li>- Ensuring performance metrics measure what is important about practice and outcomes</li> <li>- Ensuring accountability processes encourage learning and reflection</li> </ul>

## Summary of approaches to assessing impact

Evaluations were strongly encouraged by the Department for Education to reach high standards of evidence, particularly with regard to assessing project impact. Where possible, populations receiving Innovation Programme interventions were matched with comparison groups, and changes in outcomes over time were compared between these groups. This enabled assessment of whether outcomes observed among intervention groups could be attributed to project activities. It is important to note, however, that while these kinds of quasi-experimental evaluation design hold significant value in demonstrating project impact, they can often be difficult to achieve in the context of children’s social care services, and were not always feasible. In several cases, very small intervention group sizes, a lack of genuinely comparable comparison groups, or difficulties accessing high quality data from comparators restricted evaluators’ ability to conduct comparative impact analysis. Where possible, these evaluations assessed changes in outcomes among interventions groups, or conducted more limited comparative analysis. Where projects were working with extremely small cohorts (for example, fewer than 5 people), outcomes were not reported, to protect participants’ anonymity. There was also a need to be flexible and adjust evaluation approaches where projects were subject to significant delays that meant they no longer expected to achieve impact on outcomes within the evaluation period: in these cases, evaluations were re-purposed to assess only project processes, rather than including evaluation of outcomes or impact.

In total, 10 evaluations delivered ‘stronger’ comparative analyses including measures of statistical significance; 7 delivered ‘moderate’ comparative analyses not including any measure of statistical significance; 2 delivered ‘compromised’ comparative analyses that included measures of statistical significance but could not rule out selection bias and therefore have compromised validity; 17 evaluations assessed changes in outcomes among target populations but did not include comparative analyses; and 10 evaluations did not report on quantitative outcomes or impact.

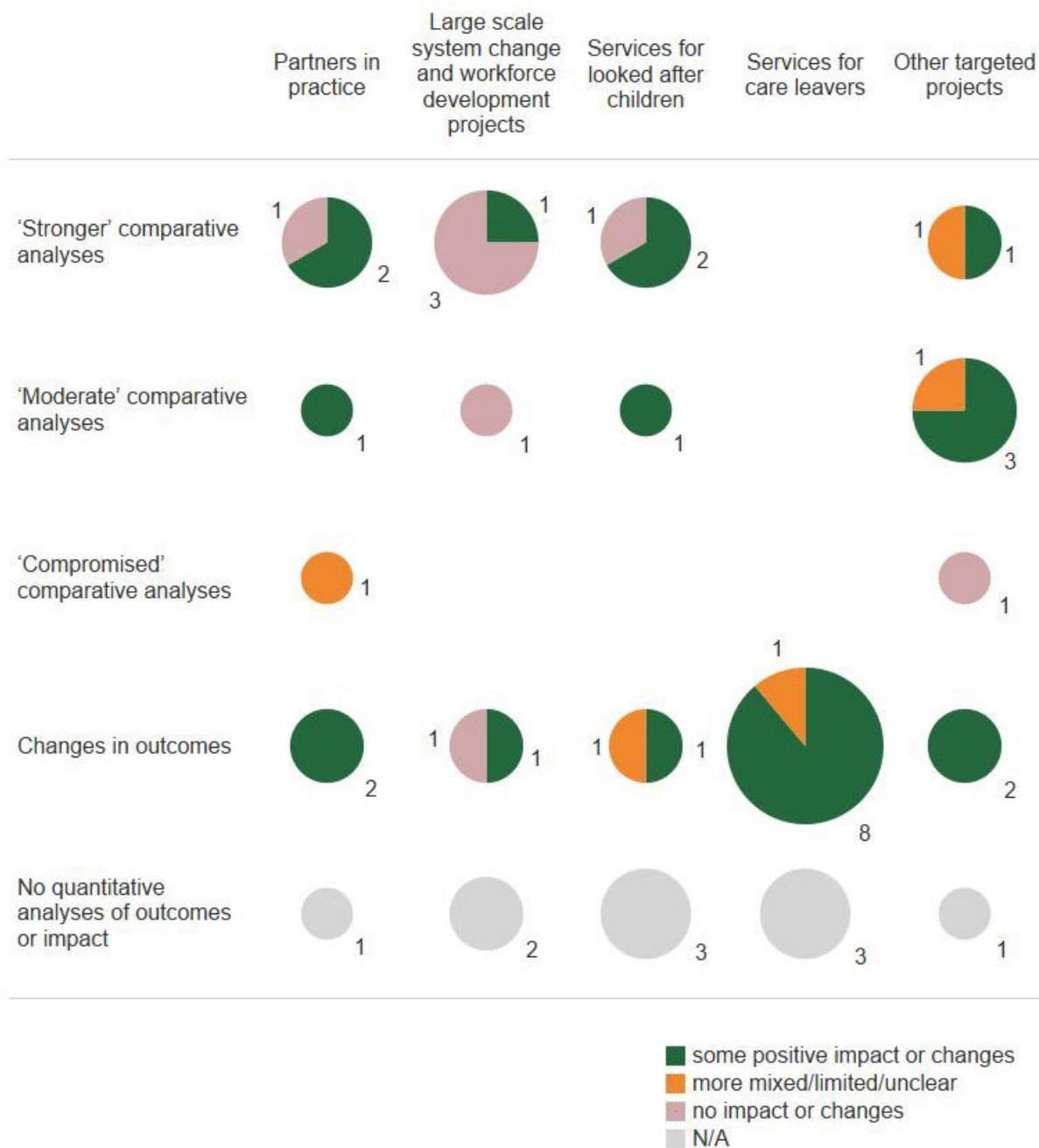
**Table 3: Overall summary of types of impact/outcomes analysis and findings**

<b>Strength of impact or outcomes analysis</b>	<b>Number of evaluations</b>	<b>Of these, positive results</b>
‘Stronger’ comparative analyses including measures of statistical significance	10	5
‘Moderate’ comparative analyses not including measures of statistical significance	7	4

'Compromised' comparative analyses including measures of statistical significance, which cannot rule out selection bias and therefore have compromised validity	2	0
Analyses of changes in outcomes among target populations but no comparative analyses	17	14
No analyses of quantitative outcomes or impact	10	N/A

Table 4 in Appendix 1 sets out the type of quantitative impact or outcomes analysis conducted by each project evaluation, along with a brief description of the results of these quantitative analyses, arranged by project type. Figure 1 below provides a very high level illustration of the results of quantitative analyses, by type of analysis and project group. These show that, of the 38 evaluations assessing impact or outcomes, the majority (23) demonstrated some positive impact or positive changes to key evaluation outcomes. Grouping together projects by type also shows that the majority of projects in each group, other than large scale system change and workforce development projects, produced promising evidence of positive impact or progress on key outcomes. In every group, the strength (that is, level of robustness) of evidence is mixed, but it is notable that evaluations of services for care leavers were unable to achieve very robust comparative impact analyses. (The care leaver projects tended to work with small cohorts and, while some evaluators tried to collect evidence from care leavers receiving 'business as usual' services in the area, they faced extremely low response rates.)

**Figure 1: High level summary of findings, by type of impact/outcomes analysis and project group**



## Impact and outcomes of Innovation Programme projects

Evidence from Innovation Programme evaluations on project outcomes and impact is set out below, by cohort group.

### Children in need of help and protection

The evaluations with the most robust quantitative evidence of positive impact in this area were of Family Safeguarding, which found statistically significant reductions in child protection plans, and Richmond and Kingston Achieving for Children PIP, which found that family coaching had a significant impact on step-downs in social care classification when done for seven months or more – though not when done for less. The Triborough PIP evaluation did not report on statistical significance, but found a larger reduction in the rate of child protection plans (18.5 fewer per 10,000 children) compared to a comparison group of similar local authorities (7.6 fewer per 10,000 children), and a reduction in the rate of child in need plans (of 75.8 fewer per 10,000 children) compared to an increase among the comparison group.

Less robust, non-comparative, though still positive evidence was provided by the Hampshire PIP evaluation, which found a reduction in demand for child protection plans by approximately 12% in the two-year period to March 2020, as well as a reduction in the proportion of child protection plans that were repeated during a two-year period. Case file analysis suggested a 13% improvement in families ‘becoming resilient’ by the end of a statutory intervention during the evaluation period.

The Leeds PIP evaluation found a slight increase in children with a child protection plan in their Restorative Early Support cluster areas, but notes this ‘may be partly explained by the more intensive, relational work undertaken by RES resulting in more issues of concern coming to attention than might have before’. Similarly, in Coventry, evaluators found quantitative evidence that FACT22 led to reduced re-referrals, reduced case closures, increased case duration (the length of time a child in need plan is open for) and increased escalations (from a child in need plan to a child protection plan) compared to a comparator group. Evaluators suggest increases in case length and escalations were driven by practitioners’ having greater awareness of challenges faced by families, while reduced re-referrals were driven by more effective support leading to greater long-term stability. The evaluation of Islington PIP also found a statistically significant increase in the probability of child in need referrals escalating to child protection plans or looked after child within 12 months.

Evaluations that found no statistically significant impact on rates of child in need or child protection plans, and/or escalations and de-escalations, included Camden, Dorset, and MTM Signs of Safety.



## Children in and on the edge of care

### Reducing the need for care

A range of larger scale system change projects and more targeted projects aimed to reduce numbers of children in or entering care. Robust assessment of the impact of Family Safeguarding found statistically significant reductions in looked after children numbers as a result of the project. The evaluation of Triborough PIP found the rate of looked after children per 10,000 increased by 0.3 between 2014 and 2019, but notes that this rate increased by 8.3 per 10,000 over the same period among the comparison group of similar local authorities.

The Pause project was found through robust impact evaluation to have reduced the number of infants entering care by an average of 14.4 per annum per local authority. The evaluation of Calderdale's Positive Choices project also found better outcomes among the intervention cohort than among a comparison group, including that 'in the longer term, over periods of up to 3 years and an average of 19 months post-intervention, a significantly greater proportion (68%) of the Positive Choices children have been able to remain living at home with parents without substantial including ongoing statutory support or plans, compared with only 37% of the retrospective cohort where outcomes could be ascertained'.

In Havering, less robust (non-comparative) assessment of outcomes suggests the edge of care service successfully reduced risk for children, with the majority (77%) of cases stepped down or closed, and notes that the Face to Face Pathways project exceeded expectations of reducing care entry by 10% and multiple care episodes by 15%. Non-comparative analysis of outcomes in Hampshire PIP also suggests some positive indications, with a reduction in the number of children becoming looked after of approximately 15% over the year from 2018/19 to 2019/20 (though this uses provisional figures), and an increase in the number of children leaving care (other than for adoption or as older 'care leavers') as a result of successful reunification with their birth family. Case file analysis was reported to find a 7% to 16% increase in the likelihood of children being able to remain safely at home after a statutory plan.

Impact analyses for MTM Signs of Safety and The Adolescent and Children's Trust (TACT) found no impact on rates of looked after children.

### Improving outcomes for children in care

Among those projects working to improve outcomes for children who are looked after in foster or residential care, some positive outcomes were seen. The evaluation of Bradford's B Positive Pathways found 'improved risk profiles for the cohort of children and young people supported through the residential component, with association to risk along several indicators (such as substance misuse, self-harm, missing episodes and

other behaviours requiring police intervention, and child sexual exploitation) declining across the course of the programme intervention'. There were also indications of placement stability: by the year ending December 2019 (evaluation endpoint), the average length of stay for all children and young people (aged 9 to 18) placed across the 3 specialist homes was recorded as 537 days, compared to 273 days recorded for Bradford's 4 mainstream residential homes. Analysis of data provided by the outreach service demonstrated that most adolescents considered to be on the edge of care (just over 90% of closed cases at evaluation endpoint) were diverted from a care placement.

The evaluation of The Fostering Network's Mockingbird project found better outcomes among Mockingbird carers than comparator carers, but no statistically significant impact yet for children and young people. Comparing young people involved in Mockingbird with comparators, there was no statistically significant difference in the number of unplanned placement endings, nor in the number of times they were recorded as missing and how long they were missing for. As highlighted elsewhere in this report, however, qualitative evidence did provide indications that the project had benefited children and young people. There was positive evidence from administrative data that foster carers who were participating in Mockingbird were less likely to de-register than those who were not: the evaluation reports that 'accounting for differences between the households, those who participated in Mockingbird were 82% less likely to de-register than households who did not participate'. There was also evidence that foster carers who participated in Mockingbird had higher levels of wellbeing than other foster carers (as measured by a standardised tool via online surveys), and were more likely to feel that they were usually or always treated as an equal by their foster child's social worker.

Impact evaluation of Inside Out also provided evidence of some improved outcomes for children in care. It found a statistically significant decrease in missing episodes over the last 12 months, from 34 to 6 a year later. It also found a marginally significant increase in placement stability, from an average of 4.1 placements over the last 12 months, to an average of 2.2 a year later.

## Young people leaving care

Evaluations of projects working with care leavers tended not to conduct quasi-experimental or comparative assessments of impact, even where it was initially hoped this would be feasible, largely due to relatively small sample sizes and a lack of plausible comparators.

Some positive changes in outcomes were found among care leavers involved with Shared Lives, particularly with regard to vulnerability to risk relating to sexual exploitation, violent and aggressive behaviour, and substance misuse. Of the 65 young people placed with Shared Lives carers, analysis of monitoring data identified that 51 young people remained with the same carers. There was almost no change in the number of young people in education, employment, and training at referral (39), and follow-up (38). The

evaluations of Staying Close, where these reported on outcomes, also suggested some positive indications. At the Break Staying Close pilot, for example, the evaluation found positive progress across a range of outcome areas. This included reductions in crime, anti-social behaviour, and drug use over time; an increase in engagement in education, employment and training (from 44% at baseline to 59%); and an increase in young people's wellbeing, life skills, and social connectedness (as indicated by standardised measures).

In North Yorkshire, evaluation of the impact of the care leavers strand of work found signs of an increase in the proportion of care leavers in suitable accommodation, and in education, employment, and training when compared to similar local authorities, though this was not statistically significant. In Havering, outcomes evaluation of the care leavers strand generally found no improvements for care leavers, other than in the proportion of unaccompanied asylum-seeking children who were not in education, employment, and training, which declined from 42% to 13%.

## **Families experiencing domestic violence and abuse**

The 3 projects focused primarily on providing improved services for families experiencing domestic violence and abuse each provided evidence of some positive outcomes, though this varied in quality and robustness. For those receiving the Inspiring Families Programme intervention in Slough, the evaluation suggests that time spent as a child in need, on a child protection plan, and as a looked after child was less than that among a matched comparison group, though these differences were not statistically significant. The Greenwich SafeCORE evaluation provided less robust evidence, but there were signs of some good outcomes. Notably, families involved in the SafeCORE project appeared to achieve more co-produced goals and improved on more self-identified problems compared to those not receiving the intervention.

The evaluation of Newham NewDAY also provides some evidence of good outcomes: 81% of children and young people whose families received support from NewDAY reduced their level of risk as indicated by de-escalations through statutory categories (for example from CPP to CIN or case closed). This was compared to de-escalations among the comparison group for 57%. The NewDAY cohort was also very slightly more likely to experience an escalation in risk through escalating through statutory categories of support (7% compared to 4%), but escalations in the comparison group tended to be more substantial. The evaluators also suggest, on the basis of their analysis of case files, that NewDAY had a medium to high impact on reducing the children's experience of, or witnessing of, domestic abuse (in 65% of cases), and improving their feelings of safety (in 60% of cases), the levels of wellbeing (in 74% of cases), the health of their family relationships (in 80% of cases), and the educational engagement and achievement (in 77% of cases).

## Cost benefits

A synthesised cost benefit analysis comparing projects' relative costs and benefits has not been possible due to the variation in project and evaluation design. While assessments of project impact and costs were designed to be as robust and meaningful as possible, this required tailoring approaches to project circumstances. This, in turn, means findings from across the Innovation Programme are not sufficiently consistent to allow for meta-analysis of cost benefits. It should be noted that whether or not cost savings are achieved by an intervention is only demonstrable through a cost benefit analysis where there is strong evidence that the intervention is the cause of observed outcomes. This is dependent on evidence of impact being produced through strong comparative analyses, which, as we have seen, not all evaluations were able to deliver. Cost benefit analyses within Innovation Programme evaluations therefore have varying levels of robustness, as indicated in the discussion below. Overall, fewer cost benefit analyses than expected were conducted: several evaluations had scheduled collection of cost data towards the end of the evaluation period but were unable to carry this out due to restrictions relating to the Covid-19 pandemic. (For further discussion of this point, see the section on lessons for evaluation in children's social care.)

While fewer cost benefit analyses than expected were conducted, the evaluations have provided evidence that some innovative approaches to children's social care services have both improved outcomes for their cohorts and reduced costs for local authorities.

### **Achievement of savings required initial investment:**

Regarding larger scale system change projects that demonstrated or suggested substantial savings to local authorities (in particular, Family Safeguarding and Triborough PIP), the evaluations do not suggest outcomes are attributable to any single factor in isolation. It is notable, however, that – like other projects with positive outcomes – there was a strong emphasis within both projects on using the Innovation Programme investment to increase capacity for strengths-based, multi-disciplinary work with children and families.

Innovation Programme evaluations also showed that high intensity work with cohorts otherwise expected to be at high risk of negative outcomes (that are costly for children's services) may be initially expensive but can pay off in fiscal terms. This was clearly demonstrated in the cases of Inside Out and Pause, for example.

Taken together, the evaluations of Pause and Calderdale provide a compelling case for investment in intensive support services for pregnant and non-pregnant women who are at high risk of future child removals.

### **Returns on investment can take time:**

In some cases, positive returns on investment may be seen within relatively short periods, but in other cases this will take longer. This speaks to the importance of assessing the fiscal impact of investment over a sufficiently long timeframe.

It also suggests there may be advantages to introducing longer term frameworks for budgeting of children's services.

To illustrate, while the evaluations of the 3 projects focused on delivering domestic abuse services were unable to demonstrate cost benefits within the evaluation period, this should not be interpreted as meaning such services inevitably have a net cost. NewDAy, in particular, was close to breaking even and may yet do so over a slightly longer period of time if the very positive outcomes are sustained. For further discussion of the implications of these points, please see the section below on 'Improving practitioner and service capacity'.

**Strong evidence of cost benefits:** Strong evidence of overall cost benefits was delivered by the evaluations of Family Safeguarding, Inside Out, and Pause. Based on reductions in looked after children and child protection plans alone, annual savings from Family Safeguarding exceed the annual delivery costs within two years, and the break-even point (when cumulative savings exceed cumulative costs) occurs shortly after. For Inside Out, the evaluators found the programme costs about £16,900 per participant, but suggest the current and future benefits outweigh these costs, with a calculated benefit to cost ratio of around 2.5. For Pause, the estimated benefit to cost ratios associated with detected effects are £4.50 per £1 spent on Pause over 4 years and £7.61 per £1 spent over 18 years.

**Domestic violence and abuse services:** Among projects working with families experiencing domestic violence and abuse, the cost saved by the DAARR project at Slough, through reduced time spent at each statutory status over 2 years, was estimated to be £194,262 for 78 families. Once the cost of delivering the DAARR workstream was considered, however, the estimated net cost was £307,335 over two years. For Slough's Innovation Hub (which was ended by the project before the end of the evaluation period), the possible saving in the cost of services was £350,262 over 2 years for 228 families. Once the cost of delivering the Innovation Hub was factored in, the estimated net cost was £559,469 over 2 years. The analysis therefore demonstrates that the project did not achieve cost savings within the evaluation period. At Greenwich SafeCORE, the average saving per family was estimated at £14,701 for 12 families who engaged with and completed SafeCORE and £9,459 for 25 families who were eligible but disengaged and did not complete the intervention. This does not, however, factor in the cost of the service, and the analysis does not enable confident attribution of estimated savings to the project. The evaluators of Newham's NewDAy project estimate the project reduced the service use of the 74 families it worked with by 56%, or £138,549.60 over one year, compared to a comparison group. While, after factoring in the costs of delivering the

project, they found that NewDAy operated at an estimated net cost of £31,828.20 per year, the evaluators highlight that this does not take into account future savings that may be accrued as a result of children experiencing reduced risk.

**Larger scale system change projects:** Among larger scale system change projects with less robust indications of cost savings, at Triborough PIP, combining the estimates of cost savings relating to the number of looked after children (£11.7 million), the number of children on child protection plans (£1.51 million), the number of children in need besides those on child protection plans (£0.993 million) and the lower reliance on agency social workers (£0.853 million), the total economic benefit (before costs) associated with the programme across LBHF, RBKC and WCC was estimated to be £15.05 million. Total investment in the project since 2014 was £7.95 million, suggesting a net benefit of £7.1 million and a benefit to cost ratio of 1.89 associated with the Triborough PIP programme in the three local authorities (for every £1 spent, approximately £1.89 was saved). At Havering, estimated costs saved through the Families Together team were approximately £150,000 per annum. Over a 2 year period, the total costs avoided through Face to Face Pathways were estimated at around £750,000, and when innovation set-up costs were taken into account, estimated cost savings were just over £12,000.

**Care:** Several further evaluations of projects working to reduce the need for entry to care, or improve outcomes for young people in and leaving care, produced indications of potential cost benefits, though these were not based on comparative impact analyses. The evaluators of Calderdale's Positive Choice project estimate that the DfE investment of £440,000 over 3 years has resulted in savings of at least £781,744 directly accruable to the local authority, through reducing risk to children and the need for entry to care. The Bradford evaluation focused on 2 monetisable outcomes: diversion from care placements and reductions in police involvement associated with missing episodes and involvement in criminal behaviours. Estimates of the return on investment were calculated based on assumptions of low, medium, and high levels of attribution of outcomes to project activities. A ratio greater than 1 was evident at both the medium and high levels: 1.4 for the medium scenario, suggesting that for every £1 invested in the programme there is a potential saving of £1.40. For The Fostering Network's Mockingbird project, based on a cost benefit analysis that included 6 monetisable benefits, the return on investment for the Mockingbird programme was calculated as 0.99 (for every £1 spent, there was a saving of 99 pence).

**Leaving care:** Among projects for care leavers, at Shared Lives, analysis suggests that in 2 of the 3 intervention sites business as usual accommodation options would have cost more than the intervention accommodation. The evaluation of the Break Staying Close pilot suggested indicative net savings associated with pre- and post-intervention outcome data. These were fairly modest in relation to the cost of delivering the SCSC project (£1,186,576), ranging from £70,356 to £140,710 over 1 year. Placement cost savings (£1,614,736) accounted for the majority of the total indicative savings. Similarly to Bradford, cost analysis of the House Project employed an attribution ratio approach.

Using an attribution level of 50% (assuming half of any observed changes in outcomes are attributable to the project), this analysis suggested potential savings of £2 for every £1 invested in the House Project from year 3.

## **Follow-up evaluations of Round 1 projects**

In addition to evaluations of projects funded in Round 2 of the Innovation Programme, 8 independent follow-up evaluations of projects that received funding in Round 1 but not Round 2 were conducted. These were very lean, light touch evaluations that were commissioned primarily to assess if quantitative outcomes had been sustained or changed after Innovation Programme funding had ended. The projects ranged in scope, from whole system reform projects, to those more focused on improving services for children in need, young people in and on the edge of care, families experiencing domestic abuse, and families in pre-proceedings. Generally, across these evaluations, there are few signs of substantial or sustained positive changes in or impact on intended outcomes, with most showing quite mixed results. Further qualitative analysis would be required to explore the reasons for this. An overview of the findings from each of the 8 follow up evaluations is provided in Appendix 2.



## What does the evidence suggest contributed to good outcomes?

Overall, evidence from evaluations of the Innovation Programme suggests various aspects of practice, and of service structures and processes, were key to achieving good outcomes for children and families. It is important to note, as the individual evaluations do, that it is often difficult to disentangle which elements of a project were more or less influential on outcomes, and – in cases where projects led to good outcomes – whether only some or all elements together made the difference. However, looking across the body of quantitative and qualitative evidence as a whole, it is clear that those projects with the most promising evidence of impact or progress on outcomes also showed evidence of delivering practice that was relationship-based, strengths-based, and holistic, in the sense of addressing multiple issues in a joined-up and coherent way. The evidence also identified several aspects of children’s social care service systems that were often fundamental to achieving good outcomes. Key systemic enablers of improved outcomes across a wide range of cohorts included: improving practitioner and service capacity; using shared, evidence-informed practice methodologies and tools; providing training as part of a wider programme of work; providing integrated multi-disciplinary support enabled by group case discussion among skilled specialists; improving multi-agency collaboration; and engaging in thoroughgoing consultation on and/or co-production of services.

## Features of practice contributing to good outcomes

### **Key messages:**

There is evidence from across the Innovation Programme of effective practice having the following characteristics:

- Relationship-based: building consistent, trusting relationships, and providing time for this
- Strengths-based: bolstering and leveraging strengths and resources to identify solutions and working together to support progress towards positive outcomes
- Holistic: providing multi-faceted support to address multiple needs and issues in a coherent, joined-up way

This section discusses findings from the evaluations of Calderdale’s Positive Choices, Camden, Greenwich’s SafeCORE project, Havering’s Face to Face Pathways, Inside Out, Leeds PIP, Lincolnshire PIP, Pause, Richmond and Kingston Achieving for Children PIP, and Triborough PIP.



What does good practice with children, young people and families look like? Despite the variety in practice methodologies used across the Innovation Programme, some broad characteristics of practice can be identified across projects that were successful in promoting engagement and achieving good outcomes. These qualities were described by evaluators (usually on the basis of staff and service user reports, and sometimes direct practice observation, triangulated with findings on outcomes) as enabling engagement with intervention and progress on outcomes across a range of cohorts, from children and adult family members, to young people in care and leaving care. Common to most approaches within effective projects were the centrality of building consistent, trusting relationships, and providing time for this; the focus on bolstering and leveraging strengths and resources to identify solutions, and working together to support progress towards positive outcomes; and the provision of multi-faceted (often multi-disciplinary and sometimes multi-agency) support that could address multiple needs and issues, including those relating to the wider relationships and social contexts in which individuals and whole families are embedded, in a holistic, joined-up and coherent way. That is, the principles underpinning practice in these projects were that it should be relationship-based, strengths-based, and holistic.

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the Round 1 of the Innovation Programme led the DfE to identify 7 'features of practice' to explore further in subsequent rounds: strengths-based practice; systemic theoretical models; multi-disciplinary skill sets; group case discussion; family focus; intensity and consistency of practitioner; and skilled direct work.<sup>21</sup> Findings from Round 2 provide further evidence that these factors can, when supported by enabling service structures and processes, facilitate engagement with services and progress towards good outcomes. As this report indicates, however, they should certainly not be seen as the only, or even necessarily the most important, factors.

**Relationship-based practice** recognises the importance of effective relationships and connections in promoting successful outcomes, and attempts to foster the kinds of consistent, mutually trusting and respectful relationships between practitioners and children, young people and families through which motivation and opportunity for change can be created.

Delivering relationship-based practice was a core aim of almost all projects involving any kind of direct work between practitioners and children, young people and adults, regardless of cohort, and widely cited as a key enabler of good outcomes in successful projects. Some projects (for example, Essex's successful Inside Out project), focused strongly on developing emotional connections or therapeutic relationships, within which

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<sup>21</sup> Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

children, young people or adults felt comfortable drawing support from practitioners. In a few cases, relationship-based practice also had a distinctly egalitarian element, flattening status hierarchies between practitioner and service user to create a degree of relational equality (that is, viewing and treating each other as equals). Within the Pause project in particular, this was found to contribute to a 'reconfiguration of self' that supported women to feel more empowered 'to secure their rights and maintain positive trajectories of change in the face of ongoing challenges within complex and structurally disadvantaged lives'. In some projects (for example, Camden's Right Balance for Families), there was a recognition that more 'traditional' didactic approaches had previously undermined trust in and engagement with services, and a focus on replacing these with more collaborative approaches within which trusting relationships could be fostered and effective support provided.<sup>22</sup>

**Strengths-based approaches** recognise individuals as the experts on their own situations and as agents of change, and require working collaboratively to agree goals and leverage strengths to help overcome difficulties.

Delivering strengths-based practice was, again, a core aim of almost all projects involving direct work, regardless of cohort. The evaluations found this was widely viewed by children's social care professionals not only as more effective in promoting engagement and good outcomes than 'deficit-focused' approaches, but as reflecting good social work values and professional ethics.<sup>23</sup> For many of the more demonstrably successful projects (in terms of impact or progress on outcomes), there was reported evidence that practitioners were committed to this kind of strengths-based working, and that service processes (overall, generally) supported them to keep a focus on finding solutions to improve outcomes, and to take a realistic but essentially hopeful and tenacious approach to creating platforms for change through supporting development of strengths and resources.

**Holistic approaches**, by recognising the contexts in which children, young people, adults and whole families are embedded (and avoiding individualising or pathologizing problems), can support effective identification of multiple drivers of risk and barriers to good outcomes, as well as opportunities for change within their environments.

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<sup>22</sup> Relating this to the 7 'features of practice', relationship-based practice requires 'skilled direct work' and benefits from the right level of 'intensity and consistency of practitioner'.

<sup>23</sup> The requirement to 'build on strengths as well as identifying difficulties' is also included in statutory safeguarding guidance. See HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, available [here](#).

The more successful projects also tended towards more holistic approaches to assessment, planning, and provision of support to children, young people, and families. In some cases, services were implementing explicitly systemic practice frameworks (for example, Havering's Face to Face Pathways, Triborough PIP, and Greenwich's SafeCORE project). These provided a useful structure to enable – by explicitly requiring – a core focus on how relationships within systems (including the family system and the wider social system) influence how individuals and families operate, shaping their challenges and opportunities. As identified in the chapter on children's social care baselines, increasing complexity of need is a top concern for local authorities. Multiple complex needs may intersect such that they are mutually-reinforcing or exacerbating, and require to be tackled together for progress to be made. (Of particular relevance to the children's social care context is the evidence on the prevalence among families where there is risk to children of the 'trilogy of risk' (also known as the 'trio of vulnerabilities' or 'toxic trio') of mental health, substance misuse, and domestic violence and abuse.<sup>24 25</sup>) A central feature of the most promising projects, including those with the greatest demonstrable impact, was a commitment to enabling holistic assessment of the full range of issues facing children, young people and adults and provision of holistic, multi-faceted (and often multi-disciplinary or multi-agency) but coherent support to tackle multiple issues simultaneously. In Early Help and social work teams, this meant engaging with adult family members to support them to address issues that were contributing to risk or potential risk to children.<sup>26</sup>

Evaluation reports repeatedly cite these qualities of practice as enablers of engagement with intervention, including voluntary programmes (such as Essex's Inside Out, Pause, Calderdale's Positive Choices, and Greenwich's SafeCORE), and in some cases as enablers of positive observed outcomes (Family Safeguarding, Hampshire PIP, Havering's Face to Face Pathways, Essex's Inside Out, Lincolnshire PIP, Pause, Calderdale's Positive Choices, Richmond and Kingston Achieving for Children PIP, and Triborough PIP.) In other cases, project staff reported perceptions that more relational work had led to more risks and concerns coming to light, including through increased disclosure (Leeds PIP, and Greenwich's SafeCORE). Similarly, in Coventry, while child in need average case lengths and escalations increased during the FACT22 project, there were fewer re-referrals and the evaluators suggest this may be due to more relationship-based, strengths-based, and solutions-based support resulting in greater stability over the longer term.

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<sup>24</sup> Children's Commissioner's Office (2018) *Estimating the prevalence of the 'toxic trio': Evidence from the Adult Psychiatric Morbidity Survey*, available [here](#).

<sup>25</sup> Institute of Public Care (2015) *Working with Families where there is Domestic Violence, Parent Substance Misuse and/or Parent Mental Health Problems: A Rapid Research Review*, available [here](#).

<sup>26</sup> In relation to the 7 'features of practice', then, holistic approaches require a 'whole family focus' (where relevant, for example in child in need and child protection social work teams), and holistic support will often need to involve 'multi-disciplinary skill sets' working together to address multiple needs. As explored below, 'group case discussion' is an important mechanism through which multi-disciplinary expertise can be brought to bear on a case, while 'systemic theoretical models' have been useful in enabling more holistic, systems-based thinking and practice.

## Features of services contributing to good outcomes

The evidence from across the Innovation Programme is clear, however, that achievement of good outcomes, and of good quality, relationship-based, strengths-based, and holistic practice is not merely a matter of individual skill (though this is important). It requires to be supported by enabling systemic conditions, structures, and processes.

Fundamentally, it requires time, in terms of both adequate duration and intensity of intervention, and practitioners' workload capacity. Other key enablers of good outcomes identified through Innovation Programme evaluations also relate to service conditions, systems, and processes. When these aspects of services are working effectively, all pulling together in the same direction, they can support achievement of the good practice described above, as well as achievement of better outcomes for children and families. Otherwise, they can act as serious obstacles to improvement.

## Improving practitioner and service capacity

### Key messages:

Practitioner time capacity is a fundamental enabler of good practice and is affected by a range of systemic conditions and pressures. Introducing effective IT systems and administrative and business support may help to free up social worker time.

Investment in earlier intervention and intensive, holistic approaches is initially expensive but can pay off by sustainably improving outcomes, which in turn reduces future service demand and enhances service capacity. This suggests there may be advantages to longer term funding frameworks for the sector.

This section discusses findings from across the evaluations and specifically cites Family Safeguarding, Leeds PIP, Triborough PIP, and Havering's Face to Face Pathways.

A clear finding from evaluation across the Innovation Programme is that enabling practitioners to deliver practice with the qualities above requires providing them with time. Practitioner time capacity to spend sufficient time on each case, and on direct work, has repeatedly been cited in evaluations as either an enabler of or, when lacking, a barrier to both good practice and outcomes.

It is clear that the injection of Innovation Programme funding in many cases was crucial to resource this time capacity, highlighting the overarching importance of stable, adequate funding of children's services as a systemic enabler of good practice and outcomes. The extra investment enabled, for example, ringfencing of caseloads, or funding for multi-disciplinary specialist roles, which in some cases made a real difference for the funded period. Inevitably, however, this raises questions of how sustainable

achievements will be when the funding ends, particularly where children's social care baselines were challenging and practitioner capacity more limited.

Other key factors affecting practitioner time capacity, and particularly time available for direct work with children and families, included:

- Caseloads numbers
- The duration and intensity of interventions, including the amount of direct work required to be spent on each case (which can vary across cases according to need, but also alter when practice methodologies change)
- The amounts and proportions of time required to be spent on case discussion and supervision, administration and record-keeping, other desk-work such as preparation of documents for court, and training and professional development
- IT systems, which can be time-consuming to use and ill-suited to recording and retrieving relevant information, or more accessible, efficient, and tailored to practice methodologies
- The availability of skilled administrative and business support to 'free-up' social worker time
- The levels of turnover, vacancies, and agency staff in the workforce
- The geographical distance covered by teams, which affects travel time to visits

Within the larger scale system change projects, as well as more targeted projects, there was often an intention to create more capacity within the children's social care system – at least in the medium to longer term – by using the additional funding to re-balance the distribution of resources and work along the continuum of need and risk.

Two general hypotheses uniting several projects were that:

- Investment in earlier intervention (including below statutory thresholds) will pay off
- Investment in intensive, holistic approaches is initially expensive but will pay off

That is, several projects proceeded on the premise that working with families, young people, and other cohorts to address the issues they face can sustainably improve outcomes, thereby reducing future service demand and generating cost savings, which in turn can enhance much-needed service capacity. In several cases (including, among large scale system change projects, Family Safeguarding, Leeds PIP, Triborough PIP, and Havering's Face to Face Pathways), there are promising signs of this having been

achieved (though longer-term outcomes are of course yet to be seen). This suggests there may be advantages to introducing longer term frameworks for budgeting of children's services, on the basis that greater spending now can generate greater savings on those cases in future.

## Using shared, evidence-informed practice methodologies

### **Key messages:**

Evaluation evidence does not suggest there is one comprehensive practice methodology that should be implemented universally, but that having a coherent and explicit set of evidence-informed methodologies and techniques as a core organisational feature has a range of substantial benefits.

This section draws on findings from evaluations of Barnardo's National FGM Centre, Calderdale's Positive Choices, Family Rights Group Lifelong Links, Family Safeguarding, Leeds PIP, Lincolnshire PIP, , MTM Signs of Safety, Pilots of Alternative Assessments to AssetPlus, Richmond and Kingston Achieving for Children PIP, SafeCORE in Greenwich, and Triborough PIP.

A wide range of practice methodologies and techniques were implemented across Innovation Programme projects, and evaluation reports provide rich detail on how they worked in practice in different settings. The evaluation evidence does not enable direct comparison to identify which methodologies are 'most' or 'least' effective, and neither does it suggest there is one comprehensive methodology that should be implemented universally. Indeed, given variation in cohorts and needs within and across local authorities, differences in the intended cohorts and purposes of different practice methodologies suggest a multiplicity of complementary methodologies is appropriate. (To illustrate, Islington PIP implemented motivational interviewing as well as trauma-informed practice, while Lincolnshire PIP implemented Signs of Safety along with trauma-informed practice and restorative practice.)

### **Practice methodologies commonly used within Innovation Programme projects:**

The evaluations indicate that the most commonly used methodologies within Innovation Programme projects were Signs of Safety, restorative practice, motivational practice, and trauma-informed practice.

Signs of Safety was used, in some form, within several projects funded by the Innovation Programme, including, for example, the AssetPlus Alternative Assessment Pilots, Bradford's B Positive Pathways project, the Break Staying Close project,



Lincolnshire PIP, North Yorkshire PIP, Richmond and Kingston Achieving for Children PIP, and Slough.

Restorative practice methodologies were also widely used, including within Dorset's Reinvigorating Social Work project, Hackney's Contextual Safeguarding project, Family Safeguarding, Leeds PIP, Lincolnshire PIP, North Yorkshire PIP, and Pause.

Motivational practice and motivational interviewing were used in the Break Staying Close pilot, Family Safeguarding, Hampshire PIP, Islington PIP, Richmond and Kingston Achieving for Children PIP, and Triborough PIP.

Trauma-informed practice methodologies were applied within a very wide range of projects, including the Barnardo's National FGM Centre, Bradford's B Positive Pathways, Calderdale's Positive Choices, Islington PIP, Lincolnshire PIP, Pause, Richmond and Kingston Achieving for Children PIP, Slough, and some Staying Close pilots.

The evaluations highlight that having a coherent and explicit set of evidence-informed methodologies and techniques as a core organisational feature had a range of useful functions.<sup>27</sup> The theoretical elements of practice methodologies set out the concepts, values, and principles on which (according to the methodology) practice should be based. These are thought- and practice-guiding in the sense that concepts provide explanatory frameworks for understanding, interpreting, and describing issues, while values and principles help set strategic and tactical priorities and aims for ways of working. Promoting a common set of concepts, values, and principles underpinned by coherent, evidence-informed methodologies has been used by projects in the Innovation Programme to:

- provide a framework for knowledge, understanding, and skills development (in all cases)
- facilitate cultural changes among the workforce regarding how values and activities are prioritised (for example, at Family Safeguarding)
- create greater unity of purpose (for example, at Richmond and Kingston Achieving for Children PIP), and/or
- foster shared language that enhances clarity and consistency in communication across professional disciplines and with families (for example, at Leeds PIP).

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<sup>27</sup> We use the term 'evidence-informed', rather than 'evidence-based', in recognition of the limitations of the existing evidence base on social work methodologies. Evidence-informed methodologies include those that draw upon and are informed by theory and empirical evidence, but have not necessarily been conclusively demonstrated to be effective through robust research.

As one Locality Manager said about the Rethink Forums (regular, multi-agency forums delivering practice development sessions with case discussion and group consultation) at Leeds PIP:

Part of it is about developing the same language between services, and all getting on the same page and learning to describe problems and challenges in similar ways (Locality Manager interviewee, Leeds PIP)

Practice methodologies can also help practitioners deliver good practice by providing them with a methodological toolkit of specific, evidence-informed technical guidance and tools for practice, from assessment and planning through to intervention and recording. Access to an appropriate range of high quality tools that support practice in line with evidence-informed methodologies was repeatedly cited by practitioners and managers as a key factor influencing quality of practice. In some cases, projects used established tools directly adopted from an existing methodological toolkit. At Richmond and Kingston Achieving for Children PIP, for example, the evaluation found that an 'important facilitating factor was the increasing use of SoS [Signs of Safety] assessment tools, which staff and families commonly thought were easy to understand, [and] young person and family friendly'. Several projects either adopted or adapted genogram tools, which were useful in creating a map of key relationships to inform systemic or holistic practice (including the Barnardo's National FGM Centre, Calderdale's Positive Choices, Family Rights Group Lifelong Links, SafeCORE in Greenwich, Leeds PIP, and Triborough PIP).

Other projects created new tools to better fit their methodological principles. Lincolnshire PIP designed a new Child and Family Assessment on the basis of consultation with internal staff, partners and children and families, and piloted this twice, gathering feedback from staff and families to adjust the new assessment. The aim of the re-design was to achieve a more strengths-based, child- and family-centred assessment that better aligned with the Signs of Safety model of practice. The evaluation found the new assessment helped facilitate 'relationship-based practice and made staff more accountable and transparent regarding child- and family-centred approaches', while interviews with families identified that they felt more empowered due to being more actively involved and taking more 'ownership' in developing their own solutions. Similarly, the purpose of the Pilots of Alternative Assessments to AssetPlus project was to trial more systemic, strengths-based alternatives to the AssetPlus assessment and intervention planning framework used within the Youth Justice Service. The process evaluation found early indications of positive change, with staff interviewees suggesting the piloted alternatives were more accessible to young people and families, due to 'the clear, strengths- and solutions-based framework, and shorter, simple layout'.

Overall, then, the evidence suggests using shared, evidence-informed practice methodologies, and appropriate supporting techniques and tools, can be an enabler of family engagement as well as helping the consistency and quality of support provided. It



is important to highlight, however, that while using a shared practice methodology can bring benefits, these are mediated by wider systemic conditions identified in this report. This conclusion is supported by the body of evidence across the Innovation Programme, as well as findings of the evaluation of a project focused on supporting children's services to implement the Signs of Safety model of practice. The evaluation found no statistically significant impact of the project on key indicators (including rates of children in need, child protection plans, and looked after children). Crucially, the evaluators emphasise that the model, which is used in some form across two-thirds of English local authorities, 'may contribute to strengthening an agency, but it is just one part of what is required to improve outcomes for children, young people and their families'.

## Training in evidence-informed practice methodologies

### Key messages:

Training can be valuable in enhancing practice skills but is insufficient to ensure effective practice, particularly where the structural conditions within which practitioners work are challenging.

In the care context, training residential practitioners and foster carers in evidence-informed approaches to care was found to be highly valued and beneficial in increasing skills and confidence.

This section discusses on findings from evaluations of Bradford's B Positive Pathways, Dorset's Reinvigorating Social Work, Firstline, Havering's Face to Face Pathways, and Lincolnshire PIP.

Training in evidence-informed practice methodologies, techniques, and tools, and also on specific forms of risk and harm, was a key element of several projects. Individual evaluation reports detail staff experiences and views on the efficacy of training they received on different approaches and topics, and there are several examples of staff reporting the value of developing knowledge and understanding of evidence, theories, and concepts, and skill in how to apply these in practice through evidence-informed techniques. Further key benefits of training include that it can function to promote consistency in approaches to practice and shared language to facilitate clearer communication, and can support culture change by making explicit the values to be prioritised within a service.

It is clear, though, that time is needed to put learning into practice and adjust to new ways of working. At Lincolnshire PIP, for example, stakeholders cited extensive and ongoing training in evidence-based approaches (including Signs of Safety, restorative practice, and trauma-informed practice) as an important enabler of embedding their

model. As a practitioner highlighted, however, balancing training with other work commitments can be challenging:

The initiatives are great when all you are doing is training and working on them but not so great if you have a high caseload, high staff turnover and no time to put things into practice (Practitioner interviewee, Lincolnshire PIP)

An important overall finding on training from across the Innovation Programme is that, while effective training can facilitate improvements to practice, it is likely to be insufficient to improve practice and outcomes when structural conditions are very challenging. The experience of Dorset's Reinvigorating Social Work (RISW) project demonstrates this most clearly. The project provided children's social care teams with a workforce development training programme that aimed to foster a relationship-based approach, with a focus on appreciative enquiry and restorative practice. While the project originally proposed to improve staffing stability and child and family outcomes within the Innovation Programme-funded period (including reducing numbers of children in need, on child protection plans, and looked after by the local authority), impact analysis found no impact on outcomes. The evaluation found that, while there was fairly broad support among staff for the aims of RISW, including a common 'view that the relational approach at its heart is how social work is meant to be', the challenging systemic conditions in which practice took place undermined practitioners' ability to apply learning in their work with children and families. Findings from staff interviews and surveys indicate that extensive structural and organisational challenges (including high caseloads, IT infrastructure, large geographical area-based teams resulting in increased travel time, a hot-desking working environment that kept workers apart from one another and managers, and the absence of a reflective culture) 'combined to result in a context that was experienced as a lack of time available for direct work and a distance created between workers and children and families'. The evaluators conclude that without significant structural and organisational changes (including sustained reduction of caseloads, increased workforce stability, and improved leadership, partner engagement, and culture), 'RISW was not a plausible solution' for improving outcomes in Dorset. They note a service restructure is planned to take place later this year. These findings motivate the conclusion that improving outcomes where structural conditions are challenging is likely to require wider system change than workforce development, with an implication that further resources may be required to create capacity.

The Firstline training programme for team managers in children's social care was found to increase participants' confidence in leading teams, and was perceived by participants and senior managers as improving practice skills. However, the evaluation found little

evidence of project impact on participants' 'ability to initiate and lead changes in their department, the wider local authority/organisation, or on external agencies', and analysis using national data found no impact on staff retention or levels of agency staff.

An important finding, relevant to the debates on increasing skills within residential and foster care settings, and on the professionalisation of foster caring, is that training residential practitioners and foster carers in evidence-informed approaches to care was found to be highly valued and beneficial in increasing skills and confidence.<sup>28 29 30 31 32</sup> The evaluation of the Mockingbird element of the Bradford Innovation Programme project found foster carers' 'confidence in their caring status and skills has increased, particularly given the positive reinforcement received from peers and opportunity for training according to the common model of care', comprising Signs of Safety and Playfulness, Acceptance, Curiosity and Empathy (P.A.C.E.).<sup>33</sup> Similarly, the evaluation of the other Mockingbird project, implemented in 12 sites in England, found training was a core element of the model, which, taken together with other core elements (including improved peer support and respite availability), was judged by evaluators to have improved outcomes for foster carers, children and young people. As part of Havering's Face to Face Pathways project, 14 'Pathway Carers' received bespoke training in systemic practice in a small group setting, supported by 2 two systemically trained advanced practitioners and a systemic family therapist. These foster carers reported this 'enabled strengths-based practice and systemic concepts to embed', improving their understanding of 'the impact of trauma on children's behaviour and how to reframe thinking, language and practice positively even in challenging circumstances'. In the residential context, at Bradford's B Positive Pathways, the evaluators found 'training according to a common model of care increased skills and confidence in direct work with children and young people'.

## Delivering integrated multi-disciplinary support enabled by group case discussion

### Key messages:

One of the strongest findings from across the Innovation Programme is that integrated multi-disciplinary working supported improvements to outcomes for children, young

<sup>28</sup> Kirkton, D. (2015) 'Step forward? Step back? The professionalisation of fostering', in *Social Work and Social Sciences Review*, Vol. 13, No. 1

<sup>29</sup> Narey, M, and Owers, M (2018) *Foster Care in England: A Review for the Department for Education*, available [here](#).

<sup>30</sup> De Wilde, L., Devlieghere, J., Vandenbroeck, M., Vanobbergen, B. (2019) 'Foster parents between voluntarism and professionalisation: Unpacking the backpack', in *Children and Youth Services Review*, Vol. 98, Pp. 290-296

<sup>31</sup> Narey, M. (2016) *Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care*, available [here](#).

<sup>32</sup> Berridge, D. (2016) 'Policy transfer, social pedagogy and children's residential care in England', in *Child & Family Social Work*, Vol. 21, Is. 1, Pp. 76-84

<sup>33</sup> For more information on P.A.C.E., see [here](#).

people, and families by enabling provision of timely, holistic support informed by expert professional insight.

This was the case across a range of contexts, including services for children in need of help and protection, children in residential care, care-experienced young people, and families experiencing domestic violence and abuse.

Group case discussion and supervision were facilitators of effective multi-disciplinary working.

This section draws on evidence from across the programme, but focuses in particular on the cases of Bradford's B Positive Pathways, the Break Staying Close pilot, Family Safeguarding, and Newham's NewDAy project.

There was strong evidence across the programme that, when implemented well, integrated multi-disciplinary working supported improvements to outcomes for children, young people, and families. This requires to be enabled by appropriate service structures (including the configuration of teams and mix of roles), as well as service processes (including processes for group case discussion, supervision, and management). Integration of multi-disciplinary specialists within teams was specifically found to bring benefits across a range of contexts – including services for children in need of help and protection, children in residential care, care-experienced young people, and families experiencing domestic violence and abuse – when supported by appropriate service processes. Group supervision and group discussion of cases, through which multi-disciplinary specialists were able to contribute their expertise to the understanding of and decisions on cases, enabled provision of support to families that was informed by expert professional insight, more timely, and more holistic, in the sense of addressing multiple issues in a joined-up and coherent way.

Family Safeguarding, a 'whole system reform of child protection services' implemented in 5 local authorities, involves configuring social work teams to include specialist workers who work with adults to address issues relating to domestic abuse, substance misuse and mental health. The evaluation found that 'multi-disciplinary working – and specifically the integration of specialist adult workers within social work teams – is the foremost success factor of Family Safeguarding. It has given families prompter access to specialist input and has provided more joined-up and tailored packages of support.' The evaluation found a high level of confidence among staff that, in particular, bringing in-team specialist expertise to bear on work to address parents' needs relating to mental health, domestic abuse, and substance misuse was helping to reduce risks to children. Service processes were also configured to support multi-disciplinary working with whole families. The evaluation reports that group case supervision (monthly meetings for each case, which enabled practitioners to review progress, discuss outcomes and agree next steps together) enabled practitioners to, in the views of surveyed local authority staff, 'better

manage risk and be more reflective'. In each authority, there were statistically significant reductions in numbers of child protection plans and looked after children two years following the introduction of Family Safeguarding, with associated annual savings estimated to exceed annual delivery costs within two years.

Newham's NewDAy project, a non-statutory service for families experiencing 'situational' forms of domestic violence and abuse, also found that a 'skilled multi-disciplinary team of staff with knowledge and understanding of domestic abuse, and with the capacity to offer flexible and targeted support in addition to social work and therapeutic input, is a key enabler to achieving positive outcomes for children and young people and families'.<sup>34</sup> Teams worked with children, survivors, and perpetrators of domestic violence and abuse, and included qualified teachers, systemic family psychotherapists, a social worker practice lead and domestic abuse pathfinders. The evaluators again emphasise that effective multi-disciplinary working with whole families was strongly enabled by group reflective supervision and group case management. Qualitative and quantitative data from the evaluation showed risk of harm to children and young people reduced (and to greater degree than a comparison group), and there were improvements to their wellbeing, educational engagement and achievement, and the health of their family relationships.

Important findings on the value of integrating specialists with multi-disciplinary skill sets within the residential care context were produced by the evaluation of Bradford's B Positive Pathways project. The evaluation found that the availability of specialist advice within children's homes, from a multi-disciplinary and multi-agency team including psychologists, speech and language therapists, an occupational therapist, police, and education professionals, enhanced 'capacity and confidence in providing intensive and tailored therapeutically-informed support to children and young people', and that 'joined-up working allowed for appropriate and timely interventions to meet a complexity of needs and steer the formulation of effective support plans'. The report emphasises that the children and young people often had complex and overlapping needs, and that this multi-disciplinary, joined-up approach ensured that 'each presenting need is understood through each disciplinary expertise and that relevant recommendations are integrated into subsequent support plans for the children and young people, carers, families, and practitioners in social care'. The evaluation found children and young people supported by the residential component of B Positive Pathways saw improved outcomes throughout the project in relation to increased accommodation stability and wellbeing, and reduced risk along several indicators including child sexual exploitation, substance misuse, self-harm, missing episodes, and other behaviours requiring police intervention. These are particularly important findings given existing evidence on outcomes among children living, and who have lived, in

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<sup>34</sup> Johnson, M. P. (2008) *A typology of domestic violence: intimate terrorism, violent resistance, and situational couple violence*, Lebanon, NH: Northeastern University Press.

residential homes, and on the current mix and level of skills within the residential care workforce.<sup>35 36 37</sup>

The Innovation Programme funded a range of projects providing support to young people leaving care, and their evaluations provide evidence that integrated multi-disciplinary support was also a core enabler of good outcomes for these cohorts. For example, the Break Staying Close pilot provided young people leaving care with accommodation options and ‘a wraparound service’, including a mentoring team; emotional wellbeing service; education, employment and training officer; participation worker; direct workers to support transitions to independent living; and housing support workers to assist with tenancy responsibilities. This wide range of available support enabled the project to provide holistic, joined-up support tailored to individual needs. The report highlights ‘staff noted that an important aspect of their approach was understanding the impact of young people’s histories and being able to adapt strategies accordingly, including using multi-disciplinary approaches and bridging gaps in wider provision’. The EET worker, for example, was able to focus on ‘opening the minds of young people who were NEET to what they may like to engage in, rather than taking a direct remedial approach’, thereby providing a service for young people who were not yet ready to enter work that would otherwise not have been provided. Outcomes of young people supported by the project were promising, with observed improvements among the cohort to levels of housing stability and engagement in education, employment and training, as well as signs of reduced risk behaviour and improved wellbeing, life skills, and social connectedness. Plausibility analysis indicated good evidence that the project’s enhanced wraparound support had contributed to this progress.

A strong conclusion to be drawn from evidence across the Innovation Programme is that provision of multi-disciplinary support to address multiple needs and issues in a coherent and joined up way, delivered through teams integrating a range of relevant specialist expertise, has been a core enabler of progress towards better outcomes across a wide range of cohorts. As indicated above, mental health expertise has emerged as particularly relevant given the needs profiles of these cohorts. This motivates a recommendation that, across social care teams and other targeted services, consideration be given to incorporating team roles for multi-disciplinary specialists with expertise relevant to meeting the needs of their cohorts, and implementing group case discussion as a core service process.

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<sup>35</sup> Hart, D., and La Valle, I., with Holmes, L. (2015) *The place of residential care in the English child welfare system*, Research report for the Department for Education, available [here](#).

<sup>36</sup> TNS BMRB (2015) *A census of the children’s homes workforce*, Research report for the Department for Education, available [here](#).

<sup>37</sup> NCB Research Centre and TNS BMRB (2015) *Training and developing staff in children’s homes*, Research report for the Department for Education, available [here](#).



## Providing practitioners with skilled supervision

### Key messages:

Skilled supervision, including clinical supervision, was found to bring benefits to staff across statutory and non-statutory service contexts, including through supporting their practice skills, confidence, and wellbeing.

This section discusses findings from the evaluations of Coventry FACT22, Dorset, Family Safeguarding, Havering's Face to Face Pathways, Newham's NewDay project, Pause, Richmond and Kingston Achieving for Children PIP, and Triborough PIP.

In addition to the findings outlined above that multi-disciplinary group case supervision was an enabling factor for good outcomes at Family Safeguarding and Newham's NewDay project, there are further findings from evaluation of Innovation Programme projects indicating that skilled supervision (including, notably, clinical supervision) brought benefits to and was valued by staff within both statutory and non-statutory services. The evaluations also provide some tentative indications that the form and quality of supervision may be related to good practice and good outcomes for children and families, though this was quite limited and not conclusive. Given existing evidence suggesting a link, this would be a valuable area for further evaluation.<sup>38 39</sup>

Among those projects with demonstrated positive impact, the evaluation of Richmond and Kingston Achieving for Children PIP found that 'embedding SoS [Signs of Safety] in staff supervision made staff more confident in using a strengths-based approach' and was used effectively to support case management. The Pause evaluation found 'formal supervision (including clinical supervision) and informal support from peers, practice leads and the national organisation was highly valued in managing the intensity and emotional nature of the work'. The evaluation of Triborough PIP also indicated that clinical supervision brought benefits, noting that 'at a practice level, in supervision and in direct work with families, there was evidence of a strengths-based, systemically-informed approach and practice was generally of a high quality. The highest quality practice featured supervision led by a clinical practitioner and there was evidence of transfer of learning from discussions in supervision to conversations with families'.

In Coventry, where escalations have increased but the evaluation also suggests more relationship-based, strengths-based, and solutions-based support may be helping to lower re-referral rates, manager interviewees suggested implementation of 'regular

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<sup>38</sup> Wilkins, D., Lynch, A., and Antonopoulou, V. (2018) 'A golden thread? The relationship between supervision, practice, and family engagement in child and family social work', in *Child & Family Social Work*, Vol. 23, No. 3, 494-503.

<sup>39</sup> Bostock, L., Patrizo, L., Godfrey, T., and Forrester, D. (2019b) 'What is the impact of supervision on direct practice families?', in *Children and Youth Services Review*, Vol. 105, Pp. 104-428.

clinical supervision from an external professional where FPs [Family Practitioners] can discuss issues they have faced in their work with families' has led to Family Practitioners 'feeling more supported and have helped with upskilling and building confidence'. Similarly, at Havering's Face to Face Pathways project, where there were positive indications of good outcomes (including reductions of risk for children on the edge of care), a clinical service was provided to practitioners, which appeared to support them to build confidence and embed systemic concepts in their thinking. Conversely, the absence of high quality, reflective supervision was cited as a problematic feature of services within Dorset. An interesting suggestion from the Shared Lives evaluation was that 'supervision or counselling for carers would help in coping with the emotional strain of caring for young people with complex needs'.

## Improving multi-agency collaboration

### **Key messages:**

Evaluation findings on multi-agency collaboration point to the challenges of overcoming siloed priorities and ways of working to move towards more joined up approaches to service delivery, and the time needed address these challenges.

There was evidence from across the Innovation Programme that outcomes of concern to children's social care – including children's safety, stability, and wellbeing – are affected by wider policies influencing levels of social disadvantage. Fundamentally, keeping children safe is also a matter for housing, welfare, police, health, education, and criminal justice policy and services.

This section draws on findings from evaluations of the Barnardo's National FGM Centre, Camden's Right Balance for Families, Hackney's Contextual Safeguarding, Islington PIP, and Pause.

Beyond incorporating multi-agency specialists into services and teams (as in Bradford, above), other forms of collaboration took place across agencies with the aim of improving overall service responses and outcomes for children and families, by enabling more holistic and effective approaches to meeting multiple needs and addressing multiple drivers of risk. It is notable that progress on implementation and outcomes was often stalled by challenges in relation to multi-agency collaboration, suggesting in many contexts there is a need for more work to overcome traditional, more siloed ways of working, and to foster greater shared understanding of, and joined-up approaches to, addressing children's needs and risks.

The Lighthouse project (London's Child House service for victims of child sexual abuse and exploitation) was only part funded by the Innovation Programme and its evaluation



was not coordinated by Opcit Research. Nonetheless, its published interim evaluation report presents findings that reflect the experiences of other Innovation Programme projects.<sup>40</sup> Staff reported benefits to having different agencies working together under the same roof, 'both in terms of benefits for the service user (access to different services on the one site, quicker access, and reduction of the need to repeat their story) and practitioners (easier access to other agencies, different areas of expertise available to them, and exposure to different cultures/understandings)'. There were also, however, tensions between the working cultures and operational norms of the different agencies.

Within some Innovation Programme projects, work across agencies took place with the aim of increasing referrals into children's social care. The Barnardo's National FGM Centre (NFGMC) provided specialist FGM workers directly embedded within children's social care but employed by Barnardo's, who gave direct input on cases and worked more broadly to improve the service response to risk of female genital mutilation (FGM). The evaluation found that 'professionals from partner agencies, particularly health, were not necessarily comfortable or confident in assessing risk and referring when thresholds were met', and that this was linked to a concern to avoid being stigmatising or discriminatory. The project supported local authorities to conduct multi-agency audits to understand barriers to referrals, and worked to overcome these by developing partners' understanding of the approach and of when referrals are appropriate to ensure girls are safeguarded against the risk of female genital mutilation. This included, for example, enabling NFGMC workers to spend time in health clinics supporting staff to have effective, culturally sensitive conversations about risk with women and conduct preliminary assessments. Nonetheless, the evaluation notes there was no observable increase in referrals as a result of this work during the evaluation period, suggesting more work may be required to address the concerns of health partners.

In other projects, mechanisms were introduced to bring together different agencies to support more systemic (or holistic) planning and intervention. Camden's Right Balance for Families worked, on the basis of ongoing consent, with children in need aged 10 to 13 years and their parents, where the children had experienced long-term neglect. The project offered one-to-one mentoring to young people and a Virtual School, supported through a multi-agency systemic discussion, in which all professionals involved in the family's network discussed family issues with guidance from clinicians experienced in systemic practice. While these could be difficult to schedule, given different schedules and priorities between professionals, parents reported they had led to better school engagement, for example in developing education, health, and care (EHC) plans. Findings from interviews with children, their main care givers, and social workers also suggest that the mentor role facilitated multi-disciplinary working through coordinating engagement with Child and Adolescent Mental Health Services (CAMHS), educational psychologists, and alternative education provision. Social workers noted that confidence in their own skill sets had increased, which they attributed to dialogues and collaborative

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<sup>40</sup> MOPAC (2019) *The Lighthouse: 9-month interim evaluation report*, available [here](#).

working across services, including multi-agency group discussion of cases, enabling them to learn from other disciplines such as mental health. While impact analysis found no impact on the primary outcomes (of reduced re-referrals, case length and escalations) within the evaluation period, professionals and families reported some instances of improved wellbeing, family functioning, and relationships, and the evaluation generally found the project had fostered ‘a more holistic, cross-discipline approach to managing cases’.

The evaluation of Hackney’s Contextual Safeguarding project provides valuable lessons on the importance of multi-agency collaboration to address extra-familial risk or harm (EFRH). A joined-up multi-agency approach is fundamental to the project, which aims to redesign the safeguarding system to address risk or harm experienced by adolescents outside the family home, including child sexual and criminal exploitation, peer-on-peer abuse, serious youth violence, and gang affiliation. Drawing on Contextual Safeguarding Theory, the project has worked to create systems that can effectively address these risks, recognising that to do so effectively requires overcoming more siloed traditions of working in different agencies, as well as ‘significant cultural shifts towards a more welfare oriented response to young people, some of whom commit offences, across interagency systems’, including criminal justice, the police, health, and education.<sup>41 42 43</sup> Beyond these agencies, the project has also worked to build partnerships with ‘community stakeholders with a reach into extra-familial contexts’ including transport providers, retailers, residents associations, recreation services, and youth workers. Recognising the scale of change required, the project implemented and has made progress against a relatively long-term, carefully sequenced plan, and while impact on outcomes is yet to be seen, the evaluation notes significant progress has been made on changing system processes and organisational cultures. A key change introduced by the project is that agencies can now make single referrals for peer groups, as well as schools or neighbourhood locations where it is believed that they facilitate extra-familial risk. A multi-agency panel and ‘Context Safeguarding Conferences’ can now also agree to take action in relation to these groups and places, as well as individual young people. The evaluation notes that, while other areas seeking to improve the local multi-agency response to contextual risks will need to tailor their approach to their specific context, needs, and preferences, the pilot has produced an open access Implementation Toolkit with policies, guidance, tools, and training materials, on which they may wish to build.<sup>44</sup>

<sup>41</sup> Firmin, C., Curtis, G., Fritz, D., Olatain, P., Latchford, L., Lloyd, J., and Larasi, I. (2016) *Towards a contextual response to peer-on-peer abuse*, Luton: University of Bedfordshire

<sup>42</sup> Firmin, C. (2017) *Contextual Safeguarding: An overview of the operational, strategic and conceptual framework*, Luton: University of Bedfordshire

<sup>43</sup> Firmin, C. (2019) ‘Contextual Safeguarding: A New Way Of Identifying Need And Risk’, in *Community Care*, available [here](#).

<sup>44</sup> The Implementation Toolkit is available [here](#).

More broadly, there is evidence from across Innovation Programme projects (from those working with children, young people, and families engaged with social care, to those engaging young people leaving care, and women at considered at risk of recurrent child removals), that achievement of project goals was affected by service users' access to welfare entitlements, safe and secure housing, and health services. The evaluation of Islington PIP, for example, found factors beyond the established remit of the project acted as clear barriers to project impact. The report notes, 'for families in dire situations such as homelessness, basic needs such as food, clothing and shelter seriously compromised any efforts to improve relationships and increase family stability'. Similarly, the evaluation of Pause emphasises that, for this cohort, 'the extent and complexity of women's needs means that inter-agency involvement is critical to establish a foundation for change that endures beyond the intervention'. It goes on to conclude there is 'a clear need for trauma-informed cross-sectoral approaches that link child and adult services, with a critical role for benefits, housing and health services in particular'. These findings demonstrate that outcomes of concern to children's social care – including children's safety, stability, and wellbeing – are affected by wider policies influencing levels of social disadvantage including, for example, poverty and homelessness. When the basics of an appropriate home and financial security are missing, this undermines our ability to safeguard children. Fundamentally, keeping children safe cannot be achieved by children's services alone, but is also a matter for education, health, welfare, housing, police, and criminal justice policy and services.

## Consulting on and co-producing services

### **Key messages:**

Thoroughgoing, meaningful consultation on and/or co-production of services, which allows service priorities and activities to be shaped by stakeholder insights, can enable those services to better meet local needs, and foster a sense of ownership and agency among involved parties.

This section discusses findings from evaluations of Lincolnshire PIP, Southwark Council and Catch22 Care Leavers Partnership, and the Staying Close pilots.

The evidence from Innovation Programme projects across a range of contexts suggests effective consultation on and/or co-production of services can be difficult to achieve but bring notable benefits. Several projects that successfully engaged with, listened to, and implemented the suggestions of key stakeholders, including children and young people, families, staff, and external organisations, reported this engagement led to improvements to project implementation. In some cases, good outcomes also appear to have been

facilitated in part by service responsiveness to consultation and service users' engagement in co-production.

Lincolnshire PIP is a good example of this, where stakeholder buy-in was successfully achieved through consulting with and considering the perspectives of families, staff, and project partners, and was cited by the evaluation team as a critical success factor for the project. As mentioned above, Lincolnshire PIP designed a new Child and Family Assessment through extensive consultation with internal staff, partners and children and families, 'to gather feedback on the pre-existing assessment (including how it could be improved) and ideas on what the new assessment could look like'. The project also conducted a short pilot, making changes based on feedback, followed by a wider pilot with 3 child in need and child protection teams, a looked after children team, all disability teams, and an Early Help quadrant, again using feedback from staff and families to adjust the assessment before full implementation. This improved services by 'ensuring that the assessment closely reflects frontline delivery, and that its language is consistent and in line with how practitioners operate'. As a team manager reflected:

What's been critical is that staff have felt very listened to. More often than not they are really knowledgeable, they know what works on the ground, they know what doesn't work. Some of the language [in the assessment] has come directly from staff, they have questioned 'well why are you asking that, rather than that?' [...] It makes more sense. (Lincolnshire PIP, Team manager)

Consultation and responding to feedback also had the benefit of enabling staff to be and to feel included in the organization-level change, as described by an Early Help worker:

I feel part of the innovative changes that have taken place in the organization as well as listened to about future plans. This makes me feel valued and more inclined to be part of the changes, rather than having change imposed on me. (Lincolnshire PIP, Early Help worker)

There were emerging concerns reported by some Early Help workers that the new assessment may be more oriented towards social care and assessment of risk, though the evaluation found that overall it had helped facilitate relationship-based, child- and family-centred practice, with families reporting positive experiences.

Several projects focused on improving outcomes for care leavers also set out to include their voices in the design and/or delivery of services. The 8 Staying Close pilots provided young people leaving residential care with a support and accommodation offer, with

different levels of input from young people into what the offer looked like. The Portsmouth Aspiration Staying Close project had substantial co-production elements, and the evaluation reported benefits to young people from co-producing the model and service. It notes, 'young people were involved in decisions from the point of their referral to the project. They participated in staff recruitment, giving valuable input in the process and some met with Ofsted inspectors. They co-produced the house rules and guest policy and contributed to deciding the decoration of the properties.' The evaluators highlight that this degree of involvement 'helped instil a sense of ownership of the shared accommodation', 'was appreciated by the young people', and contributed to good outcomes such as 'a sense of belonging and improved self-esteem'. Similarly, at the St Christopher's Staying Close project, a '16+ group' was set up to design some service processes, and decided that rules for one of the accommodation options 'should be developed as people moved in, and should be a live document, evolving as necessary', in order to respond in a tailored way to the needs of the individuals who live there. The project also set up an operation group of staff that consulted with young people on how Staying Close would be implemented, with the evaluators concluding that this co-production approach helped ensure the service would work for those young people, who also 'appreciate the autonomy they have in creating what boundaries they feel are appropriate with their Staying Close key worker'. Interestingly, at the Break Staying Close Staying Connected project, young people suggested to evaluators the offer could be improved by the introduction of 'housemate agreements' (in addition to Break SCSC house rules) 'to allow young people more ownership in the home'.

The Southwark Council and Catch22 Care Leavers Partnership (CLP) sought to involve young people in redesigning the whole system of services for young people leaving care. A Participation Officer ran consultations with care leavers to understand their views and experiences of services, attended a monthly forum for Southwark children and young people in care and care leavers run by the Children's Rights Officer, and set up a WhatsApp group for young people who were most interested in being involved in the CLP. This has influenced the activities of the CLP, including decisions not to rebrand the service, and to re-introduce a care leaver youth group. The evaluation also found that young people involved in the co-design and participation elements of the project 'felt the CLP resulted in more opportunities for their voices to be heard' and the youth group activities had 'increased their social interaction and improved their confidence'. However, the project faced challenges with including a broad range of care leavers (beyond young people who were already more engaged with services), their involvement had not started from the beginning of the project, and young people felt they 'wanted more feedback on how information on their views was used'. The evaluators recommend that, for similar projects, leads 'should build in co-design and youth participation opportunities from the outset to ensure that young people's voices are heard, for example, in the development of the project's delivery plan and Theory of Change. This should also include feedback loops so that young people have a better understanding of how their views will inform the project.' They also suggest using social media platforms for communication on opportunities and services.

As services continue to consider how they provide support for young people leaving care, in line with local authority statutory duties (which include encouraging care leavers to express their views, wishes and feelings, and taking them into account), these findings suggest they may benefit from pursuing expressly participatory approaches that closely involve young people in co-design of services.<sup>45</sup> Overall, the findings suggest other service change projects can also benefit significantly – in terms of improving both services and staff engagement in change – from a commitment to consultation and, crucially, from building in time for responding to and incorporating the results of consultation with children, young people, families, staff, and partners into plans and activities. To sound a note of caution, however: genuine consultation and co-creation brings benefits by enabling project design and implementation to be directly informed by relevant experiences, preferences and priorities of cohorts that are ultimately the experts in their own situations. But unless all parties are clear on their role in the process, and unless listening translates into action, consultation and co-creation may risk causing its own damage: promising people – particularly children and young people – a voice, and then failing to act on it, can break trust and actively militate against development of the kinds of relationships services should be attempting to foster. That is, engaging stakeholders is not sufficient; change leaders must also recognise the legitimacy of their knowledge and allow priorities to be shaped by their insights.

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<sup>45</sup> Children and Social Work Act (2017), available [here](#).

## Additional findings on alternative delivery models

The Innovation Programme funded 5 projects aiming to set up, or explore the potential for setting up, Alternative Delivery Models (ADM) within children's social care.<sup>46</sup> Two of the projects were cancelled relatively early on in Round 2 of the Innovation Programme, as were their evaluations, and so are not reported on here. In the remaining 3 projects (Making Integration Happen, North of Tyne Collaboration, and FutureSocial), decisions were taken not to implement ADMs, at least within the evaluated period. The overarching reason in each case for deciding against pursuing an ADM was that project goals could be achieved more efficiently and reliably, with fewer risks, under local authority (and partner agency) governance.

The goal of Cornwall's Making Integration Happen project was to achieve greater integration of health, social care and education services, in line with its strategy to further improve support for families in localities across the county, and the project was not driven by any external requirement to improve its services. The evaluation reports on this process of decision making, highlighting that 'after careful consideration the ADM was rejected as a governance vehicle but more integrated services were introduced under a new 'Together for Families' Directorate within the Council in April 2019 which included staff transferred from the NHS'. It notes greater service integration has been achieved 'so far without many of the negative consequences that are often associated with major changes in services', and emphasises that 'even just considering an ADM as a vehicle for governing a large and complex set of professions and services for children and families was experienced as a time-consuming and complicated task for partners in this project', which took up significant resources. The report concludes that the governance vehicle of a partnership is less influential, at least on staff perceptions of the partnership, than addressing operational issues such as staffing levels and information sharing.

The North of Tyne Collaboration project aimed to explore possibilities for greater collaboration between the 3 neighbouring local authorities in the area, including ADM options, and create a shared business plan for implementation. A report was prepared for the Programme Board in 2018, which considered 4 delivery mechanism options including shared services, a contracted delivery authority, a local authority trading body, and a charitable body. The final recommendation of the report was, however, that 'it was not appropriate to explore an ADM at that point'. ADM options were viewed by partners as requiring a significant amount of organisational and governance redesign, which could risk the 'steady progress' needed in each area to improve services and outcomes. This was not considered appropriate given a situation characterised by 'contextual political changes, multi-authority collaborations, and improvement rather than transformative

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<sup>46</sup> ADMs may take a variety of forms, but their central idea is to implement alternative delivery and governance arrangements for children's social care, which may be outside of the operational control of the local authority.

change'. A business plan for improving collaboration while retaining more traditional governance structures was agreed by the local authorities in 2019.

The West Midlands Association of Directors of Children's Services (ADCS) FutureSocial programme aimed to create a stable, well-developed workforce across 14 Councils and Trusts in the West Midlands region through a shared workforce development infrastructure. West Midlands Children's Services explored the potential of establishing an ADM as part of FutureSocial's sustainability, commissioning a business case that presented the benefits, dis-benefits and financial implications of 3 options: an 'as is' option (with no changes to governance structures), a contractual joint venture, and a corporate joint venture involving creation of a separate company. Following consultation, a decision was made by WMCS to not pursue the ADM approach. This decision was largely taken in recognition of the political and financial risks posed by the ADM option, and on the basis that sustainability could be achieved by focusing instead on strengthening arrangements within local authority governance structures.



## Additional findings on care services

Innovation Programme projects tested out various ways of providing services to safely reduce entry to care but also, crucially, to improve services and outcomes for children and young people who do need to go into care, and those leaving care. Their evaluations have produced useful findings, explored below, on a range of aspects of the care system, from placement commissioning, placement matching, and permanency processes, to the configuration of foster and residential care provision.

### Safely preventing entry to care

Several projects funded by the Innovation Programme aimed to reduce numbers of children entering care. Among the larger scale system change projects, Family Safeguarding, Hampshire PIP, Leeds PIP, Triborough PIP, and Havering's Face to Face Pathways reported promising progress, with Family Safeguarding demonstrating statistically significant reductions in looked after children numbers. Effective practice in these cases (as in others) was characterised as relationship-based, strengths-based, and holistic or explicitly systemic, working with whole families to address problems including mental health, alcohol and substance misuse, and domestic violence, and was often supported by enabling service structures and processes such as multi-disciplinary teams and group case discussion.

Two further projects, Pause and Calderdale's Positive Choices, were focused on providing targeted interventions with the aim of reducing care entry. Positive Choices provided relationship-based, strengths-based, systemic, trauma-informed early intervention to care experienced and other vulnerable young people who were pregnant for the first time, through a consistent key worker with a protected caseload. The evaluation found that, post-intervention, a higher proportion of Positive Choices children were able to remain living at home with parents without substantial support (including statutory plans) than those in a comparison group. It also found good evidence of strong or strengthened child attachment and understanding of effective parenting among those parents who engaged well with programme. A critical finding was that parents receiving pre-birth support (rather than only a children's social care pre-birth assessment) were more likely to respond positively than those who received similar support later – and that starting work around the time of birth appeared to be 'particularly unhelpful'. As the evaluators conclude, 'this overall finding appears particularly important because, traditionally, children's social care services tend to commence actual support work after a child's birth, even where prospective parents are known to be vulnerable'.

Perhaps the earliest form of preventative intervention on the Innovation Programme, the Pause project worked with women who were not pregnant and had no dependents living with them, but who had had at least one child removed and were considered vulnerable to future child removals. Pause provided relationship-based, strengths-based, trauma-informed support, through a consistent practitioner with small caseloads. The evaluation

showed clear improvements to women's lives, including improved emotional wellbeing; better housing and financial security (with the number of women who were homeless or in unstable accommodation almost halving); a 60% increase in the proportion of women in paid employment; and 'improvements in key relationships in women's lives, including relationships with existing children and their carers, with a 25% increase in the proportion of women reporting face-to-face contact with children'. The project was also successful in reducing care entry: it found a statistically significant reduction in rates of infants (under 12 months old) entering care in 5 local authorities that had had Pause practices operating since Round 1 of the Innovation Programme, compared to comparator local authorities, with substantial associated cost savings. The evaluation concludes there are 'clear ethical and economic arguments for extending the model to all women who have a child removed into care'.

## Commissioning residential care

Two projects were funded by the Innovation Programme to develop regional residential placement commissioning consortia, in South and North London respectively. While there were differences in approach between the two, they shared the goals of securing greater choice of good quality placements and improving local authorities' purchasing power, to improve outcomes for young people and generate cost savings. They followed from the recommendation of the 2016 report on Residential Care in England that, to improve commissioning and the availability of suitable placements while reducing costs, DfE should 'facilitate the improvement of local and regional commissioning skills' and 'require local authorities to come together into large consortia for the purpose of obtaining significant discounts from private and voluntary sector providers'.<sup>47</sup>

Evaluation evidence demonstrates that they were not, within the evaluation period, able to achieve most of their intended outcomes, and had not awarded any contracts to providers or commissioned any placements. Several key lessons from the experiences of both North and South London echo those from other change projects within the Innovation Programme: enablers of project implementation include clear communication and having effective fora for collaboration; having in place continuity plans and hand-over plans to mitigate risks from staff turnover; having a realistic timeline, including timeframes for project scoping and developing an accurate picture of service supply and demand (including cohort needs and existing provision), and for recruitment to key posts; and effectively involving young people in co-production. (Stakeholders in North London reported that, while identifying young people willing to sit on their board had been challenging, once in place they improved the dynamic of board meetings, with some stakeholders highlighting that their input brought the project closer to the 'actual world'.)

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<sup>47</sup> Narey, M. (2016) *Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care*, available [here](#).

The evaluations also highlight lessons specific to regional placement commissioning. The South London Commissioning Partnership (SLCP) aimed to use a common referral form in the hope this would create efficiencies. While this form was developed, it was not adopted by the project due to its incompatibility with the various management information systems used by the SLCP boroughs. The report highlights difficulties in implementing a standardised approach in the context of diverse local authority systems, and points to the importance of detailed scoping of project workstrands to ensure they are viable and any key outputs will be usable.

Most importantly, however, the evaluation of SLCP raises questions over the extent to which commissioning consortia have the potential to tackle scarcity of in-borough, suitable, cost effective placements through changing contracting arrangements. The main focus of the consortium in South London has been the development of an Approved Provider Panel Agreement (a form of framework agreement). This was intended to shift the balance of market power towards local authorities. However, several providers reported that they would prefer spot-purchases from boroughs (where they can set the fee they charge), and analysis of provider bids demonstrated that the 'procurement process has had fewer than expected bids from providers and those who have bid have provided above-market fees'. The evaluation reports some hope among the project that continued relationship-building and communication between the consortium and providers may overcome this challenge, but the findings highlight a tension between the interests of local authorities in securing in-borough, suitable and more cost effective placements, and the business interests of independent placement providers. This may provide reason to consider alternative solutions to scarcity of appropriate placements, including the potential to invest in expansion of local authority placement options, staffed by a skilled residential workforce capable of providing care at a range of levels of need.

## **Matching and permanency processes**

Important lessons were learned from the cancelled Credo Care Specialist Foster Care Placement project. Credo Care aimed to work with two LAs to enable children with disabilities living in residential care to step down to specialist foster care. The project was grounded on the assumptions that these children's needs could be met within specialist foster provision, that the children's outcomes would improve in the more 'familial' environment of foster care, and that diverting to foster rather than residential care would generate cost savings. It was cancelled after making insufficient progress against its two key aims of identifying suitable children for step down, and recruiting and approving specialist foster carers. Key lessons for care (and other) services include the need to ensure careful and realistic planning, with realistic calculations of expected cohort numbers and timescales for progress (which were, respectively, over-estimated and under-estimated by the project). There is also a need to ensure any new model or approach is 'fit for purpose' in the sense that it provides a plausible solution to an identified problem. Findings suggest the project was unsuccessful in part because, in the

view of LA stakeholders, it would have been unable to improve the children's outcomes by stepping them down to foster care placements with newly-approved (and therefore relatively inexperienced) foster carers: their complex needs were better met by existing residential care.

Coram-i's Permanency Improvement project aimed to address delays in finding permanent, stable homes for children whose plan is long term fostering, in 4 children's services. Baseline issues the project intended to address reportedly included permanency processes not being sufficiently child-centred or informed by understanding of child-level and looked after population-level data, and a lack of clear communication and lines of responsibility between different teams. The concern was that this was resulting in delays to permanency and children unnecessarily being placed in short term and poorly matched placements, with poor outcomes including placement breakdown and long-term psychological harm to young people. Coram-i worked with services to introduce changes to processes including case tracking systems that used a detailed tracker spreadsheet, performance management systems with targets, and regular permanency meetings. There were initially concerns among some staff that the very data-focused approach had a depersonalised focus on processes and targets rather than what was right for each child in context, and that it side-lined social workers' professional judgements if these did not accord with tracker targets. Nonetheless, throughout the course of the project, social workers reported their concerns diminished as they perceived the benefits of the approach. Using the detailed tracker spreadsheet was viewed as a useful mechanism of change, which promoted focus on and understanding of the child's journey, and helped to identify 'drifting' or 'stuck' cases, though in the longer term it was viewed as too labour-intensive to be sustainable and by the end of the evaluation most sites had implemented alternative tracking systems. The regular permanency meetings were generally retained (with some adaptation to local needs and resources), and the evaluation found these were key in enabling every child to be considered and every social worker to be supported to optimise a child's journey to permanence. The evaluation established that Coram-i's work 'had a positive impact on some areas of timeliness of permanence planning and overall improved quality', and that the 'culture of the services shifted to a more child focussed, more strategic and data informed way of working'.

## **Foster care provision**

The Mockingbird project aimed to provide support for children and young people in care and foster carers by replicating 'an extended family network'. It did this by creating 'a constellation of 6 to 10 satellite fostering families who are supported by 1 hub home that is operated by an experienced foster carer, offering planned and emergency sleepovers, advice, training and peer support'. Evaluation findings on this approach to foster care provision are highly promising, and suggest good outcomes can be attributed to the mix of programme activities. Mockingbird improved foster carer retention: analysis of

administrative data showed that, accounting differences between fostering households, ‘those who participated in Mockingbird were 82% less likely to de-register than households who did not participate’. They were also 48% less likely to have an unavailable place than households not participating. There was further evidence to suggest that Mockingbird carers had higher levels of wellbeing than other foster carers, and were more likely to rate the support and respite provision they received from their fostering service as good or excellent, and to feel that they were usually or always treated as an equal by their foster child’s social worker. In terms of outcomes for children and young people, while analysis of administrative data did not detect improved placement stability, there was qualitative evidence that the programme may help to stabilise placements, and improve transitions, wellbeing, friendships and relationships with siblings. There were also examples given in interviews with staff and carers of continuity of care being improved when children did move placement, as they were able to move to a carer within the constellation who was already known to them. While administrative data also did not detect a difference in the likelihood of going missing from placements compared to young people not taking part in Mockingbird, staff and carers cited examples of young people ‘staying with the hub home carer instead of going missing’. Importantly, the evaluators emphasise that the programme ‘brought normality to children in care and their foster families, including kinship carers, through developing relationships, creating a sense of community and reducing experiences of bureaucracy’. Participants consistently valued the sense of community and supportive friendships facilitated by the project. The calculated fiscal return on investment was just under the break even point. Key implications for fostering practice and policy cited by the evaluation include that services should explore ways to create supportive peer networks for both carers and children, improve the availability of sleepovers and respite care, and support positive sibling contact.

## **Residential care provision**

While findings from the residential element of Bradford’s B Positive Pathways project are explored in greater depth above, it is worth noting again here two of the key factors that supported good outcomes among the children and young people living in these homes. First, training according to a common model of care was found to increase practitioners’ skill and confidence in direct work with young people. Second, the integration of multi-agency specialists enabled ‘tailored and effective support planning, whilst also supporting the direct work of practitioners’. The evaluators also suggest that ‘frequent interactions with specialists in the residential or family home environments can also help break down negative associations with a service’ (including the police and health), and that through breaking down these barriers to accessing services previously unmet needs could be addressed in a timely way. This suggests developing residential workforce skills and integrating multi-agency specialists may be worthwhile goals for wider residential care policy and practice.

## Providing additional support to young people in care

Evidence from the Innovation Programme suggests that, in addition to the configuration of foster and residential care affecting placement stability, intensive extra support targeted to young people in care who are more vulnerable to frequent moves can also help to improve stability and other outcomes. The Inside Out project was based across 3 local authorities and worked specifically with young people with a history of multiple placement moves, who had often experienced a history of trauma, relatively frequent episodes of going missing and offending, and, particularly among girls, a high risk of child sexual exploitation. Inside Out provided young people with a coach who was independent from placement providers and aimed to work closely with social workers and placement providers to achieve positive outcomes including more stable placements, improved wellbeing, less risky behaviour, and a more positive transition to adulthood. Coaches provided intensive, flexible, relationship-based support to young people for up to 25 hours per week and for a duration of up to 18 months. The outcomes of this intensive, targeted support were very positive. Importantly, there was a marginally statistically significant increase in placement stability: at baseline, young people had had an average of 4.1 placements over the preceding 12 months, while a year later this had reduced to an average of 2.2 placements. There was also a statistically significant fall in missing episodes for young people receiving support from Inside Out coaches, from 34 over the preceding 12 months to 6 a year later. The recorded numbers of offences committed over the same periods also declined for most of the young people, and (for the limited number of participants for whom data were available) wellbeing slightly increased (as measured by the Strengths and Difficulties Questionnaire) – though neither of these improvements were found to be statistically significant. The evaluators calculated a benefit-cost ratio using data on social worker time, placement costs, missing episodes and mental health, and found a ratio of 2.5 for the LA and wider public sector, and of 2.4 for the LA alone (that is, for every £1 invested in the programme there was a saving to the LA of £2.40). This is, then, another case where the ability – enabled in this case by Innovation Programme funding – to make an initial investment in extra, intensive (and therefore relatively high cost) support to a cohort with complex needs has paid off in better outcomes and saved costs.

The Family Rights Group Lifelong Links project aimed to identify individuals within looked after children's existing family and social networks, and bring them together in a family group conference to make a plan of support with and for the child.<sup>48</sup> The evaluation noted a range of views on this approach among social workers and carers, including some concerns – particularly at the start of the project – about the potential for these relationships to have a negative impact on children and young people's safety, wellbeing, and placement stability. The report provides careful, detailed discussion of these issues, but ultimately cites a range of benefits to bolstering young people's support networks in

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<sup>48</sup> Completion of quantitative analysis for the Family Rights Group Lifelong Links evaluation is scheduled to take place after publication of this report, which therefore refers only to the evaluation's qualitative analysis.

this way. Several interviewees (including young people themselves and professionals) raised, for example, the positive effect of the project on young people's wellbeing and sense of identity. As a young person stated:

'It's made me a happier person. It's made me stronger because I now realise that there are going to be family members out there that I have no clue about and that I'm never going to be able to see, but it's made me realise that even if I can't see this family, doesn't mean there's no one there. They're still there; they're still a part of me.'

(Young person, Lifelong Links)



## Additional findings on provision for young people leaving care

Several projects funded by the Innovation Programme aimed to improve provision for young people leaving care, and more effectively fulfil the duty (required by the 2017 Children and Social Work Act) to provide advice and support to all care leavers up to the age of 25.<sup>49</sup> Following the Government response to Sir Martin Narey's Independent Review of Residential Care (2016), which set out a commitment to piloting Staying Close for those leaving residential care, among these projects were 8 Staying Close pilots offering a range of accommodation and support options.<sup>50</sup> Each pilot took an individual approach and the evaluation reports detail findings on the implementation of different models, experiences of young people and wider stakeholders, and in some cases outcomes for young people.<sup>51</sup> Key findings from evaluation of the pilots are presented below, along with findings from other projects for care leavers. Overall, 4 main messages emerge from the evaluations of projects for young people leaving care:

- A range of different supported and semi-independent accommodation options is needed to provide young people leaving care with housing suited to their needs, preferences, and characteristics as they transition to independent living.
- Tailored, specialist, multi-disciplinary, trauma-informed support is also required to enable young people's individual needs to be met effectively (including needs around mental health; independent living skills such as budgeting, cooking, and maintaining tenancies; education, employment and training; and building support networks).
- Services and young people benefited from thoroughgoing co-production of services, through which young people not only had a choice over their own package of support and accommodation, but also helped to determine aspects of the broader service offer.
- Preparation for transitioning from care to post-care living should start early and form a core part of support for children in care, including those living in children's homes.

### Providing diverse accommodation options

All Staying Close pilots included an accommodation offer, which varied between pilots. The Fair Ways pilot, for example, provided a step down approach to accommodation with 2 stages, one house for 16 to 18 year olds and 1 for those over 18 years, with the aim of enabling a gradual, extended, and supported transition to independent living. Break offered semi-independent accommodation in 14 house shares, while Portsmouth offered step-down supported accommodation in 4 house shares, and provision in North East

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<sup>49</sup> Children and Social Work Act (2017), available [here](#).

<sup>50</sup> Department for Education (2016) Government response to Sir Martin Narey's Independent Review of Residential Care, available [here](#).

<sup>51</sup> Where Staying Close project cohort numbers were very small, outcomes were not reported.



Lincolnshire comprised supported accommodation house shares in 2 2-bed houses and 2 5-bed houses. In North Tyneside, the provision included a 6 bedroom, fully staffed house, and a 2-bedroom local authority flat (with options for further local authority flats to be used for Staying Close). St Christopher's offered 'pop up' beds in existing children's homes and a separate 4 bed shared accommodation unit. In Suffolk, the project worked in partnership with a housing association to repurpose a 3-bedroom house near to a children's home for young people transitioning from residential care, while also using 5 privately rented properties, and facilitating increased priority access to semi-independent accommodation.

The Suffolk evaluators note that the 'range of provision allows choice in accommodation depending on where the young person would like to live, and if they would like to share with other care leavers or live alone'. Similarly, the evaluation report for North Tyneside highlights that 'offering a range of accommodation is key. Young people's circumstances vary and it is important that Staying Close can meet their needs appropriately'. An important conclusion to be drawn from across the evaluations is that variation in the kinds of accommodation available to young people leaving care is needed. Just as young people's preferences, needs, and characteristics differ, so accommodation options should differ accordingly.

Another important finding from Break and Suffolk was that guaranteeing young people's tenancies enabled the projects to support young people to address and resolve issues such as rent arrears and, as the Break report notes, 'develop strategies to help sustain accommodation, rather than escalating to an eviction process'. Similarly, at North East Lincolnshire, the project 'acts as the tenant for a transitional period'. The Suffolk report highlights that guaranteeing tenancies 'has provided a safety net as young people learn valuable lessons around budgeting and independent living'. As local authorities consider how best to fulfil their roles as corporate parents to care experienced young people up to age 25, this aspect of these Staying Close pilots seems particularly relevant.

## **Providing skilled, specialist support**

Part of the original motivation for Staying Close was that, while Staying Put offers young people leaving foster care an option to remain living with their carer(s), young people leaving residential care did not have an equivalent formalised option for staying in touch with workers from their children's home, with whom they may have developed close relationships, and from whose continuing support they might benefit.<sup>52</sup> There was a concern to provide better consistency in relationships and support by introducing a formalised option for maintaining these key relationships. There was also a concern to

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<sup>52</sup> For further information on Staying Put, see HM Government (2013) *Staying Put: Arrangements for Care Leavers aged 18 and above to stay on with their former foster carers*, available [here](#).

ensure accommodation was in a familiar area, geographically close to the young people's old children's homes.

An important finding was that, again, one size did not fit all: while some wanted to continue relationships with their residential home workers, others could not identify workers they wanted to stay in touch with (but still benefitted from support from other sources). At Fair Ways, for example, the evaluators note 'most of the young people in the project did not express an interest in maintaining contact with previous workers'. At Suffolk, the evaluators noted that emotional and geographical closeness to key workers was 'more important to the young people than 'staying close' to the children's home. Young people wanted accommodation that was close to all of their social networks', which included family and friends. Responding to the needs and preferences of their cohorts, some pilots therefore did not prioritise maintenance of relationships with young people's former children's home workers.

It is worth also noting that, where this was a key element of the model, implementational issues could arise around backfilling posts of staff from children's homes who had been released to work with Staying Close. In Suffolk, the Staying Close team backfilled for children's home staff, while at St Christopher's, Staying Close funding was used to bring in staff to backfill posts. At Bristol, the evaluators note that 'when a young person selects their Staying Close worker, the children's home manager must release that member of staff from their substantive post and backfill the vacancy', but flag that 'operation of two separate staff rotas becomes particularly complicated where there are staffing shortages or competing priorities between the safe running of the children's home and the effective delivery of the Staying Close offer'. The practice of backfilling may also raise questions around continuity of relationships for children living in those homes.

In addition to implementational issues, there were concerns that residential care workers will not all have the skills and knowledge required to effectively support young people leaving care, given their specific needs differ from those of children in care. As the evaluators of North Tyneside note, while maintaining those relationships may provide some consistency and continuity, residential home workers 'are not always formally trained to support the specific emotional, psychological, social, or practical needs that can characterise and define the leaving care experience'. There is, for example, a need for knowledgeable support to be provided to young people leaving care to facilitate their access to adult services and benefits, with which children's home workers may be less familiar. Relatedly, at North Tyneside, the Staying Close home was located very nearby to a children's home, which enabled staff easily to work in both homes and meant young people were familiar with the area, but the evaluators raise there were 'problems in distinguishing between the offers', with staff raising 'the need for a 'change in culture' in terms of the way they worked with the young people' supported through Staying Close.

Overall, a key message from the Staying Close evaluations is that young people benefited from having access to a range of options for skilled, specialist support, from which a tailored package could be put together to meet their particular needs, in areas ranging across mental health; independent living and life skills (such as budgeting, cooking, and maintaining tenancies); education, employment and training; and building support networks. As discussed above (in the section on delivering integrated multi-disciplinary support), the evaluation of Break in particular highlights how the availability of a range of specialist and expert support enabled the project to tailor individual packages of support for each young person. The project, which had promising outcomes for young people, delivered 'a wraparound service', including a mentoring team; emotional wellbeing service; education, employment and training officer; participation worker; direct workers to support transitions to independent living; and housing support workers to assist with tenancy responsibilities.

Break project staff emphasised the importance of using trauma-informed practice methodologies to underpin work with young people leaving care, and 'raised a pressing need for enhanced specialist training and in-house knowledge-sharing regarding the 'complexity and degree of presenting mental health issues in the cohort' and on the behavioural concerns that transition and housing workers encountered'. They also noted that increasing capacity in the team through having a higher ratio of staff to young people would 'significantly increase scope to build the close, trusting relationships needed for impactful support'. Managers reported an intention to bring in clinical and therapeutic practitioners to enhance skills among key workers and support therapeutically-informed practice. At North East Lincolnshire, evaluators note benefits of young people having had access to a mental health practitioner and 2 educational psychologists.

Further evidence of the importance of ensuring support for young people leaving care is underpinned by specialist knowledge of the issues they commonly face, and in particular that it is informed by therapeutic approaches, is provided by the evaluation of Derby's Local Area Coordination project. The project provided support to young people, through a 'Coordinator', to enhance their community connections and support networks, 'with a focus on helping people to stay strong independently, rather than be dependent on services'. It is worth noting that there may be a tension between this focus and the need to ensure care leavers are accessing the services and benefits to which they are entitled: while the project 'aims to reduce service demand and dependency' where appropriate, it should be recognised that in many cases the aim should be to ensure young people are getting the support they need (for example, from health and mental services), and are supported to take up their entitlements (for example, the Council Tax exemption). While the initial team had previous experience delivering a similar service for older people in the area, project staff noted that the needs of care leavers were quite different from those of the cohorts they were used to working with. To help address this issue, the project

introduced training on trauma-informed approaches for some staff, who cascaded learning to other team members, and a key recommendation of the evaluation is that this and other relevant training should be expanded if the project is continued.

Evidence from the evaluation of the House Project highlights that providing support to care leavers through a multi-disciplinary team, which takes a relationship-based approach and includes psychologists skilled in trauma-informed therapeutic approaches, was 'critical' to the project's effectiveness. The project offered young people a long-term home and 'individualised wraparound support', with outcomes data suggesting the cohort experienced improved overall life satisfaction and wellbeing over time (as measured by the Good Childhood Index of subjective wellbeing). The evaluation also suggests 'young people felt more able to make decisions and there was also considerable evidence that young people felt part of community and valued the support networks formed with HP young people and staff.'

An important issue raised by several of the evaluations is that preparation for transitioning from care to post-care living should start early and form a core part of support for children in care, including those living in children's homes. To encourage and support earlier preparation for transition, the Break Staying Close project worked with young people to co-develop and deliver 'a staff training programme and package of workforce development to improve leaving care awareness and skills for residential staff and professionals'. Relatedly, the evaluators of Suffolk Staying Close suggest that 'current National Vocational Qualifications for residential childcare support workers should extend to consider the specific, effective, and integrated approaches that are, needed to support young people leaving children's homes', and a similar recommendation is found in the report for North Tyneside.

## **Enabling choice and co-production**

A key message from the evaluations is that young people leaving care need – and benefited from having – a strong voice in shaping the support they receive. This means (at least) enabling young people to make decisions on what kind of support and what kind of accommodation they take up. The Staying Close pilots took quite different approaches to enabling this kind of agency, but it was noted by several staff at different projects that encouraging and supporting young people to exercise self-determination, while providing safety net, is a key aspect of supporting transition to independent living. The evaluation of Shared Lives similarly highlights the centrality to the model of providing skilled support while enabling development of autonomy through providing opportunities for choice and self-determination. The project carefully matched 65 young people with trained carers 'with community connections who provide a young person with a stable, family home'. Its evaluation notes that 'being provided with choice in everyday situations for example, making choices about meals and meal times, gave young people an understanding of their rights as adults but also helped them to recognise the need to develop more autonomy and living skills'.

In addition to enabling these kinds of choices, some projects benefited from engaging in thoroughgoing co-production of services, through which young people determined what aspects of service processes and provision looked like. Elements of co-production included, for example, enabling young people collectively to determine house rules within their Staying Close accommodation, or to feed into staff recruitment decisions. As explored earlier in this report (within the section on consulting on and co-producing services), young people's involvement in co-production of care leaver service models and provision was particularly beneficial not only in helping services meet local needs and preferences, but also in facilitating development among young people of a sense of belonging, autonomy, and self-esteem.

## Lessons for innovation and change in children's social care

The Innovation Programme funded a wide variety of projects and its evaluation has produced valuable learning for innovation and change in children's social care. Perhaps one of the most important things to emphasise is that many projects were not introducing innovations so much as applying sensible levels of funding to appropriate, evidence-informed forms of help and support, balanced across the spectrum of need and risk. Across a range of projects, evaluations found social work practitioners, managers and leaders claiming that, rather than being particularly innovative, their approaches simply represented 'good social work', and reflected established social work values and sensible priorities.

That said, each of the projects certainly aimed to change something about the way services are managed or delivered. Interestingly, it is clear that in Round 2 of the Innovation Programme, projects experienced many of the same barriers and obstacles to developing and implementing change that were identified in Round 1, and did not always leverage the enablers identified in Round 1 to maximal effect. This suggests that learning from Round 1, and from other research on improving children's services, on enablers of and barriers to innovation and change was not consistently applied within Round 2 projects.

In Round 1, key systemic conditions of innovation identified through thematic analysis included clarity of objectives, strong senior leadership, a focus on relationships, effective collaboration across services, and making good use of the evidence base.<sup>53</sup> In the interests of brevity, we focus less here on these systemic conditions of innovation, but emphasise that findings from Round 2 cohere with and support the conclusions of that report. There are, in addition, some further findings on enablers of innovation and change from Round 2 evaluations, which we highlight below.

### **Make realistic, evidence-informed plans (timeframes, goals, cohorts, and logic models)**

Overall, evidence from across the Innovation Programme strongly suggests a need for more realistic planning of change projects in the children's social care sector. In particular, plans must be realistic about cohort size estimates, and about the milestones and goals that are achievable within given timeframes. (As highlighted elsewhere in this report, several projects initially overestimated cohort sizes and the vast majority underestimated the time it would take to implement change and see impact.) Prudent planning should involve development of a clear and above all plausible logic model or

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<sup>53</sup> Sebba, J., Luke, N., Rees, A., and McNeish, D. (2017) *Children's Social Care Innovation Programme Thematic Report Four: Systemic Conditions for Innovation in Children's Social Care*, Department for Education, available [here](#).

theory of change, demonstrating realistic sequencing of planning, design, set up, implementation, and embedding activities, and of immediate, intermediate, and longer term intended outcomes. This in turn requires to be informed by detailed scoping of local needs and capacities, and critical review of relevant existing evidence (for example, on similar cohorts or interventions). In other words, good project planning requires dedication of resources to a substantial research element. In terms of implications for the Department for Education and other funders, provision of additional guidance on project and resource planning, and in particular greater scrutiny of the practicality and feasibility of proposed timelines and resourcing at the tender stage, would be advisable to counteract incentives to produce over-ambitious proposals. This relates to 'clarity of objectives' and 'making good use of the evidence base', identified as enablers of innovation in Round 1, but it is worth centring here the need for greater realism among planners and funders, too.

## **Consult and co-create**

As indicated earlier in this report, a key finding from Round 2 was that innovation and change should be informed by thoroughgoing consultation with affected parties that enables priorities to be shaped by their insights. Projects that successfully engaged with, listened to, and implemented the suggestions of key stakeholders, including children and young people, families, staff, and external organisations, found this engagement led to concrete improvements to processes and outcomes. The benefits of consultation and co-production include better meeting local needs, and fostering a sense of ownership and agency among involved parties. This relates to findings from Round 1 on the importance of 'focusing on relationships', in the sense that it often involves reconfiguring relationships between leaders, staff and intended beneficiaries, such that decision-making is less top-down and more collective.

## **Engage partner agencies early and regularly**

In relation to the enabler identified in Round 1 of 'effective collaboration across services', Round 2 has provided useful further findings on what bolsters efficacy. In cases where Innovation Programme projects depended on multi-agency cooperation, benefits were seen where projects worked with partner agencies to co-develop plans right from the start of the project design phase, and then held regular fora for communicating progress, celebrating success, troubleshooting and resolving problems, and agreeing ongoing plans. Regular communication starting as early as possible was also important to help establish shared goals, values, and language (particularly where there was previously little complementarity between or experience of each other's ways of working), and to ensure roles and responsibilities were clearly delineated.



## **Experiment within a clear framework**

Findings from the programme demonstrate there is a balance to be struck between experimentation on the one hand, and sustaining a clear vision and plan on the other. Innovation is inevitably often unpredictable and requires a certain agility in responding to developing circumstances. But it is crucial that alterations to plans and activities be made in line with a clear framework for change and a clearly communicated overarching vision: as identified in Round 1, 'clarity of objectives' is important, not least to avoid confusion and a sense of disempowerment among affected staff. One way of achieving this difficult balance is to build in time specifically allocated to experimentation and piloting, including time for collecting feedback and analysing pilot results, and for refining or even completely redrawing plans on the basis of findings.

## **Stable, strengths-based leadership**

Stability and quality of senior leadership was a key factor affecting the implementation of almost all Innovation Programme projects. In particular, the progress of many projects was negatively affected by senior leaders leaving post, resulting in significant delays as new leaders were recruited, inducted, and took time to familiarise themselves with the projects. The sector and the Department for Education may wish to consider further how to bring greater stability to this part of the children's social care workforce. In addition to stability, effective leadership that supported project implementation involved strong communication of a clear vision that enabled plans for change and the values on which they were based to be widely understood among all relevant stakeholders. Further, 'modelling the model' by relating to staff and wider stakeholders in a strengths-based way, working in partnership, and taking a solutions-oriented (not blame-oriented) approach also helped to set clarity of purpose, uphold morale during times of change, and foster positive organisational cultures that support good practice.

## **Safeguard organisational memory**

Given the high level of instability of senior leadership evident across the Innovation Programme, which caused significant challenges for delivery of change projects, a key lesson is that project designs and plans should anticipate the very real risk that key leaders will leave post. To mitigate consequent disadvantages, projects should, from the start, set up systems for ensuring clear audit trails: comprehensive written records of what has been done when, and why particular decisions were taken, to ensure knowledge and understanding of the change project is incorporated into organisational memory in a secure way, and is not so vulnerable to being lost in case of leadership changes. This can also bolster the efficiency of induction processes for new leaders.



# Lessons for evaluation in children's social care

## Evaluation limitations and challenges

Innovation Programme evaluation teams and projects worked well together to address sometimes significant challenges to evaluation, but there were a number of common obstacles and limitations from which we can draw some lessons.

### Changing project circumstances

Key challenges faced by evaluation teams included changes to project plans, activities, and cohorts, which are to be expected for innovation projects, but in some cases meant original evaluation plans were no longer appropriate or viable and needed to be altered. For example, following significant changes to planned activities at Catch22, the project no longer aimed to achieve impact on outcomes within the evaluation period, and so the impact element of the evaluation was ceased and the focus placed on assessing project processes. The vast majority of projects also experienced delays due to recruitment of staff or participants (or both) taking longer than anticipated. In some cases, project activities, or project engagement in evaluation activities, were interrupted by a re-focusing of capacity on responding to Ofsted inspections and judgments. Evaluations were also affected by the fact that most sought Data Sharing Agreements (DSAs) with projects just as the General Data Protection Regulation (GDPR) was introduced. Given lack of familiarity with the new regulation, these agreements took a significant amount of time to reach (in some cases months).

### Limited evaluation periods

These delays restricted the window of opportunity for evaluations to assess impact on outcomes and costs. Even had no delays occurred, the evaluation period was still brief in light of realistic timescales for project activities and intended outcomes. The evaluation of Newham NewDAY, for example, found the project narrowly missed breaking even within the evaluation period, but highlighted that it may yet do so if the positive observed outcomes (namely, de-escalation of risk related to domestic abuse among the families engaged in the intervention) are sustained over a longer period, as the project intends. The PIP Practice Review report suggests that while process outcomes may be observable relatively early on in the life of a large-scale system change programme, a period of 5 years post-implementation of system change is required before it is reasonable to expect observable impact on child and family outcomes.

Further, several evaluations were affected by the Covid-19 pandemic. Towards the end of the evaluation period, the Department for Education instructed teams to cease fieldwork in order that local authorities and services be able to focus on responding to the pandemic. Unfortunately, some evaluations had scheduled collection of cost data for this

final period, and without these data were unable to complete their cost benefit analyses as planned.

## **Small cohorts**

Small participant cohorts also affected the ability of some evaluations to evidence impact on outcomes through quasi-experimental designs. In some cases, evaluation teams therefore took an alternative approach to understanding projects effects, such as using contribution analysis (this approach was taken by several of the Staying Close evaluations). In other cases, small sample sizes limited the ability of evaluations to detect statistical significance, given project effect sizes. The Inside Out evaluation, for example, found only a marginally statistically significant effect on placement stability, but suggested this would likely reach greater significance with a larger sample.

## **Lack of plausible comparators or comparator data**

Further challenges to counterfactual analysis were presented by a lack of genuinely comparable comparison groups or difficulties accessing data from comparators. Many local authorities kindly volunteered to provide Innovation Programme evaluations with comparator data for impact analyses, but other potential comparator local authorities viewed the burden of participation as outweighing the benefits and declined to take part. Similarly, evaluations attempting to construct comparison groups from young people or families receiving 'services as usual' within a local authority often faced difficulties collecting sufficiently detailed data from these groups, who had little incentive to participate.

## **Data quality issues within the children's social care sector**

A major problem for evaluation within the children's social care sector is poor data quality and completeness, even within statutory returns to national datasets. Further, projects did not always collect all relevant additional data, or had not collected these data consistently from the start, which caused difficulties in evidencing baselines and progress. One project expressed reluctance to gather outcomes data, particularly at baseline, viewing this as antithetical to their aim of creating comfortable, non-judgmental relationships with participants. In other cases, projects worked well with evaluation teams to ensure data collection processes were streamlined and complementary to both project and evaluation aims.

## **Lessons for future evaluation**

Recognition of these challenges motivates several recommendations.

Evaluations should build in sufficient time to secure DSAs as early on as possible, and to accommodate project changes and delays throughout the evaluation period, recognising

that delays and diversions are par for the course not only in innovation projects but in children's social care generally (given, for example, the Ofsted inspection process). Data (including cost data) should be collected at the earliest appropriate moment to minimise risks of unforeseen events negatively affecting evaluation.

Projects should, from the very start of planning any change project, consider what indicators best capture the outcomes they intend to achieve, as well as which of these are available, and which are unavailable but should be collected henceforth, to measure baselines and progress. Ideally, evaluation experts and evaluated projects should work together on this, and on developing (and continually reviewing and keeping updated) evaluation plans that are both clear and realistic in terms of expectations and timings.

Even where data quality is good, but particularly where it is but poor, cleaning and readying data for use in evaluation can be time-consuming. Several evaluations recommend that local authorities consider ring-fencing dedicated resources to support evaluation and learning. The need for such resourcing must clearly be balanced against other needs, given scarcity, but building in an ongoing function to learn from evidence would be beneficial. Formative evaluation can help projects refine and improve their activities as they develop, while summative evaluation can help evidence impact and support bids for continued funding. The Department for Education may also wish to take action to address the quality and completeness of data in national statutory returns.

Lastly, while robust experimental and quasi-experimental evaluation designs hold significant value in demonstrating project impact, we urge that these require data of sufficient quality; a genuinely comparable comparison group; and sufficiently large sample sizes and intervention effects to enable the analysis to detect statistical significance. This may not always be feasible in evaluation of children's social care projects, particularly those involving, for example, quite idiosyncratic or very small cohorts. We also urge that qualitative evaluation is equally necessary and valuable, not only in enabling us to explain how and why outcomes are achieved, and identify key drivers of and obstacles to positive impact, but also in illuminating the lived experience of children, young people and families, which is so crucial to effecting change.

# Conclusions and recommendations

## Innovation Programme outcomes

Across the Innovation Programme, the evaluations of Family Safeguarding, Richmond and Kingston Achieving for Children PIP, Lincolnshire PIP, Pause, and Inside Out produced evidence from comparative impact analysis of statistically significant positive impact on intended outcomes. (It is notable that, among this group, Inside Out was the only project that was not a continuation from Round 1.) Several other evaluations produced weaker quantitative evidence of some positive outcomes, including for Bradford's B Positive Pathways, Calderdale's Positive Choices, Havering's Face to Face Pathways project, Hampshire PIP, the House Project, Leeds PIP, Mockingbird, Newham's NewDAY, Calderdale's Positive Choices, the SafeCORE project in Greenwich, Shared Lives, Slough, some Staying Close pilots, and Triborough PIP. Other quantitative impact or outcomes analyses showed more mixed or unclear results, or no impact or change.

## What contributed to good outcomes?

Overall, evidence from evaluations of the Innovation Programme suggests various aspects of practice, and of service systems, were key to achieving good outcomes for cohorts across the spectrum of need and risk. While it can be difficult to disentangle which elements of a project were more or less influential on outcomes – and in some cases evaluators have emphasised it is the 'whole package' that appears to have made the difference – the benefits of evaluating such a broad range of projects include that it enables us to look across the body of quantitative and qualitative evidence as a whole to find commonalities and themes. A clear conclusion to be drawn is that those projects with the most promising evidence of positive impact (including large-scale system change projects and more targeted services) showed evidence of delivering practice that was relationship-based, strengths-based, and holistic. That is, common to most approaches within effective projects were:

- the centrality of building consistent, trusting relationships, and providing time for this,
- the focus on bolstering and leveraging strengths and resources to identify solutions and working together to support progress towards positive outcomes, and
- the provision of multi-faceted (often multi-disciplinary and sometimes multi-agency) support that could address multiple needs and issues, including those relating to the wider relationships and social contexts in which individuals and whole families are embedded, in a holistic, joined-up and coherent way.

The evidence from across Innovation Programme evaluations is also clear that achievement of good outcomes (again, across a wide range of cohorts), and of good quality, relationship-based, strengths-based, and holistic practice requires to be supported by enabling systemic conditions, structures, and processes. Key systemic enablers included:

- improving practitioner time capacity and service capacity to enable sufficient time for work (including direct work) on each case,
- using shared, evidence-informed practice methodologies and tools,
- providing training and skilled supervision to support evidence-informed approaches to practice,
- providing integrated multi-disciplinary specialist support enabled by group case discussion (most notably, this included specialist mental health support across a range of cohorts, but also, depending on context, specialist support for domestic abuse, alcohol and substance misuse, parenting skills, life skills such as budgeting, education, and employment),
- improving multi-agency collaboration, and
- engaging in thoroughgoing consultation on and/or co-production of services.

In some cases, these systemic conditions generally appeared to improve outcomes through making improvements to the quality of practitioners' direct work and interactions with children and families (as in the case of training). Others appear to have had a degree of impact that may be independent from the quality of direct work (as in the case of providing integrated specialist multi-disciplinary support). As quality of direct work was not evaluated according to a common framework across several projects, it is not possible for firm conclusions on this issue to be drawn from comparative analysis. Nonetheless, a key point is that the extra capacity provided through Innovation Programme funding was an overarching, critical enabler of projects achieving their aims – including, for some, making cost savings. This raises questions of how sustainable achievements will be as the funding ends, particularly where children's social care baselines were challenging, but also highlights how crucial adequate funding of children's services is to enabling services to achieve good outcomes.

In addition to the above conclusions, which apply both to whole children's social care systems and to services working with more targeted cohorts (such as children and young people in care and leaving care), the evaluations have also generated findings more specific to their project contexts. Further important conclusions to be drawn from the evidence include:

- Creating supportive peer networks for both foster carers and children, in the vein of an 'extended family', was beneficial to both foster carers and the children and young people they care for, including through increasing availability of sleepovers and respite care, and supporting positive sibling contact.
- Having a skilled team of multi-agency specialists (including mental health, education, police, and others) within the residential care setting providing wraparound support according to an evidence-based model of care enhanced support and was associated with a range of good outcomes for young people living in residential care.
- Providing young people experiencing multiple placement moves with extra, intensive, on-to-one, relationship-based support through a coach helped towards achieving better stability and other improvements to outcomes for very vulnerable young people.
- Key to meeting the needs of young people leaving care is to offer a range of accommodation and support options that provide young people with a safety net as they transition to independent living while enabling them to exercise agency, including through co-production of services. Options for accommodation, and for other multi-disciplinary support (for mental health; education, employment and training; life skills, such as budgeting and cooking; and so on), require to be diverse and flexible, in order to fit diverse needs, preferences, and characteristics of young people locally.
- Local authorities that had been considering implementing an Alternative Delivery Model for services ultimately decided against this approach on the basis that strategic goals could be achieved more efficiently and reliably, with fewer risks, under local authority (and partner agency) governance.

## Recommendations

Findings from across the Innovation Programme motivate several recommendations:

- Adequate, stable funding should be made available to enable local authorities to achieve an appropriate balance in the distribution of work across the spectrum of need and risk, with a recognition that investment in earlier and more intensive support can pay off in terms of both better outcomes for children and families, and saved costs for services in the longer term. Consideration should be given by policy makers to introducing longer term frameworks for budgeting of children's services.
- Across contexts, including statutory and non-statutory services working with children and adults, evidence-informed methodologies should be used to: provide a framework for knowledge, understanding, and skills development; foster positive service values and cultures; enable unity of purpose; and embed shared language that enhances clarity and consistency in communication across professional disciplines and with families.

- Rather than there being a single, comprehensive practice methodology suitable for universal implementation, services should consider which relationship-based, strengths-based, holistic approaches – or mix of complementary approaches – are best suited to meeting the needs of their cohorts. Systemic methodologies appear particularly helpful in a range of contexts given that they enable – by explicitly requiring – a core focus on how relationships within familial and social systems influence how individuals and families operate, shaping their challenges and opportunities.
- To support effective practice, training to an appropriately high level of knowledge and skill in line with relevant evidence-informed methodologies should be provided not only to practitioners within children’s social care teams, but also residential care practitioners, and key professionals working with young people leaving care. There is a clear need among these populations for trauma-informed and multi-disciplinary support from highly skilled professionals. (It should also be recognised that, while training can enhance skill, translating learning into practice requires sufficient practitioner time capacity.)
- Again, across a range of social care, post-care and non-statutory contexts, consideration should be given to incorporating multi-disciplinary, specialist support within service teams to meet multiple needs in a timely, joined-up, and coherent way. Consideration should be given to including specialists with expertise in mental health in particular, but also (depending on context) domestic abuse, alcohol and substance misuse, parenting skills, life skills such as budgeting, education, and employment.
- Generally, there is a need for more joined-up working across agencies to support progress towards good outcomes for children, young people, and families. To assist effective multi-agency collaboration, services should consider involving relevant partner agencies in co-developing any plans for change as early on as is feasible; establish shared goals, values, and language; ensure roles and responsibilities are clearly delineated; and hold regular fora for ongoing communication.
- There is significant value to building consultation and co-production involving service users, staff, and partners into service-level decision-making processes. Achieving effective consultation and co-production requires sufficient time and careful communication to ensure that expectations are clear among all parties, and that stakeholder views can be incorporated into evolving plans.
- In any innovation or change project in children’s social care, realistic planning must be a key priority. This in turn requires dedication of resources at an early stage to a substantial research element, to enable realistic cohort estimates and development of a clear, evidence-informed, plausible logic model demonstrating realistic sequencing of planning, design, set up, implementation and embedding activities, and of immediate, intermediate and longer term intended outcomes. Building in time



dedicated to experimentation and piloting is often advisable when introducing innovation.

- Both the sector and the Department for Education may wish to consider how to address instability of senior leadership within children's social care. In the meantime, to mitigate risks associated with service and project leaders leaving post, services should consider implementing strategies to safeguard organisational memory, including having clear audit trails of decision-making processes.
- Whether heading up change projects or running established services, leaders in children's social care should 'model the model'. This means not only communicating a clear vision and purpose, but also relating to staff and wider stakeholders in a strengths-based way, working in partnership, and taking a solutions-oriented approach that promotes positive organisational cultures.
- High quality evaluation of services and projects can be worth resourcing not only to evidence project-specific outcomes and impact, but also to inform ongoing improvements through identification of key drivers of and obstacles to positive impact. To enable effective evaluation and sector-level research, the Department for Education may wish to address the quality and completeness of data in national statutory returns. On evaluation methodologies, we urge that while robust experimental and quasi-experimental evaluation designs hold significant value in demonstrating project impact, these require data of sufficient quality; a genuinely comparable comparison group; and sufficiently large sample sizes and intervention effects to enable the analysis to detect statistical significance. We also urge that qualitative evaluation, not only to explain how and why outcomes are achieved, but also to illuminate the lived experience of children, young people, and families, is equally necessary and valuable.

## Appendix 1: Summary of projects and evaluations

The table below sets out a brief description of each project funded in Round 2 of the Children’s Social Care Innovation Programme, along with the type of quantitative impact or outcomes analysis conducted as part of their evaluations, and a brief description of the results of these quantitative analyses, arranged by project type.

**Table 4: Summary of projects and evaluations**

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
<b>Partners in Practice</b>			
PIP Hampshire	Whole system reform of children’s social care services, implementing ‘The Hampshire Approach’	Changes in outcomes (no comparator)	Some positive changes
PIP Islington	Training and support to embed motivational interviewing, dyadic developmental practice, and trauma informed practice in children’s social care services	Compromised comparative analysis	Mixed impact
PIP Leeds	Introduction of Restorative Early Support teams, and embedding restorative practice into social work teams and wider services including schools and early help	Changes in outcomes (no comparator)	Some positive changes
PIP Lincolnshire	Embedding Signs of Safety; reviewing Early Help support; Future4Me (for adolescents at risk of offending); and Caring2Learn (supporting foster families and schools)	Stronger comparative analysis + significance	Some positive impact

<b>Project</b>	<b>Project description</b>	<b>Type of impact or outcomes analysis</b>	<b>Impact or outcomes analysis results</b>
PIP North Yorkshire	Extension of No Wrong Door to pupils with Social, Mental and Emotional Health needs at risk of exclusion and to care leavers	Stronger comparative analysis + significance	No impact found
PIP Richmond and Kingston Achieving for Children	System change to improve children's services, including implementing Signs of Safety and delivering support through a Strengthening Families Plus Team	Stronger comparative analysis + significance	Some positive impact
PIP Triborough	System change to deliver systemic practice within children's social care, including introducing clinical practitioner and systemic psychotherapist roles	Moderate comparative analysis	Some positive changes – better than comparator
PIP Practice Features review	N/A (this review provided a synthesis of collective learning arising out of the experiences of PIPs across Rounds 1 and 2)	N/A	
<b>Large scale system change and workforce development projects</b>			
Cornwall	Integration of health, social care, and education services to further improve support for families across the county	N/A	
Dorset	A programme of workforce development for area-based teams to foster a relationship-based approach with a focus on appreciative enquiry and restorative practice	Stronger comparative analysis + significance	No impact found

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
Firstline	A leadership programme for those that manage social workers in local authority children's social care services to improve their practice leadership	Stronger comparative analysis + significance	No impact found (1 measure better than comparator)
FutureSocial (ADCS West Midlands)	Development of a shared, regional workforce development infrastructure to support quality of practice and career progression of children's social work professionals	Changes in outcomes (no comparator)	No changes found
Hackney Contextual Safeguarding	Redesigning the safeguarding system within children's social care and at its interface with other agencies to address extra-familial risk or harm (such as child sexual and criminal exploitation, peer-on-peer abuse, serious youth violence, and gang affiliation) experienced by adolescents, through interventions into contexts that facilitate harm	Moderate comparative analysis	No changes found (yet, but not expected yet)
Havering Face to Face Pathways	Targeted work with young people on the edge of care and their families; adapting in-care provision to support systemically trained foster carers to stabilise placements for children with complex needs; improving leaving care services for young people aged 14 to 25	Changes in outcomes (no comparator)	Some positive changes
Family Safeguarding	Whole system reform of child protection services including integration of specialist adult workers within multi-disciplinary social work teams, Motivational Interviewing, group case supervision, an Electronic Workbook and an eight module intervention programme	Stronger comparative analysis + significance	Some positive impact

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
MTM Signs of Safety	Implementation of a strengths-based, safety-organised approach to child protection casework, underpinned by collaborative work with parents/carers and children to conduct risk assessments and safety plans that focus on a family's strengths, resources, and networks	Stronger comparative analysis + significance	No impact found
North of Tyne	Development of a shared business plan to underpin further collaboration between local authorities in the design and delivery of children's social care services in the region	N/A	
<b>Services for looked after children</b>			
Commissioning: North London	A strategic partnership to improve residential care placement commissioning	N/A	
Commissioning: South London	A strategic partnership to improve residential care placement commissioning	N/A	
Bradford B Positive Pathways	Incorporation of 2 practice models (No Wrong Door and Mockingbird) to enhance the service offer available to looked after children, adolescents on the edge of care, and foster families	Moderate comparative analysis	Some positive changes – better than comparators
Credo Care	The project originally aimed to achieve step-down from residential care into specialist foster care for disabled children aged up to 15 (project ended early)	N/A	

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
Coram-i	Introduction of systems and processes, including performance management and quality assurance, to address delays in achieving permanency for children who will be fostered long term	Changes in outcomes (no comparator)	Mixed evidence
Family Rights Group Lifelong Links	Partnership with local authorities to create a Lifelong Links service to work with the child in care to identify a lasting support network and bring them together to make a plan offering practical and emotional support in childhood and adulthood, which is embedded in the child's care or pathway plan	Changes in outcomes (no comparator, limited outcomes evidence) <sup>54</sup>	Some positive changes
The Fostering Network's Mockingbird project	Creation of a constellation of 'satellite' fostering families who are supported by a hub home operated by an experienced foster carer, offering planned and emergency sleepovers, advice, training and peer support, to replicate the support available through an extended family network	Mixed (Carers: Moderate comparative analysis; Young people: Stronger comparative analysis + significance)	Carers: positive – better than comparators. Young people: no impact found yet (but some positive outcomes)
Inside Out	Provision of intensive, relationship-based support, through a coach, for young people in care who have had or are at risk of having multiple placements over the last 12 months	Stronger comparative analysis + significance	Some positive impact

<sup>54</sup> Additional quantitative outcomes analysis, which includes comparator data, is due to be completed after publication of this report. Full findings will be included in the Lifelong Links evaluation report.

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
TACT	The Adolescent and Children's Trust (TACT) was originally commissioned by Peterborough City Council to provide a complete fostering, adoption, and permanency service (project ended early)	Stronger comparative analysis + significance	No impact found
<b>Services for care leavers</b>			
Catch22	Introduction of a Care Leavers Partnership to improve Leaving Care services and direct work with young people leaving care in Southwark	N/A	
Derby Local Area Coordinator	Provision of a Local Area Coordinator to young people leaving care, to enhance community-based support networks and 'reduce service demand and dependency'	Changes in outcomes (limited comparison, limited outcomes evidence)	Mixed/limited evidence
House Project	Supporting the development of House Projects nationally to improve outcomes for young people leaving care by working with them individually and in groups to move in to their own home in a planned and supported way	Changes in outcomes (no comparator)	Some positive changes
Shared Lives	Matching of care leavers with a trained Shared Lives carer and provision of support to move in and share family and community life	Changes in outcomes (no comparator)	Some positive changes



<b>Project</b>	<b>Project description</b>	<b>Type of impact or outcomes analysis</b>	<b>Impact or outcomes analysis results</b>
Staying Close: Break	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (limited comparison)	Some positive changes
Staying Close: Bristol	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (no comparator)	Some positive changes
Staying Close: Fair Ways	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	N/A	
Staying Close: North East Lincolnshire	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (no comparator)	Some positive changes (limited evidence)
Staying Close: North Tyneside	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	N/A	
Staying Close: Portsmouth Aspiration	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (no comparator)	Some positive changes (limited evidence)
Staying Close: St Christopher's Fellowship	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (no comparator)	Some positive changes (limited evidence)

Project	Project description	Type of impact or outcomes analysis	Impact or outcomes analysis results
Staying Close: Suffolk	1 of 8 Staying Close pilots offering a range of accommodation and support options to young people leaving residential care	Changes in outcomes (no comparator)	Some positive changes (limited evidence)
<b>Other targeted projects</b>			
Asset Plus Alternative Assessments	Pilot to test systemic, strengths-based alternatives to the AssetPlus assessment and intervention planning framework used within the Youth Justice Service	N/A	
Barnardo's NFGMC	System change in the provision of services for children and families affected by female genital mutilation, breast flattening, and child abuse linked to faith or belief	Changes in outcomes (no comparator)	Some positive changes
Calderdale	Provision of intensive, relationship-based support to vulnerable (including care experienced) parents, to care well for their baby or infant child	Moderate comparative analysis	Some positive changes
Camden	Improvement of services for children in need aged 10 to 13, including intensive multi-practitioner support, family group conferences, and mentoring for children	Compromised comparative analysis	No impact found
Coventry FACT22	Collaboration between Coventry City Council and Catch22 to improve service provision and outcomes for children in need through a personalised and intensive model of support	Stronger comparative analysis + significance	Mixed impact

<b>Project</b>	<b>Project description</b>	<b>Type of impact or outcomes analysis</b>	<b>Impact or outcomes analysis results</b>
Ealing Building My Future	Provision of earlier support to young people with additional needs (e.g. learning difficulties, autism) through a multidisciplinary, multi-agency team	Moderate comparative analysis	Mixed/little change
Greenwich SafeCORE	A non-statutory service providing support to families to address domestic violence and abuse, by applying the Science of Compassion, family-led systemic concepts, relational approaches, and practical support	Changes in outcomes	Some positive changes
Newham NewDAY	A non-statutory service providing multi-disciplinary support to families experiencing domestic violence and abuse (whose children may also have statutory plans)	Moderate comparative analysis	Some positive changes – better than comparator
Pause	Provision of trauma-informed, intensive, relationship-based support to women who have experienced removal of at least one child and are at risk of further removals of children	Stronger comparative analysis + significance	Some positive impact
Slough	Improvement of services for families affected by domestic violence and abuse, through a Domestic Abuse Assessment, Response and Recovery workstream, and Innovation Hub	Moderate comparative analysis	Some positive changes – better than comparator

## Appendix 2: Follow-up evaluations of Round 1 projects

Light touch follow-up evaluations of 8 projects that received Innovation Programme funding in Round 1 but not Round 2 were conducted to assess if quantitative outcomes had been sustained or changed.

These projects were: Creating Strong Communities in North East Lincolnshire, Daybreak Family Group Conferencing, Ealing Brighter Futures, FACT22 (originally called Project Crewe), Families First at Durham County Council, Growing Futures at Doncaster Children's Services Trust, Reclaiming Social Work, and Stockport Family.

During Round 2 of the Innovation Programme, 8 independent follow-up evaluations of projects that received funding in Round 1 but not Round 2 were conducted. These were very lean, light touch evaluations that were commissioned primarily to assess if quantitative outcomes had been sustained or changed after Innovation Programme funding had ended. The projects ranged in scope, from whole system reform projects, to those more focused on improving services for children in need, young people in and on the edge of care, families experiencing domestic abuse, and families in pre-proceedings. Generally, across these evaluations, there are few signs of substantial or sustained positive changes in or impact on intended outcomes, with most showing quite mixed results. Further qualitative analysis would be required to explore the reasons for this. An overview of the findings from each of the 8 follow up evaluations is provided below.

The Creating Strong Communities in North East Lincolnshire project involved a service re-design of children's social care, incorporating Signs of Safety, Outcomes Based Accountability, restorative practice, and family group conferencing. There were 6 key objectives of the project at Round 1, of which the follow-up evaluation found 1 had been met: between 2013/14 and 2018/19, there was an overall decline in re-referral rates to children's social care. Other objectives to achieve set levels of reductions in social work turnover, numbers of children who were in need, on child protection plans, and looked after, and referrals to children's social care were not met. There were, however, some positive indicative findings on the use of family group conferencing. At the time of the Round 1 evaluation, the FGC team had engaged with 159 families through 65 conferences, and the evaluation found the FGC service subsequently continued to expand, with a further 248 FGCs completed with 374 families between 2017 and 2019. The evaluators followed up on 30 families following FGCs and found more than half had been closed to social care or stepped down to lower levels of support. The evaluation report suggests FGCs therefore contributed to reduced demand on children's social services, and estimate an annual fiscal return on investment in FGCs of 3.4 (indicating a potential annual saving of £3.40 for every £1 invested), though this should be treated with caution as it based on estimates (rather than measures) of project impact on observed outcomes.

Stockport Family was a whole system change programme in the Metropolitan Borough of Stockport that worked to integrate children's social care and wider children and family services, implementing a restorative, strengths-based practice framework, and creating a new multi-disciplinary, locality-based structure with social care and early help teams co-located in 2 buildings. Its aims included reducing the number of child protection plans and family breakdowns, and reducing the cost of placements for looked after children by 20%. The follow-up findings indicate mixed success. The evaluators found that, since 2013/14, Stockport's rate of children on child protection plans (CPPs) has reduced from 59 to 39 per 10,000, outperforming the North West and England averages, while rates of children in need and re-referrals were found to be consistent with 2016 rates. Stockport had 361 children in care at the end of 2019 (a rate of 57 per 10,000 children), which was lower than the English and North West averages (65 and 94), but represented an increase of 23% since 2016, when there were 293 children in care (47 per 10,000). Relatedly, the evaluators note that Stockport Family did not reduce the costs of placements as was intended, and projected spend on placements in 2019/20 is anticipated to be 54% greater than spend in 2015/16 (£11 million, up from £7.1 million). They highlight that 'this spend has risen more steeply in this time period than population growth and numbers of children in care, due to a combination of longer duration and high cost placements, increased average costs of external residential care and a rise in numbers of fostering placements'.

Durham County Council's Families First project aimed to enable children's services to provide more family-focused and holistic support to families, changing service culture and ways of working to reduce the need for help and intervention in Durham. Activities included creating 10 integrated, co-located, and mixed-skill social work teams to work with the most complex families, and delivering a programme of workforce development with a focus on reflective and holistic practice across these teams. The evaluators note that further changes have taken place in Durham since Round 1, including introducing the Signs of Safety practice model and creating Key Worker roles to work with more complex cases at the Early Help stage. While a key aim of the project was to increase the time spent on direct work, there were mixed findings on this issue. Front-line practitioner interviewees reported that 'there was now more time to build relationships with families and to fully understand the issues they were facing', but the staff survey showed no change since 2016 in the proportion of staff (44%) who agreed that they had enough time to work effectively with families. The original project also aimed to reduce numbers of looked after children and children on a child protection plan for neglect by 20%. The evaluation found, reflecting increases nationally, that these objectives had not been met in 2019. The looked after children population increased from 61.6 per 10,000 children in March 2015 to 83 per 10,000 in March 2019 in County Durham. After an initial decline, the rate of children who became subject to a Child Protection Plan for neglect also increased from 65.3 per 10,000 in 2013/14 to 67.1 per 10,000 in 2018/19. The project aimed to reduce the percentage of re-referrals to the service within 12 months to 15% but, while it initially made good progress, with the percentage of re-referrals steadily falling to 17% in 2017/18, this figure rose to 23% in 2018/19.

The Reclaiming Social Work project was a whole system reform that aimed to deliver systemic practice in children's services in 5 local authorities, through in-depth training, small units, group systemic case discussions, clinician support, and enhanced administrative support. It aimed to improve practice and services, and to achieve outcomes including fewer re-referrals to children's social care, a reduction in children on child protection plans (particularly those lasting over 2 years), and a reduction in the numbers of teenagers entering the care system. The project also sought to 'recruit and retain talented workers in frontline practice'. The evaluation found that local authorities had each retained some elements of the approach, but that this varied considerably between local authorities. Analysis of key performance indicators since 2015 also produced mixed results. The analysis found overall decreases in the number and percent of children in need, on child protection plans, or looked after noted in 2 out of the 4 local authorities for which data were reported. Only 1 local authority saw a decrease in the rate of re-referrals, while the other 4 saw increases of varying magnitudes. Continuing this mixed picture, while 1 local authority saw a decrease in rates of agency social workers, the other 4 saw increases. Social worker turnover decreased in 2 local authorities, but increased in 3.

The FACT22 project (originally called Project Crewe) was designed by the third sector organisation Catch22 and implemented in partnership with Cheshire East Council. It provided personalised and intensive support for children in need and their families through non-social-work-qualified Family Practitioners, and aimed to decrease risk, case escalations (where appropriate), and re-referrals to children's social care. The practitioners used a strengths-based, solution-focused approach based on Solution-Focused Brief Therapy, and were managed by a Social Work Consultant who held statutory responsibility for cases. Peer Mentors and Family Role Models also worked with families after case closure with the aim of sustaining changes. The follow-up evaluation found that, between families receiving support from FACT22 and comparator families receiving 'business as usual' within Cheshire East, there were no significant differences in rates of case closures, increases in risk, and re-referrals, suggesting that the project did not sustain promising outcomes of increased case closures and reduced risk identified in Round 1. The evaluation also did not find evidence of wider impact on case closure, re-referrals, and escalations at the local authority level. The evaluators note that there had been some changes to the FACT22 model (including a reduction in the intensity of training delivered to staff), and that Cheshire East Council had made changes to their standard support offering, including introducing Signs of Safety. They therefore suggest that 'any apparent reduction in the impact of FACT22 may have been driven by changes to the model and/or by any increased effectiveness of the CEC [Cheshire East Council] standard social care provision'.

The Ealing Brighter Futures Intensive Engagement Model aimed to improve the quality, effectiveness, and consistency of support for young people, families, and carers, through the creation of multidisciplinary teams for young people in and on the edge of care. The evaluation conducted an impact analysis using propensity score matching (PSM), which

aimed to contrast a cohort of young people supported by Brighter Futures teams during the 2 pilot years with a comparison group of matched young people and families receiving business as usual support in Ealing during the same period. This analysis found that Brighter Futures 'did not have a positive impact on reducing the length of time the pilot cohort were in care, or reducing the number of children in need – and in fact may have been less effective in this regard than business as usual support', though the evaluators urge that caution should be used in interpretation of this finding due to limitations posed by data availability. Preventing placement breakdown was another key aim of the project. While the evaluation found no statistically significant differences in this outcome between the intervention and comparison groups, it does report that analysis of case files suggests greater stability was achieved for young people who were at risk of placement breakdown, and also that overall annual expenditures on placements declined by a total of £3.5 million between 2013/14 and 2018/19, mostly due to reductions in expenditure on children's homes. The evaluation notes that staff reported perceptions that their skills and confidence in working with children and young people had increased, and that there has been an overall reduction in agency staff employed, with expenditures on agency staff 40% lower in money terms in 2018/19 than in 2013/14.

The Daybreak Family Group Conferencing (FGC) project, delivered in collaboration with the London Borough of Southwark and Wiltshire County Council, offered an FGC to families entering pre-proceedings. It aimed to 'promote consistently good outcomes' and also achieve an increase in safe placements made with the agreement of family members. The follow-up evaluation found promising evidence of some good outcomes (though, due to sample sizes and potential unobserved differences between intervention and comparison groups, this was not conclusive), and also some outcomes to which FGCs did not appear to make a positive difference. A 2015/16 cohort of children, including a group whose families had taken part in a pre-proceedings Family Group Conference ('FGM children') and a comparator group whose families had not ('non-FGM children'), were followed up in 2019. Among this group, 71% of FGC children lived with their family in 2019, compared to 43% of non-FGC children, and a larger proportion of FGC children had no recorded legal order or plan (59%) than the non-FGC children (24%). However, a larger proportion of the FGC children (52%) had been referred back into children's services than non-FGC children (32%). Regarding stability of children who had placements, similar proportions of FGC children (68%) and non-FGC children (63%) had had no placement changes by 2019. The evaluation found that overall, including families who had taken part in FGCs in Southwark and Wiltshire since Round 1, the mean number of family members identified as potential carers during pre-proceedings was 2.4 for FGC children, compared to 0.8 for non-FGC children. Families who had taken part in FGCs in 2019 in the 2 areas demonstrated a high level of satisfaction with their FGC, with 90% of 203 family members and friends who completed a feedback questionnaire in Southwark saying they found it a useful process and 91% (of 109) in Wiltshire believing that the child or young person would be safer as a result of the plan made.



The Growing Futures project at Doncaster Children's Services Trust (DCST) aimed to improve the outcomes of children, young people, and families affected by domestic violence and abuse. Domestic Abuse Navigators (DAN) worked with whole families (including perpetrators), taking a therapeutic, flexible approach to direct work, while the project also aimed to improve the overall response of children's services to domestic abuse. The evaluation's quantitative analyses were limited due to changes in the data collected by DCST since the Growing Futures period, which made direct comparison and trend analysis challenging. The evaluators therefore note that they were not able to assess whether most outcomes had been sustained. The evaluation found that the DAN role has been mainstreamed into DCST services, and their work with perpetrators, adult victims and children was widely praised by staff and stakeholders. The evaluation also presents some evidence of staff perceptions that Growing Futures has had a lasting impact on the way services are delivered. For example, 11 of 12 staff survey respondents agreed or strongly agreed that Growing Futures had successfully improved the use of strengths-based frameworks, and 10 agreed that this had been sustained since the end of the funded period. Overall, the evaluation reports mixed evidence with regard to whether support from Growing Futures created sustained stability, wellbeing, and resilience for families after the funding period. More positively, it reports that 'evidence from consultation with stakeholders, case file reviews and data suggest that there has been a reduction in risk for children and their families, and that to a certain extent this has been sustained post funding period'.



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