



Department
for Education

Transforming Children's Social Care Services in Hampshire

Evaluation report

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Key messages

This evaluation report captures the practice and outcome benefits of an ambitious whole system transformation programme led by Hampshire Children's Services as well as the means by which they were achieved.

Although the approach taken by Hampshire has been particular to the authority, their demography, preceding culture and history (The Hampshire Approach), both the selection of a new practice model and the means of implementing whole system change in support of it are highly infused with the existing UK-wide evidence base relating to 'what works' in supporting very vulnerable children and families who require a period of statutory planning, and in implementing change effectively. For example, the model is highly relationship and strengths-based, focused on helping families to make changes and become more resilient. Implementation of change has paid particular attention to:

- Practice innovation – rethinking what happens at the interface between practitioners and families and providing clear, consistent support (including training and supervision) to achieve this.
- Service innovation - rethinking all aspects of service provision (including not only social worker activities but broader services in support of family change) and pathways into and through provision.
- System innovation – rethinking how organisations in a system operate, providing the right conditions for practice to flourish.

Key messages about effective implementation from the Hampshire experience are that it:

- Takes time (up to 2-3 years to design, implement in a staged way and begin to embed very consistently) even where the organisation is completely committed to and works actively and intensively to achieve the change.
- Requires effective, consistent leadership across all levels of the organisation including modelling of the desired practice changes by all including senior leaders.
- Is also only possible when practitioner training, practice tools and processes, also support for families, are consistently working towards rather than against the desired outcomes and ways of working – for example Child in Need Plans or child protection case conferencing processes.

Outcome improvements in the region of 12-15% when applied to whole cohorts of vulnerable children in Hampshire have been achieved in the context of an authority that, pre-transformation, was already considered 'good with outstanding features' (now rated 'outstanding' by Ofsted) suggesting that, with sufficient and well-directed investment, there is still room for improvement across many local authority children's services and not only those that are required to improve from a lower base.

Executive summary

This report presents an analysis by the Institute of Public Care at Oxford Brookes University of findings from a mixed method study of transformational change within children's social care services in one of the largest counties in England, Hampshire.

The findings overall suggest that Hampshire has implemented a whole system transformational change across children's social care services very effectively over a relatively short (18 months to 2 years) period of time, bringing over 1,000 staff members on a substantial journey of change.

Social work practice changed considerably during the period in which a new practice framework and overall new ways of working, 'The Hampshire Approach', was implemented (2018-2020) across all 8 county districts. Key practice changes evidenced by a range of evaluation activities were:

- Social work staff moving from an approach often characterised by them in the past as 'very safe' but concerned to a greater extent with the case management process to whole system that remains very much concerned with safety but is much more strongly relationship-based, systemic and solutions-focused.
- A major development of social work skills in supporting family members to explore (their) motivation to change and to take an overall strengths-based approach to interactions with family members.
- A greater amount of social worker investment in direct (change) work with family members. In the early stages of change, this was mostly directed towards the children of the family, with signs of growing social worker confidence in undertaking some of the change work with parents towards the end of the evaluation period. Although this change work with parents could mostly be described as 'bridging' into more specialist (domestic abuse, substance misuse or mental health) services, the evaluation identified how this in itself can have a powerful effect including in generating a level of parental interest and understanding enabling them to take up an offer of more specialist support.
- An increased likelihood that children and families will experience a single social worker on their journey through statutory (Child in Need and Child Protection) planning, thereby promoting improved consistency of relationships and reduced likelihood of 'having to tell your story over again'.

These practice changes have been underpinned by a **transformation in the whole system of children's social care support for families** over the same time period, from consistent training programmes for all types of social work staff, to the forms being used to capture a child's journey (assessments, plans) and the 'feel' of multi-disciplinary case

conferences (starting from the family and their strengths). The key whole system changes have been in:

- The development of more intensive and longer-term multi-disciplinary support for families in most need of it, provided in locality 'hubs' each servicing two districts.
- A step change in the recruitment and retention of social workers (to enable them to have more time for relationship-based practice and direct work with families).
- A re-design of the processes underpinning social work practice to generate, for example, more strengths-based assessment (forms), plans and report writing.
- The development of Children's Assessment and Support Teams (CAST) into which families are referred from the Multi-Agency Safeguarding Hub (MASH) only one week in four and which emphasise the 'holding' of families by a single social worker across a journey in and through a period of social care intervention.
- A consistent training programme for all social work staff, reinforcing the key elements of the Hampshire Approach and supporting staff members to implement these in practice (supported also by a practice toolkit).
- A (re) emphasis on the urgent need to explore the potential for safe reunifications home for children becoming looked after.
- A clear vision understood and embraced by the organisation at all levels and a supporting culture that is also modelled at all levels including by senior managers.

These underpinning elements of transformational change are highly intertwined (for example improved staff recruitment or retention and CAST, both thought to generate more social worker capacity) and are all considered important in terms of their impact on changes to the whole system and on individual families.

The proposed changes proving harder to implement very consistently during the evaluation period have related to use of (upgraded) technology including 'devices' administered to all practitioner staff aiming to save time (for example in writing up notes) and to improve direct work with families. Whilst some (mostly the younger, more recently qualified) practitioners often seized the opportunities this technology offers and were early enthusiasts about its use including directly with families, others were more cautious or thought they needed more training to use it well.

Practice change has been challenging to implement overnight. Early barriers to change included: difficulties for some teams in recruiting or retaining enough (experienced) social workers, this thought to be a national problem; individual practitioner anxiety about change in some instances; and some practitioners requiring more time than others to absorb training programme content and become confident in with new ways of working.

However, approximately eighteen months to two years into the Programme, social workers, intensive (family support) workers and managers have almost universally described the changes as being 'worth it' and are starting to perceive a positive impact not only on children and families but also on themselves as individual practitioners and teams, making the whole system more resilient and a very positive place to work.

By way of impact on children and families, this evaluation has identified some evidence of improving family commitment to statutory plans and improving family engagement in support for change during the evaluation period. There is also evidence of an overall improvement of approximately 13% in the proportion of families tangibly gaining resilience during a period of statutory support.

Although attribution of whole system change of this nature to overall trends within a whole system is complicated, this evaluation does identify early indicators at a whole system level of a positive change curve for all children in Hampshire, including:

- A reduction demand for child protection plans (by approximately 12% from 1,536 to 1,345 in the two-year period to March 2020).
- A reduction in the proportion of child protection plans that are repeated during a two-year period (to 12.4% at March 2020).
- A reduction in the number of children becoming looked after of approximately 15% from 652 in 2018-2019 to 554 (provisional figure only) in 2019-2020.
- An increase of 29% in the number of children leaving full time care including a significant proportion (44%) who appear to do so because of successful reunification with their birth family.

The evaluation team (and colleagues at Hampshire) believe that the benefits of this transformational change in Hampshire had only just started to reveal themselves by the time of the final evaluation period for this study. Certainly, it is too early yet to be clear about the overall costed benefits of the investment. It would be interesting to return to Hampshire 12 months hence to explore further how the transformations have embedded – a critical final phase of transformation – and what full benefits can finally be perceived.

1. Introduction

This report outlines key findings from an evaluation by researchers at the Institute of Public Care (IPC), Oxford Brookes University of the Hampshire Transformation Programme in children's social work practice developed as part of the Partner in Practice Programme funded by the Department for Education (DfE).

An earlier Hampshire-wide DfE-funded Innovation Programme (2015-17) had explored innovations in specific services and supports for children in need, for example in edge of care support and multi-disciplinary intervention teams¹. This subsequent programme set out to more systematically transform children's social care services including the way in which social workers interact and work effectively with families. Key features of the Transformation Programme 2018-2020 have included:

- The development and embedding at all levels within the **organisation of a culture and set of behaviours that are family and outcomes focused**.
- The development and implementation of an agreed relationship-based way of working with families and toolkit in support of this way of working to empower social workers and allied workers to come alongside and support families in a strengths-based way in order to build their resilience, reduce the need for further crisis interventions and support effective family reunifications. This has been called '**The Hampshire Approach**'.
- Lean(er) processes including the piloting and implementation across all Hampshire of **Children's Assessment and Safeguarding Teams (CASTs)** enabling children² and families to be 'worked' by the same social worker from assessment to case closure or becoming looked after³. Key features of this model include organisation of these services into 4 teams per district, each receiving relevant referrals directly from the Multi-Agency Safeguarding Hub (MASH) on a 'one week in four' basis. The children and families are then 'worked', ideally by the same social worker, from assessment and planning to case closure or permanence (for the child). Another key feature of the CAST arrangements is that the MASH holds the case for slightly longer than before, including to enable more informed decisions at this very early stage post-referral.

¹ They were also evaluated by IPC (Burch et al, 2017)

² With a child in need or a child protection plan

³ These teams were piloted in one locality area (Basingstoke) before the full Transformation Programme started i.e. in 2017 and, after a positive pilot evaluation, were quickly rolled out to all localities in the earlier stages of the transformation

- Mobile working: and easy to use IT to generate improved capacity for social workers to work with families and to enhance their interactions with families.
- The development of more intensive family support working within multi-disciplinary ‘hubs’ comprising intensive family support workers supported by access to more specialist workers such as substance misuse, CAMHS or domestic abuse workers Each hub services approximately 2 locality teams. The development of these teams required a role change and considerable additional training⁴ for many existing (non-social work qualified) Child and Family Support Workers to become ‘intensive workers’ and also the retention or recruitment of some substance misuse and domestic abuse workers. It has been more difficult to recruit adult mental health specialists, this difficulty noted also in the earlier Innovation Programme evaluation in Hampshire (Burch et al, 2017).

The IPC independent evaluation is a mixed-method study combining:

- whole service trend data (for example about the number of children becoming looked after or requiring more than one Child Protection Plan); and
- more qualitative data exploring changes in practice, support services, culture, and impact on families through activities including case file analysis (sampling), longitudinal interviews with social workers and other key staff and managers, and family interviews.

It has been possible to explore most of the key questions for evaluation through the study period (April 2018 – May 2020). However, the timescales are relatively short with reference to transformational change⁵, and the challenges of the Covid-19 period have also limited the extent to which the study can capture the full impact of the intended whole system change. Because the early impact of transformational change is so far very encouraging, it would be useful to return to Hampshire in another year’s time for example to explore how such a change can be embedded and sustained.

⁴ For example in domestic abuse, substance misuse, family reunification, child and adolescent emotional health and wellbeing

⁵ In particular with reference to the time between interim and final stage evaluation

2. A fuller overview of the Transformation Programme

Along with six other English local authorities considered by Ofsted at the time to offer 'good to outstanding' social care services for children and families, Hampshire became a Partner in Practice with the DfE in around late 2016⁶.

The later DfE-funded Hampshire Transformation Programme aimed to completely re-shape children's social care services between 2018 and 2020. A central driver for the change was a perception that, although considered 'good' overall (for example Ofsted, March 2014 and other lighter touch inspections 2015-2017) more could still be done to support families to become resilient and to enable even more children to remain safely at home with their birth family⁷.

In order to successfully achieve the transformation, it was anticipated that the organisation would need, in addition to the nuts and bolts of the change programme outlined above, to focus also on creating the capacity (including time) for staff to intervene meaningfully and respond flexibly to families when it matters through improved staff recruitment and retention.

The Programme was also carefully staged. During early to mid-2018, the focus was on identifying and testing new ways of working for social work staff, developing the vision for a changed service, the resilience 'mind set' methodology and toolkit, 'quick process wins' to remove barriers to effective working practices, and developing more robust reunification and step down processes. Late 2018 to early 2019 saw the focus shift to implementing change, in particular through the training of all social workers, support workers and managers in the Hampshire Approach (including with reference to motivational interviewing techniques and strengths-based, solutions-focused approaches for work with families). This period also saw the development of new child in need and child protection-related assessment and planning tools to make them more consistent with a strengths-based way of working. In April to September 2019, there was a major emphasis on the recruitment of social workers and support staff and multi-disciplinary 'hubs' were created. There was also an Ofsted Inspection of children's social care services.

Embedding, consolidating and continuously improving new ways of working has been the focus for 2019/20 and beyond including: developing communities of social work practice, ongoing embedding of existing and also the development of further training for all staff (for example in restorative approaches with families), and ensuring that all multi-

⁶ More Partner in Practice authorities have since joined the Programme

⁷ Including as a result of the Innovation Programme evaluation (Burch et al, 2017)

disciplinary processes and tools, for example Child Protection Conferences, are fit for the purpose of working with families in a strengths-based way.

The theory of change / logic model informing this evaluation is re-produced at Appendix 1 and more detail relating to the key milestones for implementation at Appendix 3.

3. What does the existing evidence base suggest about why to attempt and how to achieve this kind of transformation?

Recent studies including combined findings from the Department for Education's Innovation Programme 2014-2017 suggest that the proposed practice changes envisioned by Hampshire reflect current knowledge about indicators of effective social work practice with children and families - effective at least in engaging family members in the process of positive change, less is known about the link with positive outcomes (Seba et al, 2017, Department for Education 2017a, 2017b and 2018) including:

- **Relationship based** - coming alongside, active listening, actively working to reduce parental feelings of shame, 'working with not doing to'.
- **Systemic** (also Walker, 2019) – recognising that individuals exist and are understood within various systems including family, work, cultural and social (also, Vetere and Dallos, 2003) and working in a pre-planned way to discover rules and ideologies that are sustaining dysfunctional patterns, using reflective questioning to 'unpick' family relationships (also, Bostock et al, 2017).
- **Strengths-based** (also, Iris, 2012; SCIE, 2018, Williams et al, 2018), including with reference to actively exploring and acknowledging family strengths as well as their difficulties, and the use of explicit methods for building hope and motivation for change and reducing resistance or ambivalence to change, including motivational interviewing and/or family group conferencing.
- **Solutions-focused**, including inviting families to define and monitor their identified outcomes and solutions to problems, building on their own strengths and capacity.
- **Having and making enough time for direct contact and direct work** with family members, parents as well as children (for example, Luckock et al, 2017; also, Cameron et al, 2016).
- **Reflective** in nature and enabling the family and all those working with them to be able to review the progress made and the impact of support with the aim of making change sustainable for the family and repeating effective practice where appropriate (including through supervision or group supervision).
- **Collaborative and supportive** – providing families with consistent, multi-disciplinary, and where appropriate 'high challenge, high support' intensive-style support to change and become more resilient.

The 'Seven Features of Practice and Seven Outcomes Framework', developed as a result of these combined Innovation Programme and broader findings, is reproduced at Appendix 2 and is referenced in our findings sections.

The existing evidence base also suggests that typical barriers for family members to effective engagement (and change) may be multiple including: mistrust born of previous poor relationships with professionals; difficulties in understanding the language of professionals or the systems in which decisions are made; and lack of continuity of worker (Cameron et al, 2016).

Much of the existing research in this field (summarised in DfE, 2017a) recognises that systemic change (for children and families) cannot be achieved through individual worker efforts alone, rather should be supported at the following three levels:

- Practice innovation – rethinking what happens at the interface between all practitioners and families.
- Service innovation - rethinking service provision and pathways.
- System innovation – rethinking how organisations in a system operate.

The existing evidence base also urges caution about attempting to implement a new including more systemic practice model in the context of an organisational or whole system culture that remains at odds, for example where it is relatively adversarial, risk-averse or directive (DfE, 2014; Benninger et al, 2017; Williams and Segrott, 2017). Furthermore, practice models with the potential to promote better engagement for families are unlikely to embed well and become ‘business as usual’ if the organisation as a whole is not committed to change and / or does not engender a culture that is supportive of the practice model (Baginsky et al, 2017).

Effective whole systems are thought to be embedded through complementary, evidence-based organisational culture, organisational and individual practice, and organisational processes (DfE, 2014 and What Works for Children’s Social Care, 2018).

Recent learning from Innovation (Programmes) about the effective implementation of innovation including whole system change in children’s social care (DfE, 2017a and DfE, 2018; Benninger et al, 2017; Mason et al, 2017; Baginsky et al, 2017; Luckock et al, 2017; The What Works Centre for Children’s Social Care, 2018) strongly suggests:

- The importance of a consistent strategic approach including having a clear vision (purpose) and practice model modelled by leaders and embraced by staff.
- Effective, emotionally intelligent, and consistent leadership of change over a prolonged period of time including distributed leadership (across the whole system) in order to ‘bring staff with you’.
- Engaging and supporting the workforce effectively to make the change by aligning the whole system with the proposed practice model and creating the right conditions for new practice including in a staged way through: awareness-raising incorporating an element of challenge to existing assumptions about social work

practice; freeing up 'thinking space' for staff to embrace new practice; ensuring that workforce development focuses on the new shared vision and targets all, not just some, workers at all levels over a period of time rather than in an 'one off' manner; openly celebrating good practice; ensuring that IT and administration are well-aligned; ensuring that there is a common language and framework of understanding; and ensuring that supervision (including group supervision) mirrors the desired overall ways of working.

- Attention to the pace of change (not too slow, not too fast).

A key message from many recent evaluations of innovation and transformation in this field is that '**transformative change is not easy to achieve**' either for individuals or for organisations (for example: Bostock et al, 2017; Sheehan et al, 2018), that it is important not to under-estimate the scale of change or adaptation needed in culture and working practices (Albers et al, 2020) whilst the whole system continues to need to respond effectively to families with very complex needs.

Whole system change, we are reminded by some studies, may take several years to accomplish and even longer to realise in terms of the desired outcomes for families (for example, two to three years reported in Sheehan et al, 2018). Change may be particularly fragile in both the early stages (Albers et al, 2020) and when embedding new ways of working as 'business as usual' (DfE, 2017a), suggesting the need for a staged approach to implementation with reference to at least three distinct stages: initial launch; full implementation; and sustaining change over a longer period.

4. Overview of the evaluation

Evaluation Key Questions

The evaluation sought to answer the following key questions drawn from the Theory of Change co-produced by evaluators and senior colleagues in Hampshire in early 2018.

Practice change-related questions

- To what extent can social workers, team managers and other staff working in social work teams consistently and confidently describe the underpinning model(s) and methodologies they use when working in a preventative way with children in need and their families?
- To what extent are social workers better equipped and supported to help families find the motivation to and make positive changes / gain resilience?
- To what extent is there evidence of practice that is more focused on helping families to make positive sustainable changes and gain resilience?
- To what extent do staff notice and describe a shift in the culture towards outcomes / helping families to change and the development of resilience and a positive strengths-based way of working?
- To what extent are there fewer transitions or 'hand offs' within the system and better sustained key relationships between workers and families?
- To what extent do social workers have more time to work directly with families?
- To what extent are workers making better use of mobile / digital technology in their work and working in a more virtual way, reducing travel time and paperwork?
- To what extent is there effective multi-disciplinary work with families?

Impact / outcome-related questions

As a result of the Transformation Programme:

- To what extent are there better outcomes for children in need and their families?
- To what extent do fewer children need to come into care?
- To what extent is there reduced need for (repeat) Child Protection Plans?
- To what extent are children successfully reunified home?
- To what extent is the whole system more resilient?

Evaluation Methods

This mixed method evaluation was intended to be longitudinal (capable of comparing a baseline of practice and family outcomes in Hampshire before the Transformation Programme took hold with practice and outcomes after it had been implemented). It has consisted of the following stages and activities:

Stages

- **A baseline stage** – undertaken in mid-2018 but also looking retrospectively at some pre-Transformation Programme data, for example from case sampling and whole cohort trends, against which later data and sampling could be compared⁸. Some data for the purposes of comparison was also available from the earlier Innovation Programme evaluation (Burch et al, 2017). It is important to note that, at this stage, a substantial proportion of staff had heard about the proposed transformative changes, had sometimes played a part in shaping these, but had not yet received detailed information about or training on them.
- **An interim stage** – undertaken in October to November 2019 aiming to identify what, if anything, had changed since the implementation stages of the Programme had commenced, and the extent to which any of these changes had begun to influence both social work practice and outcomes for families. This stage activities were planned to be undertaken earlier in 2019 but needed to be postponed because of the Ofsted Inspection.
- **A final stage** – undertaken mostly in March to April 2020 aiming to explore the extent to which changes were becoming embedded (business as usual) and outcomes for families beginning to improve with reference to the key questions for the evaluation. This stage of the evaluation was severely disrupted due to Covid-19, in particular with reference to the final stage longitudinal interviews with practitioners and managers and interviews with family members.

Table 1: List of Evaluation Activities

Activity	Detail
Secondary analysis of whole cohort (trend) data	<ul style="list-style-type: none">• This data was analysed from spreadsheets and other materials provided by Hampshire CC• Including, for example, data relating to all children becoming looked after, or with a Child Protection Plan or a repeat Child Protection Plan between 2014 and 2020

⁸ It was not possible to compare a sample of families receiving or not receiving the innovations because the Transformation Programme was intended to work with all families across Hampshire

Activity	Detail
Case File Sampling and Analysis	<ul style="list-style-type: none"> • Possible at 3 points during the evaluation – baseline (pre-transformation changes), interim and final stage • Cases were quasi-randomly⁹ selected from a list of all Child in Need and Child Protection ‘cases’ closed during a snapshot of time • It aimed to explore qualities of social work and broader practice with a representative sample of individual families and their recorded outcomes by the end of a period of statutory (Child in Need or Child Protection) intervention • It was intended that each of these sets of outcomes would be explored 6 months or more hence with reference to summary outcomes information from Hampshire CC (for example about whether the child had been re-referred, needed to come into care), but this was only possible for the baseline cohort. The interim stage cohort could not be followed up in this way due to Covid-19 restrictions) • A total of 122 case files were examined at baseline stage (cases closed between November 2017 and February 2018); 116 at interim stage (cases closed March to August 2017) and 129 at final stage (cases closed November 2019 to April 2020) although only 100 of these could be used¹⁰
Longitudinal interviews with key staff groups	<ul style="list-style-type: none"> • With a representative sample of social workers, team managers and district managers across Hampshire • Undertaken at baseline and interim stage (the final stage interviews could not be undertaken because of Covid-19) • 75 such interviews were undertaken at baseline and 61 at interim stage
Focus group meetings with staff groups	<ul style="list-style-type: none"> • These were undertaken mostly at interim stage with workers who did not participate in longitudinal interviews • Data was harvested from meetings with 14 social workers, 4 (intensive) family support workers, and 4 prospective hub (intensive family support) managers
Interviews with senior managers	<ul style="list-style-type: none"> • These were undertaken with managers involved in the Transformation Programme and more broadly at baseline and interim stages

⁹ Whilst trying to ensure an equal mix of cases by locality area and child age / gender

¹⁰ Only 100 of the 129 case files reviewed by researchers were included in the final analysis because, although they technically met the criteria for inclusion, they had in fact started before the practice changes of 2018-2019 (with plans that had effectively continued without break for some time). Unfortunately, because of the nationally determined Covid-related restrictions on fieldwork and time limitations for this study, it was not possible to alter the sample.

Activity	Detail
Family interviews	<ul style="list-style-type: none"> These undertaken mostly at baseline (13 families) and interim stage (3 families). Interviews with families by the final stages of the evaluation were not possible because of Covid-19
Rapid Research Review	<ul style="list-style-type: none"> Already referenced. This activity was not originally in scope but was undertaken towards the end of the evaluation period to compensate in part for the activities cancelled due to Covid-19

The evaluation findings rely relatively heavily on the quasi-random case file sampling exercise undertaken at each stage of the evaluation in relation to all recently closed Child in Need or Child Protection Plan (statutory) interventions with families from each of the 8 locality areas. The same data capture template was used at each stage to identify and compare: child and family characteristics; social services' referral and intervention history; extent of key risk factors for child abuse and neglect; nature of the intervention; number of social workers involved from start to finish; qualities of engagement with families (including with reference to an exploration of their motivation to change and strengths-based conversations) and its impact on actual engagement; the extent of social worker involvement; evidence of positive relationships between the social worker and the child(ren) or parent(s); the extent to which the intervention was multi-disciplinary and holistic; the extent to which family members made change(s) and gained resilience; whether the child became looked after; and whether there were any further referrals after the case was closed.

The same two evaluators were deployed to undertake all three sets of sampling activities, some of which required a professional judgement. Both evaluators are qualified social workers with over 30 years' experience in social work practice, management, and evaluation (of children's social care services). Analyses of the three case file sample cohorts suggest that they are relatively similar, as illustrated in Table 2 below:

Table 2: Baseline, Interim and Final Case File Sample Characteristics

Baseline Sample	Interim Sample	Final Sample
45% female, 55% male key child	51% female, 49% male key child	55% female, 45% male key child
88% White British	87% White British	84% White British
4% with a known physical and 12% learning disability	3% with a known physical and 10% learning disability	2% with a known physical and 8% learning disability
23% with no earlier referral to Children's Social Care Services (16% had one previous referral and 15% two previous referrals. 44% had	21% with no earlier referral to Children's Social Care Services (23% had one previous referral and 9% two previous referrals. 47% had	17% with no earlier referral to Children's Social Care Services (9% had one previous referral and 12% two previous referrals. 62% had

Baseline Sample	Interim Sample	Final Sample
between three and twenty previous referrals)	between three and sixteen previous referrals)	between three and ten previous referrals)
55% with no earlier statutory (Child in Need or Child Protection) plan ¹¹ . 28% had one previous plan, 11% two previous plans, and 6% three or more previous plans	63% with no earlier statutory plan. 17% had one previous plan, 12% two previous plans and 8% three previous plans	54% with no earlier statutory plan. 24% had one previous plan, 15% two previous plans and 6% three or more previous plans
Equal numbers and proportion of cases where there was a Child Protection (50%) Plans for the key child compared with Child in Need (50%) plan	Slightly more Child in Need Plans (in 59% cases) compared with Child Protection Plans (41%)	Slightly more Child in Need Plans (in 60% cases) compared with Child Protection Plans (40%)
Slightly higher levels of domestic abuse (61%) and parental substance misuse (54%) in the family circumstances at referral, but similar levels of parental mental ill-health (55%) and parental learning disability (8%)	Slightly lower levels of domestic abuse (47%) and parental substance misuse (37%) in the family circumstances at referral, but similar levels of parental mental ill-health (50%) and parental learning disability (7%)	Slightly lower levels of domestic abuse (47%); parental substance misuse (38%); and parental mental ill health (37%) in the family circumstances at referral but similar levels of parental learning disability (8%)

The two (baseline and interim stage) individual staff interview samples included in the analysis are also relatively similar in composition and include many of the same workers.

Table 3: Staff participating in interviews by type and evaluation stage

Worker Type	Baseline Cohort Number	Interim Cohort Number	% Interim sample who participated at baseline
CAST Social Worker	32	32	47%
CAST Team Manager™ or Assistant Team Manager (ATM)	27	16 (12 TMs and 4 ATMs)	69% overall (75% TMs and 50% ATMs)
District Manager	6	7	71%

¹¹ Although either the key child may have had an earlier Early Help Plan and/or another sibling / half sibling may have had an earlier statutory (Child in Need or Child Protection) Plan

A further 10 interviews were conducted with social workers and team managers from the Children with Disability Team for the baseline (stage two) evaluation and a further 6 interviews with the same group at interim (stage three). However, the focus for this report is on the interviews with CAST social workers and team managers, and the district managers in Hampshire.

Limitations of the Study

The key limitation of this study is that the evaluation period has not been sufficiently long to enable a full exploration of the benefits (and cost benefits) of the whole system change. Key aspects of the Hampshire Approach were only just in the process of being implemented in practice when the research team undertook the majority of the fieldwork at the interim stage (including case sampling and extensive interviewing of staff). The interim work was understandably delayed because of the Ofsted Inspection in summertime 2019. Therefore, the final stage evaluation undertaken in March to April 2020 was arguably not only too soon overall but also too close in time to the interim stage to expect to see much by way of further change. Final stage staff interviews had to be curtailed because of Covid-19 and therefore it has not been possible to explore in any depth how their practice and the whole system of support for children and families has further developed since Autumn 2019. The existing evidence base suggests that we should not expect to be able to identify the full impact of such a whole system change until two to three years after the start of implementation (Sheehan et al, 2018). What is possible to see from this study are early positive signs of a 'changing curve' in terms of social work practice and outcomes.

Other limitations of the study include that:

- The final stage case file sample could not be included in its entirety (see above) thereby reducing its ability to be as representative (in particular across children with Child in Need and Child Protection Plans) as it might. It was also a little smaller than the baseline and interim samples.
- The research team was not able to pursue final stage interviews with family members (also the interim sample of family members willing to participate in an interview was very small). Whilst the findings from family interviews were only ever intended to be illustrative, this has resulted in an analysis that includes less of a service user voice than it might otherwise.
- It has not been possible to compare the most recent quantitative (whole statutory cohort) albeit provisional data from Hampshire (for the full year 2019 – 2020) with data from other including comparator authorities to ascertain the extent to which the reductions in demand for statutory (looked after and child protection) plans experienced in Hampshire have also been experienced elsewhere. This is

because the data from other sites is not yet published (due to be published at end 2020).

Because of an accumulation of all these limitations, it is not yet possible to undertake a cost benefit analysis, as originally planned.

5. Key evaluation findings

The evaluation findings are organised below with reference to the following:

- The process of transformational change in Hampshire.
- The extent to which the desired practice-related changes were evidenced over the evaluation period.
- The extent to which the desired outcomes of this Transformation Programme were evidenced over the evaluation period.

The process of transformational change

Key findings are that the process of transformational change in Hampshire has been very successful, characterised by: careful staging or piloting of change; high level staff involvement in the development phase(s); manager modelling of the desired behaviour changes; a requirement that all staff participate in core re-training in the Hampshire Approach; the development of tools and processes; and the recruitment of additional social workers to support the desired practice change(s)

We were a good authority for a long time. But we threw the spanner in the works to change things, deliver a model that's sustainable into the future. This was a brave step (team manager)

Evaluation interviews with staff and managers and broader information provided by Hampshire Council suggest that the **key features of this whole system Transformation Programme** implementation have included a carefully staged approach to the design, early implementation and embedding of it incorporating:

- An early collaboration with a local higher education institute, Winchester University, to stimulate thinking about what might be required to implement a new 'Hampshire Approach' alongside discussions with all staff groups about what needs to change, why and how?
- High levels of involvement of social work staff in the early exploration of values and behaviours as well as the development of practical tools (such as a new strengths-based assessment tool) to implement the Hampshire Approach, including in the context of regular workshops for all.
- Very high levels of senior leadership sponsorship and sustained 'modelling' of the Hampshire Approach to support implementation of it at all levels and to embed it in the culture. Support for middle managers to reinforce the conditions for change including through a new leadership and aspirant managers' programme.

- Piloting of some changes (for example CAST teams to establish leaner processes and reduce hand offs, and technology-enabled care) to establish a 'proof of concept' business case prior to full service roll out.
- A requirement that all social workers and intensive family support practitioners (hereafter referred to as 'intensive workers') participate in consistent introductory followed by 'deeper dive' training to implement the new practice framework, including, at an early stage: strengths-based approaches and motivational interviewing techniques (other including restorative approaches to be introduced at a later stage).
- Attention to supporting not only individual practitioners to change or develop their practice but also the whole system to model and enable these changes, for example in and through: a renewed set of values and value statements; reflective individual and group supervision; internal meetings; and multi-disciplinary settings for example Case Conferences.
- Improved recruitment of social workers. Between January and October 2019, 98.8 full time equivalent (FTE) children's social workers were recruited (of whom 78.4 were newly qualified). Taking into account the 34.04 workers leaving the service during the same period, this represents a net gain of 64.76 children's workers relatively early in the implementation of change¹².
- Ongoing negotiation with partner agencies, for example those supporting substance misusing parents or families where there is domestic abuse, to provide as responsive support as possible to priority families involved with Children's Social Care Services.
- Ongoing monitoring of the implementation as well as the impact of the Programme on practice and outcomes for children and families (through a 'dashboard' approach).

Evidence from the longitudinal interviews and focus groups suggest that staff were very positive about the changes at approximately 9-12 months into the Programme, although some had to overcome an initial wariness or reluctance to change. Many practitioners and managers perceived that both consistent support for a Hampshire Approach and the whole service reorganisation of 'front line' resources into CAST and Multi-disciplinary Hubs were central to the changes.

It takes time to bring about wholesale practice change. There are quick wins, but we're in for the long haul and believe in it (team manager)

¹² There were still vacancies. For example, at October 2019, there were 61 vacant social worker posts in CAST teams, many of which were filled by agency workers.

The deep dive Hampshire Approach training, we all had to do. This is good (social worker)

I wasn't sure about the (new) assessments at first, but really like them now. Got a lot more positive feedback from families and young people about them (social worker)

Staff also noticed a range of other factors not always directly associated with the Hampshire Approach or CAST that they thought might also have had some impact on practice and outcomes over the relevant period, including more positive factors such as:

- A perceived general reduction in caseloads¹³ (although for some this was linked to the CAST reorganisation and therefore the overall Transformation Programme).
- The very positive Ofsted Inspection report (Ofsted, June 2019) thought by some also to have had an impact on the ability of the council to recruit social workers.
- A greater emphasis on careful reunification of some children home where it is safe to do so – this element of the Programme was only in its early stages at end 2019.
- The graduate training programme (GETs) for newly qualified social workers in the assessed and supported year in employment (ASYE).
- Quality assurance arrangements that emphasise regular collaborative practice audits (including one to one between a social worker and their team manager) and the development of a practitioner-led community of practice.
- Continued use of Personal Assistants (PA's) that were positively piloted during the Innovation Programme period (Burch et al, 2017).

Some staff mentioned less positive factors that may also have had an influence on the desired practice changes and outcomes, particularly:

- Staff turnover / staff shortages in some districts (certainly not all)¹⁴, although some interviewees thought this was improving towards end 2019.
- Reducing resources within some other agencies which may result in less support for families across the whole system.

¹³ This reduction in caseloads is evidenced through responses to specific questions about caseload as well as staff perceptions about caseload in the longitudinal interviews

¹⁴ This perception triangulated by other evidence from the evaluation – see later sections

To what extent has the Transformation Programme stimulated the intended changes in social work practice?

Key findings are that the Transformation Programme has to a greater extent stimulated the intended changes in social work practice, including more consistently strengths and relationship-based work with families resulting in improved family commitment to child in need or child protection plans. However, managers reflect that whole system practice change is difficult to embed quickly within social work teams, even where all staff are trained on the approach and the organisation models and supports the change effectively, including as a consequence of the ongoing need to deploy agency workers and because, whilst some staff embrace change, others are more cautious or resistant and need to build skills and confidence over time.

Question 1. To what extent can social workers, team managers and other staff working in social work teams consistently and confidently describe the underpinning model(s) and methodologies they use when working in a preventative way with children in need and their families?

Relationship-based practice is central to everything (social worker)

I was not welcoming, I was struggling to understand why they were there. I wasn't comfortable with it. She didn't judge. It was very serious and she wanted to shake me up. Eventually, I understood and appreciated it. It gave me the strength to change things (parent)

The evidence from longitudinal interviews with social workers and managers suggests a growing awareness of followed by growing confidence in applying the underpinning model(s) and methodologies introduced by the Hampshire Approach. This change is particularly evident within teams where staff turnover has been low. For example:

- A much greater proportion of CAST social workers interviewed at interim stage evaluation (27/32 or 84%) agreed quite to very much that there was a clear underpinning model or methodology that they could apply to their work, compared with those interviewed at baseline (21/32 or 66%) and before the Transformation Programme started (50% in 2016¹⁵). Many who agreed there was a clear underpinning model referenced either *The Hampshire Approach* or aspects of it, such as strengths-based working. Other words or phrases used to describe the model and methodologies included:

¹⁵ This same question was asked of social workers and managers during the Innovation Programme period (2016 reported in Burch et al, 2017)

Relationship-based

Systemic / systems theory

Solutions-focused

Motivational interviewing

This compares favourably to the pre-Transformation Programme phase at which time many social workers had described the underpinning model as being more about 'process and statistics'.

- A greater proportion of CAST social workers interviewed at interim stage (27/32 or 84%) described feeling quite to very confident about applying these methodologies and models, compared with 21/32 or 66% at the baseline.
- A much greater proportion (27/32 or 84%) of CAST social workers interviewed at interim stage considered that there were quite to very high levels of consistency of practice shaping the way in which work with families was undertaken compared with the baseline (14/32 or 44%). Similarly, many more CAST team managers thought that there was in place a shared theory of practice at interim stage (15/16 or 94%) compared with the baseline stage (8/27 or 30%). They consistently described this theory of practice in positive terms, as 'The Hampshire Approach'.

This is a big step forward from where we were a year ago (team manager)

The Hampshire Approach is talked about a lot. All templates (have been) changed to support this approach (team manager)

Question 2: To what extent are social workers better equipped and supported to help families find the motivation for and to make positive changes / gain resilience?

(Early conversations with the social worker) helped me to feel motivated to do things differently. It was quite big, a turning point in our lives (parent)

Feedback from families has been very positive, evidencing that social workers are spending more time building relationships (district manager)

Findings from case file sampling undertaken at baseline (pre-transformation change), interim and final evaluation stages suggest noticeable improvements in the quality of social worker support for families (mostly parents) to explore their motivation to change, as illustrated in Table 4 below.

Table 4: Comparison baseline, interim and final case file quality of support motivation to change

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very well	0	0%	14	13%	11	11%
Quite well	27	22%	43	38%	51	51%
Not very well	51	42%	46	41%	35	35%
Not well at all	43	36%	9	8%	3	3%
No Answer / Not Applicable	1	-	4	-	0	-
Total responses	121	100%	112	100%	100	100%

Examples of effective practice identified in the interim and final case file analyses included:

- With parents, including a focus on their strengths and exploring past patterns (for example in abusive relationships or excessive drinking) as well as current / future challenges, leading into what needs to change and how.
- With young people, including to support an exploration of their patterns of behaviour and how they might change these.
- Use of specific tools, for example a ‘what’s working and what isn’t’ table.

However, at interim and final stage analysis, there were still some examples of social workers not taking the time to understand the needs of parents / carers or to understand their story, including earlier traumas or (learning) disabilities or difficulties that are likely to have an important impact on their parenting / behaviours. In these cases, the histories or needs often emerged much later in the journey of involvement with children’s social care services, for example when a psychological assessment was undertaken during a Public Law Outline (PLO) stage of intervention, by which time it was often too late to tailor support to meet them.

Although recognising the progress made in this area, conversations with district managers at the interim stage suggest that this area of practice (development) can take some time to become embedded ‘practice as usual’ and that progress can be hindered by factors such as teams being over-reliant on agency workers; reflective supervision

being inconsistently applied; and/or workers feeling under-confident about working in this way.

The deep dive training provided a solid foundation. We are on a journey to develop the skill base. Role modelling (by district and team managers) is important (district manager)

When asked about the significance of spending time with family members to explore their motivation to change, CAST social workers involved in both baseline and interim stage interviews all considered that this was at least quite important to their practice. However, a greater proportion of CAST workers described this as 'very' important (30/32 or 94%) at interim compared with baseline stage (26/32 or 81%). 100% CAST team managers interviewed at interim stage evaluation considered that it is 'very important' that social workers can help families to explore their motivation to change¹⁶.

If we cannot support motivation, then how do we expect families to meet our high expectations? (team manager)

Over half of team managers at interim stage considered that their staff actually explore motivation to change with families only quite or not very well (7/16 or 44% thought that their staff do this very well). Although this represents an improvement compared with the baseline (only 7/27 or 26% doing this very well), team manager scoring and comments suggest that there was still some room for improvement at the interim stage. Potential barriers to embedding staff training (in motivational interviewing) were thought to include: having too much or not enough experience; and / or not having enough confidence or time.

We have moved from 'I want you to do X, Y, Z' to 'What do you think the worries are, what are you able to do to change?' (team manager)

For newly qualified for them this 'is' social work. For more experienced social workers, it's more of a change (team manager)

At interim stage, all (100%) CAST social workers described being quite or very confident about supporting families to explore their motivation to change (12/32 or 38% were very confident) compared with 88% at the baseline (at which point only 25% were very confident). At interim stage, a large proportion (19/32 or 59%) of CAST social workers said that they were still only 'quite' confident because they had only recently accessed the training.

¹⁶ Compared with a slightly lower proportion (96%) at baseline

Motivational interviewing is quite a new thing, hence early days (social worker)

At the interim stage, CAST social worker interviewees mostly described feeling confident about their ability to work directly with children and families although often also described being less confident around specific areas of direct work, for example: work with teenagers; domestic abuse; parental mental health; substance misuse; male perpetrators; hostile parents; sexual abuse cases. Many CAST social workers mentioned the Hampshire Approach training and/or specific aspects of it that they had received (to help them work directly with families), for example motivational interviewing, solution focused or strengths-based approaches and ‘deep dive’ sessions on the approach. Some interviewees mentioned restorative practice, others thought it was ‘coming on stream soon’. Newly qualified social workers often mentioned Hampshire’s own graduate entry training scheme (GETS) and many considered this to be very good indeed.

Question 3. To what extent is there evidence of practice that is more focused on helping families to make positive sustainable changes and gain resilience?

She persevered at a personal level. I got to know her and built a rapport .. she thoroughly stuck with me.. she got me to see about abuse.. very intense at first but now I know why (parent)

Social workers are heavily involved in .. interventions. This should always have been the case (but) there was a bit of a care manager element before. I feel people are taking pride in doing what they can, doing direct work with families (manager)

There were many more cases in the interim case file analysis cohort (60%) and final case file analysis cohort (72%) than in the baseline cohort (24%) with very or quite good evidence of strengths-based conversations with the family, as illustrated in Table 5.

Table 5: Baseline, interim and final stage case file analysis evidence of strengths-based conversations with the family

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very well	0	0%	24	21%	6	6%
Quite well	29	24%	45	39%	65	65%
Not very well	66	54%	41	36%	29	29%
Not well at all	27	22%	5	4%	0	
No Answer / Not Applicable			1		0	

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Total responses	122		115		100	

Examples of more strengths-based practice evidenced in the interim and final case file analyses included:

- Child in need visits beginning with the social worker asking a parent what was going well.
- Active listening on the part of the social worker / intensive worker.
- Acknowledging family strengths and reflecting these back to the family, for example the warmth and closeness between family members, or the resilience a family is showing by working with a plan to ensure the safe care of their children.
- Good engagement with the children of the family to explore the family strengths (as well as with parents).
- Identifying 'real' strengths at an individual and whole family levels.
- Clear about the concerns.

Researchers undertaking the case file analysis noted that use of the new assessments written in a very direct style (unlike earlier assessments, these were addressed directly to the family / child) had often enabled workers to identify and communicate family strengths very effectively.

There was also greater evidence of family commitment to the statutory plan and taking steps to implement it in the interim and final case file analysis cohorts compared with the baseline cohort, as shown in Table 6 below. The degree of commitment was not associated with any particular type of plan (Child in Need or Child Protection).

Table 6: Baseline, interim & final stage case file analysis evidence of family commitment to the plan

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very well	12	10%	33	29%	15	15%
Quite well	43	35%	50	43.5%	51	51%
Not very well	41	34%	20	17%	22	22%
Not well at all	26	21%	12	10.5%	12	12%
No Answer / Not Applicable	0	-	1	-	0	-
Total responses	122	100%	115	100%	100	100%

In more interim cases (39%) compared with baseline cases (17%) the social worker was involved quite to very much in change work with the family, through direct work beyond assessment and visits to check for safeguarding. However, by the time of the final case file analysis, social workers were much more involved in change work (quite to very involved in 66% cases) with growing evidence of worker confidence in undertaking direct work with parents as well as children. Although sometimes the social worker did undertake sessional work with the parent(s), for example in relation to domestic abuse or mental health / emotional wellbeing, in many instances this was ‘bridging work’ into specialist domestic abuse, substance misuse and/or mental health services or into the intensive family support service. In many cases, there was evidence of the social worker working very effectively in this way, as well as with others in support of a plan, for example schools or other children’s services. There was good evidence of social workers utilising specific tools to engage children in direct work.

Table 7: Baseline, interim and final stage case file analysis evidence of social worker involvement in the change work with the family

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very well	2	2%	5	4%	15	15%
Quite well	18	15%	41	35%	51	51%
Not very well	77	63%	59	51%	32	32%
Not well at all	25	20%	11	9%	2	2%
No Answer / Not Applicable	0		0			
Total responses	122		116			

As illustrated in Table 8 below, slightly more families engaged quite to very well with the support on offer in the interim cohort (62%) and final cohort (68%) compared with the baseline cohort (58%). However, compared with the baseline cohort (5%), many more families appeared to engage very well in the interim and final cohorts (27% and 39% respectively).

Table 8: Baseline, interim and final stage case file analysis evidence of family engagement with the support on offer

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very well	6	5%	31	27%	39	39%
Quite well	65	53%	40	35%	29	29%
Not very well	42	34%	32	28%	27	27%
Not well at all	9	7%	11	10%	4	4%
No Answer / Not Applicable	0		2		1	
Total responses	122		114		99	

Within the Hampshire Approach, some families had also begun to receive targeted, longer and more intensive family support delivered by the reorganised (hub-based) intensive workers starting to be joined by some specialist workers. Intensive workers participating in group conversations about the programme generally considered the changes in ways of practicing to be very positive:

I used to be really frustrated by working (with families) for 6 weeks – you knew it would come back (intensive worker)

Very diverse role now. Goal is to prevent children going into care (intensive worker)

These intensive workers had also noticed some very positive changes in social worker practice and the whole system resulting from the Hampshire Approach:

We are seeing a difference in social worker behaviours, more going direct to the family to discuss how things are going. The plans more about what the families are contributing. Beforehand, it was about us saying you need to do this and that (intensive worker)

I think the new plans give a greater insight into the family, as it's from the family. If I'm given a new assessment, I know the family. Before, it was so official, so formal (intensive worker)

In ICPC I've seen them going to the child and family before the social worker speaks. It was really good. I think more young people are coming to meetings now (intensive worker)

Slightly more CAST social workers thought that their practice was quite to very much focused on helping families to make positive change(s) and/or to develop resilience at

interim stage evaluation (30/32 or 94%) compared with at baseline (27/32 or 84%). More workers (20/32 or 63%) thought that their practice was very focused on helping families at interim stage compared with the baseline (14/32 or 44%).

Equally, a greater proportion of CAST team managers considered that their social workers deliver interventions that help families to change and/or develop resilience quite to very well at interim stage evaluation (15/17 or 88%) compared with the baseline (18/27 or 67%). However, many team manager interviewees thought there were still improvements to be made at the interim stage. District and team managers considered ongoing barriers to working in this way to sometimes include: caseloads; level(s) of risk with families; difficulties in changing a practice culture very quickly; and individual practitioner anxiety about change.

When asked how social workers deliver interventions that help families to change and to develop resilience, managers identified a range of ways including: undertaking creative direct work with children; using the 'Cycle of Change' (Prochaska and DiClemente, 1984); motivational interviewing including obtaining the views of families on what they want to change; solutions focused, strengths-based work (and jointly agreeing goals with the family); undertaking work alongside parents, not 'to' them; breaking down issues into bite-sized chunks, especially for neglect; effective case coordination; providing tailored support; identifying barriers to change and addressing these. Frequently mentioned barriers to doing this well were cited as experience, skills and time:

Still learning how to use the skills, and time to have conversations with families
(team manager)

Social workers participating in group conversations particularly emphasised the new assessment, planning and report writing materials as being instrumental in generating this change of focus:

It makes it more personal, how you directly deal with families. Less jargon, real humane approach. I realise in my report writing that I pause and reflect every time I write – how does this come across? How to achieve more with different writing?
(social worker)

Previously, families have been very used to looking at negatives. We pull out the strengths and, straight away, families notice. We're not looking negatively and scaling and breaking down. It's enabling families to build on their strengths. Their engagement is better, they're not so edgy and cold (social worker)

It's the actual families saying "I didn't realise you noticed I was doing it that well. I've never had a social worker say anything positive". We're seeing it through our feedback forms, people saying "they build on my strengths" "one step at a time"
(social worker)

Workers from the Child in Care teams thought that the approach worked particularly well with looked after children:

It puts the voice of the child more in the frame. You listen to what the child is saying and write it as a conversation. The child's voice becomes the front runner. I think I know more about where my young people are at as a result, those little accomplishments you're more aware of (social worker)

One interesting thing I had with a child, you pause a bit and paraphrase in their words, and they say 'yes, that's what I said'. You're checking it out with them. So, when the report comes, it coincides (social worker)

Question 4. To what extent do staff notice a shift in the culture towards improving outcomes, helping families to change and develop resilience, and a positive strengths-based way of working?

People have an appetite for it.. this is what we should be doing (district manager)

A greater proportion of CAST social workers interviewed at interim stage evaluation (30/32 or 94%) agreed that the current culture in their team places an emphasis on supporting change and positive outcomes with families compared with the baseline stage (25/32 or 78%).

Lots of emphasis on plans, more strengths-based, better targeted, no drift (CAST social worker)

Most acknowledged that this culture was driven by a number of things including: the team manager / ATM; their own internal motivation and standards; having a solid, cohesive team who 'sign up' to the shared aims; having clear processes (for achieving change); and newer ways of working in a more dispersed way, including the opportunity to connect in with colleagues using for example 'WhatsApp' groups.

Similarly, a greater proportion of CAST team managers considered the work of their team to be focused on helping families to make positive changes and gain resilience at interim stage interview (16/16 or 100%) compared with baseline (22/27 or 81%). A greater proportion thought that their team was 'very' focused on this at interim (13/16 or 81%) compared with baseline (14/27 or 52%).

A much greater proportion of CAST social workers interviewed at interim stage evaluation (28/32 or 88%) compared with baseline stage (17/32 or 53%) thought that there was either quite or a very clear vision across the organisation about how they were expected to work with families. 15/32 (47%) of those interviewed at interim stage thought that the vision was very clear. Many workers connected this question with 'The Hampshire Approach'. Many of those who responded either that the vision was only quite

clear or not very clear at interim stage mentioned that each district was different and could therefore interpret the overall approach differently (rather than suggesting it wasn't a clear vision for them individually). Similarly, CAST team managers were far more likely to consider that there was a clear vision across the organisation at interim stage (16/16 or 100% quite to very clear and 13/16 or 81% very clear) compared with baseline stage (at which point 16/27 or 59% thought the vision was quite to very clear and only 5/27 or 19% very clear). This compares positively with the baseline at which team managers were more likely to describe the vision in negative terms including that it was 'dependent on the district' or 'still process orientated' compared with interim stage when they more positively and confidently described this as being a whole-organisation vision concerned with improving outcomes for families including via strengths-based approaches.

Very clear top down vision but not dictatorial or top heavy (team manager)

Group conversations held with social workers at interim stage also strongly suggest a majority of staff perceiving the Hampshire Approach to have had a very positive effect on the development of a more strengths-based and effective way of working with families:

Having that role where they're working with you. We are offering support. I've been praised by the courts for the pre-proceedings work with families (social worker)

In university, we received training in strengths-based work and solutions-focused. This is what's drilled in here. But, compared with where I worked before, here feels a lot more like it's embedded (newly qualified social worker)

Intensive workers were also very positive about the change in organisational culture.

In the past, social work has focused on what families can't achieve. I like being able to celebrate the positives first before working on the things that need improving. This is probably how we worked anyway, but it is helpful to have it endorsed as a way of working. It's almost like permission to work in this way (intensive worker)

I'm just really positive about it. The fundamental changes are for families and for us – to keep us well (intensive worker)

District managers mentioned a range of factors they believe has driven this overall culture change, including:

- Consistent messages and support from the senior leadership.
- All managers 'walking the walk', modelling and promoting the culture.
- Providing good quality training to embed the desired ways of working.

- Re-worked documents, for example to support strengths-based assessments.
- Re-worked processes, for example strengths-based meetings with families.
- Having a project team to support innovation in the early to interim stages.
- Having an overall culture that embraces change.

Question 5. To what extent are there fewer transitions or ‘hand offs’ and better sustained key relationships between workers and families?

Case file sampling at different points along the transformation journey indicates a big increase in the number and proportion of children and families experiencing just one social worker across a single pathway involving Children’s Social Care Services. The headline finding is that, whilst only 10% of children and families experienced one social worker across this pathway at baseline, 70% did so at the interim evaluation stage. By the final stage analysis, slightly fewer families experienced only one social worker (48%¹⁷) but almost the same experienced one or two social workers (84% compared with 91% at interim stage). A full breakdown of these trends is provided in Table 9 below:

Table 9: Number and proportion of children experiencing one or more social worker across a single pathway of involvement with children's social care services - baseline, interim and final stage evaluation

No. social workers involved	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
1	12	10%	80	70%	45	48%
2	46	38%	24	21%	34	36%
3	41	34%	9	8%	13	14%
4	13	11%	2	1%	2	2%
5	4	3%				
6	2	2%				
7						
8	1	1%				
9	1	1%				
Not known / applicable	2	-	1	-	6	-
Total applicable	120	100%	115	100%	94	100%

¹⁷ Unfortunately, evaluators were not able to explore this interesting finding at final stage evaluation due to Covid-19 restrictions and circumstances

In individual and group interviews with staff at the interim stage, these changes have been attributed mainly to the development of CAST teams.

Definitely better than the handoffs from R&A teams. Reduces handovers (social worker)

The impact of these arrangements and fewer handoffs was mostly considered by staff to include improved relationships between social workers and family members:

I think it's much better with CAST teams as you keep them all the way through. Much better for building good relationships with families. Children like having the same social worker. It supports the family to be open and honest. They will know you saw them at their lowest point (social worker)

Right from the beginning, the social worker has to get their head around the case (social worker)

but also improved working conditions for the social workers themselves:

I think having an intake week is really good.. For three weeks, you don't have to think about anyone new. That's really good (social worker)

These expressed views are well triangulated with the findings from case file analysis. For example, there was evidence of positive relationships between social workers and children subject of statutory plans in many more of the final (92%) and interim case files (82%) compared with those at baseline (48%) as illustrated in Table 10 below:

Table 10: Baseline, interim and final stage case file analysis evidence of positive relationship between the social worker and the child(ren) of the family

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Numbers	%
Very much	5	4%	27	24%	14	14%
Quite a lot	54	44%	65	58%	76	78%
Not very much	50	41%	18	16%	7	7%
Not at all	13	11%	2	2%	1	1%
Not known / applicable	0	-	4	-	2	-
Total responses	122	100%	112	100%	98	100%

There was also more evidence of positive relationships between the social worker and the child's parents / carers in the interim (63%) and final (59%) compared with the baseline (45%) cohorts, although the difference was not as great.

Table 11: Baseline, interim and final stage case file analysis evidence of positive relationship between the social worker and the parent(s) or carer(s)

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very much	3	2%	14	12%	3	3%
Quite a lot	52	43%	58	51%	56	56%
Not very much	53	43.5%	30	27%	39	39%
Not at all	14	11.5%	11	10%	2	2%
Not known / applicable	0	-	3	-	0	-
Total responses	122	100%	113	100%	100	100%

Almost all CAST social workers participating in the longitudinal interviews at both baseline and interim stages described being able to engage families in a trusting relationship at least quite well. However, at interim stage interviews, a greater proportion (17/32 or 53%) described feeling able to do this 'very well' compared with 10/32 or 31% at baseline. Their managers consistently identified positive cultural forces, including 'having a strengths-based approach' across the organisation, as having a positive impact on workers' ability to form trusting relationships with families. High(er) caseloads and/or a family's previous negative experience of social care services could have a negative impact.

Question 6. To what extent do social workers have more time to work directly with families?

She said I'm just here to make sure the kids are safe. I could say what I wanted to say. She would listen ...and I would see things differently (parent)

Between the baseline and interim evaluation stages, there was some evidence of a small increase in the amount of time for social workers to work directly with families. For example, longitudinal interviews provide evidence that:

- The average 'usual' caseload¹⁸ cited by CAST social workers (excluding those who are newly qualified or ATMs) reduced i.e. 23.32 children at the interim stage evaluation compared with 26.71 children at the baseline¹⁹. Interim stage caseloads were also considerably less than those cited by Hampshire social workers in 2015-2017 i.e. mainly in the high 20's (Burch et al, 2017). At interim stage, 14/16 or 88% CAST team managers described their staff as having quite to very manageable caseloads, compared with 19/27 or 70% at the baseline stage. Caseloads becoming more manageable was largely attributed by managers to the CAST system, but also sometimes also to increased recruitment efforts.
- At interim stage, CAST social workers and assistant team managers (ATMs) described spending between 15% and 65% of their time on direct work with families. ATMs tended to describe a lower proportion of their time and unqualified staff a higher proportion of their time spent on direct work. The most common (mode) amount of time mentioned by social workers at both baseline and interim stage evaluation was 40% and the average (mean) time at interim stage was 33.75% compared with 34.86% at the baseline. However, this question was often difficult to answer for social workers and there was a distinct difference in how they described their initial responses more fully, with some workers interpreting direct work to include assessments, others not.

At interim stage, CAST workers thought that the following sometimes or often 'got in the way' of having enough time for direct work with families: caseloads; ATM responsibilities; complexity of cases; supporting / covering for colleagues when there are staff shortages; process and paperwork; travel: slow IT systems; and CAST timescales (for achieving particular milestones in the statutory process). Some social workers participating in group conversations also thought that there had not always been enough time to implement the Hampshire Approach. However, by contrast many (CAST) team managers considered that there was enough time for direct work (11/16 or 69%) at interim stage evaluation compared with only 14/27 (52%) at baseline. Where managers perceived that their workers very much had enough time for direct work, they could articulate the difference they perceived this made in terms of the quality of practice:

Visits are planned and focused (team manager)

For those team managers who considered that their staff had only quite enough time for direct work, views were more mixed:

¹⁸ This references the number of children (not families) on a social worker's caseload

¹⁹ This is still higher than the reported average national caseload (at September 2019) of 16.9. Source: Department for Education Official Statistics: Children and family social work workforce in England, year ending 30 September 2019. However, these national figures need to be treated with caution.

Caseloads are coming down. (However) Intake work makes it difficult to plan (team manager)

Definitely a lot more time now, caseloads lower. But we need more time to do direct work, that would really make a difference (team manager)

The managers who thought their staff did not have even quite enough time for direct work were more likely to cite problematic staff retention rather than high caseloads.

Question 7. To what extent are workers making better use of mobile / digital technology in their work and working in a more virtual way, reducing travel time and paperwork?

It is important to acknowledge that the journey of change in relation to use of technology began before the start of this Partners in Practice transformation programme. In the Innovation Programme period (2015-17) Hampshire introduced mobile 'devices' with which to work digitally outside of the office space for some workers. In this later Transformation Programme period, mobile devices and training on how to use them were rolled out to many more staff.

We are on a journey. Tech can do this but needs application and effort to learn how to use the tools. Willingness to adapt, learn and change (district manager)

However, the difference in worker-described use of mobile / digital technology in their work seems not to have changed greatly between the baseline and interim evaluation.

- CAST social workers interviewed at interim stage were only slightly more enthusiastic about the impact of technology at work compared with at baseline. For example, at interim stage, 44% of CAST social workers considered the technology available to them in work helped them quite to very much to have time with families compared with 31% at the baseline. Within that third to a half of workers, some were very enthusiastic, almost passionate about the use of 'tech':

I would not be without my hybrid device, dictate records of visits, office in my car, use for direct work (social worker)

Bring up resources, use with children, can work flexibly (social worker)

As at the baseline, some social workers still felt that they could perhaps use the mobile technology to even greater effect with more or better training. Some others who were less enthusiastic about the technology described a preference for working in the office or being sceptical about the amount of time being saved by, for example, typing up notes in the car or about how useful devices were for direct

work with families. Some also thought that the functionality was sometimes impaired by a lack of connectivity (to the internet) on occasions.

CAST Team managers were more positive at interim stage evaluation about the extent to which the technology was helping their social workers to have more time with families than at baseline. At interim, 10/16 or 63% thought the technology was doing this quite to very well compared with 8/26 or 31% at baseline. Managers were also quite divided in their personal enthusiasm for technology and this showed in their responses.

- Very similar proportions of CAST social workers at both baseline and interim stages described how the technology enabled them to provide support to families 'quite to very well' (37% at baseline and 40% at interim). Whilst some workers were very enthusiastic and confident about the use of hybrid devices with families, (for example to complete forms together, to undertake direct work with children using apps, in meetings (to share and edit written material)), others were more cautious about using their devices in this way, either because they held a belief that families 'who don't have anything' will feel intimidated by them or because they considered that using the devices was 'too impersonal' or because they were still learning how to use them.

CAST team managers were more likely to consider that the technology helps social workers to provide support to families 'quite to very well' at interim stage (8/16 or 50%) compared with at baseline (7/26 or 27%). ATMs were more likely than team managers to think that the technology, particularly hybrid devices were being used in this way, to good effect. However, overall, the views about usage (and, to a certain extent, the value of using hybrids with families) was again mixed:

Can see things online, can help with communication with children (team manager)

It's a powerful piece of kit, but we don't have all the apps that we could use with families (team manager)

It's not realistic to pull out the tablets for techy things. Some families have nothing (team manager)

Social workers participating in interim stage group conversations appeared to be more enthusiastic about using the digital technology in their work compared with those participating in 1:1 longitudinal interviews, suggesting that there is greater impact still to generate from use of the devices:

Sometimes it's a really good ice breaker, not making eye contact can be helpful (social worker)

I have connected it to the TV in a meeting and put a plan up. I did it for a difficult family so they could see what I was typing. They usually contested things, so by doing on the screen, everyone could see (social worker)

If social workers had the time to play with it and practice it, then it would be better (social worker)

Intensive workers were also generally positive about use of mobile technology, with some suggesting that it has directly enabled more flexible fieldwork for them:

I learned how to tether the device to my phone. Since then, I take it to visits and doing things with the family there, for example worry box stuff (stuff on YouTube). You can do things in the moment. I think you can get anything you need on the toolbox. If you can take the internet out with you, that's enough of a toolbox (intensive worker)

Question 8. To what extent is there evidence of effective multi-disciplinary work with families?

At both baseline and interim evaluation stages, support for families was evidenced in the case files as being mostly very or quite multi-disciplinary in nature, suggesting that relatively effective multi-disciplinary working has been sustained over the evaluation period in spite of the reorganisation of some specialist (domestic abuse and substance misuse) services away from the local authority itself.

By the time of the final case file analysis, a greater proportion (74%) of cases evidenced quite to very good multi-disciplinary working, largely through domestic abuse, substance misuse and other specialist services for adults delivered outside of the local authority (by voluntary sector organisations).

Throughout the evaluation period, schools, the Police and community health services appeared to be well-engaged in support plans.

Table 12 below outlines the extent to which there was evidence of multi-disciplinary working on the case files examined at baseline, interim and final stages of the evaluation.

Table 12: Baseline, interim and final stage case file analysis evidence of multi-disciplinary working on statutory plans

Extent to which practice evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very much	8	7%	12	10%	5	5%
Quite a lot	60	49%	55	47.5%	69	69%
Not very much	48	39%	48	41.5%	25	25%
Not at all	6	5%	1	1%	1	1%
Not known / applicable	0	-	0	-	0	-
Total responses	122	100%	116	100%	100	100%

CAST social workers and team managers almost all considered that multi-disciplinary interventions were in fact being provided for and with families at both baseline and interim stages either quite or very well. By the interim stage, some social workers were noticing that the former Family Intervention Team or FIT (mostly substance misuse, domestic abuse and mental health) workers were no longer present in their teams. The main ways in which work with families was considered by social workers and team managers to be multi-disciplinary by this stage were with and through other agencies and, for 'priority cohorts' of families, through their access to and work with intensive workers as well as some more specialist workers who were still embedded in their teams or in other teams (such as a specialist CSE team, Willow) within the authority.

Intensive workers participating in group conversations were either already working closely with the (remaining) workers from other agencies in their teams or looking forward to (even) greater multi-disciplinary working in the new 'hubs' that were on the brink of taking shape.

I find myself working with a PiP CAMHS worker. She can discuss (non-priority cohort) cases. This is amazing. Her knowledge is incredible, she has so many resources (intensive worker)

The multi-disciplinary team is a work in progress, but it's going in the right direction. I love running the courses. I think that will be successful, we have done some of this before i.e. saying to parents we're working with "I have a parenting group, come along" (intensive worker)

To what extent has the programme stimulated the desired outcomes for children and families?

This evaluation identifies some evidence of a 'turning curve' in relation to outcomes for children and families that might be attributed to the Transformation Programme. These include reducing demand for child protection plans; a reduction in the proportion of child protection plans that are repeated during a 2-year period; and a reduction in the number of children becoming looked after.

However, it is too early to say whether these downward trends in demand are more than a 'blip'. All the evidence suggests that the benefits of this transformational change in Hampshire had only just started to reveal themselves by the time of the final evaluation period for this study. Certainly, it is too early yet to be clear about the overall costed benefits of the investment. It would be interesting to return to Hampshire 12 months hence to explore further how the transformations have embedded – a critical final phase of transformation – and what full benefits can finally be perceived.

I listen to my kids more. I was always too busy. I communicate with them. I function better. I get out of bed! A change in my mental health. I'm happier so my children are too. I wouldn't have got there without them (parent)

In the section above, we have identified case file evidence of improving family commitment to statutory plans and of improving family engagement in support for change during the evaluation period.

Attribution of (positive) outcomes to specific practice change or change programmes in social care more broadly is notoriously difficult. In this case, it is rendered harder by the Covid-related difficulties in further exploring these connections with practitioners and managers in Hampshire towards the end of the evaluation period.

However, there are also some early positive trends in the case sampling undertaken for this evaluation and in overall child in need populations in Hampshire across the pre-transformation and transformation periods. These trends are explored with reference to the key questions for evaluation below:

Question 1: Are there better outcomes for children in need and their families?

The baseline, interim and final evaluation case file sampling activities examined the extent to which families made positive change(s) and/or gained resilience by the end of the relevant period of statutory intervention.

Only slightly more interim cohort families made positive change(s) or appeared to gain resilience very much or quite a lot (58.5%) by the end of the intervention compared to the baseline cohort (55%), as shown in Table 13 below. However, by the time of the final

stage case file sampling, the proportion was 62% reflecting an overall improvement of 13% in these outcomes between baseline (pre-transformation) and final (implementation of transformation) stages.

Table 13: Baseline, interim and final stage case file analysis evidence of positive change or resilience evidenced by the end of the period of statutory planning

Extent to which evidenced	Baseline Cohort		Interim Cohort		Final Cohort	
	Number	%	Number	%	Number	%
Very much	7	6%	12	10.5%	13	13.25%
Quite a lot	59	49%	55	48%	48	49%
Not very much	43	35%	35	31%	23	23.5%
Not at all	12	10%	12	10.5%	14	14.25%
Not known / applicable	1	-	2	-	2	-
Total responses	121	100%	114	100%	98	100%

Also, a greater proportion of the interim (86%) and final case file analysis (77%) were judged to be likely to be able to remain living safely at home after the statutory plan ended compared with the baseline cohort (70%)²⁰.

Case studies exploring more and less positive family experiences and outcomes from the interim case file analysis are presented at **Appendix 4** to this report.

Question 2: Have fewer children needed to come into care?

The overall number of children becoming looked after year on year plateaued in Hampshire at around 630-650 children per year in the three pre-transformation years (April 2016 to March 2019) at a rate of around 23 per 10,000 population, which was the average for the South East England Region in 2018 (UK Government Statistics sourced at April 2020). In the 12 months since April 2019 during which time the Transformation Programme could be said to have been implemented more operationally, provisional whole year figures suggest that the number of children becoming looked after dropped by almost 100 or 15% to 554, as illustrated in Table 14 below. Unfortunately, it is not possible to compare these trends with those in similar local authority areas or all-England as these rates are not yet published for the year 2019-2020.

²⁰ Although slightly more of the interim and final cohorts had Child in Need plans compared with Child Protection Plans

Table 14: Number and rate of children becoming looked after in Hampshire 2014-2020 including compared with national and South East England average rates 2014-2019

Year	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020 (Provisional figures)
Hampshire Number	600	507	647	629	652	554
Rate per 10,000 Hampshire population	21	18	23	22	23	Not yet published
Average rate for SE	23	27	23	22	22	Not yet published
Average rate for England	27	28	28	27	27	Not yet published

If the upwards trajectory of children becoming looked after in Hampshire from 2017-2019 had continued (up by 3.65% year on year), we can project that the population would have reached 676 and, in this context, the reduction in numbers to 554 in 2019-2020 represents an even greater (18%) reduction.

The actual overall number of children looked after in Hampshire has also fallen in the year 2019-2020 for the first time in several years, although not as dramatically, as one would expect with reference to the usual time it takes for differences in the number of children becoming looked after to have an impact on the whole population. These trends are explored below in Table 15.

Table 15: Number and rate of children looked after at March each year 2015-2020

Year	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Number	1,333	1,305	1,440	1,594	1,664	1,588
Rate per 10,000 population	47	46	51	56	59	Not yet available
Average rate for SE	49	51	51	51	53	Not yet available
Average rate for England	60	60	62	64	65	Not yet available

A reduction in the overall number of looked after unaccompanied asylum seeking young people (not those becoming looked after) by 54 from 133 at March 2019 to 79 at March 2020 (Table 16) does not account for all of the difference in overall numbers of looked after children at March 2020.

Table 16: Number of Hampshire looked after children who are unaccompanied asylum-seeking children (UASC) from 2014-2020

Year	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020
Number	20	29	80	113	133	79

Question 3: Is there reduced need for (repeat) Child Protection Plans?

The number of new Child Protection Plans in Hampshire has reduced by approximately 12% (by almost 200 children) in the 2-year period to March 2020. The year on year percentage reduction is greater in the year 2018-19 to 2019-20 (8.9%) compared with the previous year 2017-18 to 2018-19 (3.9%).

These trends are explored in more detail in Table 17 below.

Table 17: Number and rate of new Child Protection Plans in Hampshire 2014-2020

Year	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020 (provisional)
Number of new CP Plans	Comparison not available	1,672	1,582	1,536	1,476	1,345
Rate of CYP subject of a new CP Plan per 10,000 population		56.2	55.7	54.2	51.9	Not yet available
Average rate for SE England		50.3	50.3	53.8	50.8	Not yet available
Average rate for England		53.7	56.2	57.8	55.6	Not yet available

This suggests a reducing need for child protection ‘episodes’ in Hampshire that has been more pronounced in the most recent year (2019-2020) compared with previous years.

Data relating to second or subsequent Child Protection Plans is more mixed.

The proportion of new child protection plans that are a second or subsequent plan across any time period reduced by almost 7% in the year 2018-19 compared to the year before

but provision figures for 2019-2020 suggest that this rate has returned to a higher rate 23.9 by March 2020, as illustrated in Table 18 below:

Table 18: Number and Percentage of new Child Protection Plans in Hampshire that were a second or subsequent plan by year (2014-2020)

Year	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Number of new CP Plans that are 2 nd or subsequent	300*	336	384	354	317	321
% of new CP Plans that are 2 nd or subsequent	16.3*	20.1	24.3	23	21.5	23.9
% in SE England	17.1	20.7	22.2	22.6%	21.1	Not yet available
% in England	16.6	17.9	18.7	20.2%	20.8	Not yet available

*This number and rate calculated in a slightly different way i.e. number of children who became the subject of a second or subsequent plan

However, the number and proportion of all Child Protection Plans in Hampshire that have been repeated within a 2-year period is much lower (12.4% at March 2020).

One hypothesis for this very different trend is that families with a first Child Protection Plan in the recent 18-24 month period have been doing rather better than before and have been supported to gain greater resilience during the period of the Plan.

Question 4: To what extent are children successfully reunified home?

In the last 2 years (from April 2018 to March 2020) Hampshire has seen a steady increase (of approximately 29% between 486 and 627 per annum) in the number of children leaving full time care, some of whom have returned home to parents, as illustrated in Table 19 below. The number of children leaving care to be adopted has only increased slightly in the same period and certainly does not explain all of this increase.

Table 19: Number of children leaving full time care in Hampshire 2014-2020

Year	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020 (provisional figures)
Number	546	545	532	486	593	627
Number ceasing to be looked after because of adoption	86	84	70	55	69	69

It is interesting to note that a sizeable proportion of children ceasing to be looked after during 2019-2020 did so whilst still being worked by a CAST team social worker (279/627 or 44%) rather than as a care leaver (252/627 or 40%) or into an adoptive family (69/627 or 11%). One hypothesis is that many of the children ceasing to be looked after from a CAST team have returned home. Further evidence in support of this hypothesis, as illustrated in Table 20 below, is that whilst most of the children ceasing to be looked after in 2019-2020 were noted to be ‘care leavers’ in the age band 16 plus (43%), a large proportion were also in age bands 1 – 4 years (21%) and 10 – 15 years (19%).

Table 20: Children ceasing to be looked after in Hampshire by age band 2019-2020

Age Band	Number	% (approx.)
Under 1	38	6%
1-4 years	131	21%
5-9 years	71	11%
10-15 years	116	19%
16 plus years	271	43%

Question 5: To what extent is the whole system more resilient?

There is some evidence that the Transformation Programme was beginning, in the evaluation period, to have a positive impact on the resilience of the whole system of support for children and families. For example, CAST team managers interviewed at interim stage (n.16) consistently described how, from their perspective, the Transformation Programme had been empowering for staff, children, and families:

The empowerment and voice of the child is becoming really strong (team manager)

Less process, more freedom to develop what needs to be done. Feels liberating (team manager)

Has made the team a bit more alive again, has energised them. Started to put direct work back in, less corporate (team manager)

However, one or two team managers thought that some social workers had been turned off by some of the changes.

We lost lots of staff because of the new way of working, some real assets, brilliant workers who didn't want to do CAST (team manager)

Slightly higher proportions of CAST social workers interviewed for the evaluation described ‘enjoying coming to work most days’ at the interim stage (84%) compared with

baseline stage (78%). Fewer workers described 'not at all' enjoying coming to work at the interim stage (none by final stage). At baseline, the workers who gave this latter description had all said that they did not personally enjoy their transition into CAST working. Also, slightly more CAST social workers interviewed at interim stage described feeling quite to very resilient in the workplace (29/32 or 91%) compared with the baseline (27 or 84%). However, many more workers described feeling 'very resilient' at interim stage (12/32 or 38%) compared with the baseline (6/32 or 19%).

However, CAST team managers at both interim and baseline interviews provided contrasting views about the extent to which they considered it easy to recruit and retain social work staff. There are no clear patterns at either stage in terms of team manager responses. At interim stage evaluation, managers who thought that it was less easy to recruit and retain staff tended to mention the growing significance of staff 'retention'. In the past, they had often experienced difficulties in recruiting experienced staff (less so newly qualified social workers) and were now noticing how much harder it was becoming to retain experienced staff, particularly in some teams / areas. As one manager explained:

Hard to retain 3 to 4 years post qualification as they 'go agency'. Hants staff are attractive to (another local authority) because of our good practice standards which (they) want and do not have (team manager)

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

Improvements in social work and broader practice with children and families resulting from the implementation of 'The Hampshire Approach' were mainly evidenced in this study through the sampling (of case files) and interviews with a relatively large group of individual social work staff at all levels within the organisation, and broader groups of staff. These were evidenced in relation to six out of the seven '7 practice features'²¹ reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (Sebba et al, 2017):

Features of practice	Findings from this evaluation
Clear, strengths-based practice framework	<ul style="list-style-type: none"> Implementing the Hampshire Approach has directly facilitated more strengths-based practice, and this is perceived by staff to have had a very positive impact on families' engagement levels. There were many more cases in the interim case file analysis cohort (60%) and final case file analysis cohort (72%) than in the baseline cohort (24%) with very or quite good evidence of strengths-based conversations with the family Researchers undertaking the case file analysis noted that use of the (new) assessments written in a very direct style (direct to the family / child) had often enabled workers to identify and communicate family strengths very effectively. Evidence from the case file analysis (sampling) at stages through the implementation period suggests that this approach (along with all aspects of The Hampshire Approach has contributed to greater family commitment to (child in need or child protection) plans.
Systemic approaches to social work practice	<ul style="list-style-type: none"> Hampshire has very effectively implemented a new practice model i.e. The Hampshire Approach including systemic elements (certainly a focus on whole family working) over a 1.5 to 2-year period. All elements are attributed to the success so far of the model. The detail captured in this report relating to how this model has been implemented across a large geographical area is likely to be helpful in extending sector understanding about what works in implementing such practice models e.g. staged, implementing whole staff training, modelling by managers at all levels and in staff supervision.
Enabling staff to do skilled work	<ul style="list-style-type: none"> Social workers were involved quite to very much in change work with the family in 66% case files examined at final stage compared with the interim (39%) or baseline (17%) samples.

²¹ The seventh area, group case discussion, was assumed to be taking place but not examined in any detail for this evaluation

Features of practice	Findings from this evaluation
	<ul style="list-style-type: none"> • By final stage evaluation case file analysis, there was evidence of growing social worker confidence in undertaking direct work with parents as well as children. • There has also been a reorganisation of (family) support services into multi-disciplinary hubs with intensive workers providing intensive and more extended support to ‘target’ families. • There was greater evidence of high-level family engagement with support packages by final case file analysis, this attributed to all aspects of the Hampshire Approach and whole system change by staff (not just one element).
Multi-disciplinary skill sets working together	<ul style="list-style-type: none"> • Hampshire has moved from a model with separate generic family support and specialist (domestic abuse and substance misuse in particular) internal teams into a multi-disciplinary hub model (servicing 2 districts each) supported by specialists working elsewhere in the community. • There is some early evidence of the impact of this reorganisation, particularly of the increase in intensive worker capacity described by teams and managers (along with all the other elements of The Hampshire Approach) on the take up of support by families.
High intensity and consistency of practitioner	<ul style="list-style-type: none"> • The CAST model and possibly other supporting innovations implemented by Hampshire (including more focused recruitment and retention of social workers and the strengths-based approach) have enabled a greater consistency of practitioner for families evidenced by fewer hand offs (changes of social worker). • Longitudinal interviews with social workers suggest that the innovations have also led to lower caseloads and more time to spend with families. • The case file analysis evidence suggests that these things combined have led to much more positive relationships between social workers and children of the family and more positive relationships also between social workers and parents / carers. • There is also strong evidence that consistent implementation of The Hampshire Approach has led to more consistent (relationship-based) practice by social workers.
Having a whole family focus	<ul style="list-style-type: none"> • The Hampshire Approach promotes a whole-family focus and there is evidence from case file analysis and longitudinal interview elements of the evaluation that workers are becoming more able to engage well with all adult as well as child members of the family including in support for change.

Improvements in outcomes for children and families were mainly evidenced through case file analysis and secondary analysis of whole cohort data including as follows:

Outcomes	Findings from this evaluation
Greater stability for children	<ul style="list-style-type: none"> Case file analysis suggests approximately 7-16% improvement in the likelihood of children being able to remain safely at home after a statutory plan.
Reduced risk for children	<ul style="list-style-type: none"> There has been a 12% reduction in the demand for Child Protection Plans and reducing need for repeat Child Protection Plans within a two-year period between 2018-19 and 2019-20. Although it is possible this could have happened without the Transformation Programme changes – it would be helpful to monitor these trends over a longer period.
Increased wellbeing and resilience for children and families	<ul style="list-style-type: none"> Case file analysis suggests approximately 13% improvement in families becoming resilient by the end of a statutory intervention during the evaluation period There has been an increase in the number of reunifications of children home to birth families from a short period of being looked after.
Reduced days spent in care	<ul style="list-style-type: none"> There has been a reduction of 15% in the number of children becoming looked after in Hampshire between 2018-19 and 2019-20. These are early days post-transformation and it would be useful to see whether the downward trend is sustained to better understand the link with Transformation Programme changes.
Increased staff wellbeing	<ul style="list-style-type: none"> Evidence from interviews with team managers that staff groups have become more resilient because of The Hampshire Approach and broader transformation. More social workers describe feeling resilient in the workplace and enjoying coming to work towards the end of the implementation period compared to the start, but from a high baseline
Reduced staff turnover and agency rates	<ul style="list-style-type: none"> This has not been examined in depth for the evaluation
Better value for money	<ul style="list-style-type: none"> It has not been possible to explore value for money in this evaluation

7. Lessons and implications

This evaluation provides evidence of the early promising signs of implementing a social work practice transformation programme including The Hampshire Approach (incorporating strengths based, systemic and direct work elements), CAST and other whole system or cultural supports within an authority already thought to have good practice and supporting systems.

The evidence appears to suggest that, in the early months and years post-implementation, authorities might expect to see gains of around 12-15% in outcomes, particularly with reference to demand for child protection plans, repeat child protection plans and in relation to children becoming looked after. However, we need to be cautious about these projected gains as the link between the Programme and outcomes is not yet very substantially evidenced.

The evaluation suggests that the key conditions for effective implementation of a programme of change elsewhere in the UK include:

- Having, better articulating or developing of an evidence-informed practice model and complementary organisational vision with staff, bringing them along in the process of any changes in this at an early stage.
- Modelling of the desired practice change(s) from an early stage and sustained at all levels within the organisation including by senior managers.
- Careful attention to supporting a staged implementation of whole system change.
- High quality and consistently required training for all social work staff (social workers, team managers, family support practitioners) in the desired ways of working, rather than allowing practitioners to choose whether to do it.
- Transformation of all aspects of the business, not just individual social worker practice, particularly the 'forms' and processes undertaken with families and settings they experience, such as multi-disciplinary case conferences – so that all aspects of the whole system are congruent with the desired social work practice model.
- Having enough social workers and social workers with enough time (low enough caseloads) to support relationship-based practice including some direct (change) work with family members.
- Facilitating multi-disciplinary team working including access to generic as well as specialist support workers with enough time to undertake intensive, detailed, and sustained pieces of change work with families.

However, the evaluation has only been able to capture learning from the relatively early stages of implementation of The Hampshire Approach, the beginning of a positive

change curve. It would be helpful to return to Hampshire in 12 months or more to explore the extent to which positive changes have been sustained and outcomes for families evidenced (at either the same or to a better or worse degree), also the evidence in support of a full cost benefit analysis.

Appendix 1: Overall Theory of Change

Note: Other more detailed Theory of Change documents were developed relating to key aspects of the Hampshire Transformation Programme

What is the problem? What needs to change?	What do we need to do to effect change?	What will look different if we do these things?	What longer term outcomes will result if we succeed?
<p>Families in Hampshire are not always getting the right support at the right time to help them to make sustainable positive changes and to become more resilient</p>	<ul style="list-style-type: none"> • All strands of the Transformation Programme are working effectively together • A clear vision and 'branding' that is owned by staff • Effective, focused leadership of change at all levels • Effective processes and pathways that promote effective change • Close involvement and commitment of key local partner organisations in the change process • Close involvement and commitment from DfE • Support from children and families • Good quality information and feedback 'loops' about the change process and achievement of key outcomes / proxy outcomes • Resilience built into the system 	<ul style="list-style-type: none"> • Social workers are better equipped and supported to help families to make positive changes / gain resilience • More focused, evidence-informed preventative practice by social workers and multi-disciplinary teams • The focus within the whole system remains on safeguarding children but within the context of a focus on improving broader outcomes for children and families. • Families are more resilient • Whole system is more resilient 	<ul style="list-style-type: none"> • Better outcomes for children in need and their families • Fewer children needing to come into care – more living safely at home for a considerable period of time (especially teenage cohort) • Fewer repeat referrals • Children successfully/permanently reunified home • Sustainable change is achieved including with reference to available year on year budgets

Appendix 2: Seven Features of Practice and Seven Outcomes Framework

Outcomes	Features of practice	Enablers
Greater stability for children	Using a clear, strengths-based practice framework	Strategic approach
Reduced risk for children	Using systemic approaches to social work practice	Leadership and governance
Increased wellbeing and resilience for children and families	Enabling staff to do skilled work	Engaging and supporting the workforce
Reduced days spent in care	Multi-disciplinary skill sets working together	Engaging partners
Increased staff wellbeing	Undertaking group case discussion	Building the supporting apparatus
Reduced staff turnover and agency rates	High intensity and consistency of practitioner	Fostering innovation
Better value for money	Having a whole family focus	Judicious use of resources

Appendix 3 Key Milestones for Implementation of the Transformation Programme

Timeline	Milestones
January – March 2018 (and earlier)	<ul style="list-style-type: none"> • Collaborative research into what an evidence-based 'Hampshire Approach' to work with children and families should look like with Winchester University • Continued Phase I roll out of handheld electronic 'devices' to all practitioners
April – June 2018	<ul style="list-style-type: none"> • Senior leaders' 'mindset' launch and work on the leadership of change in Hampshire • Staff-led review on the way in which assessments could be done to reflect a strengths-based approach • Pilot for technology-enabled care for children with disabilities starts (with two providers of residential care) • Whole service exploration of the values and behaviours required to embed the Hampshire Approach
July – Sept 2018	<ul style="list-style-type: none"> • The Hampshire Approach 'mind set' and 'get started' activities with staff in each district • Trial of the new assessments in East Hants and New Forest areas • Model for a new multi-disciplinary hub and 'specialist worker' arrangements signed off and recruitment begins for new staff into these posts • New CAMHS posts advertised • 4 more substance misuse posts recruited (to ensure at least one available per district)
October – December 2018	<ul style="list-style-type: none"> • Strengths-based approaches and motivational interviewing training delivered to all children's social workers • Family case conference model reviewed and remodelled • New system of targeting specialist and intensive family support implemented centrally (as a starting point for the new ways of working together) • Consultation with Child and Family Support Workers about becoming Intensive Workers • Phase II roll out of electronic devices to workers begins • Tactical improvements to the case management system
January – March 2019	<ul style="list-style-type: none"> • Strengths based and motivational interviewing training delivered to practitioners who could not access it at end 2018 • New assessment and planning tools launched • A first wave of new intensive (family support) workers recruited and more CAMHS workers

Timeline	Milestones
	<ul style="list-style-type: none"> • All flexible and field workers now have a portable electronic device and smart phone (including to connect to the internet when on the move) • Re-draft of the department's statement of values
April – September 2019	<ul style="list-style-type: none"> • Major period of recruitment of social workers and support staff • Multi-disciplinary hubs created (for each 2 districts) albeit still administered centrally • New forms of communication embedded e.g. DCS blog, district team events, newsletter • Ofsted Inspection, the result of which is that the local authority provides 'outstanding' children's social care services
October – December 2019	<ul style="list-style-type: none"> • Transfer of administration of the multi-disciplinary hub (support) services to the districts including team manager support for each of the hubs in these districts • Ongoing embedding of practice changes including through supervision (e.g. 'Colour Works' and 'Scaling' tools to identify strengths and areas to develop for both families and practitioners); the creation of 'communities of practice' amongst practitioner groups; 'listening' activities with children and families; ongoing training for practitioners and managers; ongoing focus on leadership and monitoring (embedding change 'dashboard'); ongoing review of processes and tools to support work with families to ensure that they fit with and support the Hampshire Approach • Restorative practice training starts to be implemented for all social work and support staff
January to March 2020	<ul style="list-style-type: none"> • This information not available due to Covid-19

Appendix 4: Case Studies

More positive case studies

Case 92

This case concerns a new-born child and singleton older sibling living with Mum and Dad. There had been a previous Child Protection Plan relating to the older sibling and both parents have a history of domestic abuse, mental health problems and substance misuse. Both parents have also had other children removed from their care because of these concerns. A pre-birth assessment relating to the key child of the family resulted in a Child Protection Plan then stepped down to a Child in Need Plan.

A single social worker was involved with this family from referral onwards and this social worker seemed to develop a very good, positive working relationship with the family. This included in-depth conversations were held with the parents pre-birth including to explore past cycles of functioning and their motivation to change for this baby as well as for the older child, including in stopping drinking. These conversations were strengths-based as well as exploratory.

Both parents engaged fully with the proposed pre-birth supports, including: substance misuse services; a FIT (domestic abuse) programme delivered on a one to one basis in the home with both parents; a 'parenting puzzle' group; health visiting and Inclusion. The domestic abuse (FIT) worker appeared to contribute substantially to the success of the intervention, but it was a well-rounded programme overall.

Whilst the social worker did not deliver any specific intervention(s) directly, they contributed on-going close contact and open dialogue with the older child and parents during the intervention period. There was evidence of a very positive relationship between all members of the family and the social worker during this period.

The parents have successfully halted their drinking; put strategies in place to divert and manage arguments; and have appeared to increase their understanding of their children's needs and how to parent safely.

Four months after the closure of this case, there had been no further referrals.

Case 8

This case concerns a one-year old infant and older sibling living with Mum who had been involved previously with Hampshire Children's Services including care proceedings in relation to the older sibling. Mum has mental health issues and a

learning disability and has been vulnerable to contact from unsafe adults in the past, was abused as a child.

Mum was engaged very well by the social worker who supported her into helpful direct work around keeping safe (herself and for her children), how grooming works, and how to prevent sexual abuse of children. The child in need plan was also supported by Barnardo's, Homestart and the local nursery. Mum engaged positively with all supports, appeared to act on the advice, and accessed community groups for ongoing support and stimulation for the children. Mum genuinely appeared to gain in resilience because of the direct work and development of sustainable friendships and positive relationships in the community. The family was successfully stepped down into targeted Tier 2 supports in the community.

Case 23

This case concerns a child aged 9 years living with one teenaged sibling and both parents. The records suggest that many referrals and previous statutory and early help plans concerned with mental health problems and neglect in the family had failed to work, in that the parents didn't engage with these, simply 'waited out' the intervention.

In this instance, there were concerns about worsening home conditions and lack of school attendance for both children.

One social worker was involved with this family from start to finish in this instance, over an 8-month period.

In the early stages, the parents, children, and wider family were all engaged in in-depth and strengths-based conversations of an exploratory nature that also identified the key issues from their different perspectives. This approach did seem to motivate the parents and draw extended family in to finding solutions. The social worker was very much involved also in the support that went into this family, including in undertaking direct work with the children and regular discussions with the parents, especially improving their responses to the children and supporting Mum to receive help with mental health. The schools, CAMHS and community health services were also involved.

By the end of the intervention, the house was in order, the eldest child's self-harming had stopped, the younger child had fewer behaviour problems and Mum felt more in control.

Less positive case studies

Case 7

This case concerns a child aged 3 years living with Mum and maternal grandmother. The child had been known to the Department since birth and had been the subject of several referrals and at least 2 earlier plans because of Mum's alcohol misuse and mental health problems, since when the child had been cared for partially by her father.

This referral was triggered by Mum's hospitalisation due to alcohol misuse.

Although only one social worker was involved with this family throughout the assessment and resultant child in need plan, there was little evidence of early strengths-based or exploratory / motivational conversations with Mum. The social worker 'visited' the family about once every month to coordinate the plan, which Mum did not engage with. The child remained very reserved with the social worker.

Within 4 months after the end of this child in need plan, there had already been one further referral with serious concerns about Mum's drinking and the child being late to school.

Case 28

This case concerns a child aged 5 years and 3 other siblings living with Mum and Dad. There had been several earlier referrals and two earlier Child Protection Plans, all of which were concerned with Mum's mental health and neglect of the children.

In this instance, there were substantial concerns about the children's welfare because of neglect and the father's harsh parenting style.

Although there was only one social worker involved with the family from referral, this social worker did not appear to take much time with the parents at the start to explore the reasons for concern, their motivation to change, nor even to discuss Mum's mental health. There was no common ground in relation to the state of the house or the father's parenting style as a problem. Although the children appeared to be attending school and doing quite well, this was never identified as a positive in the assessment phase or more generally.

The parents resisted the rationale for the plan and the plan itself. The social worker coordinated the plan and visited the family every 3 weeks. The parents were always seen together and were not supported in relation to their individual needs. Although Mum did engage initially and there was some positive movement in home conditions, there was no depth to the change and the family were re-referred within 4 months of the case closure

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