Department for Education

Achieving for Children: Richmond and Kingston

Evaluation report

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Acknowledgements

Key messages

This evaluation was a multi-strand mixed methods evaluation of the Achieving for Children (AfC) Partners in Practice (PiP) programme ("the programme") in Richmond and Kingston. This involved qualitative research with staff members and families, quantitative analysis of management information and administrative data, and an exploratory value for money evaluation.

Analysis of social care classification data (for example, whether Children in Need (CiN), Children Looked After (CLA) etc.), showed more positive change in Richmond and Kingston than in statistical neighbours. Quantitative analysis showed likely[1] impact on step-downs in social care classification for the family coaching element of PiP when this was administered over seven or more months but not for shorter interventions.

Both families and staff reported feeling that the programme had contributed to improved outcomes for families. Staff felt that there were three main contributing factors: the embedding of Signs of Safety (SoS), improved access to specialist staff, and increased reflective practice. They felt these aspects contributed to a consistent approach to working with families across organisations, taking a strength-based approach to direct work that put young people and their families at the centre of their work. Staff also felt that they benefitted from reflective practice and the training that was provided. Families interviewed agreed that staff had helped them to address shared concerns and build on their strengths to help them cope, leading to improvements and more positive outcomes.

The evaluation suggests that replication of these findings in other areas may depend on three key issues.

Firstly, it is not possible at present to make a clear case either for or against the cost-effectiveness of the programme. The PiP programme does come at a cost[2], particularly in terms of recruitment of additional staff to offer additional services or capacity, helping support other staff, develop their learning and provide bespoke skills.

Secondly, while several different elements of the programme were felt to be positive, staff and families particularly appreciated SoS, with staff feeling that this underpinned much of the PiP work. Whilst the programme provided an opportunity to expand and embed the

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[1] Impact analysis showed that family coaching had a significant impact on step-downs in social care classification when done for seven months or more. However, due to the limitations in the model (as discussed later in this report), this result does need to be treated with caution.

[2] Data provided by AfC gives the total cost of providing the PiP programme as £5,290,480. This covers staff and service costs but excludes project management support, which was met from AfC's existing resources.

SoS approach, there may be even greater benefits in areas where SoS or similar approaches are not already in place.

Thirdly, managerial buy-in was felt to be key in establishing the programme. Other areas should consider whether similar buy-in and support is possible.

Executive summary

Introduction

This report ("Achieving for Children: Richmond and Kingston") provides an overview of key achievements, strengths, and potential developments for the Achieving for Children Partners in Practice in Richmond and Kingston. This was supported by the Department for Education's Children's Social Care (CSC) Innovation Programme.

The project

The PiP programme aims to build on existing strengths within the Richmond and Kingston area, with Kingston children services in 2015 being one of only two in the country to jump two grades when Ofsted rated safeguarding and services for CLA 'Good' across all inspection categories.[3] The programme seeks to share existing good practice and innovation through replication, scaling and practice innovation. Enhancing capacity and enabling practice excellence through more intensive direct work with families is key to the internal-facing work of the programme as implemented by AfC.

The evaluation involved a number of different strands, using a mixed methods approach to examine the PiP programme, including key facilitators/barriers and processes, cost-effectiveness and lessons learned.

The main strands of the evaluation were qualitative research with staff members and families, quantitative analysis of management information and administrative data, and an exploratory value for money evaluation. While this provides a solid basis for current understanding of the programme and suggests positive progress has been made (see following section), assessing programme impact in detail would require further data collection and analysis.

Key findings

There were positive trajectories in social care classification for young people in Richmond and Kingston compared to statistical neighbours. Quantitative analysis showed a likely[4] impact on step-downs in social care classification for the family coaching element of PiP when this was administered over the long-term (seven months or more) but not for

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[3] This information was taken from a 2015 Ofsted inspection report. A further inspection was undertaken in 2019, which provides up to date details on Ofsted ratings.
[4] Impact analysis showed that family coaching had a significant impact on step-downs in social care classification when done for seven months or more. However, due to the limitations in the model (as discussed later this report), this result does need to be treated with caution.

shorter interventions. Data from the Strengthening Families Plus Team showed staff felt that family wellbeing and mental health improved over the course of their interventions with families.

Of the intended outcomes, staff self-reported being confident in strengths-based appreciative enquiry approaches, having more time for reflective practice and peer supervision, and better access to specialist support. This helped deliver a coherent support offer.

Practitioners and families were able to develop a shared understanding of concerns and over the medium to longer term, families generally became more equipped to cope with challenges and young people developed the skills they needed to support better decision making. There was a widespread perception that the programme had reduced case escalation and that young people were happier and safer because of the interventions.

A main theme from the staff and family interviews was that the range of specialist support services (Family Coaching, Domestic Violence (DV) support etc.) had helped engage families, develop trusting relationships, and facilitate joint understanding. Families interviewed explained how they had become stronger, less isolated, more confident, capable, and hopeful, having developed relevant strategies and skills. There were some examples of slower progress being made on wider issues that were important to interviewees, however in these cases progress was often dependent on other partners (e.g. schools, other social care team, courts) and beyond AfC's control.

Out of the core programme elements, staff felt that the embedding of SoS, improved access to specialist staff and increased reflective practice had been the most important factors in contributing towards positive outcomes. These helped improve consistency in how staff delivered interventions. Staff also felt they had increased time available for direct work (as a result of the Strengthening Families Plus Team or additional social worker resources) and families interviewed were generally happy with the amount of contact they had. However, there were mixed views from staff on the extent of improvements in caseload management and capacity remained a challenge although management information data shows that caseload targets were being met for most staff roles.

Lessons and implications

The evaluation of the Richmond and Kingston PiP programme has found promising results with several outcomes being demonstrated via positive changes identified using quantitative data (for example, changes in step down rate associated with seven or more months of Family Coaching intervention) or being felt by staff or families to have been delivered.

Feedback from staff and families suggests these promising results have been underpinned by the embedding of SoS, improved access to specialist staff, and increased reflective practice. Other critical success factors suggested included increased capacity, the use of strength-based approaches and reflective practice and training sessions, and senior management buy-in and development of a positive culture.

These were felt to contribute to a consistent approach across the organisations to working with families, using a strength-based model for direct work that put young people and their families at the centre of delivery. Staff also felt that they benefitted from reflective practice and the training that was provided.

Staff were concerned about whether the programme could still be delivered if financial cuts were required in the future. They felt it was important to continue gathering evidence on programme outcomes and potential cost-effectiveness to help to provide a case for continued delivery. While capacity targets were being met across most staff roles, staff felt that any increase in workload may affect the quality of their delivery. Further staff recommendations included developing local champions, providing additional reflective practice sessions, and embedding SoS through induction and training processes.

1. Overview of the project

Project context

AfC was established in April 2014 as a community interest company, to provide children's services on behalf of Kingston and Richmond councils. Its central proposition is to provide a fully integrated service offer. Kingston's estimated population was 179,581 (2018) while that of Richmond was 195,680 (2017).

In August 2015, children's services in Kingston became one of only two in the country to jump two grades when Ofsted rated safeguarding and services for CLA as 'Good' across all inspection categories. AfC aimed to build on these strengths and to share the good practice and innovation through a programme of replication, scaling and practice innovation.

The design of AfC's PiP programme was intended to review, explore and implement new ways of working to improve practice across children's services in the local authority and influence other local authorities and the wider sector. It responded to the Department for Education's reform agenda: *Children's social care reform: a vision for change*, which called for innovation within the marketplace for CSC services to drive sector improvement.

Project aims and intended outcomes

The AfC PiP programme comprises external-facing sector improvement activities and internal-facing activities, with only the internal-facing activities being relevant for this evaluation.

Internal activities focus on:

- Improving the quality of services for vulnerable children and their families within both Richmond and Kingston
- Improving the effectiveness of services for vulnerable children and their families within both Richmond and Kingston

Project activities

AfC PiP programme in Richmond and Kingston's began in March 2016, with internal-facing work focusing on enhancing capacity and enabling practice excellence, through more intensive direct work with families and thereby improving outcomes. This was to be achieved primarily through:

- Delivering the SoS model of practice across AfC

- Reducing caseloads within Referral and Assessment and Safeguarding Teams from around 18 to 20 to around 15 cases per social worker

- Embedding family therapy to enhance child protection capacity, develop reflective practice approaches and enable intensive therapeutic work with families

- Developing a Strengthening Families Plus Team to provide additional support to Early Help and Statutory Services in Parenting, Family Coaching, Domestic Violence, Substance Misuse and Adult Mental Health to keep young people safe at home and avoid escalation into care and to support reunification of families

The SoS model was introduced across AfC, although certain teams (primarily the Youth Resilience Service and Safeguarding Team) were otherwise unchanged.

Further details are available in the logic model in Appendix 1. This logic model was developed by AfC during the initial stages of PiP programme development and has been used as the structure for the main body of this report. This allows assessment of the PiP programme as it was conceptualised and intended to be implemented.

The overall AfC approach to delivery may continue in the future. This will depend on the evidence-base for any progress, including this report as well as any internal evaluation conducted by AfC.

2. Overview of the evaluation

Evaluation questions

The key questions for this evaluation are as follows:

- What is the impact of the programme on outcomes for children, quality of practice, system and structures, and workforce?
  - What factors enable or hinder improvements in these areas?
  - To what extent are these outcomes attributable to the PiP model and wider AfC systems transformation project?
- How cost-effective is the new model and how do costs/benefits compare to "business as usual"?
- What lessons are there for wider rollout?
- What processes are involved in setting up practice improvements and ensuring that success can be maintained?

Evaluation methods

The evaluation began in October 2017, with two main stages of data collection (stage one from July 2018 to June 2019 and stage two from December 2019 to March 2020):

- Development of logic model to underpin the evaluation framework

- Interviews with staff members (13 individual interviews and 2 focus groups in stage one; 20 individual interviews in stage two) to feed into evaluation questions on processes

- Qualitative research with families (13 in stage one; 15 in stage two: 12 follow up and 3 new) to feed into evaluation questions on processes

- A quasi-experimental impact assessment compared the outcomes of children and young people receiving Family Coaching (a specific PiP funded intervention within the wider AfC offer) to the outcomes of children and young people supported by AfC but not receiving Family Coaching. An Inverse Probability Weighting (IPW) approach was used to compare steps down in social care classification for the intervention group with those of the comparator group

- Value for money was examined using financial data provided by AfC and data from the Greater Manchester Combined Authority Unit Cost Database (UCD), which provides estimates on the savings associated with step downs in social care classifications

- Review and analysis of management information and administrative data

Limitations of the evaluation

The evaluation is taking place in a context that is supportive of developing evidence-informed practice, albeit presenting several specific challenges.

The main limitations of the evaluation methodology are:

- There may be some selection bias for the case studies, given that key workers were invited to recommend families to take part in the evaluation. Therefore, the families that we interviewed may have been more likely to have engaged with their key workers and possibly have a more positive experience than other families.

- It was not possible to compare data from the total Richmond and Kingston area to a counterfactual area as the PiP programme was only part of the overall AfC service in the area. As a result, a comparison was made between those receiving Family Coaching (a PiP service) to those receiving alternative services. This has some limitations due to unobserved factors. For example, due to data limitations, the model does not control for all characteristics (including behavioural and attitudinal differences) that could be related to our outcome measure, steps-down in social care classification. Similarly, while the model controls for the *number* of past interventions, it was not possible to control for the *type* of past interventions individuals undertook outside of the monitoring period. Relevant data needs to be interpreted carefully as a result.

- Only an exploratory value for money analysis was possible due to insufficient information being provided in the given timeframe. Financial data related to running the PiP services is presented but data prior to the start of the PIP intervention was not obtained, due to considerable and unexpected demand placed across AfC as a result of the 2019 Coronavirus pandemic.

As part of the evaluation, Ecorys provided feedback on an anonymised version of the management information system used by AfC to record cases, primarily showing the social care classification for individuals over time. This feedback focused on the format of the tracker to facilitate future analysis.

AfC plan to continue several self-evaluation activities on an on-going basis to assess the impact of the programme. These include staff surveys, family feedback forms, and the use of management information on social care classification (including economic analysis of this data).

3. Key findings

Short and medium-term outcomes

This section includes feedback from qualitative interviews with staff and families, and the results of analysis of management information, for example on caseloads. The short- and medium-term outcomes examined are based on those identified within the AfC logic model (see Appendix 1).

Qualitative findings from family and staff interviews suggested an overall perception that positive progress had been made in achieving many of the outcomes identified in the logic model. Staff felt confident in strengths-based appreciative enquiry approaches, had more time for reflective practice and peer supervision and better access to specialist support. Practitioners and families reported a shared understanding of concerns and actions to address these and over time. Families generally felt they were more equipped to cope with challenges.

Clear, positive channels of communication between different teams

AfC staff worked in several different teams, for example the Youth Resilience Team, Child Protection Team, Child Looked After Team, and Fostering Team. An objective of the PiP programme was to ensure that communication across teams was clear and positive to support joint working with families, for example via the adoption of a positive culture and the SoS framework.

Overall, staff felt communication between different teams was good, had improved over the course of the programme, and was better than before. A more collaborative culture developed through the implementation of SoS, with frequent and reflective staff supervision and training. For example, staff referenced the Referral and Assessment team working more closely with the Strengthening Families Plus Team to make referrals earlier and quicker, helping to tackle any shorter-term capacity challenges. The proactive nature of individual staff in getting to know others helped to build relationships between different teams. Where this was lacking, there were some concerns from individual staff members that cases were not being prioritised. Increased capacity also helped create time for wider knowledge sharing, for example allowing more detailed case discussions with family coaches.

Embedding the SoS framework enabled a coordinated approach and focused attention on a single way of working that staff and families felt was beneficial. Staff were using more standardised language (for example, standard SoS questions such as "What are we worried about?", "What's working well?", and "What needs to happen?") that they felt could be easily understood. Staff also reported in interviews that there were more

consistent processes and practices, helping teams to communicate clearly. Where families were in contact with staff working in different teams, they generally felt staff communicated well with them and each other.

> The whole SoS has been much embedded within the last year. It really is the model for everything in the organisation now. Through from the vision to report writing to team meetings, the lot… - *Manager*

Staff interviewed said that they could sometimes be clearer in communicating about SoS with families and that additional reflective practice sessions on the implementation of SoS across the service, for example the DV offering, could be beneficial. The possibility to explore a buddying SoS role for new staff was suggested as was updating induction processes to cover SoS in full.

A theme throughout staff interviews was that positive communication channels were encouraged through strong leadership and management buy-in. This served as a positive example to staff, encouraging them to see SoS as the practice model that should be adopted. This was further helped by the perception that SoS encouraged a solution-focused mindset across all staff.

Simple journey for children and families

Families generally felt their journey was relatively simple, being informed about the support on offer and the nature of any intervention. The key to this was having a consistent worker. Where possible, family coaches remained a constant presence in direct and regular contact, with families valuing this support highly. Families favourably compared the responsive relationship they had with family coaches and specialists to approaches they had previously:

> [I have a] good relationship with [specialist], she's very different to people I've worked with in the past, [I] have had difficult circumstances and... she will always communicate and make time, she goes out of her way to work with her clients to be able to manage difficult situations. - *Parent*

Staff felt that the programme had a strong family focus as a whole, albeit that there could be tensions when the needs of family members differed, with these needing to be discussed and worked through appropriately.

The widespread implementation of SoS provided a single consistent and simple approach for families working with different aspects of the service. Staff were positive about its use in Child Protection (CP) and CiN meetings, and by teams such as the Disability Team. Staff training on SoS helped all staff to become "more thoughtful" in their

communications with families, with this initial preparation helping simplify journeys from the very start.

Another important facilitating factor was the increasing use of SoS assessment tools, which staff and families commonly thought were easy to understand, young person and family friendly. These tools supported a simple journey by encouraging openness, helping staff provide a clearer sense of direction, and both capturing ideas and monitoring progress.

Staff reported in interviews that increased capacity gave them time to plan and deliver a more cohesive service, reducing duplication as well as escalation in cases:

> There are more shared responsibilities, less silo working, and it stops duplication… Before, there were multiple assessments but now across the services there is one joint assessment and you can easily see the journey of the child across the team. It has made the service more seamless - *Manager*

Staff confidence in strength-based and appreciative enquiry approach

Staff were generally confident in a strengths-based and appreciative enquiry approach, although it could be challenging when cases were making slower progress and parents/carers were "not in a good place". However, the SoS model helped staff to reinforce positive, strength-based messages in their communication with families and build resilience to tackle the problems they were facing with support.

Families generally found strengths-based approaches reassuring, with family coaches helping them to recognise their capabilities and achievements. Staff reported receiving similar feedback via forms completed by families, with this providing additional confidence in providing strength-based approaches.

Another important element was the consultations provided by Family Therapy Support staff to social workers and other practitioners. These consultations were voluntary and tended to focus on specific cases, with advice provided on possible approaches to engaging or supporting relevant family members. Staff receiving consultations from Family Therapy Support were asked to provide a score on a scale of 1-10 (1 being least and 10 most positive) for a number of statements relating to the consultations. Data showed high levels of overall satisfaction (92% giving a score of 8-10 on a scale of 1-10), with similarly high proportions giving a score of 8-10 that individual consultations:

- Helped give them more ideas about their case (94%)

- Gave them more ideas about how to help the family change (85%)

- Made them feel more confident about their professional judgement and analysis (82%)

- Made them feel more confident about meeting with the family and interacting with them (80%)

- Generated ideas have improved their work with the family (72%)

Interviews suggested the SoS strengths-based approach often, although not always, helped engage families as it encouraged positivity, responsibility, and collaboration. In contrast, pre-PiP funding approaches tended to focus on the presenting issues and were more directive. Embedding SoS in staff supervision made staff more confident in using a strengths-based approach. The approach was used effectively in staff meetings to support personal and professional development and case management (covering "What are we worried about?", "What's working well?", and "What needs to happen?").

Staff have time required for direct work with families

Management information included data on caseloads from November 2018 to October 2019, allowing assessment of any difference in caseloads once the programme was on-board and being delivered. This included information on both the Safeguarding Team (which consisted of PiP funded posts) and the Referral and Assessment (R+A) Team (non-PiP funded) as a comparison.

Data showed a decline for open safeguarding cases (631 to 590) in the most recent available period while the overall number of new R+A cases increased over the same period (312 to 386). The increase in R+A cases was due to higher numbers in Kingston (from 129 to 228), with Richmond showing a slight decrease (183 to 158). Analysis of three-monthly rolling data was undertaken to assess shorter-term trends, with this showing:

- A slight decrease in the overall number of open R+A cases from the start of the period (410 to 374). This was driven primarily by the decline in Kingston (239 to 199), with open cases in Richmond staying static (171 to 175)

- A steady increase in the open Safeguarding cases (449 to 545), with an increasing trend in Kingston (226 to 306) but not Richmond (223 to 249)

Whilst staff generally felt that the programme led to smaller caseloads, some did report that they felt there were ongoing capacity challenges feeling they had increased recently and were more complex. Overall caseload data suggests that this may not be widespread, with actual caseloads were below the target caseloads for most roles in the Safeguarding Team, with the exception of social workers (18 compared to 15).

Table 1: Caseload and capacity

	Referral and Assessment		Safeguarding	
	Target	Actual	Target	Actual
Head of Service	0	3	0	3
Team Leader	0	3	0	6
Senior Practitioner	20	6	15	7
Social Worker	20	11	15	18
PiP funded social worker	NA	NA	15	2
ASYE	14	6	10	6
Number of caseholding posts	NA	23	NA	33
Social work caseholding capacity (total)	NA	424	NA	465
Average open cases (month)	NA	393	NA	495
Kingston and Richmond combined month average caseload	NA	17	NA	15

Source: Management Information, October 2019

Where the number of caseloads was a concern, staff were trying to find creative ways to manage any individual increase, for example by looking at potential roles for partners. Related challenges included managing the Strengthening Families Plus Team waiting list, for example by ensuring that where appropriate, the R+A Team took on cases.

Staff have time for reflective practice and peer supervision

A common theme was staff saying that peer group supervision and case reviews helped them reflect more on practice, with the frequency and quality of these having increased. Prior to the programme this was said to be an ambition rather than an essential part of the service.

Reflective practice and peer supervision were felt by staff to be important ways to develop useful skills that could be implemented in practice. Staff were able to access training on chronologies, systemic approaches, and assessment training as required. The programme provided further opportunities for staff development, for example through more targeted work as part of the Strengthening Families Plus Team or by becoming a lead practitioner for SoS. Staff valued being able to examine cases collectively in greater depth and reported that through this that they were working in a more therapeutic, knowledgeable and confident way. Interviewees reported that this element of the programme had a positive effect on staff wellbeing and mental health, contributing towards the respectful and equal culture that they felt played a key role in increasing workforce wellbeing:

> There is accountability from outside of the team in terms of the practice lead sessions and things that makes you stay up to date with your training and, like, how you think about things and that keeps you motivated to keep the momentum high - *Manager*

Staff talked about how the AfC training offer had improved and had increasingly become based around individual staff and team needs, helping to balance capacity-related challenges. There were requests for further areas of training, including on multi-systemic therapy, and providing additional worked examples of the full range of SoS tools. Staff also reported in interviews that they would benefit from more reflective practice sessions, developing a buddying role for SoS, and using local champions to share and develop learning.

AfC staff felt that more specialist support was available to families with complex problems through new in-house specialist services and partnerships. Staff stated that the "additionality" that the programme offered was one of the main benefits it provided, particularly in relation to the DV support and access to dedicated Child and Adolescent Mental Health Services (CAMHS) resources in preventing cases escalating. CAMHS supported young people directly whilst the family coach worked with the parents, freeing time for social workers to be more pro-active.

> The family therapist in the team works with practitioners and supports them with their route into CAMHS support and streamlined the process. It allows social workers more time to do intense work, such as family visits and frontline checks that have often been side-lined due to high caseloads - *Manager*

The interface between the Strengthening Families Plus Team and CAMHS was reported by staff in interviews as integral to AfC supporting children to stay at home and achieve sustainable changes. Staff said that increased partnership working with schools also

facilitated improvements to children's wellbeing and mental health. In one example, a child confided in the family coach that she had been bullied and the coach instantly addressed it at the school.

Generally, staff reported an increased emphasis on working together to understand issues and learn from previous work, with this being particularly important in complex cases. To avoid a "revolving door", staff shared concerns earlier and more informally where appropriate instead of relying on more formal referral routes. They found ways to work together rather than "passing problems on", and where necessary, signposted families to partners that were able to better meet their needs.

Practitioners and families all share understanding of worries

A consistent theme from families was that the strong relationships developed through regular visits with practitioners helped them to engage, secured trust, and developed a shared understanding of worries. The most important enabling factor was the quality of communications, which families saw as trusting, transparent and positive, with staff being "very empathic and understanding".

> Her energy just sucks you in as she is such a happy, bubbly, lively person and I can't help but feel relaxed around someone like that – *Parent*

Important attributes identified by parents in terms of shared understanding included being easy to talk to and non-judgemental, patient, calm, perceptive, and responsive.

> I'm open and transparent and [family coach] gets to the point too, an honest and realistic worker, there was a mutual respect so felt like myself so it was easy for me to open to her - *Parent*

Practitioners used some SoS strengths-based tools (for example, three houses, safety house (Resolutions Consultancy 2012)) with families to identify worries, although some staff felt they could make better use of a variety of other standard SoS tools (such as the House of Good Things, The Wizard/Fairy tools etc.). In one example, practitioners developed a shared understanding of worries by regularly asking the DV support group attendees what they wanted to take away or leave behind from the group. As a result, some DV survivors recalled developing a better understanding of their situation, for example their awareness of controlling behaviour.

In general, families interviewed felt able to be open about their concerns and share thoughts on how to address them. This was linked to an increased confidence in the ability of staff to work together to support them.

> They all talk to one another… and they know that each one is not repeating anything…don't mind that…it's very helpful because they are not going over the same things over and over again, they've all got their different strategies - *Parent*

Where there was a shared understanding of needs, practitioners could appropriately challenge existing issues and concerns. For example, one parent said their coach was good at challenging their tendency to hold negative perceptions about their own ability to change their situation. By taking a strengths-based approach, the family coach encouraged her to respond positively and was:

> Helping me to be the best I can be and get the best from myself using my own strengths and techniques that are personal to me - *Parent*

This was a common theme for families.

> [Family coach] was very good, when I was doubting myself in all of this, she was the one lifting me up. She gave me the opportunity to believe in myself. [Family coach] took the time to get to know me - *Parent*

Young people's wants/needs are at centre of assessment and planning

Young people interviewed were asked about a range of issues including how staff talked to them about what they needed help with, what staff tried to help with, what had been most helpful, and whether there was anything else with which they needed help. They were generally happy with the support received and that their needs were at the centre of assessment and planning. Some young people spoke explicitly about the support being tailored to meet their needs and wishes, although others found it difficult to assess this issue. On these occasions, they reported that family coaches were easy to relate to, listened to them and helped them to communicate with their families:

> [Family coach] understood where I came from and put it in a way that was a better way than if someone said "this needs to happen", she worked with it, with us if that makes sense….. I felt listened to, because if I told her something or said "yes mum said this", she would be tell my idea to my mum, she would say, "she said… this is what she's thinking" if I couldn't say it to my mum - *Young Person*

Parents also reported that family coaches put their children's wants and needs at the centre of assessment and planning, with this being evidenced by the range of tools and

support provided. Families were introduced to a range of tools (such as methods to help children identify triggers and manage their emotions) and ways of assessing progress and planning activities. For instance, one parent described how they used the behaviour iceberg tool and distraction techniques to understand and respond to the child's behaviour, with this being sustained over the long-term. In another example, a family coach introduced a traffic light system for behaviour management to help the family assess progress and reflect on and build on their strengths.

> It is like giving you a road map for your family relationships and your life and that's what's needed... Nobody teaches you how to be a good parent and how to manage difficult situations - *Parent*

Staff frequently reported that the review process had become more collaborative than previous assessment methods. Staff believed that young people felt safer, were able to be clear about their wishes for the future and had care plans that reflected their agreed outcomes, with young people expressing a similar viewpoint throughout interviews.

Families receive the coherent support they need on relevant issues

Families tended to report in interviews that the support they received was meeting their multiple and complex needs. Interviewees frequently reflected that their support offer was coordinated, with this not always having always been the case with support they had received before PiP funding was in place. When asked to reflect on where they might be without the support, parents generally felt that they would have remained stuck and feeling hopeless in challenging situations.

> Don't think I could have coped without the support that was there … it helped me maybe not to retaliate as much does that make sense…to try and deal with the situation without it getting out of hand. Helping me manage it a lot more, if I didn't have the help there I dread to think what the situation would be - *Parent*

There were indications that some interviewees felt at times that they wanted to disengage from the AfC service, but found the support provided was a turning point. The support provided via the family coach was likened to a stepping board, which for one individual helped her to feel more stable and stronger even after a tough period. As a parent, she felt more resilient, had learnt to accept issues, not to be so afraid of her emotions, and that she did not need to be perfect.

While difficult to assess, other families perceived that their problems would have been worse without the support and/or their recovery would have taken longer.

Families and young people are working with AfC to sustain change

The programme aimed to provide families and young people with the ability to sustain change through specialist support, time being available for direct work and delivery of strength-based approaches (see logic model in Appendix 1). With the ongoing support of staff, families and young people continued to be open and responsive to working with staff to sustain change. They were generally positive about support provided through the programme, albeit that they often received a variety of different sources of help and could not generally assess the extent that changes were due to the programme as opposed to other support elements.

Interviewees who had received group-based support through both strands of the DV work (perpetrator and survivor) highlighted how useful the group aspect had been in practicing what they had learned and helping sustain change. Both groups found it helpful to start each session with reflections about the previous week, discuss recent concerns they had and how they had or could address these. However, it was suggested that perpetrators may benefit from additional information at the start of the intervention so that they are fully aware of what it will involve (for example, around sharing personal experiences).

Notably, the maintenance sessions for perpetrators of DV provided longer term support (1 year plus) in the form of continual reinforcement, thereby increasing the chance of positive outcomes being maintained. Interviewees reported that these sessions offered a useful check-in and were often driven by current issues affecting their lives, giving them opportunities to put their skills into practice. There was also a suggestion that the tools and techniques available to DV perpetrators would be useful for partners too.

DV survivors reported in interviews that they found the specific resources they were given (goal, hope tree, and letters) to be helpful. Survivors valued being able to take resources home, re-read them and share insights with friends to sustain change, for example by revisiting their hopes for the future and working with support networks to help them achieve these goals. It was reassuring for individuals to realise they had similar feelings, helping survivors feel less confused and alone, and hence judging themselves less harshly. They valued the group work and thought larger groups would be even more beneficial.

For perpetrators and survivors participating in the different DV support groups, hearing about the experience of others generated ideas and potential solutions. This, alongside the tools and techniques staff provided, helped to develop participants' ability to potentially achieve and sustain change when programmes came to an end. Staff interviewed perceived that participants were making good progress.

Practitioners are positive about the support they provide

Practitioners were generally positive about the support they provided. The main factors they felt contributed to the quality of their support tended to be the bespoke and high quality interventions that they could provide (underpinned by the SoS framework), the ability to work in a multi-disciplinary manner with other teams, and the widespread increase in training to support development. At this stage, most front-line practitioners believed that programme interventions were making a positive difference but did not feel that they had sufficient data, for example in terms of changes in the social care classification of young people for this to be fully evidenced.

Long-term outcomes

This section includes feedback from qualitative interviews with staff and families, and also the results of analysis of management information to assess changes in social care classification. The specific outcomes examined are based on those identified within the logic model (see Appendix 1). This includes analysis of management information provided by AfC showing the social care classification for young people (for example, CiN, CLA etc.) over time to assess the extent of any change.

Many families felt positive changes were sustained over 6-12 months or longer[5]. In a few cases, families were still experiencing some continuing or new challenges, such as managing changing circumstances or finding support for other family members in need. Some families reported in interviews that they felt more confident and had better skills as a result of the programme but that they faced new or ongoing challenges (for example, applying for custody of children and breakdown in family communication due to changing circumstances) and some would benefit from further support.

Parents have ability to manage within universal services

Across the family interviews, PiP funded support was felt to have developed families' confidence in their ability to cope and given them tools to manage situations better. However, a few families who had completed interventions would have liked the support to continue. The positive changes they reported could not always be clearly attributed to programme strands as opposed to different elements of the overall AfC offering.

Parents who had completed the DV perpetrator programme were optimistic about their ability to manage without ongoing support as they felt they now had the necessary tools

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[5] This included both families taking part in both waves of interviews and the small number of new families included only in wave two.

and techniques. Individuals had received extra help such as parenting programmes and counselling, putting different techniques into practice:

> Time out was useful, stepping away from a situation if you feel like you are not managing the situation well. …at work when dealing with people at work and also just stopping if a situation seems like not getting anywhere with person – stop – leave it – rather than thinking about it too much rather than pressing issues, just leaving it - *Parent*

One parent described how he felt the tools and skills could be lifelong, which was important and helped him to meet his aim of reconciling as a family.

> I learnt a lot of things about myself which I would never have learnt about, would have carried on through married life being avoidant, would have carried on not communicating thoughts and feeling or eliciting wife's [thoughts and feelings] for rest of married life and from that point of view, learnt a great deal. [My] son is an incredibly happy boy - *Parent*

The DV group support also helped to develop parents' ability to manage outside of the support. Based on feedback they received, staff believed that parents came away feeling positive about the support, armed with advice around feeling safe, more positive and independent. Families were also extremely positive because the tools helped to improve their relationships and gave them options for the future.

Young people have the strategies/skills for better decisions and support for best outcomes

Children and young people talked about the new strategies they had developed to manage ongoing and future challenges, particularly with regards to emotional regulation.

> [I learnt] how to cope with my anger and how I can be more happy…like putting my head in a pillow and screaming into it, when I feel really angry… [Family coach is] very good at helping me understand it…she tells me what I can do good and right and what I can improve with – *Young Person*

The adults interviewed agreed and highlighted how improved strategies and skills for their children had been developed and maintained over the longer-term. They welcomed the tools family coaches had given families to help young people manage their emotions, although a few did acknowledge that this work was ongoing and not straightforward. A common theme amongst parents was that family coaches had provided invaluable

support in helping children get "on the right track" in the relevant area of support, for example family relationships, behaviour or school engagement. In one example, a child who previously did not want to read, write or attend classes began to engage well at school. This was maintained over a few months, with the parent reporting that the child was now able to say if he felt frustrated, ask for help when needed and remove himself from stressful situations.

Children who were at risk can safely remain at home

Management information data shows that from March 2018 to January 2020, a total of 396 individuals who were part of the programme had a Child Protection Plan (CPP) (45%), with rolling quarterly averages falling slightly over this time period from 35% of the cohort to 30%. This was mainly due to the larger number of de-escalations from CPP (226) than escalations to CPP (132) over the full monitoring period.

The following table shows the proportion of children on a CPP in both Kingston and Richmond compared to their statistical neighbours and England.

Table 2: Rate of CPP starting in year per 10,000

Year	Kingston	Richmond	Kingston statistical neighbours	Richmond statistical neighbours	England
2015	53.4	32.1	44.9	38.4	53.7
2016	43.7	29.3	46.9	42.5	54.2
2017	49.8	30.8	52.4	46.1	56.3
2018	40.1	31.5	51.1	42.9	58
2019	34.9	27.7	45.5	42.8	55.8

Source: Management Information to end 2019

This data shows that since 2016 the rate of CPP young people in Kingston has consistently been below that of its statistical neighbours, as well as below the national average. Richmond also has a low rate of CPP compared to its statistical neighbours and England, which predates the start of PiP in 2016.

Data shows that in terms of re-referrals to CSC over the period March 2018 to January 2020, 49 children (6% of the total cohort) were supported by CSC, de-escalated to no plan and then later reappeared for CSC support. In terms of repeat CPP, there is only one case of a child who received an intervention over the monitoring period appearing in the tracker as CPP, their case later being closed to CSC and then reopened as CPP.

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The following table shows the percentage of re-referrals to children's social care within 12 months of the previous referral.

Table 3: Percentage of re-referrals to CSC within 12 months of previous referral

Year	Kingston	Richmond	Kingston statistical neighbours	Richmond statistical neighbours	England
2015	19.5	14.7	19.9	22.3	24.2
2016	16.9	14.3	18.6	21.1	22.5
2017	12	16.6	18.5	19.5	21.9
2018	13.8	13	18.1	19.5	21.9
2019	11.4	10	20.4	20.5	22.6

Source: Management Information to end 2019

As shown in the above table the percentage of re-referrals to children's social care within 12 months of the previous referral is lower in Kingston than in its statistical neighbours and England, particularly since 2016. The same overall pattern is observed in Richmond, with the gap between itself and its statistical neighbours widening since 2017.

The rate of CLA for individuals involved with an AfC PIP intervention remained stable over the monitoring period, with rolling quarterly averages rising slightly from 12% to 17%. The following table shows longer-term comparative data on the overall rate of children becoming looked after per 10,000 young people in each area.

Table 4: Rate of children becoming looked after per 10,000

Year	Kingston	Richmond	Kingston statistical neighbours	Richmond statistical neighbours	England
2015	32	22	37	36	60
2016	30	26	38	38	60
2017	31	24	40	40	62
2018	34	23	41	41	64
2019	33	25	43	44	65

Source: Management Information to end 2019

This table shows that both areas have low rates of CLA compared to their statistical neighbours and England, which predate PiP interventions.

Children who have been looked after can safely return home

Four-month rolling average of the rate of de-escalations from CLA showed a stable picture over the monitoring period from July 2018 to January 2020. As data is only available for this period, this reflects that there has been no change during the PiP intervention. Over the full monitoring period, the rate of de-escalations from CLA was 34% (n=43), primarily accounted for by moves from CLA directly to no plan (n=17) and moves to CiN (n=21).

There was a common perception amongst the staff interviews that earlier, quicker and more effective interventions through the programme had reduced the number of cases going on to CiN and CP. Staff felt that whole families felt more supported and able to manage future challenges, and that more cases were stepped down or closed quickly as a result. This built their confidence in using a strengths-based approach.

A similar theme emerged through some of the family interviews. In one example, the family described how they started each meeting with the family coach feeling unable to cope with their son's behaviour, but left feeling stronger, resilient and more positive.

> [Without the support] I think it would have been a very different story, we were at a stage where we were asking social services to take him as they didn't know where to go… we were literally in despair, we didn't know what to do or where to turn. We just said "just take him" as we are obviously not doing this right. So, I don't know where we would be if we didn't have [family coach] - *Parent*

Children are in stable and cost-effective placements that meet needs

In total, 74% of children remained in the same type of placement for the duration of their involvement in the programme, with most of the remainder (17%) only having one change in social care classification. A very small proportion had two (4%), three (4%) or four (1%) changes. This suggests a high level of stability with only 5% having three or more placements over the 23-month period, compared to an average of 11% of children in outer London and 10% in England over a year (Department for Education 2014). More recent data collected on eleven young people with recent social care classification changes showed that seven of these were planned and the remaining four were unplanned.

Impact

This section focuses on the areas of "impact" identified in the AfC logic model (see Appendix 1). As outlined in the logic model, these areas follow on from the long-term outcomes examined earlier. This means that "impact" should be interpreted in temporal

terms rather than implying the use of impact evaluation approaches to assess causal attribution across outcomes.

Young people are healthy, happy and safe

Staff working in the Strengthening Families Plus Team and using SoS provided data on their perceptions of the wellbeing and mental health of families they worked with. This was recorded both pre and post intervention using a 0-10 scale, with data being provided up to the start of January 2020.

This data showed staff felt wellbeing and mental health increased for families, from 3.5 at pre stage to 5.9 after the intervention. This pattern was seen regardless of the reason for referral, from an increase of 2.0 points for adult mental health to 3.0 for those referred for family or placement breakdown. Further analysis showed similar patterns of positive change in each area, with reported pre to post increases from 3.8 to 6.1 in Kingston and from 3.2 to 5.7 in Richmond.

Families supported by the Strengthening Families Plus Team commonly reported a positive impact on family wellbeing and mental health for individuals and families. In one case, a parent described how she had become much more confident, happier and patient as a result of the support received. She became able to manage her child's behaviour and regulate her own emotional reaction in challenging times. This resulted in a calmer and happier household. Other interviewees described spending more time together as a family, laughing and playing games. Having learnt to be more open with each other, they had found new and better methods of communication, which they felt had had a positive impact on family wellbeing and mental health.

Outcomes enable resources to be reinvested in early intervention

Staff generally perceived that the resources invested into the programme had freed up a certain amount of staff time and that this helped provide the potential for more widespread early intervention. Views on staff time were backed up by caseload data showing that actual caseloads were below original targets for most job roles.

Staff felt they lacked hard data to substantiate this case, in particular around how any reinvestment of resources for this purpose compared to the overall cost of the programme and potential alternative approaches that could be used.

The model is financially sustainable

Staff generally felt unable to comment on the financial sustainability of the model, largely as they did not have financial information but also as many felt they did not have sufficient overview or understanding of the programme as a whole. There was a general

feeling that the model was likely to be sustainable, mainly as they saw it fitting with "common sense" as to how they should approach service delivery.

While unable to provide clear feedback on financial sustainability, staff did identify several factors they felt to be important in terms of sustainability in general. They felt that continuing the positive management buy-in would be vital, particularly in creating clear feedback loops across all staffing levels. Other important factors were continuing with comprehensive training and supervision, particularly to embed SoS among new staff, pushing for quick and effective referral processes, and ensuring clear results from the programme were visible to all staff. A final theme noted by staff was the importance of a data driven approach to decision making, particularly if difficult financial decisions were required. A related idea was to develop a service user group to help shape the service.

Concerns around sustainability tended to focus on whether if there were cuts in funding the programme would be cut back or stopped. Several staff felt that the programme was not fully embedded yet and that it would take more time to fully consolidate programme achievements. There was also a concern that staff turnover may lead to a temporary loss of skills and knowledge that could affect programme delivery. A further theme was staff feeling that the nature and needs of the sector could change quickly and that certain alternative approaches may be prioritised as a result of what became, potentially temporarily, popular.

Workforce is stable and highly motivated

Feedback from staff interviews suggested positive levels of motivation with their work, facilitated by overall satisfaction with the SoS approach, multi-disciplinary working, and the provision of training. One emerging theme was staff feeling that management would ensure additional staff would be in place should capacity become an issue in the future. However, some staff did have concerns around the stability of teams and challenges associated with what some perceived to be rising caseloads and sick leave. There was a particular concern that turnover might lead to lost skills and knowledge, difficulties communicating across teams and require additional time to get new staff used to the AfC approach to working. Staff generally felt that this was a sectoral issue rather than something that specifically affected Richmond and Kingston:

> We struggle in certain teams to recruit and retain staff. Too many
> staff are leaving. It's nowhere near as bad as some of the teams I've
> worked in [elsewhere], but is a recognised issue – *Manager*

The involvement of senior management in supervision sessions and other meetings also helped create a motivated workforce as it led to an open atmosphere across staff. Senior staff were felt to be available and open to direct feedback as required.

Most recent national data for 2018/19 (Department for Education 2020) on staffing showed the following for children and family workers in Richmond and Kingston:

- Staff turnover: 16.9% (Outer London: 18.4%; England: 15.1%)

- Agency worker rate: 16.5% (Outer London: 22.7%; England: 15.8%)

- Vacancy rate: 22.6% (Outer London: 21.6%; England: 16.4%)

This shows lower turnover in Richmond and Kingston that in Outer London as a whole, but a marginally higher vacancy rate.

AfC shares and influences best practice in other areas

Several different approaches were used by AfC to share and implement best practice across England, both in terms of specific support to individual Local Authorities (LAs) and wider sectoral sharing.

Support to individual LAs focused upon improvement consultancy work funded by the government's Partners in Practice initiative and through contracts with individual local authorities. This involves supporting children's services in LAs on their improvement journey, including improvement advice and support to local authorities in Coventry, Croydon, Reading and Swindon. The impact of this work was evidenced in the improvements made to services where AfC was an improvement partner, namely in Doncaster and Dudley, which was recognised in their Ofsted inspection judgements.

AfC are also members of several local, regional and national networks which enable them to share learning. As an example, this includes attending a pan-London SoS network meeting which enables them to liaise with other local authorities who are implementing SoS and share information on successes and issues. Staff feedback was positive about their involvement in these networks, hoping to see them continued and built upon where possible. Staff were positive about links to other areas and wanted to see this developed further.

Outcomes achieved

Aim

The impact evaluation strand compares outcomes for a group who received AfC's Family Coaching intervention to those who received support from AfC but did not receive this

specific intervention, as well as those who were pending an intervention[6]. This compares step-downs from CSC, such as a move from CLA to CP, across these two separate groups.

Background to the Family Coaching intervention

The Family Coaching intervention is part of AfC's Strengthening Families Plus Team, providing a range of targeted interventions for families with multiple problems. Through this service, AfC offers an expanded provision involving interventions direct to families, as well as supporting lead professionals working with the most complex families. This aims to promote a healthy lifestyle and wellbeing for these families, and to support them to develop resilience through evidence-based tools.

Initial scoping with AfC resulted in the impact analysis focusing on this intervention as it is a specific stand-alone PiP intervention that is not offered to the entire cohort of those engaging with AfC, thereby providing an intervention and comparator group based within Richmond and Kingston. The analysis focuses on comparing individuals within these LAs, rather than comparing across other LAs for two key reasons. Firstly, it avoids the possibility that other comparator LAs were running additional services similar to those offered by AfC over the monitoring period. Secondly, having one source of data helps ensure data compatibility and eliminates difficulties in engaging other LAs in data collection and ensuring consistency.

Methodology

Data on children and young people receiving Family Coaching was taken from anonymised monitoring data held by AfC and shared with Ecorys. This included monthly information on the interventions taken part in, social care classification (e.g. CiN) and measures of past involvement with CSC. This anonymised information was captured for all children and young people supported by AfC and those pending an AfC intervention (n=1,146) over the monitoring period from March 2018 to January 2020.

In total, out of the 1,146 children and young people supported by AfC or pending an AfC intervention, 472 (41%) received Family Coaching over this period. These formed the intervention group, with the comparison group being the 674 children and young people (59% of the total cohort) who received no Family Coaching or were pending an intervention. For almost three quarters (72%) of this intervention group, this is the only intervention they received from AfC over the monitoring period.

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[6] There may be some differences between those pending an intervention and those receiving an intervention. However, including pending cases provides a larger base size to match on. Weighting is also used to account for differences between the two groups, allowing comparisons to be made.

Initial analysis was undertaken to examine the characteristics of those in the intervention and comparison groups. This showed a step-down rate of 38% for the intervention group and 35% for the comparison group; this difference was not significant. However, individuals receiving support from AfC varied in terms of the level of support they were receiving, their past involvement with CSC, the interventions they were taking part in, and other potential factors (e.g. behavioural and attitudinal differences). For example, 12% of those taking part in Family Coaching entered the monitoring period as CLA, compared to just 3% of those not taking part in Family Coaching. As such, the raw data for step-down rates for these two groups were not likely to be directly comparable, with matching and weighting of the data being undertaken as a result.

An IPW approach[7] was adopted to enable comparisons across control and intervention groups, taking account of the different profiles of each. This was undertaken for all 1,146 individuals based on a weight being applied for local authority, age, number of past referrals to CSC, other AfC interventions that the individual has completed during the monitoring period, the year the individual was first referred to CSC and their social care classification as first recorded in the AfC tracker. This resulted in final weighted data for both intervention and comparison groups.

Key limitations

While this analysis ensures that the intervention and control groups are comparable across these key characteristics, there are two notable limitations:

- While the model controls for the *number* of past referrals to CSC, including those outside of the monitoring period, it was not possible to control for the *type* of past interventions individuals undertook outside of the monitoring period, which may differ in terms of intensity, impact and other confounding variables.

- The model does not control for all characteristics (including behavioural and attitudinal differences) that could be related to a step-down in social care classification, as data on these issues is hard to collect and make available. Again, this could potentially inhibit the accuracy of our model.

Results

Initial analysis of the weighted data showed no significant difference in the step-down rates of those who received Family Coaching compared to those who did not at a total level (38% compared to 36%). However, children and young people undertook Family

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[7] IPW uses a logistic regression model to estimate the probability of a particular individual receiving family coaching. This estimated probability is then used as a weight in subsequent analyses, to reduce possible confounding.

Coaching for varying periods of time, with 39% receiving Family Coaching for 3 or fewer months covered by the tracker, 28% for between 4 and 6 months, and 34% for more than 6 months[8]. Those receiving Family Coaching may continue to receive the intervention beyond the end of the monitoring period. As such, the length of time an individual is recorded on the tracker as having received coaching for is not an indication of their need for coaching.

To assess the impact of the length of intervention received, Table 5 compares the probability of stepping-down by the number of months children and young people received the intervention relative to individuals who did not receive Family Coaching. Results show a significant impact for those receiving Family Coaching for 7 or more months (49% stepping down) compared to those receiving no Family Coaching (36%). No significant impact is found for individuals receiving the intervention for either 1-3 (36% stepping down) or 4-6 months (39%) when compared to those receiving no Family Coaching. Sensitivity analysis of the model showed similar results[9].

Table 5: Probability of stepping down

Intervention[10]	Number of observations	Probability of stepping down	Percentage point change in probability of stepping down	Significant[11]
No Family Coaching	674	36%	NA	NA
1-3 months of Family Coaching	183	36%	+	No
4-6 months of Family Coaching	130	39%	+3	No
7 months plus of Family Coaching	159	49%	+13	Yes

Source: Management Information, October 2019

This suggests the possibility that longer Family Coaching interventions delivered as part of PiP are having a positive impact on step-down rates, with analysis indicating that

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[8] Analysis is based on the total number of months an individual did family coaching. If an individual did family coaching for three months in a row and then had a break before receiving family coaching for an additional three months, this is counted as six months of family coaching.
[9] Sensitivity analysis included running IPW based on a reduced number of variables and running different breakdowns of the length of intervention.
[10] All monthly breakdowns include those who were still receiving family coaching when the monitoring period ended.
[11] Significance testing is based on the 95% level of significance. Percentage point changes and significance testing are reported relative to undertaking no family coaching.

receiving seven or more months (but not shorter lengths) is associated with statistically significant change compared to receiving no intervention. Previous caveats apply regarding un-modelled differences in the characteristics of those doing Family Coaching for varying periods of time and in the two key limitations outlined above. To fully explore this, key characteristics such as those associated with length of time receiving Family Coaching is received would need to be identified and included in the model.

Value for money analysis

The value for money analysis focuses on the operating costs related to the programme and the corresponding estimated savings from the associated benefits; namely step-downs in CSC social care classification. This analysis is subject to several considerable limitations. As a result, findings should be taken as very indicative and reflecting a potential upper limit of savings:

- No counterfactual is available to substantiate the extent that changes would have occurred in the absence of the programme for a similar group of high need individuals

- Analysis is focused on overall costs and savings from step-downs (accounting for deadweight in the form of step-downs that were likely to have occurred in the absence of the Family Coaching programme). Data from step-ups and cases staying at the same level are not included

- Deadweight is assumed using standard figures at 26%, resulting in almost three-quarters of savings from step-downs being attributed to the programme. The above impact assessment and feedback from staff suggests that the programme may have had a positive impact on the rate of step-downs but at a far lower level

Table 6 lists the various AfC PiP service interventions and the cost for each (both per individual intervention and in total using data specific to AfC) from March 2018-January 2020. This results in a total cost of £1,793,024.

Table 6: PiP service intervention costs

PiP service interventions	Monthly cost per individual	Number of interventions [12]	Total cost
Intensive Family Coach	£195	290	£56,528
Women's Safety Officer	£253	283	£71,694
Family Coach (Senior)	£228	373	£84,958
Domestic Violence Specialist	£210	707	£148,601
Domestic Violence Perpetrator Specialist	£228	770	£175,383
Domestic Violence Perpetrator Specialist (Senior)	£241	1040	£250,708
Systemic Family Therapist	£386	682	£263,347
Adult Mental Health Specialist	£253	1170	£296,402
Family Coach	£195	2285	£445,404
Total PiP service intervention cost			**£1,793,024**

Source: AfC tracker data. Numbers are rounded to the nearest pound.

Table 7 outlines additional costs per team (including information for area specific teams, for example those in West, South or North East of the area) over the same period, with a total cost of £3,497,456. This information is taken from costings provided by AfC and when combined with the service costs, gives a total direct cost of £5,290,480 over the 23 months of the monitoring period.

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[12] This is the total number of times each intervention was delivered over the monitoring period. Numbers are greater than the total number of individuals receiving an intervention, as an individual could receive more than one intervention and could receive an intervention in more than one month.

Table 7: Team costs

Team allocated[13]	Monthly cost per individual	Total cost[14]
Disabled Children's Team	£0	£0
Fostering Team	£0	£0
Frontline (North East)	£121	£6,430
Frontline (West)	£121	£14,399
Frontline (South)	£121	£21,836
Referral and Assessment Team (North East)	£347	£73,953
Referral and Assessment Team (West)	£317	£122,163
Referral and Assessment Team (South)	£498	£142,326
Youth Resilience Team (North East)	£804	£172,873
Youth Resilience Team (West)	£747	£182,924
Leaving Care\UASC Team	£282	£196,492
Youth Resilience Team (South)	£765	£223,333
Child Looked After Team	£506	£428,387
Child Protection Team (North East)	£315	£561,257
Child Protection Team (South)	£286	£629,296
Child Protection Team (West)	£370	£721,789
Total team costs		**£3,497,456**

Source: AfC tracker data. Numbers are rounded to the nearest pound.

There are also likely indirect costs related to other services, such as police time and costs associated with referrals to and from outside agencies. However, such costs are likely to largely cancel out[15], so are not included in our calculations. Over the monitoring period, 709 cases of de-escalation in social care classification occurred. As specific data was not available on actual AfC savings, estimated related savings are calculated using average cost data from the Greater Manchester Combined Authority UCD[16]. This

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[13] Data provided on team costs was broken down by area.
[14] This is the total team cost over the monitoring period.
[15] Other services' time is regarded as a transfer cost, as time is transferred from one service to another. In the case of referrals, which are influenced by many factors, it is reasonable to assume these would have occurred in the absence of PiP, and therefore don't represent significant additional costs.
[16] All costs in the database have been quality assured by the GMCA Research Team, with oversight from the relevant central government departments. Source: Greater Manchester Combined Authority.

provides estimates on the following costs associated with social care classification, which are then used to determine estimated savings from step-downs:

- The average total cost of case management processes over a six-month period for CiN (£1,701)

- The average total cost case management processes over a six-month period for child who has a CPP (£1,864)

- The average costs across different types of care settings per year associated with CLA (£58,664)

These values are either based on averages across England or on a sample of LAs in England; values are therefore not specific to Richmond and Kingston. As costs may be higher in London than elsewhere, this may underestimate Richmond and Kingston costs.

As a counterfactual is not available, a deadweight adjustment of 26.3% (as advised by the Greater Manchester Combined Authority) is used to account for step-downs that may have accrued in the absence of the programme. This is included in Table 8, which also shows savings across different types of de-escalation and results in final deadweight adjusted potential saving of £2,121,009 over the monitoring period. This should be viewed as an upper estimate of potential savings associated with de-escalations.

Table 8: Estimated potential savings associated with de-escalations

De-escalation	Number of de-escalations	Estimated monthly saving per individual	Potential saving[17]
CP CLA to CiN	1	£4,916	£29,496
CP CLA to CPP	4	£4,578	£73,248
CLA to CiN	21	£4,605	£699,960
CLA to no plan	22	£4,889	£806,685
CPP to CiN	196	£27	£27,864
CPP to no plan	55	£311	£116,003
CiN to no plan	410	£284	£1,124,640
Estimated savings			£2,877,896
Deadweight adjusted savings			£2,121,009

Source: AfC tracker and GMCA UDC

While the previous impact assessment does suggest a significant effect on step-downs from one element of the programme, the deadweight adjustment of 26.3% is likely to overestimate the extent that changes in step-down are due to the programme. The lack of a counterfactual means it is not possible to assess the escalations that may have occurred in the absence of the programme or the extent that social care classifications would have remained unchanged. As such, this is not included in our analysis and is a substantial gap in the cost calculations. Similarly, if the interventions prevented additional escalations, this would need to be included in our adjusted savings. As a result, data should be treated with considerable caution.

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[17] This is the total estimated saving over the monitoring period, calculated by multiplying the number of months an individual spent on a lower CSC status by the monthly saving.

4. Summary of key findings on 7 practice features and 7 outcomes

Evidence from the first round of the Children's Social Care Innovation Programme led the Department for Education to identify seven features of practice and seven outcomes to explore further in subsequent rounds (Sebba et al, 2017). This section summarises the key findings from the evaluation in relation to these features of practice and outcomes that were relevant to the programme.

Practice features

As reported in the CSC Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the Department for Education to identify seven features of practice and seven outcomes to explore further in subsequent rounds[i]. There was a general sense amongst staff that the seven practice features were intertwined, each supporting the implementation of other practice features.

Strengths-based practice frameworks

The staff interviews found that the use of strengths-based frameworks, in particular the SoS model, was empowering families, helping them work consistently and clearly with families. In turn, staff and families believed various outcomes were achieved, including reduced risk for children and young people, greater stability, and improved wellbeing and mental health. However, there were cases where family members felt less positively as they felt they were struggling to make the progress they originally anticipated.

Systemic theoretical models

Staff working directly with families generally saw the programme as offering a systemic approach and drew parallels between strengths-based and systemic models. Feedback from family and staff interviews suggested that direct work helped family members to understand their relationships with each other. This contrasted positively with the pre-PiP funding approaches that family coaches used which tended to focus predominantly on the parents and concentrated more directly on areas of weakness.

Multi-disciplinary skill sets

There was a common perception amongst staff that the programme enabled the development of a multi-disciplinary skillset, primarily through providing extra niche workers, including DV workers. These specialist roles helped improve families' access to a range of services at an early stage. Staff reported that the positive, supportive team

culture was key in enabling individuals and teams to draw on their respective strengths and share knowledge to deliver an improved service.

Group case discussion

A regular theme in staff interviews was that embedding SoS in delivery and involving staff with a range of skillsets improved group case discussions. Staff felt that including CAMHS and different specialist AfC staff provided support and ideas for working creatively with young people. Having time allocated to peer supervision and review as well as opportunities for informal discussion were valued by staff.

Family focus

There was broad agreement among staff working with whole families that the programme had a strong family focus, albeit that there were occasional tensions in practice between differing needs of family members. They felt that the SoS model and partnership approach facilitated a better understanding of families by focussing on strengths and allowing joint planning. Focusing on the whole family as opposed to individual members was felt to facilitate a shared understanding of needs and solutions.

High intensity and consistency of practitioner

Regular and consistent contact from family coaches and specialist staff was felt to have helped implement practice features. The consistent presence of the main practitioner from an early stage was often seen as being critical to the intervention's success.

Skilled direct work

Staff felt the programme facilitated increased skilled direct work through increasing staff capacity, enabling joint working, and embedding reflective working. In turn, this developed a shared understanding of needs, approaches and progress across staff. Where this occurred, staff were able to deliver support directly and under the guidance of others. The involvement of specialist staff was seen to help provide access to a range of professionals able to work concurrently to stabilise family situations over longer periods.

Outcomes

Reducing risk for children

A comparison of key data for the two LAs to statistical neighbours showed that both Kingston and Richmond have lower rates of CPP young people and lower percentages of referrals than their statistical neighbours, with the gap widening since 2016.

There was a common perception amongst the staff interviews that earlier, quicker and more effective interventions through the programme and embedding SoS and new ways of working had reduced the number of cases going on to CIN and CP. Staff felt that whole families felt more supported and able to manage future challenges and that more cases were stepped down or closed quickly as a result. The programme was felt to have brought greater consistency throughout the process and its intensive, evidenced based and non-time limited approach supported work with the most complex cases.

Creating greater stability for children

Data on stability showed that 74% of children remained in the same type of placement for the duration of their PiP intervention, with most of the remainder (16%) only having a single change in social care classification. Only 5% had three or more placements over the 23-month period, compared to an average of 11% of children in outer London and 10% in England over a year (Department for Education 2014).

Increasing wellbeing for children and families

Data from Strengthening Families Plus Team family feedback showed staff perceived notable improvements in family wellbeing and mental health, increasing from 3.5 at pre stage to 5.9 after the intervention. Qualitative feedback suggested the relationship with key workers was important as was the overall support package, including SoS, helping facilitate better intra-family communications and relationships. A common view was that the more consistent, "seamless" and holistic in-house service was important. Families reported that family coaches had helped with their interaction and increased their positivity about how they were engaging as a family.

Reducing days spent in state care

The AfC tracker data on state care showed that over the full monitoring period, the rate of CLA was 14.2% (n=126) for those undertaking an AfC PiP intervention (n=887). In total, 4.5% of children became CLA during their PiP intervention. This is equivalent to 32% of the total number of children classed as CLA (n=40). The monthly rate of escalation to CLA remained low and stable throughout the monitoring period, at 1% or lower.

Increasing workforce wellbeing

Several interviewees spoke about creating a respectful and equal culture as a means of improving staff wellbeing and mental health. Staff valued being able to protect time for supervision and felt the programme supported them in being more reflective, welcoming increased opportunities for staff development and practice sharing. Commonly, staff were positive about their roles, enjoyed their work and felt supported, both in terms of personal development and managing demanding workloads.

Increasing workforce stability

Richmond and Kingston had slightly more positive recent figures than across Outer London in terms of staff turnover and agency worker rate, with a marginally higher vacancy rate. This matched the general perception of staff that staff wellbeing and mental health were broadly positive.

Generating better value for money

Staff interviews suggested a perception that the programme was cost effective, due primarily to enhancements to the in-house service offer making delivery more efficient and keeping children at home rather than in care. Data from exploratory value for money analysis suggests the potential for savings although this finding is based on upper-bound estimates and should not be taken as providing a clear economic case.

5. Lessons and implications

This evaluation of the Achieving for Children PiP programme has found a number of positive findings. Feedback from staff and family interviews was encouraging, highlighting various areas where the programme was felt to have facilitated in the delivery of improved outcomes for stakeholders.

Quantitative data provides some evidence of wider impact, albeit with further evidence being required to clearly prove overall improved outcomes. Data on social care classifications showed a significant difference between step downs of those receiving Family Coaching for seven or more months, compared to those who received no Family Coaching. Additional exploratory value for money analysis suggests, but does not prove, the possibility of cost savings. There was also a positive change over the recent years in Richmond and Kingston in key rates of CPP and re-referral when compared to statistical neighbours.

Several mechanisms helped contribute towards these findings. Staff highlighted the importance of extra capacity and specialist roles, which may not otherwise have been funded. Investment and additional capacity freed up staff time to develop creative responses to case management through using multi-disciplinary approaches, reflective practice, and increased availability of training. Staff felt that this was important in allowing them to build their skills and resilience. SoS was felt to be integral to the delivery and success of the programme, providing a clear approach to communication with families. Strong leadership and management buy-in was felt to be important in implementing practice changes and developing a positive atmosphere and approach to communication.

The main concern among staff for the programme was that any cuts in funding may result in scaling back the programme and that staff turnover may result in the loss of valuable skills and knowledge. and the loss of important skills that might result. This was not felt to be linked to a particular concern that staff turnover was higher in Richmond and Kingston than elsewhere (analysis shows they are at least in line if not slightly better than comparator areas) but the perception that turnover was an issue in the sector as a whole. Several staff felt that the programme was not fully embedded yet, that it would take more time to fully consolidate programme achievements and that they would need to continue taking a data-driven approach to fully evidence programme cost-effectiveness.

Potential further developments for the programme suggested by staff included development of the staff training programme and increasing the number of reflective practice sessions, developing a buddying role for SoS, and using local champions to share and develop learning. A final theme noted by staff was the importance of a data driven approach to decision making, particularly if difficult financial decisions were required. A related idea was to develop a service user group to help shape the service.

Appendix 1: Project logic model

The logic model below sets out the ambition of the overall AfC transformation programme in Richmond and Kingston. All activities listed are at least part PiP funded, with the exception of "Establish and Develop Cluster Teams" and "Establish Youth Resilience Service" which were part of a wider, whole programme of transformation, developing both our delivery model (the way our services are structured) and practice (the way staff work and their skills/ specialisms).

A draft logic model was developed in a series of workshops with the operational senior leadership team (chaired by Director of Children's Services and including Director of Children's Social Care and Associate Directors for Early Help and Prevention; Identification and Assessment; Safeguarding; and Permanency) and the project team. The initial workshop was facilitated by Research in Practice and focussed on determining priority impacts and the expected outcomes that would lead to these. The logic model was tested and refined following a series of workshops with senior staff, service managers and staff that established the details of the service offer and frameworks. The logic model was used to develop Achieving for Children's evaluation activity for the programme and broader transformation programmes, including developing an evidence plan and new data capture tools (for example, trackers and feedback surveys).

Figure 1: Logic model

AfC Transformation Projects: Logic Model

This diagram explains what we want to achieve ('Impact') through our transformation projects ('Activities'). The 'short', 'medium' and 'long'- term outcomes' are what needs to happen along the way to achieve the impacts.

Our mission: To provide children and their families with the support and services they need to live happy, healthy and successful lives.

Our transformation projects will enable us to deliver our promises:

- We will put children and young people first
- We will embrace diversity and champion inclusion
- We will be resourceful, adaptable and dependable
- We will nurture strong, responsive and caring relationships
- We will invest in staff to deliver innovative and quality services
- We will work with our customers to deliver the most effective solutions for them
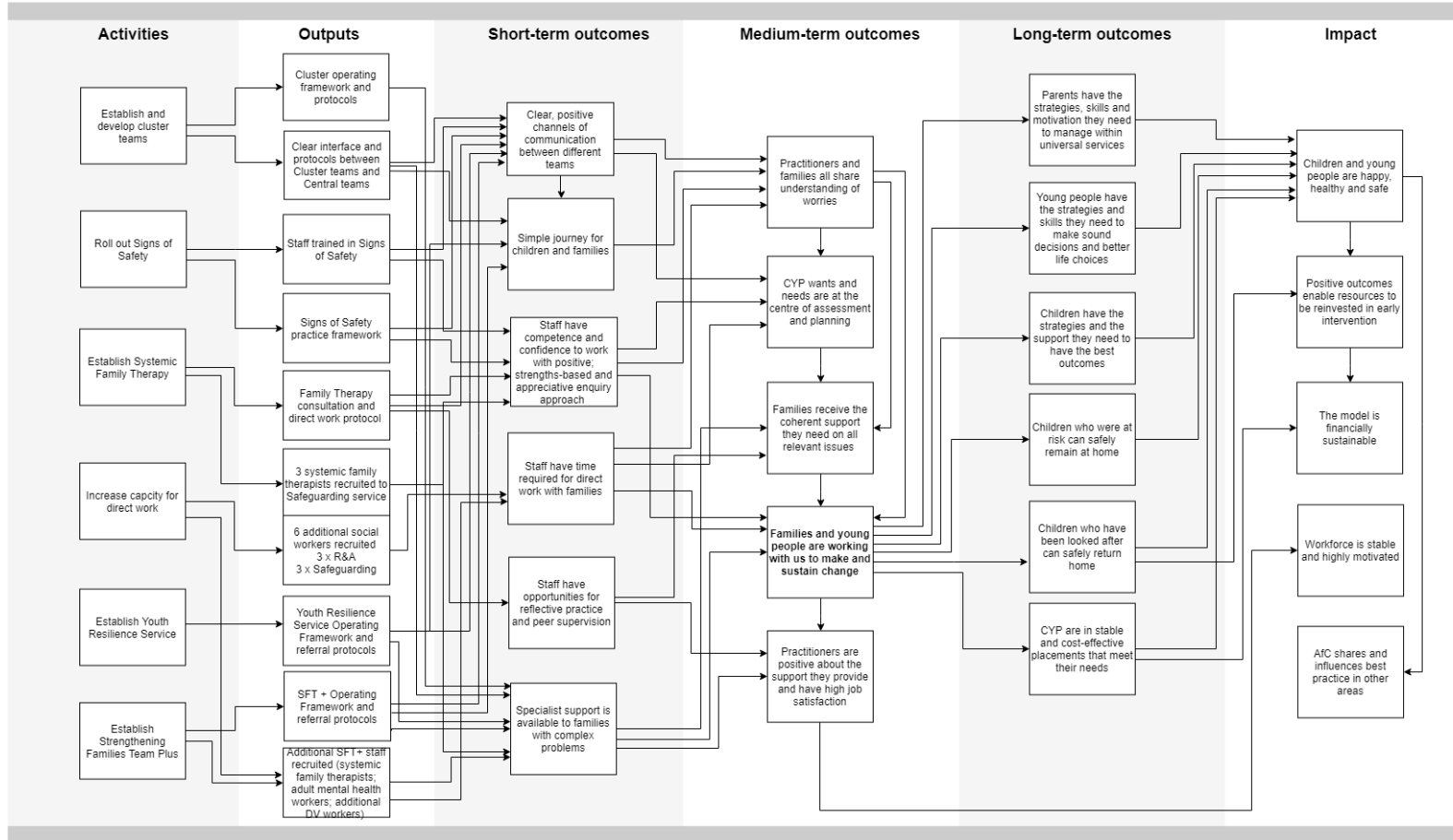
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