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Coventry FACT22

Evaluation report

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Key messages

This report presents the findings of an evaluation of FACT22, a programme that was implemented in Coventry City Council and Catch22 (a third sector organisation who work on public service design and delivery), with the aim of improving service provision and outcomes for Children in Need (CIN) through a more personalised and intensive model of support. The project was funded by the Department for Education's (DfE) Children's Social Care (CSC) Innovation Programme. The key messages of the evaluation are set out below.

- The evaluation found quantitative evidence that FACT22 led to reduced re-referrals, reduced case closures, increased case duration (length of time a CIN plan is open for) and increased escalations (from Child In Need Plan to Child Protection Plan) compared to our comparator group.
 - The qualitative evidence suggested that FACT22's model fostered a deeper involvement in the lives of CIN families. One interpretation of the qualitative and quantitative results taken together is that increases in case length and escalations were driven by practitioners' having greater awareness of challenges faced by families, and reduced re-referrals were driven by more effective support leading to greater long-term stability.
 - Conversely, the quantitative results must be interpreted with caution. We cannot rule out the possibility that the observed differences in case closures, case duration and case escalations were driven by underlying unobserved differences between FACT22 and Coventry CSC cases, rather than the difference in service delivery. This is because the quasi-experimental method is limited and may suffer from selection bias.
- The qualitative evidence gathered by the evaluation suggests FACT22 had promising elements. These included:
 - The introduction of new types of practitioners, alongside FACT22's emphasis on intensive, frequent contact and a focus on solution finding and communication building for families. This helped re-set the relationship between families and support services and addressed issues of mistrust in statutory organisations.
 - Techniques such as mind-mapping and scrapbooks. These were effective in helping to improve family dynamics, especially when used with an emphasis on mutual respect and open communication with boundaries.
- The process evaluation found implementation of FACT22 can be complicated and requires careful planning. FACT22 is a significant departure from traditional social care support models, due its spoke and hub structure, introduction of new types of

practitioners and contract intensive approach. Incorporating FACT22 into the service offer requires close collaboration and strong partnerships between local authority and FACT22 staff.

Executive summary

Introduction

This report presents the findings of the Behavioural Insights Team's (BIT) evaluation of Coventry FACT22, a Children's Social Care (CSC) innovation project implemented in Coventry from April 2018 to March 2020. Coventry CSC and Catch22, a third sector organisation focusing on public service design and delivery, partnered to implement and deliver the programme. FACT22 was funded by the Department of Education's (DfE) CSC Innovation Programme (Innovation Programme hereafter) until July 2019, at which point Coventry City Council continued funding FACT22 until March 2020. We thank the DfE's Innovation Programme for supporting this evaluation through to March 2020. This evaluation adds to the existing evidence base for FACT22, which was previously implemented in Crewe as part of the round 1 Innovation Programme, and was evaluated by BIT in [2017](#).

The project

FACT22 provides support for Children in Need (CIN) and their families, specifically targeted for those that are subject to a CIN plan that has been open for an extended period (6 months or longer), and for low level, persistent neglect¹. Within this model, Family Practitioners (FPs), who are non-social work qualified staff, offer more intensive support to families, and work alongside qualified Advanced Social Workers (ASWs) who hold the statutory responsibility for cases and manage a team of FPs. The focus is on improving families' experience of, and engagement with social care support. This is to help motivate and embed change within families to help keep children safer, and improve the outcomes (as defined in Section 2, Evaluation Questions) of CIN.

The evaluation

The evaluation employs a mixed-methods approach where qualitative and quantitative research are combined and analysed in tandem. Qualitative insights are used to

¹ Where neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter or clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs (HMSO, 2006)

contextualise the findings from the quasi-experimental evaluation. The quasi-experimental evaluation provides insight as to whether something is effective by using statistical methods to construct a control group (which acts as a counterfactual), and the qualitative work helps us understand how and why it may be effective. The evaluation questions focus on the following three areas of interest: impact, implementation and process, and factors influencing effectiveness.

A qualitative approach was taken to explore questions relating to process and factors influencing effectiveness consisting of longitudinal case studies with families and practitioners, and process and working culture interviews with FACT22 staff. The 9 longitudinal case studies comprised 1 interview with a parent or guardian, 1 with a young person, and 1 with a practitioner working with the family. These were conducted through semi-structured interviews at two time points, roughly 9 months apart, to capture how perspectives and experiences changed over time. The process and culture interviews with FACT22 staff were similarly conducted through semi-structured interviews, at 2 time points roughly 9 months apart.

Questions related to the impact of the programme were addressed using the following quantitative methods: matched design (using coarsened exact matching to construct a comparator group); analysis of thematically codified case notes; and a survey of FACT22 and Coventry staff. Full detail about the impact evaluation and quantitative methods can be found in the Appendix 2.

Key findings

Implementation

The FACT22 model represents a significant departure from traditional models of support, due its spoke and hub structure, introduction of new types of practitioners and contract intensive approach. This means incorporating FACT22 into the service offer is complex as it requires close collaboration and strong partnerships between local authority and FACT22 staff. Implementation success is sensitive to contextual factors, for example a recent social care service organisational restructure in Coventry made integration more challenging due to staff feelings of potential employment uncertainty. The FACT22 service requires substantial buy-in from the local authority, however buy in was hampered by limited communication with senior Coventry partners and thus the cascading effect of limited buy in and communication at senior levels manifested in some confusion around referral criteria. This in turn affected a range of delivery challenges including introducing the service, appropriate case handovers and escalations back to CSC. For example, some cases did not have a recent CIN assessment before handover to FACT22 and FPs did not in all cases have the experience and skills to conduct statutory assessments to support timely decisions on escalation. As FACT22 utilises a

different operational model (spoke and hub) than traditional social care models, the job roles (i.e. ASWs) within this are unique and ensuring recruitment of staff with requisite work experience and who fulfil the role requirements is crucial. This proved difficult in some cases for FACT22 and highlighted the importance of staff training, support and close managerial oversight. Stability of funding and lack of planning for long-term sustainability of the FACT22 model (post innovation programme funding) was cited as a major cause of disruption, with uncertainty of future funding leading to staff turnover.

Impact

There was quantitative evidence FACT22 led to:

- Decreased case closures: CIN cases in FACT22 were less likely to be closed (without later escalation) than those supported by Coventry CSC (the comparator group).
- Increased case length: CIN cases in FACT22 were, on average open for a longer time than cases in the comparator group.
- Increased escalations: CIN cases in FACT22 were more likely to be escalated (from CIN status to Child Protection status) than cases in the comparator group.
- Decreased re-referrals: CIN cases in FACT22 were less likely to be re-referred to assessment within a year of their original referral than cases in the comparator group, with no cases in the treatment group being re-referred within a year.

However, the results for closure, escalation and re-referral rates were moderately sensitive to hypothetical unobserved case characteristics (for example, family motivation to change upon referral into the social care system) that could have influenced selection into FACT22. This indicates there is a moderate chance that these results were driven by our comparator group being a poor counterfactual, rather than FACT22 causing them directly.

Risk Analysis

To assess the impact of FACT22 on risk over time, we thematically coded of a sample of 36 case notes, 18 FACT22 and 18 Coventry CSC, at 2 points in time (6 months apart) using the framework detailed in Appendix 7. Total risk score is comprised of 3 elements: risk factors, protective factors and engagement factors. FACT22 cases were of lower total risk than their comparator cases in Coventry CSC at the time of referral. At follow-up (6 months after), we observe a greater decrease in total risk score in Coventry CSC

cases relative to FACT22 cases. This is solely driven by increased engagement in Coventry CSC cases, with engagement remaining unchanged in FACT22 cases. Changes in risk factors and protective factors were very similar between the groups.

Cost evaluation

The programme served 171 Children and Young People (CYP), we estimate that the cost per FACT22 case (i.e. per child) was £3,347.36 (in 2019).

Factors influencing effectiveness

The FACT22 programme was distinguished from the de facto approach to social work in Coventry CSC by more frequent and intensive contact, small caseloads, increased openness of relationship style, and a more extensive range of activities with families. The package of support meant that FPs had more time and resources, compared to social workers (SWs), to build more trusting relationships with families which created a close bond. FPs set clear boundaries that their role was time-limited, and supported families in building their social networks to empower families to be able to find solutions to problems once they no longer had the support of the FP. They also focussed on building relationship skills within the family including improving communication, building confidence and learning to manage and regulate behaviour and emotion.

We found that when this package of support was sufficiently applied (as described above), families reported experiencing increased stability within the family, as well as stability for the child and stability at the external level such as consistent school attendance. However, stability was not experienced in the same way or at the same frequency or intensity by all families which was likely influenced by external moderating factors outside of the intervention's control.

Lessons and implications

FACT22, is a spoke and hub model of service provision that provides a more intensive level of support through non-social work qualified practitioners. It is not straightforward to implement and requires careful planning. While the evaluation cannot be seen as providing strong evidence of impact, it paints a picture of a very promising programme that would justify testing on a larger scale and the greater investment that a more robust evaluation approach would require.

1. Overview of the project

Project context

Across several dimensions, children subject to a Child in Need (CIN) plan – the first rung of statutory social care² - experience worse outcomes than other children. In 2016/17, children subject to a CIN plan were 50% less likely to achieve a strong pass in English and Maths GCSEs (DfE, 2019). Before 2018, Coventry Children's Social Care (CSC) faced a multi-faceted problem of high levels of CIN plan re-referrals, alongside high numbers of children subject to long-standing CIN plans. Given the challenges faced by CIN, the longer they retain CIN status and/or the more times they are referred to social services, the greater the risk of them experiencing sub-optimal outcomes (DfE 2019). Within this context, the problems faced by Coventry CSC motivated an alternative approach to supporting these families.

Catch22, a third sector organisation who work on public service design and delivery, developed a spoke and hub model of social support that aims to improve the outcomes for CIN through a more personalised and intensive model of support, as recommended by the Troubled Families evaluation (Blade et al, 2016). Coventry CSC in partnership with Catch22 were commissioned as part of the Department for Education's (DfE) Innovation Programme to implement the spoke and hub model in East and West Coventry, where it was called FACT22. FACT22 sought to provide intensive support to CIN cases, which entailed the management and delivery of the work by non-social work qualified staff, a model which has shown promise in the United States (Peacock et al, 2013).

Project aims and intended outcomes

The overarching aims of the FACT22 programme are outlined below.

² Section 17 of the Children's Act 1989 definition of a Child in Need can be found [here](#). Child in Need (CIN) status is a broad definition spanning a wide range of children and adolescents, in need of varying types of support and intervention which includes all disabled children (unlike other children who must be assessed as in need, disabled children are classed as CIN by virtue of having a disability). The broad groups of children assessed to be CIN and who are receiving social support are: Child in Need Plan, Child Protection Plan (CPP), and Looked After Children (LAC). The first rung of this system is a Child in Need Plan. This is defined as a child who needs services to achieve a reasonable level of health and development. The local authority is responsible for determining what services should be provided.

1. Improve families' experience of, and engagement with social care support. This is to help motivate and embed change within families to help keep children safer, and improve the outcomes (as defined in Section 2, Evaluation Questions) of CIN
2. Develop new collaborative approaches to service delivery, through workforce and organisational learning with partner organisation, Catch22.
3. Deepen the evidence base by developing, adapting and testing the FACT22 model which has shown promising impact in a different setting.

The programme specifically focussed on working with families with a long-standing CIN plan (6 months or over), aiming to achieve the following service provision goals:

- I. decreased case drift (periods of time in which families make no progress towards objective set in CIN plan despite working with social services) and appropriate timely case closures, through decreased risk to, and increased protection around, children and young people (please refer to appendix 7 for examples of risk and protective factors).
- II. reduced case re-referrals to social care through achieving sustainable change.
- III. Reduced need to escalate cases to child protection (CP) and looked after child (LAC) plans.
- IV. appropriate escalations to CP and LAC status due to better identification of risk.
- V. Reduced social worker (SW) caseload (for SWs employed by Coventry CSC) due to cases being diverted to FACT22.
- VI. increased staff wellbeing³ (and decreased need for agency staff⁴).

Project activities

This project builds on a previous implementation of the spoke and hub model in Crewe (a town in Cheshire East Local Authority), which showed encouraging results but did not provide conclusive evidence of effectiveness, largely due to a relatively small sample size (Heal et al, 2017). Longer term measurement of outcomes in Crewe by Catch22 has also found promising impacts on re-referral rates, reporting a long-term decline. Coventry CSC has followed the approach taken in Crewe, embedding a new team and model of

³ Measured through a survey and interviews with practitioners.

⁴ We were unable to measure this.

practice in East and West Coventry, as they integrate the spoke and hub model of social support.

The key elements of the FACT22 programme are outlined below.

1. Family Practitioners (FPs), who are non-social work qualified staff, offer more intensive support (relative to traditional SW support) for families with a CIN plan for over 6 months, with a specific focus on those with a CIN plan for 12 months or longer. The FP support offer includes frequent and flexible contact time with families, including early mornings and weekends.
2. Advanced Social Workers (ASW), are SWs employed by Coventry City Council, who manage a team of 4 FPs, holding the statutory responsibility for cases supported by FPs.
3. FPs use a solution-focused approach with their families, having attended an in-depth bespoke 'Prevention and Intervention' training programme developed through and delivered by Eileen Murphy Consultants. This is based on Solution-Focused Brief Therapy (SFBT), a therapeutic technique that emphasises the positive assets held by the client and focuses on optimising these to achieve improvement. This has shown to be effective in early input interventions (Bond, 2013; Kelly, 2008).
4. Alongside FPs, volunteer Peer Mentors and Family Role Models work with children and parents to support families to sustain positive change after case closure (a period when they would no longer normally get support from CSC services).

The critical difference between this project and that which was implemented in Cheshire East, is the focus on CIN cases that have been open for 6 months or over. This decision was made in light of both the high numbers of long-standing CIN cases in Coventry at the time, and the findings from Project Crewe, which indicated that the model was particularly effective for families that had a previous involvement with social care services. Practically this meant FACT22 set out the following criteria to select cases for the programme:

- children who had been on a CIN Plan for 12 months (this could include children who had had a period of child protection planning as a subset of "CIN").
- once the above had been exhausted, cases that had been open to a CIN plan between 6-12 months.

- children who had been assessed (using the Child and Family Assessment tool) in the last 12 months or children who had an up-to-date CIN Review⁵ (within the last 6 months).

In response to a perception that there was an increased caseload (relative to average) in relation to families whose children may be in the first episode of CIN planning, in December 2018 the FACT22 steering group decided to supplement the above criteria, with the 2 additional criteria to receive FACT22 support set-out below:

- Children who had been assessed as a CIN for the first time and the subsequent plan was the first episode of CIN planning.
- Children who had been assessed as a CIN for the second time (within any time of their life) and the subsequent plan was the second episode of CIN planning.

However, after further review during February and March 2019, this decision was then reversed and it was agreed the programme would continue to focus on long-standing (6 plus months) CIN cases.

⁵ CIN plan review meetings are conducted at regular intervals (at least every three months), with the purpose of ensuring services provided are contributing to the achievement of the objectives set in the CIN plan, within the timescales decided.

2. Overview of the evaluation

Evaluation questions

The evaluation questions are centred around four main areas of interest: **the impact of FACT22 on family outcomes; the family experiences of FACT22; mechanisms of change** and the **barriers, facilitators and organisational challenges to programme delivery**. The specific research questions are set out in detail in Table 1 below:

Table 1: Evaluation Questions

Research Question	Metrics
Impact	
<p>To what extent does the FACT22 support model improve social care outcomes for children who have been on a CIN plan compared to the comparison group:</p> <ul style="list-style-type: none"> • Those between 6-11 months open • Those over 12 months open 	<ol style="list-style-type: none"> 1) Closure of CIN cases (without later escalation) 2) Length of CIN cases 3) Escalation of CIN cases (during study period) 4) Re-referral within 1 year of original referral associated with CIN cases (during study period)
Process	
<p>What are the range of family experiences of the intervention?</p>	<ol style="list-style-type: none"> 1) Families and FPs report change over time 2) Families feel more supported from services 3) Families feel more supported from the community 4) Young person feels more supported and that their voice is heard in matters that affect them. They can articulate the difference that the programme has made to them. 5) Family feels more supported, and that their voice is heard in matters that affect them. They can articulate the difference that the programme has made to them. 6) Families feel more empowered and able to improve their circumstances

How does the intervention affect neglect?	1) Families, young people, and FPs report change over time
What are the facilitators and barriers to implementing the intervention?	<ol style="list-style-type: none"> 1) What appears to hinder the intervention being implemented as intended? 2) What appears to facilitate the intervention being implemented as intended?

Evaluation methods

The evaluation began in January 2018 and ended in February 2020.

Impact evaluation

Our initial quantitative evaluation approach intended to employ a quasi-experimental difference-in-differences (DiD) method comparing social care districts or “wards” (East and West) within Coventry where FACT22 was present, to wards where it was not (Central and South). However, after reviewing interim data in July 2019, BIT concluded the planned approach was not feasible, or appropriate to implement in this context, primarily because families moved between geographical wards in Coventry meaning comparisons based on location were not valid (further detail is outlined in Appendix 3). The impact analysis of the FACT22 programme was therefore changed to be based on a matching approach⁶. This aims to construct a comparator group of CIN cases in Coventry with similar observable characteristics (e.g. time that CIN case started, family composition, previous interactions with CSC) to CIN cases that were selected for FACT22. Specifically, we want to account for all factors that affect both the likelihood of being selected for FACT22 and the CSC outcomes of interest. If the matching is successful, by accounting for all these factors we should be able to ascribe any remaining difference in outcomes to the effect of the intervention.

For this evaluation, we matched the group of children who participated in FACT22, to a group of children from Coventry who; were also receiving Coventry CSC support over the

⁶ Matching is a type of quasi-experimental evaluation design. It aims to find one or more non-treated units (for every treated unit) with similar observable characteristics with whom the effect of the treatment can be assessed. Matching as an approach to causal inference relies on the assumption that all differences between intervention and matched cases are observable and can be accounted for in analysis. Matching can introduce bias if unobserved characteristics influence programme participation or participant outcomes (HM Treasury, 2007).

same time period (April 2018 – August 2019), had similar case characteristics (i.e. no. of siblings, previous number of referrals) , and had a similar CIN plan start date. For example, a child who had been receiving support from FACT22 from June 2018 - but who had been subject to a CIN plan since October 2017 (and therefore had a CIN plan open for 6+ months) - would be matched to a child with: similar case characteristics, who had been receiving Coventry CSC support, and who's CIN plan had opened as close to October 2018 as possible. For full detail on our matching strategy please refer to Appendix 2.

Coventry CSC provided data of all open or closed CIN episodes (both FACT22 and Coventry CSC) in the period January 2017 to November 2019. After applying our matching method, our final analytical sample comprised 122 FACT22 cases⁷ (our treatment group), and 408 Coventry CSC cases⁸ (our control group). Please refer to Appendix 2 for a detailed outline of our main matching strategy.

After matching, we conducted regression analysis to compare our treatment and control groups on the outcomes described in the Evaluation questions section above. In all primary analysis, we control for available observable CIN characteristics. For further detail on our analytical strategy, please refer to Appendix 7.

In addition to the matching process and analytical strategy described above, the quantitative analysis involved the following elements.

- Sensitivity analysis, an approach used to check the robustness of findings and estimates which entails using an alternative statistical approach to the analysis and assessing to what extent results change. We employed different matching methods, different specifications and alternative statistical tests in our sensitivity analysis for this evaluation.
- Survey of FACT22 and Coventry staff to assess perceived staff stress in the workplace (using the Health and Safety Executive Standards Tool).
- Analysis of 36 case notes (18 FACT22, 18 Coventry CSC) at 2 time points (6 months apart) to understand how the total risk associated with cases has changed over time. Total risk is calculated by thematically codifying case notes according to the framework in Appendix 7.

⁷ Only 71% of all recorded FACT22 cases which were matched with at least 1 eligible Coventry CSC case. This reduces the statistical accuracy of our findings as it reduces our treatment sample size.

⁸ Statistical weights are applied to the matched Coventry CSC cases to form the 'comparator' group meaning some control group children are weighted more heavily in the analysis than others (control group children matched more closely to FACT22 children have

More detail about the impact evaluation and quantitative methods can be found in the Appendix 2.

Process evaluation

The process evaluation used 2 waves of case studies to explore the experiences of receiving the intervention, as set out below.

- Nine family case studies, comprising 1 interview with a parent or carer and 1 with a young person - when appropriate - conducted in spring 2019. Interviews with families attempted to understand their experience of the innovation, any perceived impacts and mechanisms.
- Five follow-up case studies in January and February 2020. Only 5 of the original 9 case studies agreed to a follow-up interview
- Two new families case studies - comprising 1 interview with a parent or carer and 1 with a young person - when appropriate - conducted in spring 2020. These supplemented the follow-up case studies given we were unable to interview 4 of the original 9 families.

In addition to the interviews with families, 4 interviews with key FACT22 staff were conducted in May 2019, with 2 further interviews in February 2020 to capture model and management evolution. The Framework (Ritchie et. al., 2013) approach was used to analyse the data, allowing a case and theme analysis to draw out the diversity of views and experiences. More detail about the qualitative evaluation design and methods can be found in the Appendix 5.

Limitations of the evaluation

There are three key limitations to the impact evaluation.

1. **The outcome indicators are ambiguous.** It is assumed that the outcome indicators - increased case closures and decreased escalations - are positive because they indicate that families have made progress. However, in some instances it may be cases remaining open, or being escalated, which may be the result of more effective assessment rather than less effective support. Therefore, the results of the impact evaluation need careful interpretation.
2. **The impact evaluation methodology cannot rule out selection bias.** In order to be confident that a matching approach provides a good estimate of the impact of an intervention, all important variables that can affect selection into the intervention and control groups need to be included in the model. However, we did not have sufficiently rich data for each case to understand and account for whether a case was allocated to FACT22. For example, the cases we used for the

comparison group may not have been selected for the intervention because they faced less severe issues or because they were more resistant to the service. Even if their observable characteristics are similar, cases selected for FACT22 are likely to be qualitatively different to cases in the comparator group, which means we cannot be confident differences in outcomes between FACT22 and control cases are attributable to the intervention.

3. **The estimates are less precise than they appear.** As the data provided does not allow us to identify individuals from the same family, our analysis treats each case as independent, which overstates the accuracy of our estimate (i.e. decreases the uncertainty of our finding and increases the likelihood we find a statistically significant result).

Additionally, our survey response sample is very small, with only 10 staff members completing the survey across FACT22 and Coventry CSC, which means there are severe limitations in the representativeness of the survey findings.

There were also limitations to the qualitative data collection. Some participants declined to participate in the interviews, or dropped out at the follow-up interview stage meaning, although we supplemented our sample with new participants where possible, our final sample is smaller than planned. This limits the diversity of perspectives and views we were able to learn from, and we acknowledge this may result in an incomplete view of the innovation. This is detailed in Appendix 5.

3. Key findings

The FACT22 programme was a new way of working with some of the most complex cases dealt with by Coventry CSC within the CIN population, including cases that had been open for a significant period of time and families who experienced distrust or disillusion with the statutory care system. In this section, we set out the findings of the evaluation, first describing the complexities and challenges of implementing the model. We then go on to report the results of the impact analysis, before discussing the factors that influenced the approach's effectiveness in achieving outcomes for families and young people. Finally, we provide an overall interpretation of the different strands of evidence.

Implementation

This first section describes the different phases of the implementation of FACT22, the challenges that were faced in delivery and the way those challenges were addressed. The changes and experiences relating to the organisational aspects of delivery have been captured through interviews with FACT22 staff, ranging from FPs to Senior Management. The findings in this section are based on these interviews. However, in reporting the specific sources and seniority levels have been omitted to preserve anonymity given the small sample.

FACT22 phases of delivery

Over the course of the FACT22 programme there were significant changes to the organisational structure of the delivery team, and the approach to programme management. These can broadly be divided in two phases as detailed below.

Organisational phase one

From March 2018 to August 2019, FACT22 was funded by the Innovation programme. During this phase, it had one service manager who was responsible for the operational and strategic management of FACT22 and ensuring effective and high-quality service delivery. FACT22 was delivered in two locations, or 'hubs', located in East and West Coventry. The service manager during this phase was simultaneously working on a Catch22 project in Cheshire East and had allocated half of the working week to managing both FACT22 hubs in Coventry. The service delivery was overseen by two ASW's, one in each hub. They were responsible for managing and supporting a total of 8 FPs, 4 FPs each. This included providing supervision and support for FPs and attending and supporting CIN meetings and case handovers from Coventry SWs. The ASWs continued working on FACT22 until November 2019.

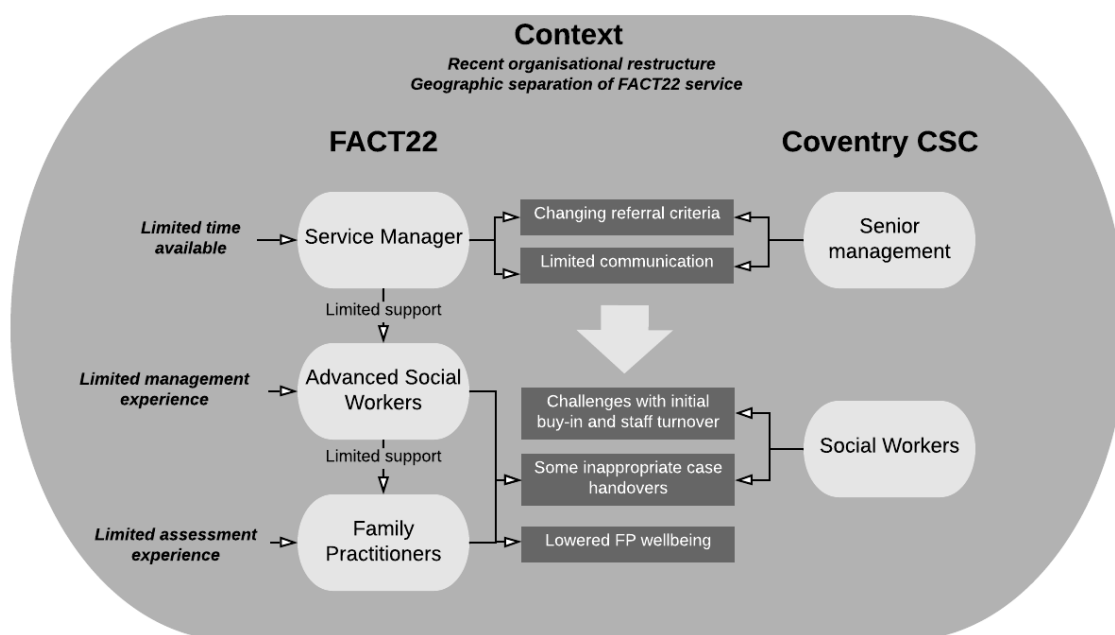
Organisational phase two

From September 2019 until time of writing (March 2020), the project was funded by Coventry City Council rather than the DfE. In this period a new service manager has been in place and from December 2019, service delivery was reduced to one hub only (given funding was lower). The new service manager has 25 hours per week allocated to work on FACT22. Additionally, a team manager with both SW and management experience has replaced the ASWs and the delivery in one hub continued with 4 FPs.

Organisational challenges at different levels

Challenges at different structural levels during *organisational phase one* impacted the overall quality of delivery. These challenges are summarised in (Figure 1 below), which sets out the contextual factors that impacted initiating and delivering FACT22, the challenges associated with merging 2 services (FACT22 and Coventry CSC) at senior management level and the impact this had on initial buy-in, appropriate case handovers, case handling within FACT22, and staff wellbeing.

Figure 1: Summary of organisational challenges



Context - Recent restructuring within Coventry CSC service

FACT22 was introduced to the Coventry CSC teams not long after the staff had experienced organisational restructuring. Some staff in the CSC teams had lost their jobs

and a team working with CIN had closed down. This context led to some initial suspicion and confusion among staff around the role of FACT22 in the wider Coventry CSC system and some feelings of job insecurity for SWs and FPs alike.

Context - Geographic location of service delivery

In *organisational phase one*, as outlined above, the service manager for FACT22 was split between Cheshire East and Coventry and had allocated half a working week for Coventry. Additionally, service delivery in Coventry was split between two 'hubs' which were not geographically co-located making delivery more challenging.

Management - Limited communication

Challenges around communication between Coventry CSC and Catch22 were detailed from the outset of the programme, with examples of strategic and operational meetings being cancelled or lacking attendance from key members of senior management. There were experiences of delays in communication between the 2 organisations exemplified through delays in contract renewal meetings for FPs which impacted their work wellbeing and resulted in feelings of employment insecurity which are further detailed below.

In phase two, the new management addressed the communication challenges between Coventry CSC and Catch22 by instigating more collaborative operational meetings. Taking place every 6 weeks, they were attended by management and operational leads from both Coventry CC and FACT22, and focused on improving communication between services overall.

Management - Changing referral criteria

Thresholds for FACT22 eligibility criteria were debated by the management team on both sides (Catch22 and Coventry CSC) from the outset and changed throughout the programme. FACT22 management described the debate surrounding criteria going back and forth between services without a decision being made. In addition to impacting case handovers, as detailed below, the lack of consensus and clarity on criteria also made it challenging for FACT22 management to gain overall buy-in for the programme from senior management in Coventry CC. Although the programme started out with a requirement of up-to-date CIN plans and a tight handover timeline, as programme delivery progressed high workloads on the Coventry CSC SW side and a motivation to help families rather than getting caught in paperwork led to a loosening of criteria in practice.

Impact on service delivery and mitigations

Introducing FACT22

Due to recent restructuring within Coventry CSC services there were initial concerns within the CSC teams around job security and some misconceptions that FACT22 would replace a service that had recently ended or that SW jobs may be lost if FPs took on tasks that were traditionally undertaken by SWs. These misconceptions also led to worries within the FACT22 team that their jobs could easily be cut and although explaining the financing model for FACT22 helped settle these concerns. As 1 member of FACT22 management described “it was not the best starting point” (FACT22 staff).

Several information and relationship building events with both community and Coventry CSC staff were held. Examples included coffee mornings, where SWs and FACT22 staff could meet and informally ask questions about the service, and events at the family hubs where FPs introduced themselves to the community. However, significant planned activities such as a comprehensive launch event never took place. One member of the previous management team said that a launch event would have made introducing the service easier and that without it none of the foundations to introduce FACT22 were laid.

Nevertheless, ASWs and some FPs were able to leverage existing relationships with staff within Coventry CSC services. This helped introduce FACT22 and open up conversations about their contribution and purpose. Additionally, physical co-location through sharing the same office space helped facilitate communication and trust between SWs and FACT22 delivery staff.

Another issue related to a confusion in branding, where the difference between Catch22 and FACT22 was not immediately clear to SWs and families, and led to confusions between how the organisation and service differed.

Mismatch between ASW experience and role requirements

Despite a high level of responsibility, staff stakeholders delivering the model had inconsistent experience. The ASWs seconded from Coventry CC during *organisational phase 1* did not have previous management experience, and despite feeling they had opportunities to train, found the role difficult in terms of day-to-day management. The lack of management experience was compounded by confusion over conflicting processes between Coventry CSC and Catch22, which ASWs reported as being difficult to navigate at times.

In response to these issues, the new management team worked to minimise process confusion by replacing ASWs with Team Managers (TM) who have both management and social work experience.

Mismatch between allocated management time and actual tasks

The physical separation of delivery locations in addition to limited time allocated for senior management to spend on FACT22 in *organisational phase 1* of delivery impacted on opportunities for relationship development between ASWs and FACT22 senior management. Staff described that this resulted in a sense of lack of support for the delivery teams.

In response to these issues, *organisational phase 2* reduced service delivery to 1 hub only and the current service manager has 25 hours per week allocated to work on FACT22, whereas the previous service manager had half of the working week allocated to managing both delivery hubs.

Mismatch between FP experience, role requirements and available support

FPs had varying experience working with vulnerable families and children and therefore required varying levels of support in delivering the service, such as support with statutory assessments. In some instances, this allowed caseload issues to drift and meant that some cases were assessed inaccurately or even went unassessed. ASWs described the challenges of the Child & Family Assessment forms for FPs who required additional training and lacked confidence in their ability to complete the forms.

So, they are now all worried about making sure that they have done these assessments, as well as the work that they do with families. So they are now thinking, we have got to do all this paperwork, and for some of them their strength is not paperwork. - (FACT22 staff)

This meant that while FPs were capable of gathering information for the assessments, they were not always able to analyse what the information meant. It also highlighted the different level of support that is needed for staff with a non-social work background to conduct assessments traditionally completed by qualified SWs.

The new management team, particularly through the appointment of a Team Manager, ensured a more structured approach to support FPs through clarification of role responsibilities, KPIs and regular performance assessments and progression plans. They further provided more intensive support for FPs to combine a solution focused approach with other interventions such as assessment to progress in relation to CIN plans. The new management also implemented regular clinical supervision from an external professional where FPs can discuss issues they have faced in their work with families.

The new management felt these measures have led to FPs feeling more supported and have helped with upskilling and building confidence.

Inappropriate case handovers

On reflection, the new FACT22 management structure identified that handovers to FACT22 and escalations back to CSC have not been appropriate in all cases. Despite overall positive and collaborative relationships between SWs and FPs, some cases that were not suitable for the service were taken on. The issues around handovers and escalations were identified by the new management as due to a combination of changing referral criteria, high workloads for SWs, a desire and sense of urgency to provide 'actual' support to families from ASWs and FPs combined with sometimes limited managerial oversight of the handover process to ensure appropriate cases were handed over to FACT22. There were examples of cases being 'out of date' with no recent CIN assessment before handover, and challenges in relation to handovers from agency workers in particular.

Additionally there were cases identified where escalation back to CSC may not have happened at the appropriate time due to: uncertainty around escalation criteria and timeframes for escalation, and the support available to delivery staff to complete assessments in a holistic and timely manner.

Staffing and job insecurity

Uncertainty around funding and the future of the programme resulted in challenges with maintaining and recruiting staff and feelings of job insecurity. This was described as impacting the wellbeing of delivery staff and has consequently been an issue throughout the delivery of FACT22. These feelings were compounded by delays in communication from Coventry City Council regarding their commitment to long-term commissioning of the service following the initial innovation funding period. The consequences of the uncertainty regarding job security led to several of the delivery staff moving on, difficulties with short term recruitment of new staff, and at times difficulties with maintaining delivery capacity.

Impact

Summary of impact findings

- CIN cases in FACT22 were less likely to be closed (without later escalation) than cases in the comparator group over the study. The difference in closure rates is significant ($p < 0.01$).
- CIN cases in FACT22 were on average open for a longer time than cases in the comparator group. The difference in estimated average time open is significant ($p < 0.01$).
- CIN cases in FACT22 were more likely to be escalated (from CIN status to Child Protection status) than cases in the comparator group. The difference in escalation rates is significant ($p < 0.01$).
- CIN cases in FACT22 were less likely to be re-referred to assessment within a year of their original referral than cases in the comparator group, with no cases in the treatment group being re-referred within a year (compared to 5% in the comparator group). The difference in re-referral rates is significant ($p < 0.01$).
- The results for closure, escalation and re-referral rates are moderately sensitive to hypothetical unobserved case characteristics (for example, family motivation to change) that could have influenced selection into FACT22. This indicates there is a moderate chance these results are driven by our comparator group being a poor counterfactual, rather than FACT22 causing them directly.

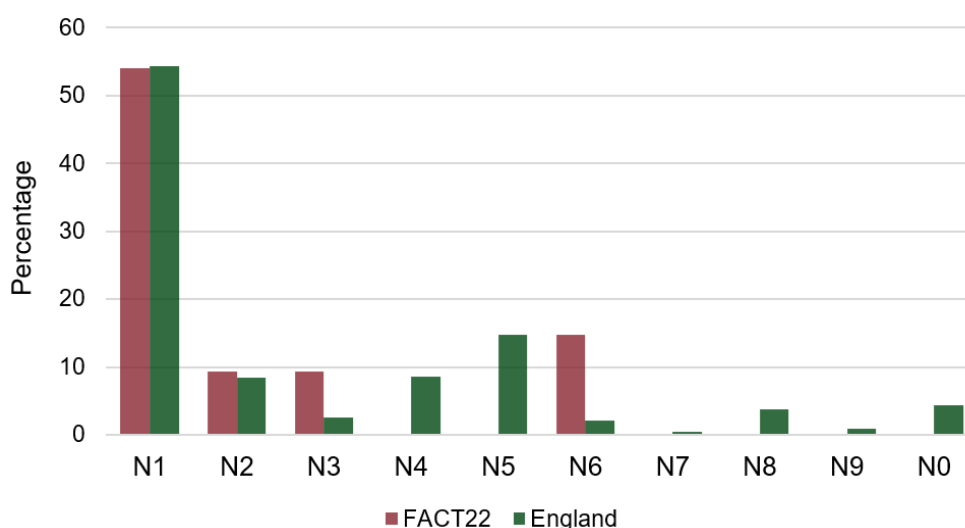
This section outlines our quantitative analysis results, which compare outcomes between the treatment (FACT22) and our comparator group (matched cases from Coventry CSC). As previously noted, we cannot be confident differences in outcomes between FACT22 and control cases are attributable to the intervention; and therefore we run sensitivity analysis to try and understand both: (1) how robust our findings are to different model specifications and matching methods, and (2) to what extent our findings could be driven by unobserved case characteristics that influence selection of cases into FACT22 and our outcomes of interest. For exact detail on the sensitivity analysis we conduct, please refer to Appendix 2, where details of how our outcome variables are defined can also be found. All graphs and results are reported in line with our conventions set out in Appendix 2.

Who FACT22 worked with

From data supplied by the FACT22 team, the service worked with 171⁹ children and young people (CYP), with the first FACT22 case opened on 12 April 2018, and the service closing March 2020.

Figure 2 presents the identified primary need at assessment for FACT22 CYPs (classified according to the oldest child in the family) relative to all England CIN on 31 March 2019 (DfE, 2019). Over half of cases listed abuse or neglect as the primary need at assessment, which is similar to the average across England. There are larger proportionate differences in the less popular categories, such as socially unacceptable behaviour.

Figure 2: Percentage of FACT22 cases by primary need at assessment



The categories of need in Figure 2 are as follows:

- N1 - Abuse or neglect
- N2 - Child's disability or illness
- N3 - Parent's disability or illness
- N4 - Family in acute stress
- N5 - Family dysfunction
- N6 - Socially unacceptable behaviour
- N7 - Low income
- N8 - Absent parenting
- N9 - Cases other than CIN

⁹ This number differs from the number of children in our impact evaluation sample because, as outlined in the methodology section, we can only include the 122 FACT22 CYPs for which we found an eligible match in Coventry CSC cases.

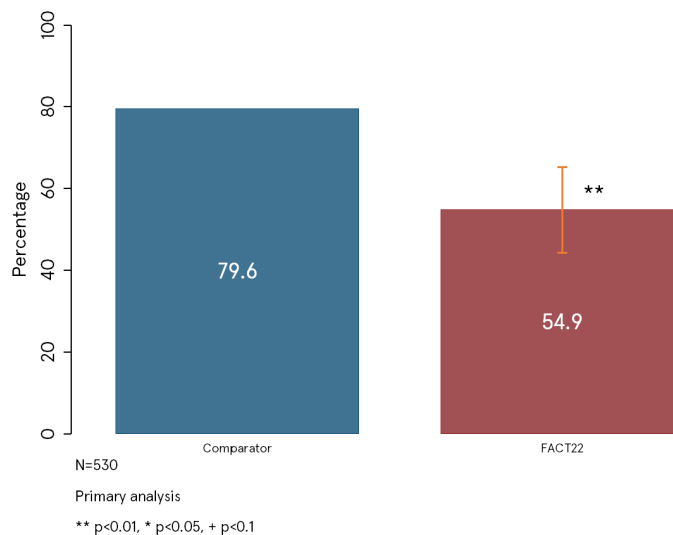
N0 - Not stated

Closure of CIN cases

- 55% of CIN cases in FACT22 had closed (without later escalation) by the end of the study period, compared to a closure rate of 80% for cases in the comparator group. The difference in closure rates is significant ($p < 0.01$).
- This result is relatively robust to our different specifications and matching methods (i.e. the result remains the same when changing the parameters of the analysis) however is sensitive to bias due to unobserved characteristics.

By the end of the study period, the rate of case closure in Fact22 was 25% lower than in the comparator group. There are two key drivers of this result. The first is that Fact22 cases had closed fewer cases in total, and secondly, when FACT22 cases did close, these were more likely to be accompanied by an escalation than in the comparator group. This suggests FACT22 was not effective at increasing case closure rates, however that is not to say the service was ineffective. One interpretation is that it may simply represent more appropriate support for the cases FACT22 worked with (especially given FACT22 was working with who may have been suffering from case drift). Figure 3, below, shows these results.

Figure 3: Closure of CIN cases (without later escalation)



Length of CIN cases

- CIN cases in FACT22 closed less quickly over the trial period than cases in the comparator group.

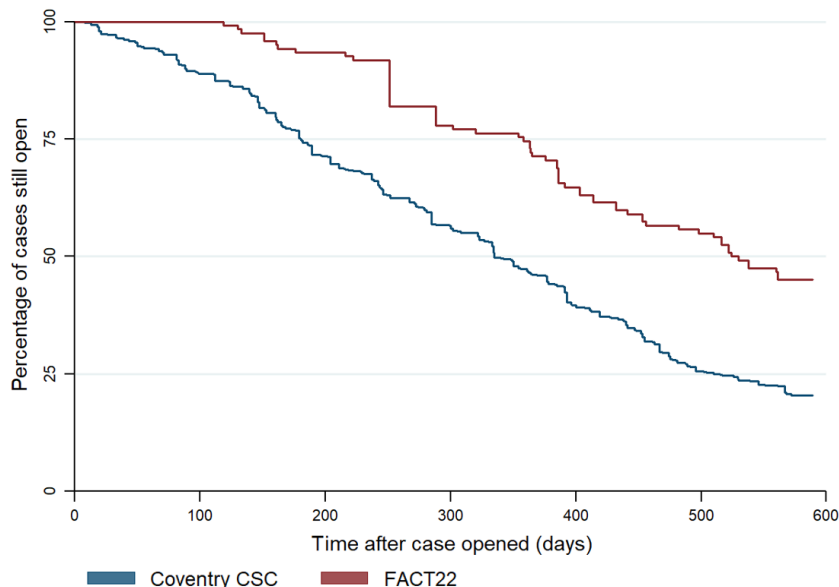
- The estimated difference in time open per CIN case is 37 weeks, which is significant ($p < 0.01$).

Figure 4 shows the percentage of CIN cases in the treatment and comparator groups that were open at a given point in time over the study period (number of days since the start of the study period is on the x-axis, and the percentage of CIN cases still open is on the y-axis).

None of the cases in FACT22 closed within the first 100 days of the study period, compared to about 12% of cases in the comparator group. Beyond 300 days, the closure rates of CIN cases are roughly equal for both groups: the lines are roughly parallel. Overall, the analysis indicates that FACT22 cases were on average open for longer than those in the comparison group, with an average difference of 37 weeks (which is significant, $p < 0.01$). The difference between FACT22 and the comparison group partly reflects the fact that CIN cases in the treatment group were more likely to be open at the end of the study period. However, the average length of CIN cases which closed during the study period is also higher in the treatment group than the comparator group: 80 weeks compared to 53 weeks (which is also significant).

One interpretation is that this result is unsurprising given FACT22 specifically targeted families that may be suffering from case drift and who may have more complex needs. In this context, cases remaining open for longer can sometimes represent more effective assessment, allowing time for stronger relationships to be built between the family and FP.

Figure 4: Percentage of CIN cases closed during the study period



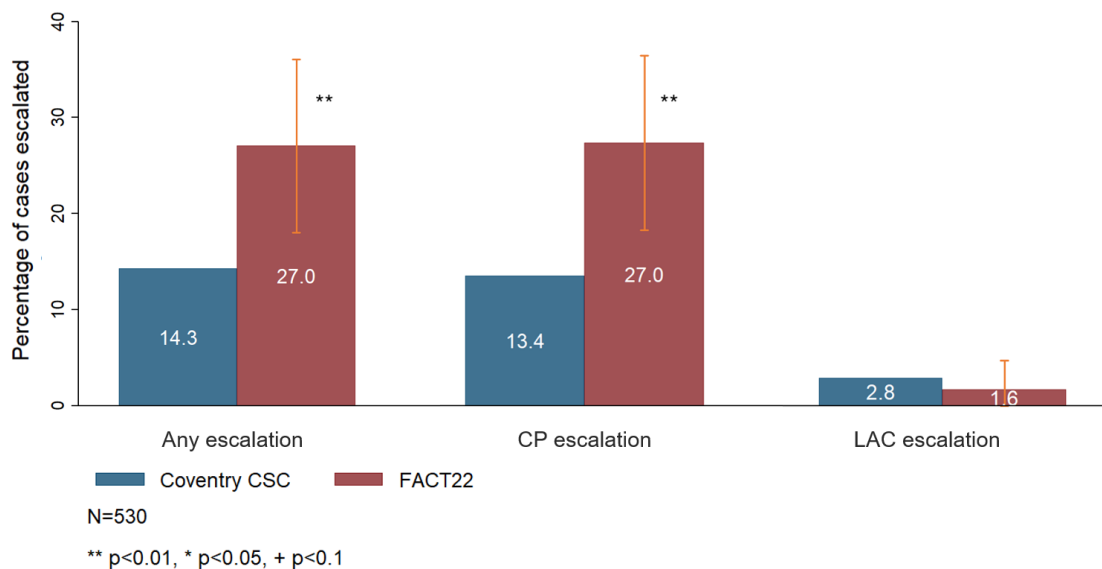
Escalation of CIN cases

- 27% of CIN cases in FACT22 were escalated compared to 14% of cases in the comparator group. The difference in escalation rates is significant ($p<0.01$).
- The higher escalation of FACT22 cases is driven by more escalations to CP (rather than to LAC) compared to the comparator group. FACT22 has fewer escalations to LAC than the comparator group.
- This result is relatively robust to different specifications and matching methods, however is highly sensitive to bias due to unobserved characteristics (such as underlying family motivation to change).

Figure 5 shows the difference in overall escalation rates and the escalation rates of each type between the two groups. The higher rate of overall escalations in matched FACT22 cases is driven by a higher rate of escalations to CP status. The percentage of CIN cases escalated to LAC status was lower in the treatment group (1.6% compared to 2.8%), but this difference is not significant because such escalations are very rare.

This result is highly sensitive to any bias driven by unobserved characteristics, which is likely to exist given that we had limited contextual information for each case when implementing our matching approach. It must also be noted the number of cases escalated to LAC across both groups was very small, meaning that comparisons can be vulnerable to small absolute differences. In total, 13 cases were escalated to LAC status over the study period.

Figure 5: Percentage of CIN cases escalated



Re-referrals of CIN cases

No CIN cases in FACT22 were re-referred to assessment within 1 year of their original referral (and during the study period), compared to a re-referral rate of 5% in the comparator group. The difference in re-referral rates is significant ($p < 0.01$). This finding is robust to alternative specifications, and insensitive to any unobserved characteristic bias. This indicates FACT22 may be effective at driving sustainable change for families, removing the need for social support involvement in their lives, and thereby reducing longer-term re-referral rates to the system.

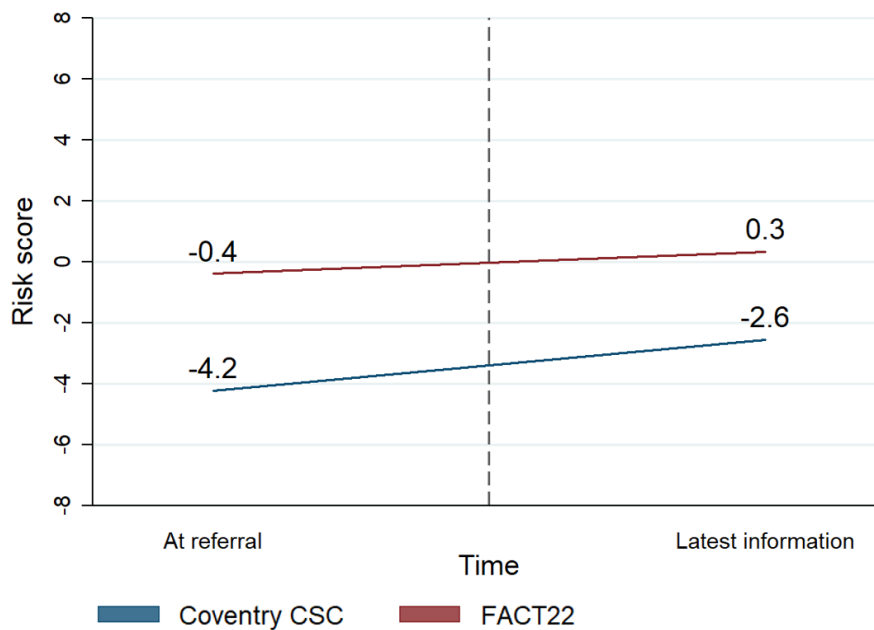
Only 7% of cases had shortened observation periods (i.e. had fewer than 12 months between their associated referral and the end of the study period) so this is likely to hold over a longer follow-up period. When examining all referrals in the study period (not just those within 12 months of the case's original referral), we find a re-referral rate of 15% in the treatment group, compared to 24% in the comparator group. This difference is also significant ($p < 0.05$).

Risk Analysis

To assess the impact of FACT22 on risk over time, we thematically coded a sample of 36 case notes, 18 FACT22 and 18 Coventry CSC, at two points in time (6 months apart) using the framework detailed in Appendix 7. Total risk score is comprised of three elements: risk factors, protective factors and engagement factors.

On average, the FACT22 cases chosen for risk analysis were of lower risk than their comparator cases in Coventry CSC at the time of referral to FACT22 (please refer to Appendix 7 for our risk analysis methodology). We see a smaller decrease in total risk (increase in risk score) in FACT22 cases relative to Coventry CSC as shown in Figure 6 below.

Figure 6: Change in average total risk score between time of referral and time of latest case information



The greater reduction in risk for Coventry CSC cases is driven by a greater increase in family engagement with social care services. As shown in Figures 7 and 8 below, the two groups of cases had, on average, very similar increases in protective factor scores, and decreases in their risk factor scores.

Figure 7: Change in average protective factors score between time of referral and time of latest case information

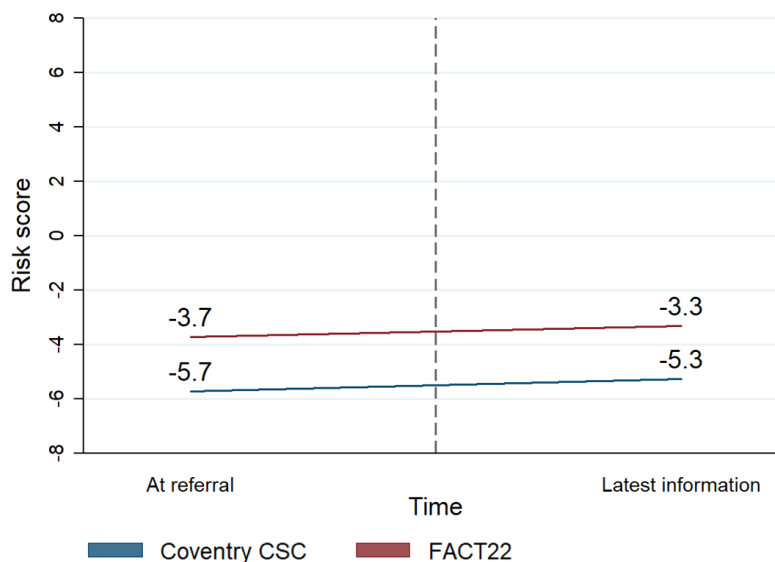
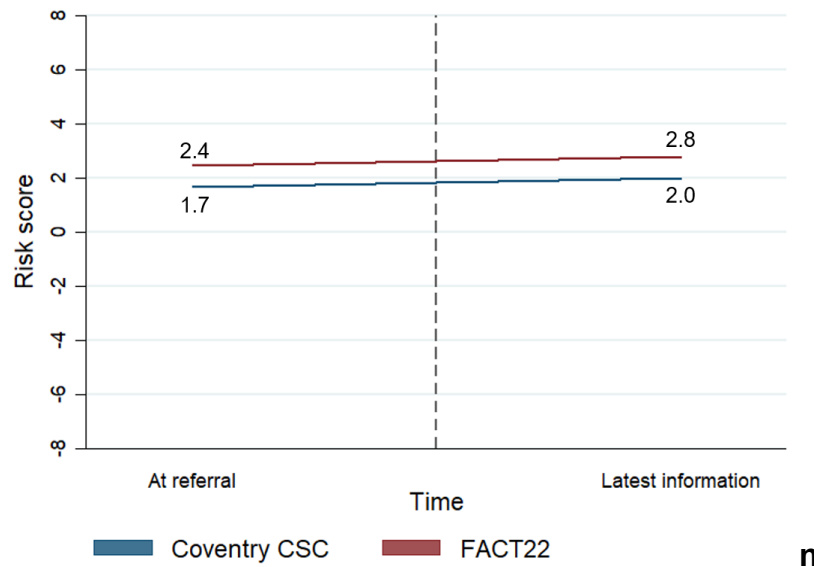


Figure 8: Change in average risk factors score between time of referral and time of latest case information



Staff stress

High levels of stress among social care professionals are common (Farmer, 2011; Pedrazza et al., 2013) and can be detrimental as stress in the workplace is a predictor of turnover (Leiter and Maslach, 2009), sickness absenteeism (Godin and Kittel, 2004) and low productivity (Burton et al., 2005).

Only 10 individuals completed the survey - 5 from FACT22 and 5 from Coventry City Council. As such, we are not reporting the findings given comparisons on this scale are not meaningful.

Cost analysis

Using the financial return data provided by Catch22, we estimate that the cost per FACT22 child or young person was £3,347.36 (in 2019).

The average weekly cost to FACT22 handling a case over this trial period was £83.08, which is broken down as shown in Table 2. The vast majority of expenditure (80%) is directly on staff.

Table 2: Average weekly cost of a FACT22 case

Cost type	Cost per FACT22 case per week (2019£)
Staff	£66.35
Overheads (Building and contents insurance, IT Maintenance and Support, Phones)	£9.99
Young people payments & expenses (YP travel)	£1.15
Training & recruitment	£0.59
Travel & subsistence	£3.17
Information materials (Printing, Postage and Stationary)	£0.25
Other costs	£1.60
Total	£83.08

We cannot compare the average cost per case to Coventry CSC as cost data was not available to conduct this analysis. Additionally, we also conducted a value for money analysis comparing costs between FACT22 and Coventry CSC, however, given we were not able to access cost data for Coventry CSC, our assumptions for this analysis are too strong to support any robust conclusions about the cost-effectiveness of FACT22, and they have therefore been excluded. See Appendix 10 for a description of the FACT22 average cost calculation and this value for money analysis.

Factors influencing effectiveness

Summary of qualitative findings

- The FACT22 programme was reported by FPs and families as being different from the traditional approaches to social work due to increased intensity of contact, openness of relationship style and a broader range of activities.
- In practice, the evidence showed that FPs used a variety of tools and activities including: frequent 1:1 and family contact, a solution-based approach focusing on the strengths of the family, goal setting activities, improving internal family communication through activities such as mind mapping, and providing practical and emotional support.
- The evidence demonstrated that this package of support led to FPs building trusting relationships with families which created a close bond..
- The evidence showed that FPs set clear boundaries that their role was time-limited, and supported families in building their social networks to empower families to be able to find solutions to problems once they no longer had the support of the FP.
- The evidence demonstrated that FPs focussed on building relationship skills within the family including improving communication, building confidence and learning to manage and regulate behaviour and emotion.
- When this package of support was sufficiently applied, families reported experiencing increased stability within the family, as well as emotional stability for the child and stability at the external level such as consistent school attendance.
- Stability was not experienced in the same way or at the same frequency or intensity by all families which was likely influenced by external moderating factors outside of the intervention's control, such as organisational issues.

This section details our key findings on family experiences of FACT22, focussing on factors that influence the effectiveness of the programme. It must be noted that no family discussed their experience of the volunteer support element of the programme, meaning we cannot comment or include discussion on this component of FACT22.

FACT22: A different model of working with families

The FACT22 programme was distinguished by families and FPs as different from the traditional approach to social work due to an increased intensity of contact, openness of relationship style and range of activities (see Appendix 13 for a detailed overview). Families consistently described having had challenging relationships with previous SWs and inconsistent and poor support. One parent described how they felt the role of the SW was not to be supportive but to scrutinise them as a parent.

I thought they were there to support struggling families, whether it's whatever is going on in that household, any form that the family is struggling, they're there to help them. But it seems that nowadays that's not the case. They're there to come in and kind of scrutinise you I think. –
PG08

Some reported feeling threatened and judged, believing that the SW was working against them to remove their children from their care. One mother described her concern about having her children taken away from her when social services first got involved with her family.

Obviously we thought they were going to take the kids away. You know, you get that all in your head and people say, they might take your kids away and everything like that. – *PG01*

As a result, families reported being extremely distrustful of Coventry CSC. An example of this being one parent interviewed wanting to audio-record all interactions with Coventry CSC.

I said I do not trust the system and I have been abused by the system. Hence, I need to make sure that [I play part myself] to any future possible liability. She said no, I object to you recording, and I said why would you object if you got nothing to hide. - *PG-06*

In comparison, whilst FACT22 was still a partnership with CSC, families typically reported a very different experience of working with a FP in the FACT22 programme, compared to previous experiences with a SW.

They're a lot more friendlier. Do you know what I mean, she would engage with [C] more, they would speak to her and say, what have you been doing today [C]. They didn't [C] feel like it was social [work] input which I think was the best thing, you know [C thought] 'a social worker is going to take me away from my mum', and that was [C's] first thing because that's what you'd hear. [FP] literally like said to [C], I'm not a social worker. I'll ask you similar things and do some kind of work that's similar but I'm not here for that and that relieved [C]'s anxieties and stuff like that as well. - *PG-08*

The interviews with families and FPs identified the role of 3 distinct types of support offered by FPs when working with families which differed from their experience of traditional social work: building relationships, strengthening existing networks and supporting families in building communication skills. Each of these types of support are discussed in turn below.

Building Relationships

FACT22 allowed FPs to provide an increased range and intensity of care in comparison to traditional social work, which also helped them build relationships with parents. FPs and families described FACT22 support as involving a greater range of tasks, meetings and communication with the family, including regular phone calls, texting, home visits, school meetings and Child and Adolescent Mental Health Services (CAMHS) appointments. This allowed FPs to support in multiple aspects of family life and facilitate families' engagement with a range of services.

Overall, FP contact with families was more intensive than existing models of social care. Contact with previous SWs was reported by FPs and families to average at once every 6 weeks. In contrast, frequency of FP engagement, face to face or by telephone, seemed to vary between once a day and once a month. In addition, contact by FPs was described as being based on the discretion of the FP and the needs of the family rather than reflecting a set schedule.

When an FP and a family agreed on weekly contact, FPs reported that they were able to build more trusting relationships with parents and children, especially in cases where trust was initially an issue. FPs also highlighted their smaller caseloads compared to SWs as a significant factor in their ability to form more nuanced and in-depth relationships with families.

Another crucial factor in FP's ability to develop relationships with families was their engagement styles. Families reported that FPs displayed openness in their interactions with Parental Guardians (PGs) and children, building trust by encouraging open communication for all involved. One parent compared their FP's approach to their previous experience with SWs, highlighting the difference in how the FP offered support instead of advice or instruction.

She [FP] wasn't bossy. She wasn't saying well, you've got to do this, you've got to do that. She was saying to me, [S] whatever we can help you in. Social services are more like you have got to do this, you have got to do that and she did. - *PG-13*

This more open style of communication, as described by families and FPs, allowed FPs to better assess family support requirements as both parents/guardians and children were more honest in communicating their needs. One parent contrasted the role of the

FP to the SW and how the FP communicated more openly and gave constructive guidance.

Yeah, I found it was different from Social Services. The way they were talking and they weren't as strict as much. They were open and more in depth with the family. More like you know finding out you know, what's the situation, how are things going, watch the positives and watch the negatives, giving us strategies what to do. - *PG01*

Families described how openness impacted the relationship dynamic between them and the FP, positioning the FP as an equal, and in some cases, the FP had become very close to their family. One parent, for example, reported that they had introduced the FP to others as their 'friend'. This dynamic seemingly had the dual effect of blurring boundaries between social care services and the people they supported, while also facilitating a greater level of trust with some parents describing feeling able to 'tell their FP anything'.

Building existing support networks

The more intensive role the FPs had with the families enabled them to spend more time helping enhance families' social and school support systems. FPs spoke of their role in transitioning families to be more independent and find solutions to family issues themselves, and their role in helping families access and solidify existing support networks. FPs described fathers to be largely absent from traditional social care models, and they proactively tried to engage them as part of the FACT22 programme to rebuild family networks. In some cases, FPs made a point of involving the non-resident fathers in the programme, for example one FP described how they tried to engage the CYP's father, as he had been described by previous SWs as absent from all CSC meetings.

Professionals involved with the family before I became involved had also said that dad didn't make himself available and really wasn't very present at meetings and things like that. So I took that as a bit of a personal challenge to involve dad in everything, and he really was in the beginning very, very involved and I think it was just the fact that it was new that people didn't generally bring him in. I think you know, he engaged on that basis, because he thought he was never being heard. - *FP04*

During their time with families, FPs also encouraged children to be more active participants in school extracurricular opportunities. FPs used the language of children having 'a voice in their own lives', and described working to help children see the value of expressing their needs:

I feel like they've had meetings with school. [C] has attempted near enough every CIN meeting since me being there with encouragement, and her voice is being heard. - *FP-02*

Building Communication Skills

FPs aimed to equip families with the right tools to find solutions autonomously once FACT22 support ended. Three core attributes were identified from the analysis of the case studies as crucial for families to acquire: communication skills, the ability to manage difficult emotions and behaviours, and confidence. A pivotal activity for the child in need that underpinned developing relationships was the scrapbook.

The role of the scrapbook as a communication tool

The scrapbook was a key tool used by FPs to teach CYPs how to express themselves and understand their feelings. It was also used as a tool for setting clear boundaries with family members and establishing the relationship between the FP and child as safe. FPs would emphasise the confidentiality of the scrapbook contents, as long as safeguarding issues were not raised, allowing for honest and trusting relationships to develop between all involved. FPs allowed children to express themselves in their own way, and in some cases, this allowed children to feel comfortable enough to share their scrapbook with their family at the end of the intervention.

[K] then said [to grandma], 'You're not allowed to look in this book. These are my private thoughts'. That was a very, very powerful moment for me because [K] kind of took control of 'You're not going to see this', and it stopped a situation happening where grandma felt that she could have that – take that away from [K]. - *FP-04*

In this instance and many others described in the interviews, the scrapbook symbolised a private tool for learning and expression. Whether using it to learn to respect each other's emotional space, and subsequently teaching emotional regulation through mutual trust and respect of boundaries. Or, as a private space, as described by one mother, for her son to express his emotions.

I think it [the scrapbook] was just to get his feelings out. His dad comes in and out of his life. One minute he is there and then don't see him for and months and months.- *PG13*

Learning how to talk with one another

Learning how to communicate within the family was a key driver of family stability. Communication problems were cited as one of the main catalysts for conflict. The FP would work with the whole family using techniques such mind mapping, where the family would explore together how they communicated with each other, and identify ways of communicating without conflict. These techniques supported the family in building insight

and awareness into their different communication styles. This helped them learn how to see situations from different perspectives and thus fostered mutual empathy and understanding.

With mum [...] she was recognising within herself that she had to handle things differently [...] So for the times where she wouldn't shout at [L] but she had a different response. Building on those kinds of things so that she then found the answer within herself basically and we would build on that. - *FP-09*

Managing difficult emotions and behaviours

FPs helped family members to manage difficult emotions and behaviours through teaching practical techniques such as shouting into a pillow or completing charts to make connections between behaviours and emotional outcomes. A key element was helping family members to identify emotional triggers and understanding the link between situations, thoughts and behaviours.

So we did some work around that you know, and anger triggers and things like that. With a lot of free talk as well [...] I engaged in that and once you've got someone to talk, they will talk about –. If someone can talk about anything you will actually get to what some of the root of their issues are and the support that's needed, because it will just naturally come out. - *FP-09*

Another important element in helping families to manage emotions and associated behaviour was getting them to set boundaries with one another. The FP would work with the family to establish emotionally safe spaces with boundaries. For a parent this could be learning to be more disciplined with their child, or for the child to learn how to express their emotions and needs clearly to family members.

Confidence building

Building the confidence of carers in their parenting skills and making sure they felt able to cope without FACT22 involvement were core goals for FP. Lack of confidence was identified by FPs in the FACT22 programme as a key issue for mothers, with whom FPs worked more with in the programme. Mothers described how, with the support of their FP, they would attend confidence-boosting courses. In some cases they reported that this led to long-lasting confidence, evidenced from the longitudinal interviews, that enabled them to implement major changes such as going back to work, leaving a difficult

relationship, or setting boundaries with their children after the programme had ended. A key mechanism in this was the social support structure provided by attending the course.

My last work I did with [S] was a confidence-boosting course and I found that really good [...] Just to realise that you're not on your own, that there is other people out there struggling, that are the same as you and have gone through the same as you. - *PG-13*

Ultimately having this confidence led to mothers feeling optimistic about the future and able to cope with situations alone without the FP or CSC support.

Impact of the FACT 22 intervention on Family Stability

The types of additional support FACT22 FPs delivered promoted family stability. However not all families experienced stability in the same way, or to the same extent. In this section, we map out 3 different types of stability experienced by families and children based on the analysis of the case studies, which were influenced directly by the FACT22 intervention; stability within the home environment; emotional stability; and stability in terms of engagement with the wider community engagement.

A stable home environment

Families and FPs described how, as a result of the FACT22 intervention, life for some families moved from being dominated by conflict to being more stable with improved internal dynamics and communication pathways. This was reflected in CINs attending school more consistently, or attending work-related activities, and families spending more time together and having more harmonious family interactions. These were long-lasting effects that enabled families to move forward without the support of the FP, as they were participating in and contributing to meaningful and structured social activity.

These improved family relationships built trust and empathy between family members, enabling them to understand different family members' points of view, creating a more cohesive family unit.

[F] and dad were at a point where there was no communication at all. They couldn't be under the same roof and the same room, and on the day I presented them with the scrapbooks, [F] and dad were sitting next to each other going through the scrapbooks looking at the work. So for me that was major. - *COV-04-FP*

A more stable home environment was characterised by there being fewer arguments and less interpersonal aggression and violence. One mother described how because of skills she learnt in the FACT22 intervention, she was able to more often talk to her child calmly

rather than shouting, which had been her habitual mode of communication. While families in the case studies acknowledged that there were still instances where “spats” happened, they described using the strategies developed with their FPs to improve communication and avoid conflict. We heard of increased simple family moments like sitting down and eating a meal together, which were seen to be powerful symbols of family stability, reinforcing increased family communication and supportive environments. A more stable home environment also led to families spending more time together as a family unit, and in some cases, contact was re-established with previously estranged family members.

Emotional stability

Where it was reported as being effective, the FACT22 intervention was described as helping CINs improve their emotional regulation, which made them personally feel better and fed into better interpersonal dynamics at home. For example, 1 young person discussed how they would take the dog for a walk when they got home each day as a strategy for using their time in a pro-social way rather than engaging in more risky behaviours such as substance use. The change in emotional regulation was described as being underpinned by the process of gaining greater awareness of personal safety and led to the CIN making more informed choices about behaviour.

So, I think he utilised ways to cope better. Sometimes they worked, sometimes they didn't. But one of the things that he talked to me about was that he knew who was a good influence on him and who wasn't, and that was something that he was making decisions about his social group before he would think, I'll go out and do this. Now he was thinking more, 'well I don't think I should'. So he was making better choices and I'm hoping that he'll carry that on through you know, as the time goes on. - *COV-09-FP*

Overall, a number of parents, guardians and FPs involved in case studies described how over the course of the intervention, CYPs' behaviour had become more manageable and less aggressive. One mother, for example, described how her son went from having “daily smash ups” to having 1 every 6 weeks.

Engagement with wider community

A final area of change that was described as resulting from involvement in the FACT22 intervention was better educational and community engagement. One child, for example, was described as having a 100% attendance rate at school following the involvement of their family with the FACT22 intervention. Other young people were described as transferring from part time to full time education, returning to school after a long absence or sitting exams. This greater level of engagement in opportunities outside of the family, in some cases, extended to activities such as attending youth clubs, going on school trips

and completing work and voluntary placements. Engaging with the wider community was seen as providing social connections and building support systems integral to creating stability within an individual's broader social life.

She loves it and she goes every Wednesday to [X] and does hair and beauty, but it's more that I want [C] to have the interaction with people because that's what she's missing out from at school. To be honest, I couldn't care less about what education she got or anything like that. I think it's more about the social skills that you learn from going to school and making friends and being around people that she's missed out on - COV-08-PG

Interpretation

The spoke and hub model approach to providing support to CIN, combined with the intensive nature of contact between FP and families, meant that FACT22 was a significant departure from Coventry's existing model of service provision. In addition, implementation was complicated by the fact that support was being provided by a new organisation and that delivery began shortly after a programme of restructuring. This led to a range of challenges to implementation detailed in the findings section that were described as affecting buy-in to the model and day-to-day delivery in terms of referrals and case handovers, mismatches between roles and staff experience. Ultimately, this was reported to have negatively affected staff wellbeing.

In the face of these challenges, delivery was restructured with an emphasis on streamlining management and improving communication and collaboration, resulting in a smoother operation. This indicates that despite the fact that the approach was a substantial departure from usual practice, it was possible to implement it effectively, though it may be that the organisational challenges could have reduced the programme's effectiveness in the short term at least. In terms of the impact analysis, although we cannot be confident in drawing causal conclusions regarding FACT22, the results do suggest the programme led to reduced case closures and an increase in case duration and the proportion of cases that were escalated from a CIN to CPP plan. Conversely, findings also suggest FACT22 led to a reduction in re-referrals.

Interpreting the impact analysis is difficult because of the possible influence of selection bias (limiting our ability to construct a credible counterfactual) and because the outcome metrics, case closures, case duration, escalation and re-referral, are all ambiguous to some degree. In addition, the implementation challenges may mean that the programme was not working as intended for at least part of the time during the evaluation.

Nevertheless, the impact analysis is suggestive of a service that is resulting in a deeper engagement in the lives of CIN families, which is consistent with increases in case length

and escalations (due to a greater awareness of challenges faced by families) and of reduced re-referrals (due to more effective support leading to greater long-term stability).

These conclusions are supported by the case studies, which detail the ways in which FPs were able to support families due to more intensive engagement and, crucially, the perception that the support they were providing was different in kind to the support the families had previously experienced from CSC. Both these elements fostered a different kind of relationship, which was described as facilitating a range of benefits in terms of communication within the family, improved self-regulation, reduced conflict and better engagement with the community. Overall, while the evaluation cannot be seen as providing strong evidence of impact, it paints a picture of a very promising programme that would justify testing on a larger scale and the greater investment a more robust evaluation approach would require.

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

As reported in the CSC Innovation Programme Round 1 Final Evaluation Report (2017), 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 rounds. Below, we provide findings related to those features and outcomes that are relevant to FACT22.

Features of practice

Strengths-based practice frameworks

Key to the FACT22 support offer is a solutions-based approach, empowering families by equipping them with the right tools to find solutions autonomously. Our evaluation suggests families built better relationships with their key workers, viewing their FP as a support, and not an evaluator of their homelife. Families praised the practical techniques and activities they did with the FP, attributing improvements in communication and increased confidence in instigating change to them.

High intensity and consistency of practitioner

FP's were distinguished from traditional SWs particularly in relation to the dose and frequency of contact with which they had with families. FP support involved a greater range of tasks, meetings and communication with the family, including regular phone calls, texting, home visits, school meetings and CAMHS appointments. This enabled FPs to build more trusting relationships with families.

Family focus

The role of the FP was to work collaboratively with the family to improve interpersonal dynamics and resolve conflict. The FP used a range of personalised tools and techniques such as mind mapping or scrapbooking to focus on the individual family's needs, and work with them to improve their communication skills, build their social networks and improve confidence.

Outcomes

Reducing risk for children

With caveats and limitations outlined above in that interpretation of results is complex, the evidence gathered point towards an increased long-term stability, which suggests a

reduction in risk for children. There was a reduction in re-referrals, an increase in case durations but decreased case closures. There was also an increase in the proportion of cases that were escalated. This is suggestive of a service that is resulting in a deeper engagement in the lives of CIN families, which is consistent with increases in case length and escalations (due to a greater awareness of challenges faced by families) and of reduced re-referrals (due to more effective support).

Increasing wellbeing for children and families

Improved wellbeing was reported in a number of areas from the process analysis. These included improved engagement with the wider community and school, improved emotional and behavioural regulation and better interpersonal dynamics at home. Overall this led to improved stability at home for all the family.

Increasing workforce wellbeing

As outlined in the organisational section, there were challenges at the organisational level that negatively impacted on the wellbeing of delivery staff. These included issues of service restructuring, limited management communication, poor handovers and staff buy-in which led to concerns over job security. This ultimately may have impacted on the wellbeing of staff.

Generating better value for money

Please refer to the cost analysis section above.

5. Lessons and implications

We have included our recommendations throughout the main body of our findings but have also included here a summary of our key insights and recommendations overall:

Overall key insights and recommendations

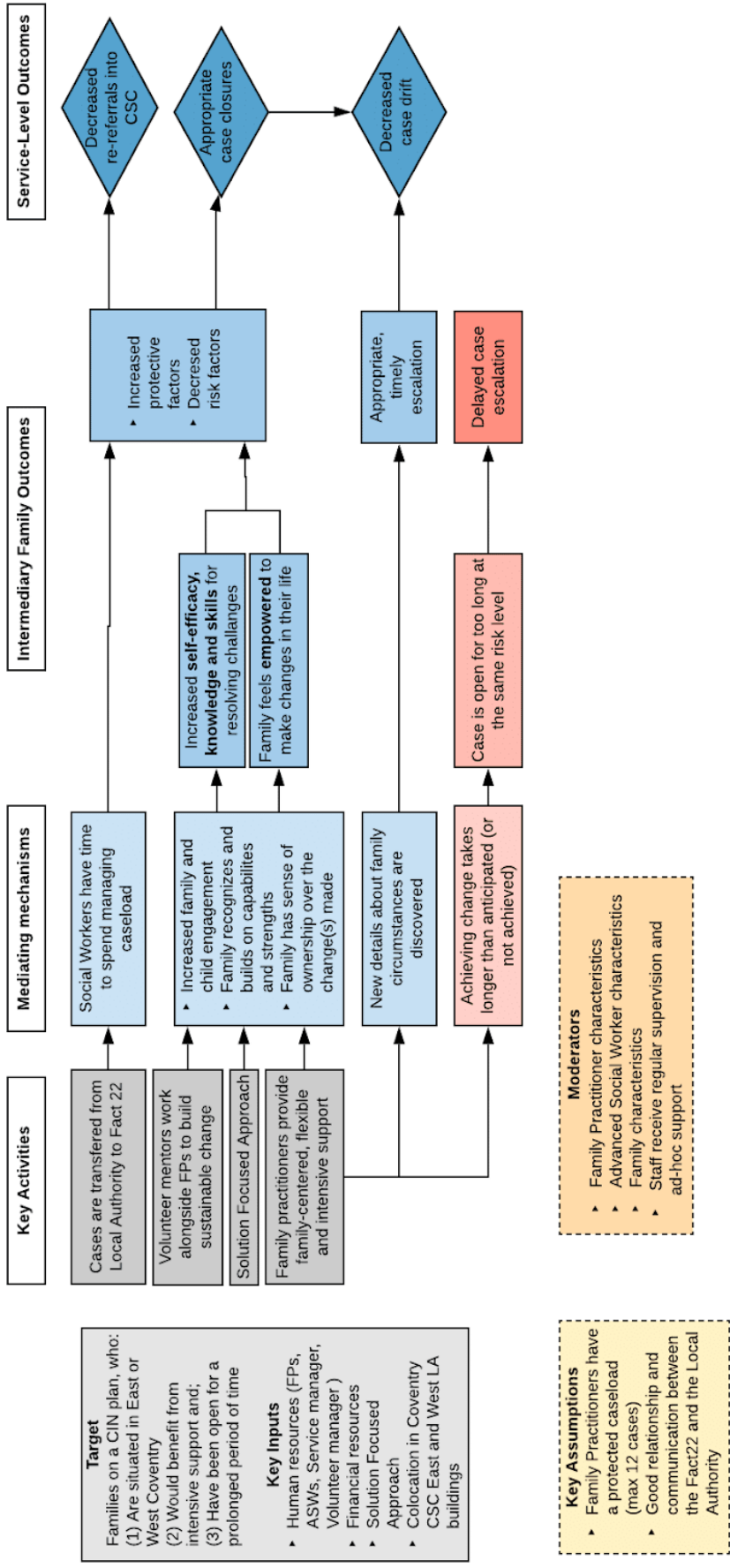
- The spoke and hub model of service provision along with a more intensive level of support through non-social work qualified practitioners is not straightforward to implement and requires careful planning.
- Implementation is complicated within real-world settings where issues such as restructuring, and the appointment of a new organisation to deliver the programme, can result in communication challenges and issues relating to buy-in.
- Re-setting the relationship between families and support services through introducing different practitioners can be an effective strategy to address issues of mistrust in statutory organisations.
- Techniques such as mind-mapping and using scrapbooks, supported by an emphasis on mutual respect and open communication with boundaries, can be experienced as effective in improving family dynamics and supporting greater engagement with the wider community.
- Quantitative metrics can be ambiguous in evaluating social care programmes such as FACT22. For instance, stronger relationships may lead to cases remaining open longer or escalating through a better understanding of a family's need.
- The approach introduced through FACT22 is promising and would justify the resources required to undertake a larger, more robust evaluation of the programme.

Appendix 1: Project theory of change

A theory of change (TOC) describes the intervention's key inputs and activities, what it is aiming to achieve, how it intends to bring about change and factors that might influence whether the outcomes are achieved. The Coventry FACT22 TOC was developed using three sources of information:

1. A sustainability workshop with 3 Coventry FACT22 service staff members, 2 BIT staff members and representatives from DfE and Innovation Unit
2. Findings from the round 1 evaluation of the FACT22 service (Department for Education, 2017)
3. A theory of change workshop in Cheshire East with 3 FACT22 service staff members and facilitated by 2 BIT staff members;

The logic model on the next page is a visual representation of the theory of change.



Appendix 2: Quantitative methodology and analysis strategy

Introduction

When considering the effectiveness of a particular approach to children's social care, it is important to capture whether cases were closed, how quickly they were closed, whether they were escalated to a more serious status (CP or LAC) before closure and the sustainability of positive changes made. These features all have implications for the welfare of children and their families, as well as the resources required for social care. The quantitative analysis therefore focuses on four primary outcomes:

1. Closure of CIN cases (without later escalation)
2. Length of CIN cases
3. Escalation of CIN cases (during study period)
4. Re-referral within 1 year of original referral associated with CIN cases (and during study period)

Data

Our quantitative analysis for all four primary outcomes used individual case data provided by Coventry City Council.

This dataset provided the date of the first CP and LAC escalations that occurred during and after each CIN case (if they exist). It also included a count of the total number of CP and LAC escalations associated with each case. If a CIN case was associated with multiple CP and/or LAC escalations and all recorded escalations occur before the start of the study period, we assumed that any escalations whose dates were not recorded also happened before the start of the study period (i.e. that no escalations happened during the study period). This issue only applies to 8 cases in the matched sample, 4 in the treatment group and 4 in the comparator group.

Outcomes

Closure of CIN cases (without later escalation)

We define a CIN case as being closed (without later escalation) by the end of the study period (22 November 2019) if it has a recorded closure date and is also not escalated on or after this date. Ideally, we would examine whether each case closed after all associated escalations, but escalation end dates are not recorded in our data.

Length of CIN cases

We define the length of CIN cases as the number of days between the CIN plan open date and closure date if no escalation occurred afterwards. If a case is defined as not being closed (before the end of our study period), we estimate the number of days that it would remain open by applying a censored-normal regression model to the matched sample.

Re-referrals of CIN cases

We follow the statutory definition of re-referrals: any referral within 1 year of original referral associated with CIN case.

Escalation of CIN cases

We follow the statutory definition of escalations: any case that is escalated to Child Protection or Looked-After Child within our study period (22 November 2019).

Risk Analysis

Total risk associated with a case is determined by totalling the risk, protective and engagement scores. These are calculated according to the assessment framework in Appendix 7. This was created for Project Crewe (2017) by amalgamating meta-analyses and systematic reviews of the factors which reduce and increase likelihood of children suffering future harm.

Staff stress

We used the Health and Safety Executive management standards indicator tool to measure the stress levels of FACT22 and Coventry CSC social care professionals. For the complete survey please refer to Appendix 6.

Reporting Conventions

For all bar graphs, the thin orange lines are confidence intervals, which indicate the extent of uncertainty around the estimated difference between the treatment and control groups. The asterisks represent the statistical significance of each difference. We use conventional standards of statistical significance testing of * indicating our result is significant at 5% level ($p < 0.05$), and ** indicating our result is significant at 1% level ($p < 0.01$)

Matching strategy

For the purposes of our matching exercise, we first restricted this data to include all CIN cases that met the following conditions:

- open at some point between 12 April 2018 (earliest recorded FACT22 start date) and 5 August 2019 (latest CIN start date for FACT22 cases);
- opened on or after 10 April 2014 (earliest CIN start date for FACT22 cases);
- open before joining FACT22 (for FACT22 cases).

This sample contained 163 FACT22 cases and 2654 comparator cases to be matched. In addition, we only matched a Coventry CSC case to a FACT22 case if the former was open when the latter entered into FACT22.

Our main matching approach is a combination of coarsened exact matching (CEM) and caliper matching. Firstly, we apply CEM on the following variables and 'bins':

- Age at CIN plan start in years: 2 or younger, 3-6, 7-12, 13 or older
- Number of siblings under 18: 0, 1, 2, more than 2
- Number of previous referrals: 0, 1-2, 3-7, more than 7
- Gender: female, other
- Ethnicity: White British, other
- Nationality: British, other

CIN cases that fall into the same 'bin' for every variable above are allocated to the same CEM stratum.

Secondly, within each CEM stratum, we match based on CIN plan start date. A FACT22 case is matched to a non-FACT22 case if their case start dates are within 6 months of each other. Any unmatched cases were then dropped. Every matched FACT22 case received an equal weight, whereas matched non-FACT22 cases were weighted by the sum of $1/(\text{number of matched non-FACT22 cases})$ across all FACT22 cases with which they matched to form the comparator group.

Risk analysis sampling

20 FACT22 cases were randomly selected from the total sample provided by the FACT22 team. The closest matched comparison case from Coventry CSC to each of the selected FACT22 cases was then identified (after applying the matching method as specified above).

Two cases from our FACT22 sample had no close comparator case (these were the cases excluded from our impact evaluation) so they were excluded from the risk analysis.

Survey sampling

The survey was administered to all staff in FACT22 and Coventry CSC via our key contact in each respective organisation (Rebecca Wilshire - Coventry CSC, Manjit Khara - FACT22). The survey was administered in February 2020, with 2 follow-up reminders to staff to complete it.

Given the small nature of the FACT22 team and low response rate from Coventry CSC staff, robust comparisons between Coventry CSC and FACT22 cannot be made.

Specification

To test for the statistical significance of the difference in each outcome between the treatment and comparator groups, we use the following specification:

$$Y_i = \alpha + \beta T_i + \epsilon_i$$

- Y_i is the outcome variable (e.g. binary indicator for a case being closed at the end of the study period)
- T_i is a binary treatment indicator, equalling 1 if a case assigned to FACT22 and 0 otherwise
- ϵ_i is the error term

For all outcomes relating to closures, escalations and re-referrals, we estimate this specification using an ordinary least squares (OLS) regression. For the number of weeks for which a CIN plan is open, we instead apply a censored-normal regression. This takes into account that the outcome is right-censored for CIN cases which had not closed by the end of the study period, assuming that the 'true' number of weeks open (which we would observe given a longer study period) is normally distributed. In all cases, we cluster standard errors at the child level (though very few children have multiple CIN cases in the matched sample).

All findings must be caveated with the fact we are unable to cluster our standard errors at the family level. This artificially increases the accuracy of our estimates, as we are not accounting for the correlation between outcomes within our sample. Coventry CSC analysts confirmed that they could not provide a family identifier within the dataset.

By examining several outcome measures, we increase the likelihood of finding a statistically significant difference between the treatment and comparator groups on at least one outcome entirely by chance. To guard against this, we apply the Benjamin-Hochberg step-up procedure for multiple comparisons across our four primary outcomes. This procedure controls the false discovery rate (type-1 error).

Sensitivity analysis

We test the sensitivity of our results in four ways:

- Adding the observable case-level characteristics used for matching as covariates
- Using a logistic model instead of a linear model (for binary outcomes)
- Applying PSM as our matching method (with 3 nearest neighbours and all case-level characteristics used in our main approach)
- Calculating bounds for p -values under different levels of hidden bias (using Rosenbaum (2002) bounds for continuous outcomes and Becker and Caliendo (2007) bounds for binary outcomes). This measures the extent to which the statistical significance of our results may change, in the event selection bias may have been present in determining which units received the treatment.

None of our results change meaningfully with a different matching approach or specification. Under PSM, the difference between escalation rates is no longer strongly significant ($p < 0.01$) but is statistically significant ($p < 0.05$).

Balance checks

We use matching to make the treatment and comparator groups 'balanced' on all variables which influence both children's social care outcomes and selection into FACT22.

Table 3 presents the (weighted) averages of all observable case-level characteristics used in matching for FACT22 and non-FACT22 cases before and after applying each matching method.

Table 3: Balance checks - (weighted) averages of case-level characteristics

	Before matching		After matching - main		After matching - PSM	
	FACT22	Non-FACT22	FACT22	Non-FACT22	FACT22	Non-FACT22
Years since earliest start date for FACT22 cases (14 April 2014)	3.40**	4.14	3.70	3.83	3.40	3.59
Age at CIN plan start in years	8.02	8.06	8.20	7.99	8.02	8.60
Number of siblings under 18	2.47**	1.82	2.39	2.39	2.47	2.75
Number of previous referrals	2.55*	2.18	2.55	2.36	2.55	2.73
Gender: female	47.9%	47.1%	45.1%	45.1%	47.9%	48.5%
Ethnicity: White British	73.0%**	63.0%	86.9%	86.9%	73.0%*	83.6%
Nationality: British	95.1%**	87.9%	96.7%	96.7%	95.1%*	99.0%

Notes: ** $p < 0.01$, * $p < 0.05$, $p < 0.1$ reflect the results of two-sample t -tests. Differences could become statistically insignificant due to matching solely because of a smaller sample size.

Our main matching method eliminates most of or all imbalance (i.e. reduces the differences in means between FACT22 and non-FACT22 cases) for all observable case-level characteristics which were not balanced across the two groups before matching: number of siblings, number of previous referrals, ethnicity being White British and nationality being British. Conversely, there is still a statistically significant difference ($p < 0.05$) in these last two characteristics between FACT22 and non-FACT22 cases matched by PSM. The main downside to our main matching method is that our treatment group is not representative of all FACT22 cases (specifically, in these two characteristics). However, the findings from PSM are similar.

Note that there may still be substantial imbalance on important unobservables. For instance, the number of previous referrals is not a good proxy for other past interactions with children’s social care (e.g. the number of previous escalations).

Survival analysis

We use a Cox proportional hazards model to perform the survival analysis. Survival analysis is used to analyse time-to-event historical data and to generate estimates, that show how the probability of the event occurring changes over time. In many life situations, as time progresses, certain events are more likely to occur. In this context, the event in question is the closure of a CIN plan.

Since we do not use any covariates other than a binary indicator for FACT22 assignment, Figure 5 in our key findings section, which presents the results of this regression, simply plots the (weighted) percentage of CIN cases that are open in the treatment and comparator groups over the trial period.

Appendix 3: Quantitative evaluation approach rescope and changes

The following Annex was submitted and approved by Opcit and the DfE in June 2019.

Introduction

After completion of the Phase I evaluation activities and delivering the interim report, we concluded that it was sensible to modify our approach to the evaluation. The following annex outlines an updated evaluation plan which we believe provides the most rigorous approach to the evaluation that it is feasible given the project circumstances.

We have assessed that the planned quasi-experimental Difference-in-Difference (DiD) approach is no longer feasible, or appropriate to implement in this context. We propose a new approach to the impact evaluation which involves constructing a comparator group of cases that fit the following eligibility criteria:

- Open CIN plan for 6+ months;
- Open at the point of programme implementation (April 2018);
- Not selected to be part of the FACT22 programme.

Although the new approach is likely to produce less robust evidence to the DiD strategy (aligned with Level 2 on the Maryland Scientific Methods Scale as opposed to Level 3), the proposed changes are due to several factors:

1. **The DiD approach is not implementable.** The sample size involved in FACT22 is very small, limiting our ability to draw causal conclusions about the programme. We conclude that the initial proposed DiD method is underpowered and would not provide useful insights. Additionally, Coventry's 4 social care districts (wards) are very closely geographically located. As such, substantial movement and crossover of families between these wards invalidates the DiD approach.
2. **The new proposed approach will strengthen the FACT22 evidence base.** In conjunction with the extensive qualitative work, the evaluation will provide valuable depth to the FACT22 evidence base building on the Project Crewe evaluation. Whilst the mixed-methods evaluation will provide indicative, rather than conclusive evidence, this can still serve as a valuable resource for the programme team and organisations involved.

Evaluation methods

Methods

Originally, our proposed approach to measuring impact was to undertake a difference-in-difference (DiD) analysis. This approach uses a comparator group and compares differences in averages in comparator and intervention areas before and after the intervention. The benefit of this approach is that it takes into account any differences in baseline scores between the 2 areas (assuming that trends in each area are the same, known as the 'parallel trend assumption').

However, after conducting a scoping exercise we recommended changing this approach for the following 2 key reasons: small sample size and the geographical location of families.

Small sample size: As of January 2019, the total number of families allocated to the FACT22 service was 51, which is a very small sample size to implement a quasi-experimental DiD approach. Any positive impact of the programme on family outcomes would represent a relatively small change when assessing changes in outcomes at a district level, given the small number of FACT22 cases relative to the total CIN population in Coventry. Therefore, we do not believe the DiD analysis would be sensitive enough to detect the impact of the programme when making comparisons at the district level, thus prohibiting us from drawing causal conclusions.

Geographical location of families: The DiD exploited the fact that the programme was rolled out to 2 of 4 areas of Coventry (East and West), and thus allowed us to compare the change in outcomes between the areas that did, and did not receive the FACT22 programme. However, administrative data supplied by Coventry CSC indicates that 30% of cases included in the intervention are from outside of the East and West wards (or their location is unknown or out-of-Coventry). This reflects the fact that many families included in the intervention move throughout Coventry because they are housed in temporary accommodation, but their case remains with the same SW to ensure continuity of care regardless of whether or not they relocate. The geographical location (Social Care Ward) of children participating in the FACT22 programme across Coventry is shown in the table below.

Table 4: Geographical location of Children within FACT22 programme

Area	No. of FACT22 Children	Percentage
East	30	26
West	51	44
Central	18	16
South	11	9
Unknown/Out-of-Coventry	6	5
Total	116	100

This movement of families between areas removes the possibility of using the geographical location of the FACT22 hubs as a proxy for whether a family participates in the programme or not, therefore limiting our ability to use this to construct a counterfactual group. After conversations with the Coventry FACT22 team, we considered using a SW as a proxy for the area each family was assigned to circumvent the issue. However, as noted above, we believe aggregating up to the district level using this approach would produce analysis that is not sensitive enough to detect any change in outcomes.

Proposed new approach

To address our research questions detailed in the evaluation plan, we now propose implementing an alternative evaluation approach. This would involve constructing a comparator group of cases that fit the following eligibility criteria but were not selected for the FACT22 programme:

- open CIN plan for 6+ months;
- open at the point of programme implementation (April 2018);
- not selected to be part of the FACT22 programme.

We will then compare outcomes between cases participating in FACT22 to those who meet the above criteria. In contrast to the DiD approach, this analysis will be conducted at the case level, rather than using aggregated data (i.e. at the district level). We will use multiple regression analysis and control for available observable CIN characteristics.

It must be noted that we do not intend to implement a quasi-experimental matching approach. Matching is a statistical technique which uses observable characteristics to identify a comparison for each “treated unit” (i.e. FACT22 case). We do not feel this

approach is feasible in this context as it would require rich case-level data (for instance that which is captured in case notes) rather than what is captured administratively by Coventry CSC (e.g. size of family, age, etc.).

The small cohort size places strong limits on the inferences we can draw from any of our statistical tests. In addition, the comparison group we will use to address the quantitative questions are not ideally suited to establish whether FACT22 has a causal effect on CIN outcomes because there will be differences other than participation in FACT22 between the treated cohort and the group.

For example, the cases we use for the comparison group may not have been selected for the intervention because they faced less severe issues or because they were more resistant to the service. Therefore, cases selected for FACT22 are likely to be qualitatively different to the comparison cases, even if the observable case characteristics (duration of time open, family composition etc.) are similar, which means our estimates are less likely to be accurate. This is something we will note when reporting our findings.

Despite the drawbacks to our proposed approach, logistically implementing the previously specified evaluation strategy is not possible and our hope is that the comparison will give an indication of the effectiveness of the programme despite the results not being conclusive.

Appendix 4: Impact findings detail

This appendix outlines our detailed quantitative analysis results, which compare outcomes between the treatment (FACT22) and comparator groups after applying our matching method.

Closure of CIN cases (without later escalation)

- 54.9% of CIN cases in FACT22 had closed (without later escalation) by the end of the study period, compared to a closure rate of 79.6% for cases in the comparator group. The difference in closure rates is strongly significant ($p < 0.01$).
- The finding of statistical significance is sensitive to a hidden bias that multiplies the odds of selection to FACT22 by 2.6 or more. That is, if there are any unobserved factors (such as motivation to change or perceived disillusionment with SWs) which increase the likelihood whether a family participates in FACT22 by 2.6 or more, our result will not hold.

By the end of the study period, the rate of case closure in the intervention group was 24.7% lower than in the comparator group. Applying an ordinary least squares (OLS) regression with standard errors clustered at the child level, we find that this difference is strongly significant ($p < 0.01$).

Roughly half of the difference is explained by the lower likelihood that a case has a recorded closure date in the treatment group (77.9% compared to 89.1%). The other half can be attributed to cases with a recorded closure date having a higher rate of escalation in the treatment group (29.5% compared to 10.6%).

This result is insensitive to controlling for observable case-level characteristics in the regression, using a logistic model, and comparing treatment and comparator groups matched by PSM. However, according to the sensitivity test proposed by Becker and Caliendo (2007), our finding of statistical significance ($p < 0.05$) would disappear if an unobserved variable multiplied the likelihood of being assigned to FACT22 for cases in the treatment group by 2.6 or more relative to cases in the comparator group. This is a large impact, but certainly not implausible in this context.

See Appendix 2 for an overview of the sensitivity analysis.

Length of CIN case

To estimate the difference in time open per CIN case between the 2 groups, we use a censored-normal regression on the matched sample. This takes into account that we do not observe the closure dates for CIN cases which were still open at the end of the study period.

We estimate that CIN cases in FACT22 were open for 37.3 weeks longer than cases in the comparator group, a 56.5% increase on their average estimated length of 66.0 weeks. This difference is strongly significant ($p < 0.01$), and its statistical significance ($p < 0.05$) is insensitive to a hidden bias that makes cases in the treatment group up to 34 times more likely to be selected into FACT22 than cases in the comparator group (Rosenbaum, 2002)

Escalation of CIN cases

After matching, we found that 27.0% of CIN cases in FACT22 were escalated during the study period (either before or after their recorded closure date), compared to 14.3% of cases in the comparator group. The difference in escalation rates was strongly significant ($p < 0.01$). However, our finding of statistical significance ($p < 0.01$) here is sensitive to a hidden bias that multiplies the odds of selection to FACT22 by just 1.6, which may well exist given our lack of data on previous children's social care involvement - especially on previous escalations.

The difference in overall escalation rates is driven by a higher rate of escalations to CP status in the treatment group. Conversely, the percentage of CIN cases escalated to LAC status was lower in the treatment group than the comparator group (1.6% compared to 2.8%). However, the difference in escalation rates to LAC status is not even weakly significant ($p < 0.1$) because such escalations are very rare: only 2 cases in the treatment group and 13 cases in the comparator group were escalated to LAC status over the study period.

Re-referrals of CIN cases

No CIN cases in FACT22 were re-referred to assessment within 1 year of their original referral (and during the study period), compared to a re-referral rate of 4.8% in the comparator group. The difference in re-referral rates is strongly significant ($p < 0.01$). The statistical significance of this result ($p < 0.05$) is insensitive to a hidden bias that multiplies the odds that cases in the treatment group were selected into FACT22 by up to 2.5. Note that only 7.4% of CIN cases in our matched sample (3.3% of treatment cases and 8.6% of comparator cases) had their original referral within 12 months of the end of the study period, so this result would very likely hold given a longer follow-up period.

If we examine all referrals in the study period (not just those within 12 months of the case's original referral), we find a re-referral rate of 15.6% in the treatment group, which is still significantly lower ($p < 0.05$) than the 24.7% re-referral rate observed in the comparator group.

Risk Analysis

The box and whisker plots below outline the distribution of the total risk scores for FACT22 and Coventry CSC at referral and at latest case information. Each box shows the median total risk score (the line that strikes through it) and the interquartile range (IQR, the width of the box). The whiskers indicate the spread of the data. A dot on a graph represents an outlier: a total risk score that is abnormal compared to the rest of the scores. We also present box and whisker plots for the difference between the 2 total risk scores.

For both FACT22 and Coventry CSC cases, we observe a positive shift in the median total risk score over time, and the lower and upper quartiles. The increase in the lower quartile is particularly pronounced for Coventry CSC cases. We can see that the increase in total risk scores for FACT22 cases is being driven by outliers with large improvements: the median difference in the total risk score for FACT22 cases is zero.

Figure 9: Box and whisker plots for FACT22 cases

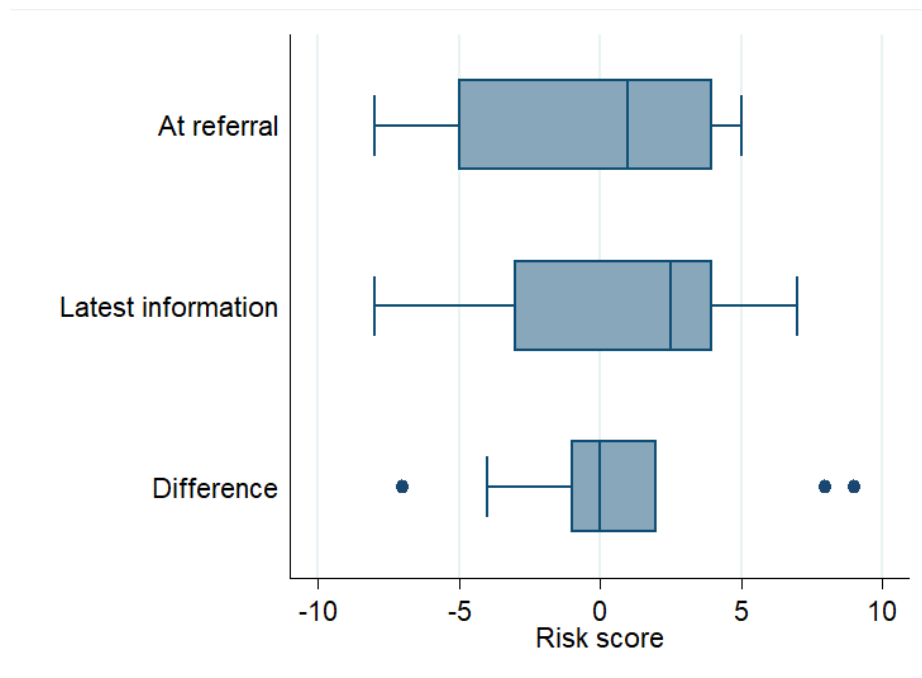
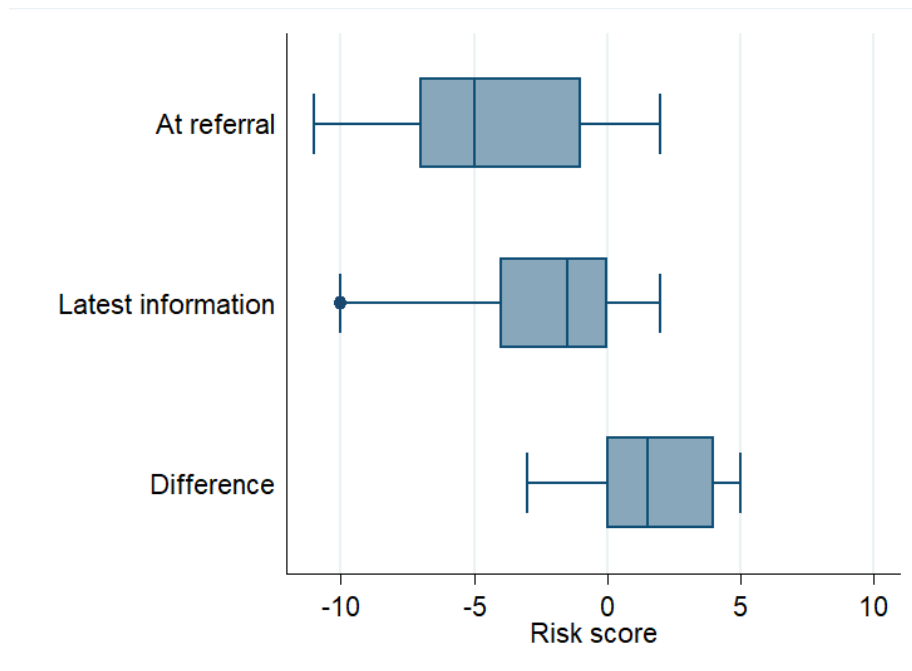


Figure 10: Box and whisker plots for Coventry CSC cases



Staff stress

High levels of stress among social care professionals are common (Farmer, 2011; Pedrazza et al., 2013) and can be detrimental as stress in the workplace is a predictor of staff turnover (Leiter and Maslach, 2009), sickness absenteeism (Godin and Kittel, 2004) and low productivity (Burton et al., 2005).

Only 10 individuals completed the survey - 5 who worked for FACT22 and 5 who worked for Coventry City Council. As such, these results should be interpreted with caution as they may well not be representative of all social care professionals at each organisation. We find that the average stress score of respondents at FACT22 was slightly lower than the average stress score of respondents at Coventry City Council: 2.02 compared to 2.21 (on a 1-5 scale). The 2 Family Practitioner respondents also had a lower average stress score than the 2 Coventry CSC social worker respondents (2.03 compared to 2.39).

Appendix 5: Qualitative Design

Method

In order to balance methodological and logistical considerations, and ensure we captured change over time, the evaluation consisted of data collection at multiple time points, January - April 2019 and November 2019 - February 2020. The qualitative part of the evaluation explored 2 main process of the intervention:

- Processes of implementation
- Mechanisms of impact

The qualitative data collection method consisted of semi-structured interviews. This allowed for a focus on range and diversity, and also captured both depth and breadth of experience. We looked to improve validity through the triangulation of multiple data sources involved in FACT22, including the perspectives of:

- Children in Need (CIN)
- Parent/Guardian (PG)
- Family Practitioners (FP)
- Advanced Social Workers (ASWs)
- Service Managers (SM)
- Team Manager (TM)
- Operational Lead (OL)
- Volunteer Manager (VM)

The qualitative evaluation was conducted through the following multiple time point methods:

- **Longitudinal case studies consisting of semi-structured interviews with PG and, where appropriate, CIN and FP:** allowing for the gathering of detailed PG, CIN (where appropriate) and FP (where agreed by the families) perspectives providing rich data which contextualised the experience of each population group. Conducting interviews at 2 time points allowed us to map changes in these perspectives over time. Data was collected in January-April 2019, with follow-up interviews in November 2019 - February 2020.
- **Individual semi-structured interviews with FPs:** these allowed for gathering of detailed perspectives of FPs on cases, triangulating information provided by PG and CIN. Additionally, given FPs worked with multiple families, they were able to comment on multiple experiences, providing a richness to the data through contrast and comparison. Interviews with FPs were only conducted in January-April 2019 as the sample of families interviewed were no longer working with the service (and FPs) at the point of follow-up interviews (November 2019 - February 2020)
- **Individual semi-structured interviews with ASW, SM, TM, VM and OL:** these allowed for gathering of detailed perspectives providing rich data on operational, management and implementation experiences. Conducting interviews at two time points allowed us to map change in these perspectives over time. Data was

collected in January-April 2019, with follow-up interviews in November 2019 - February 2020. Interviews with ASW, SM, TM, VM and OL were conducted at the first time point, however only SM and TM were interviewed at follow-up. Staff changes meant follow-up interviews at the second time point were not with the same SM and ASW as interviewed in January-April 2019.

Sampling

Recruiting families to participate in research activities was considerably more difficult than recruiting FACT22 staff, the final number recruited was marginally lower than our targets at the first timepoint, with some family attrition at follow-up.

We intended to conduct 10 longitudinal case studies (where a case study consists of interviews with a family, and a FP), which were intended to be conducted 6 months apart. Additionally, we planned to conduct 4 process and culture interviews with staff. These numbers were not reached as detailed below:

Timepoint 1 (January - April 2019): 9 families were recruited - 9 PG interviews, 4 CIN interviews and 6 FP interviews. Four staff members were recruited and interviewed (ASW, SM, VM and OL).

We could not interview all CIN as it was not appropriate in 5 cases, either due to the child being too young, or consent not being provided.

Timepoint 2 (November 2019 - February 2020): 5 families were recruited for follow-up - 5 PG interviews. To account for lost recruitment, 2 further families were recruited despite this being their first interview. 2 additional staff interviews were conducted with SM and TM to complement our analysis.

Family attrition at follow-up was expected, with some families losing interest in the process, either re-scheduling on multiple occasions and becoming unresponsive, declining interviews, or never responding. BIT research staff balanced recruitment targets with ethical considerations and followed a protocol of contacting families by phone and follow-up text message, up to 3 times, multiple weeks apart, without response before choosing not to pursue any further contact to avoid making any participant feel pressured to take part.

Appendix 6: Health and safety executive standards health indicator tool

The Health and safety executive standards tool can be accessed [here](#).

Appendix 7: Risk Analysis Framework

Table 5: Risk Analysis Framework

Risk Factors	Parent (main caregiver)	CIN (>11)	Family	Social Setting
-1 point for each factor	Previous dealings with social care	Risk taking behaviours	Parental conflict	Violent or dangerous neighbourhood
-2 points for factors in bold	Mental health problems	Expelled/Excluded	Family stress	Lack of social support
	Substance abuse	Low attendance	Isolated parent / Lack of familial support	
	Attachment issues with children	Aggressive behaviour	Power issues (controlling, manipulative, subservient)	
	Own needs before child's		Substance abuse	
	Victim of Domestic abuse		Young children (<3)	
	Personality disorder			
Protective Factors				
1 point each factor	In employment	Positive family relationships	Supportive partner	
2 points factor in bold	Empathy for child	Currently low levels of risk taking behaviour	Supportive Family Network	

	Overcome own adversity	Engagement at school		
	Lack of denial			
	Responsible for issues			
Engagement with social care				
2	Strong desire for change - collaborative	Strong desire for change - collaborative		
1	Compliant (attends all meetings, takes on advice)	Compliant		
-1	Tokenistic (Minimal level of engagement when pushed)	Tokenistic		
-2	Dissent/Avoidance/Denial - Actively lies about involvement or denies need for change	Dissent/Avoidance/Denial		

Appendix 8: Key Terms

FACT22 - The model implemented in Coventry

C22 – Catch22 - the organisation that delivers the FACT22 service

Coventry CSC - Coventry Children's Social Care

CIN - Child in Need - defined under the Children Act 1989 as a child who is unlikely to reach, or maintain, a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled.

CP - Child Protection - A child will be made the subject of a child protection plan, if they have been assessed as being at identified risk of harm. The CP Plan is the outcome of a child protection case conference and is the vehicle through which the risk will be reduced. Whilst Children's Social Care has lead responsibility for ensuring the CP Plan is in place, agencies named on the plan have an active role in ensuring that the plan is implemented.

FP - Family Practitioner - They are multi-disciplinary workers, without social work qualifications, who lead around 11 'cases' categorised as Child in Need. They work with the family to identify strengths and what already works well, and then agree what needs to change, and make plans to achieve this, and identify any risks and concerns. The family practitioner performs both administrative and frontline support; completes Child in Need plans and updates Liquid Logic - the software that records case data. They are organised into a pod system and managed by a Social Work Consultant.

Pod - The management structure at FACT22: 1 ASW leads a pod of several Family Practitioners

RCT - Randomised Controlled Trial

SW - Social worker - works for Coventry CSC

ASW - Advanced Social Worker - team leader at FACT22 and social work qualified manager who manages, coaches and supervises a pod of 4 Family Practitioners and has overall case responsibility and accountability. They undertake CIN visits and chair CIN reviews within agreed statutory timeframes and consult with CSC when there are risks and concerns which may lead to reallocation for reassessment.

SFA – Solutions-focused approach

Appendix 9: Solutions-focused brief therapy

SFBT is a therapeutic technique that emphasises the positive assets possessed by the client, and focuses on optimising these to achieve improvement in the specified goal. Though considerable variation exists in SFBT practice (Kim, 2007), FACT22's model includes the following elements:

- use of the “miracle question”
- use of scaling questions
- assignment of homework tasks
- looking for strengths and what is working well
- goal setting/what's better
- looking for exceptions to the problem
- future talk

SFBT has been used in a range of contexts including child behaviour problems, criminal reoffending, marital problems, family conflict, and caregiving for elders and schizophrenic patients (Corcoran & Pillai, 2009). Where robust studies exist, meta-analysis of SFBT across contexts points to positive but statistically insignificant effects, except for a significant effect in improving internalising behaviours (i.e. shyness, anxiety, depression, self-esteem) in children (Kim, 2007).

With respect to SFBT's application in child protection, the evidence base is positive but slim, and suffers from a reliance on practitioner outcome measures (i.e. self-reporting on perceived effectiveness), small samples, and authorship by potentially biased researchers (i.e. SFBT advocates and practitioners) (Bunn, 2013). Antle et al. (2009), one of the few large-scale evaluations of SFBT as applied to child protection, found that cases where the SFBT framework was used experienced significantly fewer recidivism referrals, relative to those that did not use the framework. However, this study suffers from several methodological weaknesses which inhibit the extent to which inferences of SFBT's success can be drawn. A 2011 systematic review commissioned by the UK Government concluded that the use of SFBT in childhood protection is not tried and tested and requires significant further research (Woods et al, 2011)

Appendix 10: Value for money analysis

Calculating fiscal return on investment (ROI)

The ROI for FACT22 is calculated as:

$$\text{ROI} = \frac{\text{cost of handling FACT22 cases with FACT22} - \text{cost of handling FACT22 cases with Coventry CSC}}{\text{cost of handling FACT22 cases with FACT22}}$$

We are implicitly assuming here that FACT22 only has fiscal benefits through its effects on children's social care outcomes (which then feed into the cost of handling cases).

Costs data

We estimate the (actual) cost per FACT22 case using the financial return data provided by Catch22. We focus on the period 12 April 2018 - 22 November 2019 for our main calculation (using linear interpolation within the starting and finishing months to estimate the expenditure in each) as this should capture delivery costs over the study period. We assume that there were 163 FACT22 cases and use the CPI-H to convert all costs into 2019£.

We estimate the cost per FACT22 case if it had been handled by Coventry CSC using unit costs provided by Holmes et al. (2010) and the DfE Section 251 (2018). We use the unit costs from Holmes et al. (2010) of referrals, ongoing support for CIN cases, ongoing support for CP cases and case closures estimated from 3 local authorities outside of London. Ongoing support costs for CIN and CP cases vary by age (under-sixes and over-sixes) and issues suffered by the child (emotional or behavioural difficulties, or not). We assume that no FACT22 children had emotional or behavioural difficulties and looked at each child's age at the start of the study period when calculating costs for each case; both of these approaches cause us to underestimate the costs of Coventry CSC. We also do not apply a correction for optimism bias.

We use summary statistics from the comparator group to approximate the children's social care outcomes (average length of time as CIN/CP/LAC and re-referral rate) of the matched group of FACT22 cases. In other words, we assume that quantitative estimates from matching represent the causal effects of FACT22. These estimates are computed separately for under-sixes and over-sixes. Furthermore, we assume that FACT22 had the same impact on the children's social care outcomes of unmatched FACT22 cases as it did on matched FACT22 cases: for example, it reduced the re-referral rate of under-sixes (over-sixes) by the same 11.7pp (8.1pp). We also removed the estimated costs that were incurred by Coventry CSC during the study period before cases entered into FACT22.

Table 5 shows a breakdown of the average weekly cost of a FACT22 case. The vast majority of expenditure (79.9%) is directly on staff. The average weekly cost of a FACT22

case is £83.08, whereas the average weekly cost of handling FACT22 cases under Coventry CSC is estimated to be £165.93.

Table 6: Average weekly cost of a FACT22 case

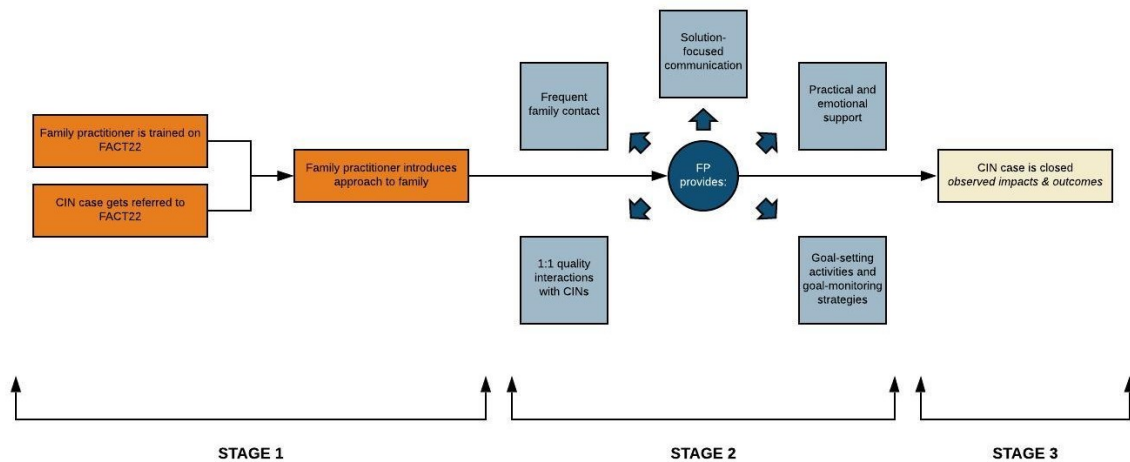
Cost type	Cost per FACT22 case per week (2019£)
Staff	£66.35
Overheads	£9.99
Young people payments & expenses	£1.15
Training & recruitment	£0.59
Travel & subsistence	£3.17
Information materials	£0.25
Other costs	£1.60
Total	£83.08

Assumptions

1. There were no costs of handling cases under FACT22 or Coventry CSC after the end of the study period (i.e. we ignore costs incurred after the end of the study period)
2. All escalations that occurred after the end of their associated CIN case continued until the end of the study period (this is consistent with the approach taken in the quantitative analysis)
3. FACT22 only has fiscal impacts through altering children's social care outcomes (time before closure, escalations and re-referrals) - potential effects on educational or employment outcomes are beyond the scope of this study
4. The estimated differences between the treatment and comparator groups in the quantitative analysis represent the causal effects of FACT22 - i.e. there are no unobserved case characteristics that influence both selection into FACT22 and children's social care outcomes, and there are no differential (heterogeneous) treatment effects between matched and unmatched FACT22 cases
5. The estimated unit costs for children's social care in England (Holmes et al., 2010; DfE Section 251, 2018) are the same as the unit costs for Coventry CSC

Appendix 11: Families' experience of activities in the FACT22 programme

Figure 11: Overview of families' experience of the FACT22 programme



Frequent contact

Families received intensive contact with their FP. This was commensurate with the family's needs and would range from daily to weekly contact, in person or over the phone. Occasionally contact would be monthly, but in line with the family's requirements.

Solution focussed communication

FPs dedicated time with families to improve communication dynamics between family members. For example, FPs would conduct mind mapping sessions with the whole family, to learn about different communication styles and how to view situations from a different perspective. FPs would use these sessions to support families to work together to find solutions to problems through communicating with each other and discussing issues collaboratively.

Practical and emotional support

In line with a solution focused approach, The FP supported families in finding practical solutions to overcome challenges in day-to-day life. FPs would provide transport to

appointments, help arrange meetings with schools, arrange computers to enable CINs to do homework and help manage financial issues. FPs also provided emotional support to parents during challenging situations and would act in a 'friend' like capacity listening and giving advice to parents.

Goal-setting activities and goal-monitoring strategies

The FPs used specific activities to monitor and set goals with parents and children. These included the outcome star and behaviour charts as a way of rating and monitoring progress of goals and risk factors. FPs would set emotional goals with CINs and family members to reduce conflict and support behavioural management.

One-to one quality interactions with CIN

Conversations

FPs would have 1:1 conversations with the children, often at school, sometimes at home or 'out and about', taking them to a coffee shop or their office. These normally lasted an hour and happened consistently, weekly or twice a week.

Creative activities

FPs encouraged the CINs to participate in creative and fun activities in order to build relationships and encourage self-expression. For example, the FP would play games, do drawings, read books and do arts and craft activities with the CIN.

Confidential scrapbooking

FPs used scrapbooking in 1:1 sessions with the CIN to support them in expressing their feelings visually and as an aid to build trust. Scrapbooks were confidential, and could only be shared with the CIN's permission.

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