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Havering: Face to Face Pathways

Final evaluation report

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1. Key messages

Face to Face Pathways (F2FP) was an ambitious programme of change designed to embed social work systemic practice across the care pathway for young people on the edge of care, in care and leaving care. Key messages for sector leaders, commissioners and policy makers include:

- F2FP has the potential for extending systemically informed practice across the care pathway (edge of care, in care and leaving care services)
- Young people and families were overwhelmingly positive about their relationships with workers and largely experienced practice as strengths-based
- The Tilda Goldberg Centre (TGC) practice coding framework rates quality of practice across 5 key social work skills (collaboration, empathy, purposefulness, clarity of issues and child focus). Practice quality across all 5 skills was assessed as early implementation, with variations by skills and service
- F2FP aimed to embed co-production by working in partnership with young people and families to better adapt and tailor services to meet their needs. In practice, this proved challenging to implement. Practitioners attributed this to the nature of working within the statutory context (whereby risks have to be managed and duty of care to all young people balanced alongside reporting demands for care planning)
- The Cocoon (a dedicated leaving care drop in space) was as an enabler of more relational ways of working with young people. Attention to the environment in which relationships flourish was reported by young people as important
- F2FP implemented a “predictive modelling” approach to identify cohorts of young people at high risk of entry to care. No child entered care from cohorts 1 and 2. Around three-quarters of cases were stepped down or closed to statutory social work services. The estimated costs saved were approximately £150,000 per annum
- Intensively and systemically supported foster carers led to a reduction in residential care use. The costs avoided over a two year period were estimated at around £750,000. Once costs associated with implementation were calculated, estimated costs saved were around £12,000. The social benefits of a providing a stable and secure foster placement for young people were not costed.

2. Executive summary

Introduction

F2FP was an ambitious programme of change designed to embed systemic practice across the care pathway for young people on the edge of care, in care and leaving care.

The project

The project started in October 2017 and ended in October 2019. Key elements included:

- targeted, intensive work through the Families Together team (FTT) with young people on the edge of care and their families to prevent entry to care where appropriate
- adapting in-care provision to support 8 systemically trained and intensively supported foster carers ('pathways carers') to stabilise placements for children with complex needs and avoid the need to move children to residential care
- extending leaving care services to young people aged 14 through to 25 and introducing 'pathway co-ordinators' to support access to multi-agency services
- ensuring co-production is fully embedded and improving business intelligence to aid analysis, monitoring of progress and ability to better target resources

The evaluation

The evaluation adopted a mixed methods approach to identify the impact(s) of F2FP on service responses and outcomes. It consisted of three strands to understand the:

1. **process of change** from the perspective of professionals (23 interviews and focus groups with 60 staff and pathway carers were conducted at two time points)
2. **practice and service experience** drawing on comparative data collected at early implementation and towards the end of the programme (47 observations of direct practice, 43 coded for skill; 31 social worker questionnaires and 61 interviews with young people and families; 10 of which were conducted as follow up)
3. **performance outcomes** and costing data for 67 young people on the edge of care; 19 young people placed with pathway carers and 200+ care leavers

Key findings

- There was strong systemic leadership with senior managers trained systemically and supported by an in-house clinician service, led by qualified systemic family therapists. There was a clear strategy for improvement and systemically-informed practice model. Young people and families reported that practice was focused on their strengths and personalised to their needs. They were overwhelmingly positive about their relationships with workers, in the main describing them as caring and respectful.
- Practitioners identified that working in partnership with young people and families to co-produce service delivery and individual plans was in line with their value base. However, they reported finding it challenging to implement in practice. This was attributed to the nature of working within the statutory child welfare system whereby risks have to be managed and duty of care to all young people balanced.
- Systemic intent – that is, commitment to the principles of practicing systemically - was reported across staff roles and service areas. However, there was a gap between systemic intent by reported by staff and TGC's assessment of the quality of practice.
- TGC's practice coding framework rates quality of practice across 5 key social work skills (collaboration, empathy, purposefulness, clarity of issues and child focus) on a 5-point scale (with 3 as the 'anchor' to assess practice as more or less skilled).
- Over 750 recordings have been coded across a number of local authorities using the framework. Based on evaluation evidence conducted by TGC with local authorities, overall practice quality (overall average rating of 2.6) was comparable with standards of practice during early implementation in Family Safeguarding Hertfordshire. Practice quality across services remained static over the two time points.
- Average practice skills ratings mask the proportion of recordings that were rated as 3+ (average to good or excellent practice). For example, almost 90% of recordings were rated 3+ for purposefulness. It also masks differences by service, with highly skilled practice identified within the edge of care (FTT) service.
- Within the child safeguarding team, Intervention and Support Service (ISS) and leaving care services, analysis identified direct work as purposeful but sometimes focused too narrowly on the practical rather than the more relational dimensions of

young peoples' experiences. This was echoed by a significant minority of young people who reported that they did not seek emotional support via their worker

- FTT successfully reduced risk for children, with the majority (77%) of cases stepped down or closed. No child entered care from cohorts 1 and 2 and two children were returned home. F2FP exceeded expectations of reducing care entry of by 10% and multiple care episodes by 15% for these cohorts. The estimated costs saved were approximately £150,000 per annum
- F2FP aimed to reduce use of residential placements by 40%. Of the 19 children placed with pathway carers, just one child entered residential care. Over a two year period, the total estimated costs avoided were estimated at around £750,000. Once innovation set-up costs were taken into account, cost savings were just over £12,000
- Data on leaving care services were collated on a series of key performance indicators. Overall, improvements were not found in relation to: the proportion of care leavers in education, training or employment; had a pathway plan; whose accommodation was considered suitable; and who were able to stay on with their foster carers. This may, in part, reflect a more complex cohort of young people. Positive outcomes were noted for some sub-groups of care leavers, particularly the decrease in the proportion of unaccompanied asylum-seeking children (UASC) who were not in education, employment or training (NEET) (42% vs. 13% post-F2FP)

Lessons and implications

- Within recent years, there has been move toward embedding systemic practice in child in need and child protection services. F2FP demonstrates the potential for extending systemically informed practice across the care pathway
- Practice change is hard to achieve. It is dependent on strong leadership with a clearly articulated vision and consistent, high quality support for face to face practice through clinician input, supervision or practice coaching is essential for skills development
- The Cocoon (a dedicated leaving care drop in space) is critical to any understanding of F2FP. While not funded as part of the innovation, The Cocoon has facilitated co-production, increased accessibility of services and enhanced working relationships between workers and young people

3. Overview of the project

Face to Face Pathways (F2FP) was an ambitious programme of change designed to embed systemic social work across the care pathway for young people on the edge of care, in care and leaving care within the London Borough of Havering. Its aims were to integrate co-production with service delivery personalised to the needs of service users and systemic interventions to support successful transition to adulthood. F2FP was founded on systemic practice whereby direct work with young people and families is designed to be purposeful, planned and focused. F2FP included the following:

- targeted, intensive work with young people on the edge of care and their families to reduce the number of young people entering care where safe and appropriate
- adapting in-care provision to support 8 newly recruited systemically trained and intensively supported foster carers to care for children with complex needs
- extending leaving care services to young people aged 14 through to 25 and introducing 'pathway co-ordinators' to support access to multi-agency services
- embed coproduction by working in partnership with young people and families to better adapt and tailor services to meet their needs
- improving business intelligence to aid analysis, monitor progress and to map the journey of young people and families as a means to better target resources.

F2FP was delivered via a partnership with local bodies such as Havering Adult's Services, Housing department, North East London NHS Foundation Trust (NELFT), Child and Adolescent Mental Health Services, Havering College and the Police to deliver the multi-agency pathway.

Project context

Havering is the third largest London borough located on the northeast boundary of Greater London. Approximately 65,500 children and young people are aged under 19 (26% of the total population). Around 16% of children aged 16 and under are living in poverty (slightly lower than London (19%) and England (17%) averages). It is one of the

most ethnically homogenous areas in London, 83% of residents recorded as White British (LBH Joint Strategic Needs Assessment, 2019).

Children looked after in Havering

Havering has experienced greater levels of in-migration than any other London borough, resulting partly in an increase in numbers of children looked after (at 31 March 2018, 250 looked after children compared to 206 looked after children in 2014) (Havering JSNA, nd). This increase has put pressure on in-care service and resulted in young people increasingly placed in high-cost out-of-area placements. It has led to an increase in the number of care leavers.

Safeguarding adult review

In May 2016, a safeguarding adult review was commissioned (see Preston-Shoot, 2017). This was following the death of Ms A who had been a looked after child and had been in contact with many agencies locally. Recommendations from the review were wide-ranging, and included improving transition for young people and arrangements for managing complex cases where services were struggling to meet the needs of individuals. Recommendations informed F2FP's approach to working with care leavers.

Havering's improvement journey

In December 2016, Ofsted rated Havering's arrangements for the protection of children with an overall judgement of "requires improvement". During this period, a new senior leadership team was employed; including a new Director of Children's Services who came into post in June 2016. They embarked on a transformation programme known as "Face to Face" to redesign children's safeguarding services in line with systemic social work principles (see Appendix 1 for a description of Havering's model of practice). F2FP extends this practice model across the care pathway. In June 2018, 18 months after the previous inspection Ofsted inspected Havering's Children's Services again. The outcome of the inspection was "good". The report singled out the range and depth of support available to care leavers at The Cocoon, a new dedicated space on Romford High Street for care experienced children and young people, as "highly impressive".

Project aims and intended outcomes

F2FP aimed to support successful transition to adulthood for young people in Havering through multi-disciplinary practice that was relationship-based, co-produced and personalised to the needs of young people and families. Specific *intended* performance-level targets included:

- **Edge of care** – 10% reduction in the number of young people coming into care and 15% reduction in young people with multiple care episodes
- **In care** – 40% reduction in residential placements and subsequent reduction in cost of 15% from the placement budget
- **Leaving care** – 15% increase of young people in education, employment or training (EET); 25% in Staying Put Arrangements and 10% reduction in number of care leavers

Project activities

F2FP was funded through Round Two of the Children's Social Care Innovation Programme. The project started in October 2017 and ended in October 2019. There are five elements of F2FP:

1. **Edge of Care** services to implement an enhanced offer to young people and their families delivered via the Families Together Team (FTT) to prevent young people from entering the care system in the first instance and make the return home (where safe and appropriate) from care sustainable. Key features included:
 - Predictive analysis to identify children likely to require in-care services
 - Two family practitioners, one family therapist and systemic practice training and case consultation / practice support for edge of care practitioners
 - Bespoke family therapy offered to families and young people on the edge of care
2. **In-care** programme to implement an extended fostering offer to provider greater placement stability through supporting returns home, post-care mentoring and step-down to care for young people in residential placements. Key features included:

- Two systemic fostering units of four highly skilled and resilient in-house foster carers (known as 'Pathway Carers'), caring for up to eight children. Systemic practice training and therapy and support group for Pathways Carers
- Two advanced practitioner supervising social workers and one family therapist

A total of 14 Pathway Carers were recruited. The number of young people receiving the service extended to 10 children. Following predictive modelling, the age phase moved to include under 10s, whereas previously scoped for over 10s.

3. **Leaving care** programme to implement an innovative pathway to support young people in care in their transition to adulthood and enable access to partner services based on need rather than eligibility criteria of the agency.

- Six Pathway Coordinators (co-located in the leaving care service and 'another' agency such as housing); two Advanced Practitioner Social Workers and one Systemic Family Practitioner. Systemic practice training for the core team
- Multi-agency forum (the Transitions Panel) introduced and strengthened partnerships with council departments, public sector, and third sector

4. **Co-production** on both system wide and individual level working with young people and families to co-produce care plans and services. A key aim was to ensure representation in the programme planning, implementation and monitoring of F2FP.

- Partnerships with MAC-UK to work on coproduction model and See Change Films to support young people to portray their experiences through film and development of a Young Person's Shadow board

5. **Business intelligence** to aid analysis, monitor progress and to map the journey of young people as a means to better target resources. Key features included:

- One Business Intelligence Analyst and development of a new data warehouse to support intelligent use of data across the pathway and predictive model to identify young people most at risk of coming into care

Havering have progressed to improved use of "live" or daily data, via the implementation of a new social care recording system (live from 3rd December 2018) and Power BI, a software tool which enables data to be collated and analysed.

4. Overview of the evaluation

Evaluation questions

F2FP's theory of change assumes that by making changes to practice, outcomes across the care pathway will improve (see Appendix 2). Changes to practice include embedding systemically-informed practice, co-production and improved multi-disciplinary working. To capture the complex and ambitious nature of the innovation, a multi-faceted approach to evaluation was required. This was to identify evidence on outcomes for young people and families, impact on practice quality and mechanisms of change from the perspectives of staff from the organisation and partner agencies. The study attempts to answer the following research questions:

1. Has F2FP been implemented as planned and how has the process of change been experienced by practitioners?
2. To what degree have the intended changes in practice quality been delivered and what are the experiences of young people and families of the service?
3. What is the impact of F2FP on outcomes for young people across the care pathway? Specific sub-questions include:
 - Does the edge of care service reduce entry to care, including multiple re-admissions and where appropriate, accelerate safe return home?
 - Does systemically-supported foster care (pathway carers) reduce use of residential care and provide a secure and stable environment for young people?
 - Does F2FP reduce barriers to service provision and improve outcomes for care leavers as they transition to adulthood?
4. What are the cost implications of the project?

Evaluation methods

To answer these questions, the evaluation consisted of data collected in three strands. Table 1 outlines data collection by strand and time period (see Appendix 3 for a full description of data collection and methods).

The first strand of the study explored the **process of organisational change**. Interviews focused on the degree to which the core components of F2FP were understood and adopted by practitioners, noting differences by service where applicable. **Twenty three interviews and focus groups were conducted with 60 staff and pathway carers at two time points** (27 participants took part across both data collection phases).

The second strand involved a comparative analysis of **practice quality and the service experiences** of young people and families. This involved the following data collection: the observation and coding of a meeting between a worker and a young person or family to assess the quality of practice using TGC's social work skills coding framework with established reliability (please see Appendix 4 for a full explanation of the practice coding framework); a research interview following the meeting, and a worker questionnaire. These were designed to assess practice quality and service service to identify any change over time. Data were collected between April and September 2018 (early implementation) and April and September 2019 (once the innovation was further embedded, hereafter referred to as 'post F2FP'). This aspect of the evaluation was primarily focused on the experiences of young people using or transitioning to leaving care services. Young people were recruited from Leaving Care services, Havering's Intervention and Support Service (child in need service) and a small number of families working with FTT were included to capture practice at the edge of care. In total, **47 observations of direct practice (43 of which were codable for practice quality; 5 were too short in length to reliably code), 31 social worker questionnaires and 61 interviews with 55 young people and families (10 of which were follow up interviews)** took place.

The **performance outcomes strand** collected existing management information data on service use across edge of care, in care and leaving care services (specific outcomes measures are detailed in Appendix 3). For edge of care, analysis was based on a combined dataset for cohort one (start date April 2018) and cohort two (start date September 2018); 67 children in cohorts one and two. In care data were based on 19 children placed with pathway carers (September 2017 to August 2019). For leaving care services, data was collated for 201 young people at baseline or the start of the innovation

(November 2017) and 265 young people post-implementation of F2FP (June 2019). Cost benefit analysis (fiscal costs only) were applied to edge of care and in care service.

Table 1: Total data collected across three strands and time period

Source of Data			
Performance outcomes study			Total cohort size
Edge of care		All young people allocated to FTT (cohort 1 and 2)	67
In care (pathway carers)		All young people placed with pathway carer	19
	Baseline	Post-F2FP	
Leaving care	201	265	-
Practice and Service Experience Study		Early-F2FP	Post-F2FP
Observations of practice	23	24	47
Coded observation of practice	20	23	43
Young people/family interviews (T1)	23	28	51
Young people/family interviews (T2)	06	03	09
Young people/family interviews (T3)	00	01	01
Social Workers Questionnaire	14	17	31
Process of Change Data		Early-F2FP	Post-F2FP
Interviews and focus groups	11	12	23

Changes to evaluation methods

There were two main changes to the original evaluation plan. First, it was planned to recruit 30 young people and families and to follow up with them over the course of the evaluation. However, following up participants have proved problematic with only a small number (9) consenting to continuing to participate. This reflects a number of factors: disruption by Ofsted inspection (period of time when no data could be collected); combined with non-responses from participants due to other commitments; or no further desire to participate in the research. To ensure sample size was sufficient to enable

comparative analysis over time, the evaluation team recruited new young people and families during the second wave of data collection (April – September 2019).

Secondly, it was originally planned to create a new inter-agency dataset to assess level and changes in service use for young people within the leaving care cohort. The development of this dataset was to be supported by the “data warehouse” originally planned as part of the F2FP innovation. However, the data warehouse was not progressed by F2FP due to introduction of a new electronic social care recording system and improved use of “live” management systems data. In light of General Data Protection Regulations (GDPR), the inter-agency dataset proved too challenging to create and data were not available to assess any changes in access to partner agency services.

Limitations of the evaluation

The study has been successful at collecting data from young people and families at a first interview (T1). It was less successful in obtaining data from young people and families at a second interview (T2) or subsequent follow ups. 51 interviews were undertaken at T1 and 9 at T2, meaning an attrition rate of 82%. The high level of attrition means that the number of follow up interviews were too small (9) for meaningful analysis of the impact of practice quality on individual outcomes and distance travelled for young people and families. However, nine in-depth case studies have been created (Appendix 5 includes an example case study but others not included due to space restrictions).

The evaluation approach sought to provide an assessment of impact during, rather than when the innovation had ended. In line with experiences of evaluating projects within Round 1 of the Children’s Innovation Programme, a particular challenge has therefore been evaluating a service while the service is in the process of implementing change (Forrester et al., 2017). The core elements of F2FP went live at different stages, with workers recruited to deliver different parts of the innovation at different times.

At the same time, it is important to understand how both the local and national context impacted F2FP’s development. Of particular relevance was the opening of The Cocoon. Although not specifically part of the F2FP programme, The Cocoon enabled workers to engage differently with young people in their own dedicated leaving care space. National

policy also evolved significantly within the lifespan of F2FP with an extended duty to provide personal advisor support to all care leavers - where requested - until the age of 25. This was an element that F2FP had planned to introduce as an innovation but then became mainstream policy. It should also be noted that an Ofsted inspection was undertaken during the implementation of the innovation programme, illustrating that while all this was on-going it was necessary to manage the usual challenges of delivering Children's Services.

Finally, there were a number of challenges when analysing population outcome datasets for care leavers. This included incomplete data cleansing process in the local authority system e.g. some variables contradicted each other e.g. educational, employment and training (EET) status compared with 'activity' status. No data were available at post-F2FP for the variables concerning changes in accommodation or worker and there was a high level of missing data for 'closed cases' (see Appendix 3 for a full explanation of outcomes measures analysed for leaving care services). These challenges mean that findings should be treated with caution.

5. Key findings

Process of change study

This section assesses the degree to which the core components of F2FP were understood and adopted by practitioners. It draws on diffusion of innovations (DoI) theory to help us better understand the key mechanisms of change and how the reforms were adopted by staff, pathway carers and partner agencies. DoI has been shown to be a helpful theory for understanding successful implementation of multi-disciplinary working in children's services (Bostock et al., 2018).

Understanding F2FP

Developing a common understanding and in some projects, language, has been a feature across successful service transformations (Bostock et al., 2017; Forrester et al. 2017; Luckock et al. 2017). This is dependent on strong leadership to communicate the vision for improvement and create the conditions for innovation (Trowler, 2018). Since coming into post in 2016, the senior management team (SMT) in Havering has embarked on a transformation programme known as "Face to Face" to redesign children's safeguarding services in line with systemic social work principles. They were trained in systemic social work practice and were supported by an in-house clinician service.

The core components of the F2FP programme were introduced to frontline staff by SMT via consultations sessions and team meetings. A striking finding from staff interviews was the remarkably cohesive narrative about F2FP's practice model. This was impressive given the breadth of programme reach. In describing the F2FP ethos, direct practice was privileged over processes and understanding the unique position of service users consistently reported:

"It's about spending time with the people that you work with and prioritising their experience of the service, rather than worrying about whether we did the processes correctly and whether it's written nicely. So you're literally face to face with them and trying to understand their world to then improve their experience of the service they receive from us" (social worker)

Embedding F2FP's key elements

Embedding innovation successfully in children's services is associated with five attributes of rapid diffusion (Brown, 2015; Bostock et al., 2018). When applied to data provided by staff, these attributes help us understand why some aspects of F2FP were more readily adopted than others by practitioners. DOI defines five innovation attributes as essential for rapid diffusion: (1) relative advantage over current practice; (2) compatibility with existing values and practices; (3) complexity or simplicity of implementation; (4) trialability or piloting of new ideas; and (5) observability or seeing results swiftly (Rogers, 1995).

Systemic social work practice

Over recent years, systemic social work practice has been the focus for reform in many child in need services (Cameron et al., 2016; Laird et al., 2017; Sebba et al., 2017). F2FP extends this approach to children, young people and families using edge of care, in care and leaving care services. Systemic social work practice is informed by the principles of systemic family therapy and adapted to the child welfare context. It is focused on people's relationships and interactions with the wider social and economic context as a means of understanding their experiences to effect change (Forrester et al., 2013). Workers reported systemic intent across the care pathway, suggesting that conditions were supportive to embed practice change.

- practitioners consistently reported appreciating the relative advantage of systemic practice as privileging the relationship with young people and families over service-led processes and agency-driven objectives: *"systemic means working with and around families to meet their needs, instead of them working around us to meet service needs"* (leaving care worker)
- working systemically was viewed by practitioners as compatible with social work values in terms of being strengths-based and shifting 'ownership' towards young people and families to enable collaborative solutions to problems faced: *"it's about helping them think about the strengths within their family so that we can start to think about those relationships differently and what change they think might be helpful. It's about helping families set out a plan which they own"* (SMT interview)

- While practitioners recognised that systemic social work was complex to practice and “*daunting*” at times, support was identified from the clinical service to embed challenging concepts into everyday conversations: “*it was all new, a whole new way of working and I think we had to build our confidence and adapt, like reframing [negatives as positives] that was challenging, [clinician] helped me with that*” (FTT worker)
- Where practitioners observed positive results from practicing systemically, such as stabilising placements or keeping families together, this encouraged workers to continually adapt their practice despite any challenges: “*so what might start off a challenge, when it turns out the opposite, they want more*” (Pathway practitioner)

Co-production

There are synergies between systemic practice and co-production in that professionals and service users work together to co-design or co-create solutions as partners (Needham and Carr, 2009; SCIE 2015). Co-production dovetails neatly with systemically-informed social work practice that foregrounds service users as experts within their own unique situation and privileges multiple perspectives. Although it is recognised in child protection social work that not all solutions are acceptable to protect the welfare of children (Koglek and Wright, 2013).

Co-production operated at different levels within F2FP with a specific focus on care leavers. At a strategic level there was a desire by SMT to embed co-production into corporate parenting structures enabling young people to meet with elected members. At a service structure level, the Youth Management Board in The Cocoon was created to enable young people to assume ownership of their own dedicated, care leaving space (supported in the first year via a partnership with MAC-UK). At day-to-day practice level, there was commitment to co-produce pathway plans based on mutually agreed goals and co-created solutions.

Workers from across services consistently reported that co-production was in line with their value base in terms of “*working with rather than doing to*” young people and families. However, embedding coproduction meaningfully was found to be challenging. Workers in Leaving Care noted tensions between the “*ideal model of co-production*” and

working within the wider statutory child welfare system whereby risks have to be managed and duty of care to all young people balanced: *“I think complete co-production is quite difficult. There is a level of boundaries we need for health and safety for staff but equally for young people because The Cocoon is a place for everybody to feel safe. So what level of co-production is possible in a statutory setting?”* (leaving care worker).

In practice, managing these tensions slowed adoption of co-production. It was recognised that further work was required to build a shared understanding of co-production: *“I think the young people had one thing in mind and I think the service had another thing in mind and it didn’t meet in the middle ... young people were being asked a lot of things but maybe things that they wanted weren’t being produced. There’s potential but there’s a lot to do”* (SMT interview).

The complexities of co-producing plans with young people were also noted. Pathway planning was sometimes characterised as process driven or *“getting through the plan”* to ensure all domains were covered. Some of the difficulties related to the wider context and the pressures resulting from the increase in statutory duties towards care leavers and subsequent rise in the numbers of care leavers. Planning pressures have been reported previously as an inhibiting factor in innovation (Forrester et al., 2017).

Supporting transition through multi-agency working

F2FP aimed to develop practice that was personalised and responsive to needs rather than determined by service eligibility criteria. This was to be achieved via improved multi-disciplinary working. To operationalise multi-disciplinary working a number of new roles – the pathway coordinator post (6 new roles) – and a new multi-agency forum, the Transitions Panel were created. During the innovation period, a total of 36 young people have had their cases presented at the panel to improve the multi-agency response to their needs.

The relative advantage of multi-disciplinary working was consistently reported by practitioners as superseding a previous more siloed approach. Positive results were observable to practitioners and they noted that young people were enabled to access services from partner agencies more swiftly. For example, the pathway coordinator role was identified as *“opening doors”* for young people in a way that previously was

problematic. Working in partnership was viewed as compatible with social work practice and consistent with the values of working more holistically. Pathway coordinators were also identified by colleagues as supporting the smooth the transition from in-care to Leaving Care services: *“For one young person I’m working with, she’s very, very nervous about the transition to adulthood and about the change in services, so me having the pathway coordinator alongside me to meet her a little bit, has helped contain her anxiety”* (social worker). However, scope for improvement was noted by ISS workers concerning the process of allocation of the pathway coordinators to young people: *“Even little things like; is it social worker to make contact or the pathway coordinator to say “I’m now allocated to your young person”? Like how do we start that conversation?”* (ISS worker).

This approach was reinforced via the Transitions Panel whereby decisions concerning access to service provision were made quickly by senior managers: *“it’s no accident and quite right that senior people are around the table, you need to have people that can make happen what you’ve agreed and that can make concessions to flex some of the established [service] criteria in place”* (Transitions panel member). The Transitions Panel was viewed as improving risk assessment practice, enabling shared understanding of risk and enabling more risk aware practice rather than risk averse practice to flourish as young people transitioned to adulthood: *“It reduces the risk and you know that you’re not the only one holding within that risk, so that you can feel rest assured because you have the backing and support of others”* (Transitions panel member). The benefits of multi-agency working outweighed any risks, particularly where results were seen quickly for young people: *“so, budgeting, keeping up with your rent, having friends around who might cause problems to your neighbours; all of those things that might have caused issues in your tenancy, we’ve got a much better response now from Housing who are more flexible and willing to see whether we can do something before we move to a position of taking a tenancy away or those sorts of things”* (SMT interview).

Practice and service experience study

F2FP's theory of change assumes that by making changes to practice through a combination of coproduction, improving access to provision and developing a model of systemic practice specific to young people on the edge of care, in care and care leavers, outcomes across the care pathway will improve. A key question for the evaluation

therefore was: what was the impact of the F2FP approach on quality of practice and service experience of young people and families?

Forty three recorded observations of sessions between workers and young people or families were coded for key social work communication skills across five dimensions of practice (see Appendix 3 and 4 for further detail). They were coded using an established coding framework (Whittaker et al., 2016), adapted for use with children looked after and leaving care services (Newlands et al., in preparation). This assesses social work skills across five categories: (1) collaboration, (2) empathy, (3) purposefulness, (4) clarity of issues and (5) child focus (See Appendix 4 for a full description of the skills categories). Each dimension is coded on a 5-point scale, where “1” denotes a very low level of direct practice skill and “5” an extremely high level. The scale uses 3 as the ‘anchor’ or starting point and practice is rated as more or less skilled than that (Whittaker et al., 2016). In addition, the coding framework allows for the analysis of “relationship-building” skills (an aggregate of collaboration, empathy and child focus) and use of “respectful authority” skills (purposefulness and clarity of issues) to capture the holistic nature of the social work task.

Although there is a small but growing literature that analyses the complex interactions between social workers and service users (Ferguson, 2011; Hall et al. 2014; Koprowska; 2017; Saltiel, 2015; Winter et al. 2016), few studies have attempted to measure the quality of direct social work practice that is “live” with service users in their home, office or other locations. Over 750 recordings have been coded across a number of local authorities using TGC’s social work skills coding framework. Previous studies using framework suggests that normal social work practice is generally graded as low to middle range with scores averaging around 2.5 (Forrester et al., 2017; Wilkins et al., 2018). Nevertheless, statistically significant links have been found between the practice skills identified here and key outcomes for families, such as goal attainment and their rating for quality of family life. There is also a statistically significant link with fewer children entering care (Forrester et al., 2019).

F2FP practice quality

As previously noted, numbers of follow up interviews were too small for meaningful analysis of the impact of practice quality on individual outcomes and distance travelled.

However, it was possible to compare practice quality at two time points: early implementation (20 coded observations) and post-F2FP (23 coded observations). We also compare findings from the overall dataset (43 observations) with data collected on practice quality from a separate project at a similar stage in their innovation journey.

Average practice ratings

Table 2 below sets out the mean scores early-F2FP and post-F2FP. On average, they were between a 2 and 3 for each skill across both phases. There were some noteworthy differences by domain of direct practice. Relationship-building skills remained the same (2.5) across the two waves of data collection and there was a marginal but not statistically significant increase in authority-based skills (from 2.8 to 2.9). The small increase was largely driven by practice that was assessed as purposeful with a mean score of 3 across both phases. There was an increase in the skill of clarity of issues, increasing from 2.55 to 2.70. In other words, practice was more skilful in the domain of respectful authority e.g. practice was more purposeful and issues or in some cases, risks to young people better articulated than the domain of relationship building skills. There was a statistically significant correlation between relationship-building skills and authority-based skills ($p=.000$ and $r^2=.706$). This means any increase in relationship-building skills would also result in an increase in authority-based skills.

Table 2: Direct practice: analysis of skill early and post-F2FP

Skill	Early F2FP	Post F2FP	Mean across time points	Standard Deviation
Collaboration	2.70	2.74	2.72	0.98
Empathy	2.38	2.36	2.37	0.73
Purposefulness	3.10	3.13	3.12	0.58
Clarity of issues	2.55	2.70	2.63	0.90
Child focus	2.55	2.57	2.56	0.96
Total practice quality	2.58	2.60	2.59	0.70

Practice ratings by service

There were differences in overall practice quality and practice domain by service. Over time, FTT and ISS had increased levels of practice skills across relationship building and respectful authority, whereas Leaving Care experienced a slight decrease. FTT average level remained 3-4 (moderate to highly skilled practice) with the skills of collaboration and child focus rated highly with a mean score of 4.3. The majority of ISS skills were rated as 2-3 overall but collaboration and clarity of issues were approaching an average score of a 3 (increase from 2.5 to 2.9 and 2.8 to 2.9 respectively) and purposefulness increased from 3 to 3.3. The majority of skills within the Leaving Care service remained 2-3 overall, with the exception of empathy as a skill which had marginally reduced from 2.2 to an average rating of 2. It should be noted that the majority of codable observations were collected from Leaving Care (23) and ISS (15). Just 5 observations were collected from FTT reflecting that only two workers were employed as part of the innovation.

Comparative practice ratings

When compared with another local authority, where the TGC social work skills coding framework was applied to 42 practice recordings within children looked after and leaving care services, ratings for practice skills were broadly the same. Overall F2FP practice skills for ISS and Leaving Care were 2.4 compared with 2.6 in the comparator local authority. F2FP practice scores were marginally higher for respectful authority (2.8 compared with 2.7) whereas relationship-building skills were somewhat lower (2.3 compared with 2.6 (Bostock et al., 2019c). Such ratings were indicative of practice that is developing and reinforce the rationale for sustained support for practice to further embed innovation focused on improving practice quality. It should be noted that the comparative authority had been given an Ofsted rating of “good” for its past two inspections of in care and leaving care services (2012 and 2017). In comparison, Havering had moved from “require improvement” for children looked after with experience and progress of care leavers “inadequate” (2016) to “good” for experiences and progress of children in care and care leavers (2018). This suggests that Havering was embedding practice improvements in line with expectations given comparisons with a consistently “good” local authority, as assessed by Ofsted.

Proportion of practice rated as average or above

It should be noted that average practice skills ratings mask the proportion of recordings that are rated as 3+ (average to good or excellent practice). Analysis identified strengths relating to purposeful practice, with 88% of recordings rated as 3+ for purposefulness. Across practice skills, 17% of recordings were rated as “good” or “excellent”. This demonstrates that highly skilled practice was evident within F2FP but suggest that opportunities exist to support improvements in the relationship-building skills of empathy and child focus.

Practitioner talk

Practice ratings are based on how workers talk with young people or families. Table 3 provides examples of practitioner talk from three skills (Appendix 6, Table 10 for examples of skilled practice in each dimension of the coding framework). Practice that is rated as lower (2-3) using the TGC framework tends to be less curious, with practitioners talking more than service users, offering their point of view or to give information and advice that is not always solicited (Lynch et al., 2018). Where practice was rated as 2-3 within F2FP, practice was focused on the practical e.g. completing forms for college or sorting out problems with accessing benefits such as *“We have sorted out today, you’ve got your college application. We’ve contacted your GP. You’re going to come down to The Cocoon tomorrow, to go over your pathway plan. And you’re gonna put your appointments on the calendar”*. This in part reflects some of the practical nature of work within Leaving Care services, which rightly are focused on transition to adulthood and enabling access to services (Fauth et al. 2012).

However, a focus on the purely practical can limit opportunities for young people to express themselves and clarify what was important from their perspective. Such conversations were characterised by a series of closed questions with little room for young people to elaborate such as *“How is your flat? Cause the last time I came you had a problem with your heater? Did the boys sort it out?”* There were also fewer attempts to explore emotions or feelings as raised by the young person. Where attempts were made to explore their feelings, they were sometimes hurried or not followed up by the practitioner. In other examples, practitioners tended to rely on advice giving and directing (telling young people what to do) such as *“it’s about managing things in a calm way so that you don’t get hysterical”* rather than exploring feelings at an in-depth level.

Where practitioners communicated with a high level of curiosity – with practice recordings rated as either a 4 or a 5 – there was a consistent use of open ended questions and complex reflections, conveying their interest in the young person’s or families experience. This created opportunities for the young person or family to share their perspective and a sense of their unique situation surfaced through conversation. In these recordings, there was a noticeable attention to emotions and feelings, particularly the relational aspects of service user experience through use of reflective questioning to explore relationships: *“why might they be saying that? Is there another way of thinking about it?”* The approach was strengths-based and affirmations repeatedly used in conversations. Systemic concepts were audible with young people and families empowered to take ownership of their own solutions and issues identified.

Table 3: Examples of skilled practice by practice dimension

Skills: Assesses the extent to which the worker...	Example
<p>Collaboration:</p> <p>Incorporates families’ views and perspectives into the session and identify them as experts in their own experience</p>	<p>Should I tell you what the three things are that I think are important?”</p> <p>What ideas do you have about how we can prepare?</p>
<p>Purposefulness:</p> <p>Has a clear purpose that is communicated and negotiated with the family</p>	<p>I thought of some things that might be nice to talk about today but you don’t seem too calm... What is the most important thing [for you to talk about]?</p>
<p>Child focus:</p> <p>Structures the session around the needs of the family and adopts creative ways to build on relationships</p>	<p>Some days I am like ‘who is this young woman?’, when I look back at where we were when we first met. Here you are going off to university!</p>

Service experiences

Relationships with workers

Young people and families were overwhelmingly positive about their relationships with workers. Over 80% (43 out of 55 young people and families) felt they had positive relationships; often emphasising they were “bonded”, “close” and “comfortable” with their worker. They tended to cite familiarity, “knowing each other”, “trust” and “open communication” and at times familial or friendship terms like “big sister” or “aunty”.

A small number of young people reported ambivalence in their relationships, identifying a sense of wariness or mistrust (7); for example, two young people emphasised that they did not want to be “like friends” rather their relationship was “mutually professional and service user, nothing in between”. These responses seemed to be related to suspicion of professionals in general, a preference for self-reliance or in two cases, dislike of their worker. The majority of workers via the questionnaire also reported a positive relationship with their young people and families. They used the terms like “meaningful”, “open”, “trusting”, “honest” and “mutually respectful” to describe these relationships. Three workers reported that relationships were not positive due to lack of trust, language issues or anger directed at worker as representative of a “system” that had let the young person down over the years.

Overall, young people and families gave high scores on the Working Alliance Inventory (WAI). The WAI measured the degree to which service user and worker agreed goals of engagement, how to achieve goals and the level of personal bond experienced. These scores indicate that participants had a positive professional relationship with their worker. Average score provided by the workers on the WAI were broadly similar (see Appendix 7 for more information).

To understand whether young people and families experienced practice as strengths-based, we asked if workers told them that they were proud of them. Over 92% (46 out of 50) were confident that their worker was proud. Praise was described as motivating and supported them to keep going despite the challenges: “she’s always tells me that she’s proud of me...it just keeps me going, say you’re proud and I’ll keep going”.

Types of support

When asked, young people and families reported the following types of support: practical support (e.g. help with education and employment, budgeting and attending appointments); information and advice giving (e.g. independent living and signposting to other services); and emotional support (e.g. giving hope for the future, encouragement, confidence building and consistency of emotional support).

Ninety per cent (49 out of 55) of young people or families, identified at least one example of practical, information or advice-giving support. Practical support and information and advice giving was overwhelmingly described as 'good' by young people and families. For young people, support to develop independent skills or negotiate the complex benefits system was universally welcomed. This was particularly appreciated when young people were feeling uncomfortable or "*out their depth*", for example when they were liaising with other agencies: "*usually you are on your own with these things, but when you grow up you have to know them, but because I'm new to it all, [worker] has been really helpful*".

Emotional support was also consistently identified, with the importance of connection highlighted, particularly where workers took the time to proactively check in or emphasise their availability to talk as required: "*she made it very important and clear that if I needed someone to speak to someone or see anyone, I could because of the emotional time I'd been going through*". The majority of respondents could give an example of emotional support. However, descriptions of emotional support were often less elaborated than practical support and information and advice giving. Analysis showed that a significant minority of young people (13 out of 50) when directly asked in interview, reported that they were not accessing emotional support via their worker. This appeared to reflect a combination of self-reliance or not seeking support from workers and receiving support from others. This may be linked to a lack of worker confidence to provide the emotional support required as evidenced via lower practice ratings in empathy and child focus

Nevertheless, when asked, over 90% (25 out of 27) care leavers who responded to this question) thought that the support they received was adapted to their needs.

Service response

Young people and families were asked about worker's response to their needs. No difference was reported in worker response between early implementation and post-F2FP. The majority (92%) agreed that they saw their worker for about the right amount, 81% said that it was easy to get in contact and that overall sessions were rated positively. They valued proactive workers who "*got things done*" in a timely manner, opening dialogue where there were difficulties and keeping young people or families informed. Where less than positive service responses were reported, this was related to lack of responsiveness and action, processes that were not transparent or delays in decision making and a mistrust in the relationship. However, more than half (30 out of 55) reported that there was nothing that they wanted to change about working together.

Service use

To assess any changes in service use over time, young people and families were asked to identify which support services they had accessed during the early implementation phase of F2FP and post-F2FP. Across the edge of care, in care and leaving care services, our analysis showed that social care was identified by young people and families as the primary source of support at both time points. However, post-F2FP, there was an increase in the use of support services provided by other agencies such as housing, health and education. This was particularly apparent for care leavers. The number of services accessed by care leavers, particularly services from other agencies quadrupled. Young people were also more likely to be accessing multiple services, with between 1 and 4 services reported early implementation and between 1 and 7 post-F2FP. They were also more likely to be accessing more than 1 service post-F2FP, with a mean service use of 3 compared with 2 at early implementation.

Goals

Research shows that identifying and mutually agreeing goals with young people or family members is a central feature of planning processes and associated with positive outcomes (Lynch et al., in preparation). When asked to identify their goals for the future, young people and families reported that they had high aspirations. The most widely reported goal was education and employment (56%), while all the other goals were distributed between 3-11% (See Appendix 7 for full list of goals). When asked who or

what helps them achieve their goals, young people and families reported the following: relying on themselves to achieve their goals; support from social care or other professionals e.g. teachers; and friends and family members.

Shared understanding of goals

Workers were also asked to identify their goals for working with young people or family members. Generally social workers reported the same goals as young people and families. Workers identified an additional goal category of improving emotional wellbeing and mental health. In a sub sample (22 out of 55) of cases, data on goals identified were collected independently from young people or families and their workers. These data were used to assess the degree to which everyone agreed on goals. Analysis of responses showed that in over 68% (15) of cases, goals reported were identical or nearly identical. In contrast, in 33% (7) of cases, goals identified by workers were different from the goals identified by young people or families. When workers were asked if they thought that their goals were the same as young people or families, 4 out of 7 workers reported “yes”. This suggests that there had been some miscommunication or misunderstandings about goals identified or goals that had not been mutually agreed.

Co-production of plans

Co-producing plans was intended to be a vehicle to incorporate the expertise of service users into the decision-making and planning process in more meaningful ways. In total, just over half (55%) of young people and families reported that they had a plan. Of the young people and families who reported having a plan, 100% also reported that they felt involved in the planning process. When young people described their experience of planning as positive, they emphasised and welcomed the more relational aspects of the process – rather than focusing just on written plans *per se* – underscoring the importance of emotional connection: *“We don’t always sit and write it down. We’ll just talk about it which I think is better because I don’t like doing all that paperwork stuff. I just like to have a conversation because you get more human emotion with it”.*

Where young people reported more mixed experiences, this was related to power imbalances and a reported lack of involvement, creating in some cases anxiety over what was happening: *“I don’t really know what is going on that’s why I can’t be relaxed if I don’t*

know anything". Some young people (5 out of 19 who identified having a plan) highlighted the following issues with the planning process:

- Planning fatigue whereby multiple plans, sometimes over many years reduced the efficiency of the planning process from the perspective of young people: *"I've been under social services since I was 11 so I've had so many plans in place"*
- Lack of regular review, meaning that plans lost relevance or were not viewed as important by young people: *"I'm not really sure what happened to it, it's just something that you start doing, but it's not really a big thing"*
- Plans sometimes included sensitive information that young people did not think appropriate or necessary to the planning process: *"The wording the social workers use within their plan, some things that don't need to be said in it, some things that should be left out of it and just be left on your file"*

Workers reported that co-production in planning was challenging to embed, as it was compromised by planning pressures and the drive to ensure that statutory obligations were delivered and that all plans were recorded on the system.

The Cocoon

The Cocoon is critical to any understanding of F2FP. Whilst funded separately to F2FP (by the local authority) it has changed Havering's approach to working with care experienced young people. The Cocoon operates as drop-in on Romford High Street, offering a safe space for children in care and care leavers to access social support, meet with staff and progress their personal development. It provides opportunities such as training, additional education support, learning how to cook, as well as help with housing, health and benefits. It is also a place for young people to relax, watch TV or access the internet. There is a washing machine and food available. While workers were always looking for ways to improve the Cocoon, noting concerns about the costs of upkeep, they welcomed the way it enabled them to work differently with young people. They highlighted increased face to face contact, improved working relationships and getting to know young people more holistically, including with those they did not work directly with. Practitioners and young people noted that this supported the development of consistent, trusting relationships, including with team managers, who traditionally were more remote from young people. One worker described the Cocoon as like *"a family"*.

“It’s completely shifted the way we engage with young people, and the ability to create more informal relationships with young people, so it’s not just about formal process, there’s a much greater sense of informality, which really supported relationship building” (SMT interview)

Most young people appreciated The Cocoon. A small number reported not feeling comfortable at The Cocoon which largely reflected a desire not to mix with other children in care or care leavers. Critically, accessing emotional support in a relaxed space, where staff were understanding of their needs was consistently reported by the young people who used The Cocoon. Given that low levels of empathic practice were observed in the leaving care service, this is an important finding. This suggests that there is something about the environment that facilitated emotional support, which young people described as “*peaceful*”, “*relaxed*” and “*chilled*”. One young person described The Cocoon as “*home from home*” and another as a “*safe haven*”. This was facilitated by staff who were described as welcoming and supportive when feeling lonely or distressed.

“It’s just a chilled environment and there’s no stress, the workers that work there greet you and, when you come in, when you leave, you can just sit there. If you’re having a bad day then they appreciate that you’re having a bad day, so they don’t constantly, and it’s just a nice little area where you can just go and just, even if you just want to sit there and you don’t want to talk to anyone, they just let you, it’s good” (young person)

In its first year, setting up the Cocoon was supported by MAC-UK¹. This was designed to enable more relational, coproduced working practices and co-designing group-based activities. This was operationalised via the development of the Youth Management Board which meets once a month to discuss issues related to The Cocoon, such as the coproduction of policies or co-designing group-based activities. MAC-UK had high aspirations for coproduction and a genuine sharing of power between professionals and young people. From the perspective of Havering workers, they wondered if participation

¹ MAC-UK is mental health charity that works with young people in their communities rather than in clinics. They support young people and partner agencies to coproduce all aspects of service design and delivery. For more information on their approach, please access this link <https://www.mac-uk.org>

rather than coproduction was a more realistic aspiration, noting that coproduction was difficult in the statutory setting. This perhaps reflects some of the challenges of partnership working noted in previous innovations, whereby tensions have been noted about who “owned” the innovation which impacted adoption (Bostock et al., 2017). Nevertheless, both partners recognised that the consequences of not meeting high expectations were difficult:

“I know what it’s like for young people when things are being done not as well as they could be from a co-production perspective because it actually makes it worse in some ways because you’re like saying, “You have some power to make some decisions,” and then they don’t actually have that power to make decisions, so it’s kind of making it worse” (MAC-UK worker)

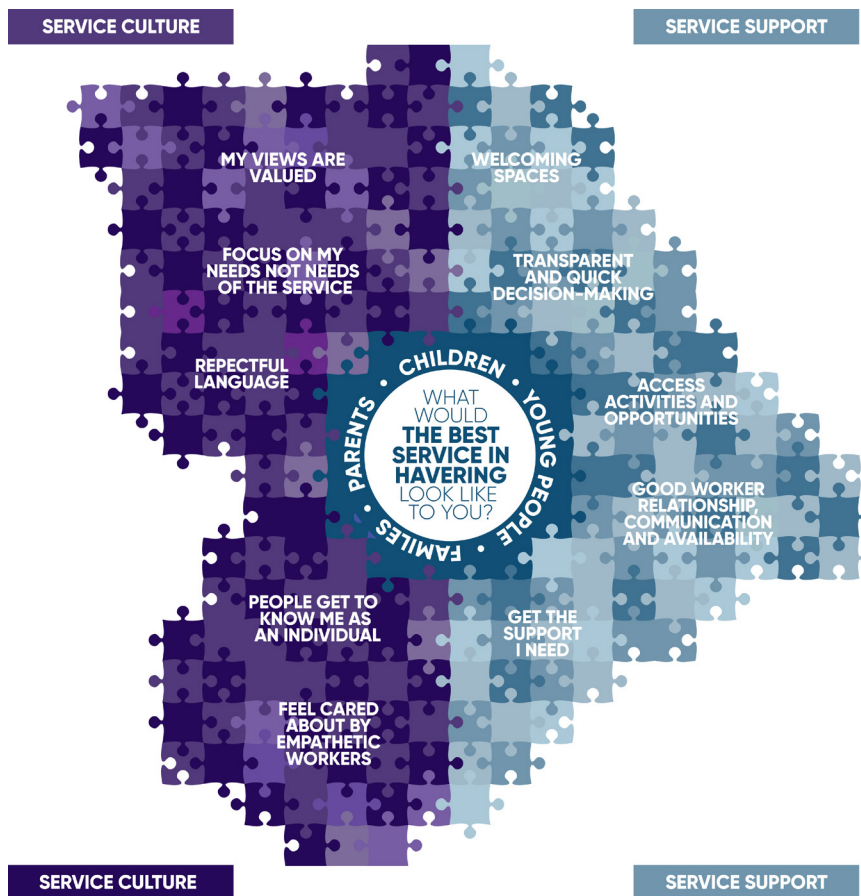
Best service in Havering

Young people and families were asked to identify what was important to them in terms of service culture and service provision (see Figure 1 for a visual representation of what the best service in Havering looked like from the perspective of young people and families). Forty eight participants identified the following features as integral to the best service:

- Essential features of service culture identified included: feeling valued; focused on needs; respectful; personalised; and caring approach
- Types of service support identified included: welcoming spaces; transparent and quick decision making; access to opportunities; good working relationships; and access to the right support, at the right time across agencies
- The successful provision of the features under service culture and service provision was associated with improved outcomes for young people and families including: improved life experiences, more confidence and control, less anxiety and stress, more stability and safety, and increased engagement with services

The essential features of service culture as identified by young people and families were largely provided by F2FP. Young people and families felt valued, identifying examples of where their worker was proud of them, that goals agreed were largely mutual and that workers were caring and respectful.

Figure 1: What would the best service in Havering look like?



Performance outcomes study

The final strand of the study examines evidence in relation to whether F2FP improved population outcomes across the care pathway.

The FTT model

The primary objective of the FTT service was to work with children 'on the edge of care' to keep families together, reduce entries and re-entries to care and, reduce time in care upon entry. All young people referred to FTT were identified via a predictive modelling technique developed by Havering as part of the innovation. This was based on an in-depth examination of case records to identify themes and characteristics associated with care entry, including high levels of family conflict, lack of parental empathy for the child, parental drug and alcohol misuse, parental mental health issues and a history of on-

going involvement with children's services. Discussions were held with senior managers about the themes identified, followed by panel review of all cases assessed as suitable for FTT intervention. In FTT, two family practitioners worked with a maximum of eight families each for a six-month period. They were based in the wider FTT service but only worked with families as identified via the predictive modelling technique. Workers were systemically trained and supported by a systemic family therapist and team manager. Supervision was undertaken weekly.

The FTT systemic phased approach

FTT's intervention focused on the whole family approach and was based on a phased model to support change for children. The first phase was about engaging with families and supporting them to think differently about change. The focus of the second phase, was teaching skills for change to enhance positive relationships with the family and wider system. The final phase reviewed skills and progress made to reinforce the preferred futures that families had started to create. This included drawing on narrative therapy and the importance of witnessing, whereby families were invited to identify who else in their social network might be interested in hearing about their progress as a means to support and sustain change for children.

FTT cohorts

Since the innovation started, FTT has worked with three cohorts. Analysis for the evaluation is based on a combined dataset for Cohort 1 (start date April 2018) and Cohort 2 (start date Sept 2018) only. There were 67 children in Cohort 1 and Cohort 2. Cohort 3 data (start date April 2019; n=34) was yet to complete at the time of writing. At the end of FTT intervention, no children had entered care and there was a decrease in the number and proportion of children who were the subject of Child in Need (CiN), Child Protection (CP) plans and Looked after Children (LAC) (see Table 4).

Table 4: Number / proportion of children in Cohort 1 and 2 FTT subject to a plan

Plan Type - Cohort 1/2	Number of children		% of children	
	Start of FTT	Current (Sept 19)	Start of FTT	Current (Sept 19)
None	0	42	0%	63%
Early Help	0	3	0%	5%
Child in Need	32	9	48%	13%
Child Protection	33	13	49%	19%
Looked After Children	2	0	3%	0%
Total	67	67	100%	100%

For Cohort 1 and 2, FTT prevented care entry in 99% of cases and in the case of 2 children in care at the start of the innovation, returning them home to the families. This compares favourably with other edge of care innovations based on systemic interventions, whereby 79% of children remained at home with their families (Bostock et al., 2017). FTT also demonstrated a high proportion of cases (77%) that had stepped down or closed, less than a quarter stayed the same (22%) and none stepped up. At September 2019, 67% of children were no longer subject to a social work plan.

Impact on costs

The estimated annual cost of the entire FTT team (excluding the Innovation Programme element) is £380,000pa. The costs avoided for Cohorts 1 and 2 demonstrates an estimated annualised saving of £149,688. Table 5 provides a breakdown of the annual costs of children's services intervention for those families that received a service via FTT. Costs avoided were calculated using the Manchester model (v. 20 updated 2019). The Manchester Model assumes that all plans are CiN (SS5.0 £1,701 Fiscal cost of CiN case for six months) and does not provide additional costs for CP plans. This means that cost

savings are likely to be conservative because the costs of child protection conferences are not included.

Table 5: Cost savings of FTT (cohorts 1 and 2)

Plan type and timeline	Costs and savings
No. on CiN/CP plan at start of FTT (Cohort 1 and 2)	67
No. children on plan at Sept 2019 (Cohort 1 and 2)	23
Reduction in no. children on plan	44
Cost of CiN plan per 6 months per child (Manchester v20; 2019)*	£1,701
Total savings in 6 months (Cohorts 1 and 2)	£74,844
Annualised savings (Cohorts 1 and 2; x2)	£149,688

The pathway carer’s programme approach

The primary objective of the ‘pathway carers’ programme was to provide a secure and stable environment for children with complex needs, who would likely be placed out of borough. Where safe and appropriate, it was hoped children would be returned home to their families. The aim was to recruit up to eight pathway carers. Pathway carers were provided with bespoke systemic training, provided in a small group setting. They were supported by two systemically trained advanced practitioners and input from a systemic family therapist. Pathway carers submitted a “daily log” to advanced practitioners, noting any concerns or support requirements. A weekly support group was well attended, which offered “refresher” sessions on systemic concepts and practice with young people as well as an opportunity to share experiences with other carers. Pathway carers reported that this enabled strengths-based practice and systemic concepts to embed, such as understanding the impact of trauma on children’s behaviour and how to reframe thinking, language and practice positively even in challenging circumstances.

In total, 14 carers were recruited to the pathway programme, exceeding initial aims. Retention was high with 12 carers remaining involved in the programme and two having left the programme. The majority (8) had completed systemic training, with the others part-completed or awaiting training.

Pathway placements

Of the 14 placements that started in the year 1, 6 were on-going and 8 placements ended. These placement moves were planned and considered to be in the best interests of the child. Of the eight placements that ended, 5 young people were placed with friends and family. The other 3 ceased for a variety of reasons, including 1 planned move to residential care. A small number of subsequent placement moves were reported for this group, in part reflecting their age with 3 young people subsequently turning 18 and two moving into semi-independent accommodation and one ceasing involvement with children's services. One young person initially placed with friends and family was now with an independent fostering agency. All placements that commenced in year 2 are on-going. Of the 13 children currently on the programme, 6 have been in placement for over a year. These data demonstrate a successful reduction in the use of residential care.

Placement costs

Table 6 sets out firstly, the actual fixed costs (staffing) and costs for all children placed with pathway carers; and secondly, the potential costs if all children had subsequently entered, and remained in the form of residential care provision as assumed at the time of placement with pathway carers. The average cost of an innovation placement for the current cohort was £541; for those where placements had ended it was £628. The total cost of pathways placements to date was calculated as the number of weeks in placement by actual cost per week. Total costs of the innovation including staff, training and placement costs was £738,177. To calculate, estimated costs avoided, the following assumptions were made. First, estimated savings were calculated on the basis of avoiding the costs of residential care of £1,000 (Havering estimate) per week. Second, all (100%) of children would otherwise been placed in residential care or with independent fostering agencies for the whole period (100%) of the pathway placement. The total estimated costs avoided was £750,571. Once innovation set-up costs (£738,177) are subtracted from potential costs of care (£750,571), the total estimated saving is £12,394. These calculations offer an indication of the costs each case would have incurred during the course of the innovation had pathway placements not existed. They do not include costs avoided associated with the social benefits of providing a stable and secure foster placement to young people whose needs were considered so complex that residential care was the preferred option.

Table 6: Costs of pathway carer programme over two years

Pathway carer programme activity	Costs and savings
Advanced Practitioner	182,000
Training	12,000
Family Therapist	59,000
<i>Total Fixed Costs</i>	253,000

F2FP's impact on Outcomes for care leavers

F2FP was designed to improve outcomes for care leavers and enable access to services on the basis of need rather than service eligibility criteria. To assess impact on outcomes over time, two datasets were collated on a series of routinely collected variables: baseline data (November 2017) for 201 young people and 265 young people post-implementation of F2FP data (June 2019). Of these, 140 young people appeared in both datasets, although a high proportion of young people's 'cases' had closed during F2FP and consequently, no data was recorded. As previously noted in the section on evaluation limitations, there were some challenges associated with this dataset largely related to data cleansing. Findings should therefore be treated with caution.

Profile of care leavers

The profile of care leavers changed post-F2FP:

- The number of young people who were unaccompanied asylum seeking children (UASC) increased by 42 from 26 (13%) at baseline to 68 or 26% of the total care leaver population post-F2FP
- A higher level of diversity in the ethnicity of young people post-F2FP; the proportion described as 'White British' decreased from one-third (63%) at baseline to one half (51%)
- The number of young women who were mothers increased from less than 10% to 32% and there were changes in relation to young people's category of need (see Tables 13 to 16 for additional care leaver data, Appendix 8)

Outcomes for care leavers

Overall, improvements were not found in relation to the proportion of care leaver in EET; with a pathway plan; whose accommodation was considered suitable; and who were in a 'staying put' arrangement. There was not a decrease in the overall cohort numbers.

- **Education, employment and training (EET)** – overall post implementation of F2FP there was a higher proportion of young people who were not in education, employment or training (NEET) (43% baseline vs. post 49%)
- However, for the cohort of UASC, there was improvement; a decrease in the proportion of young people who were NEET (42% baseline vs. 13% post F2FP)
- **Pathway plans** - the overall proportion of young people with a pathway plan decreased from 80% to 76%. Ensuring that all care leavers have a pathway plan as per statutory requirements remains a priority for Havering
- **Accommodation** - the proportion of young people with accommodation recorded as suitable decreased from 79% at baseline to 61%
- **Staying Put** - The number of young people in a 'Staying Put' with their foster carers decreased from 18 to 16 young people

6. Summary of findings on seven practice features and seven outcomes

Evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent programmes (Sebba et al., 2017). F2FP findings can be summarised as follows by the 7 + 7 framework.

Strengths-based practice framework – there was a shared understanding of the F2FP practice model across staff roles and service areas as strengths-based, co-produced and personalised to the needs of young people and families. Young people and families largely experienced practice as intended.

Using systemic approaches to social work practice – assessment of practice quality identified some examples of systemically-informed conversations (17% of all meetings). However, there was a gap between systemic intent – that is, committed to the principles of practicing systemically - by reported by staff and TGC's assessment of the quality of practice. Support from the clinical service was identified as a critical support for practice.

Enabling staff to do skilled direct work - practice quality across services remained static over the two time points. Based on evaluation evidence conducted by TGC with local authorities, overall quality of practice (overall average rating of 2.6) was comparable with standards of practice found during early implementation in other innovation projects. Average practice skills ratings mask the proportion of recordings that were rated as 3+ (average to good or excellent practice). For example, almost 90% of recordings were rated 3+ for purposefulness. It also masks differences by service, with highly skilled practice identified within the edge of care (FTT) service.

Multi-disciplinary skills sets - F2FP was designed to offer a multi-agency systemic service, partners were engaged via a new, dedicated Transitions Panel and a new role introduced (pathway coordinators) to improve access to services. Havering's new community space, The Cocoon supported care leavers to access specialist help from partner agencies.

Undertaking group based case discussion - although not a central focus for the evaluation, group based discussion was noted by frontline staff and pathway carers as important in building staff confidence in practice that was systemic and co-produced.

High intensity and consistency of practitioner - was built into the innovation across the care pathway. FTT was specifically designed to provide high intensity support to families. Both the pathway coordinator role and Transitions Panel aimed to ensure young people had seamless transition to leaving care and effective access to other services.

Having a whole family focus - FTT worked to a defined practice model that focused on engagement, relational and behaviour change and sustaining changes made by families without the need for further service intervention. Pathway carers were provided with intensive, systemically-informed support to stabilise placements for children with complex needs within a family environment.

Reducing risk for children - FTT had completed work with two cohorts of families (67 children) and 77% of their cases had stepped down or closed. The majority (67%) of children were no longer subject to a social work plan following FTT intervention.

Creating greater stability for children – over half of placements with pathway carers that started in year one ended as per the care plan and the rest were stable and on-going. Only one young person entered residential care.

Increasing wellbeing for children and families - to capture any increase in wellbeing, the following proxy measures were used for care leavers; proportion in employment, education and training, suitable accommodation, 'staying put' arrangements and with a pathway plan recorded. Overall, there were decreases in these measures.

Reducing days spent in state care – all of the children in FTT intervention cohort 1 and 2 were prevented from entering care and two children returned home to their families. Of the children living with pathway carers just one child entered residential care.

Generating better value for money - the estimated annualised cost savings for the edge of care intervention (FTT) was £149,688. For the pathway carers programme, the estimated costs avoided by not placing children in residential placements or with an independent fostering agency was £750,571. Once innovation costs were taken into

account, estimated costs avoided was £12,394 over a two year period. Estimated savings do not include costs avoided associated with the social benefits of providing a stable and secure foster placement to young people whose needs were considered so complex that residential care was the preferred option.

7. Lessons and implications

Findings from the evaluation suggest that F2FP was a model that has potential for extending systemically informed practice across the care pathway. This is dependent on strong leadership to communicate the vision for improvement and create the conditions for innovation. The core components of the F2FP programme were introduced to frontline staff by SMT via consultations sessions and team meetings. The senior leadership team were viewed as visible and available to the young people. There was a clear strategy for improvement in place as evidenced by Havering's most recent Ofsted inspection (July 2018). This rated their overall effectiveness of children's social care services as "good"; this was just 18 months after their previous inspection where improvement was required.

The essential features of service culture as identified by young people and families were largely provided by F2FP. Young people and families felt valued, identifying examples of where their worker was proud of them, that goals agreed were largely mutual and that workers were caring and respectful. They were overwhelmingly positive about their relationships with workers and identified the types of support provided as largely adapted to their needs. This was underlined by an increase in the number of support services used, particularly those provided by partner agencies. This increase was indicative that F2FP was working to ensure that young people had access to services that were responsive to their needs rather than determined by eligibility criteria. The Cocoon was described as a "*safe haven*" and reduced isolation in the community, whereby staff facilitated a welcoming space when young people were feeling distressed or lonely.

Yet the evaluation identified some conundrums: despite a leadership committed to delivering systemically informed practice and a largely enthusiastic workforce, a gap was identified between systemic intent and systemic practice that remained largely early implementation standards. Interviews with young people showed that a significant minority reported that they were not accessing emotional support via their worker. This may be linked to a lack of worker confidence to provide the emotional support required as evidenced via lower practice ratings in empathy and child focus. There are opportunities for on-going support for practice from Havering's clinical service to improve the relationship-building skills of empathy and child focus.

In addition, workers struggled to coproduce plans with young people, with a significant proportion unable to identify if they had a plan in place. This is confirmed via population level data, although caution should be exercised given data limitations. While this finding may reflect “planning fatigue” on behalf of young people, local authorities have a statutory duty to produce plans for young people detailing their needs and support services in place. Again, care planning pressures have been reported previously as an inhibiting factor in innovation (Forrester et al., 2017).

The evaluation reinforces findings from previous research that suggests that practice change is challenging to embed (Bostock et al., 2017; Forrester et al., 2017; Laird et al., 2017). Nevertheless, good or excellent practice was identified across services, most consistently within FTT. Where practitioners are supported by high quality supervision or practice coaching models, research suggests that direct practice quality is improved significantly (Bostock et al. 2019a; 2019b, 2019c; Wilkins et al., 2018).

Recommendations for policy and practice

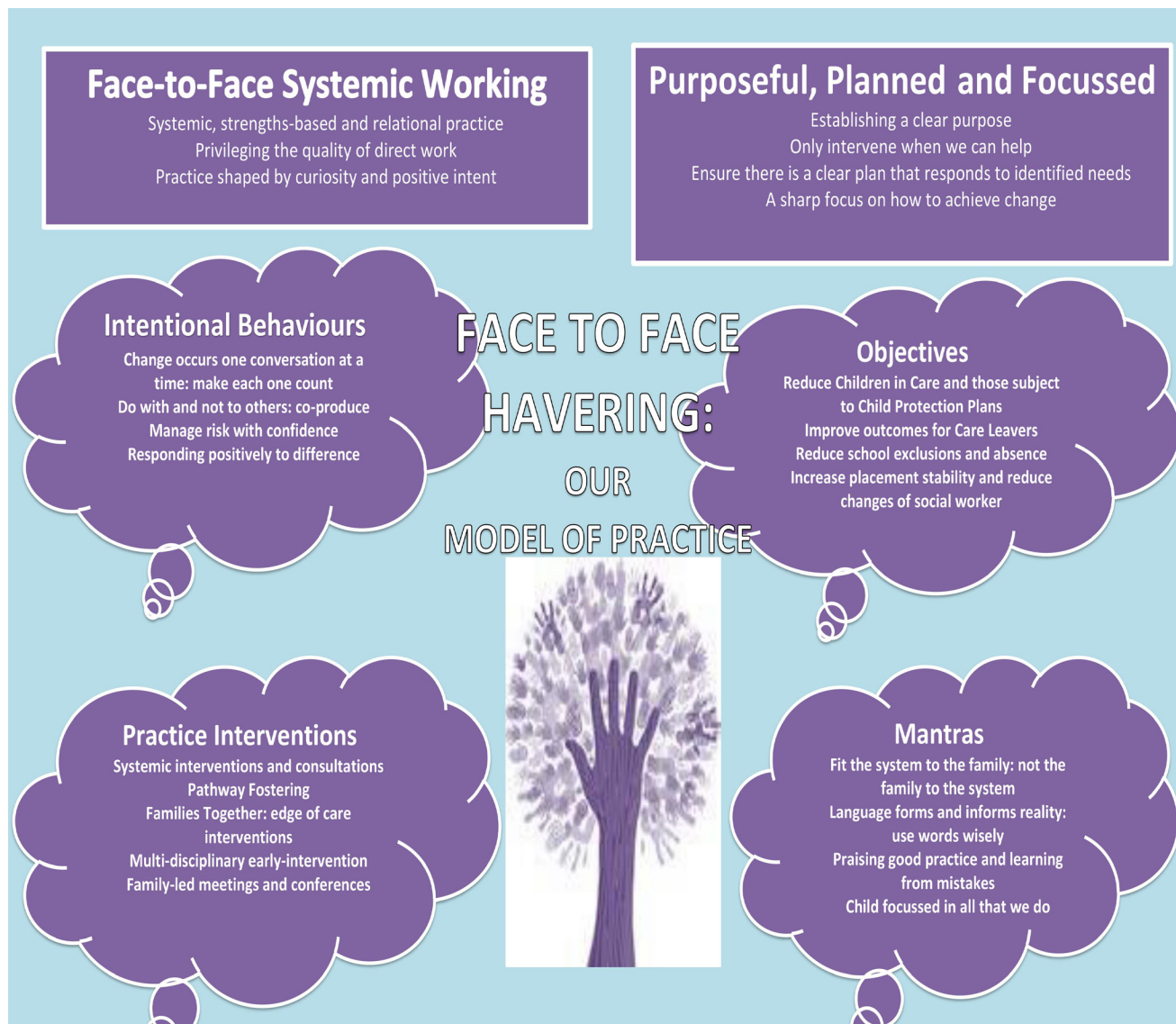
- Within recent years, there has been move toward embedding systemic practice in child in need and child protection services. F2FP demonstrates potential for extending systemically informed practice across the care pathway, privileging face to face practice over processes and understanding the unique position of service users to coproduce solutions identified
- Practice change is hard to achieve. It is dependent on strong leadership with a clearly articulated vision and consistent, high quality support for face to face practice through clinician input, supervision or practice coaching is essential for skills development
- It is recommended that Havering review its support for practice mechanisms by drawing on the expertise of their clinical service to focus on improving the relationship-building skills of empathy and child focus
- Further work is recommended to develop a shared understanding of ‘co-production’ at both the service and individual level and ensure pathway plans are completed
- The Cocoon is critical to any understanding of F2FP. While not funded as part of the innovation, it has been an integral part of Havering’s new approach to working with young people. The Cocoon has facilitated coproduction, increased accessibility of

services and enhanced more relational ways of working between workers and young people, enabling young people access emotional support in a relaxed space.

Appendix 1: Face to Face: Havering's model of practice

Havering has embarked on a transformation programme known as "Face to Face". This aims to redesign children's safeguarding services in line with systemic social work principles. Figure 2 outlines visually Havering's practice model.

Figure 2: Face to Face: Havering's model of practice



Appendix 2: Theory of change

Table 7 outlines F2FP's theory of change. This assumes that by making changes to practice through a combination of co-production, improving access to provision and developing a model of systemic practice specific to young people on the edge of care, in-care and care leavers, outcomes across the care pathway will improve.

Table 7: F2FP theory of change

Context and problem	Change to practice	Change inputs	Outputs	Outcomes
<p>Increase in demand on in-care and leaving care service areas due to high immigration from inner London</p> <p>20% increase in demand projected by 2020</p> <p>Increase in the number of young people aged 11-17 coming into care</p> <p>Lack of in-house care placements for young people aged 11-17</p> <p>Care leaving services offered only at 16 years and nine months</p>	<p>Edge of Care:</p> <p>Develop an enhanced offer to young people on the edge of care. This strand aims to prevent young people from entering the care system in the first instance and make the return home sustainable where a return home is feasible.</p>	<p>*2 Family Practitioners</p> <p>1 Family Therapist</p> <p>Systemic Practice training</p>	<p>Targeted intervention for young people in care with the view or returning home.</p> <p>Family Therapy offer to families and young people on the edge of care.</p> <p>Case consultations and practice support for Edge of Care practitioners.</p> <p>Highly skilled team using a common approach.</p>	<p>Financial Outcomes: 15% savings from placement budget</p> <p>Young People and Families Outcomes: 15% increase of Young People in EET</p> <p>25% increase in Young People in Staying Put Arrangements</p> <p>15% reductions in young people with multiple care episodes</p>

<p>Service “cliff edge” for young people leaving care</p> <p>High rates of missing episodes and NEET</p> <p>Historically poor outcomes for care leavers</p> <p>Inter-generational cycle of high level Children’s Services interventions</p> <p>Nearly 25% of care leavers are at risk of homelessness due to tenancy issues</p>	<p>In Care:</p> <p>Develop a highly skilled and resilient in-house care resource able to provide greater placement stability. To extend the role of the foster carer (pathway carers) to include supporting returns home, transitions to adulthood and post-care mentoring</p>	<p>2 units of systemic foster carers consisting of 4 carers each</p> <p>*2 Advanced Practitioner Supervising Social Workers</p> <p>1 Family Therapist</p> <p>Systemic practice training</p>	<p>Extended fostering offer to support with returns home and post-care mentoring.</p> <p>Step-down to care offer for young people in residential placements.</p> <p>Systemic training and support to pathway carers.</p> <p>Highly skilled care resource using a common approach</p>	<p>40% reduction in residential placements</p> <p>10% reduction in the number of young people coming into care</p> <p>*Indicate an existing resource that is being enhanced through the programme</p>
	<p>Leaving Care:</p> <p>Extend Leaving Care services to cover young people aged 14-25.</p> <p>Develop an improved pathway for young people as they prepare for adulthood.</p> <p>Enable access to services based on need not eligibility criteria.</p>	<p>6 Pathway Coordinators</p> <p>1 Advanced Practitioner Social Worker (now 2)</p> <p>Partnership with council departments, public sector, and third sector</p> <p>Systemic Practice training for core team</p>	<p>Pathway plans coproduced with young people</p> <p>Relationship-based approach to work with young people</p> <p>Access to services on the basis of need, not service eligibility criteria</p> <p>Multi-Agency Transitions Panel</p>	

			Highly skilled team using a common approach	
	<p>Coproduction:</p> <p>Develop and implement a model of youth engagement</p> <p>Working with young people to co-produce care plans and services</p> <p>Ensuring young people are instrumental in the programme planning, implementation and evaluation</p>	<p>Partnership with MAC-UK and INTEGRATE movement</p> <p>Partnership with See Change Films</p>	<p>Youth Management model</p> <p>Youth Management Board</p> <p>Co-produced care plans and services</p> <p>Representation in programme planning, monitoring, and evaluation</p> <p>Films produced by young people</p>	
	<p>Business Intelligence:</p> <p>Develop a data warehouse product to map the journey of young people and better target resources</p>	<p>Business Intelligence Developer</p> <p>Business Intelligence Analyst</p>	<p>Data warehouse product</p> <p>Intelligent use of data across the pathway</p> <p>Predictive model to identify young people most at risk of coming into care</p>	

Appendix 3: Further detail on methods and data collected

This appendix provides further detail on data collection and analysis to complement that in the main report.

Process of change study

The process of change study strand of the evaluation explored the process of organisational change: interviews with frontline staff, pathway carers and senior managers and partner agencies across two time points. Table 8 outlines participant numbers by team or role, interview type and time period. Twenty seven participants took part across both data collection phases. In total, 60 staff and pathway carers took part in the process of change study.

Table 8: Process of change study: Data collected by service and time period

Focus groups			
Participants	Early-F2FP	Post-F2FP	<i>Total</i>
FTT	4	4	8
Leaving Care	5	6	11
ISS	7	6	13
Pathway Carers	9	10	19
Pathway Practitioners	0	2	2
Partner Agencies	8	8	16
Total	33	36	69
Interviews			
	Early-F2FP	Post-F2FP	<i>Total</i>
Senior managers	9	9	18
Total	9	9	18

Practice and service experience study

The practice and service experience study involved a comparative analysis of practice quality and service experiences of young people and families. This aspect of the evaluation was primarily focused on the experiences of young people using or transitioning to leaving care services. Young people were recruited from Havering's Intervention and Support Service (child in need service) and Leaving Care service. Under the Children (Leaving Care) Act 2000, all young people aged 16 and above that meet certain criteria are entitled to leaving care support. F2FP planned to extend this support to young people aged 14 and above to ensure smoother transition to adulthood. Hence, young people were recruited via ISS to assess any changes in service experience. A small number of families working with FTT were included to capture practice at the edge of care, designed to keep families together. Data were collected between April and September 2018 (early implementation) and April and September 2019 (once the innovation was further embedded or post F2FP).

Workers were asked to identify young people or families and an assessment was undertaken by researchers to identify any known risks and/or needs associated with participation. Once completed, workers asked potential participants to verbally consent to take part in the study. The overall response rate was 73% (or 55 out of 75 young people or families) who initially consented to participate in the study.

In total, data was collected from 55 participants (50 young people and 5 families). Of these, 47 participants consented to have a meeting with their worker recorded by researchers. Of the 47 practice recordings collected, 43 were over 15 minutes long and hence codable for practice quality.

Data collection involved: the observation and coding of a meeting between a worker and a young person or family; a research interview following the meeting; and a worker questionnaire. An attempt was made to follow up individual outcomes through a research interview three months later but the numbers were too small to allow meaningful analysis of these data. However, nine in-depth case studies have been created (Appendix 5 includes an example case study).

Data were collected in the following areas:

- observations of practice: where young people or families agreed, meetings with workers were observed, recorded and coded for key social work skills using a skills coding framework with established reliability (see Appendix 4)
- young people/family interviews: gathered evidence on their experience of the service, relationships with workers, goals, planning and coproduction, using standardised measures for key elements of wellbeing
- follow-up interviews: three months later an interview was carried out with young people/families, exploring their experience of the service, whether agreed goals had been achieved, and changes in standardised instruments and other outcome measures
- social worker questionnaires: social workers completed a questionnaire outlining the degree to which goals in work were achieved and the support that workers felt had been provided for their work

Data collected by service and time period is summarised in Table 9.

Table 9: Practice and service service study: Data collected by service and time period

	Early-F2FP			Post-F2FP			<i>Total</i>
	FTT	ISS	LC	FTT	ISS	LC	
Observations	2	9	12	3	7	14	47
Coded observations	2	8	10	3	7	13	43
Interview (T1)	2	8	13	2	8	18	51
Interview (T2)	1	1	4	0	0	3	9
Interview (T3)	0	0	0	0	0	1	1
Worker questionnaire	2	8	4	3	3	11	31

Participants consented to different aspects of the research process: some consented to both observation and interview (37), some consented to interview only (13), others consented to follow up interviews (9) and some consented to observation of a meeting with their worker only (5). Of 55 young people and families who participated in research, five took part across both phases of data collection (early implementation and post-F2FP).

Performance outcomes study

Finally, performance outcomes data was collated on service use across edge of care, in care and leaving care services. For edge of care, analysis is based on a combined dataset for cohort one (start date April 2018) and cohort two (start date September 2018). There were 67 children in cohorts one and two. In care data were based on 19 children placed with pathway carers (September 2017 to August 2019). For leaving care services, data was collated on a series of key performance indicators to assess the impact of F2FP. Data was collated for 201 young people at baseline or the start of the innovation (November 2017) and 265 young people post-implementation of F2FP (June 2019). Table 10 outlines variables collated by service.

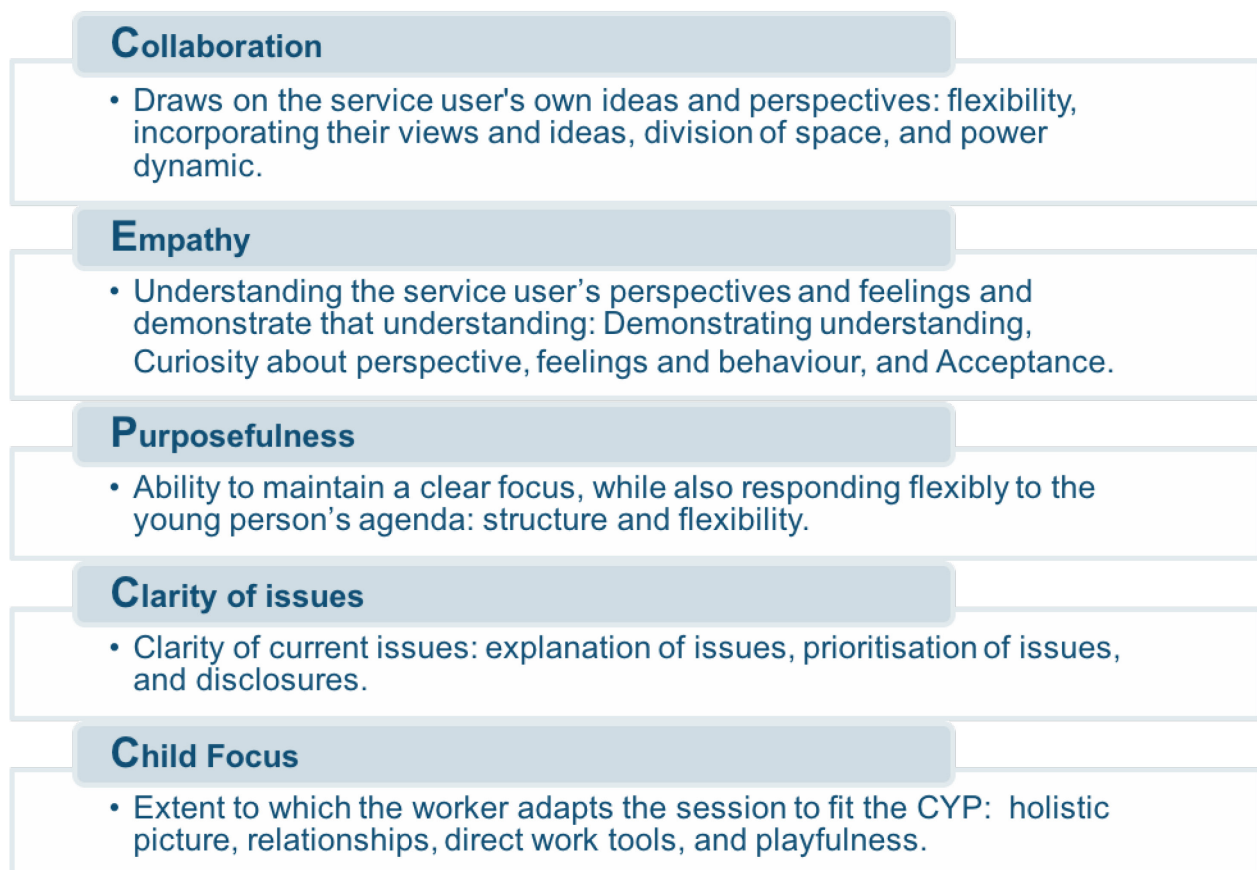
Table 10: Performance outcomes study: Variables collated by service

Edge of care	In care	Leaving care
<ul style="list-style-type: none"> • Number of child in need cases • Number of child protection cases • Number of looked after children • Care entry • Plan type at end of cohort period e.g. early help, child in need etc. 	<ul style="list-style-type: none"> • Placement type e.g. pathway carer, residential care • Placement duration • Placement type at the end of pathway placement e.g. return home, residential care etc. 	<ul style="list-style-type: none"> • Accommodation type • Suitability of accommodation • Staying put arrangements • Number of young people in education, employment and training (EET) • Pathway plans recorded • Total number of pathway plans • Consistency of worker • Placement moves

Appendix 4: TGC's practice coding framework: summary of five skills assessed

Where young people or families agreed, meetings with workers were observed, recorded and coded for key social work skills using a skills coding framework with established reliability (see Figure 3). The coding framework assessed the degree to which workers were practising skilfully across five key dimensions: collaboration, empathy, purposefulness, clarity of issues and child focus (see below for more information). Each recording was analysed and given a score on a 5-point scale (1- low skill, 3=average skill, 5=high skill).

Figure 3: TGC's practice coding framework: summary of five skills assessed



Appendix 5: Example of a case study: care leaver

Figure 4: Example of a case study

<p style="text-align: center;">Case Profile</p> <p style="text-align: center;">Age: 21</p> <p style="text-align: center;">Gender: Male</p> <p style="text-align: center;">Team: Leaving care</p>
<p style="text-align: center;">Relations with the worker</p> <ul style="list-style-type: none">• The young person described his relationship with the worker as “good” and “consistent”• He rated the meeting with the worker as very good but reported a need for improvement in sharing information and communication <p><i>“He’s funny, he’s very caring. He wants what is best for the children he looks after”</i></p> <p><i>“He makes you feel very comfortable and he makes you feel very homely”</i></p>
<p style="text-align: center;">Goals of the young person</p> <ul style="list-style-type: none">• The young person’s goal was to have a sustainable career in working with children• He thinks progress towards goals was because his worker pushed him when he lost interest; the only barrier to reaching his goals had been his own lack of motivation
<p style="text-align: center;">Services in Havering</p> <ul style="list-style-type: none">• The young person had not heard about Face to Face Pathways• The young person thinks that the communication opportunities for young people have improved in Havering in last 6 months <p>The Cocoon: Young person uses it often and thinks it helpful</p> <p>Pathway planning: Young person was changing his pathway plan to digital</p> <p>Young Person Management Board: Young person was a member</p>

Appendix 6: Examples of skilled practice by practice dimension

Table 11: Examples of skilled practice by practice dimension

Skills	Assesses the extent to which the worker...	Example
Collaboration	Incorporates young people/families' views and perspectives into the session and identify them as experts in their own experience	<p><i>"Should I tell you what the three things are that I think are important?"</i></p> <p><i>"What ideas do you have about how we can prepare?"</i></p>
Empathy	Demonstrates curiosity about, acceptance of and understanding of the young person/family's feelings, thoughts and experiences	<p><i>"It's really difficult when you're in the situation to talk about it, think about it, and feel it. It's really difficult"</i></p> <p><i>"If you were feeling stressed what would be your calm down mechanism?"</i></p>
Child focus	Structures the session around the needs of the young person/family and adopts creative ways to build on relationships	<p><i>"Some days I am like 'who is this young woman?', when I look back at where we were when we first met. Here you are going off to university"</i></p> <p><i>"Because you're doing so well at the moment. Everyone is really proud of you. The school think you're doing amazingly"</i></p>
Purposefulness	Has a clear purpose that is communicated and negotiated with the young person/family	<p><i>"I thought of some things that might be nice to talk about today but you don't seem too calm... What is the most important thing [for you to talk about]?"</i></p> <p><i>"Depending on how you are feeling today, I would quite like to get your ideas about these things. You telling what you need and I can type it up into your plan and then you can</i></p>

		<i>approve your plan. But I know you have had up and down two weeks so I really really want to check in about that really."</i>
Clarity of issues	Raises the issues and concerns and draws on the perspectives of the young people/family	<p><i>"I think if we roll back to the psychologist and give her an update on how you are doing, what would she say?"</i></p> <p><i>"It's like a good reminder that you have got a safety net if you need it. And I think that based on, it's really hard to come out of problem...so I think if we can give you that in the community for just a bit longer it makes things less stressful"</i></p>

Appendix 7: Data to support key findings

This appendix provides further information on data analysis to supplement findings in the main report.

Worker Alliance Inventory

The Working Alliance Inventory (WAI) measures the quality of the working relationship with their worker. It includes 3 sub-scales: 1) Goal (client and worker agreement on goals of engagement), 2) Task (client and worker agreement on how to achieve the goals), 3) Bond (the development of a personal bond between the worker and client). The average total scores obtained for each sub-category of WAI as measured on a 7-point scale were- Goal: 5.73, Tasks: 5.82, Bond: 6.08 with an overall aggregate score of 17.62 (out of the possible 21). These scores indicate that participants had a positive professional relationship with their worker. The average scores provided by the workers on the WAI were broadly similar (Goals: 5.52, Tasks: 5.40, Bond: 6.10 with an overall aggregate of 17.02, out of the possible 21).

Goals identified

The following types of goals were identified:

- education and employment (completing university education, starting a job)
- success and happiness (being happy, getting married, having a family, travel)
- housing and independence (move to semi-independent or independent accommodation)
- improved family relationships (including better communication, understanding emotions, managing conflicts)
- independent living skills (including cooking, driving, budgeting)
- reunification with children (seeking guardianship or custody of children)
- residency and safety (applying for passport, not wanting to return to the home country)

- and other goals (including ceasing Children's Services involvement or finishing probation order).

Number and proportion of children in FTT cohort

Table 12: Number / proportion of children in Cohort 1 and 2 FTT subject to a plan

Plan Type - Cohort 1/2	Number of children		% of children	
	Start of FTT	Current (Sept 19)	Start of FTT	Current (Sept 19)
None	0	42	0%	63%
Early Help	0	3	0%	5%
Child in Need	32	9	48%	13%
Child Protection	33	13	49%	19%
Looked After Children	2	0	3%	0%
Total	67	67	100%	100%
Pathway placement costs			485,177	
Total Costs			738,177	
Costs avoided			750,571	
Estimated savings			12,394	

Appendix 8: Additional care leaving data

This appendix provides breakdowns by category of need, profile and key performance indicators for care leavers.

Table 13: Care leavers: category of need

Leaving Care Cohort	Post-Innovation Cohort June 2019		Pre-Innovation Cohort November 2017	
	Number	%	Number	%
Category of Need				
N1 Abuse or neglect	70	26.4%	60	29.9%
N2 Child's disability	13	4.9%	14	7.0%
N3 Parental illness or disability	2	0.8%	0	0.0%
N4 Family in acute stress	23	8.7%	13	6.5%
N5 Family dysfunction	52	19.6%	47	23.4%
N6 Socially unacceptable behaviour	26	9.8%	15	7.5%
N7 Low income children	0	0.0%	1	0.5%
N8 Absent parenting	79	29.8%	46	22.9%
N9	0	0.0%	2	1.0%
N/a	0	0.0%	3	1.5%
Total cohort	265	100%	201	100%

Table 14: Number of young women who are mothers

Leaving Care Cohort	Post-Innovation Cohort June 2019		Pre-Innovation Cohort November 2017	
	Number	%	Number	%
Females who are mothers	35	31.8%	8	9.6%
All females	110		83	

Table 15: Education and training status (where data is available for open cases)

Leaving Care Cohort - open cases only, excludes children with disabilities (CAD)	Post-Innovation Cohort June 2019		Pre-Innovation Cohort November 2017	
	Number	%	Number	%
YP in Full time or part time education, training or employment	88	50.6%	108	57.1%
YP not in Full time or part time education, training or employment	86	49.4%	81	42.9%
Total	174	100.0%	189	100.0%

Table 16: Education and training status – open UASC cases only

Leaving Care Cohort - open UASC cases only	Post-Innovation Cohort June 2019		Pre-Innovation Cohort November 2017	
	Number	%	Number	%
YP in Full time or part time education, training or employment	40	87.0%	15	57.7%

YP not in Full time or part time education, training or employment	6	13.0%	11	42.3%
Total	46	100.0%	26	100.0%

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