Department for Education

Creating Strong Communities in North East Lincolnshire: A Longitudinal Evaluation

Evaluation report

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Key messages

- Models such as Creating Strong Communities in North East Lincolnshire (CSC) have an enhanced impact due to multiple strategies that combine complementary approaches and shared theoretical perspectives. The key elements of CSC – Signs of Safety (SoS), Restorative Practice (RP) and Family Group Conference (FGC) - together delivered a transformative cultural change for children's social care in the local authority.
- The unique and neutral forum provided by the Family Group Conference, alongside a mediated process, directly contributes to changes in family dynamics. Results, based on the perceptions of practitioners and FGC family contacts, include enhanced levels of resilience, and families being better equipped to take ownership of and resolve their issues independently.
- The FGC has a specific role in moving cases on, resulting in fewer re-referrals and enabling them to be closed to social care or stepped down to a lower level of support. Furthermore, this has been shown to be a cost effective approach providing a return on investment for local authorities. The positive outcomes from the FGC service have resulted in an expansion of the service in North East Lincolnshire from April 2020.
- Timing of the FGC is crucial with regards to maximising early intervention as it is less effective when families have complex issues. Therefore the FGC intervention is most useful for families at a lower level of need than Child Protection Plan.
- Achieving a meaningful and sustained cultural change in social care practice requires leadership and support across all levels of management, as well as tenacity with regards to on-going training and reinforcement of new models of practice. Partnerships have extended the impact of the CSC model.
- The improvements in practice did not impact on the headline indicators Child in Need and Looked After Children – an increase in these reflects higher level of need. However, a decline in the rate of re-referrals evidences that CSC interventions are working in enabling families to be more able to identify, respond to and address their own issues.
- Maintaining the visibility, organisational commitment to, and daily practice of the approaches (RP and SoS) is a key factor in achieving meaningful cultural change. As such re-confirmation is required over a significant timescale, this includes regular updating and refreshing of the principles and approaches included in the CSC model alongside an embedded programme of training. Follow-up training or cascading, the role of champions in sharing skills and as role models, and reinforcement of key messages (the theoretical and organisational context for approaches) is required.

- The context for CSC was important. Practitioners struggled to implement and/or practice in line with the RP and SoS approaches at times of high organisational pressure. These pressures were associated with staff capacity and the number of, and complexity of, social care cases being held by practitioners.

Executive summary

The project

In North East Lincolnshire funding from the Children's Social Care Innovation Programme was used to redesign the way that local practitioners and partners work together. The project was implemented by the local authority in 2015 following a rise in the number of children on Child Protection Plans (CPP), with Child in Need (CiN) status, and the number looked after by the local authority (LAC).

The Creating Strong Communities in North East Lincolnshire (CSC) model incorporated four approaches: Family Group Conferences (FGC), Signs of Safety (SoS), Restorative Practice (RP) and Outcomes Based Accountability (OBA). Project delivery included training delivered by external providers and via cascaded learning through the organisation. An independent FGC service was established and has been continued since project implementation.

The Round 1 evaluation used mixed methods to assess implementation effectiveness, set performance baselines, establish initial perceptions of impact and to conduct a Cost Benefit Analysis (CBA) in relation to FGC activity. Findings evidenced a reduction in the number of children subject to a CPP, a lower rate of referrals to to social care and the potential for cost savings. A cultural shift in the way staff are managed and significant changes to the delivery of children's social care was achieved.

The evaluation

The longitudinal evaluation reported here has focused on three of the CSC approaches (FGC, RP and SoS). Since the Round 1 evaluation North East Lincolnshire Council has continued RP and SoS training but with a greater emphasis on in-house training. The FGC team has remained in place to provide mediated support for families. Partnership work has extended to third sector organisations.

The aim of this evaluation (2018-20) was to explore whether the outcomes evidenced in Round One have been maintained and/or improved since the initial assessment and to explain factors determining outcomes. Using mixed methods, the evaluation was based on the approaches used in Round 1 with additional questions to measure long term impacts. These included:

- Surveys at two time points aimed at local authority staff who had taken part in training for RP and SoS.
- Follow-up of Round 1 cohort one families (n=20) who received FGC based on local authority datasets.

- 20 families were identified to create two new cohorts of FGC participants (cohorts 2 and 3). Initial phone interviews were conducted with family contacts and then follow up interviews were undertaken after 3, and then 6 or more months.
- A focus group was conducted with social workers and children's social care staff.
- A Cost Benefit Analysis of outcomes achieved after completion of the FGC was completed based on North East Lincolnshire Council (NELC) datasets.
- A review of a set of eight indicators at local authority level over a five year period (2014-15 to 2018-19) was undertaken based on national datasets (national statistics).
- A case study of a third sector organisation was completed to illustrate the use of CSC approaches in partnership with the authority.

The evaluation was implemented largely as planned, however due to data availability issues, low response rates for the planned social worker survey and other surveys, and direction from the client in NELC (to improve recruitment to and participation in the evaluation), some changes were made to the evaluation methodology.

Key findings

Over five years of delivery the CSC approach has had a fundamental and transformative impact on families, social work culture, practice, and community partners. However, sustaining impacts has been challenging. Based on the feedback and perceptions of practitioners and family members who participated in FGC, the three approaches have improved engagement of both immediate and wider family members, promoted greater ownership of issues among supported families, and enabled them to to respond to, and manage safeguarding issues. However, due to inconsistencies at management level and staff capacity issues, embeddedness has been incomplete. This highlights a need for further reinforcement of the principles of CSC approaches, ongoing training, organisational support and leadership.

The FGC was a powerful means for resolving disagreements, disputes, and care arrangements, but it required a commitment by the family and practitioners to following through on actions. Families participating in FGCs, reported consistent positive outcomes in relation to intra-family relationships, emotional wellbeing, communication, and agreements on sustainable childcare and access arrangements. Those participating in the FGC stated they were being listened to and where there was good engagement (reported by both staff and families) with the FGC process, gained insights and understanding in relation to the issues faced by the family, and agreed to changes and/or goals set out in the Family Action Plan. The least successful FGCs, assessed via follow-up interviews with family contacts, were typically those where the agreed actions had not been followed through by family members or social workers, in some instances blocking any progression of the action plan.

The FGC has been shown to have a positive annual return on investment with a benefit cost ratio of 3.4. This indicates a potential annual saving of £3.40 for every £1 invested in the programme. This confirms the projected findings of the Round 1 CBA and supports further investment. It also justifies the recent expansion of the FGC service in North East Lincolnshire.

Of eight objectives set by local authority reporting at Round 1 for the CSC programme only one was met, two were partially met and five were not met. Annual results for the outcomes set were compared over time from 2014-15 to 2018-19, showing a decline in re-referral rates to childrens social care in North East Lincolnshire. However, reductions sought in the number of children subject to a CPP and in the social worker turnover rate were only partially met. Objectives not met were a reduced rate of referrals to childrens social care, and a reduction in the number of children looked after by the authority and the number of identified as CiN.

The FGC service has continued to expand and has contributed to a reduced demand on the social services. At the time of the Round 1 evaluation the FGC team had engaged with 159 families through 65 conferences, and between 2017-2019, 248 FGCs had been completed with 374 families. Of the 30 families followed up more than half have been closed to social care or been stepped down to lower levels of support. Prior to their FGC(s) cohort families had children who were in need, on child protection plans or looked after. At follow up in January 2020, 70% of families in cohort 1 had closed to social care, while 70% of cohort 2 families and 10% of cohort 3 families respectively had also closed to social care. Forty percent of the cohort 3 families had moved from LAC to kinship care.

Implications and recommendations

Continued reinforcement of the three CSC approaches (RP, SoS and FGC) has shown further progress since Round 1 towards achieving embedded practice and cultural change. Widely supported by both managers and practitioners, RP and SoS had impacted on both workplace culture and social care practice. While since Round 1 commitment to the CSC model had remained high, maintaining the momentum of change in the face of other competing priorities was a key issue. This comes with the risk of diminishment of positive changes over time. In conclusion, meaningful cultural change requires an ongoing commitment of significant time and investment.

The FGC was a catalyst for improved family cohesion and dynamics. Mediated sessions contributed to the development of strong networks of support around the family unit, but were dependent on commitment from both professionals and the family members to the agreed Family Action Plan. The FGC offers a powerful tool for the resolution of care responsibilities, family problems/disagreements and identification of collective solutions.

While the CSC programme had a positive impact on the rate of re-referrals and demonstrated the cost effectiveness of the FGC, it did not meet other obejctives set out during Round 1.

1. Overview of the project

Project context

In 2014 the Department for Education's (DfE) Children's Social Care Innovation Programme was launched, with the aim of improving outcomes for children being helped by the social care system [22]. North East Lincolnshire Council (NELC) was successful in securing DfE funding (£1.06 million) through the Social Care Innovation Programme (Round 1) to radically change the way social work is organised and delivered in the local authority [15]. Key project aims were to fundamentally redesign the way that local practitioners and partners work together to safeguard children.

NELC recognised that it had high levels of need in relation to children on the edge of care and within the social care system. In addition, it had also encountered a rise in the number of children on Child Protection Plans (CPP) or identified as being in need (CiN), with a 34% increase in looked after children (LAC) and a 32% increase in children on a CPP since 2012. Furthermore, it was acknowledged that many of these families had been known to services for some time and that previous interventions have been unsuccessful.

Characteristics of North East Lincolnshire

North East Lincolnshire is a unitary authority that incorporates the towns of Grimsby and Cleethorpes. It has a total population of 159,821 (ONS, 2018) of which 37,806 (24%) are children aged from 0 to 19 years [16].

North East Lincolnshire is one of the 20% most deprived areas of England and 26% of children live in low income families [18]. Furthermore, the health of those living in this area is poorer when compared to the average for England [18]. Levels of unemployment and homelessness are high, with 71% of those aged 16-64 years in employment and a statutory homelessness rate of 2.9%. Both of which are significantly higher than the national trend [18].

Project aims and intended outcomes

The Creating Strong Communities (CSC) project, has aimed through partnerships and new ways of working to safeguard vulnerable children; implement new evidence-based approaches to how local authority (LA) staff interact with service users; and to establish new methods for the delivery of children's social care.

Project activities

The four constituent parts of the CSC model are: Family Group Conferencing (FGC); Signs of Safety (SoS); Restorative Practice (RP); and Outcomes Based Accountability (OBA). The CSC project brought together these four established approaches within social work and community practice for the first time – referred to as North East Lincolnshire's Framework for Practice. Round one evaluation showed that the CSC model was successfully implemented in North East Lincolnshire and by July 2017 resulted in a reduction in the number of children subject to a CPP and a fall in the referral rate to social care [19].

It was implemented at a time of significant change for the local authority, with strong political support but major economic and social challenges affecting the area.

The CSC model was designed to fundamentally improve the way practitioners and partners in North East Lincolnshire work together to safeguard vulnerable children. The approach was based on a systems change to reduce the numbers of families requiring intensive support. Key elements of the model were:

- Outcome Based Accountability (OBA): this is a powerful thinking process, which focuses a whole organisation on outcomes, rather than the process.
- Restorative Practice (RP): is an approach which aims to resolve conflict at the earliest stage by encouraging both high challenge and high support for all parties. RP encourages critical reflection and consideration of language.
- Signs of Safety (SoS): enables practitioners across different disciplines to work collaboratively and in partnership with families and children, using the same language and methods.
- Family Group Conferencing (FGC): provides mediated support for the whole family, resulting in an agreed family support plan, which sets out the best route forward for a family to take care of their child(ren).

The CSC model was founded on a strong belief that the whole programme is greater than the sum of its component parts. In Round 1, OBA was placed at the heart of the model and provided an outcomes focus.

Summary of key findings from Round One evaluation

An evaluation of CSC in North East Lincolnshire was completed in July 2017 [19] as part of Round 1 of the Children's Social Care Innovation Programme [22]. The study was designed to capture the impact of the four components of integrated support on practitioner practice, partnership working and outcomes for young people and families. The evaluation employed a mixed methods approach to assess implementation, to set

performance baselines, establish initial perceptions of impact, and to conduct a cost benefit analysis (CBA) for the FGC strand of activity. Key findings from the evaluation included:

- A reduction in the number of children subject to a CPP and in the referral rate to social care. This falling trend was not evidenced for the number of CiN or the number of LAC.
- Sixty percent of staff were successfully trained and confident in OBA.
- RP training introduced a shift in the way that staff were managed. It was successfully used to implement change in Children's Social Care and was rolled out to schools for the management of pupil behaviour.
- Staff recognised the benefits of applying the SoS model (90% of staff were trained) and the benefits for families. SoS was found to be impacting positively on external agencies' procedures such as referrals.
- The FGC team worked with 154 families, delivered 65 conferences and it was estimated that the FGC service avoided 15 children per year from being moved into LAC. Families were positive and very satisfied with the FGC service. A cost-benefit assessment based on 20 FGC cases revealed a return on investment of 18.2, representing a saving of £18.20 for every £1 spent on support. The FGC process was also shown to deliver a better return on investment relative to historical practice.
- The ongoing sustainability of approaches was supported by a strong senior management commitment, and cascading of practice through Champions networks. There was a strong commitment from the senior management team to continue with the four CSC components beyond the period of Innovation Programme funding.

Longitudinal follow-up evaluation

The Round 2 follow-up evaluation, the focus of this report, addressed three of the CSC programme strands: RP, SoS, and FGC. Further information regarding each of these strands of delivery and a review of relevant literature has been included in Appendix One.

While remaining committed to the CSC programme and seeking to extend the reach of the three approaches, it was noted that during the period of the evaluation the authority was facing numerous challenges associated with increasing demand for services, social worker capacity, and available staff resources.

The follow-up evaluation study began in April 2018 and was completed in March 2020. The CSC has remained the model of practice in North East Lincolnshire and training for RP and SoS has continued, although the emphasis on in-house training has been

greater. Plans for further development of RP and the implementation of 'trauma informed practice'[1] have been outlined.[2]

With regards to the impact on external service providers, the collaboration between the local authority and CatZero (a third sector organisation based in Hull but working with disadvantaged young people in Grimsby) was proposed as a useful example. A case study outlining the work of CatZero has been included in Appendix Five.

Based on the evidence from the Round One evaluation, discussion with staff at Children's Social Care in NELC and our understanding of the project, we have developed a programme logic model.[3] This is based on CSC components and specifies **inputs, activities, outputs, outcomes and impacts**. The logic model is presented in Appendix Two.

[1] Further information on trauma senstivie practice with children in care can be found here: https://www.iriss.org.uk/resources/insights/trauma-sensitive-practice-children-care?gclid=EAIaIQobChMIyvLh9IW96QIVZIBQBh0_UAYrEAAYASAAEgKLrPD_BwE

[2] Discussion with the Director of Children's Social Care. Meeting on 13.07.2018.

[3] Definition: *"A program theory or logic model explains how the activities of an intervention are understood to contribute to a chain of results (short-term outputs, medium-term outcomes) that produce ultimate intended or actual impacts. It can be shown in the form 'inputs → processes → outputs → outcomes → impacts', but sometimes other forms are more useful."*

2. Overview of the evaluation

Summary of the Round 1 evaluation methodology

The Round 1 evaluation employed a mixed methods approach to capture the collective impact of the four components (OBA, RP, SoS and FGC) of integrated support on practitioner practice, partnership working and outcomes for young people and families. Methods used included:

- Practitioner e-surveys for SoS, RP and OBA.
- Practitioner focus groups.
- Trainer consultation and training observation (across the 3 strands).
- E-surveys and case studies for the Restorative Schools programme.[4]
- Ten family case studies (FGC families).
- Surveys of FGC families and social workers.
- Workshops with the FGC team (at baseline and follow-up).
- Good practice case studies related to the FGC service.
- Analysis of secondary data.
- A costs benefit analysis for the FGC based on 20 historical and 20 current families.

The evaluation methodology collectively assessed the process of CSC implementation, set performance baselines, assessed initial perception of the project's impact; and specified tools and methods for on-going evaluation.

This longitudinal evaluation builds on the findings from the Round 1 evaluation, specifically focussing on the assessment of the longer term impacts of the project and the extent to which key aspects of the CSC approach have been successfully embedded and sustained.

[4] A restorative school is one which takes a restorative approach to resolving conflict and preventing harm. See: https://restorativejustice.org.uk/restorative-practice-schools

Longitudinal evaluation questions

The primary aim of this evaluation has been to explore whether the outcomes evidenced in Round One have been maintained and/or improved since the initial assessment and also to explain factors determining outcomes.

The analysis has been focussed on the following five evaluation questions;

- What impact has the Creating Strong Communities project had on practitioner and partner working?
- What impact has the project had on young people and families participating in Family Group Conferencing (new family cohort)?
- What have been the costs and benefits for Children's Social Care of two cohorts of families (one follow-up and one new one) who have participated in Family Group Conferences?
- Since inception of Creating Strong Communities, what changes have there been in the number of children: looked after, in need, on a Child Protection Plan, or referred and re-referred to Children's Social Care?
- Since inception of Creating Strong Communities how many families have been supported from complex and severe levels of need to universal support?

Longitudinal evaluation methods

The evaluation began in April 2018 and data collection was completed in February 2020. It was designed to evidence outcomes at the family, practitioner, service and local authority level. The evaluation used mixed methods to gain feedback from practitioners, social care managers, and families that had participated in a Family Group Conference. Analysis of outcomes datasets (from the local authority and government statistics on children's social care) was completed along with a Cost Benefit Analysis (CBA) in relation to the FGC service.

Outlined below are details of each of the methods used for the evaluation;

- 2 surveys of LA staff: Seeking to assess longer term outcomes of Restorative Practice (September 2018 and June 2019). These were based on the Round 1 survey with additional questions on impacts, outcomes and challenges. Staff included in Round 1 and recently recruited staff were surveyed.
- 2 surveys of LA staff: Seeking to assess longer term outcomes of SoS (September 2018 and June 2019). These were based on the Round 1 survey with additional

questions on impacts, outcomes and challenges. Staff included in Round 1 and recently recruited staff were surveyed.

- Follow-up of round one families (n=20) who received FGC, through a series of interviews with family contacts, in order to investigate if positive outcomes have been maintained and assess their rates of re-referral to social care.
- 20 families were identified and recruited by the Local Authority to create two new cohorts of FGC participants (cohorts 2 and 3). These families were approached by the FGC Coordinators (who organise and mediate the FGC), invited to take part and asked to complete a consent form. York Consulting invited the family contacts for each cohort (each cohort consisted of 10 families) to participate in an interview after completion of their FGC and then three months later. Longer term follow-ups then took place after 6 months or more following completion of the FGC.
- One outcomes dataset relating to all three of the FGC cohorts was created. This focused on the status of children in the 20 families at the first FGC and at a follow up stage (after 7 months or more). This was provided by NELC.
- One focus group was conducted with social workers and children's social care staff. This was designed to gain feedback on RP, SOS and the FGC service. The questions for group discussion focused on impact, outcomes and embeddedness of the three different approaches.
- A Cost Benefit Analysis of outcomes achieved after completion of the FGC was completed based on datasets provided by NELC.
- One review of LA indicators (North East Lincolnshire Council) over a five year period (2014-15 to 2018-19) was undertaken.This was based on the set used in the Round One evaluation and incorporated the following measures:
    1. Social worker turnover
    2. Social worker absence
    3. Social worker vacancies
    4. Number of children looked after (by the LA)
    5. Number of children in need
    6. Number of children on a child protection plan
    7. Referral rates to social care
    8. Rates of re-referrals to social care
- One case study with an external third sector organisation (CatZero) designed to illustrate the use of CSC approaches in a partner organisation (see Appendix Five).

The evaluation used both primary and secondary data sources to address the five evaluation questions. The survey questionnaires, focus group topic guides and FGC interview topic guides were based on the evaluation resources developed for the Round 1 evaluation. This provided consistency and continuity in the approach to data collection. In order to capture the longer term impacts additional questions were incorporated into all of these. Additional questions focussed on the embeddedness of CSC approaches, challenges and impacts.

Changes to evaluation methods

The evaluation was implemented largely as planned. However, in response to emerging challenges during the evaluation such as the availability of data, the low response rates for the planned social worker survey and other surveys, and direction from the client in NELC (to improve recruitment to and participation in the evaluation), some changes were made to the evaluation methodology as outlined below:

- The follow-up of Round One families was limited to the families who had received FGC support. It was not possible to trace the comparator group due to missing ID numbers.
- For the new cohort of families in receipt of FGC, telephone interviews were conducted for the initial and follow-up data collection (instead of e- surveys). This followed discussions with the local authority (Principal Child and Families Social Worker) at the outset of the evaluation, who advised that this would provide a more in-depth investigation of the experience of FGC, and improve response rates.
- An additional focus group, which was not part of the original evaluation design, was undertaken with a group of staff from the children's social care department at NELC. This was further to a very poor response rate to the surveys and discussion with the local authority (Principal Child and Families Social Worker).
- A case study visit was undertaken to a locally based organisation that had utilised CSC approaches and that had worked closely with NELC. This was also not part of the original evaluation design, but was incorporated to explore in more depth the partnership working that had been taking place, following discussion with the local authority (Principal Child and Families Social Worker and the Director of Children's Social Care).

3. Key findings

Question 1: What impact has the Creating Strong Communities project had on practitioner and partner working?

Based on practitioner perceptions, the CSC approach has had a substantial impact on practitioner working, and this in turn has contributed to enhanced partnerships. Social work practice with families has undergone transformative changes with improved engagement of both immediate and wider family members, greater ownership of issues among supported families and evidence that families were better able to identify, respond to, and manage safeguarding issues.

The RP approach has been utilised in the workplace, in team meetings, supervision and line management, although there were some inconsistencies in practice often associated with attitudes, belief and commitment to the approaches. Key elements of the model (RP and SoS) have progressed since Round 1, becoming more widely embedded and impacting on culture. The SoS framework for practice has become an important tool for decision-making around safety.

Family Group Conferences

The focus group conducted with staff from Children's Social Care explored staff percpetions of the impact of the three CSC approaches on practice. With regards to the FGC service, there was a consensus that it had helped to engage families and to overcome reputational issues for social services. The flow of communication between families and social workers was identified as having contributed to an enhanced understanding of cases. Furthermore, the FGC had helped to draw in wider family members as well as contributing to an improved family life.

It was noted that families often take ownership of the Family Action Plan (devised and agreed at the FGC) and then find their own solutions:

> "At the conferences you see family members encouraging each other 'We've done our actions, why haven't you done yours'." *Social care practitioner*

It was felt by participants that family members had a greater awareness of safeguarding as a result of participating in the FGC. Practitioners were subsequently better able to identify safeguarding issues and to report these before any escalation has taken place:

> "From a front door point of view, if family members see other spiralling, they'll report it to us. [Its an] extra layer of safeguarding for the children." *Social care practitioner*

Furthermore, there was a perception that the FGC had helped to address the problem of the 'revolving door'. In this way it was contributing to a reduced number of re-referrals.

Restorative Practice

Adoption of the CSC model approaches have resulted in changes to social work practice which aims to enable families to have a more active role in the process and to become less dependent. Using RP to build trusting relationships was deemed to be important by practitioners, but it was felt that this can take significant time.

Focus group participants expressed the view that the concept of working 'with' rather than doing 'to' or 'for' doesn't always work in RP practice. In addition, within the context of a high-pressure working environment it's use is sometimes problematic and often forgotten –

> "Restorativeness goes out of the window." S*ocial care practitioner*

From an organisational perspective, focus group participants felt that the RP principles needed to filter down from the management to the workforce. Some observed that it was used less among the middle managers, although this did vary among individuals:

> "Some people get defensive and constantly feel they have to justify their actions." *Social care practitioner*

Survey results of practitioners demonstrated that positive impacts have been generated as a result of the RP approach with a majority of respondents indicating that it had helped them in their role (80 of 91 - 88%), taught them useful skills and techniques (80 of 91 - 88%), enabled them to embed RP (66 of 83 – 79.5%) and to have the skills to effectively implement it (67 of 83 - 81%).

Further feedback obtained via focus group results indicated that changes in practice had been made in order to incorporate the RP approach. Training had enabled practitioners to use RP to inform how they work with their clients successfully as part of their daily practice. Others felt that RP resonated positively with their own values and beliefs and as such it had been fully embraced:

> "Restorative approaches in everything I do – being able to BE restorative in all my dealings…Staff feel happier, managers have become better managers and teams have really shone and realised

> togetherness. The whole organisation has undergone a reformation in trust and vitality." *Social care practitioner*

Nonetheless it was also recognised, that some practitioners found the RP approach more challenging and noted that further support and/or training would be required for this group:

> "I still do feel being restorative is very difficult for some people, it's like wearing a pair of shoes that do not fit, yes they look good and are worn for a few times but are then discarded as they were too uncomfortable for them to walk in." *Social care practitioner*

More than one quarter (30%) of those responding to the RP survey were senior staff (Director/Manager/Supervisor/Lead). Most of this group (25 of 30 – 83%) agreed/strongly agreed that they had a clear understanding of the principles of RP. A similar proportion (25 of 30 – 83%) agreed/strongly agreed that the training had made them think about how they manage their staff. However, a smaller proportion of the manager group (17 of 30 – 57%) agreed/strongly agreed that they had actually changed how they manage staff.

> "I try to ensure that every member of staff has a voice and that they feel they can use that voice both on a one to one and in meetings. I feel that regular check ins make staff feel more supported and we have a better working relationship." *Social care manager*

> "[RP is] used in supervisions and group meetings to establish starting points. Meetings are now much more open in terms of equal input, rather than being led by the manager." *Social care manager*

Signs of Safety (SoS)

Practitioner survey results suggested that training in SoS had helped staff to improve and embed practice, but there was a consensus that further and more detailed training was required. An IT system to support assessment had been installed, but training around its use had not been provided. The quality of the assessment process was also discussed by focus group participants. There was seen to be a lack of standardisation and inconsistency in relation to assessment. It was proposed that practice examples would help practitioners to understand what a good assessment looks like.

The majority of respondents to the SoS survey who had used the SoS framework in making decisions regarding the safety and well-being of children, had found it to be extremely/moderately useful (47 of 58 – 81%). More than one third (24 of 61 – 39%)

considered that SoS had made a very positive difference to their practice and 41% (25 of 61) that it had made a somewhat positive difference to their practice:

> "There is clear plan and expectations of everyone involved in working with the families and families are in charge of their own plan." *Social care practitioner*

Working in partnership

NELC had worked with partners across the community to share and extend the impact of the CSC approaches. One example was collaborative work with a third sector organisation – CatZero. Case study interviews showed the willingness of the local authority to embrace innovation and test out new ideas had fostered a shared strategic approach with CatZero and supported integrated working, building positive relationships and creating meaningful and sustainable networks of support:

> "[NELC] are very supportive in relation to [our] organisation's plans, [their] good strategic approach and integrated working creates a network of people." *CatZero representative*

A key benefit of working in parallel with and on behalf of the local authority has been a more integrated approach to supporting families. The 'wrap around' model for holistic family support delivered through Cat Zero's 'Grimsby's Full Families Programme', draws on the input of key services: CCGs, police, education, third sector providers, and social services to better meet the needs of families. It ensured a joined-up approach avoided duplication and was further enhanced through shared approaches such as RP (the full case study has been included in Appendix Five).

Question 2: What impact has the project had on young people and families participating in Family Group Conferencing (new family cohorts)?

For families participating in FGCs (based on interviews with family contacts), consistent positive outcomes were achieved in relation to inter-family relationships, the family dynamic, and the quality of communication between different family members (nuclear and extended). Children and young people taking part in the FGC were being listened to, gained insights and understanding in relation to the issues faced by the family, and agreed to changes and Family Action Plan goals. The least successful FGCs, based on both the FGC interviews with family contacts and feedback from practitioners in the focus group, were typically those where the agreed actions had not been followed through.

Interviews with contacts from families explored FGC processes and impacts. The perspective of children's social care staff was captured through the focus group with practitioners (outlined below).

The FGC Process

Most of the FGC family interviewees considered that the preparations for the FGC could not have been improved. The relationship established between the FGC Coordinators and the families was strong and supportive, with workers being regarded as a source of accessible advice. As such, preparing for the FGC was perceived as contributing to the outcomes being sought and began the process of reflection and planning central to this model. The non-judgemental approach, the open communication and availability offered by the FGC Coordinators was highly valued:

> "[I felt] extremely supported by [the FGC Coordinator] [she was] always available to answer any questions and I knew that I could ring her anytime". *FGC family member*

Improvements in family relationships

FGC interviewees outlined that the conference and Family Action Plan had contributed to fewer arguments or tensions among the family. Approaches involved setting out ground rules and putting these in place to avoid arguments. Improved relationships were described as 'stronger' and 'closer'. Participation in the conference had provide a neutral and safe setting for issues to be drawn out and considered. Levels of understanding between family members had improved, as such relatives were getting along better and working together more effectively – this was consistently identified as a positive outcome:

> "[The FGC] helped us to get back into unison with each other and [to] know each other's feelings." *FGC family member*

Approaches to managing tensions in the family were agreed. In one family for example, a system for communicating the need for 'time-out' was agreed, creating a calmer environment:

> "If someone ignores you [it's] because they need some time out – like saying 'I've had enough of this' but in a civil way." *FGC family member*

The FGC helped to build resilience within the family unit, particularly where communication had broken down and emotional responses had contributed to high levels of anger or aggression.

Reduced involvement of statutory services

Some participants reported that since the FGC there had been no further involvement with social services. One participant who had previously spent time in a children's home, reflected on the changes she had made:

> "It's weird for me, [I] have had a lot [social services involvement] now I go to playgroups with her and don't associate with people I'm not supposed to...it's much better." *FGC family member*

For another family the FGC had been part of a mediation requirement. Through the FGC, evidence for a Child Arrangement Order had been secured and this was then being submitted for approval by the courts so that the grandparent (and interviewee) could have parental rights. This had resulted in a quicker process, and it was noted that once in place it would mean that the children would no longer require support from social services.

Children's social care practitioners in the focus group discussed the role of the FGC in contributing to resolving family arrangements and concerns and as such reducing the likelihood that cases would escalate and require future intervention and/or re-referral to statutory services. The FGC had played a key role in ensuring a child remains within the family rather than being moved into LAC were discussed. As such, a child may have been removed from the parents but remained in the family (kinship care).

Further key impacts of the FGC have been listed in Box 1 below and further details and insights from interviews have been included in Appendix Seven.

Box One: FGC impacts

Feedback from FGC families in the new cohorts were consistent and recurring in relation to the following themes:

- Better understanding of issues or challenges faced by family members;
- Securing arrangements for childcare support between family members – securing co-operation where previously there had been none or where communication had completely broken down;
- A better quality of life and improved health and wellbeing – fewer tensions or arguments had contributed to greater levels of happiness and wellbeing;
- Being heard – the FGC provided a safe forum for honest open discussion and listening to the views of others;
- Families taking control of their own situations – the Family Action Plan was an important tool in achieving this.

Positive impacts not achieved or sustained

The FGC model relies on the family members being willing to participate in open and honest discussion and to agree to the Family Action Plan. Based on interviews with family contacts and focus group with practitioners, positive outcomes were not achieved in the families where the Family Action Plan was not followed through, where a crisis meant that the situation of the family had changed or was in a state of flux. Some families outlined their frustration with the process and a feeling that they and/or their children had been let down when promises had not been delivered on by professionals:

> "[The] children are left asking why." *FGC family member*

Reasons for failing to achieve or sustain any positive outcomes, based on the outcomes reported by the family contacts who took part in interviews, included:

- The social worker had failed to follow-up on agreed actions.
- Irreparable break-down of family relationships where levels of conflict were too great to be addressed within the FGC context.
- Rapidly changing family dynamics that result in the Family Action Plan becoming out of date very quickly.

The results suggest that FGCs have the most positive outcomes when they take place in response to a single problem faced by families, for example agreeing to childcare arrangements when two sides of a family had experienced a breakdown of trust or

communication. In these cases, often in a 'linear' process, FGCs were held to agree childcare arrangements, a plan was created with input from all family members to meet this goal, and the family were mostly able to stick to this plan.

Conversely, in families with more complex situations (for example families with multiple issues - mental health problems, drug-related incidents with police, a history of domestic violence or children going into care), plans were necessarily more detailed to deal with such issues, often making them harder for the family to enact long-term due to on-going change and more members of the family being included to achieve a range of outcomes.

Question 3: What have been the costs and benefits for Children's Social Care of two cohorts of families (one follow-up and one new one) who have participated in Family Group Conferences?

Objectives

The cost benefit analysis focused on families in North East Lincolnshire who received support through Family Group Conferencing (FGC). The analysis links to our Round One North East Lincolnshire Innovation Fund evaluation report and is designed to:

a) Track the longer-term impact of earlier FGC interventions.

b) Assess how FGC is working for more recent groups of families to receive the service.

The target groups

We have assessed and tracked three cohorts of families receiving FGC support:

- Cohort one: families (20) who exited FGC in 2016: this is a follow up of families who featured in our round one innovation fund cost benefit analysis.
- Cohort two: families who exited FGC in 2018.
- Cohort three: families who exited FGC in 2019.

The results show that FGC has generated positive outcomes across all three cohorts indicating that the service has maintained the good performance identified in the Round One evaluation. Further details are set out in the cost benefit analysis methodology in Appendix Four. The apparent variation across the three cohorts is explained by differing family characteristics and shorter follow-up durations in cohorts two and three. Cohort one families had poor starting socio-economic characteristics and more children, both combining to provide higher benefit outcomes.

The best predictor of FGC performance is probably cohort one as this allows for the longest follow-up period and hence is able to demonstrate sustainability of FGC outcomes. This will be the core used to calculate the headline cost benefit assessment.

A cost benefit analysis of FGC implementation has been conducted using a Fiscal Return on Investment (FROI) methodology which involved calculating the cost of FGC support and setting it against the observed benefits (adverse outcomes avoided, such as becoming LAC). FROI excludes the economic and social strands of CBA and hence understates total impact but focuses on the more cashable savings. Benefits were then divided by the additional cost of delivering FGC to show the return on investment (ROI). For example, an FROI of 3 implies a saving of £3 for every £1 spent on support.

Where appropriate, benefits are weighted downwards to take account of changes in status post-FGC i.e. moving from CPP to CIN. If there is no improvement in status, then a zero benefit is applied.

Return on Investment

There is a need to net off some of the benefits to allow for what would have happened anyway in a business as usual situation. In the absence of a comparator group we have made low, medium and high estimates. Low estimates involve no reduction, medium 15% reduction and high 30% reduction.

The annual return on investment for FGC is calculated by multiplying the average benefit for cohort one (14,964) to the average numbers of FGC's conducted annually over the three year period (83) and divided by the average annual cost of delivery of the FGC service (£252, 585). 14,965 x 83/252585 = 4.9

- Low deadweight: ROI 4.9
- Medium deadweight: ROI 4.2
- High deadweight: ROI 3.4

The analysis shows that even on the highest deadweight assumption of 30%, FGC represents an effective investment with an annual return on investment of 3.4. This confirms the projected findings of the Round 1 cost benefit analysis and provides a strong evidence base to continue funding and justify the recent expansion the FGC service in North East Lincolnshire.

Question 4: Since inception of Creating Strong Communities, what changes have there been in the number of children: looked after, in need, on a Child Protection Plan, or referred and re-referred to Children's Social Care?

As part of the Round 1 evaluation a set of eight local authority indicators and six associated objectives were identified to measure key children's social care and child-related outcomes. Of the six objectives that were identified at the Round One evaluation one has been met, two partially met, and three have not been met. Rates of re-referral to children's social care have been reduced, and for defined periods of time across the previous five years (2014-2018) there have been reductions in the social worker turnover rate and in the number of children subject to a CPP.

Data was obtained from National Statistics data sets sourced from the government's (Department for Education) safeguarding and child protection web-site [6] at: Safeguarding and Child Protection. Results for each indicator and associated objectives are shown in the table below (full results have been included in Appendix Three):

Table 1: Results from national data sets for CSC objectives (based on 8 indicators)

	LA Indicator	CSC	Results (2014-2019)
1.	Social worker turnover	*Reduction in social work turnover*	Further to an initial reduction between 2015 and 2016, this has increased overall. There was a small reduction between 2018 and 2019. ***Objective partially met***
2.	Social worker absence	*No objective set*	The social worker absence rate has shown an overall increase since 2015. There was a slight fall between 2018 and 2019.
3.	Social worker vacancies	*No objective set*	The rate has increased overall since 2015, there was a slight drop between 2017 and 2018 and this was followed by a higher rate in 2019.
4.	Number of children looked after	*A 23% reduction in the number of Looked After Children (LAC)*	The number of Looked After Children fell between 2016 and 2017 and then showed an **increase** of 26.5% between 2018 and 2019. (rising from 354 to 448). ***Objective not met***

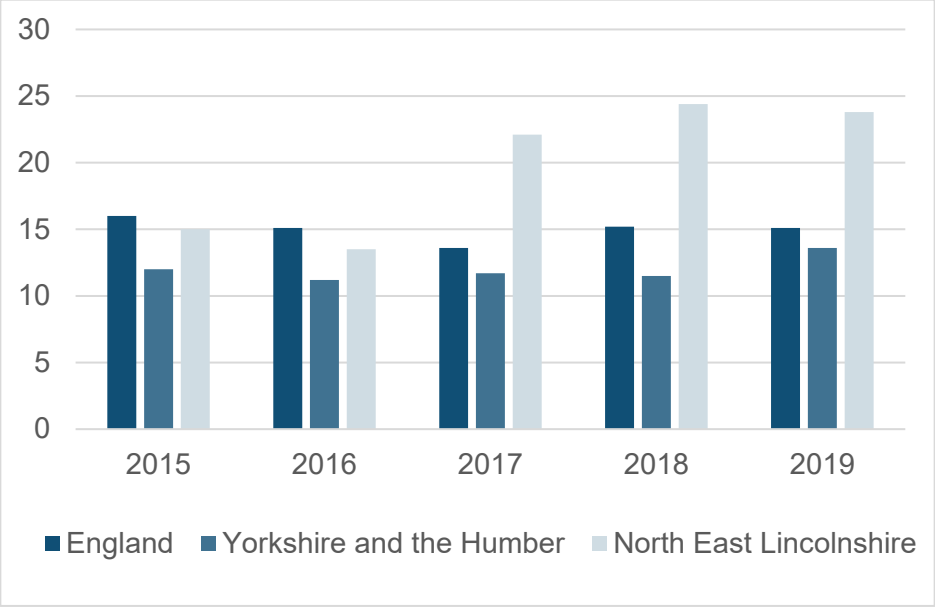
5.	Number of children in need	*A 40% reduction in the number of children being identified as in need (CIN) over a three-year period (2015 to 2018)*	There has been an increasing trend in the number of children identified as in need from 2015 to 2019 (a rise of 20% since 2015). There was a small reduction in the number between 2016 and 2017. ***Objective not met***
6.	Number of children on a child protection plan	*A 40% reduction in the number of children subject to a Child Protection Plan over a three-year period (2015 to 2018)*	Between 2014 and 2015 there was a 44% reduction in the number of children subject to a CPP. The difference between the number in 2014 and 2019 was a reduction of 26%. There was a small rise in the numbers between 2017 and 2018. ***Objective partially met***
7.	Referrals to social care	*A reduction in the number of referrals to social care*	The rate of referral to children's social care was higher in 2018-19 than it was in 2013-14. ***Objective not met***
8.	Rates of re-referrals to social care	*A reduction in the rate of re-referrals to social care*	The re-referral rate in 2018-19 was lower than the rate in 2013-14. ***Objective met***

Source: National Statsitics

(1). Social Worker turnover rate

Children and Families Social Workers turnover rate (%) during the year ending 30th September based on FTEs for the years 2015 to 2019 is shown in the Table Four in Appendix Three. The graph below shows North East Lincolnshire's social worker turnover rate compared to Yorkshire and the Humber, and England. The results show that between 2015 and 2016 the social worker turnover rate reduced, however, over 2017 and 2018 it climbed from 13.5% (2016) to 24.4% (2018). A small drop took place between 2018 and 2019 from 24.4% (2018) to 23.8% (2019). During this time period there were only small increases in turnover for Yorkshire and the Humber and England as a whole.

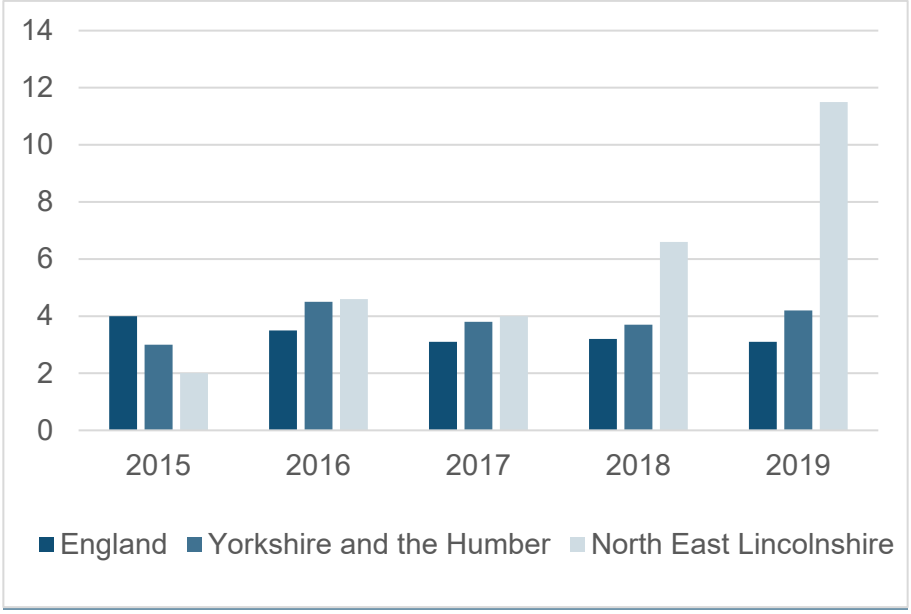
Figure 1: Children and Families Social Workers turnover rate (%) during year ending 30th September based on FTEs for the years 2015 to 2019 in England, Yorkshire and the Humber and North East Lincolnshire.



(2). Social Worker absence

The Children and Families Social Workers absence rate (%) during year ending 30th September based on FTEs is shown in Table Five in Appendix Three. The graph below shows North East Lincolnshire compared to Yorkshire and the Humber and England. The percentage rate for social worker absence based on FTEs, shows a steady increasing rate for North East Lincolnshire. The rate for England as a whole and for Yorkshire and the Humber showed a slight downward trend over the 2015 to 2019 timescale. In North East Lincolnshire there was an increase in the absence rate over 2018 to 2019 from 6.6% (2018) to 11.5% (2019).

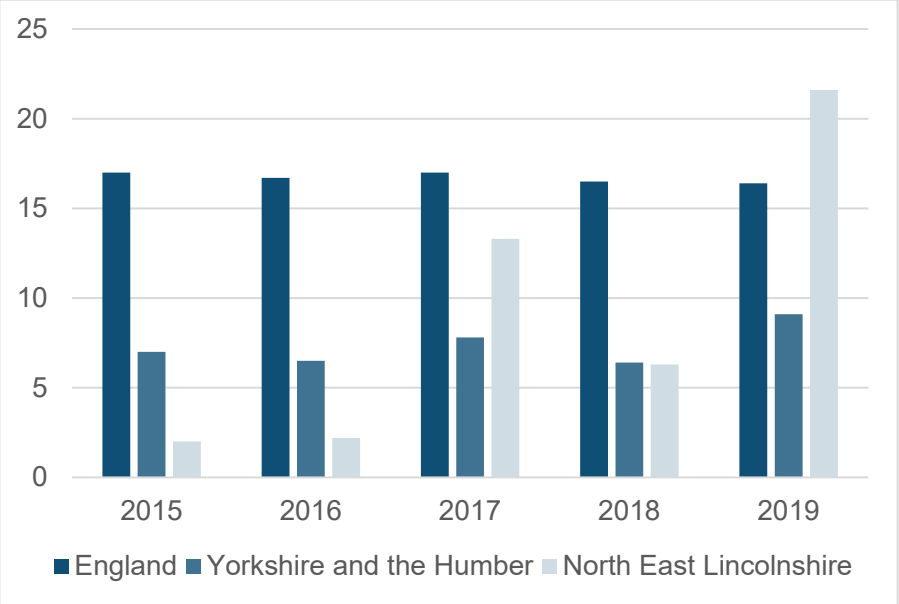
Figure 2: The Children and Families Social Workers absence rate (%) during year ending 30th September based on FTEs from 2015 to 2019



(3). Social Worker vacancies

The Children and Families Social Workers vacancy rate (%) during year ending 30th September based on FTEs is shown in Table Six in Appendix Three. The graph below shows North East Lincolnshire compared to Yorkshire and the Humber and England. While the social worker vacancy rate remained fairly steady for England, it showed an increase over the last 2 years for Yorkshire and the Humber and North East Lincolnshire, this being higher in the latter. Between 2018 and 2019 it rose by 2.7 percentage points in Yorkshire and the Humber, and by 15.3 percentage points in North East Lincolnshire. However, the rate had shown a decline in North East Lincolnshire of 7 percentage points between 2017 and 2018.

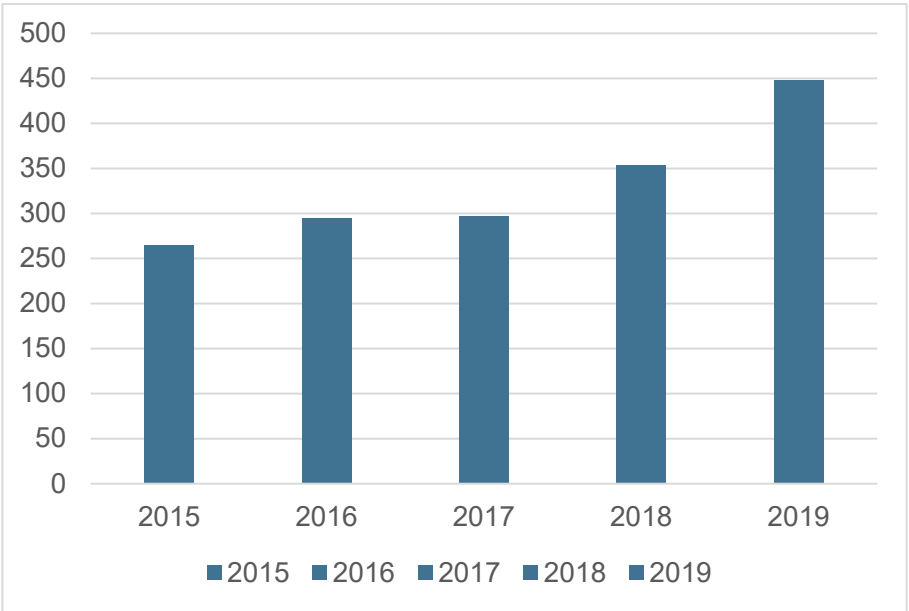
Figure 3: The Children and Families Social Workers vacancy rate (%) during year ending 30th September based on FTEs in England, Yorkshire and the Humber and North East Lincolnshire



(4). Number of children looked after

The number of children looked after at 31 March is shown in the Table Seven in Appendix Three, for the years 2015 to 2019. The graph below shows the trend over time for North East Lincolnshire. In North East Lincolnshire, there has been an upward trend since 2015 with the numbers rising from 265 to 448 over these 4 years. This mirrors the overall trend for the national and regional data.

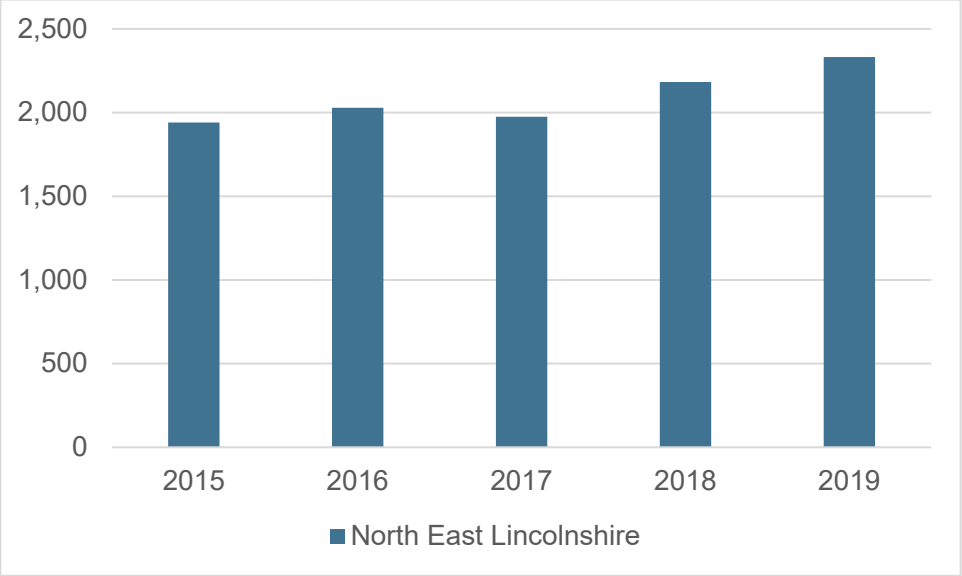
Figure 4: Number of children looked after at 31 March (2015 to 2019) in North East Lincolnshire.



(5). Number of children in need

Number of children in need at 31st March in England, Yorkshire and the Humber and North East Lincolnshire is shown in Table Eight in Appendix Three. The graph below shows the results for North East Lincolnshire. This covers the timescale from 2015 to 2019. The results show that since 2015 there has been an increasing trend in the number of children in need in North East Lincolnshire with this rising from from 1,941 in 2015 to 2,332 in 2019, a rise of 391 or 20%. There was a small reduction in the number of children looked after between 2016 and 2017 in North East Lincolnshire (from 2,029 in 2016 to 1,975 in 2017). The number of children in need have also shown an overall increasing trend since 2015, but with a slight decline between 2018 and 2019 for both England and Yorkshire and the Humber.

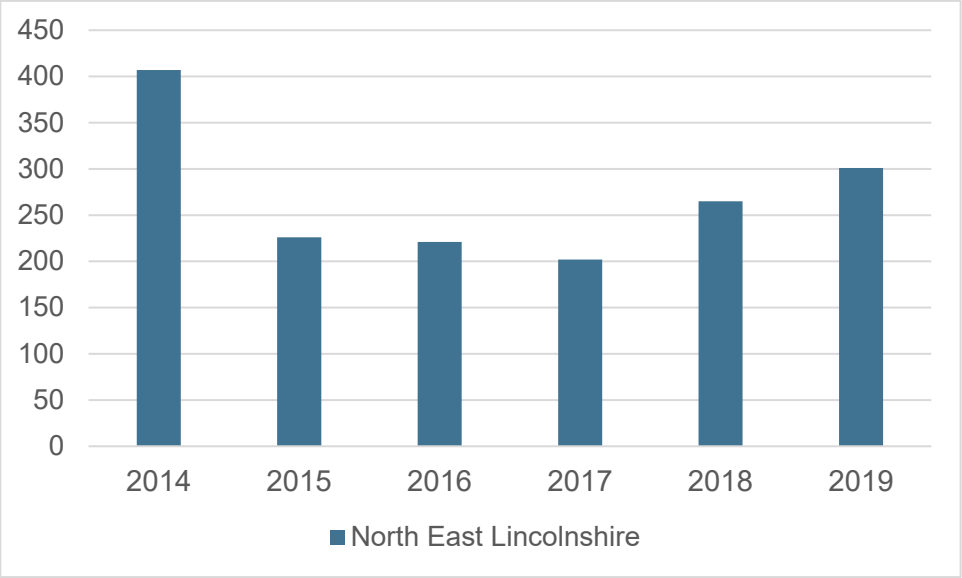
Figure 5: The number of children in need at 31st March (2013-14 to 2018-19) in North East Lincolnshire



(6). Number of children on a child protection plan

Number of children who were subject to a child protection plan at 31st March 2014 to 2019 is shown in Table Nine in appendix Three and the graph below. The results show that in North East Lincolnshire following a decreasing trend from 2014 to 2017 the number of children on a child protection plan then increased between 2017 and 2018 (from 202 to 265) and between 2018 and 2019 (from 265 to 301). However, the overall number in 2019 remained lower than it had been in 2014 (a reduction of 106 comparing 2019 number with the number in 2014). The national results show a rise in the overall numbers since 2014, and regionally, following a drop between 2014-16, the overall number increased by 2019.

Figure 6: The number of children who were subject to a child protection plan at 31st March (2014 to 2019) in North East Lincolnshire



(7). Number of referrals to social care

The number of referrals in the years 2013-14 to 2018-19 to children's social care are shown in Table 10 in Appendix Three. The show that further to an initial reduction in the number of referrals between 2013-14 and 2015-16 (from 1,997 to 1,725), there has been an increasing trend in the number of referrals (from 1725 in 2015-16 to 20,080 in 2017-18 and 2,197 in 2018-19). Regionally, the number of referrals fell between 2013-14 and 2015-16, but have since shown an increase. For England, a mixed picture shows a fall between 2013-14 and 2015-16, followed by a rise between 2015-16 and 2017-18 and then slight fall between 2017-18 and 2018-19

(8). Rate of re-referral to social care

The percentage of children referred within 12 months of a previous referral (re-referral rate) is shown in Table 11 in Appendix Three. This shows that the re-referral rate for 2018-19 is lower than it was in 2013-14 (by 3.7 percentage points, from 19.4% in 2013-14 to 15.7% in 2018-19). Over this time period the re-referral rate also declined slightly in England (1.4 percentage points) and Yorkshire and the Humber (3.9 percentage points).

Question 5: Since inception of Creating Strong Communities, how many families have been supported from complex and severe levels of need to universal support?

Follow up of Round One families

The CSC model was implemented in 2014 and the FGC service commenced delivery in November 2015. At the time of the Round 1 evaluation the FGC team had engaged with 159 families through 65 conferences. With respect to the 20 families in cohort 1 more than two thirds (14/20 – 70%) had been closed to social care in January 2020 (compared to less than one half (9/20 – 45%) closed to social cares at exit from FGC).

Follow up of FGC families in the new cohort

For the three year period of longitudinal follow-up (2017 to 2019), 374 families had participated in a total of 248 FGCs. Based on the 20 families included in cohorts 2 and 3 and followed up after 7 months or more:

- In cohort 2 (families who exited FGC in 2018) at January 2020, seven (7 of 10 – 70%) were closed to social care.
- In cohort 3 (families who exited FGC in 2019) at January 2020 1 (1 of 10 – 10%) had closed to social care and 4 (4 of 10 – 40%) had moved from LAC to kinship care.

Further data included in Appendix Four.

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

Evidence from the first round of the Innovation Programme [20] enabled the identification of 7 features of practice and 7 outcomes. Further to the longitudinal evaluation of CSC we have assessed the CSC model against each of these and summarised key findings for each.

Using a clear, strengths-based practice framework

RP and SoS both provide a framework for practice that draws on a robust theoretical evidence base. All the CSC approaches aim to identify and build on the strengths of the family and support their ability to take control of their lives and to be empowered in relation to decision-making. They enable the families to gain insights to their situation, to reflect, and to make choices and/or changes for themselves rather than having changes 'done' to them. This includes hearing the voice of the child as well as from his/her parents.

Results from the evaluation, based on practitioners who participated in survey and/or focus groups, highlighted that RP was widely used with families and within the social care team. As such, the principles of RP informed approaches to supervision, team meetings and management. The logic of this was recognised by practitioners and managers who acknowledged that the approach could impact on all aspects of their role. The FGC provided a distinctive and neutral forum for all family members to have their voice heard and to be listened to, this was discussed by both families and practitioners. For some families, communication had completely broken down, the FGC offered a structured approach to unpicking problems or challenges and then agreeing a way forward for achieving a shared goal. The staff consensus was that CSC approaches were well on the way to being embedded, but it was agreed that re-confirmation, on-going training and refreshment was required.

Using systemic approaches to social work practice

The FGC shines a light on family relationships, enables families to recognise the difficulties that they face and together seek the means to rebuild relationships and agree strategies. It is both an analytic and an empowering approach. Based on the data from the series of FGC interviews with family contacts, the FGC Coordinator facilitates the process and can act as the catalyst for change. However, the success of the FGC did depend on the extent to which actions or strategies agreed and set out in the Family Action Plan were taken forward by families and professionals.

Enabling staff to do skilled direct work

Training for local authority staff was provided by external trainers, via training cascaded through the organisation, and through less formal modelling of the CSC approaches. Furthermore, it was used in supervision and follow-up training was in place. However, practitioners considered that they would benefit from further reinforcement of their learning and skills.

Multi-disciplinary skill sets working together

The evaluation identified that the local authority was working in partnership to reinforce the CSC approaches by collaborating with other organisations e.g. the third sector. The FGC team, provided coordination of the service and provided a complementary service to the statutory provision working collaboratively with the social work teams.

High intensity and consistency of practitioner

The FGC Co-ordinator provided a consistent and a main point of contact for the families. Family contacts consistently reported that the role of FGC Co-ordinator was crucial to the smooth and efficient delivery of the FGC and most stated that they had built positive and trusting relationships with the FGC team members.

Having a whole family focus

FGCs were shown to involve every member of the family and those from the families of ex-partners. Groups spanned multiple generations, involved adult and child siblings, friends, and wherever possible the children took part as well. Involvement of the whole family contributed to better outcomes for the children and improved home life. Often families became calmer and they achieved improved daily routines.

The FGC requires an effective and impartial mediator who can manage conflict between family members. The independence of the FGC co-ordinator from statutory social care was valued by families and contributed to building trusting relationships. The FGC provided a neutral forum that legitimises asking for help (from other family members) and was often a catalyst for significant positive change. Where the Family Plan was not followed through it was less effective.This is based on feedback from family contacts at the follow-up interviews which specifically explored the impact of the Family Plan and their perceptions of its effectiveness.

Outcomes

Table 2: The 7 outcome measures by the CSC approaches and key findings

Outcome	CSC approaches	Key findings
1. Greater stability for children	RP and FGC	The FGC promoted stability for children by providing a calmer home environment, contributing to improved adult relationships and better communication within the family. RP had equipped families with skills for decision-making and resolving issues in the family.
2. Reduced risk for children	FGC and SoS	Some FGCs had addressed domestic abuse in the family, this resulted in an agreed safety plan that reduced risks for children and adults. The SoS approach helped practitioners to assess risk and to support families in identifying and managing risk.
3. Increased wellbeing and resilience for children and families	RP and FGC	FGC participants reported improvements in their self-esteem and/or confidence levels, and many felt happier after completion. Practitioners, considered that RP had a positive impact on the families that they worked with and both approaches contributed to building resilience.
4. Reduced days spent in state care	CSC approaches	Reduced days spent in state care was an objective of CSC, however this was not evidenced in the local authority level data. Overall across the lifetime of the programme the number of children looked after showed an increase. However, the FGC did provide examples of agreement on alternatives to state care. This including negotiating kinship care as an alternative to removal to state care.
5. Increased staff wellbeing	RP	The RP approach impacted on work with families and work with colleagues. There was evidence of cultural change in which RP was being used in team meetings and for management, however this was inconsistent across the organisation. Practitioners were positive about the approach and considered that it improved their practice – in this manner it contributed to wellbeing.
6. Reduced staff turnover and agency rates	CSC objective	A reduction in staff turnover was one of the CSC objectives. The results from government datasets

Outcome	CSC approaches	Key findings
		show an overall increase between 2015 and 2019. There was a small reduction in the rate between 2015 and 2016 and between 2018 and 2019.
7. Better value for money		CBA results show that even on the most pessimistic attribution sceanario FGC generates a saving of £3.40 for every £1 invested in the service.

Source: CSC longitudinal evaluation data

5. Limitations of the evaluation

Overall, the methodology for the evaluation worked well. The main challenges were associated with the participation and recruitment of respondents and interviewees. These included:

- Response rates to the surveys were lower than anticipated despite reviewing and amending undeliverable emails, follow-up invites, and reminders from the NELC team. The social worker survey was replaced with a focus group following very low rates of response.
- The two FGC family cohorts were not based on a sample of all FGC participants and were therefore a non-representative group. While we would have liked to select a sample from all families who had attended an FGC, this was not possible due to challenges around recruitment. The process for selecting and approaching families, and gaining initial consent was therefore determined by the delivery team (the FGC Team at NELC).
- Elevating response rates and gaining involvement of a greater proportion of the NELC staff was a challenge given the length of time since CSC was first introduced (2014). Based on learning from the evaluation, closer work with the social care team to develop evaluation tools and to share the evaluation approach and findings in real time would have offered an improvement. As such greater buy-in and ownership of the evaluation could have been achieved along with further development of evaluation tools for on-going internal evaluation.

6. Implications and recommendations

Some of the challenges that were identified as part of the Round One evaluation have been overcome, with evidence from this evaluation suggesting that positive progress had been made with regards to the embedding of CSC approaches. However overall, this was a mixed picture, with SoS viewed (based on practitioner feedback only) as the most strongly embedded and RP less so. Competing priorities meant that on occasions limited staff capacity, and time constraints mitigated against the use of CSC approaches in daily practice, with a risk that changes made could potentially diminish over time. Awareness of the CSC approaches from practitioners had remained high, as had commitment to their use, and there was some reinforcement across the wider community of partner organisations using the CSC model or components of it.

RP and SoS have both impacted on organisational culture. The use of both approaches as part of management and workplace practice alongside the work with families, has served to reinforce them, but consistency of approach and commitment at all levels of the organisation was an essential component of perceived effectiveness.

While the local authority has remained committed to this model of working, there is a risk of complacency based on the assumption that everything is in place. As such, re-launches, further training, focusing on the role of RP champions, and role modelling for the CSC approaches would contribute to the ongoing reinforcement of the CSC principles and contribute to continuing cultural and organisational change. The challenge will be maintaining the momentum within the context of a pressured working environment and a changing social care workforce.

Based on self reports, practitioner perceptions and the data sets, all the CSC approaches have contributed to building resilience in families, enabling them to take control of their situation. The FGC service was valued by both the participating families and social care practitioners – all felt that the whole family approach it provided contributed to positive outcomes for children.

Families reported a range of subtle and ‘softer’ outcomes that they attributed to their participation in the FGC. This ranged from improved relationships with family members, better communication, feeling happier, more settled children, and fewer confrontations or arguments in the family. Such outcomes are individualised and hard to measure, but clearly, they contribute to family cohesion and offer stability for the longer term. As such, having made changes, gained new insights and knowledge, built new networks of support, and acquired skills for coping with challenge, families gained a higher level of self-sufficiency and independence.

Outcomes data supported this perception, with more than half of those in our FGC cohorts subsequently being closed to social care and others being ‘stepped down’ to less

intensive forms of support. At the local authority level and over the previous five years, the rate of re-referral to children's social care and the number of children subject to a CPP had shown an overall decline.

The provision of an independent FGC service that is complementary to the statutory provision and that runs in parallel with social worker support is distinctive, and an important factor in the perceived success of this approach. It provides a unique forum and neutral space for the family to meet, discuss and agree on a Family Action Plan, with the co-ordinator providing facilitation and mediation in collaboration with the social worker. As such it offers a powerful tool for resolving family issues, such as arrangements for access or childcare.

There was less evidence for its success at times of crises or in the absence of all family members being committed to the process. Nonetheless, the FGC has the potential to have a role in reducing demand on children's social care and for cost savings – as evidenced by the Cost Benefit Analysis which showed a positive annual return on investment with a benefit cost ratio of **3.4**, indicating a potential saving of £3.40 for every £1 invested in the programme

This evaluation, building on the Round 1 findings, has highlighted learning points and recommendations for maximising the impact of a framework for practice in children's social care. These have been outlined below:

- The value of an independent FGC service which fosters family ownership of an Action Plan, provides a neutral forum, and that by being independent prevents the service being subsumed into mainstream service provision, should not be underestimated. However, clear timescales for completion and follow up of the process need to be set alongside a confirmed and agreed commitment for follow through by social workers.
- Maintaining the visibility, organisational commitment to, and daily practice of the RP and SoS approaches is a key factor in achieving meaningful cultural change. As such re-confirmation is required over a significant timescale. Follow-up training or cascading, the role of champions in sharing skills and as role models, and reinforcement of key messages (the theoretical and organisational context for approaches) is required.
- Approaches to the reinforcement of the CSC model could include in-house communications (e.g. team meetings, internal newsletters and e-communication, and policy documentation) alongside re-launches for achieving sustainable cultural change and embedded practice. Furthermore, approaches that impact on workplace practice alongside the work with families (both RP and SoS) are more powerful, and as such more impactful. Maximising their impact requires an investment of both time and resources.

- The context for CSC was important. Practitioners struggled to implement and/or practice in line with the RP and SoS approaches at times of high organisational pressure. These pressures were associated with staff capacity and the number of, and complexity of, social care cases being held by practitioners.
- The CSC approaches in combination have the potential to reduce the rate of re-referral to social care and to reduce the level/intensity of support being provided for children. The role of these innovative approaches in reducing pressure on children's social care warrants further investigation.
- The pace of change is an important consideration. The CSC programme commenced in 2014 further to funding from the Innovation Fund. In 2019 after five years of implementation and practice, this evaluation has identified that RP and to some extent the SoS approaches, have not fully embedded although very good progress has been made towards achieving that goal. We can conclude that achieving meaningful cultural change takes time and perhaps longer than originally planned. As such, the pace of change is a key factor. The introduction of multiple innovations particularly at a time of other organisational challenges requires persistence and on-going commitment and reinforcement from managers and their teams. Bringing about the transformation in practice that is sought through a shared vision and purpose requires leadership, commitment to the theoretical and philosophical principles of innovative approaches, and to keeping these alive and sustained over time.
- The aim of the CSC project was to utilise a new practice framework to safeguard vulnerable children. The mechanism for achieving this was the three family focussed approaches which build resilience, strength and empowerment within the family unit. Our evidence demonstrates that together these approaches have contributed to equipping families with new skills and making them stronger, and we have identified many examples of this. Furthermore the CBA has demonstrated that significant cost savings are achievable. However, a reduction in the number of referrals, children looked after and children in need remains to be seen at the local authority level.

Appendix 1: Creating Stronger Communities in North East Lincolnshire: The Model

The follow-up evaluation was focused on three of the CSC programme strands: Restorative Practice, Signs of Safety, and Family Group Conferencing.

Restorative Practice

Restorative Practice (RP) focuses on improving and repairing relationships. RP was originally used in the criminal justice system to bring together those who have been harmed by a crime and those who have caused the harm. This enables victims to explain how the crime has impacted on their lives and for offenders to account for what they have done. The RP approach has also been used in schools to address issues such as bullying and disruptive behaviours [19].

In NE Lincs, RP is seen as relevant to all aspects of service provision. It offers an approach that builds and maintains respectful social relationships and social responsibility in individuals. From 2016 (after completion of the Round One evaluation), the intensity of RP training had fallen off, but in the Summer of 2018 the RP Champions attended a meeting to identify where the focus for future training should be. RP Champions have attended an intensive training programme and have then cascaded the training out to the wider workforce. In 2018 the council undertook an audit of those that have taken part in the RP training (approximately 800 individuals) to identify those who haven't been trained and to then target these groups for training. As part of their Business Plan NE Lincs intends to roll out the RP approach much more widely to other organisations and providers including as part of parenting courses and to Hull University's social work department.

NE Lincs delivered four different RP training courses as follows:

1. Being Restorative Level 1 (1 day) internal training
2. Being Restorative Level 1 (3 sessions) internal training;
3. Being Restorative three-day intensive course delivered by an external trainer; and
4. Restorative Practice (leaders) delivered by an external trainer.

Signs of Safety

Signs of Safety (SOS) developed in Western Australia in the 1990s by Andrew Turnell and Steve Edwards, draws on the principles of Solution Focussed Brief Therapy and has been used internationally as an approach for practitioners [21]. It was originally developed to help practitioners working in children's social care with the risk assessment

process and safety planning in child protection cases [17]. The SoS assessment protocol supports the completion of a comprehensive risk assessment that is focussed on identified dangers and strengths or safety. The assessment protocol addresses three questions: “What are we worried about?”, “What is working well?” and “What needs to happen?”. The approach enables practitioners to work in partnership with the families and their children to promote safety and reduce both risks and dangers. The emphasis is on the family’s strengths, resources and networks. This approach promotes engagement, co-operation and participation among families who value the focus on strengths and not just on problems (Bunn, 2013) [2].

The SoS approach has been designed to involve children in the assessment and planning process through specific tools such as: The Three Houses, Wizards and Fairies, and Safety House. These approaches to gaining the perspective of children use both words and pictures.

The SoS approach is based on the premise that families are capable of change and that workers can build a relationship with the families without condoning any abuse. This recognises that co-operation is possible even when coercion is required. The focus is on promoting safety and drawing on family strengths to achieve this and on the achievement of small and attainable goals. Professionals need to retain an open mind and be prepared to listen to and respect families.

Since the end of 2016, NELC has widely incorporated the SoS approach into services and support for families. The CSC approach is outlined in the Signs of Safety Development Plan 2018/19. The Council has developed a three-day training course for practitioners and this training has been extended beyond social work to other council staff and external partners. This includes the Community Assessment Support Service (CASS) and at the point of first contract with families (Families First Access Point or FFAP). Initial training is also reinforced through Practice Development sessions. Key partners targeted for 2018/19 are schools, health visitors, and other external organisations.

NE Lincs delivered three SoS training courses as follows:

1. SoS Introductory training course delivered by a consultant external to the council;
2. SoS three-day training course delivered by the council’s own staff via a cascade approach [4]; and
3. SoS five-day training course delivered by a consultant external to the council.

Family Group Conferencing

The Family Group Conference (FGC) is a process by which family members voluntarily come together to plan and make decisions regarding a child who is at risk. Children and young people are actively involved in this process. The FGC Co-ordinator arranges and prepares for the FGC meeting and this usually includes the extended family group. In NE Lincs shuttle FGCs are used when there has been domestic violence or abuse in the family. Families take part in the FGC and can then follow up on the process at a review meeting twelve weeks later.

Since the Round One evaluation completed, the council have agreed to fund FGC from the core budget and intend to build on their previous experience aiming for continuous improvement and development of the approach. Going forwards, the principles of Trauma Informed Practice [10] will be brought into the council's approaches to supporting families in contact with them. The Council recognises that FGC practitioners and social workers require ongoing guidance and leadership to ensure that the FGC is consistent in terms of delivery. Key challenges have been timings for the FGCs which are often outside office hours presenting difficulties for social workers who are expected to attend.

Figure 7: The Family Group Conference Process: Five stages

Stage	FGC Activities
One *Preparation and set-up*	• Questions are prepared in advance and areas of support need identified. • The FGC Coordinator and Social Worker outline the FGC approach in advance with the family and others who will be attending the FGC, including what will happen and the expectations of participants. • A date, venue and timings are agreed in advance with all participants.
↓	
Two *Scoping and discussion*	• The FCG Coordinator and Social Worker leave the room after arrival at the agreed venue and introductions. • FGC attendees use marker pens and whiteboard/flipchart to set out questions, issues, and support needs. • Participants enter into discussion working through and solving problems, they then identify options/expectations and agree goals
↓	
Three *Agreeing the Family Plan*	• The Family Plan is developed setting out agreed goals, roles and responsibilities and actions. • The Family Plan is discussed and developed in consultation with participants, by the Social Worker and the FGC Coordinator.
↓	
Four *Confirmation of the Family Plan*	• Discussion with attendees of the written account by FGC Coordinator and Social Worker. • Further scoping of a plan of action with all FGC attendees • Goals and a timeline are agreed by all. • Hard copy of Family Action Plan is provided for all the participants by the FGC Co-ordinator.
↓	
Five *Review*	• A review meeting takes place to follow up on agreed actions and goals in the Family Plan and any progress made since the FGC meeting. • The review meeting is arranged and delivered by the FGC Coordinator.

Review of literature and evidence for effectiveness

A review of published reports and studies was undertaken in relation to each of the three CSC approaches. Key findings from the published research have been outlined below.

Restorative Practice

Restorative Practice (RP), originating from the criminal justice system, is focused on improving and repairing relationships. In Social Work, RP offers an ethos and model for building and sustaining positive relationships. It has been widely adopted in UK based family and children's services [23] as part of strengths-based whole family approaches.

Feedback from families, suggests that they respond positively to RP, find it to be a helpful approach and that they are willing to engage with the process. The evidence for the effectiveness of RP has mainly drawn from the research into Restorative Justice where it has been shown to reduce reoffending [3]. However, there is evidence of RP being successfully used in children's services and specifically as part of whole family approaches [13]. A recent study (Williams, 2019) highlighted the acceptability of RP to families and noted similarities with other strengths-based approaches [23].

Signs of Safety

Signs of Safety (SOS) is a widely adopted strengths-based approach originally developed in Western Australia in the 1990s. Drawing on the principles of Solution Focussed Brief Therapy [21] SOS has been widely used internationally. In the UK, key evidence on SOS has come from the Evaluation of Signs of Safety in 10 pilots (Baginsky et al, July 2017) [1]. This study used a mixed methods approach to evaluation. Findings highlighted the potential for SOS to improve children's services, positive responses from families, practitioners and managers; and a more goals-focussed approach. Families engaged positively, and the safety planning assisted them in the management of risk.

In the US, the Minnesota studies [14] evidenced a series of positive impacts for families as a result of the safety planning - part of the SOS approach:

- This study highlighted the importance of effective communication with families and the critical need to give parents a voice.
- Parents recognised the need for safety planning, although some found the process stressful.
- The safety network was particularly important for families. Having a safety plan in place providing formalisation of their network and enabled parents to be more confident in asking for help and support.

- The use of safety plans did diminish over time (9 months), but this was because families were out of a crisis and they were reassured that friends and family were available to provide help if needed.

Family Group Conferences

The Family Group Conference (FGC) is a well-established approach that is linked to legislation (The Children Act, 1989). The research evidence [5] suggests that those attending FGCs have high levels of satisfaction and that young people taking part feel empowered. The FGC provides a safe forum for decision making and for family members to be listened to. However, the FGC can be time consuming and as such costly. Furthermore, it may not always sit well with the local authority's statutory aims and objectives.

A Norwegian study [12] used a randomised controlled trial (RCT) to examine the social support and mental health impacts of the FGC. This evidenced significant increases in life satisfaction and reduced levels of mental distress, anxiety and depression as a result of taking part in FGCs. The authors report positive trends in relation to emotional social support and social resources.

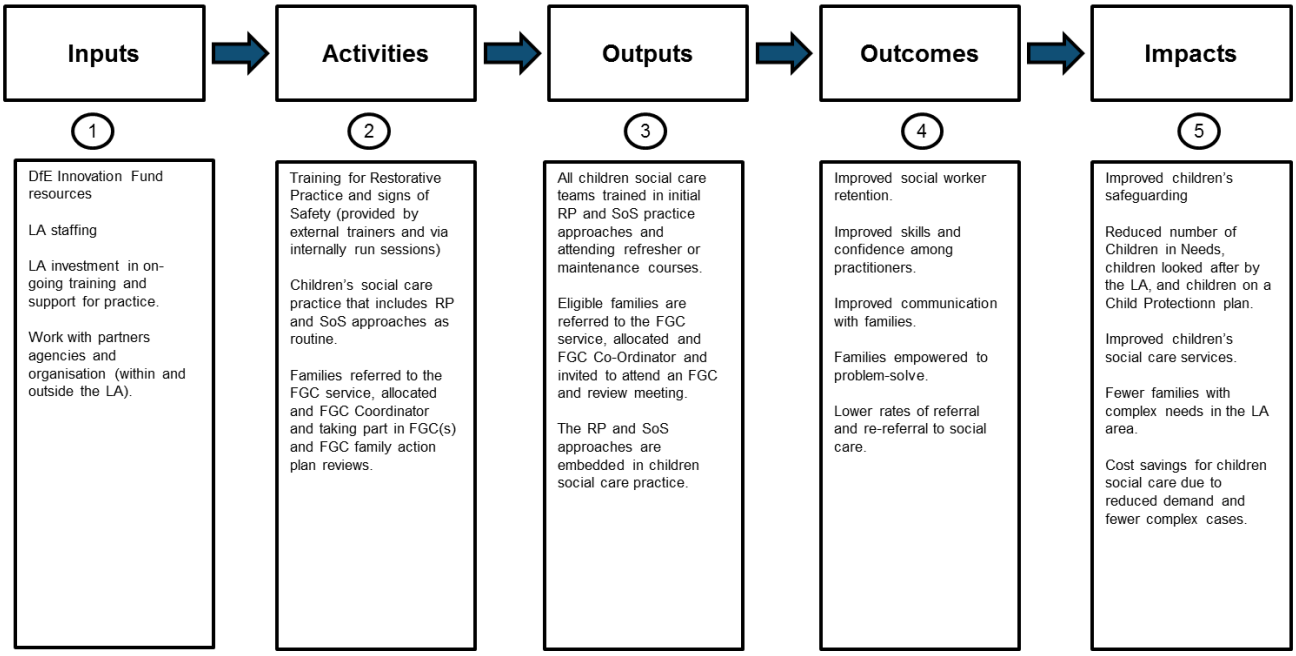
In contrast to these positive outcomes, a recent meta-analysis [24] (based on 14 studies), found that FGCs did not reduce child maltreatment or prevent children from entering local authority care (LAC). However, the authors argue that collaboration between professionals and families lies at the heart of good practice, and that FGCs have been successfully used in negotiating an alternative to local authority care. For example, this may involve the care of a child by extended family members negotiated through the FGC process as an alternative. As such the FGC resulted in a more positive outcome for the family.

Appendix 2: CSC Logic Model

Creating Strong Communities (North East Lincolnshire) Logic Model

The CSC logic model

The Creating Strong Communities (CSC) model was designed to change the way practitioners and partners in North East Lincolnshire work together to safeguard vulnerable children.



Appendix 3: Analysis of secondary data: LA statistics (national data sets).

A set of LA indicators were used to measure children's social care outcomes over the course of the project. Data was obtained from National Statistics data sets sourced from the government's (Department for Education (DfE)) Safeguarding and child protection web-site at: Safeguarding and Child Protection. Data for each of the project years (2014-15 to 2018-19) was identified from the: Characteristics of children in need [7]; Children's social care workforce [8]; and Children looked after in England including adoption [9] data sets.

The nine LA indicators measuring impact on practitioners and families and the original project objectives relating to these (if set) were:

Table 3: LA indicators and CSC objectives

	LA Indicator	Creating Strong Communities objectives [19]
1.	Social worker turnover	*Reduction in social work turnover*
2.	Social worker absence	*No objective set*
3.	Social worker vacancies	*No objective set*
4.	Number of children looked after	*A 23% reduction in the number of Looked After Children (LAC) over a three-year period (2014-15 to 2017-18)*
5.	Number of children in need	*A 40% reduction in the number of children being identified as in need (CIN) over a three-year period (2014-15 to 2017-18)*
6.	Number of children who are subject to a Child Protection Plan	*A 40% reduction in the number of children subject to a Child Protection Plan over a three-year period (2014-15 to 2017-18)*
7.	Referral rates to social care	*A reduction in the rate of referrals to social care*
8.	Rates of re-referrals to social care	*A reduction in the rate of re-referrals to social care*
9.	Structure of family support (number of families supported from universal to complex and severe levels of need)	*Reduction in the number of families requiring intensive crisis support.*

Source: National Statistics

(1). Social Worker turnover rate

Table 4: Children and Families Social Workers turnover rate (%) during year ending 30th September based on FTEs for the years 2015 to 2019 in England, Yorkshire and the Humber and North East Lincolnshire.

	2015	2016	2017	2018	2019
England	16.0	15.1	13.6	15.2	15.1
Yorkshire and the Humber	12.0	11.2	11.7	11.5	13.6
North East Lincolnshire	15.0	13.5	22.1	24.4	23.8

Source: Statistics: children's social care workforce

(2). Social Worker absence

Table 5: The Children and Families Social Workers absence rate (%) during year ending 30th September based on FTEs from 2015 to 2019 in England. Yorkshire and the Humber and North East Lincolnshire

	2015	2016	2017	2018	2019
England	4.0	3.5	3.1	3.2	3.1
Yorkshire and the Humber	3.0	4.5	3.8	3.7	4.2
North East Lincolnshire	2.0	4.6	4.0	6.6	11.5

Source: Statistics: children's social care workforce

(3). Social Worker vacancies

Table 6: The Children and Families Social Workers vacancy rate (%) during year ending 30th September based on FTEs in England, Yorkshire and the Humber and North East Lincolnshire

	2015	2016	2017	2018	2019
England	17.0	16.7	17.0	16.5	16.4
Yorkshire and the Humber	7.0	6.5	7.8	6.4	9.1
North East Lincolnshire	2.0	2.2	13.3	6.3	21.6

Source: Statistics: children's social care workforce

(4). Number of children looked after

Table 7: Number of children looked after at 31st March 2015 to 2019

	2015	2016	2017	2018	2019
England	69,470	70,410	72,610	75,370	78,150
Yorkshire and the Humber	7,260	7,250	7,720	8,190	8,580
North East Lincolnshire	265	295	297	354	448

Source: National Statistics

(5). Number of children in need

Table 8: The number of children in need at 31st March (2015-19) in England, Yorkshire and the Humber and NELC

	2015	2016	2017	2018	2019
England	391,000	394,400	389,430	407,710	399,510
Yorkshire and the Humber	39,600	38,130	40,210	42,110	41,340
North East Lincolnshire	1,941	2,029	1,975	2,183	2,332

Source: National Statistics

(6). Number of children on a child protection plan

Table 9: The number of children who were subject to a child protection plan at 31st March (from 2014-2018) in England, Yorkshire and the Humber and North East Lincolnshire

	2014	2015	2016	2017	2018	2019
England	48,300	49,700	50,310	51,080	53,790	52,260
Yorkshire and the Humber	5,100	4,800	4,780	4,950	5,340	5,760
North East Lincolnshire	407	226	221	202	265	301

Source: National Statistics

(7). Number of referrals to social care

Table 10: The number of referrals in the years 2013-14 to 2018-19 to children's social care in England, Yorkshire and the Humber and North East Lincolnshire

	2014-15	2015-16	2016-17	2017-18	2018-19
England	635,600	621,470	646,120	655,630	650,930
Yorkshire and the Humber	77,200	69,970	67,170	72,010	72,240
North East Lincolnshire	1,997	1,725	1,948	2,080	2,197

Source: National Statistics

(8). Rate of re-referral to social care

Table 11: The percentage of children referred within 12 months of a previous referral (re-referral rate) for 2013-14 to 2018-19 in England, Yorkshire and the Humber and North East Lincolnshire

	2014-15	2015-16	2016-17	2017-18	2018-19
England	24.0	22.3	21.9	21.9	22.6
Yorkshire and the Humberside	28.5	30.1	21.4	22.9	24.6
North East Lincolnshire	19.4	11.3	9.0	14.3	15.7

Source: National Statistics

Table 12: Overview of results from national data sets

	LA Indicator	Creating Strong Communities objectives [19]	Results from data sets (2014-2019) – comments on project objectives
1.	Social worker turnover	*Reduction in social work turnover*	Further to an initial reduction between 2015 and 2016 this has increased overall. There was a small reduction between 2018 and 2019. ***Objective partially met***
2.	Social worker absence	*No objective set*	The social worker absence rate has shown an overall increase since 2015. There was a slight fall between 2018 and 2019.
3.	Social worker vacancies	*No objective set*	The rate has increased overall since 2015, there was a slight drop between 2017 and 2018 and this was followed by a higher rate in 2019.
4.	Number of children looked after	*A 23% reduction in the number of Looked After Children (LAC)*	The number of Looked After Children fell between 2016 and 2017 and then showed an **increase** of 26.5% between 2018 and 2019. (rising from 354 to 448). ***Objective not met***
5.	Number of children in need	A 40% reduction in the number of children being identified as in need (CIN) over a three-year period (2015 to 2018)	There has been an increasing trend in the number of children identified as in need from 2015 to 2019 (a rise of 20% since 2015). There was a small reduction in the number between 2016 and 2017. **Objective not met**
6.	Number of children on a child protection plan	A 40% reduction in the number of children subject to a Child Protection Plan over a three-year period (2015 to 2018)	Between 2014 and 2015 there was a 44% reduction in the number of children subject to a CPP. The difference between the number in 2014 and 2019 was a reduction of 26%. There was a small rise in the numbers between 2017 and 2018. **Objective partially met**
7.	Number of referrals to social care	A reduction in the number of referrals to social care	The number of referrals to children's social care was higher in 2018-19 than it was in 2013-14.

	LA Indicator	Creating Strong Communities objectives [19]	Results from data sets (2014-2019) – comments on project objectives
			Objective not met
8.	Rates of re-referrals to social care	A reduction in the rate of re-referrals to social care	The re-referral rate in 2018-19 was lower than the rate in 2013-14. **Objective met**
9.	Structure of family support (number of families supported from complex and severe levels of need to universal support)	Reduction in the number of families requiring intensive crisis support.	Based on the two cohorts of FGC families identified for the longitudinal evaluation at ≥7 months follow-up from their first FGC, 52% of the children were closed to social care and 12% had been stepped down to less intensive support. **Objective met**

Source: National Statistics

Appendix 4: Cost benefit analysis

Objectives

The cost benefit analysis focuses on families in North East Lincolnshire who received support through Family Group Conferencing (FGC). The analysis links to our Round One North East Lincolnshire Innovation Fund evaluation report and is designed to:

- Track the longer-term impact of earlier FGC interventions.
- Assess how FGC is working for more recent groups of families to receive the service.

The target groups

We have assessed and tracked three cohorts of families receiving FGC support:

- Cohort one: families (20) who exited FGC in 2016: this is a follow up of families who featured in our round one innovation fund cost benefit analysis.
- Cohort two: families who exited FGC in 2018.
- Cohort three: families who exited FGC in 2019.

Family characteristics

Cohort One

Table 13: North East Lincolnshire FGC CBA: Family Group Conferencing – cohort one – Follow up

Family	Children	FGC exit date	Status Entry FGC	Status exit	Status Jan 2020	Cost	Benefit	FROI
1	4	Feb 16	CP	CP	FOSTER	£1,295	£0	0
2	1	Feb 16	CIN	CIN	CLOSED	£1,295	£3,401	2.6
3	4	Feb 16	CP	CP	CLOSED	£1,295	£23,691	18.3
4	2	Feb 16	CIN	CIN	CLOSED	£1,295	£6,802	5.2
5	1	Feb 16	CIN	CIN	CLOSED	£1,295	£3,401	2.6
6	1	Feb 16	CP	CLOSED	CLOSED	£1,295	£5,923	4.6

Family	Children	FGC exit date	Status Entry FGC	Status exit	Status Jan 2020	Cost	Benefit	FROI
7	2	June 16	LAC	CLOSED	CLOSED	£1,295	£71,240	55.0
8	2	Aug 16	CIN	CLOSED	CLOSED	£1,295	£6,802	5.3
9	3	Sept 16	CIN	CIN	CLOSED	£1,295	£10,202	7.9
10	3	Sept 16	CP	CP	FOSTER	£1,295	£0	0
11	1	Sept 16	CIN	CIN	CIN	£1,295	£0	0
12	1	Sept 16	CIN	CIN	CLOSED	£1,295	£3,401	2.6
13	2	Sept 16	CIN	CIN	CLOSED	£1,295	£6,802	5.2
14	3	July 16	CIN	CLOSED	CLOSED	£1,295	£10,202	7.9
15	1	July 16	CIN	CLOSED	CIN	£1,295	£12,610	9.7
16	5	July 16	CP	CLOSED	CP	£1,295	£0	0
17	1	June 16	CP	CLOSED	CIN	£1,295	£2,522	1.9
18	2	July 16	CP	CLOSED	CLOSED	£1,295	£11,845	9.1
19	3	Sept 16	LAC	LAC	CLOSED	£1,295	£106,860	82.5
20	4	Sept 16	CIN	CLOSED	CLOSED	£1,295	£13,603	10.5
Average						£25,900	£299.307	11.5

Source: NELC children social care data

- Average number of children: 2.3.
- Number of families closed to social care on exit from FGC: 9 (45%).
- Number of families open to social care in January 2020: 14 (70%).

Cohort two

Table 14: North East Lincolnshire FGC CBA: Family Group Conferencing CBA – Cohort 2 and 3

Family	Children	Status Entry FGC	FGC exit date	Status FGC exit	Status Jan 2020	Cost FGC	Net Benefit	FROI
Cohort two								
1	1	CIN	May 18	CIN	Closed	£1295	£3,401	2.6
2	1	CIN	Aug 19	CIN	Closed	£2590	£3,401	2.6
3	1	CP	Nov 18	CP	Closed	£2590	£5,923	2.3
4	3	CIN	Jul 18	CIN	Closed	£1295	£10,203	7.9
5	3	CIN	Jul 18	CIN	CIN	£1295	£0	0
6	1	CIN	Jun 18	CIN	Closed	£1295	£3,401	2.6
7	3	CIN	Aug 18	CIN	Closed	£1295	£10,203	7.9
8	1	CIN	Sept 18	CIN	Closed	£1295	£3,401	2.6
9	1	CIN	Oct 18	CIN	CP	£1295	£0	0
10	2	CP	Nov 19	CIN	CP	£1295	£0	0
Total						**£15,540**	**£39,993**	**2.6**

Source: NELC children social care data

- Average number of children: 1.7.
- Number of families closed to social care on FGC exit: 0.
- Number of families closed to social care in January 2020: 7 (70%).

Cohort three

Table 15: North East Lincolnshire FGC CBA: Family Group Conferencing CBA – Cohort 2 and 3

Family	Children	Status Entry FGC	FGC exit date	Status FGC exit	Status Jan 2020	Cost FGC	Net Benefit	FROI
Cohort three								
11	1	LAC	May 19	LAC	KIN	£1295	£12,636	9.7
12	1	LAC	May 19	LAC	KIN	£1295	£12,636	9.7
13	1	LAC	Mar 19	CIN	LAC	£1295	£0	0
14	1	CIN	Feb 19	CIN	Closed	£1295	£3,401	2.6
15	1	LAC	Jun 19	KIN	KIN	£1295	£12,636	9.7
16	1	LAC	Jun 19	KIN	KIN	£1295	£12,636	9.7
17	1	CIN	Jul 19	CP	CP	£1295	£0	0
18	1	CP	Aug 19	CP	CP	£1295	£0	0
19	1	CIN	Aug 19	CIN	CIN	£1295	£0	0
20	1	CIN	Jun 19	CIN	CIN	£1295	£0	0
Total						**£12950**	**£53,945**	**4.2**

Source: NELC children social care data

- Average number of children: 1.0.

- Number of families closed to social care on FGC exit: 0
- Number of families closed to social care in January 2020: 1.0
- Number of families moving to a lower social care status from FGC entry to January 2020: 5 (50%).

Interpretation of results

The results show that FGC has generated positive outcomes across all three cohorts indicating that the service has maintained the good performance identified in the round one evaluation. The apparent variation across the three cohorts is explained by differing family characteristics and shorter of follow-up durations in cohorts two and three. Cohort one families had poor starting characteristics and more children both combining to provide higher benefit outcomes.

The best predictor of FGC performance is probably cohort one as this allows for the longest follow-up period and hence is able to demonstrate sustainability of FGC outcomes. This will be the core used to calculate the headline cost benefit assessment.

CBA approach

A cost benefit analysis of FGC implementation has been conducted using a Fiscal Return on Investment (FROI) methodology which involved calculating the cost of FGC support and setting it against the observed benefits (adverse outcomes avoided, such as becoming LAC). FROI excludes the economic and social strands of CBA and hence understates total impact but focuses on the more cashable savings. Benefits were then divided by the additional cost of delivering FGC to show the return on investment (ROI). For example, an FROI of 3 implies a saving of £3 for every £1 spent on support.

Costs

The cost reflects the resource input required to deliver both the FGC session and the client follow-up. This includes direct work with the family as well as indirect support for example liaising with other services updating MI etc.

FGC costs are calculated using the following staff resource input and associated staff salary information:

- 48 hours of FGC coordinated time at an hourly rate of £18.51.
- 14 hours of social worker time to medium hourly rate of £17.63.
- Two hours of business support at £11.07 per hour.

- Four hours of lead FGC coordinator at an hourly rate of £31.29 per hour.

Applying this approach, the total of resource input of a single FGC is estimated to be 68 hours of support at a total cost of £1,295.

In some situations, it is necessary to have a second FGC gathering for families supported. Where this is the case, we have doubled the unit cost £2,950.

Benefits

The benefits, or costs avoided are calculated for 12 months immediately after a family leaves support. In the main, benefits relate to children avoiding periods of being looked after or being stepped down or closed to social care as a result of support. These benefits are clearly identified on MI and can be tracked over time.

Monetisation of these benefits have been calculated using estimates published by the Greater Manchester Combined Authority Research Team; formerly New Economy Manchester.

The unit benefits applied for achieved outcomes are as follows:

- Avoiding CCP: £113.9 per week.
- Avoiding CIN: £65.4 per week.
- Avoiding LAC (foster care): £685 per week.
- Achieving kinship care from LAC: £442 per week.

Where appropriate benefits are weighted downwards to take account of changes in status post-FGC i.e. moving from CPP to CIN. If there is no improvement in status, then a zero benefit is applied.

Return on Investment

Cohort one: Return on Investment

- Average cost £1,295.
- Average benefit £14,965.
- ROI 11.5.

Cohort two: Return on Investment

- Average cost £1,554.
- Average benefit £3,999.

- ROI 2.6.

Cohort three: Return on Investment

- Average cost £1,295.
- Average benefit £5,395.
- ROI 4.2.

Allowance for deadweight

We need to net off some of the benefits to allow for what would have happened anyway in a business as usual situation. In the absence of a comparator group we have made low, medium and high estimates. Low estimates involve no reduction, medium 15% reduction and high 30% reduction. Details of the three cohorts are shown below.

Table 16: FGC Cohorts (n=3)

Cohort	Low	Medium	High
1	11.5	19.8	8.0
2	2.6	2.1	1.8
3	4.2	3.6	2.9

Source: NELC children social care data

Annual impact

The annual return on investment for FGC is calculated by multiplying the average benefit for cohort one (14,964) to the average numbers of FGC's conducted annually over the three year period (83) and divided by the average annual cost of delivery of the FGC service (£252, 585). 14,965 x 83/252585 = 4.9

- Low deadweight: ROI 4.9
- Medium deadweight: ROI 4.2
- High deadweight: ROI 3.4

The analysis shows that even on the highest deadweight assumption of 30%, FGC represents an effective investment with a positive annual return on investment of 3.4, indicating a potential annual saving of £3.40 for every £1 invested in the programme. This confirms the projected findings of the round one cost benefit analysis and provides a strong evidence base to continue funding and justify the recent expansion the FGC service in North East Lincolnshire.

Appendix 5: CSC Case Study – Cat Zero

The third sector organisation Cat Zero was established in 2009 in response to the problem of high numbers of young people not in employment, education or training (NEET) in Hull. Built on the principles of Restorative Practice (RP), Family Group Conferencing (FGC) and Outcome Based Approaches (OBA), the charity has helped 70% of the young people they have supported into sustainable employment.

CatZero's work with young people, adults and families is based on 'high challenge' (e.g. skills building on the CatZero yacht) and 'high support'. Operating across the Humber region, their approach includes group-based programmes and one-to-one work based on development and implementation of Individual Action Plans. The aim is to support personal development and empower individuals to build resilience and work towards achieving personal goals.

Work in North East Lincolnshire: The Full Families Programme

In North East Lincolnshire, CatZero has been using the FGC assessment model with families. The Full Families programme in Grimsby is delivered through a partnership (CatZero and Creating Positive Opportunities in N.E. Lincs) and is funded by the Big Lottery (October 2017 to September 2020). Referrals to the programme are via the family hub, children's social care and other services. The aim is to work with more than 100 families, contributing to a stronger community and greater resilience among local families.

Initial work with families to identify key issues and concerns is followed by a FGC, which leads to the development of a Family Plan. This outlines action for family members and may also involve further group or one to one work drawing on both the RP and SoS approaches. Using the same tools as the local authority supports consistent outcomes-based reporting.

A total of 91 families have been referred since the start of the Grimsby Full Families programme. Of this group, 50 had engaged with the programme by the end of March 2019. Thirty-six families have successfully developed a family plan and a total of 201 individuals (adults, vulnerable adults and children) have been supported.

Outcomes and Impacts

The Grimsby Full Families programme has contributed to breaking the inter-generational cycle of disadvantage in the Humber region. Key impacts have been measured through project monitoring and external evaluation. Full Families has achieved high levels of

engagement, improved communication within families, prevention of family breakdown, improved take up of local services, take-up of employment and improved school attendance and behaviour. Nearly three quarters (73%) of families with a plan have demonstrated positive progress in relation to meeting their targets.

Through a focus on building skills, training and coaching, CatZero has helped to turn families in NELincs round. For example, one family was struggling with parental mental health problems, unemployment, debt and challenging behaviour from their two-year-old child (who was on a CPP). CatZero, through a family meeting, identified key areas for action and supported the family to address these. Over the course of one year and further to parenting courses, learning new skills, the provision of guidance and support, and regular support and review meetings, the child was removed from CPP by social services. The family are now stable, happy and feel more confident and motivated:

> "Staff [from CatZero] have helped us all so much – I have now opened my eyes and have seen a better life than before. My confidence is much better, and I can move forward. I see a bright future for [my child]." *Mother*

Working in Partnership

The willingness of the local authority to embrace innovation and test out new ideas has fostered a shared strategic approach with CatZero and supported integrated working, building positive relationships and creating meaningful and sustainable networks of support:

> "[NELincs Children's Social Care] are very supportive in relation to [our] organisation's plans, [their] good strategic approach and integrated working creates a network of people." *CatZero representative*

Further to this close working with the local authority and the positive outcomes being evidenced by Full Families, CatZero has recently contracted with NELincs to work with three families based on an agreed rate per family. A key benefit of working in parallel with and on behalf of the local authority is a more integrated approach to supporting families. The 'warp around' model for holistic family support draws on the input of key services: CCGs, police, education, third sector providers, and social services to better meet the needs of families. It ensures a joined-up approach and avoids duplication. This approach is further enhanced through shared methodologies (e.g. RP) across service providers.

Within the context of new social policy and based on emerging evidence, CatZero hope to see further integration of services, enhanced commissioning of family-related services

from the local authority, and greater levels of cross sector working e.g. between social services, health, third sector providers and education.

Appendix 6: Survey results tables – RP and SoS

CSC Survey Results

The CSC surveys (RP and SoS) included 35 and 26 questions respectively. They included closed questions permitting either one or multiple responses, open questions and text boxes for additional responses to provide qualitative feedback on responses given.

Restorative Practice (RP)

Ninety-nine responses were provided for the RP survey (30% response rate).

Q1) What is your job title?

Based on their responses 30% (30/99) were managerial roles. These roles include Locality Team manager, SEN services manager, lead practitioner and children's home manager. Seventy percent of respondents (69/99) were in non-managerial positions, including:

- Families first practitioner;
- Wellbeing worker;
- Social worker;
- Family Group conference co-ordinator;
- Childcare officer.

Q2) Which team or service do you work in?

Those responding to this question had a variety of team/service roles including:

- Family Group Conference Team
- Wellbeing service
- Early help and prevention
- Creating strong communities
- CASS

Q3) How long have you worked for NE Lincs in this role?

Most of the respondents had worked in their current role for 1-5 years (51%) followed by 6-10 years (21%).

Table 17: Time in current role (years) (n=99)

Time working for NE Lincs in current role	Number	%
Less than a year	13	13%
1 - 5 years	50	51%
6 - 10 years	21	21%
11 - 15 years	11	11%
16 - 20 years	0	0%
More than 20 years	4	4%
Total responses	**99**	**100%**

Source: RP survey

Q4) What Restorative Practice training have you attended (delivered either internally or externally)?

The RP internal training was the most widely undertaken**.**

Table 18: RP training (n=138)

RP Training	Number
Being Restorative Level 1 (1 day) - internally	51
Being Restorative Level 1 (3 sessions) - internally	48
Being Restorative 3 day intensive - externally	19
Restorative Practice (Leader) - externally	12
Other	8
Total responses	138

Source: RP survey

NB: For this question respondents could select more than one answer, so the total number of responses exceeds n=99.

Those selecting 'other' (n=8) provided further information about which RP training they've attended, including L30 sessions, champions training and refresher courses.

Q5) Please outline below any further or follow-up training for Restorative Practice that you have taken part in.

21 respondents outlined further or follow-up training they had attended for RP. This included:

- Follow-up sessions or workshops to embed learning (n=6)
- RP training delivered in other areas or local authorities (n=5)
- Team sessions led by Paul Carlisle (n=4)

- Top-up sessions (n=4)
- Electronic guidance/training (n=3)
- Other (n=8)

Q6) What was your overall view of the training?

The RP training was rated very positively with 92% rating it as very good/good

Table 19:Views on RP training (n=91)

Overall view of training	Number	%
Very good	50	55%
Good	34	37%
Fair	6	7%
Very poor	1	1%
Total responses	91	100%

Source: RP survey

(Q7) Please provide reasons for your above response.

Those with a **very good** view of the training stated:

- The trainer was engaging, focused and knowledgeable
- The training was informative and helpful
- Practical sessions provided a good opportunity to apply theory to 'real-life' situations

Those with a **good** view of the training:

- The training was open and honest in how best to handle the approach
- It provided a good introduction to RP
- It was good to work in teams of staff they don't usually work with to share learning and develop new skills

Those with a **fair** view of the training:

- RP had already been adopted into their approach so training was not necessary
- Training was slow and didn't deliver key points quickly enough

Only 1 respondent felt the training was **very poor.** They said the training was not tangible enough and should have been delivered to all levels of Senior Management first.

Q8) Please select four words that best describe your experience of the Restorative Practice training.

Overall respondents had found the RP training to be engaging, interesting and informative.

Table 20: Training in words

Words describing training experience	Number
Engaging	62
Interesting	48
Informative	47
Inspiring	41
Useful	32
Made sense	29
Well planned	27
Enjoyable	23
Reassuring	18
Good	8
Nothing new	6
Average	6
Fun	4
Slow	4
Intense	3
Information overload	2
Boring	2
Vague	2
Life changing	0
Scary	0
Total responses	364

Source: RP survey

Q9) As a result of attending the Restorative Practice training, do you feel you have a clear understanding of the principles of Restorative Practice?

Eighty nine percent of respondents strongly agreed/agreed that they had a clear understanding of the principles of RP.

Table 21: Understanding of RP (n=91)

Understanding of RP principles	Number	%
Strongly agree	36	40%
Agree	45	49%
Neither agree nor disagree	10	11%
Total responses	91	100%

Source: RP survey

Those who **strongly agree** that they understand the principles of Restorative Practice:

- RP training had previously been undertaken so principles were already being used in practice
- Training was delivered well which enabled practice and developed skillset to deliver approach
- RP training provided good examples which enabled workers to put theory into practice

Those who **agree** that they understand the principles of Restorative Practice:

- The principles were easy to grasp and workers were able to apply them in everyday practices
- The training was very clear and enjoyable, helping workers to embed RP in their work
- Refresher training would be (or has been) helpful in addition to the first session

Those who **neither agree nor disagree** that they understand the principles of Restorative Practice:

- Training was too short to enable full implementation of RP model; in some cases subsequent training courses (such as L30) have addressed the gaps
- Workers were not sure how the model would fit into their role
- Further training or refresher courses were needed

Q11) Please indicate the extent to which you agree or disagree with the following statements

There were high levels of agreement that training had helped respondents in their role, had taught useful skills and techniques, and thinking about staff management. Slightly lower numbers had changed their approach to management of staff.

Table 22: Rating of statements about RP training (n=90)

Statements	Overall view of training	Number	%
The training has helped me in my role	Strongly agree	28	31%
	Agree	52	57%
	Neither agree nor disagree	6	7%
	Disagree	4	4%
	Strongly disagree	1	1%
	Not applicable	0	0%
		91	**100%**
The training taught me useful techniques and skills	Strongly agree	22	24%
	Agree	58	64%
	Neither agree nor disagree	6	7%
	Disagree	5	5%
	Strongly disagree	0	0%
	Not applicable	0	0%
		91	**100%**
The training made me think about how I manage my staff	Strongly agree	24	27%
	Agree	24	27%
	Neither agree nor disagree	11	12%
	Disagree	2	2%
	Strongly disagree	0	0%
	Not applicable	29	32%
		90	**100%**
The training has changed how I manage my staff	Strongly agree	12	13%
	Agree	21	23%
	Neither agree nor disagree	24	27%
	Disagree	4	4%
	Strongly disagree	0	0%
	Not applicable	29	32%
		90	**100%**

Source: RP survey

Q12) Please provide an example below of how the training has changed how you manage your staff.

Those **strongly agreeing/agreeing** that training has changed how they manage their staff (33/90) provided the following examples:

- The training has made staff more mindful of the language they use and how their choice of words can come across in an office setting
- Emphasis in meetings is now on understanding the perspective of others rather than being heard

- Training focuses on explanations, rather than doing tasks for the staff
- RP training provides theory behind certain actions so staff members think before they act

Q13) Please indicate the extent to which you agree or disagree with the following statements

There were high levels of agreement that the RP training had contributed to embedding the approach (79%), and that respondents had the skills to implement it (81%).

Table 23: Agreement with statements about RP embedding and skills

Statements	Overall view of training	Number	%
The training was comprehensive enough to enable me to embed Restorative Practice approaches within my service or working practice	Strongly agree	20	24%
	Agree	46	55%
	Neither agree nor disagree	13	16%
	Disagree	4	5%
	Strongly disagree	0	0%
		83	**100%**
As a result of Restorative Practice training, I feel I have the skills to implement Restorative Practice approaches within my service or working practice.	Strongly agree	22	27%
	Agree	45	54%
	Neither agree nor disagree	13	16%
	Disagree	2	2%
	Strongly disagree	1	1%
		83	**100%**

Source: RP survey

Those **strongly agreeing** with the above two statements:

- Training provided workers with the skills and knowledge needed to guide staff in the RP approach; this has enabled the model to become embedded in their work
- Style of training (especially interactive aspects) have helped understanding and implementation

Those **agreeing** with the above two statements:

- The RP model is now embedded and used whenever relevant in practice
- The training has been helpful in allowing personal reflection and meaningful discussion between colleagues, ensuring understanding of approach between workers
- The model is becoming part of the everyday approach but 1 day of RP training is not enough and further sessions are needed

Q15) Please indicate the extent to which you agree or disagree with the following statements.

A majority considered that RP training should be provided every year (75%), a smaller proportion agreed that internal training for RP is effective (65%). More than two thirds (67%) had sufficient training to feel confident in implementing RP.

Table 24: Agreement with statements about RP training

Statements	Overall view of training	Number	%
Refresher training for Restorative Practice should be provided every year	Strongly agree	39	47%
	Agree	24	29%
	Neither agree nor disagree	15	18%
	Disagree	4	5%
	Strongly disagree	1	1%
		83	**100%**
Internal training for Restorative Practice is effective	Strongly agree	15	18%
	Agree	39	47%
	Neither agree nor disagree	21	25%
	Disagree	6	7%
	Strongly disagree	2	2%
		83	**100%**
I have had sufficient training to feel confident in implementing Restorative Practice.	Strongly agree	15	18%
	Agree	41	49%
	Neither agree nor disagree	20	24%
	Disagree	6	7%
	Strongly disagree	1	1%
		83	**100%**

Source: RP survey

Reasons for the above responses included –

- Refresher sessions are good for revisiting principles of approach and keeping the method fresh in the mind of workers
- Some practitioners already feel comfortable using the RP approach and do not think refresher courses are needed

Q17) Since undertaking training, have you been able to implement Restorative Practice approaches within your work?

The majority (89%) had been able to implement RP approaches in their work. Six (7%) had not done so/had plans to do so.

Table 25: Implementing RP (n=82)

Implementation of RP at work	Number	%
Yes	73	89%
No	6	7%
Not yet, but plan to in the future	3	4%
Total responses	**82**	**100%**

Source: RP survey

Q18) Please provide examples and explain what difference Restorative Practice approaches have made.

Examples provided included -

- The RP approach has been useful when working with young people and helping them to resolve their issues
- In team meetings the RP approach has allowed all colleagues to speak and share their views. Team members feel able to share their opinions and take ownership of their decisions
- The approach has become embedded in the way practitioners work, allowing them to act 'restoratively' in all settings
- It has made difficult conversations easier to have (relevant in work with colleagues and service users)

Q19) What have been the barriers to implementing Restorative Practice approaches within your work?

Barriers identified included -

- Lack of need to use RP approach in practice
- Lack of confidence in how to use RP model in practice
- The training can lead to teams lacking morale as they feel the approach is 'done to' them rather than 'done with' them

Q20) Has the training been discussed in your line management supervision?

Half of those responding reported that RP training had been discussed in supervision.

Table 26: Discussion in management supervision (n=82)

RP training discussed in management supervision	Number	%
Yes	41	50%
No	41	50%
Total responses	**82**	**100%**

Source: RP survey

Q21) Do you feel you require additional training to develop your understanding and/or embed Restorative Practice approaches within your service?

One half of respondents indicated that they needed additional training in relation to understanding or embedding RP.

Table 27: Additional RP training (n=82)

Additional training needed	Number	%
Yes	41	50%
No	41	50%
Total responses	**82**	**100%**

Source: RP survey

Q22) Have you attended any Restorative Practice network meetings?

Most of those responding (72%) to this question had not attended RP network meetings.

Table 28: Attending RP network meetings (n=82)

Attendance at RP network meetings	Number	%
Yes	23	28%
No	59	72%
Total responses	**82**	**100%**

Source: RP survey

Q23) How useful have these been?

Of those attending network meetings (n=23) most stated they were somewhat useful (52%).

Table 29: Usefulness of RP network meetings (n=23)

Usefulness of RP network meetings	Number	%
Very useful	10	43%
Somewhat useful	12	52%
Not very useful	1	4%
Total responses	**23**	**100%**

Source: RP survey

Q24) What difference (either positive or negative) have they made to your working practice?

Responses to this question included the following:

- Sessions provide a safe environment to reflect on practice and share concerns with other practitioners
- Discussion with colleagues is valuable for shared learning and talking through specific issues
- Usefulness of groups is dependent on who is present at meetings (further detail not provided)
- Meetings sometimes clash with other work commitments or don't align well with schedules of practitioners (e.g. they attend meetings but feel there are other more urgent things they should be attending)

Q25) Are you a Restorative Practice Lead or Practice Champion?

Less than 10% of those responding were RP Practice Champions.

Table 30: Proportion who are RP Practice Champions (n=82)

RP lead or Practice Champion	Number	%
Yes	7	9%
No	75	91%
Total responses	**82**	**100%**

Source: RP survey

Q26) What does this involve?

Being a Practice Champion involved -

- Identifying gaps in provision and planning to fill said gaps with future events
- Delivering RP training, often with other providers such as the University of Hull

Q27) In your view, how successful has the Restorative Practice leads or champions approach been?

There were mixed views about the success of the RP Practice Champions approach with 76% indicating the approach was either somewhat successful/neither successful nor unsuccessful.

Table 31: Views on the success of RP champions approach (n=23)

Success of RP leads or champions approach	Number	%
Very successful	8	10%
Somewhat successful	29	35%
Neither successful nor unsuccessful	34	41%
Not very successful	5	6%
Not at all successful	6	7%
Total responses	**23**	**100%**

Source: RP survey

Reasons for these views on the success of this approach included -

Those believing the RP leads/champions approach has been **very or somewhat successful**:

- The model is helpful, especially in the sharing of unhindered dialogue between teams
- The training has been delivered well, enabling the approach to become embedded in practice.
- The RP leads/champions are not always visible; some practitioners assume they are successful in their approach but cannot be sure.
- The champions are a good way of introducing the model but the wider approach must be continued and prioritised for families to see the full effects of the approach.

Those believing the RP leads/champions approach has been **not very / not at all successful**:

- Practitioners often do not know who their RP leads/champions are.
- Some RP leads do not act restoratively in practice, restricting the impact of the approach

Q29) What do you think have been the main challenges in implementing Restorative Practice approaches in your service or working practice?

Challenges identified included -

- Taking adequate time to change culture and attitudes with both service users and colleagues as people are often reluctant to change.
- Getting used to the idea of working restoratively with team members and not solve issues for them.

- Finding time to discuss and implement ideas effectively and consistently, especially across different services.
- Dealing with large amount of training and ensuring this is applied consistently to all service users.
- Getting all staff members on board with training and implementation.

Q30) How have these challenges been overcome?

Approaches to overcoming identified challenges included -

- Open discussion in team meetings to highlight important aspects of practice and clarify responses; taking extra time to understand difficulties and share learning to overcome them.
- Additional training sessions have helped to answer additional questions as they arise.
- Adopting the RP approach into everyday practice has helped overcome challenges; knowledge and confidence of the method has grown through regular use.

Q31) What has been the impact of Restorative Practice on work with families and/or young people?

The impact of RP on work with families and/or young people were outlined -

- RP has fostered better working relationships between practitioners and families, helping both to deeply understand situations from various perspectives.
- Families feel empowered to solve problems themselves rather than relying on agencies – they feel RP is ‘done with’ them rather than ‘done to’ them.
- Young people feel more confident and empowered in how to improve their situation.
- Communication between families and practitioners is more engaging and effective as both sides share opinions honestly – this enables more difficult conversations to take place.

Q32) Please indicate below the extent to which you consider Restorative Practice approaches to have been embedded in your team/departments’ daily practice.

More than two thirds (67%) of those who responded felt that RP was embedded in their deial practice always/most of the time.

Table 32: Views on RP embeddedness (n=80)

RP approaches embedded in daily practice	Number	%
Always	17	21%
Most of the time	37	46%
Sometimes	21	26%
Not at all	5	6%
Total responses	**80**	**100%**

Source: RP survey

Reasons for the responses given to question 32 included –

Those stating that the RP approach is **always** embedded into their team's daily practice say this is through repeated everyday use with families, often spearheaded by a restorative-focused team leader. A minority said they have always worked with a restorative approach, so this was unchanged by the training.

Those believing that the RP approach is embedded **most of the time:**

- When stress levels are high it can be difficult to keep the restorative approach
- Some newer teams or members of staff have yet to gain experience of the approach

Those who believe the RP approach is embedded **sometimes:**

- The approach is new and will need more time to become fully embedded in daily practice.
- Not all colleagues are willing to work restoratively and buy-in is difficult for practitioners not wishing to engage in the new model.

Those stating the RP approach is **not at all** embedded have not yet had the need to implement it or have not received adequate guidance from their managers – they feel without direction it gives staff very little to follow.

Q34) Please use the space below to provide any additional comments.

Fourteen respondents provided additional feedback to this open-text question. Several themes emerged:

- The RP approach was highly praised, with many perceiving it as the way forward for both families and colleagues.
- While the model is good, it requires inward funding and adequate time spent to ensure full implementation. A minority already felt that NEL had imputes when RP

was first introduced, encouraging teams to get on board, but had quickly deprioritised it as an approach.

- It was felt that one day of training was not enough to make long-lasting changes, especially as the approach requires a change in behaviour and attitude of staff members.

Signs of Safety survey results

There were 68 responses to the SoS survey (response rate of 16%).

Q2) What is your job title?

Based on responses 29% of the respondents (19/66) were in managerial roles. These roles included locality team manager, project manager, locality supervisor and Pause Practice lead. Seventy one percent of respondents (47/66) were in non-managerial positions, including:

- Case worker;
- Family First practitioner;
- Senior social worker;
- Health visitor;
- Probation officer.

Q3) Which team or service do you work in?

Those responding to this open-text question had a variety of team/service roles including:

- Children's services;
- Family hubs;
- Children Safeguarding and Reviewing Service;
- Families First;
- Prevention and early help.

Q4) How long have you worked for NE Lincs in this role?

More than two thirds (68%) of respondents had worked in their role for 1-5 years or 6 to 10 years.

Table 33: Time in current role (years) (n=68)

Time working for NE Lincs in current role	Number	%
Less than a year	9	13%
1 - 5 years	32	47%
6 - 10 years	14	21%
11 - 15 years	10	15%
16 - 20 years	2	3%
More than 20 years	1	1%
Total responses	**68**	**100%**

Source: SoS survey

Q5) What Signs of Safety training have you attended?

Some respondents had attended more than one training session. Equal numbers attended the introductory training and the 3-day training.

Table 34: Attendance at SoS training (n=99)

SoS Training attended	Number
SoS introduction training (with external trainers)	31
SoS 3-day training (with internal trainers)	31
SoS 5-day intensive training (with external trainers)	30
Other	7
Total responses	**99**

Source: SoS survey

NB: For this question respondents could select more than one answer, so the total number of responses 68

Q6) Since your initial Signs of Safety training, have you attended any follow-up Signs of Safety related training?

Nearly one half of respondents had attended follow-up SoS training.

Table 35: Attendance at SoS follow-up training (n=68)

Follow-up SoS training attended	Number	%
Yes	33	49%
No	35	51%
Total responses	**68**	**100%**

Source: SoS survey

Q7) Please outline below the further training you attended.

Thirty three respondents outlined further or follow-up training they had attended for SoS. This included:

- Internal workshops
- Monthly supervisions
- Practice sessions
- Refresher courses
- Training within localities

Q8) In the previous 6 months, have you used Signs of Safety in your role?

The majority (86%) of respondents had used SoS in their role in the previous 6 months.

Table 36: Use of SoS in the previous 6 months (n=66)

SoS use in previous 6 months	Number	%
Yes	57	86%
No	9	14%
Total responses	**66**	**100%**

Source: SoS survey

Q9) In the previous 6 months, how have you used Signs of Safety in your role?

SoS had been most widely used in meetings, followed by supervision sessions and assessments.

Table 37: Using SoS in the pervious 6 months

SoS use in previous 6 months	Number
Assessments	34
Investigations	17
Reunification	3
Care planning	12
LAC reviews	10
Supervision	40
Meetings	44
CPD conference planning	15
Other	15
Total responses	**190**

Source: SoS survey

Q10) Over the previous 6 months, which of the following Signs of Safety approaches have you undertaken?

The top three SoS approaches used by respondents were: developing a safety plan, followed by developing a danger statement and mapping a case within the team.

Table 38: SoS approaches used in the last six months

SoS approaches used in previous 6 months	Number
Mapped a case within your team	38
Mapped a case with a family	15
Developed a Danger Statement	38
Used the Three Houses or equivalent with a child	18
Developed a Words and Pictures document	9
Developed a Safety Plan	48
Used appreciative Inquiry in supervision	23
Other	8
Total responses	**197**

Source: SoS survey

Q11) How confident do you feel in carrying out each of the following Signs of Safety approaches?

Respondents were most confident in relation to 'using the three houses or equivalent with a child' followed by 'safety planning'. There was less confidence in relation to 'developing a Words and Picture document'.

Table 39: Confidence in use of SoS approaches (n=63)

Statements	Overall view of training	Number	%
Using the Three Houses or equivalent with a child	Very confident	22	35%
	Moderately confident	15	24%
	Slightly confident	9	14%
	Not at all confident	9	14%
	Not applicable	8	13%
		63	**100%**
Developing a Words and Pictures document	Very confident	5	8%
	Moderately confident	16	25%
	Slightly confident	19	30%
	Not at all confident	15	24%
	Not applicable	8	13%
		63	**100%**
	Very confident	16	25%
	Moderately confident	38	60%

Safety planning	Slightly confident	7	11%
	Not at all confident	0	0%
	Not applicable	2	3%
		63	**100%**

Source: SoS survey

Q12) How confident do you feel facilitating a Signs of Safety Conference for each of the following?

Levels of confidence were lower in relation to facilitating Signs of Safety Conferences with: Children's Social Care staff (13% very and 32% moderately confident); with families (21% very and 41% moderately confident); with families and naturally connected support people (17% very and 40% moderately confident); and with other agencies (13% very and 32% moderately confident).

Table 40: Confidence in facilitating a SoS conference with different groups (n=63)

Statements	Overall view of training	Number	%
With Children's Social Care staff only	Very confident	8	13%
	Moderately confident	20	32%
	Slightly confident	10	16%
	Not at all confident	13	21%
	Not applicable	12	19%
		63	**100%**
With families	Very confident	13	21%
	Moderately confident	26	41%
	Slightly confident	8	13%
	Not at all confident	8	13%
	Not applicable	8	13%
		63	**100%**
With families and naturally connected support people	Very confident	11	17%
	Moderately confident	25	40%
	Slightly confident	10	16%
	Not at all confident	8	13%
	Not applicable	9	14%
		63	**100%**
With other agencies	Very confident	8	13%
	Moderately confident	20	32%
	Slightly confident	10	16%
	Not at all confident	13	21%
	Not applicable	12	19%
		63	**100%**

Source: SoS survey

Q13) How confident do you feel participating in a Signs of Safety meeting (that is, talking about and assessing what you are worried about, what's working well, what needs to happen)?

Nearly one third of respondents to this question were very confident in participating in a SoS meeting with Children's Social Care staff (32%); with families (33%); with families and naturally connected support people (32%); and with other agencies (30%).

Table 41: Confidence in participating in SoS meeting with different groups (n=63)

Statements	Overall view of training	Number	%
With Children's Social Care staff only	Very confident	20	32%
	Moderately confident	32	51%
	Slightly confident	7	11%
	Not at all confident	1	2%
	Not applicable	3	5%
		63	**100%**
With families	Very confident	21	33%
	Moderately confident	34	54%
	Slightly confident	5	8%
	Not at all confident	0	0%
	Not applicable	3	5%
		63	**100%**
With families and naturally connected support people	Very confident	20	32%
	Moderately confident	33	52%
	Slightly confident	6	10%
	Not at all confident	0	0%
	Not applicable	4	6%
		63	**100%**
With other agencies	Very confident	19	30%
	Moderately confident	34	54%
	Slightly confident	6	10%
	Not at all confident	0	0%
	Not applicable	4	6%
		63	**100%**

Source: SoS survey

Q14) What has helped you to feel confident using Signs of Safety?

Training, practice and the influence of colleagues had been the most important factors in confidence in the use of SoS.

Table 42: Factors helping respondents to feel confident in using SoS

Helped confidence in SoS?	Number
Training	52
Team meetings/local mapping/learning activity	38
Practice	49
Colleagues	48
Team manager/supervisor	24
Practice leader	11
Supervision	29
Feedback from children and families	14
Other	3
Total responses	**268**

Source: SoS survey

Q15) How useful have you found the Signs of Safety framework in making decisions regarding the safety and well-being of children?

More than three quarters (77%) of those who responded indicated that the SoS framework had been extremely useful/moderately useful.

Table 43: Usefulness of SoS framework (n=61)

Usefulness of SoS framework in children's safety	Number	%
Extremely useful	23	38%
Moderately useful	24	39%
Somewhat useful	9	15%
Slightly useful	2	3%
Not at all useful	0	0%
I have not used the framework	3	5%
Total responses	**61**	**100%**

Source: SoS survey

Q16) What difference has the use of Signs of Safety made to your practice?

For most of those responding to this question (80%) SoS had made a very positive/somewhat positive difference to their practice.

Table 44: Impact of SoS on practice (n=61)

Impact of SoS on practice	Number	As %
Very positive difference	24	39%
Somewhat positive difference	25	41%
No difference	7	11%
Don't know	5	8%
Total responses	**61**	**100%**

Source: SoS survey

Q17) Please comment on your above answer

Comments on answers to question 16 included -

Those seeing a **very positive** difference on their practice:

- Simple language helps to make guidance clearer
- Provides consistency across all professionals so they can be on same page
- Helps focus attention and keeps workers on track, especially with referrals

Those seeing a **somewhat positive** difference on their practice:

- Families engage better with SOS model and draw up their own safety plans/goals
- Helps provide a deeper understanding of family needs and how to support them
- SOS model not implemented properly so is not embedded in day to day practice

Those noticing **no difference** in their role said this was because they didn't use SOS in their work, or they had not had any safeguarding issues since the training and were therefore unable to use the model.

Q18) What outcomes are you seeing for the children, young people and families that you work with?

A 'better understanding of the worries professionals see for children and young people' followed by an 'opportunity for families to express their views' and 'active involvement, hearing and acting on the child's voice' were the most common outcomes resulting from the use of SoS for children/young people/families.

Table 45: Outcomes seen as a result of using SoS

Outcomes seen as a result of using SoS	Number
Active involvement, hearing and acting on the child's voice	35
Improved relationships with practitioners	29
Better understanding of the worries professionals see for children and young people	47
Opportunity for families to express their views	35
Greater family involvement and participation through the life of the case (in identifying solutions to improve safety for children)	25
Effective and timely decision-making	18
Involved in decision making about them	20
Clearer goals to work towards	41
More likely to accept support	15
Less likely to become subject to repeat referrals	9
Other	6
Total responses	**280**

Source: SoS survey

Q19) What benefits do you think Signs of Safety has for those receiving your service?

The most frequently identified benefits from SoS were: clearer goals to work towards, better understanding of the impact of harm and more opportunity for children and families to have their say.

Table 46: Benefits of SoS

Benefits of SoS for those receiving service	Number
Better relationship with the Service	21
Better understanding of the impact of harm	38
Better understanding of the Department's concerns	32
More opportunity for children and families to have their say	38
More collaborative	30
More involved in decision making	26
Clearer goals to work towards	41
More likely to accept family-centred support	21
Less likely to return as a CCW	13
Makes the experience of children and families worse	4
Other	5
Total responses	**269**

Source: SoS survey

Q20) Overall, how has using Signs of Safety affected your job satisfaction?

SoS had a moderate impact on reported job satisfaction, with 60% of those responding indicating that it had greatly increased/somewhat increased their job satisfaction. Forty percent were neutral stating that it had neither increased or decreased their jobs satisfaction.

Table 47: Impact of SoS on job satisfaction (n=57)

SoS affect on job satisfaction	Number	As %
Greatly increased	12	21%
Somewhat increased	22	39%
Neither increased or decreased	23	40%
Somewhat decreased	0	0%
Greatly decreased	0	0%
Total responses	**57**	**100%**

Source: SoS survey

Q21) What do you think have been the main challenges in implementing the SOS approach to risk assessment and planning?

Fifty seven respondents provided a range of responses to this question, but several themes emerged as follows:

- Buy-in from wider services was sometimes difficult to achieve and caused an inconsistent approach across various teams/services
- High turnover of social workers meant training was not delivered at the same level and approach was not consistently delivered to all families
- Initial lack of confidence/trust from families may have prevented buy-in as SOS was a completely new model and took time to understand and implement fully

Q22) How have these challenges been overcome?

Fifty seven respondents provided answers this question and several themes emerged as follows:

- Using clear language and examples to implement the new model will promote implementation across different teams
- Through further training and discussion, the model should become clearer to use
- Practicing SOS will develop skills over time; as it's a new approach it can be difficult when first working with families but this should get better with time

Q23) Compared to previous risk assessment and planning approaches, what do you consider to have been the top 3 impacts/outcomes for children and families when using the Signs of Safety approach?

Impact 1:

- The child's voice is heard, recorded and acted upon as a priority.
- The plans are family-led (not service-led) so families feel more listened to and are less likely to require further referrals.
- Both SOS workers and families have a clearer understanding of what risks may happen partly due to decreased jargon.

Impact 2

- Families are able to identify their own part in the plan and what actions they need to take to improve.
- Clearer expectations between families and multi-agency teams; families understand the concerns held by SOS workers.
- Families feel more listened to and this lends itself to more honest communication.

Impact 3

- Families take responsibility for safety and reducing the dependency on services.
- Record of meetings is clear and concise, helps with future planning/goal setting.
- Regular audits ensure good practices are shared among services.

Q24) Please indicate below the extent to which you consider that Signs of Safety has now been embedded in your team's/departments' daily practice.

Most (81%) of those responding to this question indicated that SoS was embedded always/most of the time. Very few (2 of 52 - 4%) felt that it was not embedded.

Table 48: Extent to which SoS is embedded (n=52)

Extent that SoS is embedded	Number	As %
Always	23	44%
Most of the time	19	37%
Sometimes	8	15%
Not at all	2	4%
Total responses	**52**	**100%**

Source: SoS survey

Q25) Please provide reasons for your above response.

Those who believe SoS training is **always** embedded in their team/department's daily practice:

- SoS training is always used in recordings, meetings and discussions with families, allowing it to become part of everyday practice and conversations
- Those with responsibility to ensure practice is fully developed across different services are working to ensure the approaches are consistent across all providers
- Due to the nature of the model, SoS is now the primary framework when interacting with families

Those who believe SoS training is embedded in their team/department **most of the time:**

- The model has been embraced by NEL and this is reflected throughout most interactions
- Sometimes crisis cases take precedence over use of SoS approach
- High staff turnover impacts on consistency of SoS model in practice

Those who believe SoS training is **sometimes** embedded in their team/department's daily practice:

- SoS is only understood within the LA and has less prevalence with other agencies/stakeholders
- As the model is new, more frequent training is needed to ensure full implementation

Those who believe SoS training is **not** embedded in their team/department's daily practice:

- The model is not used in their specific line of work.

Q26) Please add any other comments about the Signs of Safety approach below:

Twenty six respondents provided additional comments and answers related to the following themes:

- The framework is useful and easy to follow when caring for families; parents in particular now understand what is being asked of them and why.
- SoS has improved the way practitioners work, enabling them to adopt a more direct approach to support.

- The model is very good when applied properly as it highlights what troubles each family are facing.
- It is taking a long time to fully embed the services/approach and regular training is needed to ensure consistency of approach.

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