Lincolnshire Partners in Practice (PiP) Programme Evaluation

Final evaluation report

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Key messages

This evaluation of the Lincolnshire Partners in Practice (PiP) programme adopted a mixed-methods design, comprising qualitative and quantitative approaches, including 2 counterfactual impact evaluations (CIE). The first one, of the Future4Me project (which works with young offenders and young people at risk of offending), found that the reoffending rate among the young people it supported was 11 percentage points lower (a statistically significant change) than the comparison group, who did not receive the project's services. The second CIE, of the Early Help offer (support for families beyond universal services), did not find a statistically significant impact on the number of referrals to Children's Services or referrals that required no further action (NFA), though it did suggest an initial stabilising effect on referrals.

The Lincolnshire PiP programme added value compared with previous delivery by embedding the Signs of Safety framework, which is a strengths-based approach to children's social care casework (Signs of Safety, 2019) and relationship-based practice,[1] and providing training for a wide range of professionals to support effective implementation. Added value was also achieved by the impact of the Caring2Learn project on valuing foster carers as professionals and lessening the risk of placement breakdown.

Children, young people and families reported positive experiences of the PiP-related services they received. Professionals generally cited engaging with families in a more meaningful way than before PiP, spending time building relationships and trust with families. Key aspects of the PiP approach have been the holistic support provided by multi-agency and multi-skilled teams ensuring this was done with, not 'done to', the family by listening to them and utilising their strengths. The roles of the Child and Family Assessment, Family Network Meetings and the involvement of wider networks of family and friends supported these outcomes for children, young people and families.

Staff were generally positive about the PiP programme, based on survey responses which changed little between baseline and follow-up. Key facilitators of effective delivery included clear communication, good team working practices and practical changes that enabled remote working.

PiP has enhanced the professional skills, efficacy and morale of a wide range of staff supporting children and young people. Personal and professional outcomes for staff included learning new skills through training, increased job satisfaction and staff morale,

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[1] "The central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual's internal and external worlds" (Wilson et al, 2011).

as well as working more effectively with families to build positive relationships as a result of taking a relationship-based approach. Partnership working increased as a result of the PiP programme, aided by joint supervisions and group case discussions, and partners valued the opportunity to work with different agencies and services.

Critical success factors of the PiP programme were identified as consultation with staff and families, utilising evidence-based approaches, and effective technology and processes such as supervisions.

Executive summary

Introduction

This report is the final report from an evaluation of the Lincolnshire Partners in Practice (PiP) programme. The programme and the evaluation are funded by the Department for Education's Children's Social Care Innovation Programme (Innovation Programme hereafter). The evaluation was undertaken by Ecorys: an independent research organisation.

The project

The Lincolnshire PiP programme commenced in August 2017. Its aim was to assist children and families in need of help and protection from neglect, abuse or harm, via adequate and effective social care. It comprised 4 main 'projects':

- Embedding the Signs of Safety model.

- Conducting a review of Early Help support.

- The Future4Me project (integrating Youth Offending Service staff within the Early Help team and working with adolescents at risk of offending).

- Caring2Learn (supporting schools and foster carers to improve outcomes and opportunities for looked after children).

In addition, the PiP programme intended to develop the wider workforce relating to children's social care and its partners, both within Lincolnshire and also influencing other local authorities and the wider sector.

The evaluation

The evaluation began in April 2018 and adopted a mixed-methods evaluation design, comprising qualitative and quantitative approaches. This involved a longitudinal, cross-sectional staff survey conducted at 2 time-points, longitudinal and snapshot case studies with children, young people and families, stakeholder consultations, training in research and evaluation with young people, data analysis and 2 counterfactual impact evaluations. Cost benefit analysis of the programme was not able to be completed due to lack of available data on the future forecasting of the programme.

Key findings

Implementation and Delivery

Qualitative evidence from staff and stakeholders uncovered areas of added value of the PiP programme compared with previous delivery which has included: embedding the Signs of Safety framework and relationship-based practice, training for professionals, and the impact of Caring2Learn on valuing foster carers as professionals and lessening the risk of placement breakdown.

Though some partners reported collaborative working was already in place before PiP, the programme has increased working between staff from different teams and agencies, particularly between Youth Offending Service staff and the Early Help team for the Future4Me project. Overall, staff reported that the Child and Family Assessment had helped facilitate Signs of Safety and relationship-based practice and made staff more accountable and transparent regarding child- and family-centred approaches.

Children, young people and families reported positive experiences of the services provided through the PiP programme. Communication between professionals and families was a key facilitating factor in building trusting relationships and successful outcomes. Professionals generally considered they were engaging with families in a more meaningful way than before PiP, such as spending more time building relationships rather than 'pushing through' interventions. Key aspects to this approach were the holistic support provided by multi-agency and multi-skilled teams, utilising the strengths of families, listening to and involving families, and ensuring that support is done with, not 'done to', the family.

Staff were generally positive about the PiP programme, based on staff survey responses which changed little between baseline and follow-up. Key facilitators of effective delivery included consistent and clear communication from the PiP leadership team, accessing lots of training, good team working practices (including group case discussions, sharing best practice, PiP briefings and team workshops) and practical changes that enabled remote working such as improved IT, although IT remains an ongoing and ever-changing area for improvement. Several stakeholders felt that Caring2Learn had successfully engaged schools (particularly primary schools) and foster carers.

Outcomes

Children, young people and their families reported a range of positive outcomes as a result of the PiP programme. They cited features of the Signs of Safety model, relationship-based practice, the Child and Family Assessment, multi-agency working, Family Network Meetings and the involvement of wider family and friends in plans and support as supporting outcomes for children, young people and families. Stakeholders

commented on instances of young people being supported to stabilise their situation, being diverted away from undesirable or 'risky' behaviours into positive activities, education or training, developing resilience, understanding the risks associated with the behaviours and having more knowledge on what to do if they faced problems.

The staff survey and stakeholder interviews uncovered several personal and professional outcomes for Lincolnshire County Council and partner staff as a result of their involvement in the PiP programme. These included: learning new skills through the training, increased job satisfaction and staff morale, partners valuing the opportunity of being able to work with different agencies and service, as well as positive relationships with families and working with families more effectively as a result of taking a relationship-based approach.

There has been increased partnership working and collaboration as a result of the PiP programme, which has been formalised through joint supervisions and group case discussions. Most staff survey respondents were positive about levels of staff turnover.

Counterfactual Impact Evaluation

A Counterfactual Impact Evaluation (CIE) of the Future4Me project found that the reoffending rate among the young people it supported was 11 percentage points lower than the comparison group, who did not receive the project's services. This was a statistically significant finding when compared to a comparison group drawn from historical cases (reoffending was 30% in the Future4Me cohort compared to 41% in the comparison group) and offers a high standard of evidence (What Works Centre for Local Economic Growth, 2020), using inverse probability weighting.

A CIE of the Early Help offer used interrupted time series analysis. This did not find a statistically significant impact on referrals to Children's Services in general, or referrals that required no further action (NFA). However, it did suggest the programme had a stabilising effect on referrals and led to fewer NFA referrals. It is possible that a statistically significant effect on referrals in general or those that required no further action may be observed with longer-term data. However, Lincolnshire's referrals to Children's Services in general were lower than statistical neighbours and the national average. With cases that require no further action also decreasing, this suggests that appropriate referrals were increasingly being made and that Lincolnshire has an effective 'front door' to screen and allocate referrals to the appropriate service.

Lessons and implications

This evaluation of the Lincolnshire PiP programme has found largely encouraging findings and areas of added value. Families' and staff experiences have been

fundamentally positive, and there have been a number of outcomes achieved for children, young people and families, Lincolnshire County Council and partner staff, and Lincolnshire's Children's Services as a service.

The main risk to further progress based on qualitative findings appeared to be staff vacancies and the resulting impact these would have on staff capacity. However, quantitatively, Lincolnshire fares better than statistical neighbours and national averages on these counts.

Staff survey responses and stakeholder interviews highlighted several critical success factors of the PiP programme, including consultation with staff and families, utilising evidence-based approaches, high-quality training and effective technology and processes such as supervisions. Lincolnshire's Children's Services could consider enhancing its quantitative measures – for example by enhancing traditional 'monitoring' measures with wider wellbeing or other evaluative measures: findings from which can drive further progress.

1. Overview of the project

Project context

Lincolnshire is the fourth largest county by area in England and predominantly rural (Office for National Statistics, 2018). These features present a challenge to its workforce, including its social care staff.

Lincolnshire's Children's Services was rated by Ofsted as 'Outstanding' overall in 2019 (Ofsted, 2019), having been rated as 'Good' (with some Outstanding areas of delivery) since 2008 (Ofsted, 2014). The inspection in 2019 found that there was a stable and skilled workforce, supported by a range of partners, using innovative practice to support children, young people and families. It noted that improvements could be made with the quality and consistency of support for young people who may go missing, present as homeless or who are at risk of exploitation.

Challenges to the delivery of Children's Services support include rising demand for statutory and non-statutory support, and local authority cuts to expenditure (National Audit Office, 2018).

Project aims and intended outcomes

The central aim behind the Partners in Practice (PiP) programme in Lincolnshire was to assist children and families in need of help and protection from neglect, abuse or harm, via adequate and effective social care (Lincolnshire County Council, 2017). The programme was funded by the Department for Education as part of the Innovation Programme. Partners in Practice programmes nationally bring together the highest performing local authorities, practitioners and leaders to improve children's social care across England.

Designed to enable professionals to make the best judgements to help children, young people and families, a key recommendation of Professor Eileen Munro's review of child protection (Munro, 2011) identified the need for:

> 'Local authorities and their partners to start an ongoing process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence-based ways of working with children and families.'

The design of Lincolnshire's PiP programme was intended to address this need, by reviewing, exploring and implementing new ways of working to improve practice across Children's Services in the local authority and influence other local authorities and the

wider sector. Two examples of the ways in which it has aimed to tackle the challenges it faced included:

- Delivering high quality assessment, analysis and management of risk that empowers families based on efficient, robust processes. In 2013, Lincolnshire's Children's Services first introduced the Signs of Safety model, which is a strengths-based approach to children's social care casework (Signs of Safety, 2019). Through the PiP programme they agreed to embed the model, and the new Child and Family Assessment, into all its casework and direct work with families and children.

- Enabling children, young people and families to maintain their established relationships with professionals. Lincolnshire's Children's Services aimed to incorporate so-called 'relationship-based practice'[2] and adopt new ways of working together across its Early Help (support for families beyond universal services) and Children's Social Care teams to enable continuity of key worker (the lead professional working with the family) relationships with children, young people and families and more effective intervention.

Project activities

Lincolnshire's PiP programme officially commenced in August 2017, and its component parts originally comprised 9 'projects'. The number of projects were later rationalised to 4 main projects to focus on the central workstream of improving practice and systems, including merging 2 projects to create 'Future4Me', in addition to workforce development. The projects comprising the PiP programme have been:

- Signs of Safety: Continuing to embed the Signs of Safety methodology, so staff within Lincolnshire's Children's Services and its partners actively use Signs of Safety in their work with children, young people and families. This included help from Practice Advisors and implementing a redesigned Child and Family Assessment.

- Early Help review: Implementing new ways of working between the Children's Social Care and Early Help teams to facilitate more effective intervention with children, young people and their families. Activities have included facilitating partnership working between agencies, and ensuring that the key worker with the most established relationship with children, young people and their families is able

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[2] "The central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual's internal and external worlds" (Wilson et al, 2011).

to remain involved when the case has initially been open to the Early Help team, as a means to support relationship-based practice. Around 80% of Early Help work is delivered by partners including health visitors, the police and the Youth Offending Service.

- Future4Me: Integrating Youth Offending Service staff within the Early Help team, to promote a cohesive and comprehensive multi-agency support structure for young offenders and young people at risk of offending to mitigate their risk of offending or further offending and maximise their opportunities to achieve positive outcomes. This has included co-locating professionals within the multi-agency team including psychologists and the police in addition to the Early Help team and Youth Offending Service staff. In addition, the project has built on Research in Practice's evidence of principles to work with adolescents engaging in 'risky behaviours' (Hanson and Holmes, 2014) that place them at risk of offending.

- Caring2Learn: Supporting schools and foster carers to improve outcomes and opportunities for looked after children. A key focus of activity has been supporting schools and foster carers to be able to nurture and promote attachment, to support looked after children to achieve good progress whilst in care. Caring2Learn also comprises a training programme, the Caring2Learn Award for Learning Homes and Caring Schools and a locality-based hub support network for foster and residential carers, designated teachers and school staff.[3]

In addition, the PiP programme has intended to develop the wider workforce relating to Lincolnshire's Children's Services and its partners, both within Lincolnshire and by influencing other local authorities and the wider sector, including by training, conferences and support to upskill and empower staff.

Except for the Early Help review, which has been completed, all PiP projects in Lincolnshire are continuing past the Innovation Programme-funded period. Workforce development, Signs of Safety and relationship-based practice and processes are intended to be mainstreamed into everyday practice as 'business as usual' in working with children, young people and families across the county. The Future4Me and Caring2Learn projects will also continue subject to funding.

The programme's Theory of Change is provided in Appendix 1.

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[3] Caring2Learn was not originally in the scope of this evaluation (see Section 2 of this report for more details).

2. Overview of the evaluation

Evaluation questions

The aim of all Partners in Practice (PiP) programme evaluations is to assess the extent to which their activities contribute to improvements in outcomes for children, young people and families supported by children's social care services and in the wider children's social care sector. The evaluation questions reflect this overarching aim, and cover both the process and impact aspects of the PiP evaluation as follows:

Process
- What are the key project activities, processes and mechanisms involved in the implementation of the PiP programme?

- How effective has the PiP programme been at implementing improvements in new practices, policies or structures for children's social care?

- How have children, young people and families' experiences, and use, of children's social care services changed since these improvements?

- What factors are critical to the successful implementation of the PiP programme: for example, specific freedoms and flexibilities?

- What key lessons can be learned from the delivery of the PiP programme? What has worked well?

- Overall, how effective has the PiP programme been in driving system reform in children's social care in Lincolnshire and other local authorities with which it collaborates?

Impact
- What outcomes have been achieved for children, young people and their families through the PiP programme? To what extent are they different to the expected outcomes and why?

- What effect have changes to policies, systems and practices for the assessment and management of risk had on their quality and effectiveness?

- What contribution has Signs of Safety made to these outcomes? What contribution has relationship-based practice made to these outcomes?

- What personal and professional outcomes have children's social care staff experienced as a result of the PiP programme?

- What organisational outcomes have been achieved as a result of the PiP programme in relation to staff morale, organisational culture and multi-agency working?

- Overall, what effect has the PiP programme had on quality and levels of innovation in practice within children's social care?

- What contribution has the PiP programme made to system change in children's social care, particularly in relation to sector capacity to support improvement?

Evaluation methods

Our evaluation took place between April 2018 and March 2020 and adopted a mixed-methods evaluation design, comprising qualitative and quantitative approaches to assess the implementation, processes and impact of the programme. In addition, we conducted 2 counterfactual impact evaluations as part of the evaluation (see box below for more detail).

Defining impact evaluation

An impact evaluation aims to compare the outcomes of an intervention against the outcomes that would have been achieved in the absence of the intervention – this is referred to as the 'counterfactual'. Counterfactual impact evaluation (CIE) approaches aim to estimate the causal effect of an intervention on an observed outcome. CIE approaches aim to answer:

- Has a change occurred?

- Was the intervention under assessment responsible for this change?

CIE approaches rely on identifying a counterfactual through which the impact of an intervention can be tested – typically by comparing outcomes for the subjects of an intervention with a similar comparator, such as a 'comparison group' not subject to that intervention.

In the absence of a comparison group, other statistical techniques can be employed to estimate the counterfactual.

The evaluation's methods were:

- Interviews at 2 time points (December 2017 to February 2018 and November 2019 to January 2020) with 52 stakeholders from across Lincolnshire. This included 33 strategic, managerial and frontline Children's Services staff, 12 members of staff from partner organisations (such as schools, police, and public health) and 5 foster carers.

- A longitudinal, cross-sectional survey at 2 time points (October 2018 and February-March 2020) with Children's Services staff, foster carers and school staff. 242

stakeholders completed the Wave 1 survey and 204 stakeholders completed the Wave 2 survey (response rates were 38% and 25% respectively). 91 stakeholders responded at both the first and second timepoints, which offered scope for a longitudinal analysis.

- In-depth case studies with families at 2 time points involving 15 families and 14 families in February and March 2019 and February and March 2020 respectively. Seven families were interviewed at both timepoints, and a further 15 families were involved as 'snapshot' case studies. Each case study comprised 2 or 3 interviews, including parent(s)/carer(s), young people and key workers.

- Two full-day training workshops in 'Research for Evaluation' with young people, offering them the opportunity to gain an Open College Network accreditation. The training covered topics such as defining a research question, developing research tools, carrying out interviews, and writing up findings.

- Review and analysis of project management information and local administrative data.

- Two counterfactual impact evaluations of the Future4Me project and the Early Help offer. The Future4Me study used a historical comparator group and inverse probability weighting to compare reoffending rates for the treatment group with those for the comparator group. The Early Help offer impact evaluation used an interrupted time series analysis, comparing referral data from the pre-intervention period (2017/2018 financial year) with data from the post-intervention period (2018/2019 financial year) (see Section 3 of this report under Counterfactual Impact Evaluation for further details on the analytical approaches).

For the qualitative analysis, we took a largely deductive approach. Firstly, we coded our interview and open-text survey data in relation to the key evaluation questions. We then undertook a deductive thematic analysis, coding the data in relation to the 7 features of practice and 7 outcomes. In reviewing the data, and through discussions with the research team, we also identified (inductively) other themes that emerged, outside of these pre-defined codes.

Changes to evaluation methods

In August 2018, the evaluation incorporated the Caring2Learn project into the scope of the evaluation when a separate evaluation of the project (by University College London and the Institute of Education) had reached its conclusion.

An addendum to the original PiP programme evaluation plan set out how Caring2Learn would be incorporated within various strands of PiP Programme evaluation activities. This variation to the original methodology was approved in November 2018.

Limitations of the evaluation

The evaluation has employed a range of quantitative and qualitative research methods to evaluate the PiP programme. However, when considering the evidence, it is important to note that the following are potential limitations of the evaluation:

- More time may be needed to elapse to capture the full nature of any change or outcomes. For example, the Future4Me and Caring2Learn projects have been fully operational only since 2019, and observation of any longer-term or further impact will take more than 6 to 12 months to be observed.

- The use of a historical comparator group for the Future4Me project impact evaluation has some limitations because there are potentially unobserved factors that are not accounted for by the analysis. For example, although Future4Me service provision was not available for the comparator group, this cohort may have accessed other support. Furthermore, nationally, there has been an upward trend in youth offending associated with violence in recent years (Youth Justice Board/Ministry of Justice, 2019), so the treatment group (i.e. those receiving support through Future4Me) may have been more likely to reoffend than the historical comparator group.

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

- Around 26% (91) of all staff who took part in the survey (355) responded to both the baseline and follow up. This means that we have not been able to measure the 'distanced travelled' for a large proportion of the sample, which has limited our ability to test for statistical significance and therefore comment on the likelihood that certain findings are not down to chance.

- Cost benefit analysis of the programme was not able to be completed due to lack of available data on the future forecasting of the programme.

3. Key findings

This section of the report outlines the key findings from the implementation and delivery of the PiP programme, its outcomes, and the Counterfactual Impact Evaluations of the Future4Me project and Early Help offer. Sources include the staff survey, stakeholder interviews, family interviews and programme monitoring information.

Implementation and Delivery

Added value of the PiP programme

Lincolnshire's Children's Services has a history of high-quality delivery of Children's Social Care provision (achieving 'Good' or 'Outstanding' ratings by Ofsted). As a result, an overarching question for the evaluation has been to assess to what extent the PiP programme adds value to the type of service that may have been delivered anyway. Qualitative evidence from staff and stakeholders uncovered areas where the PiP programme has added value by implementing improvements in practices, policies or structures for children's services. Examples of added value included:

- Embedding the Signs of Safety framework into the local authority's systems and processes. Signs of Safety practice was not necessarily new to the authority, but the framework and support put in place by the PiP programme around it was. This included help from Practice Advisors, supporting practitioners with brainstorming and debating ideas about how to apply the framework to their practice.

- Extending the training offered to relevant professionals more widely across the county, including to partner organisations, schools and foster carers.

- As a result of Early Help Workers attending Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) training, some children with low-level mental health concerns were supported through the programme, thus reducing the likelihood of these cases escalating to Child and Adolescent Mental Health Services (CAMHS).

- Caring2Learn has been particularly beneficial to foster carers – making them feel more valued as professionals because they have more active involvement in multi-agency meetings. Caring2Learn identified strengths and weaknesses even in schools that already have a longstanding track record in working with looked after children.

Some partners reported co-location of teams, strategies and protocols to support collaborative working that were already in place before PiP. However, the programme has also increased working between staff from different teams and agencies. This was particularly the case for the Future4Me project, which established a co-located and multi-

disciplinary team to work with young offenders and adolescents at risk of offending. Co-location facilitated partnership working; Future4Me staff valued being co-located with other professionals including psychologists and the police, which was helpful for finding out information or discussing cases. For example, in one case a Youth Offending Service officer was able to access case input from psychologists to help take a trauma-informed approach to supporting a young person.

More generally, integrating services in-house has been helpful to facilitate families' links to specialist services such as CAMHS. For example, there is an in-house clinical psychologist within the Future4Me team, who can provide support directly to young people supported by the service, rather than them having to wait a long time for a CAMHS referral. This is important because there is high demand for specialist services that means it can be difficult to get young people the support that they need in a timely way, which can hold up progress towards better outcomes.

Other evaluation evidence from the staff survey and stakeholder interviews found that:

- The Child and Family Assessment has helped to 'set the tone' for Signs of Safety and relationship-based practice. It was felt that the assessment made staff more accountable and transparent with regard to child- and family-centred approaches because the language and questions used encouraged staff to involve children and families in formulating the assessment from the outset. Stakeholders also felt that the danger statements (the reasons why professionals are working with the family) were helpful for assessing risk. However, the assessment was felt by some Early Help Workers in particular to be quite risk-oriented and repetitive and perhaps more oriented towards children's social care. One stakeholder commented that the assessment requires professionals to have a knowledge and background in formulating risk, which not all professionals have. This has presented challenges to staff unaccustomed to working with young people at risk of offending, and led to some staff, who had come from an Early Help background, feeling initially uncomfortable because they did not have the confidence and experience to work in this new way.

- Most stakeholders felt that the PiP programme had increased the use of relationship-based practice. Nevertheless, some staff felt that they were already undertaking relationship-based practice prior to PiP.

- Though the nature of direct work with families has focused more on relationship-based practice, the amount of direct work has not changed significantly.

- Staff were concerned that vacancies would limit the ability of existing staff to implement some improvements, such as doing more direct work with families. This is because staff would have to take on additional cases and would not have the

time or headspace to fully take on board the changes brought about by PiP, and to think about their practice as critically as they would if they had more time.

Families' experiences of the PiP programme

Children, young people and families' interviews reported positive experiences of the support they were provided through the PiP programme, from referral to exit. For families that were involved with services prior to their involvement with PiP, or that were involved with services outside of PiP, they felt that PiP compared well and largely better, particularly regarding the level of understanding, communication and relationships with staff.

Communication between professionals and families is a key facilitating factor to build a trusting relationship and successful outcomes. Most of the families and young people interviewed were clear on how they were referred for the support, the process and why children's services were involved. Although some staff contested that they have always taken a restorative approach, and that families would not have noticed much of a difference, professionals generally felt they were engaging with families – and particularly young people – in a more meaningful way than before PiP. For example, staff reported spending more time building relationships rather than pushing young people and their families through interventions. One young person summarised the effect this holistic approach had on them:

> "Ever since I met [key worker], he has helped a lot. He understands where I am coming from, and my condition, and he can explain it better [to other professionals]. I have made a new friend…that's what I feel like." (Young person)

Many families noted their prior experiences of social workers and other services had been negative. In contrast, by building relationships key workers enabled families to feel heard and understood, whilst also providing necessary guidance and support in a way that was accepted by the families. Key aspects implemented through the PiP programme have been:

- Holistic support provided by multi-agency and multi-skilled teams.
- Utilising the strengths of families. For example, involving the whole family positively in the support package for the family (including wider family not necessarily living in the family home), families' wider networks and friends (except in cases where the young person is not in touch with family, or in residential care, in which case key workers would work with other key people in the young person's life).

- Young people, parents and caregivers felt listened to and, therefore, valued and empowered. They were asked for their opinions, had their concerns acknowledged and were involved in making decisions, as the following 2 quotes from families illustrate:

  "[Key worker] genuinely was the first person that listened to me, about my concerns, about why I was worried, what was actually behind it all, and did that all without judging it for what they thought the situation was." (Parent)

  "[Key worker] does listen, but she's not one of those people who will listen and then go away and forget about it. She takes on board what's been said, and if she can help in any way possible, she will go and get that help." (Parent)

- Support is done with, not 'done to', the family:

  "She doesn't talk down at you, she talks to you on your own level and she doesn't patronise you, I think that's important." (Parent)

  "It was like having a friend, a friend that I could turn to and talk about some of the difficulties that obviously I felt were in the family. There were times [when I turned] to her when I could ask her advice. Because obviously she had a professional input, but she also had a friendly input as well." (Parent)

Stakeholders reported PiP brought an increased focus on young people's aspirations and transition into adulthood. This point was well supported in the young people and family interviews. Interviewees mentioned working on long-term outcomes such as career prospects, as well as much shorter-term aspirations such as receiving help to support young people finish their GCSEs.

In instances where there was a sudden need for support, partner agencies recognised that the key worker and wider support team have been available, helpful and efficient in their response. This finding was reflected by several families interviewed as part of the case studies.

Staff experiences

Staff survey responses were generally positive about the PiP programme. There was little change between baseline and follow-up survey responses, which may have been because of the positive trajectory Lincolnshire's Children's Services was already on. It could also be that, at baseline, some of the changes to local services through PiP had

just been announced and in some cases made. At follow-up things may still have been taking time to 'bed-in' or have become integrated more into everyday practice as 'business as usual', so it became more difficult to notice change.

Stakeholder interviews (of all grades) generally concluded that there was consistent and clear communication from the PiP leadership team with staff about changes, including to partner agencies of Lincolnshire County Council (LCC). This involved ensuring that different agencies knew about the programme, its ways of working and what was expected of them to effectively implement it. There were some differing views that there have been a lot of changes going on at once and it could be hard to keep up with everything. Several members of staff interviewed in 2020 highlighted that they did not really understand what PiP did – perhaps because much of PiP centres on a way of working (Signs of Safety) rather than something entirely distinct from what went before it. Additionally, staff might only know about individual projects (such as Future4Me) rather than the PiP Programme as a whole. Stakeholders commented that clear communication from the PiP leadership team, cascaded by team managers, had been crucial in providing understanding about the programme to teams.

A range of stakeholders reported accessing lots of training, according to interviews with council staff, delivery partners and foster carers. This finding was backed up by programme monitoring information. For example, since April 2016 there have been:

- 3,374 Signs of Safety training attendees

- 1,134 restorative practice training attendees

- 395 trauma-informed practice training attendees

- Attendees from 235 schools and education settings and 180 foster carers at Caring2Learn training programmes including social pedagogy and award workshops

- Over 100 attendees at each of 4 Caring2Learn conferences and celebration events, including representatives from: schools, foster carers and children's services professionals from Lincolnshire and North Lincolnshire local authority, where 24 schools and education settings are also taking part in Caring2Learn.

Staff stated that attending multiple training courses whilst managing caseloads could at times be challenging. This could be one reason that explains why satisfaction with training opportunities and career development decreased between baseline and follow-up amongst staff survey respondents. Though the majority of staff (61) were totally or mostly satisfied at follow-up, this had decreased from 74 at baseline: an 18% decrease. However, it was also noted in stakeholder interviews that regular training and/or follow-up to previous training is important to help the model be fully embedded.

Staff reported good team working practices including group case discussions for support and challenge and sharing best practice across teams or agencies. This was considered to have led to a more consistent understanding about the standard of work that is expected. PiP briefings and team workshops were reported as being helpful for bringing teams together to discuss issues, understand what the programme is about and for relationship-building within and between teams. One practitioner illustrated this:

> "The briefings have been good at giving updates of where the programme is going and who is involved." (Practitioner)

Respondents working in the Early Help teams particularly highlighted a strong culture of team working. For example:

> "Within Early Help there is a strong team culture where workers will support each other with difficult sessions, meetings or discussions with parents or children. The team support each other with resources to use and explore session work that will meet the needs of the whole family as well as the child." (Practitioner)

Staff survey respondents highlighted several practical changes introduced through PiP that had made it easier for them to do their job. These included: improved IT systems (such as providing new tablet computers that enabled staff to check emails and work remotely), providing staff with mobile phones, and allocating more time for staff to do planning work and work directly with children, young people and families. Some staff suggested that the use of technology could go even further, by making more use of social media or more contemporary media such as podcasts, YouTube examples, case studies, PowerPoints, documentaries etc, to share examples of good practice across Lincolnshire and beyond.

Although there were improvements, Lincolnshire County Council staff perceived that IT remained an ongoing challenge. It was reported that there is still some duplication in data input and administration tasks, and that systems and processes could still be quite slow or not accessible to some members of staff or agencies. This was considered to place an administrative burden on practitioners to share information. For example, several practitioners felt that the Mosaic software, which is used for managing social care cases,[4] does not easily reflect that children's journeys through support services are not necessarily linear. One development which was highlighted to have potential to help overcome this issue is that new metrics will be incorporated into a revised Mosaic system

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[4] servelec.co.uk/product-range/mosaic

from April 2020. Staff considered this change could help to record Early Help cases and measure 'step ups' and 'step downs' to social care more effectively.

Several stakeholders felt that Caring2Learn had achieved a lot in engaging schools and foster carers. Since 2018, 39 schools and education settings have achieved the Caring Schools Award, and 20 foster carers and 3 Children's Homes have achieved the Learning Homes Award across Lincolnshire. In addition, 120 schools and education settings and 120 foster carers are currently working on the Caring Schools Award and the Learning Homes Award respectively. Caring Schools Toolkits have been developed for mainstream, special and alternative provision schools and early years settings. Learning Homes Toolkits have been developed for foster carers, respite and early years carers, children's homes and childminders.

Stakeholders reported that, following involvement in Caring2Learn, there have been better relationships between participating schools, looked after children and foster carers. Policies and processes in engaged schools, and training for foster carers and teachers, have been put in place to support looked after children (and, by extension, other children). Stakeholders noted that staff such as headteachers, designated teachers and safeguarding leads and, in some cases, the wider staff team, have reported thinking about strengths-based approaches and restorative practice, and how they can apply them in their own contexts.

Still, there remains variation in terms of schools' abilities to implement policies and processes, and embed Caring2Learn more generally into the school. Some stakeholders asserted that larger schools find this more difficult, particularly if they have less experience with looked after children. It appears easier to embed Caring2Learn in primary schools as children have fewer teachers (usually one main classroom teacher) and all staff within the school know individual children better.

Some stakeholders also noted that taking a restorative approach with young people through Future4Me and Caring2Learn does not always fit well within the wider landscape of services provided in the community. They believed that some schools want to prioritise punitive action taken against young people rather than recognising and addressing the causes underlying their behaviours. For example, one stakeholder referenced examples of schools with a behaviouralist punishment or reward style of discipline which they considered do not easily fit with the Caring2Learn ethos. This was because the PiP programme looks at the underlying factors that might be causing a child to act out, rather than punishing the behaviour itself.

Staff survey responses and stakeholder interviews highlighted a wide range of factors perceived as critical to the successful implementation of the PiP programme. These included consultation with its key participants. In the case of the PiP programme, this meant consultation with children and families to understand what is important to them in

a service, plus consultation with staff to understand the issues they face and how practice with children, young people and families might be affected by the programme. This included clarity on which suggestions made by staff have been taken forward – stakeholders referred to 'taking staff with you' – and rolling changes out gradually, rather than overwhelming staff.

Utilising evidence-based approaches and developing practice with practice leaders was a key facet of the PiP model. This included, for example, working with Dr Karen Treisman, advocate of trauma-informed approaches and author of A Therapeutic Treasure Box for Working with Children and Adolescents with Developmental Trauma. This resource was seen as useful in providing worksheets for foster carers and staff on, for example, dealing with anxiety in looked after children. Foster carers interviewed stated their dialogue with their children particularly benefited from the insight in the activities, tools and techniques in Dr Treisman's Adverse Childhood Experience training. Evidence-based approaches underpinned training that took place across a wide range of staff, by for example providing consistent messages throughout all training.

The benefits of the training were extended by good quality case supervisions, which provided time for reflection, rather than case management, and occurred with different members of staff, from different backgrounds, which brought different perspectives. A crucial element to this was staff having the time set aside to properly embed any actions and changes. A key challenge is the demand for social care, which makes it difficult for staff to spend time adjusting to new ways of working. For example:

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

Overall, staff believed that the PiP programme brought about effective processes and technology, including better functioning IT systems to enable ways of working remotely. Also, there were ongoing staff meetings, reflections and discussions (beyond supervisions) to elicit staff members' views on the roll-out and implementation of the programme.

For Caring2Learn, senior management within the school needs to fully support the programme for it to be implemented effectively and sustainably. One teacher reflected this view:

> "Senior leadership within the school need to be involved in the programme in order for it to be implemented effectively and sustainably." (Teacher)

Outcomes

Outcomes for children, young people and families

This section begins with an overview of outcomes for children, young people and families, firstly from Caring2Learn (given the discrete focus of the project on schools and foster carers), followed by a consideration of the outcomes achieved by the wider changes introduced by the PIP programme (including Caring2Learn). The section then assesses the contribution of clear, strengths-based practice frameworks and systemic approaches to social work practice (which is a specific focus of all PiP evaluations) to these outcomes.

Overview

A consistent outcome mentioned throughout the case studies and stakeholder interviews was that, through Caring2Learn, foster carers have been upskilled and increasingly recognised as professionals, working on a par with Children's Services staff to share their experiences and provide training to staff and other foster carers. Formally, 30 foster carers and education professionals have been able to utilise their personal and professional experiences in their role as either a Foster Carer Education Champion or School-Based Education Champions. For example, one Foster Carer Education Champion delivered training courses, ran inductions for new foster carers alongside a social worker and had a role in developing new training and workshops.

> "This has completely enhanced my experience as a foster carer. This has allowed me to use my skills and abilities in a professional way. I am more than just childcare; I have a skill that this [Caring2Learn] allows me to share." (Foster carer)

Another foster carer added:

> "Upskilling and empowering foster carers has had a massive impact as previously we were an untapped potential. We want and deserve to be valued as equally important members of the professional team. Many of us also have other skills to offer that can be harnessed to improve training and support networks for foster carers as well as improve outcomes for looked after children." (Foster carer)

There was also evidence that Caring2Learn has helped address isolation for some foster carers, which can be a particular issue in Lincolnshire given its size and rurality. For example, part of many Champions' role was to set up hubs of local foster carers who may be based relatively far away from each other and from local services.

There were some reports of foster carers feeling better (in terms of wellbeing) and more informed in their approach (for example, using the tools gained from training), which some foster carers interviewed considered had helped lead to more stable placements for children and young people and lessened the risk of placement breakdown. For example, one foster carer explicitly stated their view that if Caring2Learn existed previously, a placement breakdown may not have happened in the past. Corresponding "high levels of placement stability and security" were also supported by the findings of a recent Ofsted report (Ofsted, 2019). Support for foster carers, which improved their wellbeing and led to them being more informed in their approaches to prevent placement breakdown, may be one reason why Lincolnshire has low numbers of looked after children compared to statistical neighbours and national figures. This trend predated Caring2Learn (Figure 1):

Figure 1: Number of looked after children in Lincolnshire, compared to statistical neighbours and England average
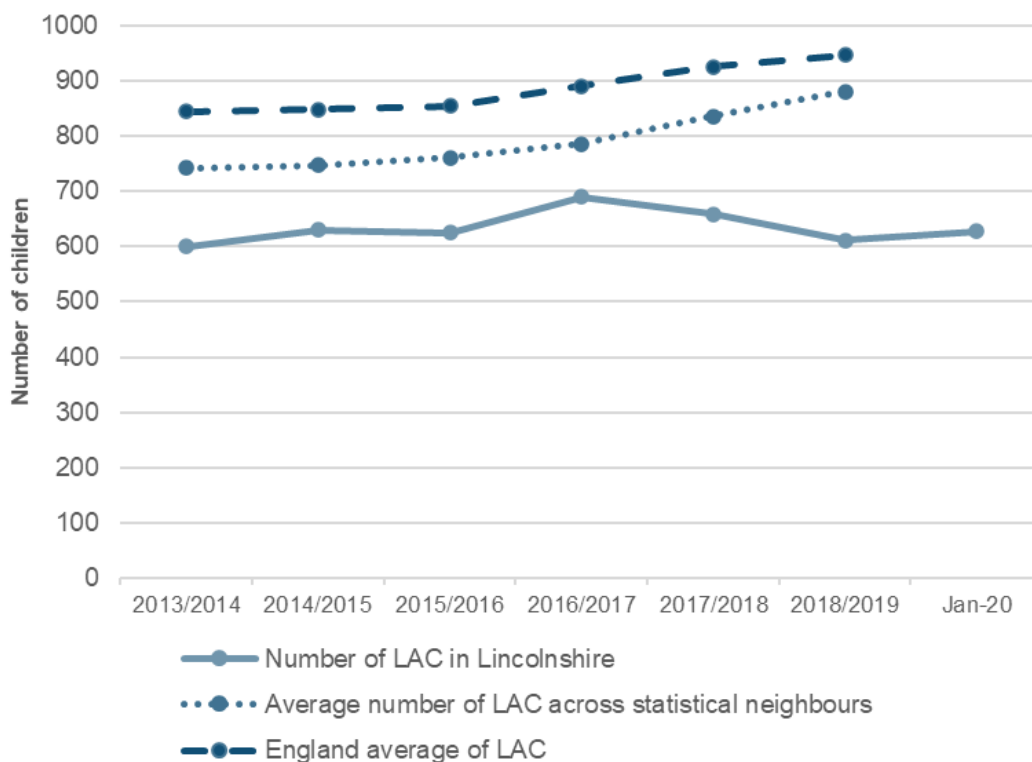
Source: Looked After Children Statistics in England (SSDA903)

There was also evidence that Caring2Learn had impact beyond the positive changes it has facilitated for looked after children in participating schools. For example, those involved in training had shared their learning with other members of staff which enabled its principles to be applied to all vulnerable students, or even all students, in the school. For example, one teacher mentioned:

"In terms of the behaviour and the restorative practice that's gone whole school. We had an inset day to amend the behaviour policy to make sure that restorative conversation happens." (Teacher)

This impact on other vulnerable children is potentially significant given that Caring2Learn estimates there to be approximately 9,000 children and young people in schools with a Caring2Learn Award.

Regarding the PiP programme more generally, families and stakeholders commented on different types of positive outcomes, with instances of young people being supported to stabilise their situation through, for example:

- Receiving mental health or practical support from key workers or other agencies.

- Being diverted away from undesirable or 'risky' behaviours into positive activities.

- Improving life chances through re-engaging in education or training.

This was supported through a range of family interviews, with examples cited of specific support in relation to, for example:

- Gaining medical diagnosis for mental health conditions.

- Support to stay in school and complete GCSEs.

- Support with school bullying.

- Bridging communication within the family and between agencies to allow young people to move back into the family home.

- Supporting disclosures of domestic violence from young people.

- Referrals to support groups for those with 'risky' behaviours.

There were examples of increased resilience amongst young people. There was evidence of young people using the skills and strategies learned through their support to manage things by themselves in the future, or at least know where to go for support in the community if they reach a tough patch. For example, peer mentoring through Caring2Learn helped foster resilience because young people can turn to their friends if they need support. However, some stakeholders found it difficult to attribute resilience to the PiP programme.

There was some evidence that the support available through the PiP programme had led to reduced risk for young people or at least a greater understanding, among young people, of the risks associated with their behaviours and more knowledge of what to do if they faced problems. Such examples included understanding the risks and potential implications of 'sexting' (sharing sexual images over the internet), or the risks and consequences of substance misuse. This finding is based on a few examples reported in

the family interviews and some stakeholder (key worker) interviews. One example involved a young person being referred to a group where those with lived experiences of 'risky' behaviours speak with young people. This made an impact on the young person who said involvement in the service had likely kept him out of prison.

Another example of the reduced risk for children and young people is the comparatively lower number of Child Protection Plans in place within Lincolnshire. As Figure 2 below shows, the level of Child Protection Plans per 10,000 children in Lincolnshire is below its statistical neighbours as well as national averages and Lincolnshire's own target (Figure 2). However, attribution of this outcome to the PiP programme (compared with its predecessors) is unclear, and there has been an increase in Child Protection Plans in recent months. When these 'spikes' occur, Practice Supervisors and PiP management review and sample case files to understand any underlying issues.

Figure 2: Number of children with a Child Protection Plan in Lincolnshire (actual and target), compared with statistical neighbours and England average

Source: Local authority interactive tool. Available from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait
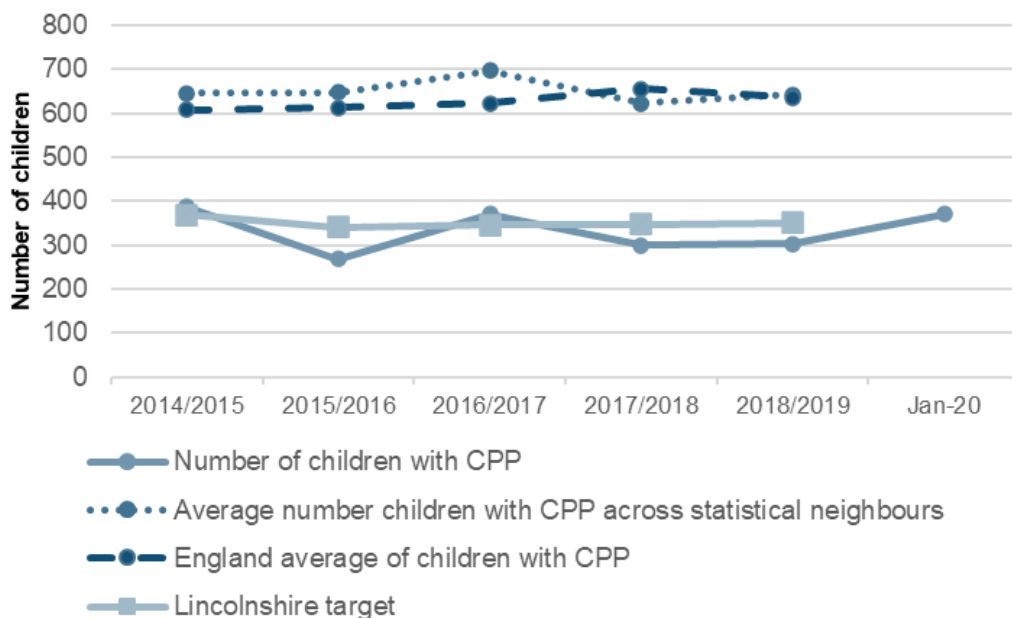
Contribution to outcomes of clear, strengths-based practice frameworks and systemic approaches to social work practice

Staff survey responses suggested almost all staff had familiarity with Signs of Safety, relationship-based practice and restorative practice. There was increased use of restorative practice at follow-up than at baseline for staff survey respondents with, for example, the number of survey respondents who stated they 'always' used it more than doubling from 11 at baseline to 24 at follow-up.

Staff survey responses and stakeholder (staff) interviews noted that taking a Signs of Safety approach has supported staff to be more transparent with families about why certain decisions are being made. This has helped families to understand more about the support they have been offered, and this had led to fewer complaints, as perceived by some staff. In particular, it was felt that the 'danger statements' which are part of Signs of Safety have helped professionals to articulate the risks and worries they have had about children, and families have been better able to understand why the young person might be on a plan.

More generally, strength-based approaches were perceived by staff, young people and families to have equipped young people and their families with the tools and knowledge that could see outcomes sustained going forwards. They considered nurturing communication within families to have been key – once families have communicated better, they have been better able to fix some of their other problems, which can then lead to other outcomes.

A Signs of Safety approach was also seen by a Foster Care Manager to support foster care placement stability, because from the outset the approach helped to map out the family strengths and any risks or concerns, and put in place strategies to help manage and address these. It is also possible that the Lincolnshire PiP programme has had a stabilising effect on placements of looked after children, though longer-term data would be useful in assessing how the Lincolnshire PiP programme performs in comparison to statistical and national neighbours. The percentage of looked after children that have had 3 or more placements in the year decreased from a peak of 10% in 2017/18 to 7% for 2019/20 as at the end of January 2020 (Figure 3). Both of these figures were below corresponding figures for statistical neighbours and national levels.

**Figure 3: Percentage of looked after children (actual and target) who have had 3 or more placements in a year in Lincolnshire, compared with statistical neighbours and England average**
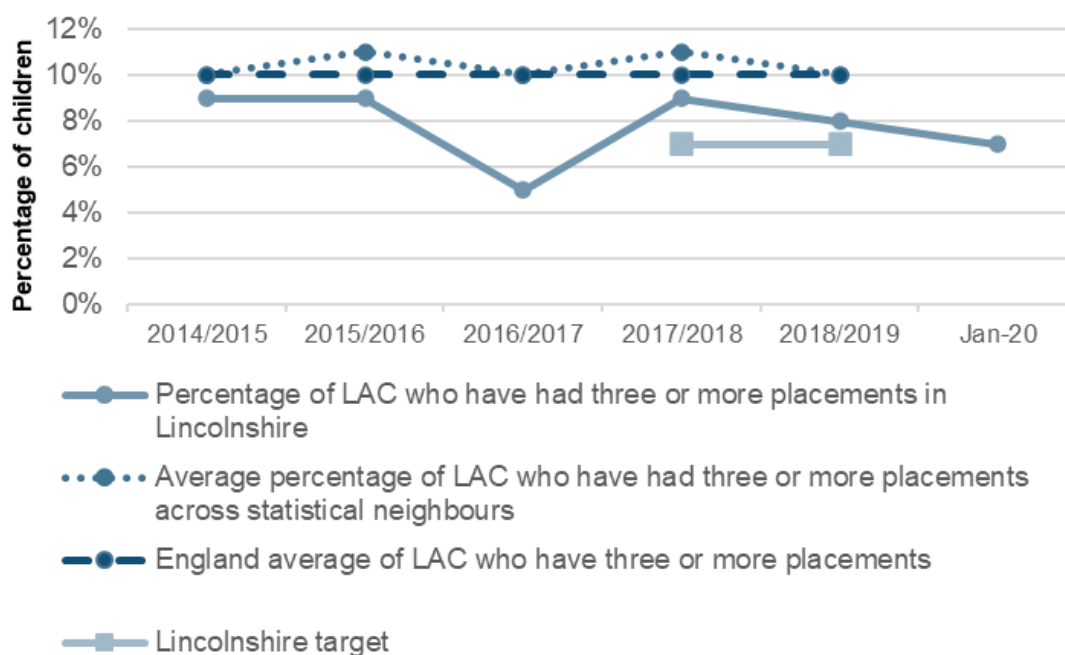
Source: Looked After Children Statistics in England (SSDA903)

It was particularly evident in family interviews that the Child and Family Assessment has helped families to feel more empowered because young people and families take more ownership in developing the plan and develop a 'partnership' with the agencies supporting them. In line with a Signs of Safety approach, the assessment is a voluntary process, always completed with the children, young people and family members involved and requires their signed consent.

Family Network Meetings and the involvement of wider family/friends, in plans and support, has helped give families tools for building resilience. As a result, families reported being able to fall back on support from family members or friends in times of concern or crisis. The meetings also highlighted to some families that they had such networks: some families did not always recognise the wider support available to them.

Some stakeholders felt that multi-agency working made a big difference to families' outcomes. In their view, this was because families have been able to get support from other partners (such as the police or CAMHS) more quickly to address young people's needs in a timely way. However, it was also recognised that partners can have high thresholds for support at this time. One foster carer commented that:

> "A key lesson is the involvement of all sectors who have an input into the children." (Foster carer)

Throughout the family interviews, relationship-based practice appeared to be a key factor leading to successful outcomes. For both young people that were interviewed and the parents or caregivers, the relationships between themselves and the key worker were a key facilitator in achieving outcomes. The relationship between the key worker and the young person was particularly important when the young person was 16-18 years old, where there were strained relationships within the family, or where the young person had general mistrust of professionals.

There were some suggestions in stakeholder and key worker interviews that relationship-based practice helped professionals work more closely with young people, which led to young people being placed in more sustainable, suitable and stable care. Relationship-based practice enabled key workers to develop more open, constructive and honest conversations with children, young people and families, which allowed them all to speak more frankly about, for example, care options for children. Some stakeholders and key workers said that they were able to build up more trust with young people, who had previously had bad experiences and did not engage with professionals. By building up trust with young people, they said that staff have been able to work with young people more effectively, and that has led to positive outcomes (which would not have been possible with other professionals where young people had bad experiences) and more stability for young people's situations (for example, avoiding placement breakdown). Interviews with young people concurred with these views.

Outcomes for Lincolnshire County Council and partner staff

The staff survey and stakeholder interviews uncovered several personal and professional outcomes for LCC and partner staff as a result of their involvement in the PiP programme. These included:

- Learning new skills through the training and, by extension, from others. Training cited included training related to mental health, Signs of Safety, relationship-based practice, restorative practice and trauma-informed practice.

- More job satisfaction (on a personal level), because there is better technology and ways of working are clearer, making it easier for staff to know, for example, where to go, and/or who to go to, in order to get support

- Better staff morale (on an organisational level), as staff are more satisfied with their jobs, and because staff feel like they are working in more of a team. This was particularly the case for Future4Me workers although, on the other hand, some stakeholders found it difficult to manage a multitude of changes at once.

- Increased confidence amongst school staff and education professionals in formal meetings with social workers and other professionals.

- Partners (especially schools) valued the opportunity of being able to work with different agencies and services through meetings as well as through training.

- Some reports of more positive relationships with families and working with families more effectively because of taking a relationship-based approach.

- Enabling staff not familiar with Signs of Safety to implement a new, strengths-based way of working, and to try new ideas and be more creative in different approaches to working with families: for example, using words and pictures, life story work and family trees.

Some staff comments suggested that there is not yet a fully consistent approach to Signs of Safety across the county. Staff felt that sharing good practice across localities was important so everyone was aware of how best to implement Signs of Safety, and met a need for ongoing (rather than one-off) training to maintain knowledge and practice.

## Outcomes for Lincolnshire's Children's Services

Workforce development is a major component of the PiP programme, and directly linked to outcomes for children, young people and families. A happier, more stable workforce with manageable caseloads will be able to work more effectively with families than an overworked, transient workforce with low morale.

Most staff survey respondents were positive about levels of staff turnover. The majority of respondents:

- Agreed that in the past 12 months the retention of staff within their team was reasonable (74% at baseline, and 76% at follow up: not a statistically significant change).

- Agreed they are likely to remain in their role for the next 2 years (70% at both baseline and follow-up, so no change).

- Agreed that in the previous 12 months the recruitment of staff to the team had been good (68% at baseline, and 66% at follow up: not a statistically significant change).

- Agreed that staff turnover was not a problem in their practice area (60% at baseline, and 57% at follow up: not a statistically significant change).

Some senior stakeholders also commented positively on levels of staff retention and turnover. Social worker turnover (Figure 4) and agency rates (Figure 5) in Lincolnshire have consistently remained below those in statistical neighbours and national averages, and particularly since 2017: the year the PiP programme began in Lincolnshire (no data was available for social worker turnover rates in Lincolnshire in 2016).

Figure 4: Social worker turnover rates in Lincolnshire, compared with statistical neighbours and England average

- Social worker turnover rates in Lincolnshire (%)
- Social worker turnover rate for statistical neighbours (%)
- England average social worker turnover rate (%)

Source: Local authority interactive tool. Available from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait
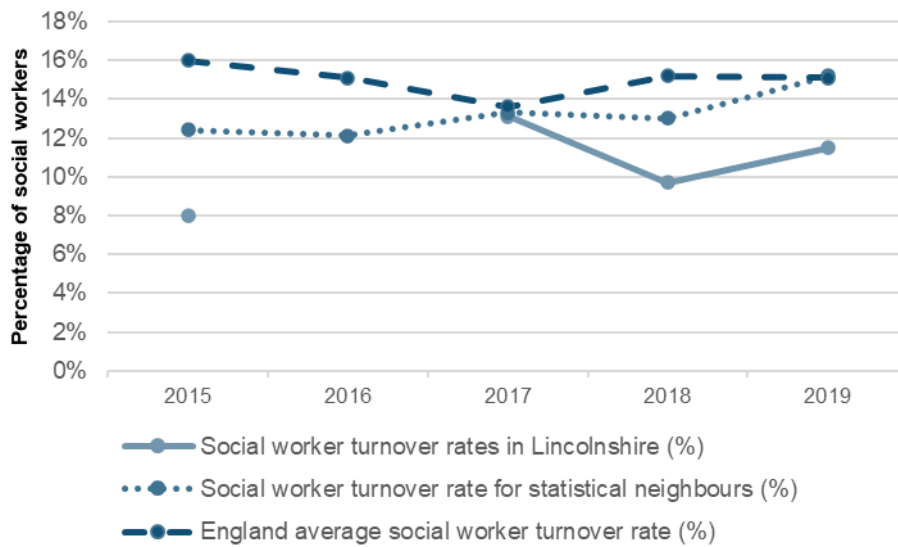
Figure 5: Percentage of social worker agency staff in Lincolnshire, compared with statistical neighbours and England average
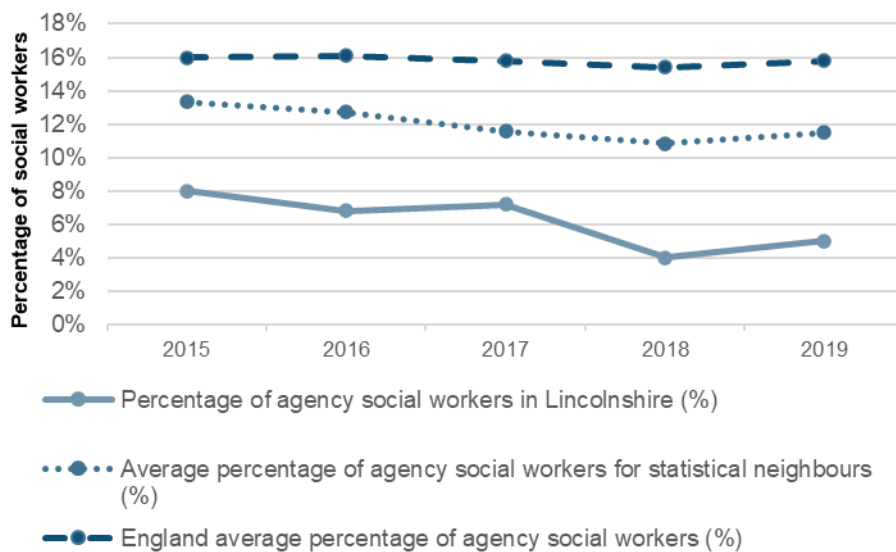
- Percentage of agency social workers in Lincolnshire (%)
- Average percentage of agency social workers for statistical neighbours (%)
- England average percentage of agency social workers (%)

Source: Local authority interactive tool. Available from: https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

There has been increased partnership working and collaboration as a result of the PiP programme. This has occurred across agencies within projects including Future4Me (facilitated by co-location of staff) and Caring2Learn (bringing schools, foster carers and children's social care practitioners closer together). More generally, collaboration has been formalised through joint supervisions and group case discussions. While children's

social care staff were largely able to rely on support before PiP, PiP has emphasised the importance of group case discussions. Schools involved in Caring2Learn reported having improved practice and a clearer approach to supporting looked after children, foster carers and other children in the school.

Partners reported a greater knowledge and understanding of the different services and support on offer across the county. For example, they have a better knowledge of where to signpost people to support if needed. However, there was still some variation amongst partners in working collaboratively, often connected with anxieties about funding necessitating the need to focus on core services. For example, schools are taking on more responsibility with supporting families, but it was considered important to strike a balance so education professionals are not over-burdened. It was felt that attention also needs to be given as to how best to engage and support schools and other agencies that have been more reluctant to engage in the project, whether for capacity or other reasons.

Future4Me professionals reported being able to see young people more regularly and able to work with them more intensely than prior to the PiP programme, which helped enable them to manage risk more effectively. They also worked with young people for longer – the intervention is not time-bound or linked to an order – which means they can support young people after the end of an order. This helps to sustain outcomes as well.

The restorative approach through the PiP programme was said to have accelerated a drive to deal with complaints to Lincolnshire County Council through early resolution. 30% of complaints across the local authority (not just Children's Services) are now dealt with through early resolution, which – while it is yet to save resources for the local authority – is quicker than the full complaints process and so a better customer experience for complainants.

Counterfactual Impact Evaluation

A high standard of evidence

In this section, the details and results of the counterfactual impact evaluations for the Future4Me project and the wider Early Help offer are provided. Counterfactual impact evaluation provides a high standard of evidence (What Works Centre for Local Economic Growth, 2020) by comparing the initiatives to a comparison group and trend analysis respectively, to estimate the difference in impact between the PiP programme and a counterfactual (what would have been expected to have happened in the absence of the PiP programme).

Future4Me

Analytical approach

To assess the impact of Future4Me on the young people it supported, their reoffending rates were compared with those of a comparator group.

Young people at risk of offending are referred to Future4Me based on their profile of need (see Appendix 2). Professionals make referrals based on assessment against the Future4Me eligibility criteria. All those who are deemed eligible can access the support. As such, it was necessary to source a historical comparator group (i.e. those who would have been eligible for support, had it been available pre-PiP) in order to construct the counterfactual.

In partnership with Lincolnshire's Children's Services, a dataset was developed from which a comparator group could be formed. The dataset comprised data from the Youth Offending and Children's Services.

An essential step for the impact evaluation is ensuring a comparator group is well-matched to the treatment group on the pre-intervention outcome. In the case of Future4Me this outcome was the rate of offending. However, because individuals in the comparator group (by definition) have not received the Future4Me intervention, the length of their pre-intervention period is unknown. To navigate this, an artificial (pseudo) intervention start date was created. Pseudo start dates were assigned to the comparator group based on an analysis of the young people within the treatment group who, on average, started the Future4Me intervention 47 days after their first recorded offence.

The following matching variables were used in the analysis:

- Age at the time of the intervention.

- Number of (any) offences pre-intervention.

- Number of violent offences pre-intervention.

- Number of drug related offences pre-intervention.[5]

Inverse probability weighting was employed to ensure individuals in the treatment and comparator groups were as similar as possible (i.e. balanced) on the above variables. Inverse probability weighting is similar to propensity score matching, but instead of directly matching individuals to one another, weights are assigned to individuals based on their likelihood to receive the intervention. That is, individuals with a higher propensity

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[5] Ethnicity could not be included due to not being known for all individuals.

(based on the matching variables) to be supported by Future4Me are assigned a larger weight in the analysis.

It is important to note the limitations of using a historical comparator group. Whilst the statistical approach outlined above can make the treatment and comparator group more alike on their background characteristics, there are potentially unobserved factors that are not accounted for in the analysis. For example, although Future4Me was not available for the comparator group, they may have accessed other support. Furthermore, nationally, there has generally been an upward trend in youth offending, in relation to offences involving violence, in recent years, thus the treatment group may have been more likely to reoffend than the historical comparator group. Recent data is not available to control for this. This does mean that our analysis would, if anything, underestimate the impact of the Future4Me programme.

Results

Table 1 presents the results from the inverse probability weighting analysis. Averages for the background characteristics of the treatment and comparator group, before and after weighting, are provided. Before weighting relative to the comparator group, the treatment group were typically slightly older, and had a greater number of offences, particularly violent offences. After weighting, it is clear the treatment and comparator group are very similar and, thus, a strong counterfactual can be formed.

In terms of impact, the reoffending rate for the treatment group was 11% lower than the comparator group. Following the Future4Me intervention, 30% of the treatment group reoffended. This compares to 41% for the comparator group. The difference in reoffending rates was statistically significant: in other words, we can be reasonably certain that there is a noticeable difference between the reoffending rates, that is unlikely (though not impossible) to be down to chance. This is particularly the case given the upward trend in youth offending in recent years, thus the treatment group may have been more likely to reoffend than the historical comparator group, all other things being equal. Therefore, if anything, our analysis may underestimate the impact of the Future4Me programme.

Table 1: Results from inverse probability weighting analysis of Future4Me and pre-Future4Me cases

	Before weighting		After weighting	
Group	Treatment	Comparator	Treatment	Comparator
Sample	236	280	195	154
Background characteristics				
Average Age	15.93	15.22	15.56	15.49
Average number of offences (pre-intervention)				
All offences	1.99	1.38	1.69	1.66
Violent offences	1.17	0.59	0.87	0.90
Drugs offences	0.19	0.07	0.13	0.10
Impact				
Proportion reoffending post-intervention			**30%**	**41%**

Source: Ecorys analysis of bespoke Future4Me dataset

Early Help

Analytical approach

Recognising the Early Help offer can affect children and young people in a variety of ways, the analysis focuses on the impact of Early Help on statutory referrals to Children's Services in order to determine the collective impact of the activity. Specifically, the rate of referrals and proportion of referrals with no further action. These serve as indicators of how Early Help supports the wider Children's Services.

The Early Help offer applies to all eligible children and young people within Lincolnshire. As such, there is no comparison group within Lincolnshire, because the intervention affects the whole population rather than a specific cohort (as the Future4Me project does). This presents challenges to establish a counterfactual. Whilst another local authority could serve as a comparator to Lincolnshire, it is likely that local authorities differ in ways that cannot be measured, including the characteristics of children and young people and the support offer, and there would be issues around access to comparable data. To overcome this, an interrupted time series design was employed.

Interrupted time series analysis is increasingly being used for the evaluation of public health interventions across a range of policy areas (Bernal et al, 2017). It is particularly suited to interventions introduced at a population level over a clearly defined time-period. The approach involves modelling an outcome of interest as a time series, which is 'interrupted' at a specific point in time by an intervention.

The approach involves modelling separate regression slopes (i.e. the trend), pre- and post-intervention, on the outcome of interest over time: this is referred to as segmented regression. The pre-intervention trend is then forecast to provide a counterfactual against the actual or observed post-intervention trend. A key assumption of interrupted time series analysis is that, in the absence of the intervention, the pre-intervention trend would have continued.

For the Early Help offer, the 2 outcomes explored were:

- Monthly counts of referrals made to Children's Services.

- Monthly proportions of cases with no further action (NFA).

In all models, autocorrelation (where observations over time may affect one another) was checked and, if present, accounted for by specifying this in regression model.[6]

Results – referrals to Children's Services

Figure 6 depicts the number of referrals to Children's Services from April 2017 to March 2019.

Figure 6: Interrupted time series plot – number of monthly referrals to Children's Services
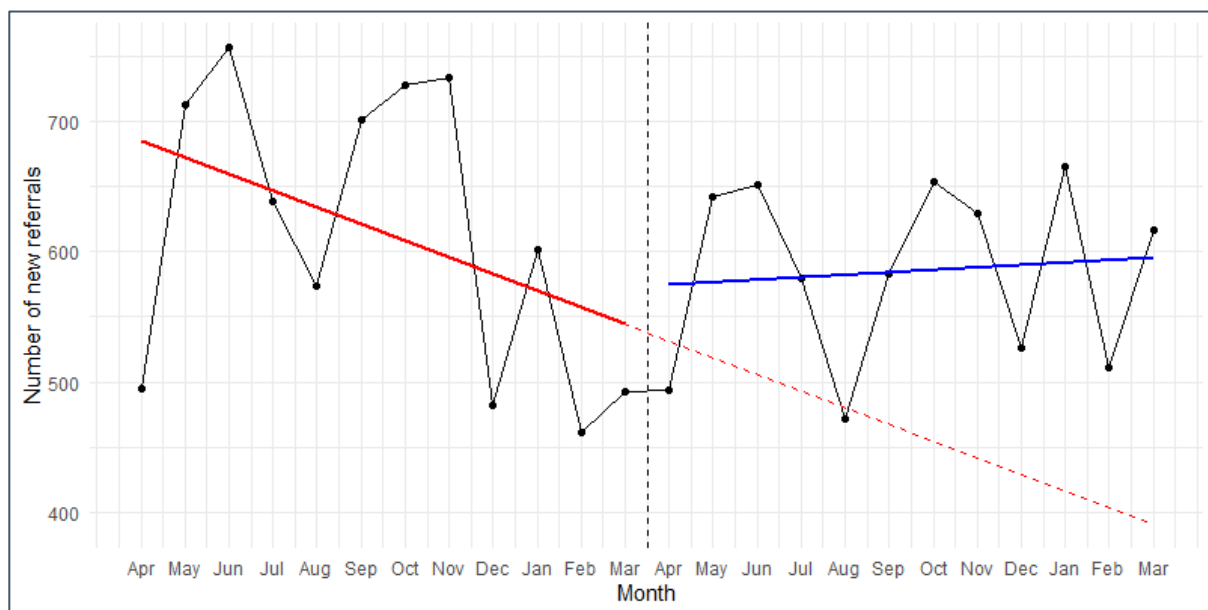
Source: Ecorys analysis of Lincolnshire's Children's Services referrals data

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[6] This process involved running an Ordinary Least Squares (OLS) regression then running different tests: Durbin-Watson, visual inspection of residuals and (partial) auto-correlation function (ACF and PACF). Following these, regression settings were fine-tuned to take account of the test results.

The dots represent the observed number of referrals each month. The dashed vertical line is when the Early Help offer was introduced. The solid red and blue lines are the pre- and post- intervention regression slopes, respectively. The dashed red line is the pre-intervention trend forecast into the post-intervention period – i.e. the counterfactual (what would have been expected to have happened in the absence of the PiP programme).

In the pre-intervention period (the 2017/18 financial year) there was a downward trend in the number of monthly referrals to Children's Services. This appears to be driven by lower numbers of referrals between December 2017 and March 2018. Following the introduction of the Early Help offer, the trend in referrals 'levels off' to a slight increase over time. This may indicate a stabilising effect of the Early Help offer. That is, prior to the intervention, referral numbers could be potentially be interpreted as quite variable from one month to the next. Whereas after the intervention, monthly referrals fluctuate to a lesser degree. Referrals that vary less between months may be easier to plan for and deal with in terms of resources.

The results from the segmented regression model were not statistically significant. This is likely explained by the variability in the number of referrals between months leading to large standard errors: that is, there is some uncertainty over the long-term trend lines, because referral numbers can fluctuate greatly from one month to the next.

Contextually, aside from the counterfactual impact evaluation, and looking at more historical, annual data, referrals have been decreasing over the last years, from a peak of 510 referrals per 10,000 children in 2017/18, to a predicted[7] 467 referrals per 10,000 children in 2019/20. This compares to increasing referrals in total amongst Lincolnshire's statistical neighbours and nationally across England (Figure 7, total figures presented, not per 10,000).

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[7] Calculated by weighting 10 months of data up to and including January 2020 to estimate the number of referrals per 10,000 children over 12 months ([10÷ 12] x 12). Comparator figures are weighted to show the actual number of requests that would be received if the comparator population was the same as for Lincolnshire. Source: Lincolnshire County Council Performance Services / Characteristics of children in need (Children in Need Census).

Figure 7: Number of social care requests received in Lincolnshire, compared with statistical neighbours and England average
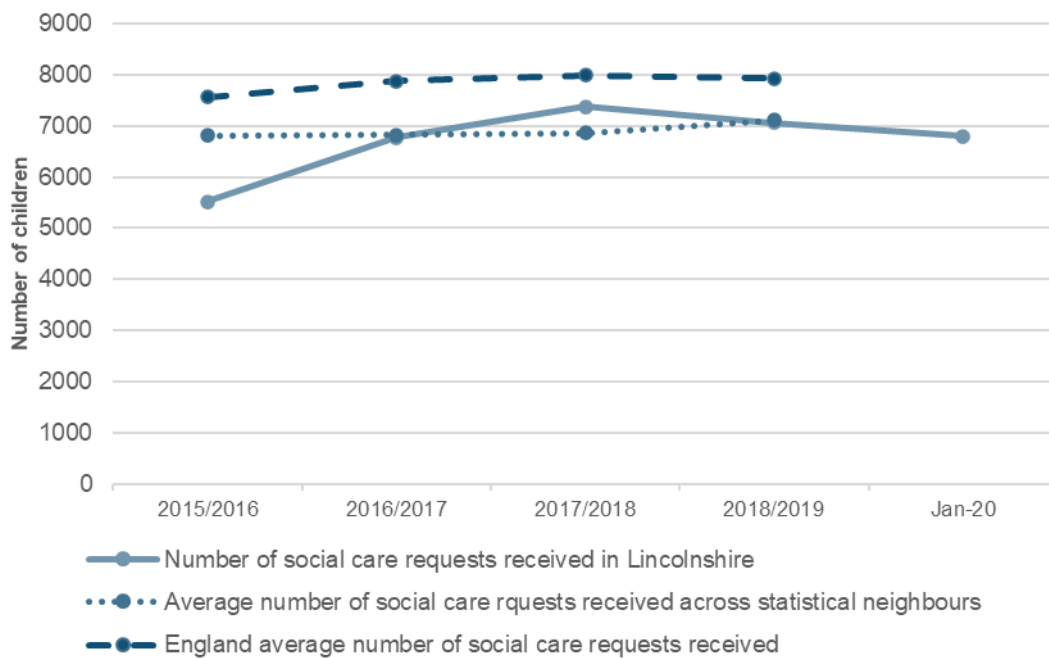
Source: Characteristics of children in need (CiN Census)

Results – proportion of referrals that resulted in no further action (NFA)

Figure 8 depicts the proportion of referrals to Children's Services that required no further action (NFA). The figure can be interpreted in the same way as Figure 6.

Figure 8: Interrupted time series plot – proportion of referrals to Children's Services that resulted in no further action (NFA)
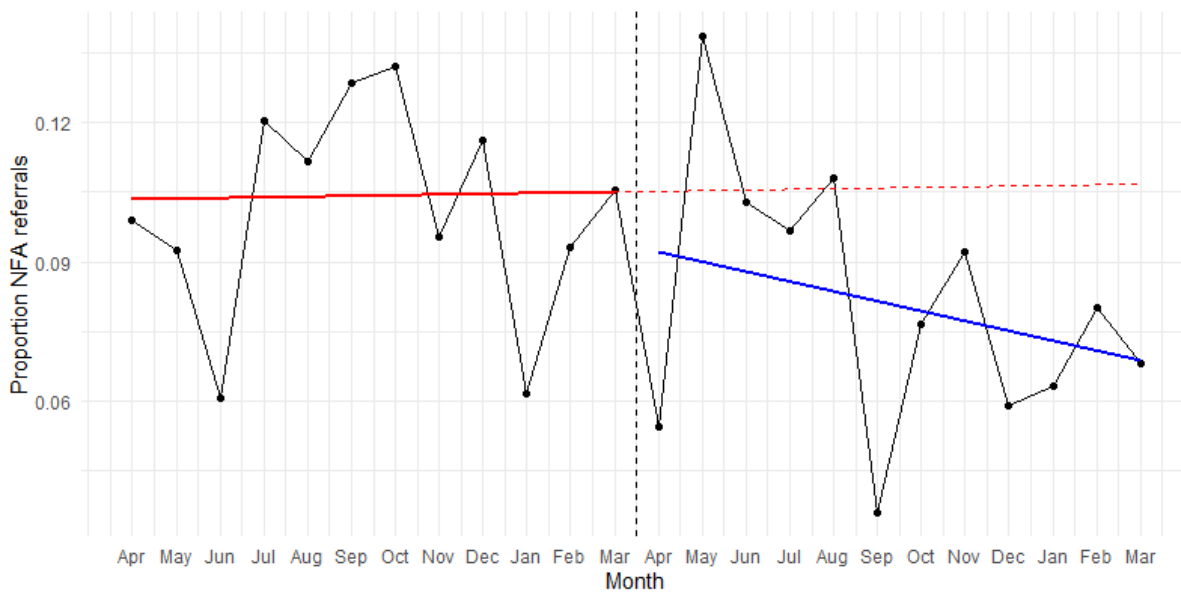
Source: Ecorys analysis of Lincolnshire's Children's Services referrals data

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In the pre-intervention period, there was a flat trend of around 10% of NFA referrals. Post-intervention, there was a drop to around 9% followed by a downward trend ending at approximately 7% NFA referrals. Again, owing to variability between months, the results from the segmented regression of NFA cases were not statistically significant.

Alongside the results from the interrupted time series analysis for the number of referrals (see Figure 8), a possible interpretation is that, although Early Help did not necessarily lead to an observable change in the absolute number of children and young people being referred to Children's Services (relative to just before the intervention), on average fewer cases were NFA. This is an indication that appropriate referrals were being made. This assertion is also supported by longer-term data (Figure 9), with the proportion of NFA cases decreasing from 10% in 2017/18 to 6% in 2019/20 up to and including January 2020. This contrasts with increasing NFA cases in statistical neighbours. Also, although NFA cases are decreasing nationally, total referrals are increasing (Figure 7), unlike in Lincolnshire where they are decreasing. These findings may suggest that Lincolnshire has an effective 'front door' to screen and allocate referrals to the appropriate service, in turn helping Children's Services' caseload management.

Figure 9: Percentage of social care requests requiring no further action (NFA) in Lincolnshire, compared to statistical neighbours and England average
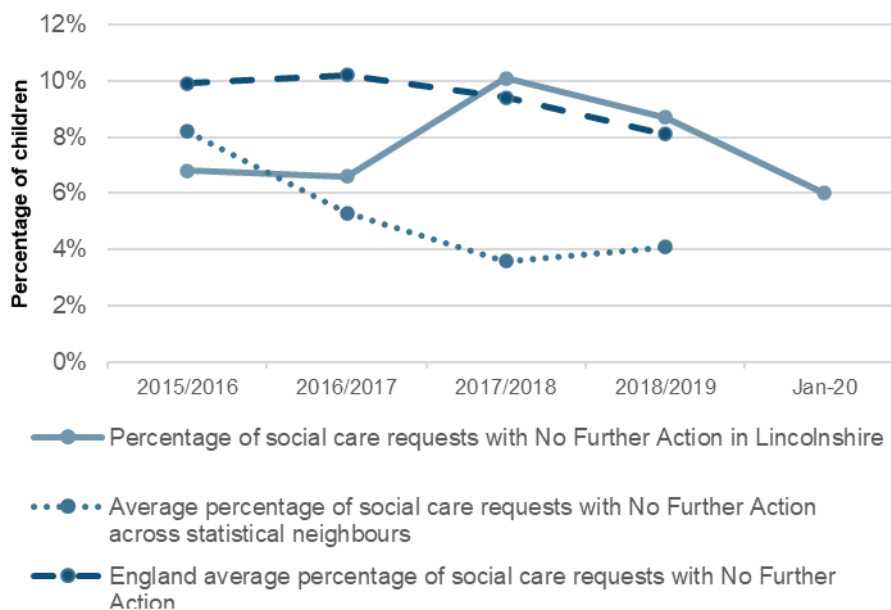

Source: Characteristics of children in need (Children in Need Census)

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

Evidence from the first round of the Innovation Programme led the Department for Education to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds (Sebba et al, 2017). This section summarises the key findings from the evaluation in relation to these features of practice and outcomes that were relevant to the Lincolnshire PiP study.

Prior to PiP, Lincolnshire's Children's Services had already started implementing the Signs of Safety approach, although there were inconsistencies in the extent it was used across the county. The PiP provided focused resource and leadership to fully embed Signs of Safety throughout the organisation and across partners. Many stakeholders reflected that, since 2013, there had been a clear shift from using more of a deficit-based approach with families (i.e. focusing on the problems or risks presenting in families) to a **strengths-based approach**, with staff using strengths-based techniques like appreciative inquiry in their practice. The widespread training on Signs of Safety coupled with the new Child and Family Assessment guided practitioners to think about families' strengths and provided a shared language that was understandable to all. However, some staff did feel that the Child and Family Assessment focused too much on risk, which was not always appropriate, particularly in the Early Help context.

There was strong evidence from across the evaluation signalling the use of **systemic approaches to social work practice**, which required close, multi-agency work between partners (see below). Interviewed stakeholders felt that the new Child and Family Assessment, which prompts discussion with families and encourages families to be actively involved in developing their own solutions, supported an ethos of doing *with* families, rather than doing *to* families. This ethos laid the foundation for strong relationship-based practice, moving practitioners away from just being assessors of families, towards building strong relationships with families to allow for honest and open conversations about how to progress. This sentiment was also echoed by families, who often described the importance of being able to trust their key workers. The evaluation found that being a critical friend to families was important.

Stakeholders described a long history of multi-agency working across Lincolnshire and were cautious to attribute **multi-disciplinary skill sets working together** entirely to the PiP. However, in bringing together professionals from social care, Early Help, police, and health services, the Future4Me project has facilitated collaboration between agencies and enabled fast-track access to specialist support for vulnerable young people (such as access to an in-house educational psychologist). By providing training to Children's Services staff, teachers/school staff and foster carers, Caring2Learn has likewise supported increased collaboration and skill sharing. A key finding of the evaluation was

that foster carers, especially those in Foster Carer Education Champion roles, described that their skills and knowledge were much more valued by other professionals, as a direct result of being involved in Caring2Learn and having the opportunity to work with professionals in new ways.

Multi-agency working was also supported by increased **group case discussions** across agencies such as the police, schools and the local authority**.** In addition, the PiP provided Practice Advisors across the county, who have helped to guide and support managers and practitioners to think about where good practice is happening and where improvements are needed.

Findings from interviews and the staff survey indicated that staff felt comfortable with taking a **whole family approach**. The new Child and Family Assessment is a voluntary process that requires the consent of the children, young people and family members, and Family Network Meetings (which bring together all of the important people in a family's life) have supported this way of working. Parents/carers and young people described the involvement of the whole family. Even in cases where the work was predominantly with the young person, parents/carers described how the key worker taught them strategies, or provided them with tools, to manage behaviours and help prevent safeguarding situations.

Some elements of the PiP programme supported practitioners to have **high intensity and consistency** in their work with families, including the new Child and Family Assessment providing a consistent description of cases, so families have not had to retell their story to different practitioners. However, key workers are effectively allocated depending on who is available when a family is first referred, and who has the capacity to take cases on in the long-term. The families that were interviewed were generally satisfied with the amount of support they had from their key workers, suggesting that practitioners have managed the demands on their time well and have still been able to do **skilled, direct work**.

Qualitative research with foster carers indicated that the Caring2Learn project had contributed to **creating greater stability for children**. Foster carers often attributed this to the training they had received on trauma-informed and restorative practice. The training had helped them to have a better understanding about why their child was presenting certain behaviours, which then allowed them to respond more effectively. Parents described how young people had been supported by their key worker to develop better relationships with them. They felt that often led to fewer conflicts and supported stability: for example, through young people being able to stay at home.

The impact evaluation suggests that there has been **reduced risk for children** as there was a lower reoffending rate for the Future4Me treatment group compared to the comparator group, suggesting that the project has supported young people to stay away

from engaging in undesirable or 'risky' behaviours. More broadly, there were a few specific examples of this positive outcome reported through the qualitative research – including one young person who said involvement in a support group had likely kept him out of prison. Overall, these findings suggest that the PiP programme as a whole had in these cases led to reduced risk. More so, families did often comment that they were more knowledgeable on what to do to mitigate against the impact of risk-taking behaviours amongst their children.

Increased wellbeing for children and families, was reported by key workers and families themselves, largely stemming from families feeling more empowered, because they felt they had been listened to and valued, and because they were better equipped to manage issues themselves using strategies that key workers had taught them.

The staff survey and interviews with staff also indicated **increased staff wellbeing**. The survey found that the majority of respondents agreed that their morale in their job was good. Qualitative evidence suggested that staff were more satisfied with their jobs because the Signs of Safety approach underpinning their work was clear and because technology had been improved to allow staff to be more efficient in their role. However, some staff had found PiP difficult because it was hard to manage so many changes at once. There were also encouraging data on staff turnover and agency rates and qualitative findings about **workforce stability**, though a risk to workforce stability in future is that staff vacancies meant existing staff could be over capacity. However, quantitatively, Lincolnshire fares better than statistical neighbours and national averages regarding staff vacancies.

5. Lessons and implications

This evaluation of the Lincolnshire PiP programme has found largely encouraging findings. Families' and staff experiences have been fundamentally positive, and there have been a number of outcomes achieved for children, young people and families, LCC and partner staff, and Lincolnshire's Children's Services as a service.

A Counterfactual Impact Evaluation (CIE) of the Future4Me project found that the reoffending rate among the young people it supported was 11 percentage points lower than the comparison group, who did not receive the project's services. This was a statistically significant finding when compared to a comparator group and offers a high standard of evidence. A CIE of the Early Help offer did not find a statistically significant impact on referrals to Children's Services in general or referrals that require no further action, although it did suggest the programme had an initial stabilising effect on referrals. This possible effect could be monitored and further explored in future with longer-term data to see if the stabilising effect continues and/or if the programme results in a statistically significant, detectable impact in the long-run.

Lincolnshire's Children's Services has a history of high-quality delivery (achieving 'Good' or 'Outstanding' ratings by Ofsted), so an overarching question for the evaluation has been to assess the extent to which the PiP programme added value to the type of service that would have been delivered otherwise. Evidence from this evaluation has uncovered areas of added value including those in relation to: embedding the Signs of Safety framework into the local authority's systems and processes, increasing the use of relationship-based practice, extending training to a wider range of professionals across the county; valuing foster carers as professionals and lessening the risk of placement breakdown in particular, as well as the impact of Future4Me as demonstrated by the CIE. The main risk to further progress based on qualitative findings appeared to be staff vacancies and the resulting impact these have on staff capacity. However, quantitatively, Lincolnshire fares better than statistical neighbours and national averages on these counts.

Staff survey responses and stakeholder interviews highlighted a number of critical success factors of the PiP programme, including consultation with staff and families, utilising evidence-based approaches (such as trauma-informed practice advocated by Dr Karen Treisman), high-quality training and effective technology and processes such as supervisions.

Although outside of the scope of this evaluation, it is a reflection the wider potential of the Caring2Learn that Lincolnshire has worked with other local authorities to develop their own practice. For example, at the end of March 2020, the Caring Schools Award has been adopted by 24 schools and education settings in North Lincolnshire.

A culture of critical inquiry and reflective practice (Baginsky et al, 2017), which recognises that progress is rarely uniform, linear or constant, will be crucial for the PiP programme and its lessons to continue to be embedded across Lincolnshire and potentially beyond. Research into the 7 enablers of improvement in children's services summarises this as follows:

> 'A key finding of our research has been that the improvement activities in which local areas are engaged were consistent, continuous and cumulative. Local areas in the good-to-great stage of their journey had not stopped doing what had enabled them to improve from poor to fair. Instead, they had continued, embedded and built upon these activities…we found that improvement had ceased to be a discrete project and was part of 'core business'.' (Bryant et al, 2016)

In this spirit, Lincolnshire's Children's Services has a track record in engaging in internal and external research, including staff surveys and academic studies. This can be enhanced by uncovering gaps in their quantitative evidence – for example by enhancing traditional 'monitoring' measures with wider wellbeing or other evaluative measures: findings from which can drive further progress and can also be contextualised and understood with qualitative evidence.

Appendix 1: Project Theory of Change

LINCOLNSHIRE PARTNERS IN PRACTICE PROGRAMME

THEORY OF CHANGE (March 2020)

(Page 1)

**RATIONALE FOR THE PARTNERS IN PRACTICE PROGRAMME**

- Supporting children through social care is not the 'first-best' outcome for children and families
- Intervening early could improve outcomes and reduce costs to the taxpayer
- Munro Review promoted redesigning the ways child and family social work is delivered, drawing on evidence-based ways of working
- Local services need to be more integrated to respond to the needs of these families in a coordinated way
- There is therefore a need to redesign and transform the way services are delivered to families
- Vulnerable children have multiple and complex problems and disadvantages
-

CORE PRINCIPLES UNDERLYING THE PARTNERS IN PRACTICE PROGRAMME

- Children's Social Care Innovation Programme was launched in 2013 to act as a catalyst for developing more effective ways of supporting vulnerable children
- Round provided a £110m investment in innovation in over half of the top-tier local authorities
- In April 2016 Ministers committed a further £200m to innovation and improvement over the following 4 years. Building on Round One of the programme, the second round of the Innovation Programme invited proposals testing new innovations, as well as for proposals to scale up and spread the strongest existing projects.

4 YEARS, 2 WORKSTREAMS, 6 ASPIRATIONS

WORKSTREAM 1:

PRACTICE AND SYSTEMS

Signs of Safety

Relationship-based practice

Future4Me

Caring2Learn

WORKSTREAM 2:

PEOPLE AND LEADERSHIP

Internal workforce development, within Lincolnshire

External workforce development, influencing local authorities outside of the Lincolnshire

EARLY INTERVENTION & PREVENTION

INPUTS
- DfE funding
- CSC workforce
- Strong Children's Services and has a proven track record of continuous improvement and good performance
- Learning from previous practice
- Support from within the local authority, including Director of Children's Services
- Lincolnshire itself: 2nd largest in England by area, two-tier local authority

OUTPUTS
- CYPF involved with Early Help services
- CYPF involved with services targeting adolescents engaged in risky behaviours
- CSC staff involved in the implementation of project activity as part of the PiP programme (in LCC and partner agencies)
- PiP programme beneficiaries
- CYP engaged in, or on the edge of engagement in, risky behaviours

PARTNERS IN PRACTICE
Significant systemic change throughout children's social care services:
- Service structure
- Configuration of teams
- Service protocols
- Front door
- Referral pathways
- Recording systems
- Workforce roles and responsibilities
- Social work skills and practice methodologies
- Professional culture.

PROGRAMME IN LINCOLNSHIRE
Implement new/adapted services, based on training and development of practitioners and service leaders, to create the right systemic and cultural environment for excellent practice and innovation to flourish

2 workstreams aligned to the DfE's reform programme:
Practice and systems
Creating the right environment for excellent practice and innovation to flourish, reducing bureaucracy, whilst creating a culture which prioritises excellent practice, based around the principles of innovation and excellence.
People and leadership
Bringing the best people into the profession, and giving them the right knowledge and skills for the incredibly challenging but hugely rewarding work we expect them to do, and developing leaders equipped to nurture practice excellence.

OUTCOMES

Children, young people and families
- Reduction in number / % children and young people (CYP) subject to statutory intervention
- Reduction in number / % of CYP missing
- Reduction in number / % of CYP escalated to statutory intervention
- Reduction in number / % of CYP engaging in risky behaviours
- Increase in the number / % of CYP positively engaging with substance misuse service / mental health support
- Improvement in CYP's resilience levels
- Improved levels of attendance at school or training by under 18s
- Engagement with support services is improved
- Satisfaction with support services is improved
- Increased levels of satisfaction with diversion and restorative approaches among children, young people and families

Children's Social Care staff
- Signs of Safety embedded within youth justice practice
- Improved quality and effectiveness of staff relationships with families
- Increased confidence in working with adolescents and knowledge of adolescent development among relevant CSC staff and of relevant staff in partner agencies
- New staff report positive effects of a culture of collaborative and innovative working which improves their capacity to manage risk
- Improved partnership working and collaboration with partner agencies to divert children and young people from the youth justice system
- Improved partnership working and collaboration
- Improved levels of morale among CSC staff
- Improvement in skills and knowledge of CSC practitioners
- Improved identification, exchange and use of learning and evidence of good practice
- Increased levels of retention and recruitment among CSC staff
- Increased confidence, knowledge and skills among CSC staff
- Increase number / % of staff with accreditation
- Increased opportunities for leadership development
- Improved succession planning

LINCOLNSHIRE PARTNERS IN PRACTICE PROGRAMME

THEORY OF CHANGE
(Page 2)

IMPACT ON COUNTY
- Improved outcomes for children, families and professionals
- Transform the delivery of services
- Gaining advantage from early intervention (e.g. reduced cost of service delivery)
- Reduced costs spent on families
- Reduced reliance on public services
- Enhanced national reputation (as part of national programme)

Appendix 2: Lincolnshire Adolescent Profile of Need

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Lincolnshire Adolescent Profile of Need

The profile of need is based on young people aged 14 – 18 years, however if you feel a YP outside of this age range would benefit from support we encourage you to exercise your professional judgement.

Group A Vulnerabilities	Group B Vulnerabilities
• Edge of Care/risk of local authority accommodation • Lincolnshire YP, homeless 16- and 17-year olds • Criminality • Child exploitation (risk of, or involved in police investigation, including sexual exploitation, radicalisation and county lines)	• Substance misuse • Relationship issues (including sexual harmful behaviour) • Self-harm by the young person • Young person mental health • LD/Disability (Diagnosed or EHCP) • Exclusions, not in education employment or training • Domestic Abuse, witness and perpetrator • Parental issues (mental health, substance misuse and offending) • Peer on peer violence • Significant history/referral • Behaviour ASB • Missing (frequency, type)

Partners in Practice
Putting children first

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