

# **Project Crewe: FACT22 Service Longitudinal Evaluation**

**Evaluation report**

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## Key messages

This report presents the findings of the longitudinal evaluation of FACT22 (previously named Project Crewe), a programme that was implemented in Crewe and Macclesfield from 2015 to 2020. The aim of the programme was to improve service provision and outcomes for families on a Children in Need (CIN) plan through a personalised and intensive model of support. The project was funded by the Department for Education's (DfE) Children's Social Care Innovation Programme from 2015 to 2017, with the [round one evaluation](#) published by the DfE in 2017. The key takeaways from this follow-up evaluation, which sought to examine the long-term impact of the programme are detailed below.

- This evaluation found suggestive evidence that FACT22 did not sustain the promising outcomes of increased case closures and reduced risk as identified in the Round 1 evaluation. Specifically, in both FACT22 and comparator, business as usual (which will be referred to as the Cheshire East Council, or CEC cases), we found similar rates of (1) case closures, escalations and re-referrals and (2) increases in risk.
- We did not find evidence of wider impact of FACT22 on case closure, re-referrals and escalations across Cheshire East; however it is difficult to detect any impact on the local authority (LA) level given that FACT22 only supported a subsample of the total CIN families in the LA.
- The evaluation explored the numerous changes made to the model over time. This includes the co-location of staff, which was perceived to have improved relationships and collaboration between Cheshire East and FACT22 and considered to have had a positive impact on implementation and delivery. Conversely, other changes were perceived to have had a negative impact, such as a reduction in the intensity of the training delivered to staff. Further, CEC also made changes to their standard support offering, including the introduction of the Signs of Safety approach. Thus, any apparent reduction in the impact of FACT22 may have been driven by changes to the model and/or by any increased effectiveness of the CEC standard social care provision.

The impact results are subject to substantial limitations due to small sample sizes (especially with regard to our risk findings), and ambiguity in outcome metrics. These findings should be taken in conjunction with the findings from the Round 1 evaluation (2017) and the Round 2 evaluation of the same programme, Coventry FACT22 (2020). Together, we believe the approach introduced through FACT22 justifies a larger, more robust evaluation of the programme to produce conclusive impact findings.



# Executive summary

## The project

The FACT22 model was piloted in Cheshire East Council (CEC) from June 2015 to March 2017, funded by Round 1 of the Department for Education's (DfE) Children's Social Care Innovation Programme (Innovation Programme hereafter). The project was entitled "Project Crewe" in this phase, however was renamed to FACT22 after CE council confirmed funding continuation through to March 2020. The model was designed by Catch22, a third sector organisation who work on public service design and delivery, and was implemented through a partnership with CEC. The FACT22 service was offered to families and children on a CIN plan with the aim of improving their outcomes by helping them to make positive and sustained changes in their life.

At its core, the model consists of more personalised and intensive support for families, which is provided by Family Practitioners (FP), who are non-social-work-qualified staff. The FPs support offer included frequent and flexible contact time with families, including early mornings and weekends. Key to the model is practitioners' use of a solution-focused approach (SFA), which is a strengths-based practice based on Solution-Focused Brief Therapy (SFBT). From an organisational perspective, a team ("pod") of FPs are managed by a Social Work Consultant (SWC), who holds statutory responsibility for cases. Further, Peer Mentors and Family Role Models work with families to sustain change after case closure.

The majority of the core elements of the model described above have remained unchanged since project inception. These changes are detailed and discussed as part of our findings (in the *Model Evolution* section).

## The evaluation

This evaluation is a follow-up to the Round 1 Project Crewe evaluation. Aligned with the Round 1 evaluation methodology, we employed a mixed-methods approach in which both qualitative and quantitative research was used to develop a more comprehensive understanding of the data. Specifically, qualitative research was used to contextualise the findings from the impact evaluation. Our research questions are centred around 3 main areas of interest: (1) the long-term impact of the FACT22 on family outcomes; (2) the wider impact of FACT22 in Cheshire East and (3) the evolution of the model.

The research questions related to the impact on family outcomes were addressed by examining the long-term impact on case closures, escalations and re-referrals rates of the 128 families in our Round 1 randomised controlled trial (RCT) sample. In addition, we conducted follow-up analysis from the same sample of 30 cases used in the risk analysis. The risk analysis employs the use of thematically coded case notes from two

time points to assess how risk and protective factors (as defined by the framework in Appendix 5) change in FACT22 and CEC cases comparatively over time. Further, we assessed the wider impact of the service by using a quasi-experimental difference-in-differences (DiD) approach, comparing longitudinal outcomes for CIN in Cheshire East to comparator local authorities. To contextualise the long-term impact results, qualitative semi-structured interviews were conducted with a total of 10 staff from FACT22 and CEC, which includes both front-line and senior management staff.

## Key findings

### Impact

The impact evaluation findings are presented below:

- **Case closures:** There was no evidence that FACT22 affected rates of case closure in the long-term. The difference between FACT22 (71%) and CEC (82%) case closure rates was not statistically significant. This suggests that the promising Round 1 evaluation finding of FACT22 having increased case closure rates was not sustained.
- **Re-referrals:** There was no evidence that FACT22 affected rates of re-referral in the long-term. The difference between FACT22 (41%) and CEC (44%) was not statistically significant.
- **Escalations:** There were too few escalations across our sample (4 in total) to comment or draw conclusions about the impact of FACT22 on escalation rates.
- **Risk analysis:** We find no evidence of decreased risk for FACT22 cases, with very similar increases in risk observed across both FACT22 and CEC cases. This suggests that the promising Round 1 evaluation findings of FACT22 reducing risk was not sustained.
- **Wider impact in Cheshire East:** Overall, we found no evidence of wider impact of FACT22 at the local authority level on case closure, re-referral or escalation rates. We observe a downward overall trend in re-referral rates which is consistent with anecdotal evidence from FACT22 and Cheshire East staff. However, the difference between this and our comparator borough for this outcome (Cheshire West and Chester) is not significant.

It is important to note that the impact evaluation was subject to substantial limitations. As with the Round 1 evaluation, our sample of 128 families was small, meaning findings were subject to significant uncertainty. Additionally, our risk analysis only included a sample 13 cases (as opposed to the 30 in Round 1) as many CIN had turned 18 and therefore left the children's social care system (this is known as "aging out"), or the case had been closed and never reopened. Equally, some outcome measures are somewhat

ambiguous, specifically the number of case closures and case escalations. For example, a decrease in case closures could either indicate, the service is providing less effective support and therefore families are not making as much progress, or the service is better identifying the needs of families and supporting families for longer given that practitioners believe case closures would be premature. This makes interpretation of changes in these outcomes difficult. Substantial year-to-year fluctuations in our outcomes at the local authority level made it challenging to draw conclusions. We also acknowledge that FACT22 only operates in Crewe and Macclesfield, rather than across Cheshire East as a whole, so any positive impact may not have been realised in aggregate local authority data.

## **Model evolution**

Throughout the 5 years during which the service was operating, there were 3 key challenges: balancing model fidelity with adaptation of the model, identifying and referring families, and collaboration between the FACT22 and CSC team. These service-level challenges impacted the performance of the service, as well as which families and the level and types of support they receive. With regards to balancing fidelity and adaptation, there have been changes in pod size, pod locations, types of support available for families and intensity of the SFA training received by the staff. These changes occurred largely due to a reduction in funding. Further, referral criteria were introduced, which limited the service offer to families who were motivated to change, had less than 2 previous referrals to CE CSC and viewed as potentially benefiting from more intensive support. Lastly, initially there were tensions in the working relationship between the FACT22 and CEC CSC teams. This gradually improved due to the continuous refinement of the joint working protocol and stronger relationships between the staff resulting in part due to co-location in the same office. Overall, these challenges were barriers to the optimal performance of the service at various points in time. This makes it difficult for us to confidently conclude whether FACT22 was able to improve outcomes for families. Nevertheless, the evolution of the model was able to shed light on the characteristics of families that might benefit from the service and important contextual factors that influence the effectiveness of the service.

## **Implications and recommendations**

Implementing a service such as FACT22 is challenging, and we know mutual trust, effective communication and collaboration between the service and local authority is integral to the effective functioning of the service. Our findings highlight the importance of being flexible and open to making modifications to the service model, whilst acknowledging that these changes might impact how the service is being delivered and have ripple effects on family and service-level outcomes. Equally, identifying the

families that are most likely to benefit from FACT22 is important for ensuring the most effective use of resources.

These findings suggest any positive impact of FACT22 was not sustained over a longer timeframe. However, these findings should be taken in conjunction with the findings from the Round 1 evaluation (Heal et al, 2017) and the Round 2 evaluation of the same programme, Coventry FACT22 evaluation (2020). Together, we believe the approach introduced through FACT22 is promising and would justify a larger, more robust evaluation of the programme to produce conclusive impact findings.

# 1. Overview of the project

## Project context

With over 380,000 residents (as of mid-2018), Cheshire East is a large local authority in North-West England (ONS, 2018). Whilst its population, on average, is relatively affluent (ModernGov, 2015), there are significant disparities within the borough in terms of its socio-economic profile. As of 2015, the local authority had an estimated 12.5% of children living in poverty, largely concentrated in the towns of Crewe and Macclesfield.

In 2014, the DfE launched the Innovation Programme, which aimed to encourage new thinking in how children's services support young people. Catch22, a third sector organisation which works on public service design and delivery, developed the FACT22 (Families Achieving Change Together) model. FACT22 is a "spoke and hub model" of social support that aims to improve the outcomes for Children in Need (CIN) through a more personalised and intensive model of support, as recommended by the Troubled Families evaluation (Blades et al, 2016).

In 2015, Catch22, in partnership with Cheshire East Council, implemented a pilot of this model in Crewe, entitled "Project Crewe". From 2015 to 2017, both organisations worked with the Behavioural Insights Team to evaluate its impact on CIN families and service provision. Findings from the pilot (Heal et al, 2017), funded through Round 1 of the Innovation Programme, can be found on the [DfE website](#), and are summarised in the *key findings* section (p21) of this report.

After funding from the Innovation Programme expired in March 2017 and upon receiving promising findings from the evaluation, CEC elected to fund Project Crewe through to March 2020. At this time, Project Crewe was renamed to FACT22 as this is the name of the model that was developed by Catch22; this term will be used in the subsequent sections of this report to describe the intervention implemented. The project has evolved through various iterations in line with changes in both (1) the funding model and (2) local authority needs. However, the overarching structure and approach has remained consistent throughout. This report outlines the findings from a follow-up longitudinal evaluation that was conducted by the Behavioural Insights Team.

## Project aims and intended outcomes

The project model aimed to improve the outcomes for children on CIN status by offering a more personalised, intensive and solutions-focused model of support. The specific service aims and intended outcomes have remained stable across the duration of project implementation and are listed below:

- Decreased "case drift" (periods of time in which families make no progress despite working with social services) and appropriate timely case closures,

through decreased risk and increased protective factors associated with CIN cases.

- Reduced case re-referrals to social care through achieving sustainable change.
- Reduced escalations to child protection and looked after status, where appropriate.
- Appropriate escalations to child protection and looked after status due to better identification of risk.
- Reduced social worker caseload (for social workers employed by Cheshire East CSC) due to cases being diverted to FACT22.
- Increased staff wellbeing (and decreased need for agency staff).

## Project activities

In 2015, FACT22 integrated the spoke and hub model into CEC Children's social care support offer. The FACT22 model was developed by Catch22 (more information can be found on [their website](#)). The FACT22 team managed cases that had been transferred from CEC. At this stage, the team was not co-located with local authority staff, instead operating from 2 geographically separate "hubs". The project contained the following key elements.

1. Family Practitioners (FP), who are non-social-work-qualified staff, offer more intensive support (relative to traditional social worker support) for families with a CIN plan. The FP support offer includes frequent and flexible contact time with cases, including early mornings and weekends.
2. Social Workers Consultants (SWC), are SWs who manage a team of FPs, and hold the statutory responsibility for cases supported by FPs.
3. FP's use a Solution-Focused Approach (SFA) with their cases, having attended an in-depth bespoke 'Prevention and Intervention' training programme developed through and delivered by Eileen Murphy Consultants. This is based on Solution-Focused Brief Therapy (SFBT), a therapeutic technique that emphasises the positive assets held by the client and focuses on optimising these to achieve improvement. This has shown to be effective in early input interventions (Bond, 2013; Kelly, 2008). For more information about SFA, please refer to Appendix 1.
4. Alongside FPs, volunteer Peer Mentors and Family Role Models work with children and parents to support families to sustain positive change after case closure (a period when they would no longer normally get support from children's social care services).

Whilst the overarching structure and approach of the model remained mostly stable, a number of complex changes to delivery were implemented in line with funding and local

authority needs. These key changes are outlined below in Table 1 and refer to the *Model Evolution (p29)* section of this report for further details about the changes and how they impacted service performance.

**Table 1: Changes to FACT22 model**

	<b>Phase 1: Project Crewe</b>	<b>Phase 2: Recommissioned as FACT22</b>		
<b>Evaluation round</b>	Round 1 evaluation – pilot RCT	Round 2 evaluation – longitudinal evaluation		
<b>Timeline</b>	June 2015 - March 2017	April 2017- March 2018	April 2018- March 2019	April 2019 - March 2020
<b>Funding source</b>	Department for Education	Recommissioned by Cheshire East	Recommissioned by Cheshire East	Recommissioned by Cheshire East
<b>Pod structure changes</b>	January 2016: SWCs overseeing 4 FPs (as opposed to 5 FPs)	No changes	No changes	No changes
<b>Pod locations</b>	4 pods in Crewe 0 pods in Macclesfield	2 pods in Crewe 1 pod in Macclesfield	2 pods in Crewe 0 pods in Macclesfield	2 pods in Crewe 1 pod in Macclesfield
<b>Structure and location of FACT22 team</b>	FACT22 and core Crewe Social Care team as different teams in different offices	FACT22 staff were integrated into the core Crewe Social Care team and co-located in the council office in Crewe	No changes	No changes
<b>Maximum capacity</b>	192 cases	144 cases	96 cases	No change

<b>Volunteer support</b>	Volunteer support provided	Volunteer support provided	Volunteer support provided	Volunteer support no longer provided
<b>Referral criteria</b>	No formal referral criteria	No formal referral criteria	No formal referral criteria	Referral criteria introduced
<b>Other</b>	None	None	Cheshire East started implementing Signs of Safety approach (early 2019)	Cheshire East continued to implement Signs of Safety approach

## Project theory of change

A theory of change (TOC) describes the intervention’s key inputs and activities, what it is aiming to achieve, how it intends to bring about change and factors that might influence whether the outcomes are achieved. A logic model is a visual representation of the theory of change, which can be found in Appendix 2 alongside the TOC. The FACT22 TOC was developed using three sources of information:

- 1) a TOC workshop with 3 FACT22 service staff members and facilitated by 2 BIT staff members;
- 2) semi-structured interviews conducted as part of this longitudinal evaluation;
- 3) findings from the Round 1 evaluation of the FACT22 service (Heal et al, 2017).



## 2. Overview of the evaluation

### Brief summary of Round 1 evaluation methodology

The Round 1 evaluation employed a mixed methods approach. This involved a RCT to assess FACT22's impact, alongside an in-depth qualitative inquiry (to contextualise findings). The final RCT sample consisted of 128 cases with complete outcome data. The qualitative component involved 48 semi-structured interviews with families, frontline staff and leaders from Cheshire East Council and Catch22, alongside a qualitative risk analysis using a risk framework to thematically code 30 case notes (15 Control, 15 Treatment) to assess how risk changed over time. The comparison group used was all cases randomised to the RCT control group.

The evaluation addressed the following areas:

- whether FACT22 improved outcomes for CIN when compared to the control group; in particular,
  - had better social care outcomes
  - reduced risk factors in the CIN cases
  - better academic and behavioural outcomes
- how participants experienced the intervention
- how the intervention was delivered and its effect upon staff.

### Longitudinal evaluation questions

The evaluation questions this longitudinal follow-up to the Round 1 evaluation are centred around 3 main areas of interest: (1) the long-term impact of the FACT22 on family outcomes; (2) the wider impact of FACT22 in Cheshire East and (3) the evolution of project delivery, including the strengths and weaknesses of the approach. The specific research questions are set out in detail in Table 2 below:

**Table 2: Research Questions**

Research Question	Metrics
<b>Impact on families</b>	
To what extent does the FACT22 model improve social care outcomes for CIN children over the long term, compared to the randomised control group?	<ol style="list-style-type: none"><li>1. Closure of CIN cases</li><li>2. Escalation of CIN cases</li></ol>

	<ol style="list-style-type: none"> <li>3. Re-referral of CIN cases</li> <li>4. Total risk of CIN cases</li> </ol>
<b>Wider impact in Cheshire East</b>	
To what extent does the FACT22 model improve social care outcomes for CIN children across Cheshire East, compared to an identified comparison local authority?	<ol style="list-style-type: none"> <li>1. Closure of CIN cases (per 10,000 population)</li> <li>2. Re-referrals of CIN cases (per 10,000 population)</li> <li>3. Escalations of CIN cases (per 10,000 population)</li> </ol>
<b>Evolution of project delivery</b>	
How did the model evolve and what can be learnt about the strengths and weaknesses of the approach?	<ol style="list-style-type: none"> <li>1. What changed in the model implementation and delivery over time?</li> <li>2. How did the changes to the model impact the performance of the service, as perceived by the staff?</li> </ol>

## Longitudinal evaluation methods

The longitudinal evaluation started in December 2018 and ended in February 2020. This current project involves analysing the long-term outcomes of the intervention and control group samples from the Round 1 RCT, to assess whether any impact identified in the RCT is sustained. We also use a difference-in-differences approach to assess the impact on cases that received the intervention after the programme was expanded at the end of the original RCT.

## Summary of planned impact methods

In the round one evaluation, a randomised control trial (RCT) was implemented from August 2015 – April 2016 in Crewe (Cheshire East), in which cases were randomly allocated to either receive the traditional model of support, or FACT22. The RCT sample consisted of 128 families, of which 84 (66%) were randomised to treatment and 44 (34%) to control. For demographic details please refer to Appendix 4. The two models were compared over a five-year period using the following metrics:

- number of closed cases,
- number of re-referred cases
- number of escalated cases

It must be noted that 24 children (18% of our total sample) “aged out” over the duration of the evaluation (i.e. turned 18 and were therefore no longer eligible to receive CSC support). Rather than dropping them from our analysis and reducing our sample size, we confirmed they would not affect findings by checking they were balanced across groups (i.e. that there were no significant differences in the number of children that aged out across our treatment and control groups).

In the original Project Crewe report, we conducted a risk analysis based on thematic coding of 30 randomly selected cases (15 belonging to FACT22 and 15 belonging to CEC). This compared the total risk score at 2 points: the time of referral (in 2015) and updated case information 6 months later (in 2016). The total risk score is the sum of the engagement score, protective factors score, and risk factors score, and a higher score means that there is less risk present in a case. We use a third time point - the time of the most recent case information before this report (January 2019) - to assess how the risk in these cases has changed since the original report. However, we can only perform this risk analysis on 13 of the 30 cases (6 FACT22 and 7 CEC). The other 17 cases either:

- involved children who turned 18 between the two reports and therefore exited the children’s social care system;
- closed too early to be considered.

After April 2016, the FACT22 model continued to be implemented in Crewe and the wider Local Authority, but decisions about which cases to allocate to FACT22 were made by professionals (as opposed to the random assignment used for the RCT). To evaluate the wider impact of FACT22 across Cheshire East, we employ a different-in-difference approach comparing Cheshire East to a similar local authority. We examine trends in 3 outcomes:

- number of case closures (per 10,000 population);
- number of re-referrals (per 10,000 population);
- number of escalations (per 10,000 population).

Since no local authority was similar enough to Cheshire East across all three outcomes, a different local authority was chosen as a comparator for each outcome. Local authorities were selected on two aspects: whether trends in the outcome variable mimicked those observed for Cheshire East (i.e. how close they were to having parallel trends); and whether they were similar to Cheshire East in terms of the absolute levels of the outcome variable and their overall demographic to Cheshire East.

In addition to the impact analysis described above, we present descriptive statistics using management information data supplied by the FACT22 team (covering the period from project inception to January 2020). More detail of all quantitative methods can be found in Appendices 3 and 4. Please refer to Appendix 5 for the risk analysis framework.

## Summary of planned qualitative methods

A qualitative approach was taken to explore the research questions relating to the evolution of project implementation and delivery. The key elements of the approach are set out below:

- Ten semi-structured interviews:
  - 6 semi-structured interviews with FACT22 staff members (2 Senior Leaders, 2 SWC's and 2 FP's)
  - 4 semi-structured interviews with Cheshire East Children's Social Care staff members (1 senior leader, 2 team managers, 1 SW)
- The interviews were audio-recorded and transcribed. The Framework approach (Ritchie et. al., 2013) was used to analyse the data, allowing for the case and theme analysis to draw out the diversity of views and experiences.
- The initial evaluation plan specified that 12 interviews would be conducted - 4 of which would be with Cheshire East SW's. However, only 1 SW was interviewed in Cheshire East, as well as one other staff member who was recently a SW in Cheshire East, due to difficulty with recruiting SWs to participate (who have high workloads and often unpredictable schedules) and a small initial sample of eligible participants.
- More detail about the qualitative evaluation methods can be found in Appendix 6.

## 3. Key findings

In this section, we set out the findings of the evaluation, first describing the context of this evaluation including both, a summary of the findings from the Round 1 evaluation, and a description of the cohort FACT22 worked with. We then go on to report the results of the impact analysis, afterwards discussing how FACT22 evolved over time, and the strengths and weaknesses of the approach in achieving outcomes for families and young people. Finally, we provide an overall interpretation of the different strands of evidence. For details of outcome definitions, reporting conventions and analysis strategies please refer to Appendix 4.

### Context

#### Round 1 evaluation findings

The Round 1 evaluation presented suggestive evidence that the FACT22 model had a promising impact for families, in particular those with a previous history of CSC involvement. Specifically, the RCT findings showed that FACT22 may be more effective at closing cases than Cheshire East (with the largest effect for families that have a previous history of CIN involvement), although cases did tend to be open for longer with FACT22.

The evaluation involved thematically codifying 30 case notes at 2 points in time to assess how risk and protective factors changed for cases associated with FACT22 compared to the traditional model of support. We observed a higher reduction in risk for those that worked with FACT22 relative to Cheshire East's standard social care provision.

The accompanying qualitative work in the Round 1 evaluation suggested that CIN cases can be supported positively by non-social work qualified staff as it offers them a fresh start and a chance to reset their relationship with social support. There was a particular emphasis on:

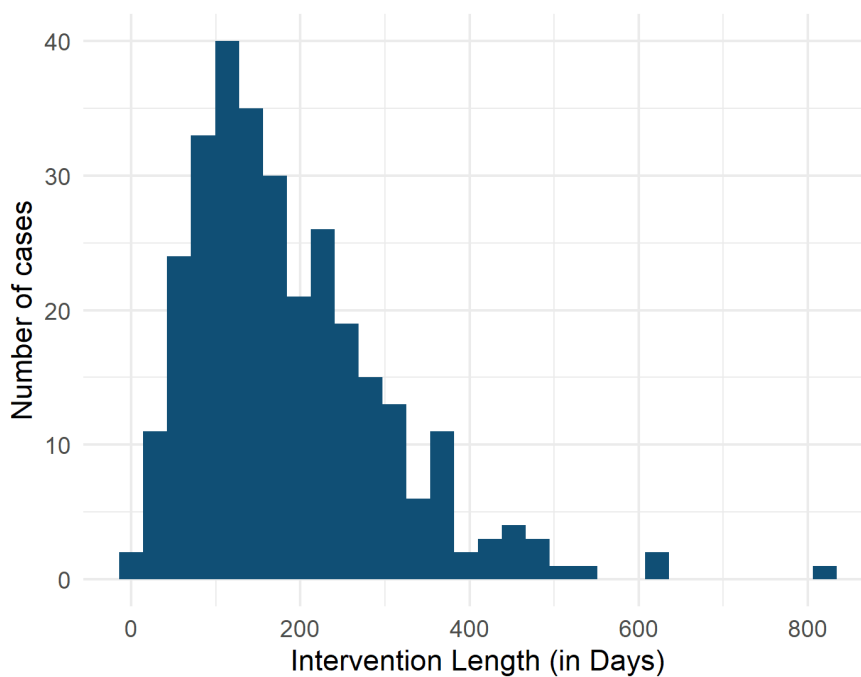
1. personalised, frequent, flexible support allowing families and staff to develop stronger, more trusting relationships;
2. SFA, which was valued by some families as they felt empowered through being given ownership of their problems, however SFA appeared less suited to families with acutely stressful or chaotic situations.

#### Round 2: FACT22 case demographics

FACT22 worked with 380 families from 2015 to 2020, 80% of which were in Crewe and 19% in Macclesfield (the remaining 1% were unknown). In total, 70% of cases were closed during this period, while 14% of all cases were escalated to either Child

Protection (CP) or Looked-After Child (LAC), which is substantially higher than the national average of 9.3%. On average it took 188 days (~6 months) to close a case (see Figure 1 below), which is echoed in interviews with staff as being the expected length of time the service works with families. Also, the variation in the case duration (as seen in Figure 1) might be in part attributed to the numerous changes to the service structure and delivery and the resulting impact on service performance and family outcomes (See *Model Evolution* section). This includes the staff turnover, which was in part caused by the re-commissioning process and associated changes in funding and pod locations. Staff turnover would have negatively impacted families that already started working with an FP and would need to re-start the process of developing a relationship with a new FP, which might have increased the total length of their engagement in the intervention.

**Figure 1: Average length of FACT22 cases (in days)**



## Impact

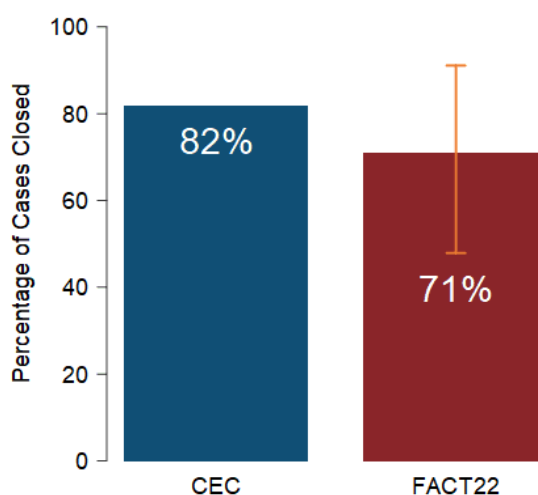
This section outlines our impact results, which first compares outcomes between the treatment (FACT22) and our comparator group (Cheshire East). Afterwards we examine the wider impact of FACT22, comparing trends in Cheshire East to an identified comparator local authority. For reference, we also graphically present trends both (1) nationally, and (2) for Cheshire West and Chester (the geographically closest local authority). As indicated below, we find no evidence of impact for any of the outcomes.

## Long-term impact for families

### Closure of CIN cases

We found no evidence of impact (i.e. increase) on case closures in the long term. As shown in Figure, case closure rates were slightly higher in Cheshire East compared to FACT22, with 82% of cases closed in the control group but only 71% in the treatment group. However, this difference is not statistically significant. Comparing this to findings from the 2017 report, long-term case closure rates remained steady in FACT22, but have increased substantially in Cheshire East (21% increase from 61%). This suggests the promising case closure rates reported in the initial study have diminished over time.

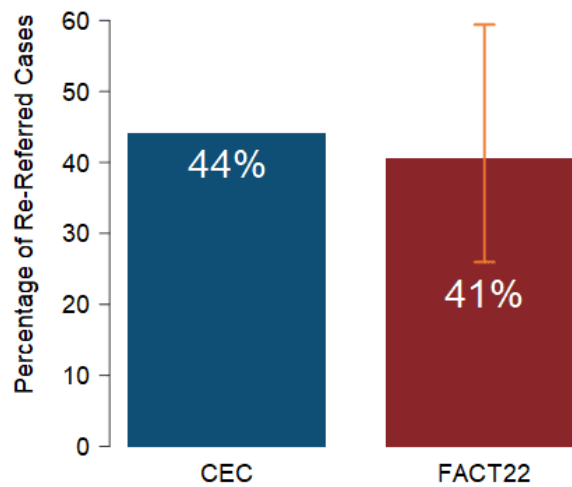
**Figure 2: Percentage of cases closed.**



### Re-referral of CIN cases

We found no evidence of impact (i.e. decrease) on re-referral rates in the long term. As shown in Figure 3 (below), re-referral rates were lower in FACT22 compared to Cheshire East (41% and 44% respectively), this difference is not statistically significant. This means there is no evidence of impact on re-referral rates. We cannot compare this to previous findings in the Round 1 evaluation as there were too few re-referrals in 2017 to make comparisons between the models.

**Figure 3: Percentage of cases re-referred.**



### Escalation of CIN cases

The number of escalations in the intervention and control groups was too small for statistical analysis, meaning, as in the Round 1 evaluation, we cannot comment on FACT22's impact on escalation rates. All 4 occurrences in this evaluation were in FACT22 cases; however this should not necessarily be seen as evidence for FACT22 increasing case escalation rates. Further, in the interviews, FACT22 staff emphasised that case escalation is not inherently a negative outcome, instead what is critical is that escalations are timely and appropriate, and that of the small number that were escalated because the frequency and intensity support brought to light additional issues provided a more accurate risk assessment.

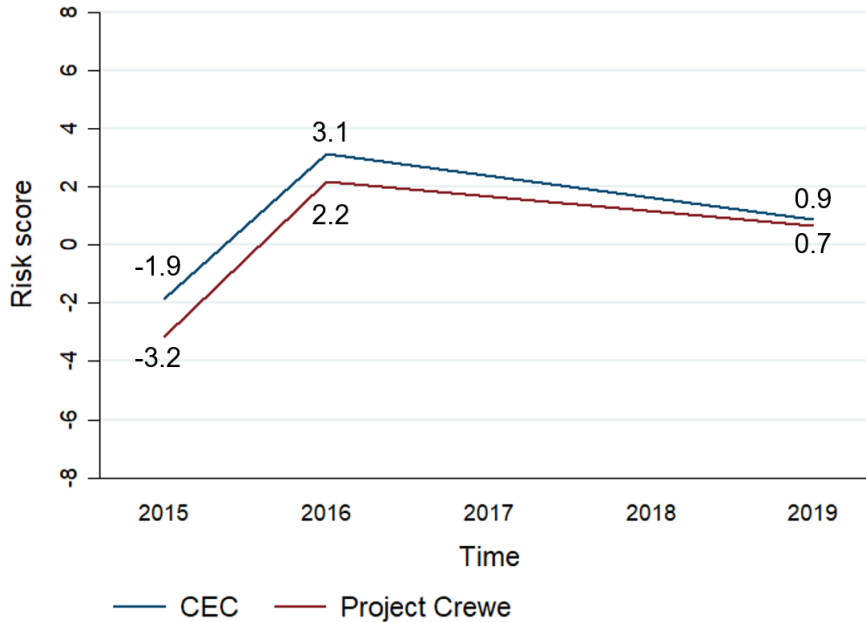
### Risk Analysis

We found no evidence of impact on risk (as measured by our method set out in Summary of planned impact methods, p19) in the long-term. Findings from the 2017 report indicated FACT22 cases were both: of higher risk at the time of referral, and decreased in risk by more than CEC cases over time. In our longitudinal analysis, we do not see this decreased risk sustained over time with all cases (both FACT22 and CEC) increasing in risk. We do observe a smaller increase in risk in FACT22 cases, however this difference is minor (1.5 compared to 2.2). It is important to highlight that the sample size is very small, meaning these results are not generalisable, especially compared to the 2017 analysis for which we had 30 cases.



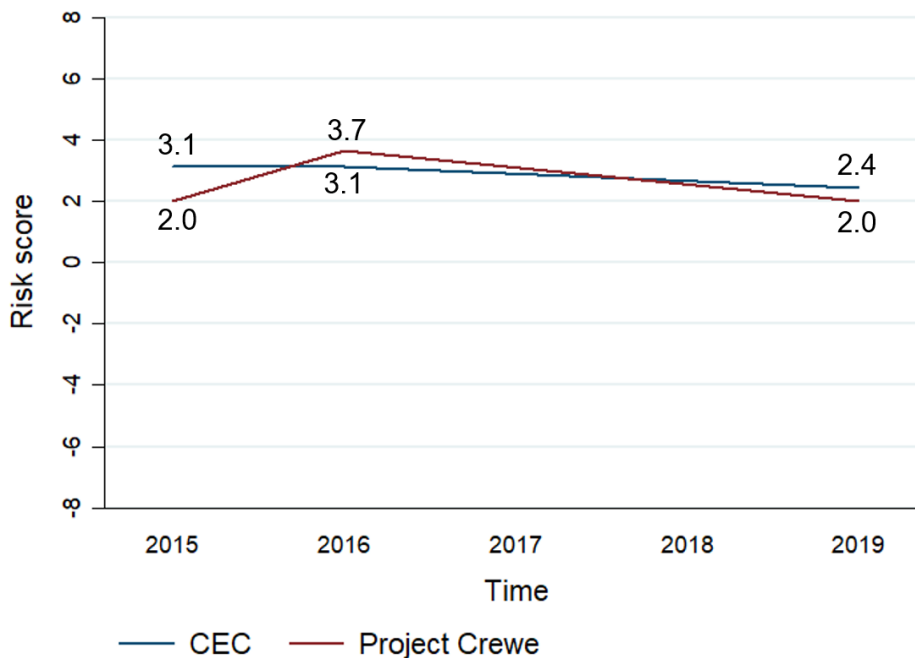
Figure 4 shows the average total risk scores for the 6 FACT22 cases and 7 CEC cases with updated information from January 2019. We observe increases in risk in both FACT22 and Cheshire East cases in our longitudinal follow-up period (between 2016 and 2019), however risk has increased by more for Cheshire East cases.

**Figure 4: Change in average total risk score over time**

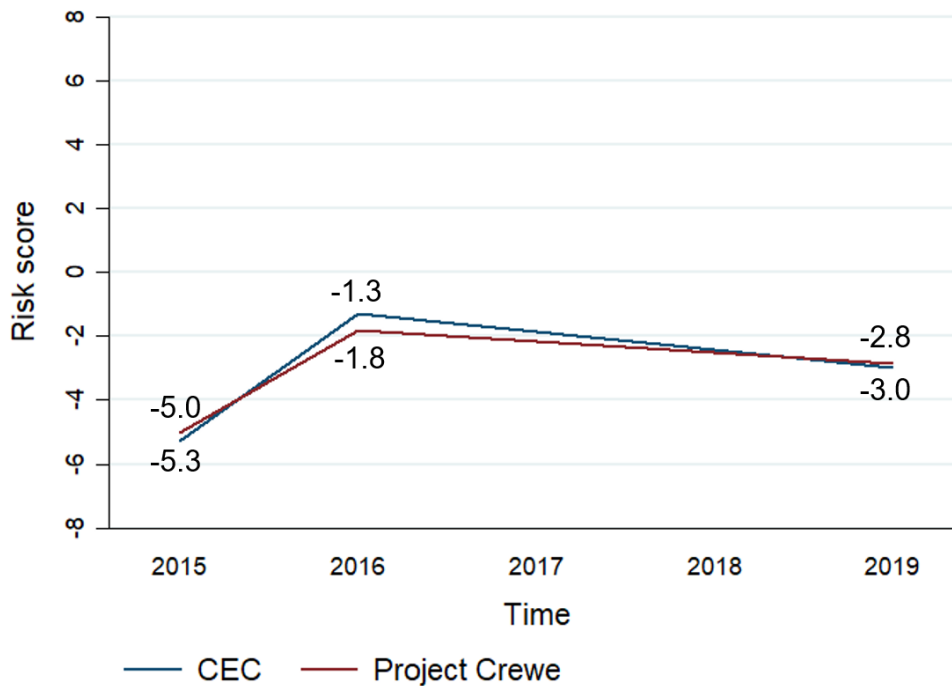


The greater reduction in risk for the FACT22 cases over time is a function of (1) an increase in their relative engagement score and (2) an increase in their relative protective factors score (see Figure 5), however these differences are not statistically significant. The 2 groups had similar increases in their risk factors scores (see Figure 6).

**Figure 5: Change in average protective factors score over time**



**Figure 6: Change in average risk factors score over time**



## Wider impact in Cheshire East

For all wider impact analysis, we compare trends in Cheshire East to a comparator local authority. The comparator local authority is identified by matching pre-intervention (i.e. 2010-2014) trends for each outcome and as follows:

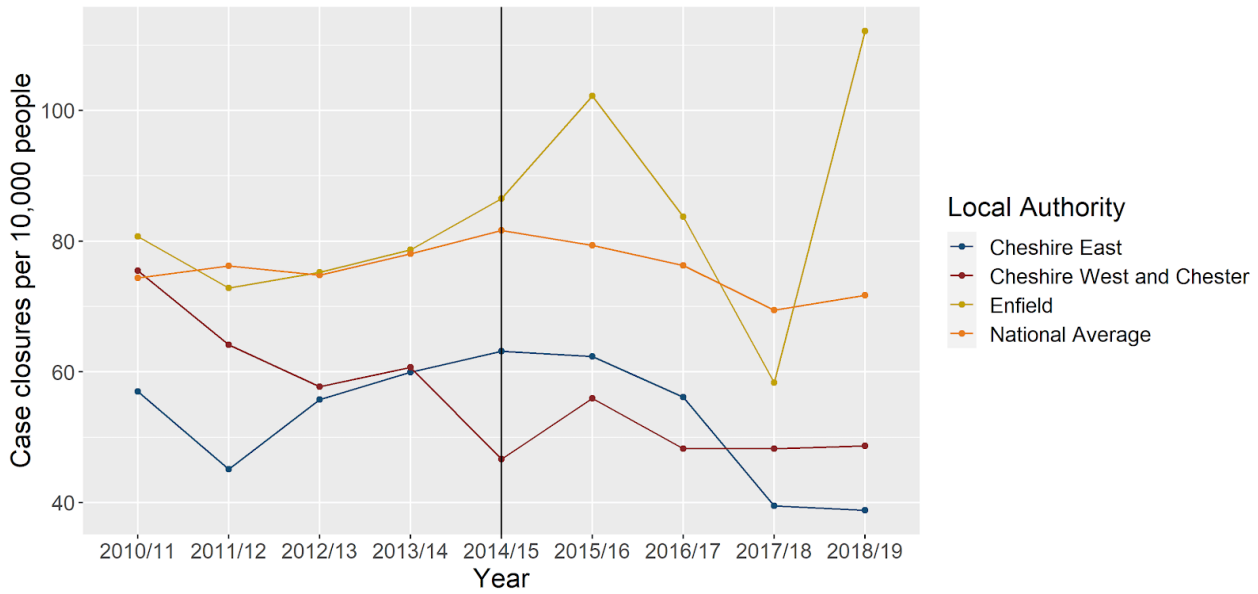
- Closure of CIN cases: Enfield
- Re-referral of CIN Cases: Cheshire West and Chester
- Escalation of CIN cases: Wandsworth

For reference, we also graphically present trends both (1) nationally, and (2) for Cheshire West and Chester (the geographically closest local authority) for all outcomes. The black line indicates the FACT22 implementation year in Figures 7, 8 and 9.

## Closure of CIN cases

We found no evidence of impact on the rate of case closures. As shown in Figure 7, the rate of case closures (per 10,000 residents) decreased while FACT22 was operating in Cheshire East. While Enfield - the comparison local authority, generally had an upward trend. However, our analysis shows this difference in trends is not statistically significant, and it is likely driven by noise (natural year-to-year changes) in the data.

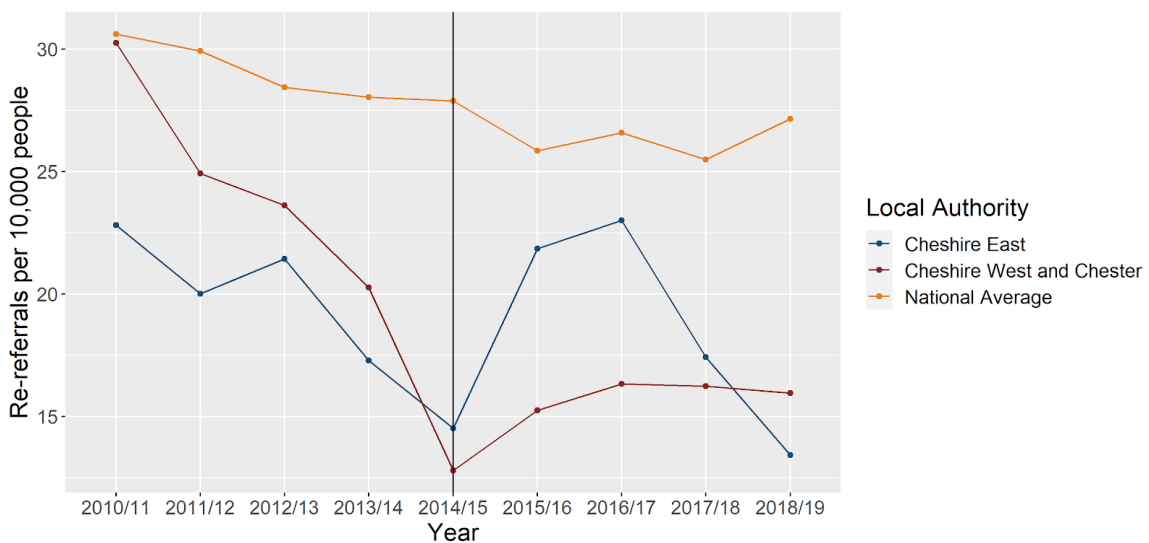
**Figure 7: Case Closures per 10,000 residents (March 2010 - March 2019)**



**Re-referral of CIN cases**

As with case closures, we found no evidence of impact on rates of re-referral despite observing an overall decline in the long-term. As displayed in Figure 8, re-referrals per 10,000 residents declined prior to FACT22’s inception (2010-2015). We observe a sharp increase in re-referrals post project inception, then an equally sharp decline from 2017 onwards resulting in overall long-term decrease. This aligns with anecdotal evidence from FACT22 and Cheshire East staff who reported decreased re-referral rates over the 5 year period. Cheshire West and Chester, the comparator local authority, shows a similar, yet less pronounced trend, however instead resulting in a small long-term increase in re-referral rates. Our analysis shows these trends are not significantly different. It must be noted both local authorities remain substantially below the national average.

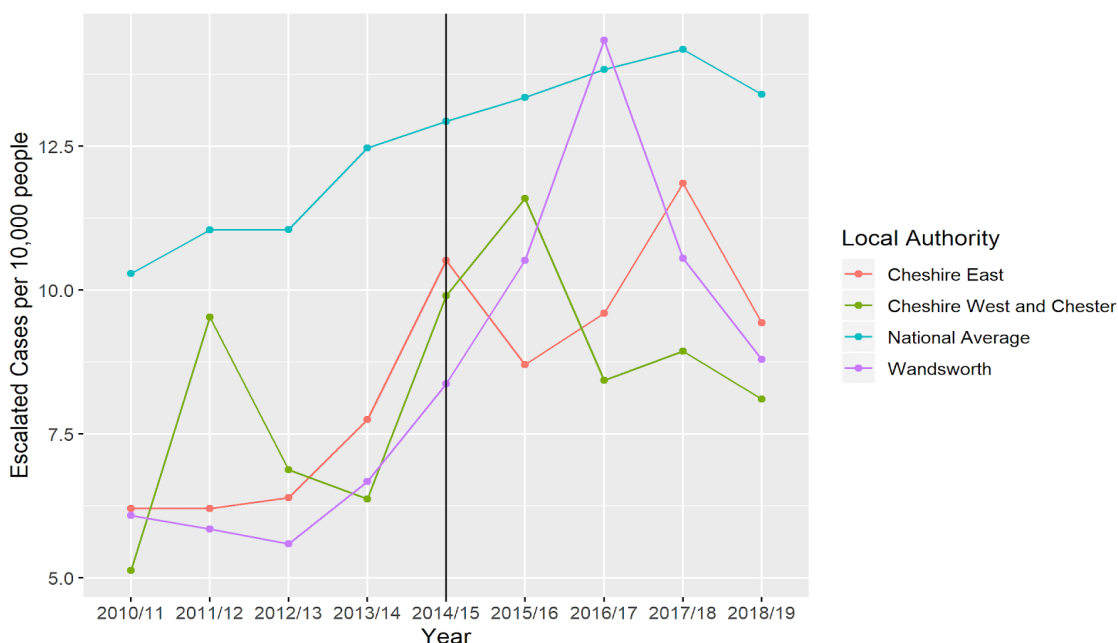
**Figure 8: Re-referrals per 10,000 residents (March 2010 - March 2019)**



## Escalation of CIN cases

In line with the other results, we found no evidence of impact on the escalation of CIN cases. As shown in Figure 9, from 2010 to 2015 escalation rates were rising across England, including in Cheshire East and Wandsworth (the comparison local authority). After 2015 Cheshire East has a downward trend in escalation rates (with substantial year-to-year fluctuation), with Wandsworth, exhibiting a slight upward trend (on average). However, our analysis finds the difference in trends between Cheshire East and Wandsworth is not significant. Wandsworth follows a similar upward trajectory to the national average, whereas both Cheshire East and Cheshire West decrease escalation rates from 2015 – 2020.

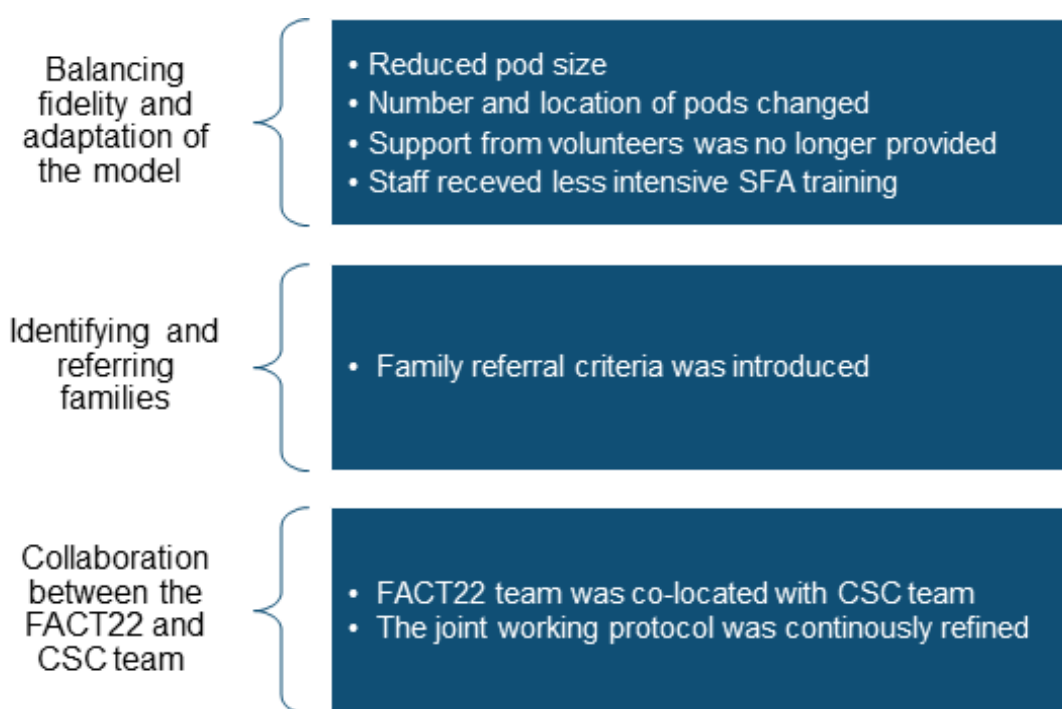
**Figure 9: Escalated Cases per 10,000 residents (March 2010 - March 2019)**



## Model Evolution

Over the past 5 years, there have been changes in funding and challenges with the delivery of FACT22 which resulted in modifications being made to the model structure and its implementation. In interviews, staff highlighted 3 key challenges: balancing fidelity and adaptation of the model; identifying and referring families; and collaboration between the FACT22 and CSC team (see Figure 10 below). These challenges impacted the performance of the service, as well as which families received the service and the level and types of support that was provided. The section below details the implementation challenges faced, as well as how they impacted service performance and family and service-level outcomes.

**Figure 10: Summary of challenges and associated changes to the service structure**



## Balancing fidelity and adaptation of the model

FACT22 has evolved over time largely due to changes in funding. This consisted of both proactive modifications to the service, aimed at optimising service performance, and reactive modifications caused by changes in the implementation context. The proactive modifications included a reduction in the pod size, while reactive modifications included changes to the number and locations of the pods, types of support available for families and intensity of the SFA training received by the staff. These modifications occurred at the key inputs stage of the TOC (see the Appendix 2 for the TOC) and had ripple effects on the key activities, as well as mechanisms, family and service-level outcomes as further described in the sections below.

### Proactive modifications

The pod size was reduced in January 2016 to having 1 SWC managing 4 FPs (as opposed to 5 FPs) and remained in this configuration in subsequent years. This was done in light of staff reflections that the previous pod structure was not working because SWCs were not able to provide adequate oversight and support for 5 FPs with up to 60 cases each. Specifically, prior to this change, SWC described themselves as “always feeling like you’re chasing your tail” (FACT22 staff member-01).

Staff believe that reducing the pod size had a positive impact on family and service-level outcomes, despite the fact that this was not how the structure of the service was initially envisioned. This was because it allowed SWCs to have better oversight and

management of risk, as well as ensuring that they were able to provide sufficient support and guidance to FPs, who had limited experience and knowledge of the requirements in children's social care.

So there'd be 48 cases in a pod, which was deemed far more reasonable and manageable compared to 60, which we started off with, which wasn't manageable, and there was risk involved because there was just too many cases for the social work consultant to oversee" (FACT22 staff member-02)

As a result, it was believed that the reduction in the pod size enabled staff to make more informed, timely decisions about whether cases needed to remain open, closed or escalated. This change also highlighted the responsiveness of the FACT22 senior leaders to staff feedback, as well as the local authority's receptivity and openness to change.

### **Reactive modifications**

Four key modifications were made in response to reduced funding, which had widespread ripple effects on the structure and delivery of the service. The service was able to retain the service structure and implement the activities in line with the model when it was first commissioned by the DfE, but not in the subsequent two rounds of re-commissioning by the local authority. The recommissioning process itself was challenging and resulted in staff turnover, due to anxiety about whether the service would still be operating and job security. In addition, due to fluctuations in funding and the number and location of pods, volunteers were no longer available to provide additional support to families and the intensive SFA training was no longer being delivered; this is further detailed in the sections below.

During the initial roll-out phase, there were 4 pods that were located in Crewe. Due to reduced funding, the number of pods reduced from 4 to 2 pods, and later increased to 3 pods. This occurred alongside reported changes in demand for the service in Macclesfield, which resulted in these pods being located across 2 towns. Staff said that having fewer pods and changes in pod locations led to a reduction in the number of families being served and contributed to staff turnover and an overall less effective use of resources.

These changes were stressful for staff because some were laid off and some staff that remained needed to spend more time on travel while the service transitioned to supporting families in 2 different cities. It was also less efficient with regards to the use of staff resources because the service manager had the capacity to oversee up to 4 pods; instead, they were only overseeing between 2 to 3 pods after the service was recommissioned by the local authority. Senior leaders reported taking steps to reduce the negative impact of this by having ongoing conversations with staff and keeping them informed. However, the staff turnover was to some extent unavoidable due to the nature

of funding - having short contracts and short notice about whether or not the service will be recommissioned.

“What can be frustrating is we invest a lot in the team, and because the contract may be coming to an end in the space of 6 months or 3 months, staff only - it’s only natural that they’re going to think, right, well, I need to move on, because I can’t hang around waiting for this decision” - (FACT22 staff member-01)

The provision of additional support by the volunteers was not sustained when the funding was reduced. In the first FACT22 report, families felt that they benefited from the support provided by volunteers, which was echoed by frontline staff. However, after the service was re-commissioned, it was no longer able to fund the volunteer coordinator role, whose job it was to manage the volunteers. Senior FACT22 staff reported making an effort to manage the volunteers, but it was too difficult to ensure that this service offering was delivered to a high standard and that volunteers were adequately supported. As a result, despite the fact that the service model was initially envisioned to entail volunteers, the senior staff decided this support would no longer be provided to families.

When the service was re-commissioned there was also no longer sufficient funding available to deliver the intensive 12-day SFA training. Staff reported that the intensity of the training was important because it provided an immersive experience, as well as time and guidance for developing their skills and embracing the new way of working. Thus, FACT22 staff felt that reducing the training to 5 days negatively affected their fidelity to the SFA. SFA was viewed as integral to achieving intermediary family outcomes of empowering families and increasing their self-efficacy, knowledge and skills for resolving challenges in their lives.

“It’s an expensive commitment, because I think the staff that really get solution-focused are the ones that did the full training ... The three-day training was excellent and people really got it, but I think that more would have meant that it was embedded better in new staff “ - (FACT22 staff-04)

In addition, some staff shared concerns that the fidelity to the SFA model was further reduced after the local authority introduced the Signs of Safety practice model. Both FACT22 and CSC were trained in and saw value in this model and viewed it as being similar to SFA in terms of being strengths-based. Nevertheless, some FACT22 frontline staff said that the introduction of this model negatively impacted their way of working with families. This was in part due to the additional paperwork and assessments that they were now required to complete.

“We were very different to the social care teams in terms of we were more immersed into the creativity, into the therapeutic working ... things went from

that to more of a social-work-based routine, where it was more about making sure that - we've started doing more assessments, for instance, which we've never done previously" - (FACT22 staff-06)

## Identifying and referring families

Identifying and referring families to FACT22 was at times challenging. This was due to a lack of specificity about which cases should be referred and unclear processes for referring and escalating cases. The lack of clarity caused some confusion and frustration, which contributed to tensions between the FACT22 and CSC teams. Initially, there were no eligibility criteria for this service, but this was re-considered in light of case escalations and re-referrals. Overall, FACT22 and CSC staff were in agreement that the introduction of the referral criteria had a positive impact on family and service-level outcomes by allowing the service to focus on families who were motivated to change but needed additional support to do so.

CSC staff were initially excited to have an opportunity to reduce their high caseload by transferring some of their cases to FACT22. However, this quickly turned into frustration because some of the referred cases were not selected due to the randomisation process, which might not have been adequately communicated nor fully understood.

"I think no one quite really understood it [the RCT]... It almost felt like we were the ones then being the problem whereas actually what we were trying to do was just say, 'No, that's not how we can do the trial'. They were saying, 'But this family need your support.'" - (FACT22 staff-01)

During the initial rollout phase, staff also reported having multiple cases that needed to be escalated to CP status. This was partially attributed to FACT22 receiving more complex, higher risk cases that were described as being on the edge of escalation. For other cases, the more intensive nature of the support brought to light additional issues, which would have classified the case as being higher risk already had they been known about. While escalations are not inherently a negative outcome as long as they are timely and appropriate, this contributed to the existing tensions in the relationships between FACT22 and CSC staff because CSC staff were receiving regular requests for consultations and handovers back to the CSC team.

"There's been quite a number of those escalations. So I think the fact, then, that it comes back as almost an added pressure, because as well as managing the referral coming in through the front door, we're also managing the escalations back from that service." - (CSC staff-07)

Staff said that the challenge of identifying and referring families was partially resolved after referral criteria were introduced and that subsequently the "right families" were being referred to the service (FACT22 staff-04). Specifically, the following referral criteria were introduced - families needed to (1) be motivated to change, (2) have a



maximum of 2 previous referrals to CSC, and (3) viewed as potentially benefiting from the intensive support offered by the service. The criteria were identified through a process of reflection and reviewing details of cases that had been escalated. Staff felt that the criteria described families who were most likely to benefit from the service and fit best with the SFA. As a result, both FACT22 and CSC staff emphasised that ensuring that the appropriate families were referred was critical to the effectiveness of the service and reducing re-referrals and escalations.

“As the model developed, we’re now targeting the right families at [FACT22]. I think that the referral rate is less. I think when we were putting cases through to them that, potentially, had years of involvement, I think it was difficult for them to show any kind of impact in those kind of cases.” - (CSC staff-07)

However, the introduction of referral criteria that focused on families without an extensive history of CSC involvement was contrary to the Round 1 quantitative and qualitative findings. Specifically, Round 1 quantitative findings showed promising, but not statistically significant evidence that the service might be particularly effective for families with a history of social care involvement. This echoed the Round 1 interview findings - that this model offers families with a history of CSC involvement a “fresh start and a chance to re-set their relationship with social support” (Heal et al, 2017, pg. 9). The exception noted was that it is less appropriate for families in acutely stressful situations.

We hypothesised that the discrepancy between the Round 1 findings (i.e. FACT22 being suitable for families with a history of CSC involvement) and Round 2 qualitative findings (i.e. views that FACT22 is not suitable for such families) might have been due to how a long history of CSC involvement is defined. Specifically, it might be related to number and types of involvement (e.g. child in need or child protection plans) as well as the types of challenges faced by the family. In the Round 1, evaluation, a history of CSC involvement was broadly defined as having received CIN support prior to the intervention period. Due to limitations in the available data in both Round 1 and 2, it was not possible to ascertain the number of previous CSC referrals and how the number of referrals might impact family outcomes. As a result, it is possible that families with 2 or less referrals might be most likely to make change within the six-month intervention period. Further, there is also an implicit assumption that families with more than 2 CSC referrals might be facing numerous complex challenges, which might take longer to resolve or be less likely to be resolved by focusing on empowering the family. This echoes staff reflections that such families might have more entrenched issues that would make achieving change more difficult and might find it more difficult to adjust to the SFA. In comparison to the traditional way of working in CSC, FACT22 aimed to empower families to be able to make changes in their lives and sustain changes without further support from CSC. The adjustment to the new way of working could take time.

“If they’ve been through the social work model again and again and again, they expect you to come in and do things for them, and when you’re not doing that there’s a lot of resistance. So you can take a lot of time trying to undo that” - (FACT22 staff-04)

## **Collaboration between FACT22 and the CSC team**

The working relationship between the FACT22 and CSC teams gradually improved over time, as a result of better communication and increased trust between staff at all levels. This improvement was largely attributed to 2 key changes - the co-location of FACT22 staff with the CSC team and continuous refinement of the joint working protocol. These changes facilitated the embedding of the service in CE CSC and contributed to improvements in the process of identifying, referring and escalating cases. This highlights the importance of having a strong, collaborative working relationship between the local authority and FACT22 and how it might impact the effectiveness of the service.

### **The impact of co-location**

Staff reported that co-location was integral to improving the trust and communication between staff at all levels. Initially, being in separate offices reinforced the feeling that FACT22 was a separate service, which made some staff feel like it was “us and them” (FACT22 staff-06). Staff were primarily having problem-focused conversations, which were often in the context of requesting consultations and handover meetings when cases were being escalated; this created tensions in the relationships between staff. In comparison, FACT22 staff began to feel more like they were part of the team after co-location. They had the opportunities to build rapport, and for CSC staff to gain a better understanding of the new service and its fit in the wider CSC team.

“It wasn’t until, I’d say, they came and sat in the office we really got to grips with what they actually were doing in terms what cases they had and the work they were doing.” - (CSC staff-12)

However, it took time to build relationships, which was reflected in varied views among staff about their relationship with the other team. For some, the Crewe site had a more inclusive atmosphere, while for others it was the Macclesfield site. The relationship with the CSC staff was the key factor that determined which site the front-line staff preferred to work at.

“I think because the council staff, the social workers, are really friendly, they’ll come and they’ll sit and they’ll have a chat with you about the families that you’re working with together, and they’re very approachable, which I didn’t find with the social workers over at [the other FACT22 site]...we found that we’re regarded as the helpers...” - (FACT22 staff-13)

Overall, co-location was perceived to positively influence the delivery of the service by improving the relationship, communication and trust between the FACT22 and CSC staff. This contributed to embedding the service and was reflected in more efficient communication about cases, as well as FACT22 staff self-reported wellbeing and satisfaction.

### **Impact of continuous refinement of the joint working protocol**

Over the period of implementation, senior staff continued to refine the joint working protocol and processes. For instance, in addition to the introduction of the referral criteria, case handovers became more efficient when the process changed from sending an email to having a joint meeting. This contributed to having more appropriate referrals because FACT22 staff would be able to assess their suitability for the service prior to the case being officially transferred.

“We then started doing things differently, where we would actually sit down with the social worker and go through the case and look at what needs to be done, what’s already been done, and how we can make the changes. Which actually sometimes benefitted us, because we could sometimes see that the family hasn’t got the capacity to change, and therefore it’s not suitable for us.” - (FACT22 staff-06)

Initially, there was also a limited understanding about the service, including staff roles and responsibilities. This issue was particularly salient during the process of transferring cases between the FACT22 and CSC teams and resulted in delays in some tasks and assessments being completed. Co-location helped to resolve some of these issues by increasing the avenues and frequency of communication. Being open to refining and adapting the process was seen as critical, especially in light of the numerous changes to the service structure and delivery throughout the 5 years.

“It’s taken time, and it [the joint working protocol] still gets tweaked from time to time to ensure that it’s as good as it can be, and it’s a dynamic document, as they say. That’s how it needs to be, because things do change, practice does change, and we’ve just got to make sure that we are flexible.” - (FACT22 staff-02)

### **Interpretation**

As reported in the Round 1 evaluation of FACT22, the capacity for the evaluation to detect impact for families was limited by a small sample size meaning our estimates are subject to substantial uncertainty. However, the 2017 evaluation presented promising indications of impact for FACT22, specifically related to the case closure rate and decreased risk. The longitudinal follow-up analysis suggests this promising indicator of increased case closure rate subsided over time.

It is important to note the significant changes in the delivery of support that may be driving this apparent reduction in effectiveness. In particular, funding constraints meant FACT22 had to drop the volunteer element of the service, which offered families extended support post case closure to help sustain any positive change (among other changes to the service structure). In addition, Cheshire East implemented the Signs of Safety approach to service delivery in 2019, which may have increased support to Cheshire East cases, therefore changing the comparison of models we are making. Given the Signs of Safety approach shares a common theoretical framework (and many similar elements) to FACT22, this could explain the reduced impact we observe longitudinally.

Unfortunately, these findings are subject to substantial limitations, in particular they may be confounded by the fact that a small number of (5) families that were initially randomised to the control group (Cheshire East) subsequently received support from FACT22 after the end of the initial study. This would mean any positive impact of FACT22 would be difficult to detect, as it would be observed in both FACT22 and Cheshire East cases.

However, despite the fact that our analysis failed to detect any evidence of impact over the longer time period, the evidence from staff indicated that the model implementation improved over time, with reported increased collaboration between FACT22 and Cheshire East. The co-location of teams, and continual refinement of the joint working protocol helped embed the model further in working practices, which is an important finding given it provides insight into how to implement models such as FACT22, which are significant departures from local authorities' standard model of service provision.

Unfortunately, we lack a credible comparator group for FACT22 cases after the initial randomisation period meaning we can only look at outcomes on the local authority level after this point. When examining the wider impact in Cheshire East, results are mixed and seem to be largely driven by fluctuations in outcomes (case closures, referrals, escalations) year to year. This means any impact of FACT22 is likely to be difficult to detect, given FACT22 only worked with a small minority of the CIN population in Cheshire East.

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

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. Below, we provide findings related to those features and outcomes that are relevant to FACT22. As our qualitative research focused on evolution of the model rather than family experiences, the features and outcomes are discussed through the lens of staff experiences where possible, and in relation to operational changes and decisions made.

### **Features of practice**

#### **Strengths-based practice frameworks**

Key to the FACT22 support offer is a solutions-based approach, empowering families by equipping them with the right tools to find solutions autonomously with our Round 1 evaluation highlighting families' positive experience of this. Due to a reduction in funding, the intensity of the SFA training was reduced to 5 days (rather than 12 days); this was perceived to negatively impact staff fidelity to the SFA.

#### **High intensity and consistency of practitioner**

FP's are distinguished from traditional SWs particularly in relation to the dose and frequency of contact with which they had with families. Although the capacity of FACT22 was reduced over the 5 years in terms of the number of families they could support, staff did not report any change to the frequency or intensity of support they could provide families they worked with. Also, due to changes in the funding, some staff were laid off, which meant that any remaining open cases would have been transferred to other FPs. The nature of the funding - having short contracts with last minute notice of whether the service was recommissioned, also resulted in some staff turnover.

#### **Family focus**

The role of the FACT22 staff (in particular the FP) was to work collaboratively with the family to improve interpersonal family dynamics and resolve conflict. FACT22 staff did not report any change to this approach over the programme duration. However, dropping the Peer Mentor and Family Role Model volunteer support did reduce the family-oriented focus post-closure which might have impacted the sustainability of any change.

## **Outcomes**

### **Reducing risk for children**

With caveats and limitations outlined above, the analysis points to FACT22 and Cheshire East models having similar impacts on case risk. This contrasts the Round 1 evaluation promising findings of decreased risk for FACT22 cases, despite not reaching statistical significance.

### **Increasing workforce wellbeing**

In interviews, all FACT22 staff emphasised the value of the collaborative and supportive team environment, as well as having numerous initiatives that promoted wellbeing. Formal support included one-to-one meetings with their line manager, group supervision, ad-hoc support from colleagues and regular whole service meetings. Initiatives aiming to promote wellbeing included having 'Wellbeing Wednesdays' during which staff had lunch together and had an extra half-hour for lunch, employee of the month recognition alongside opportunities for all FACT22 staff to share positive feedback about the work of their colleagues. The emphasis and prioritisation of staff wellbeing and support is perceived as critical to their ability to support families to the best of their ability.

## 5. Limitations of the evaluation

This section discusses the limitations to both our longitudinal impact and qualitative methods separately.

### Impact

- 1. Small RCT sample size.** As with the Round 1 evaluation, all impact findings must be interpreted with caution. Only 128 families were randomised in total, meaning the uncertainty around all results is very large. This means that if the intervention does have a positive impact, it is smaller than what we are able to detect with this study.
- 2. A small number of cases received both FACT22 and Cheshire East support.** Given our randomisation period took place in 2015/16, after the RCT ended cases were then allocated FACT22 via professional judgement. As discussed in the qualitative interviews with staff, criteria for allocation to FACT22 changed over time, meaning a total of 5 cases that were initially randomised to Cheshire East, received FACT22 support after the initial study ended and this may confound our results.
- 3. The outcome indicators are ambiguous.** It is assumed that the outcome indicators - increased case closures and decreased escalations - are positive because they indicate that families have made progress. However, in some instances it may be cases remaining open, or being escalated, may be the result of more effective assessment rather than less effective support. Therefore, the results of the RCT impact evaluation need careful interpretation.
- 4. Assumptions underlying our difference-in-differences method are challenging to justify.** Given we used local authority data recorded at the year level we only had 5 data points prior to FACT22's inception. Difference-in-differences requires the parallel trends assumptions to be satisfied to draw causal conclusions. This means we need to be able to identify a similar local authority and verify that pre-2015 it followed the same outcome trend as Cheshire East. The substantial shifts from year-to-year in each outcome make this a difficult assumption to verify with few data points.
- 5. FACT22 only worked with a small sample of total cases in Cheshire East.** Our analysis assessing the wider impact of FACT22 in Cheshire East is severely limited. We only had access to publicly available data on local authority level, which includes both cases that have participated in FACT22 and those that have received support from Cheshire East Council, therefore any impact of FACT22 might have been lost amidst any trends in outcomes for cases supported by Cheshire East over this period.

## Qualitative

The primary strength of the qualitative element of the longitudinal evaluation is that the findings reflect the views of staff members in different roles, experience working at one or both locations of the service, as well as working in the FACT22 and Cheshire East CSC team. This allows us to provide a more comprehensive, nuanced view of staff experiences of both delivering the service and working alongside the service (i.e., CSC team). However, this study also has 2 key limitations. First, while diverse views were captured in the research, these are not exhaustive and might not represent the views of all staff members. The views are limited to those staff, who are currently still working in the FACT22 service or CSC team; for practical reasons, we were not able to recruit staff, who no longer work at the service or local authority. Second, qualitative interviews can be influenced by recall bias - given that they were asked to think back to their experiences over the past 5 years (as applicable), and response bias, where participants might provide views that they believe the researcher wants to hear.



## 6. Implications and recommendations

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

- It is important to be flexible and open to making modifications to a service model with the aim of maximizing optimal performance. However, any modifications made might impact how the service is being delivered and have ripple effects on family and service-level outcomes. Proactive planning and efforts to forecast the impact of the modifications, which help to identify and put in place strategies to reduce or minimize any potential negative consequences.
- Identifying the families that are most likely to benefit from FACT22 is important for ensuring the most effective use of resources to obtain positive outcomes for the most families.
- Mutual trust, effective communication and collaboration between the service and local authority at all levels is integral to the effective and efficient functioning of the service. Co-locating the service and CSC staff can facilitate relationship building and improved communication, especially in the context of transferring cases between the teams.
- Quantitative metrics can be ambiguous in evaluating social care programmes such as FACT22.
- Discussions with FACT22 staff led to further recommendations that any future evaluations of the service:
  - Consider the age of the children in the “treatment group” when planning to conduct a long-term evaluation (to avoid children aging out i.e. reaching the age of 18)
  - Only work with children who have had no other service involvement to minimise any confounding effects of different services.

## Appendix 1: Solutions-focused brief therapy

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

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

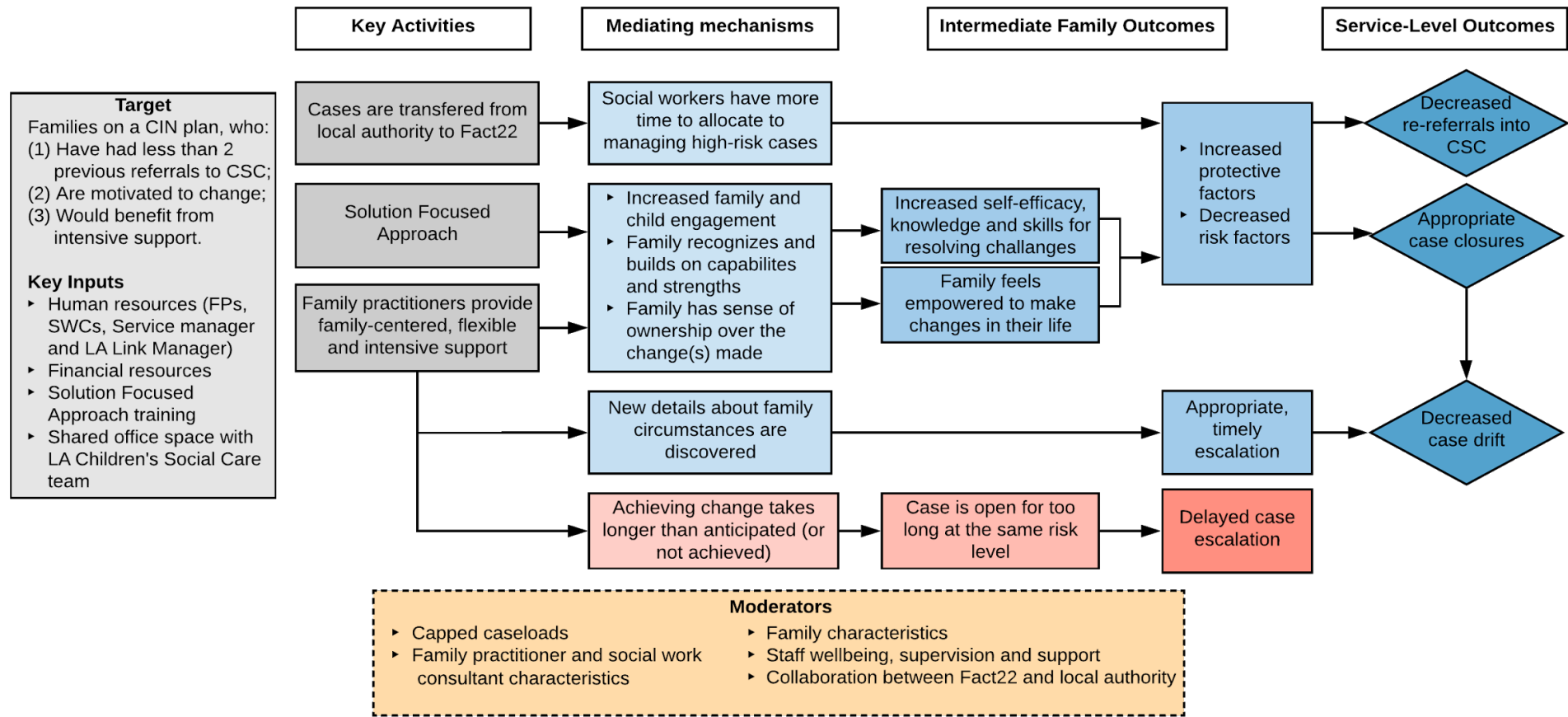
SFBT has been used in a range of contexts including child behaviour problems, criminal reoffending, marital problems, family conflict, and care-giving for elders and schizophrenic patients (Corcoran & Pillai, 2009). Where robust studies exist, meta-analysis of SFBT across contexts points to positive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

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

## **Appendix 2: FACT22 theory of change**

The FACT22 theory of change (TOC) is detailed below and the logic model is depicted in Figure 11.

**Figure 11: FACT22 logic model.**



## **FACT22 key inputs and activities**

### *Identifying the right families*

The FACT22 service works alongside the local authority CSC team by providing more intensive, flexible and family-centred support to families on the CIN plan. For a family to be eligible to receive this service, there must be evidence that the family: (1) have had less than 2 previous referrals to CSC, (2) is motivated to change the circumstances in their life that led to the referral to CSC, and (3) would benefit from intensive support to make those positive changes. When a social worker identifies a family that meets this criteria, a referral to the FACT22 service is made and discussed between the CSC and FACT22 teams. The eligible families are then offered the FACT22 service - they can choose to receive this service or receive support from the regular support from the local authority CSC team. If the family agrees to receive this service, their case is transferred to the FACT22 service and assigned to a family practitioner.

### *FACT22 approach to supporting the families*

A FACT22 CIN case is managed by a family practitioner, who does not have social work qualifications, with the support from and oversight by a social work consultant, who is a qualified social worker. One SWC supports 4 FPs - together these staff form a team called a 'pod', which seeks to encourage knowledge sharing, skill-building and serve as a support network. All staff in FACT22 receive SFA training, which guides the staff how to work with families. This is a strengths-based approach through which FPs encourage, support and enable families to identify and make meaningful, positive and sustained change in their circumstances. The FPs tailor the type of support, when and how often support is provided to the family's needs. This can include visiting a family a few times a week and outside regular work hours (e.g., weekends).

## **FACT22 outcomes and mechanisms of change**

The ultimate aim of the FACT22 service is to facilitate appropriate case closures for families that have made meaningful, positive changes in their life, making appropriate escalations and reducing re-referrals back into children's social care (service-level outcomes). This would occur as a result of the intensive, flexible and family centered support provided by the FP. Specifically, FP's employ the SFA to enable families to make meaningful changes in their lives indicative by reduced risk factors and increased protective factors (intermediary family outcomes). This would be attained if the process for receiving support allows for the family and child to be meaningfully engaged and feel a sense of ownership over the changes they are making, alongside recognising and building on their existing capacities and strengths (mechanisms). If this occurs, the family is anticipated to feel empowered and to have increased self-efficacy, knowledge

and skills for resolving challenges in their life (intermediate family outcomes). In addition, given that FACT22 provides additional capacity by holding some of the CIN cases, it is anticipated that social workers would have more time to spend on managing higher-risk cases. The outcome of these 2 complementary pathways would be appropriate case closures and decreased re-referrals.

The provision of FACT22 can have an unintended positive or negative impact on escalations. It can have a positive impact in cases where the intensive, frequent contact with families reveals new details about the family's circumstances, which indicate a higher risk to the child than previously known. This would result in an appropriate and timely escalation of the case to child protection. On the other hand, a negative impact on escalations would occur if the case is open for too long with the same risk level because the family is not able or willing to make meaningful changes to their circumstances in a timely manner.

### **FACT22 moderating factors**

There are five key factors that would influence the effectiveness of FACT22 in achieving the intended family and system-level outcomes:

**1.FP and SWC characteristics:** Having the right staff is integral to the optimal functioning of the service. The key staff characteristics include the following: resilient, empathetic, approachable, practice, able to work creatively with families and dedicated to practicing in a solution-focused way and being motivated to make a difference. For FPs, it is also valuable for them to have diverse backgrounds with a range of skills and knowledge, rather than for being trained as social workers. On the other hand for SWCs, they must be experienced social workers, who have the knowledge and skills for managing and supporting a team.

**2.Capped caseloads:** Staff need to have capped caseloads to be able to deliver the intensive, frequent and family-centred support using the SFA approach. For FPs, it is viewed that having a maximum of 12 children is a manageable caseload. For SWCs, it is viewed that managing 4 FP (each with a maximum of 12 children) is manageable.

**3.Family characteristics:** This type of support might not be appropriate for all types of families. The current characteristics of families that are perceived to be most likely to make meaningful, sustained changes as a result of receiving this service are: (1) have 2 or fewer previous referrals to CSC, (2) are motivated to make changes in their life and (3) would benefit from receiving more intensive support in order to make those changes. This criteria is aligned with the SFA, which requires families to have some initial motivation to change that is

leveraged by the FP in effort to increase the family's self-efficacy, knowledge and skills for making those changes.

**4. Staff wellbeing, support and supervision:** Working as a frontline staff in children's social care is an emotionally demanding role. It is important that the service manager and line managers prioritize staff wellbeing and ensure adequate practical and emotional support is available on a regular and ad-hoc basis.

**5. Collaboration between FACT22 and local authority:** The FACT22 service is an extension of the children's social care team - the local authority delegates part of their statutory responsibility to the service, while retaining accountability for those cases. The FACT22 service manager has some level of autonomy over the service strategy and operations. As a result, mutual trust, effective communication and collaboration between the service and local authority at all levels is integral to the effective and efficient functioning of the service.

NB: These are the key moderating factors that have been identified as having influenced the performance of the FACT22 service as implemented in the Cheshire East Local Authority. This is not an exhaustive list of moderating factors.

## Appendix 3: Quantitative Design

### Randomised Controlled Trial

The evaluation of longitudinal outcomes is centred on a randomised controlled trial (RCT), which ran from August 2015 to March 2016. Cases were eligible for the evaluation if they were categorised as CIN, and Cheshire East staff felt they would benefit from intensive intervention. Of the 132 cases that were recommended by CEC staff, two-thirds (66%) were allocated to the FACT22 pilot, termed the 'treatment' group, and one third (34%) remained with the traditional model of support i.e. Cheshire East, termed the 'control' group. The RCT was structured to ensure that all children within a family were allocated to the same service – this made implementation easier for the delivery organisations as it prevented families being supported by both interventions at the same time.

### Difference-in-Difference

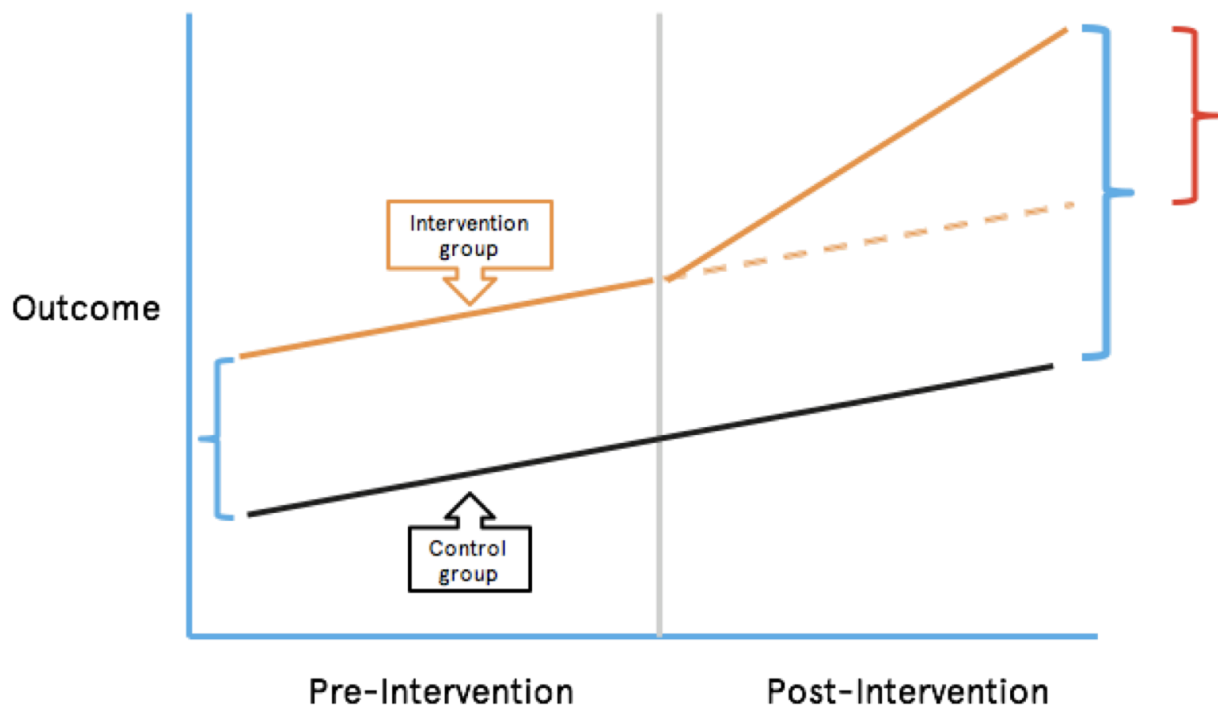
After the randomisation period ended (March 2016), cases were then selected by professionals to be part of FACT22. This makes identifying an appropriate control group difficult for any cases admitted to the FACT22 programme after March 2016. Therefore, we examine whether the presence of FACT22 had a wider effect in Cheshire East.

To do this we sought to find a similar borough to Cheshire East which did not introduce any changes in their staff training and assess whether there have been significant changes in outcome measures since the introduction of the programme in Cheshire East. This method is known as Difference in Difference (DiD).

A simplified version of the DiD method is displayed in Figure 12. The estimation is looking at 2 differences. The first difference is calculated before the programme was implemented and it measures any underlying differences between the 2 boroughs that are unrelated to the treatment. The second difference is taken after the programme was implemented. This difference captures any underlying difference between the 2 treatments as well as the impact of the programme. By taking the difference of the 2 differences (hence the difference in difference) we are able to net out the impact of the programme (signified by the red brackets in the figure below).



**Figure 12: Difference-in-difference analysis.**



Using publicly available data, we are able to track wider outcomes of the CIN population in Cheshire East from 2010 onwards until the end of 2019. This provides us with 5 years pre-FACT22 implementation, and 4 years after. We can thus compare trends of Cheshire East, relative to a similar identified borough, over time on key outcomes for the CIN population, specifically escalations, re-referrals and case closures. Local authorities were selected for comparison based on their similarity to Cheshire East in terms of the absolute levels and trends observed in the outcome variable pre-intervention. Most importantly, pre-intervention trends of the outcome variable in Cheshire East and the comparison local authority had to be approximately parallel (i.e. fulfil the Parallel Trend Assumption). As no local authority exhibited parallel trends on all 3 outcome variables, a different comparison Local Authorities was chosen for each outcome variable.

The first analysis will allow us to determine whether it was more effective for achieving long-term impacts, while the second will help us evaluate whether its implementation has led to significant and positive spillover effect within Cheshire East.

## Appendix 4: Quantitative analysis strategy

The following section details the analysis strategy and specifications used for each part of the impact analysis. We used a variety of statistical approaches to assess differences between our treatment and control groups which were tailored to each specific outcome measured. We detail our analysis strategy for each of the listed data sources separately:

- Individual case data supplied by Cheshire East Council (Impact for families - RCT Sample)
- Publicly available local authority level data on the CIN population (Wider impact in Cheshire East - DiD)

### Case Data

#### Randomisation

The clustered RCT at the centre of the evaluation made use of family-level randomisation. This means that eligible families in Crewe were randomly assigned to either receive the FACT22 intervention, or to receive social care from the existing statutory team as usual, subject to approval from CEC staff. All children within a family were assigned to the same trial arm. However we only examine outcomes for the lead child within each family.

#### Data source

The individual case data supplied by Cheshire East Council provided information on the status of each case, including whether the case was closed (or open), if it had been re-referred (or not) and if it had been escalated (or not). We have an indicator representing whether the case was allocated to receive the FACT22 model of support or the traditional model. The dataset also provides information on the characteristics of the CIN i.e. gender, age, ethnicity and whether the family had a previous history of CIN involvement.

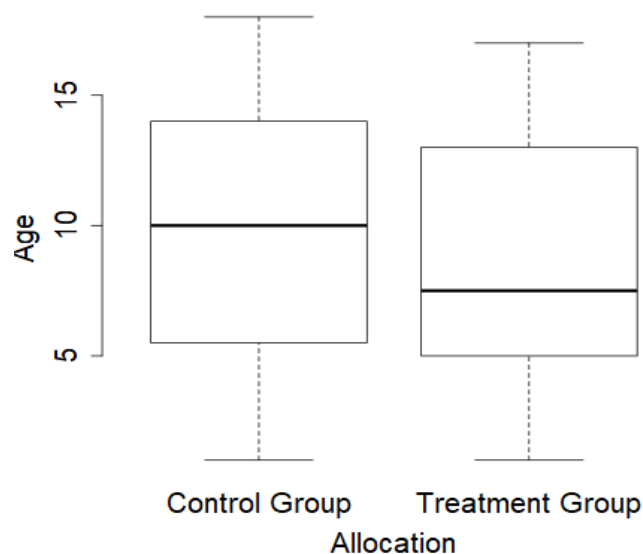
#### Sample & demographics

The sample size was determined by the duration of the evaluation and FACT22's capacity. Over the duration of the trial we estimated that a total sample size was 128 cases. During the trial period, Cheshire East Council continued its business as usual practices, meaning that any eligible cases beyond the programme's capacity were referred to the Council's services. These overflow cases were not counted as part of the RCT control group.

32% of children were female in the control group and 42% in the treatment group. As shown in Figure 13, the majority of children were less than 11 years old at point of referral; 55% in the treatment and 67% in the control ( note that thick black lines represent the median).

We note that 13% of children aged out in the treatment, compared to 29% in the control however after conducting balance tests this difference is not significant ( $p > 0.05$ ).

**Figure 13: Participant Age**



Only 2 children were with disabilities, both of which were randomised into treatment. Most families had other cases of CIN in the family (i.e. a sibling or cousin of the child who had been assigned CIN status at any point); 75% in control and 82.1% in treatment. The majority of children identify as White British (82% in control and 76% in the treatment), or Other White (9.1% in control and 4.8% in treatment).

For some outcomes, 2 cases had to be excluded from the analysis due to missing outcome data, bringing our sample size in this case down to 126 participants.

## Outcomes

### Closure of CIN cases

We define a CIN case as being closed by the end of the study period (22 November 2019) if it has a recorded closure date

## **Length of CIN cases**

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

## **Re-referrals of CIN cases**

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

## **Escalation of CIN cases**

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

## **Risk Analysis**

Total risk associated with a case is determined by totalling the risk, protective and engagement scores. These are calculated according to the assessment framework in Appendix 8. This was created for Project Crewe (2017) by amalgamating meta-analyses and systematic reviews of the factors which reduce and increase likelihood of children suffering future harm.

## **Reporting Conventions**

In Figures 2 and 3, the blue bar represents what has happened in the control group, the red bar represents what would have happened in the control group if it had received the intervention. The thin orange lines, confidence intervals, represent the range of uncertainty around our estimated effect of the intervention on the likelihood of closing cases. The asterisks displayed below the figure are used to report statistical significance of estimates.

We use conventional standards of statistical significance testing of \* indicating our result is significant at 5% level ( $p < 0.05$ ), and \*\* indicating our result is significant at 1% level ( $p < 0.01$ )

## **Binary logistic regression & assumptions**

The primary analysis is performed using a binary logistic regression model. We have assumed all cases are independent of each other. We estimate the Average Treatment Effect (ATE) across the whole sample i.e. holding all control variables constant across treatment and control, even if sample characteristics differ. To simplify interpretation of

results, logistic regression estimates have been back-transformed from the logit scale and are expressed as probabilities throughout the report.

## Specification

Our specification is presented below:

$$P(Y = 1|X_i) = F(\alpha + \beta_1 X_1 + \beta_2 X_i)$$

$\alpha$  - constant

$Y$  - binary indicator representing whether a case has been closed/re-referred/escalated at the end of the study period

$X_i$  - represents our vector of control variables. These are a binary indicator representing the gender of CIN, categorical indicator representing whether the CIN was below 11 years old or not, and a binary indicator for whether the family had a previous history of CIN involvement.

$P(Y_i = 1|X_i)$  = The predicted probability that  $Y = 1$  given  $X_i$

$\beta_j$  = the effect on  $z$  of a one unit change in regressor  $X_j$ , holding constant all other  $k - 1$  regressors

$T_i$  – binary treatment indicator representing which programme a case was allocated to, equalling 1 if FACT22 and 0 if CEC.

## Cheshire East Data (per 10,000 resident)

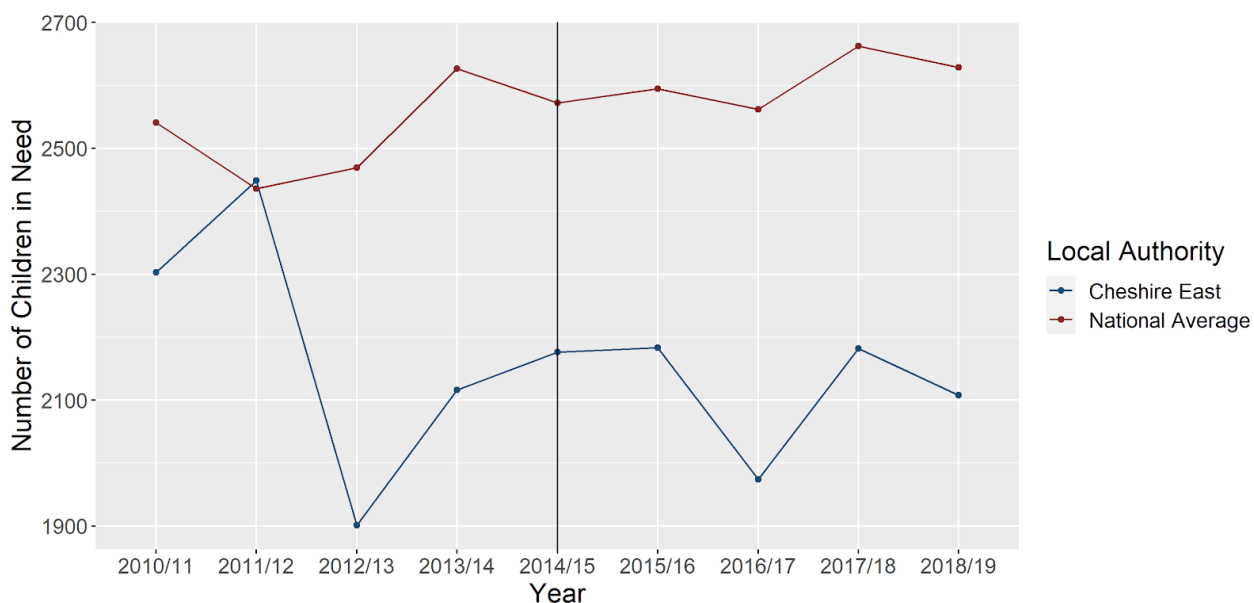
### Data source

Public data on the CIN population is required to be submitted yearly by local authorities and published as an aggregated data set by the Office of National Statistics (ONS, 2019). The data includes the number of referrals which were within 12 months of a previous referral, number of children in need starting a child protection plan (i.e. case escalations) and number of children ending an episode of need in the relevant year. Furthermore, the data set provides information on the number of children in need on 31st March of the relevant year. Note that this data is only available from 2010-2011 onwards as previously, the law did not mandate that local authorities publish this information. We combined this data with the official population census by local authority to account for the number of residents living in each local authority between 2010-2019.

## CIN population in Cheshire East

Figure 14 shows the number of CIN cases on a yearly basis before and after the programme was implemented. While the overall number of CIN cases has decreased since March 2010, there seems to be no overarching trend in the data with large fluctuations. However, it is important to note that the number of CIN in Cheshire is consistently below the national average, with the exception of 1 year (2012/13).

**Figure 14: CIN population in Cheshire East and the national average from 2010-2019.**



## Outcomes

### Closure of CIN cases (per 10,000 residents)

The number of children ending an episode of need (i.e. case closures) per 10,000 residents,

### Re-referrals of CIN cases (per 10,000 residents)

The number of referrals which were within 12 months of a previous referral (regarding the same case; i.e. re-referrals) per 10,000 residents, and

### Escalation of CIN cases (per 10,000 residents)

The number of children in need starting a child protection plan (i.e. case escalations) per 10,000 residents

## Reporting Conventions

In Figures 7, 8, and 9 we present trend lines for what happened year-to-year within each relevant local authority. The black line represents implementation of FACT22 in Cheshire East.

## Difference-in-difference

The difference-in-difference estimator is a quasi-experimental design which is frequently used when systematic differences between treatment and control groups (e.g. local authorities) cannot be excluded. As we are using OLS to estimate the difference-in-difference parameter, the estimate is the Average Treatment Effect (ATE) across the whole sample. OLS also assumes a linear treatment effect which is uniform across all levels of our covariates.

### Assumptions

A key underlying assumption of difference-in-difference is that, had the treatment group not been treated, the outcome variable would have followed the same trend in both the control and the treatment group (i.e. they would have had parallel trends). This assumption, however, can only be verified by proxy by testing whether the trends were parallel in the pre-treatment period. This was confirmed for each identified comparison local authority using a difference-in-difference estimator.

### Specification

The DID estimator is

$$\hat{\beta}_1^{diffs-in-diffs} = (\bar{Y}^{treatment,after} - \bar{Y}^{treatment,before}) - (\bar{Y}^{control,after} - \bar{Y}^{control,before})$$

with

•  $\bar{Y}^{treatment,before}$  - the sample average in the treatment group before the treatment

•  $\bar{Y}^{treatment,after}$  - the sample average in the treatment group after the treatment

•  $\bar{Y}^{control,before}$  - the sample average in the control group before the treatment

•  $\bar{Y}^{control,after}$  - the sample average in the control group after the treatment

In regression notation, this is estimated as:

$$Y_i = \beta_0 + \beta_1 T_i + \beta_2 Period_i + \beta_{TE}(Period_i \times T_i) + \beta_3 CIN_i + \varepsilon_i$$

, where:

- $T_i$  is the binary treatment indicator,
- $Period_i$  is a binary indicator for the after-treatment period,
- $Period_i \times D_i$  is the interaction of both (i.e. the difference-in-difference estimator)
- $CIN_i$  is the number of Children in Need, and
- $\varepsilon_i$  is the error term



## Appendix 5: Risk Analysis Framework

Table 3: Risk analysis framework

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

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

## Appendix 6: Qualitative Methodology

### 6.1 Participant recruitment

We aimed to obtain a purposive sample of staff, who have worked in the FACT22 service or Cheshire East CSC since FACT22 was first implemented in 2015. In terms of diversity, we sought to interview FACT22 and Cheshire East CSC staff, in frontline, junior and senior management roles, as well as having had the experience working at one or both intervention sites (i.e., Macclesfield and Crewe). We did not meet the quota for recruiting SW's from Cheshire East (as specified in our sampling frame in the evaluation plan in Table 4) due to challenges of staff turnover throughout the 5 years the service was operating, staff changing roles and general difficulty with recruiting individuals with high workloads. Further, staff that were no longer working in the service or CSC team in January and February 2020 were not invited to participate in the interviews due to practical reasons.

**Table 4: Original sampling frame that was specified in the evaluation plan**

Cheshire East	FACT22
2 Senior Leaders	2 Senior leaders (in Macclesfield and Crewe)
2 Social workers in Macclesfield	2 Family practitioners (in Macclesfield and Crewe)
2 Social works in Crewe	2 Social work supervisors (Macclesfield/Crewe)

The FACT22 Service Manager acted as the gatekeeper and supported the research team with recruiting participants. Recruiting participants consisted of the following:

1. The researcher advised the Service Manager about how many and the types of staff we would like to interview (i.e., in terms of roles, how long they have been working in Cheshire East CSC or FACT22 and their ability to speak to changes over time to the structure and delivery of FACT22);
2. The Service Manager sent out a recruitment email, which was drafted by the researcher, to invite the eligible staff members to participate in the interviews. The email included an attachment to an information letter, which contained more details about the research and advised that the researcher would be contacting

them to provide more information and set up a time for the interview if they are interested.

3. The researcher followed-up with an email and sent up to 3 reminder emails, if no response was received after a few days.
4. If participants scheduled and then needed to cancel the interview, the interview was rescheduled if they were still interested in participating.

## **6.2 Participant characteristics**

Participants characteristics are presented below in aggregate (for confidentiality reasons due to the small sample size).

### **FACT22 staff characteristics**

- Participants worked in the FACT22 service (or their responsibilities related to overseeing the service) for 1 and 9 years. Most of the participants were with the service for 2 years (i.e., since 2017, when the Round 1 evaluation was completed).
- Most of the participants worked at both Crewe and Macclesfield sites throughout their experience of working as part of the FACT22 service or in managing and overseeing the service at both sites

### **Cheshire East staff characteristics**

- Participants worked in the Cheshire East Children's Social Care team from between 3 and 19 years.

## **6.3 Data collection**

In January and February 2020, 1 researcher (Andriana) conducted semi structured interviews, which lasted about 30-60 minutes with 10 participants. This type of interview was chosen because it allows the interviewer to use an interview guide to ensure that important topic areas are discussed, while allowing for flexibility for the participant to express their views on their own terms. Also, the interviewer is able to follow-up on additional relevant topics that might arise. The following topics were covered in the interview guide:

- Changes to the FACT22 service structure and delivery;
- How the service met or did not meet staff expectations;
- Relationship between the FACT22 service and Cheshire East CSC staff;

- Perceived impact of the service on families, staff and Cheshire East CSC;
- Recommendations for further improving the service

Interviews were conducted over the phone, with the exception of 1 interview that was conducted in-person for practical reasons. Participants did not receive any compensation for their participation.

## **6.4 Research Ethics and Data handling**

Research ethics approval was obtained from the Department of Education before data collection commenced. All data collected during the study was handled in line with the Data Protection Act 2018 and the EU General Data Protection Regulation. This includes audio-recording the interviews on an encrypted dictaphone and storing data on a secure online network in a folder that is only accessible to relevant BIT staff (e.g., researchers conducting the interviews). During the conduct of this research, no ethical issues occurred or were reported to BIT

Verbal informed consent was obtained by (i) providing participants with an information sheet about the study in advance of the interview and allowing them an opportunity to ask questions, (ii) verbally confirming that the participants wished to take part prior to starting each interview, and (iii) reminding participants during the interview that they could skip any questions or withdraw from the study at any time.

## **6.5 Data Analysis**

The data was analysed using the Framework approach. This involved identifying the key themes in the data and summarising what each participant said in relation to these themes. The researchers then identified the range and diversity of views and experiences and looked for similarities and differences across participants, focusing on local authority in comparison to FACT22 staff and management in comparison to front-line staff in particular. De-identified verbatim interview quotations are used to highlight and exemplify the findings

# Appendix 7: Information Letter for Interviews

## FACT22 Evaluation: Longitudinal Study

Information sheet for staff

### What is this about?

You are invited to take part in an evaluation of the FACT22 programme in Macclesfield and Crewe. Before you decide to take part in the evaluation, we would like you to understand why the evaluation is being done and what it will involve. **Please read the following information carefully.**

### Why are we doing this evaluation?

Cheshire East Social Services and Catch22 are working with families and staff in new, innovative ways with the aim of improving outcomes for children in need (CIN). The Behavioural Insights Team (BIT) has been funded by the Department for Education to independently assess these changes. We would like to learn about your experiences of the FACT22 programme, including the programme's strengths, how it can be improved and changes that have occurred. This will help us make recommendations about what is working well and what should be improved about the FACT22 programme.

### What will I be asked to do?

If you consent to take part in this study, you will be asked to complete **one interview** with a researcher during which you will be able to **share your experiences and views of the FACT22 programme.**

The interview will take **approximately 1 hour and it will be audio-recorded.**

### What information will you collect?

With your consent we will collect:

- Your name, and contact details - this is so we can contact you to arrange an interview.
- Your audio-recorded responses to the interview.
- The title of your job at Cheshire East Social Services/Catch22 (e.g. a social worker)

### What happens with the information?

The Department for Education are the data controllers of this project; this means that they are directing the evaluation and have decided the purpose and methods of processing personal data. BIT are the data processors; this means we are collecting data on behalf of the controllers in the way they have outlined.

Your privacy is important to us and as such, BIT are fully committed to maintaining your privacy and the principles of the Data Protection Act 2018 and the EU General Data Protection Regulation.

- Your personal data will be used solely for research purposes, and will not be used for any other purposes (except in exceptional circumstances where we may be legally obliged to process your data for additional purposes)
- We will record your interview on a dictaphone and later transcribe it. The recording will be deleted within one month after transcription is complete. Only members of the project research team at BIT and our transcriber will have access to your audio recordings and transcripts. If you would like to see your transcript after the interview, just email [andriana.vinnitchok@bi.team](mailto:andriana.vinnitchok@bi.team)
- All your data is confidential unless we think you or someone else is at risk of harm. In that case, we would let you know that we are going to tell the relevant agency, who may be able to help. Only in exceptional circumstances would we pass on the information without informing you first.
- We may use anonymous quotes or a summary of your responses in reports or other outputs from the evaluation. All identifiable information will be removed.
- Your personal data will be deleted six months after reporting on the project is completed (anticipated to be October 2020).

## **Giving Consent**

You are free to decide whether you'd like to take part in this study. The researcher will briefly go over the details of the study, provide an opportunity to ask questions and will ask to audio-record your verbal consent before starting the interview.

You can change your mind about taking part at any time. You do not have to give a reason for this. To do so, please email: [andriana.vinnitchok@bi.team](mailto:andriana.vinnitchok@bi.team) saying you would no longer like to take part. Please note: we will not process your data any further from the point of withdrawing your consent, but if your interview data has already been processed alongside other interview data, we may not be able to remove the data you have provided.

## **More Information**

Thank you for reading this. If you have any questions or would like more information about this evaluation, please contact [david.nolan@bi.team](mailto:david.nolan@bi.team). We have appointed a Data Protection Officer (DPO) who is responsible for overseeing questions in relation to any data protection concerns you may have. If you have any questions about this information sheet, including any requests to exercise your legal rights in relation to your personal data, please contact the DPO:

Post: The Behavioural Insights Team, 4 Matthew Parker Street, London, SW1H 9NP

Email: [dpo@bi.team](mailto:dpo@bi.team).

You also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues ([www.ico.org.uk](http://www.ico.org.uk)). We would, however, appreciate the chance to deal with your concerns before you approach the ICO so please contact us in the first instance.



## Appendix 8: Key Terms

Project Crewe – the pilot initiative evaluated in the first round

C22 – Catch22 - the organisation that delivers the FACT22 service

CEC - Cheshire East Council

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

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

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

Pod - The management structure in FACT22: 1 SWC leads a pod of several FP's.

RCT - Randomised Controlled Trial

SW - Social worker - works for Cheshire East Council

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

SFA – Solutions-focused approach

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