



Department
for Education

Durham County Council Families First Evaluation

Round 2 Evaluation report

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Kantar, Public Division

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Key messages

In 2014 Durham County Council (DCC) was awarded Innovation Programme funding by the Department of Education. The funding was awarded to improve their social work practices and the relationship between children's services and children and their families. Ultimately, the aim was to provide better and more holistic support and reduce the need for help and intervention. They also aimed to reduce the costs of children's social care in Durham.

In order to achieve this, DCC aimed to change the culture and approach to children's social care including introducing a family focussed approach to social care which looks at the family as whole, actively involves the voice of child and seeks to involve the family in decision making processes.¹

Significant progress has been made towards changing the culture including numerous examples within the case reviews and family interviews of social workers taking the views of the child and wider family into account when making decisions. However, as they worked towards meeting the aims of the original Theory of Change, DCC identified the need to update their underlying infrastructure and systems in order to create an environment where good quality social work practice can flourish. As a result, they updated the aims and objectives of the service. These included the location of staff, case management and ways of working with the voluntary sector in order to facilitate the cultural change. For example:

Co-location: Co-location of children's social care teams, alongside the shift towards more joined up working across teams, allowing staff to meet easily to share information, ideas and best practice.

A new case management system: The introduction of a new case management system "Liquidlogic" helped to improve cross-team working as it was easier to record and share accurate and timely information. Liquidlogic also helps to facilitate the whole-family approach due to its flexibility to allow staff to accurately record and track complex family relationships.

Formal links with voluntary and community sector organisations: The introduction of a formal system, including specialist staff, to develop links with voluntary and community sector organisations has provided staff across the wider team with the knowledge and expertise to signpost families to wider support; enabling families to access help even at lower levels of need. It is hoped that over time this will lead to a decrease in the number of families requiring statutory support as problems will have been dealt with in a timely manner.

¹ For further detail please see Appendix 1.

Executive Summary

Kantar was commissioned to conduct the Round 1 evaluation of the Innovation Programme as implemented by Durham in 2014. It was subsequently commissioned to conduct a much smaller-scale follow-up evaluation of the programme in 2019.

The project

Durham County Council (DCC) won funding for their Families First (FF) initiative under the Innovation Programme. It is part of a longer-term programme of system and practice changes within DCC's children's services.

Families First was designed to improve social work practice and the relationship between children's services and children and their families. Enabling individual child and family social workers and DCC's children's service to provide better and more holistic support, reducing the need for help and reducing the costs of children's social care in Durham. Please see Appendix 1 for further details about the original aims of the FF bid.

The main elements of the FF programme were:

- The creation of ten integrated, co-located, and mixed-skill social work teams to work with the most complex families;
- A programme of workforce development and practice transformation, with a focus on reflective and holistic practice across FF teams;
- Engagement activities undertaken with important partners and the Voluntary and Community Sector (VCS) within Durham, in order to improve step-down support and build community capacity;
- Development of a consistent and proactive approach to service user engagement, embedding a whole-family ethos across children's services;
- And a programme of communications and change management to minimise disruption caused by the uptake of a new service model.

In February 2018, Durham undertook a further restructuring of its children's services to work towards creating an environment where good quality social work practice can flourish. They restructured teams to streamline the service, introduced Key Workers who could deal with more complex cases at the Early Help stage, adopted a new case management system and a new practice model of social work, Signs of Safety (SoS). This restructure was driven by the need to address issues of staffing recruitment and retention and the need to remodel following significant financial savings which impacted on Early Help services.

The evaluation

The longitudinal follow-up focussed on the long-term implementation of the reforms, specifically:

- How and why Durham has adapted and changed its approach or reforms over the long-term;
- How key outcomes and impacts from Round 1 have progressed over time;
- Whether and how staff perceptions of the reforms have changed and how staff perceive the impacts of the reforms;
- What the wider contextual influences are on Durham's decision making in relation to the long-term implementation of the reforms; and
- What the wider contextual influences are on outcomes or impacts.

Evaluation methods

- 2 x interviews with senior staff
- Conduct and analyse general staff survey
- Review of Local Authority (LA) level data
- 5 x in-depth interviews with young people or families
- 5 x in-depth interviews with family workers, key workers and social workers
- 16 case reviews of case notes and accompanying case audits

Key findings

The longitudinal evaluation found that while not fully embedded across the whole service, significant progress has been made in introducing structural and cultural changes that can help DCC to meet the original goals.

Staff were positive about the creation of the Key Worker role within Early Help as they felt the approach gives families a clearer vision of the outcomes they want to achieve. Staff also valued the broader range of services available. The five families interviewed reported mixed feelings about Key Workers. While some valued the support that was offered, others felt that they were pressured to engage with the Key Worker.

As part of DCC's decision to focus upon relationship-based practice, DCC adopted the Signs of Safety model of social care practice in 2018. SoS was a practice model which aligned well with their existing values and ethos. Practitioners felt that the introduction of SoS has had significant benefits for families as they had been taught to be less reactive in their interventions and to fully map out their plans.

In order to adopt a whole-family approach, Durham implemented training to help staff involve the voice of the child throughout their practice. Evidence from the case reviews showed that children's perspectives were recorded in many cases. The case reviews

recorded that Team Around the Family (TAF) meetings are used effectively to listen to the voice of the family. There was also evidence of practitioners working across whole families to understand multiple perspectives within the family. However, family interviews suggested that this approach may not be consistently used by all practitioners.

There was also evidence that DCC have continued to work towards minimising the number of transition points between lead workers on each case, thereby minimising the potential disruption for the family. This continuity also promotes a stronger, more trusting relationship between the practitioner and the family. DCC monitor this in their regular case audits.

Instances of families being referred to additional support provided by third parties were also often noted in the case reviews, demonstrating the importance of partnerships with external organisations. This most often related to drug and alcohol programmes, domestic violence support and Child and Adolescent Mental Health Services (CAMHS).

New infrastructure, systems and working practices were put in place to improve team communication by restructuring teams, co-locating them in a single building and investing in a new case management system (Liquidlogic) which allows staff to easily share accurate and timely information with each other. Additionally, the introduction of Voluntary and Community sectors co-ordinators has allowed DCC to take advantage of the services offered by other organisations across County Durham. Investment in this role has allowed other team members to signpost to the most effective support. It has been over 18 months since Liquidlogic was introduced and VSC roles were filled, and the positive impact they have had on families is becoming increasingly evident. Senior stakeholders and staff interviewed reported that administrative data is both more accurate and readily available and the spectrum of available support is even wider.

Impacts

One of the original aims of restructuring the teams was to reduce the amount of time front-line staff spent on administration and increase the time spent on direct work. Staff who participated in in-depth interviews were consistently positive about the reforms children's services had gone through since the past evaluation. Leaders and managers felt that the service was now able to have a greater impact on families and was able to offer the right services at the right time by the right people. They reported that this had been enabled through the services clear vision of what early intervention is and what support is available at the different levels. Front-line practitioners interviewed were also positive about the reforms. They said that there was now more time to build relationships with families and to fully understand the issues they were facing. However, the staff survey showed that since 2016 there has been no change in the proportion of staff who agreed that they had enough time to work effectively with families (44%).

The original FF programme aimed to reduce the Looked After Children (LAC) population and number of children subject to a Child Protection plan for neglect by 20%. Reflecting an increase in LAC nationally, these objectives had not been met in 2019. The LAC

population increased from 61.6 per 10,000 children in March 2015 to 83 per 10,000 in March 2019 in County Durham. And after initially falling, the rate of children who became subject to a Child Protection Plan for neglect increased from 65.3 per 10,000 in 2013/14 to 67.1 per 10,000 in 2018/19 in the region.

FF also aimed to reduce the percentage of re-referrals to the service within 12 months to 15%. DCC initially made good progress towards this goal. The percentage of re-referrals steadily fell to 17% in 2017/18 but rose to 23% in 2018/19.

Lessons and implications

Consistent with the findings from the Round 1 evaluation, DCC have continued to implement and embed the ethos behind FF. However, since the Round 1 evaluation they have adapted their approach based on feedback from staff and families. Whilst this means that some of the activities outlined in the original Logic Model were not completed, DCC continue to take feedback on board and adapt their approach in order to work towards their goal of creating an environment where good quality social work practice can flourish.

Progress has been driven by changes in infrastructure which have supported the broader cultural changes and genuine, multi-organisation co-operation which has allowed for more effective work with families and broadened the spectrum of early interventions that are available.

1. Overview of the project

Project context

County Durham is a large and diverse area. The county covers an area of 862 square miles, with 232,900 residential households². It is home to over half a million people which makes it, in terms of population size, the largest local authority in the North East and the seventh largest in England. Commonly regarded as a predominantly rural area, the county varies in character from remote and sparsely populated areas in the west to deprived former coalfield communities in the centre and east, where villages tend to accommodate thousands rather than hundreds. There are 12 major centres of population in County Durham, each acting as a service centre for surrounding communities, providing employment, shopping and other services.

According to the Indices of Deprivation 2019 (which covers several different measures), County Durham is ranked among the top third most deprived authorities across England.³ Since the last evaluation report, County Durham has improved from the 62nd most deprived council area to 75th most deprived council area out of 326 areas. However, despite this improvement in ranking, more areas have become deprived in the health domain, income domain and particularly the income deprived child domain. Child poverty in County Durham has risen in recent years, with 36.3% of children now living in poverty, up from 31.1% in 2016/17.

Public spending cuts, alongside an increased demand for children's social care services since 2010 have impacted the provision of children's social care in England. Between 2010 and 2017 the 0-17 population in the UK increased by 5.2%, with a corresponding 7% increase in referrals to children's social care. Across England, the number of child protection assessments has increased by 77% over the same period and there has been a 15% increase in the number of children taken into care. This increase in demand has been reflected in spending on children's social care. In 2017-18 91% of local authorities overspent on children's social care.⁴ DCC has been required to make significant savings to their budgets. In 2019, the council reported that savings of £39.5 million would be required to be made over the next four years. This included savings of £15.8 million for 2019/20, bringing the total savings required between 2011 and 2022/23 to £263 million.⁵

² Durham County Council (2020) About us. Available online: <https://www.durham.gov.uk/aboutus> (Accessed April 2020)

³ Durham insight (2019) Deprivation. Available online: <https://www.durhaminsight.info/deprivation/> (Accessed April 2020)

⁴ NAO / DfE (2019) Pressures on children's social care. Available online: <https://www.nao.org.uk/report/pressures-on-childrens-social-care/> (Accessed April 2020)

⁵ Durham County Council (2019) 'Budget pressures set to continue for foreseeable future.' Available online: <http://durham.gov.uk/article/19942/Budget-pressures-set-to-continue-for-foreseeable-future> (Accessed April 2020)

At its last inspection of children’s social care services under the single inspection framework in September 2019, the local authority was judged to “requires improvement to be good”.

Project aims and intended outcomes

The Department for Education (DfE) launched the Children’s Social Care Innovation Programme (the Innovation Programme) in October 2013 to act as a catalyst for developing more effective ways of supporting vulnerable children.

Durham County Council (DCC) won funding for their Families First (FF) initiative under the Innovation Programme. This programme of work aimed to introduce and enable a relationships-based approach to social work in DCC. To achieve this, Durham piloted new initiatives, built partnerships within the organisation and with external partners and created the One Point Service (OPS) which brought together early help and other children’s social care services across Durham into co-located hubs.

The Round 1 evaluation conducted by Kantar in 2016 reported that, in 2014, DCC felt that too many cases were being worked at statutory levels, with insufficient activity at lower levels when multi-agency family support could prevent the need for the case to be escalated.⁶ The volume of work for practitioners caused by this imbalanced pattern of work was believed to result in social work being reactive and episodic. Practitioners did not have the capacity to offer intensive family support or to sustain positive relationships with children and their families over time. This was seen to cause a cycle of need and short-term support, leading to high levels of repeat referrals, as well as too great a focus on administrative tasks and negative impacts on Social Worker morale.

FF drew from learning during the earlier stages of service transformation and was designed to support more intensive and holistic social work, and to improve the range of multi-agency support available to families. The long-term goal was to improve outcomes for children and their families and reduce the costs of children’s social care in Durham. The specific ambitions of the Innovation Programme in DCC were:

- To provide a more tailored response to children and families that need help;
- To provide the right support first time, which could promote lasting change in families and reduce re-referrals;
- To rebalance the focus across children’s services to work with families in a more preventative manner through early help and intervention;

⁶ DfE / Kantar public (2017) Durham County Council Families First Evaluation. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625379/Durham_County_Council_Families_First_Evaluation.pdf (Accessed April 2020)

- To rebalance work so that frontline staff had more manageable caseloads, spent less time on administrative tasks and could undertake more direct work with families.

FF was designed to address the challenges presented by the imbalanced pattern of work, with the long-term goal of achieving two impacts:

- Improving social work practice and the relationship between children's services and children and their families, ultimately providing better and more holistic support and reducing the need for help and intervention;
- Reducing the costs of children's social care in Durham.

As part of the programme towards these outcomes, FF was designed to:

- Embed the Think Family⁷ model of service delivery across all teams;
- Re-balance the work carried out by frontline staff towards direct work with children and families and away from administrative tasks;
- Increase professional confidence, morale and competence among staff;
- Improve service user satisfaction with children's services;
- Use existing VCS resources and provision within localities to support families.

The main elements of the FF programme were:

- The creation of ten integrated, co-located, and mixed-skill social work teams to work with the most complex families;
- A programme of workforce development and practice transformation, with a focus on reflective and holistic practice across FF teams;
- Engagement activities undertaken with important partners and the VCS within Durham, in order to improve step-down support and build community capacity;
- Development of a consistent and proactive approach to service user engagement, embedding a whole-family ethos across children's services;
- A programme of communications and change management to minimise disruption caused by the uptake of a new service model.

Full details of the activities can be found in the Round 1 evaluation report.⁸ The original Theory of Change can be found in Appendix 1.

⁷ This is now referred to as the "Whole Family ethos" at DCC

⁸ DfE / Kantar Public (2017) Durham County Council Families First Evaluation. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625379/Durham_County_Council_Families_First_Evaluation.pdf (Accessed April 2020)

Update on Families First programme

The FF teams which were used to integrate early help and social workers are disbanded and replaced by discreet Early Help services and social work teams. The social work teams now incorporate all statutory social work intervention up to the point when a permanence plan is ratified. Child Protection and court work is now undertaken by social work teams rather than by a separate court work team.

While implementing the FF programme DCC updated their aims. The Children and Young People's Services Self Evaluation 2018 listed four strategic priorities:

1. Embed an environment where social work will flourish, and ensure caseloads are consistently manageable, so that good outcomes for children and young people are achieved;
2. To consolidate existing partnership arrangements, ensuring there are effective integrated governance arrangements that result in the needs of all children within the community being met;
3. Continued development of a performance management framework that utilises all sources of evidence to understand how children and families experience the services and drives improvement in the system where necessary;
4. Strengthen the ability to collate and analyse feedback from children and young people whenever, and however we receive it, and ensure that it informs strategic planning activity.⁹

In order to achieve this, DCC undertook a further restructuring of its children's services. This was conducted in order to address major challenges with staff recruitment and retention in the court work teams; to minimise the number of times children and families experienced a change of social worker; and to ensure that social workers worked across the full range of statutory interventions. These changes were made in the light of the need to make significant financial savings which impacted on early help services. However, DCC has continued to make significant financial investments in order to improve statutory services.

The original Innovation Programme funding was used to create 10 integrated, co-located, and mixed-skill social work teams (known as Families First teams) to work with the most complex families and a programme of workforce development and practice transformation. As part of the 2018 restructure, additional Families First teams were created to support with statutory cases.

In addition to the new Families First teams, seven intensive family support teams were created to sit within OPS, the Early Help Service. These teams were co-located with existing Families First teams to allow greater co-operation. As part of the restructure, the

⁹ Durham County Council (2018) The Children and Young People's Services Self Evaluation 2018.

remit of the OPS was broadened to include more complex cases which do not meet the threshold for statutory interventions and to work with all those in need aged 0-19. This structure allowed teams to provide intensive support for families with complex needs.

Durham has also adopted a new case management system, Liquidlogic and, in 2018, a new practice model of social work, Signs of Safety. SoS is a strengths-based, safety-organised approach to child protection casework and is scheduled to be rolled out over five years.

2. Overview of the evaluation

Evaluation questions

As part of the overall evaluation of the Innovation Programme, DfE commissioned Kantar to evaluate the longer-term implementation of the planned reforms.

The longitudinal follow-up focussed on the long-term implementation of the reforms, specifically:

- How and why Durham has adapted and changed its approach or reforms over the long-term;
- How key outcomes and impacts from Round 1 have progressed over time;
- Whether and how staff perceptions of the reforms have changed;
- What the perceived impacts among staff are of the reforms on children's social care services, on individual staff, and on children and families;
- What the wider contextual influences are on Durham's decision making in relation to the long-term implementation of the reforms; and
- What the wider contextual influences are on outcomes or impacts

Evaluation methods

- 2 x interviews with senior staff, Head of Children's Services and Head of One Point Service conducted in November 2018 and January 2020.
- A general staff survey conducted between 14th November 2019 and 17th December 2020. The survey results have been compared with previous waves conducted during the Round 1 evaluation.
- 5 x in-depth interviews with young people or families conducted in July 2019.
- 5 x in-depth interviews with family workers, key workers and social workers from both the FF and Early Help teams who had experienced the team structure both before and after the implementation of the FF programme. Interviews took place in December 2019.
- 16 case reviews of case notes and accompanying case audit files to assess quality of practice and auditing as well as to explore the depth to which practice and ethos has been embedded.

Evaluation fieldwork started in July 2019 and ended in December 2019.

Changes to evaluation methods

At the beginning of the programme DCC classified their cases into 5 levels, from Level 1 (Universal Services) to Level 5 (Need that cannot be managed safely at home). One of the original aims of the FF reforms was to work with a larger proportion of their cases at

lower levels of classification, before they required statutory intervention. While the threshold for statutory intervention has remained the same, DCC no longer use these levels when reporting on cases and it is therefore not possible to comment on whether they met this goal.

Limitations of the evaluation

The longitudinal evaluation is much smaller in scale than the Round 1 evaluation. It was designed to provide a snapshot of the long-term implementation and effects of FF. Therefore, this evaluation does not provide an in-depth evaluation of processes, impacts or a cost-benefit analysis of the programme.

Kantar conducted a relatively small number of qualitative interviews with families, case reviews and stakeholder interviews. It should be noted that these are descriptive rather than representative.

As the evaluation was small scale, the approach used may have introduced selection bias. DCC distributed the staff survey to respondents by emailing them an open link to the online survey. Respondents were encouraged to participate through a series of reminder emails, with the sample 'self-selecting' to take part. Therefore, as it was not possible to weight the data back to accurate staff profile data, the characteristics of those who took part in the survey may not represent the population of staff who work in children's social care at DCC. Furthermore, as the survey invitations sent by DCC included an open link which could be accessed by anyone it was possible for staff to complete the survey multiple times.

It is also important to acknowledge that the interviewees and cases files reviewed were not selected at random. DCC use a quota sampling approach to ensure that case files selected for the audit process represent a cross-section of all their teams. They chose a few, recently audited, case files for the Kantar team to review. They also selected a small number of families who had recently interacted with the service to participate in the family interviews.¹⁰ They selected staff to participate in interviews from among those team members who had worked for DCC both before and during the introduction of the FF programme.

¹⁰ Families who had recently interacted with the service were chosen to participate in the interviews as they were best placed to provide an insight into the current situation.

3. Key findings

During this section we will outline the changes that have taken place in Durham since 2018, and then the outcomes and impacts seen as a result.

Overview of team structures within Durham's Children Services prior to 2018 restructure

To help explain the changes that DCC have made to their team structure since 2018 we have outlined the team structure prior to 2018 below:

- The OPS dealt with early intervention, non-statutory cases including some which required a multi-practitioner or multi-agency response.
- FF teams handled statutory cases which did not require involvement of Child Protection teams. However, within FF, there were Specialist Lead Professionals who worked on some non-statutory cases which required a multi-practitioner or multi-agency response.
- If a case required Child Protection procedures and or court work, then the case was re-assigned to the Child Protection teams.
- The Looked After Children team managed cases when children had needs which could not be managed safely at home.

How Durham has adapted and changed its approach

This section will explore the changes which DCC made when they restructured their teams in 2018.

The One Point Service was restructured, and its remit broadened

Senior stakeholders from DCC reported that the implementation of the 2018 restructure was driven by a recognition of the need to work towards a relationship-based approach to practice. The changes included:

- Creating a comprehensive OPS dealing with cases at an early stage, with a stronger focus on prevention. DCC hoped that helping families to address issues early on would have a longer-term impact and help to reduce referrals. To achieve this, the remit of the OPS was broadened from working with 0-5-year olds to working with all young people aged 0-19-years.
- Creating seven intensive family support teams to handle complex, non-statutory cases and 15 Family Centres.
- Re-locating Specialist Lead Professionals (SLPs) into the OPS from FF teams. Specialist Lead Professionals are now known as 'Key Workers'.

- Creating 14 statutory social work teams, to facilitate effective escalation and de-escalation of support to families based on their needs. The teams work with children, young people and their families from the point of referral through to the point at which a permanent plan has been ratified. This includes cases up to and including court work, which was previously handled by a separate team.
- Co-locating the restructured teams to improve communication and cooperation.

The aim was for most cases which enter children's services with needs requiring a multi-agency response to be managed by the same team from the point of referral until the case is resolved or where a permanency plan outside the family home is established. As some cases need to be escalated, there was a clear 'step up' process to statutory intervention. Similarly, if a case was de-escalated from statutory to non-statutory, the family could be offered ongoing support from a different team, rather than the support ending abruptly.

As part of the restructure, the funding for Senior Lead Practitioners was reallocated from the statutory FF team to the non-statutory OPS team. The SLP role was filled by professionals from social work and other services, for example health and education, providing skills in intensive family support that were intended to be used to prevent case escalation and support de-escalation. Prior to the 2018 restructure, SLPs were based within the FF team. The last evaluation reported some confusion among staff over the role of Specialist Lead Practitioners and where their responsibility lay. This was a particular issue as they were responsible for cases that were classed as Early Intervention but were based in a team dealing with cases at a statutory level. The Round 1 evaluation report states that:

“While these staff brought significant experience, their role was often seen to be unclear by co-workers throughout the roll-out, and there remain uncertainties about the specific purpose of these roles - particularly in relation to whether or not they were intended to work within a specialist field of expertise”.

This confusion appeared to have been shared by families. During the Round 2 practitioner interviews it was reported that the job title of “Specialist Lead Practitioner” was confusing for families who sometimes struggled to understand why they needed to have a “Specialist” working with them. SLPs sometimes worked with FF social workers when cases were being escalated or de-escalated between statutory and non-statutory levels. Therefore, some families were unsure whether they were receiving statutory support.

To address this confusion, DCC created the ‘Key Worker’ role within the OPS. Key Workers are responsible for a caseload of families who are facing multiple and complex needs but are beneath the threshold for statutory intervention. Key Workers conduct family assessments, plan and deliver interventions and monitor and review outcomes. Staff reported, and noted in case reviews, that, by working with families in need to create

outcome focussed family plans which use solution-focussed, strength-based models, families are supported to make significant and sustainable changes. Key workers are also responsible for escalating complex cases and co-ordinating the involvement of key partner organisations.

Additional Families First Teams have been created to remove the distinction between Families First teams and Child Protection and court work

An additional part of the 2018 restructure was the creation of four additional Families First teams dealing with cases at the statutory level. Prior to 2018, there were 10 Families First teams and 3 separate Child Protection and court work teams. This team structure meant that a new social worker was required to take on a case if it was escalated to the Child Protection team regardless of any existing relationship with members of staff from the Families First team. Staff and families reported informally that these transitions made it difficult to provide consistent support.

The 2018 restructure addressed this by creating additional Families First teams which incorporated the Child Protection teams. Families First teams now include staff with a wider mix of skills and experience. These 14 teams deal with cases across the spectrum from Child in Need (CIN) to Child Protection cases. Permanently looked after children cases continue to be handled by the Looked after Child and Permanence team.

Signs of Safety, a strengths-based safety-organised approach to child safeguarding work has been implemented

While DCC worked towards improved relationships with families and providing more holistic support, they recognised a need for tools and a framework to embed this ethos among staff. Leaders at DCC identified that adopting Signs of Safety (SoS), a well-established model which takes a strengths-based, safety-organised approach to casework, could help them meet these goals as its ethos and values closely align with FF.

DCC first started training staff in the framework, tools and language of SoS in 2018, and will continue to roll the programme out over the next three years. As part of the roll out, all staff will participate in a two-day training program. SoS leads in each team have completed an intensive, five-day training course.

The feedback from the staff in-depth interviews regarding the SoS model and implementation so far was consistently positive. They felt that they were able to learn more and work constructively on an ongoing basis because of it. For example, they conduct regular learning groups where cases are discussed and practitioners work together to map out the next steps and how these should be approached. The staff interviewed reported that these groups allowed them to learn in a collaborative and supportive way.

The case audit process has been revised

In the summer of 2018, DCC revised their case audit process to audit cases collaboratively with practitioners. The process gives managers a better understanding of frontline practice whilst creating an opportunity for support and constructive challenge during the audit process itself. In line with the principles of the SoS Framework, the audit tool promotes the use of skilled questioning to learn about practice. As part of the collaborative audit process, auditors are now asked to include feedback from families as part of the process. Auditors, therefore, have a more complete picture with which to understand the perspective of both practitioner and family. This revised audit process allows managers and team leads to monitor relationships between practitioners and families and identify areas for improvement.

Liquidlogic, a software designed for local authority usage has been implemented

In 2018, DCC invested £3 million to switch the entire local authority to a new electronic case management system.¹¹ The previous system, a database which had been maintained since 1995, did not allow social workers to accurately record information about complex family structures.

The new system, Liquidlogic, is based on a workflow-based approach and allows the details of whole families to be easily accessed and mapped. Senior stakeholders explained that, because it was designed with the needs of social care practitioners in mind, it reduces the administrative burden on staff and has improved the accuracy of the data recorded. It also allows users to allocate tasks to team members and it can store all relevant documentation for each family. This means that if a family's practitioner changes unexpectedly, a new practitioner can easily access relevant documentation. Senior staff are also able to access notes in a timely manner allowing them to be more responsive to the needs of staff and families when required.

Why Durham implemented these reforms

The restructure implemented in 2018 was designed to maintain the progress made since Round 1. The evidence of this focus is evident throughout these outcomes and impacts.

Cost-savings

Senior stakeholders from DCC reported that the implementation of the 2018 restructure was partly driven by the need to make cost-savings over the medium-term. Durham's

¹¹ Community Care (2019) 'Council to replace social worker's IT system first installed in 1995.' Available online: <https://www.communitycare.co.uk/2019/02/01/social-workers-electronic-case-management-system-25-years-old/> (Accessed April 2020)

Children and Young People's Services (including education, early and statutory help) were required to make almost £6.2 million in savings by 2021. The service was therefore restructured to widen and strengthen the Early Help offer. It is important to note that, while DCC aimed to reduce costs across children's services in the medium-term there has been ongoing investment in statutory services by the local authority.

By creating a comprehensive early help team, Durham intended to place a stronger focus on prevention by helping families address issues at an early stage when practitioners could make a longer-term impact and help to mitigate against repeat referrals. The long-term goal for the Council and its partners was to build and sustain resilient communities in which children and families can thrive.

Relationship based practice

Senior stakeholders within DCC reported that decisions taken since Round 1 were driven by a recognition of the need to focus on relationship-based practice. We observed examples of this approach consistently throughout the Round 2 evaluation.

Specific examples include:

- The new case management system which allows for better communication with and understanding of families in need as well as better information sharing across the team.
- Restructuring teams to combine the CIN team and Child Protection Teams. The new structure means that these cases are now dealt with by the same team and practitioner throughout. This allows more stability for the family and child throughout their involvement with social services.
- Broadening the remit of the OPS; continuing the practice of co-locating OPS teams with FF. This enables one member of staff to lead most cases (which enter children's services at a non-statutory level) from the point of referral until they either no longer need help or a permanent plan is agreed. If a case needs to be escalated there is a clear 'step up' to statutory intervention. Similarly, if a case is de-escalated from statutory to non-statutory services then there is the option to receive ongoing support.
- Close ties with the Voluntary and Community Sector (VCS). The relationships built with the voluntary sector allow for a continuum of support beyond the services DCC offer.

The impact of the reforms

Team restructure and creation of the Key Worker role

The staff interviewed were positive about the creation of the Key Worker role. They felt that this approach gave families an opportunity to share a clearer vision of the outcomes they wanted to achieve. Staff felt that families were offered a much broader range of services within the remit of Early Help. This wider offer meant there were more opportunities to reach out for help before issues became too entrenched or serious. There were, therefore, greater opportunities for practitioners to take a prevention-based approach rather than reacting to existing problems.

Families reported mixed feelings about the introduction of Key Workers in the OPS. The practitioners interviewed reported anecdotally that families were positive about the change and were appreciative of the support which they were offered. It was felt to an extent that families were engaging more and were more open to working with practitioners who they understood were not from “social services”. This view was supported by an interview with one family whose involvement with the OPS represented their first contact with children’s services. They were initially concerned and anxious about the consequences of any interaction with practitioners. However, in practice, they felt that throughout the process, they were treated very fairly and were given plenty of information relating to what steps were being taken and why particular questions were being asked. They also felt that the practitioners from the OPS were clear that they were not from statutory services or from child protection and this helped to put the family at ease.

There were anecdotal references during the family interviews that OPS involvement was not always seen positively. They expressed the view that staff had not approached their cases in a constructive way. These families felt that practitioners’ description of Key Workers as the ‘immediate level below statutory services’ was used as a point of leverage and that they were, in effect, being pressured with Child Protection plans if they did not engage with OPS. This was reported anecdotally by a small number of the families who participated in the evaluation interviews. It was not possible to objectively evaluate whether this was a common practice within children’s services due to the subjective perspective of these families.

The family interviews indicated that the relationship between the family and the practitioner had a strong influence on the family’s view of children’s services as a whole. It appeared that if they had a respectful, effective relationship this could have a significant bearing on their perception of what the practitioner was doing for the family. If they felt that the practitioner had ‘taken against them’, was dismissive of their issues or they just failed to ‘click’, views were more negative.

Ongoing culture change

Think Family and Signs of Safety

Embedding the 'Think Family' ethos (now known as the 'Whole Family' ethos) was a key ambition of the Innovation Programme funding including:

- A whole-family approach, considering the family as a unit.
- A Lead Worker who acts as a single point of contact for the family and other agencies, and ensures all support offered is co-ordinated.
- An assertive and persistent approach.
- A collaborative 'Team Around the Family' (TAF) where agencies involved were able to share information effectively. This provided a clear picture of the family's needs, strengths and protective factors.
- A focus on practical support for families, for example providing specialist help for parents to find work.

As noted earlier, in 2018 DCC adopted the SoS model of social care as it aligned with their existing values and ethos. Because of this, they no longer refer specifically to the 'Whole Family' ethos as this is now captured by the SoS approach.

Assertive and persistent social work which considers the whole family

Considering the views of the child and recognising their perspective are key aspects of both the Whole Family and SoS approach. This was also an important factor of practicing user-led work and responding to the needs identified by the family as well as the needs identified during the referral assessment. There was evidence that this has been embedded across DCC.

One strategic manager reported that staff were better trained to listen to the voice of the child. For example, previously, some direct work was superficial and failed to address the core issues from the child's or family's perspective. Now, as a result of this training, practitioners will work with the child to understand their daily life and their experiences. This creates a much fuller picture of the family's circumstances and can be used to help parents to understand their child's perspective.

The case notes recorded practitioners' efforts to build strong relationships with the children in need. This was also supported, to an extent, by the family interviews, although their perspectives were influenced significantly by their view of their assigned practitioner.

The importance of the child's voice was demonstrated by the specific questions in the audit process which covered the child's involvement and understanding of what is happening. The audit also queried whether the child's experience was truly understood and whether they have been given regular and direct opportunities to express their

wishes and feelings. Finally, the audit questioned whether the child's voice was represented and heard in all key meetings and decisions.

“The quality of critical challenge provided by team managers, middle managers and child protection conference chairs is not consistently robust or always effective. As a result, the quality of social work practice between and within teams is still too variable and, in the main, requires improvement to be good, although there is some good practice.”

Within the case files reviewed there was consistent evidence that whole families were involved with cases, rather than solely focussing upon the child. Case notes showed instances of practitioners contacting numerous family members including grandparents and other extended family members. This was done both to understand their point of view and to assess their own needs. It was also noted that, on occasion, efforts had been made to contact absent parents who had ceased contact with the family. Practitioners' efforts to develop a full picture of a families' circumstances could result in positive outcomes. An example is outlined in Case Study 1 below.

In some instances, case audits failed to represent the voice of the child. As there were inconsistencies in the completion of these case audits it is not clear whether this reflects a failure to engage with the child or represented an incomplete audit. This demonstrates the need for practitioners to complete the tools provided consistently to ensure that senior staff are able to confirm that children are listened to. This view was also supported by the findings from the Ofsted inspection conducted in September 2019.¹²

¹² Ofsted (2019) Durham County Council Inspection of children's social care services. Available online: <https://files.api.ofsted.gov.uk/v1/file/50117737> (Accessed April 2020)

Case Study 1

Case study of a Level 3 One Point Service case seen in the Case Reviews

Source: Case Reviews

A family were referred to the OPS after an incident of domestic violence. A Family Plan was created in conjunction with the family.

At a TAF meeting the needs of the family were discussed and a support plan (Family Plan) was created for the family. The plan was outcome focussed and had clear measurable actions which were agreed and understood by all family members.

Multi-agency support workers helped the family to achieve a wide range of goals which addressed recurring issues. The mother was supported to move into permanent accommodation, finalise a divorce and secure employment (and thereby become financially independent).

The father of the child in need was also engaged by practitioners, who made efforts to support him to reduce alcohol consumption and to attend domestic violence classes for perpetrators.

This case was an excellent example of sustained and consistent interventions at a point when the need of the child was not at a statutory level. Intervention at this stage led to the de-escalation of a problem leading to long-term benefits for the family. Throughout the involvement of Children's Services, the case was regularly monitored with clear outcomes and clear indicators of what 'success' would look like.

Source: Family interview and case review

Building strong, trusting relationships

The FF theory of change outlined the importance of “Applying assertive named worker to act as a single point of contact for children and families and ensure support is coordinated” in the ToC as a key activity.¹³ DCC have aimed to ensure that a single Lead Worker worked with each family throughout and place emphasis on the importance of strong trusting relationships between staff and each family.

Senior stakeholders reported that the new team structure minimised the number of times each family transitioned from one Lead Practitioner to another. Family interviews suggested that having a consistent, single point of contact helped to build trust and a more effective working relationship.

“I was a little bit sad to see her go at the end as she was part of us for a long time” – *Family interview*

One member of staff explained that they prioritised having a dedicated key worker, who could develop an assertive, relationship-based and solution-focussed approach, for each

¹³ See Appendix 1

case. This was monitored in the case reviews. The audit queried what evidence showed that the Lead Practitioner had worked vigorously to form a trusting and open relationship with the family and their network. The case reviews showed that families frequently worked with one Lead Practitioner who worked to build strong relationships with families.

“The current Lead Practitioner has clearly demonstrated that by understanding the family needs, uniqueness and being sensitive to the family dynamics, she has gained the trust of family members which has facilitated an effective working relationship leading to positive outcomes” - *Case Review*

This was supported, to an extent, by the family interviews, where there were families who spoke positively of the relationship they had built with their Lead Practitioner. However, there were anecdotal reports of families who had more than one Lead Practitioner or had not had a positive or constructive relationship with their practitioner. The families felt that their Lead Practitioner were quick to pass judgement upon them and had not tried to understand their circumstances and specific challenges.

“I didn’t feel that [the LP] really ‘got me’, she would say that I need to spend some alone time just with [one of my daughter’s] but I’m a single mother with four kids, that’s just not practical” – *Family Interview*

DCC also aimed to build trust by working with extended family members, not just the immediate household. Family interviews showed that there were varying degrees to success. There were families who felt that their practitioner had worked with the whole family by encouraging family meetings or by speaking to the new partners of separated parents.

Others did not feel as if there had been a whole-family approach to their case. Anecdotal reports showed they never had meetings as a whole family, and they did not always understand the work being done to support the child in need. In one case reviewed in the case files, Kantar noticed areas where the practitioner could have gone further to involve the whole family. In this instance, neither the case notes nor the audit tool included the views of all family members involved in the child’s care. The family members confirmed this during their interview with Kantar; the extended family members who were the child’s primary carers, felt that their views were not always heard and that their perspectives were not as important as the child’s to the social worker.

However, despite these disparities, it is apparent that working practices showed an intention to encourage the whole family approach. The previous evaluation noted that staff focussed on a more holistic approach. This appears to have continued and is demonstrated within plans which were developed and reviewed at the TAF meetings. The case reviews included plans which clearly reflected the whole family’s priorities and steps for improvement which would have positive outcomes for the family, not just the

child in need. These plans took a road map approach. For each issue the family was facing, there were clear steps outlining what needed to change to improve the situation, how this would be proven and by when. An example is given below:

What are we worried about	What needs to happen (Goals)	How will we do this (Actions)	Who will do this?	By when?	How will we know when things have improved?	Progress so far

The plans reviewed as part of the evaluation demonstrated clear aims and outcomes for the child and family and a time frame for when it was thought the outcome should be achieved. These plans were monitored against both the outcomes and the timings with progress discussed at TAF meetings.

Practitioners felt that the introduction of SoS also had significant benefits for families. SoS teaches practitioners how to be less reactive in their interventions and to fully map out their plans. This involved using a strength-based framework of practice to fully understand what motivates individuals in the family and build up a full picture of the family’s context. This meant that the family plans were thorough and considered.

Staff interviewed said that using ‘clear and plain language’, as encouraged in SoS had been important for engaging families and for helping them to understand social work processes. Staff interviewed stated that previously, overly complex and ‘jargonistic’ language had caused families to feel overwhelmed and alienated. Tools, such as Danger Statements and Safety Goals, encouraged practitioners to use clear and simple terms.¹⁴ These tools also helped the families to understand what they needed to do to ‘step-down’ or close their case. Due to the focus on ‘strengths’ and positives this was an effective way of engaging families and empowering them to think about what they could achieve.

When conducting case reviews, DCC look for the use SoS language and use of tools including scaling questions. Senior stakeholders at DCC recognise that it will take several years before all staff are confident using the SoS model.

Collaborative Team Around the Family meetings

It was evident from family interviews and case reviews that TAF meetings were a core part of the children’s services’ approach. Families were given an opportunity to express their views to a wide range of services including representatives from housing services; health visitors; school or nursery staff; and probation, drug or alcohol services. This demonstrated that practitioners mobilised a wide range of support to help families across

¹⁴ Please see Appendix 2 for Glossary of Key Terms

all aspects of their lives to address the predominant issues and causes of need for intervention.

The family and TAF members met on a regular basis to create action plans, review plans and progress made and recognise what, if anything, needed to change. When the family and agencies involved agreed that support from social services was no longer needed, they mutually decided to close the case.

In most cases the audits and case reviews indicated that families went through clear processes when cases were escalated or de-escalated. However, the families interviewed did not always feel this was communicated clearly in advance. In these cases, they reported feeling abandoned because they felt the case was closed suddenly.

Families were regularly offered additional support

The case reviews recorded instances when families were referred to additional support services, including drug and alcohol programmes, domestic violence support, third sector organisations and CAMHS. Parenting programmes and family courses which taught parents how to deal with behavioural issues and how to manage family dynamics were also mentioned.

Family plans recorded objectives relating to the wider family as well as the child in need. Examples included parents returning to work or taking up volunteering opportunities as well as resolving practical issues such as housing. The case reviews noted occasions when practitioners provided direct support to assist with these problems. On one occasion a practitioner wrote to an employer to explain why the employee had been absent repeatedly. This helped the family member to keep their job.

The wide-ranging support available to families appeared to have a positive impact addressing systemic issues within families. Families were empowered and supported to address core issues. It is likely that this subsequently had a positive impact upon risks for the children involved.

Team Communication

A key aspect of the Round 1 funding was the creation of 10 integrated, co-located, mixed-skill social work teams to work with the most complex families. The previous evaluation reported that, as a result of this co-location:

“The working relationship between Families First and One Point Service has improved, including positive effects on understanding of the other team’s role; a greater sense of shared purpose; and an increased number of both formal and informal contact points between the team. This is seen as facilitating better information sharing and

decision making, and so has impacted positively on the case escalation and de-escalation process.”¹⁵

Evidence from the follow-up evaluation showed similar results. The co-location of teams continued to improve relationships between practitioners in FF and the OPS as they were able to communicate easily in person, rather than over the phone and they were more familiar with members of other teams. Staff interviewed were positive about the increased contact between teams and felt that relations were good. Specifically, staff mentioned the informal contact points within the teams as key facilitators of communication. Having informal access to each other increased their incentive to communicate.

These findings were reflected in the staff survey. The percentage of staff who said that they understand what other teams within DCC do increased from 63% in 2016 to 80% in 2019. Similarly, 68% agreed that they “felt confident that other teams within Children’s Services do their jobs well”, an increase from 55% in 2016. However, just under half (48%) of staff agreed that they felt appreciated by other teams.

More open communication between the teams has led to better relations. It was stated in the practitioner interviews that, as a result of this improvement, teams now discuss the need to escalate cases which are on the verge of being referred for statutory intervention. As the processes prior to co-location were based on the team’s subjective interpretation of guidelines, rather than a considered discussion between teams, staff saw this as an improvement. They felt that the process now relied on considered, mutually agreed decisions which reflected the history of the family.

In addition to valuing informal communication between teams, staff interviewed felt that the introduction of formal weekly ‘step-up or step-down’ meetings between practitioners from Families First and One Point Service teams had improved decision making. During the in-depth interviews, staff described that at these meetings staff discussed cases at the point of either escalation or de-escalation to or from statutory involvement. This collaborative approach to borderline cases allowed for more consistent decision making as well as a smoother process for the family and staff. Staff reported that they had a greater understanding of the context of the family and issues they are facing and can co-ordinate a full handover with the family.

While staff reported improvements in their working relationships with other teams during in-depth interviews, the survey indicated that continuing to improve communication between teams might be beneficial. Almost half (46%) of staff agreed that different

¹⁵ DfE / Kantar Public (2017) Durham County Council Families First Evaluation. Available online: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625379/Durham_County_Council_Families_First_Evaluation.pdf (Accessed April 2020)

“teams within Children’s Services do not share information well” and that “teams within Children’s Services do not work effectively together”.

OPS staff felt that they benefited by having trained social workers on hand to give guidance and advice on complex cases. Anecdotally, OPS staff interviewed reported that they felt they could access guidance and advice from FF teams on their planned approach to a case.

“We have an opportunity to take those cases which we are worried about [to Families First] to check that they are happy with the plan. They can cast an eye over it and can check that everything is in place to reduce the risk” – *Key Worker*

Although the integration of qualified social workers into the team appears to be appreciated among OPS staff, only 56% of staff across the whole organisation agreed that specialist staff are available to assist when they are needed. Alongside anecdotal support for specialist support within OPS, this suggests that continuing to work with other organisations to provide specialist support would be well received by staff.

Engagement with the Voluntary and Community Sector

An ambition of the Round 1 funding was to build relationships with partners, particularly the Voluntary and Community Sector (VCS). Ultimately this was intended to improve step-down support and build community capacity. Planned VCS engagement was to be supported by a voluntary sector alliance involving the Council, important strategic VCS organisations and dedicated VCS Co-ordinators working with FF teams. The role of the VCS Co-ordinator was to help build social workers’ and OPS staffs’ knowledge of voluntary assets in the community. By helping families to connect with community assets (such as youth groups or wellbeing sessions) they hoped to help to build their confidence in accessing similar services in the future.

The last evaluation noted that little evidence had emerged in relation to outcomes as a result of VCS engagement. This was mainly because the VCS Co-ordinator post was vacant.

Since 2016 DCC has made clear progression with regards to this ambition to build relationships with the VCS community. There are now four VCS co-ordinators, and this has had a positive impact on the support offered to families in need.

The practitioner interviews and one of the strategic managers reported that having a dedicated VCS co-ordinator meant that families could receive tailored advice on services which could support their needs and were available and accessible in their local area. Drawing upon the expertise of the VCS co-ordinator allows practitioners to sign post to relevant services without having to spend time researching services themselves. It was also agreed that the specialist knowledge of the VCS Co-ordinator improved the quality of the advice.

“The VCS Co-ordinator does ‘Tea and Tips’ sessions where we can learn about the services. It helps up to keep accessing what’s available in the voluntary and community sector and that helps families to be self-sufficient” – *Key worker*

Having access to these services could be a key source of ongoing support for families, which council services would struggle to provide on a long-term basis. Offering this support to families was also a means of empowering families to access VCS support after their case has closed. A further benefit was that accessing community services could help families to build local networks and develop their own community. This could help to address feelings of isolation and to widen their support networks. Family interviews mentioned referrals and interactions they had had to voluntary services. Access to these support services helped some families to make positive changes, particularly in relation to addressing addiction or debt relief. In one instance, a family had been unable to deal with underlying issues, including poor mental health, as they had been worried about debt. When they received help to deal with their financial circumstances they were better able to engage with wider problems.

“We were put in touch with someone from the CAB [Citizen Advice Bureau] who got a debt relief order sorted out for us” – *Family interview*

Overall impacts

This section will look at how different audiences perceived the reforms and how DCC is currently operating. It will consider the perspective of staff who participated in qualitative interviews as well as the staff survey. Families were represented through both the qualitative interviews and from evidence collected during case reviews. Finally, drawing upon all strands of the evaluation, the section will look at the wider impact on children’s services.

Impact on children and families

Children and families generally viewed their involvement with children’s services positively. For the families interviewed, their relationship with their social worker was often the most significant influence on how they viewed the services as a whole; those who had good relationships with their Lead Practitioner tended to be more positive overall. There were also anecdotal reports from families who felt that they had been treated unfairly or that their practitioner did not listen. These families’ perspectives were less positive, but, as mentioned previously, as their experiences related to a particular incident or practitioner they cannot be seen as indicative of overall state of children’s social work at DCC.

Case Study 2 (below) outlines the story of one family with a positive experience of working with the OPS.

Case Study 2

Case study of a One Point Service case

Source: Family interview and case review

In April 2019, the hospital reported concerns about the safety of a 6-year-old child, whose mother had attempted suicide, to the OPS. A key worker visited the home and carried out an assessment on the child and her immediate family. The practitioner explained to the family that the OPS was a service 'before Child Protection plans' and that they were there to help. This was well received by the family who previously had had negative perceptions of Social Services.

At a TAF meeting it was agreed that the case would be escalated as it required a multi-agency response. The escalation process was clearly explained to the family. The support worker who took over the case also attended the TAF meeting allowing for a smooth transition.

With the support of their Key Worker, the family was able to access help from Citizen's Advice, food vouchers for use at a local food bank and support for mental health issues. As well as signposting to external services, the Key Worker provided direct support to the family and child. This involved visiting the child at school where they could speak away from family members in a more 'neutral' environment. Here the Key Worker was able to assess the impact of the child's circumstances and then work with the family to address each of the issues.

TAF meetings were used to discuss plans and strategies and to set and monitor goals with the family. The family and other team members eventually agreed at a TAF meeting that the family had made enough progress for the case to be resolved.

Throughout their involvement with the OPS, the family felt that they had been treated fairly and as 'adults'. They felt that the Key Worker supported them to be independent rather than reliant upon social services for help.

"We're doing really well [now], they have helped us out so much and they have treated us like adults the whole way through."

Source: Family interview and case review

Staff interviewed reported that practitioners were now more likely to use plain language to communicate with families. They felt that this had a positive impact on families as families were no longer confused or intimidated by complex language.

There was also evidence within the case reviews that DCC had begun to implement continual assessment and analysis of what practitioners had observed or were told by children, families and other parties (such as schools) as intended. This included instances where assessments were completed with a number of family members helping to build the relationship between practitioner and family and improving the in-depth and quality of information gathered.

The original project plan anticipated that the FF programme would reduce the Looked After Child (LAC) population and the number of Child Protection Plans (CPP) (for neglect) in County Durham by 20% by 2016/17. It also aimed to reduce re-referrals from 24% to 15% by 2016/17. The administrative data collected by DfE shows that these goals have not been met. (Table 1)

At the time of the Round 1 evaluation the number of LAC had increased from 61.6 per 10,000 children in March 2015 to 67.8 per 10,000 children in March 2016. The rate of LAC had continued to increase to 83 per 10,000 in March 2019. While this rate was higher than the national average (101 per 10,000 children) it remained lower than the average across the North East (101 per 10,000 children). Please note that this increase mirrored increases in the rate of children becoming looked after nationally and therefore may be accounted for by larger changes in children's services rather than the programme's failure to meet its original objectives. (Table 1)

The Round 1 evaluation showed that good progress had been made reducing the number of children on CPPs for neglect as intended. Between 2013/14 and 2015/16 the rate of children who became subject to a CPP fell from 65.3 per 10,000 children to 46.5 per 10,000 children. However, this had since risen again to 67.1 children per 10,000. Again, it is worth noting that this remained below the regional average (86.8 per 10,000). The number of children who became the subject of a CPP for Neglect (initial category of abuse) also rose from 414 children in 2013/14 to 566 in 2017/18. It had again fallen to 475 in 2018/19. More data points are needed to show if the increase in children subject to a CPP for neglect will continue to rise. (Table 1)

Administrative data showed that the percentage of re-referrals within 12 months of a previous referral steadily decreased from 27% in 2013/14 to 17% in 2017/18. The percentage increased again to 23% in 2018/19. (Table 1)

Table 1: Progress towards quantitative impacts

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
LAC population (per 10,000)	60	62	68	81	80	83
Rate of CPP (per 10,000)	65.3	50.3	46.5	67.9	78.1	67.1
Number of children on CPPs for neglect	414	348	301	528	566	475
Re-referrals within 12 months of a previous referral	27%	23%	21%	19%	17%	23%

Staff views of the interventions

The staff interviewed were consistently positive about the reforms which DCC had implemented since the Round 1 evaluation.

Leaders and managers felt that the services offered had a greater impact on families and that they were now able to offer the right services at the right time by the right people. They felt that the assessments enabled families to be given tailored support at the right level. Although they reported providing less intensive support, this was because they were less likely to be ‘fixing’ a problem and were more likely to be offering ‘wraparound’ support which looked at the family as a whole and addressed the root causes of their issues. The case reviews demonstrated this commitment to taking a holistic approach, for example recording efforts made by practitioners to engage domestic violence perpetrators in courses to address their behaviour and encouraging victims to access support services.

One of the original aims of restructuring the teams was to reduce the amount of time front-line staff spent on administration and increase the time spent on direct work. Front-line staff said that there was now more time to build relationships with families and to fully understand the issues they faced. DCC’s clear vision for early intervention and the support available has facilitated this shift. However, while the staff who participated in the in-depth interviews felt that there was more time to work with families, this was not reflected in the staff survey results. Half (51%) of staff disagreed that they have sufficient time to work effectively with the children, young people and families on their caseloads. A majority (77%) also agreed that they are required to spend too long on administrative tasks. These results have remained broadly consistent since 2016.

Staff interviewed felt their case work was more clearly defined and linked to each family's plan. They explained that, since the restructure, their work was now more intensive and focussed on outcomes. Maintaining a focus on goals and plans agreed with each family resulted in better workflow as families and staff actively work together towards intended outcomes. In contrast with the staff surveyed, the team members interviewed reported that this approach means that cases continue to progress and helped to limit practitioner workload as cases are not kept open for long periods of time. These apparent differences in opinion may have arisen because of the different sampling methods used for the staff survey and the interviews. While all staff were invited to participate in the staff survey DCC selected participants for the in-depth interviews.

Staff interviewed also reported that regular 'discussion and decision' meetings were held between managers and key workers helped to ensure that progress continues. These meetings help to ensure that practitioners have clear guidance and support and that any 'drift and delay' in the case is mitigated.

The introduction of the new case management system, Liquidlogic, was also well received by the staff who participated in in-depth interviews and allowed cases to be handled more efficiently. Liquidlogic allows the details of whole families to be accessed easily, allows users to allocate tasks and can store the relevant documentation for each family. This means that if a family's practitioner changed unexpectedly, a new practitioner can easily access previous case notes, meeting minutes and assessments. Staff interviewed found the transition to the new system challenging, but their feedback was that the system had 'bedded in' well. Ofsted said the system had "transformed the performance information available in most areas" but noted that it had not yet achieved its full functionality.¹⁶

Staff interviewed were also positive about the elements of Round 1 funding which remained in place including the VCS workers and co-location. They reported that co-location worked effectively and had helped to increase and improve collaborative working. They also said that escalation and de-escalation of cases was now a smoother process.

They also reported that having a clearly defined distinction between statutory and non-statutory support offered a means of engaging the hardest to reach families. In these cases, FF teams visited families who did not engage with the OPS to explain the potential consequences if the case was escalated to a statutory level.

Staff interviewed were consistently positive about the introduction of VCS workers. They appreciated being able to link families to VCS services when cases were closed as it allowed families to continue to receive support in the community. Staff felt that this

¹⁶ Ofsted (2019) Durham County Council Inspection of children's social care services. Available online: <https://files.api.ofsted.gov.uk/v1/file/50117737> (Accessed April 2020)

reduces their dependence on DCC for support. Support from VCS organisations could help to mitigate the financial pressures that local authorities face by providing additional support which may make families less likely to require support from DCC for any future issues. However, this approach will only be sustainable if VCS organisations are able to meet demand over the long-term.

The staff survey results indicated that, across most measures, staff confidence, morale and competence had remained high since the Round 1 evaluation.

Staff confidence, learning and wellbeing

In their latest inspection of the Durham Children's Social Care services, Ofsted reported "an improving culture of learning". However, they also noted that staff supervision and management was not sufficiently challenging or reflective to allow them to address deficits in practice. There was a concern that managers focus on process rather than children's experiences, but inspectors reported that the strengthened quality assurance framework which is in the process of being embedded is helping managers to "identify where remedial action is required".¹⁷

Although the staff survey did not suggest that staff felt there had been an improved culture of learning views of training and development had remained broadly consistent with the Round 1 evaluation. Most staff agreed that they were able to regularly reflect on their work with experienced colleagues (71%) and receive supervision which helps them to do their jobs better (74%). Seventy-nine percent of staff agreed that they get the training and development they need to do their jobs well.

There has been an increase in confidence among staff. At the Round 1 evaluation 80% of staff agreed that they felt confident in their ability to do their job. This increased to 91% at Round 2. A similar percentage (87%) agreed that they were confident in their team's ability to do their jobs well (an increase from 83% at Round 1) and 95% said they have the knowledge and skills they need to work effectively with children, young people and families (an increase from 85% at Round 1).

DfE administrative data showed that staff turnover, which can be used as a proxy measure of staff wellbeing, has remained fairly stable at around 12% since 2016.¹⁸ The most recent Ofsted inspection found that "A well-developed and detailed workforce plan has increased workforce capacity and created staff stability."

Through the case reviews it was possible to observe some of the wider practices within DCC. There was positive evidence of collaborative working with families to achieve mutually agreed outcomes. The TAF meeting minutes showed instances where

¹⁷ Ofsted (2019) Durham County Council Inspection of children's social care services. Available online: <https://files.api.ofsted.gov.uk/v1/file/50117737> (Accessed April 2020)

¹⁸ DfE (2019) Children's social work workforce 2018. Available online: <https://www.gov.uk/government/statistics/childrens-social-work-workforce-2018> (Accessed April 2020)

outcomes were closely monitored, updated against progress and reported on at regular intervals. Corresponding case reviews also noted that assessments and key reports used plain language so that documents were accessible to both the child in need and the family. Looked After Children were given opportunities to review minutes and to contribute to their notes. The case notes showed examples when the views of the child, family and foster parents were recorded and analysed throughout. While there were gaps in some cases, it was not clear if this was because the practitioner had not engaged with the views of the family or if their views had not been recorded because the case file was incomplete.

Table 2 summarises DCC's achievements against the planned impacts at the beginning of the Innovation Programme.

Table 2: Achievement of planned impacts

Planned impact	
Embedding the Think Family model of service delivery across all teams	DCC are in the process of implementing Signs of Safety as a practice model.
Increased early help/intervention, reducing the number of children reaching safeguarding threshold	Kantar are unable to comment on this impact due to changes made by DCC in the way cases are recorded.
Reduction in LAC population by 20% (2012-2016/17)	The number of LAC increased from 61.6 per 10,000 children in March 2015 to 83 per 10,000 in March 2019. This increase mirrored an increase in the rate of children becoming looked after nationally.
Reduction in CPP's (for Neglect) by 20% by 2016/17	The rate of children who became subject to a CPP initially fell. However, this had since risen again. The rate is now higher than it was at the start of the Innovation programme funding.
Rebalance of work across tiers of service	Kantar were not able to assess this as DCC changed their approach to classifying work between the Round 1 and Round 2 evaluations
Reducing re-referrals from 24% to 15% by 2016/17	Administrative data showed that this goal was not met. Although the percentage of re-referrals initially decreased, it has since risen again.
Re-balancing of work carried out by frontline staff towards direct work with children and families and	The percentage of staff survey respondents who agreed they were required to spend too long on administrative tasks remained consistent between the Round 1 and Round 2 evaluations

away from administrative tasks	
Increased role for VCS in Children's Social Care in Durham	Evidence from staff interviews and case reviews suggest that the VCS in playing an active role in Children's Social Care.
Reduction in Children's Social Care Costs	DCC have chosen to continue investing in statutory services in response to increased need and in order to fund improvements in the service.
Greater professional confidence, morale and competence among staff	The staff survey showed an increase in self report knowledge and skills and in confidence among staff. DfE admin data shows that staff turnover, a proxy measure of staff wellbeing, has remained fairly stable since 2016.
Higher rates of satisfaction among service users	As the Round 2 evaluation only interviewed five families, we are not able to comment on satisfaction among services users.
Improvements in broader social outcomes for families	The case reviews provide some evidence VCS organisations providing sustained support which has led to improvements in broader social outcomes for families.

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

As reported in the Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify seven practice features and seven outcomes to explore further in subsequent rounds.¹⁹

Strengths-based practice frameworks and systemic theoretical models

In 2018 DCC introduced the SoS approach. The feedback from the staff in-depth interviews was consistently positive. They felt that they were able to learn more and be constructive in their work on an ongoing basis because of it. For example, they conduct regular learning groups where a case is discussed together. Practitioners work together to map out the next steps and how these should be approached.

Enabling staff to do skilled direct work

Most staff said their managers encourage and support them to develop their skills, but there was concern that they did not have enough time to undertake learning and development.

Multi-disciplinary skills set

The introduction of SLPs with specialist knowledge of the VCS sector has allowed DCC to appropriately sign post to specialist services.

Group case discussion

DCC have introduced learning group discussions which allow practitioners to learn from a case and discuss the best future approach. As a result of co-location there are more opportunities for practitioners from the OPS and FF to discuss complex cases as a team.

Family focus

Following the implementation of SoS, DCC are in the process of embedding a style of social work which considers the entire family and their views. There were instances when practitioners went to considerable lengths to contact the child's extended family members

¹⁹ DfE (2017) Children's Social Care Innovation Programme: Final evaluation report. Available online: <https://www.gov.uk/government/publications/childrens-social-care-innovation-programme-final-evaluation-report> (Accessed April 2020)

and working with the whole family to address core issues which led to the need for social work involvement.

High intensity and consistency of practitioner

By introducing a new case management system DCC have streamlined the administrative process and allowed social workers to develop deeper relationships and work with families more intensely. They have also put steps in place to reduce the need for families to transition between social workers by restructuring teams to better suit the distribution of work.

Reducing risk, creating stability and increasing wellbeing for children

By ensuring that cases are dealt with at the right level and restructuring teams to prioritise consistency of practitioner across a case, Durham have prioritised stability for children. In working with VCS organisations to provide a wide variety of early help solutions they aim to reduce the risk that cases will escalate to the point that they require statutory intervention.

DCC aimed to reduce the rate of children who became subject to a CPP. While this initially fell it has since risen again. The rate is now higher than it was at the start of the Innovation programme funding.

Reducing days spent in state care

The number of Looked After Children increased between March 2015 and March 2016. This increase comes in the context of rising numbers of children coming into care nationwide.

Increasing workforce wellbeing and stability

The staff survey shows that staff satisfaction at work has remained consistently high since the start of the Innovation Programme. The majority of staff agreed that their work gives them a feeling of personal achievement and that children, young people and families value the work they do.

5. Lessons and implications

Drivers of success

Consistent with the findings from the Round 1 evaluation, DCC have continued to implement and embed the ethos behind FF. However, since the Round 1 evaluation they have adapted their approach based on feedback from staff and families. While this means that some of the activities outlined in the original Logic Model were not completed, the willingness to take feedback on board and adapt their approach has meant that progress has been made towards the planned outcomes and overall impacts.

Several activities have been important in driving progress towards these outcomes and impacts:

- DCC identified a need to implement changes in their infrastructure to support the broader cultural change they hoped to achieve. The infrastructure changes, including co-locating staff teams and introducing a specially designed case management system have facilitated improved communication between staff members. The changes in team structure have helped the teams to minimise disruption for families.
- Genuine multi-organisation co-operation has allowed for more effective TAF meetings and has broadened the spectrum of early interventions that are available. This has allowed DCC to take a more proactive approach to children's social care (which should reduce the need to escalate cases), without having to increase the services that they themselves provide.

Barriers to success

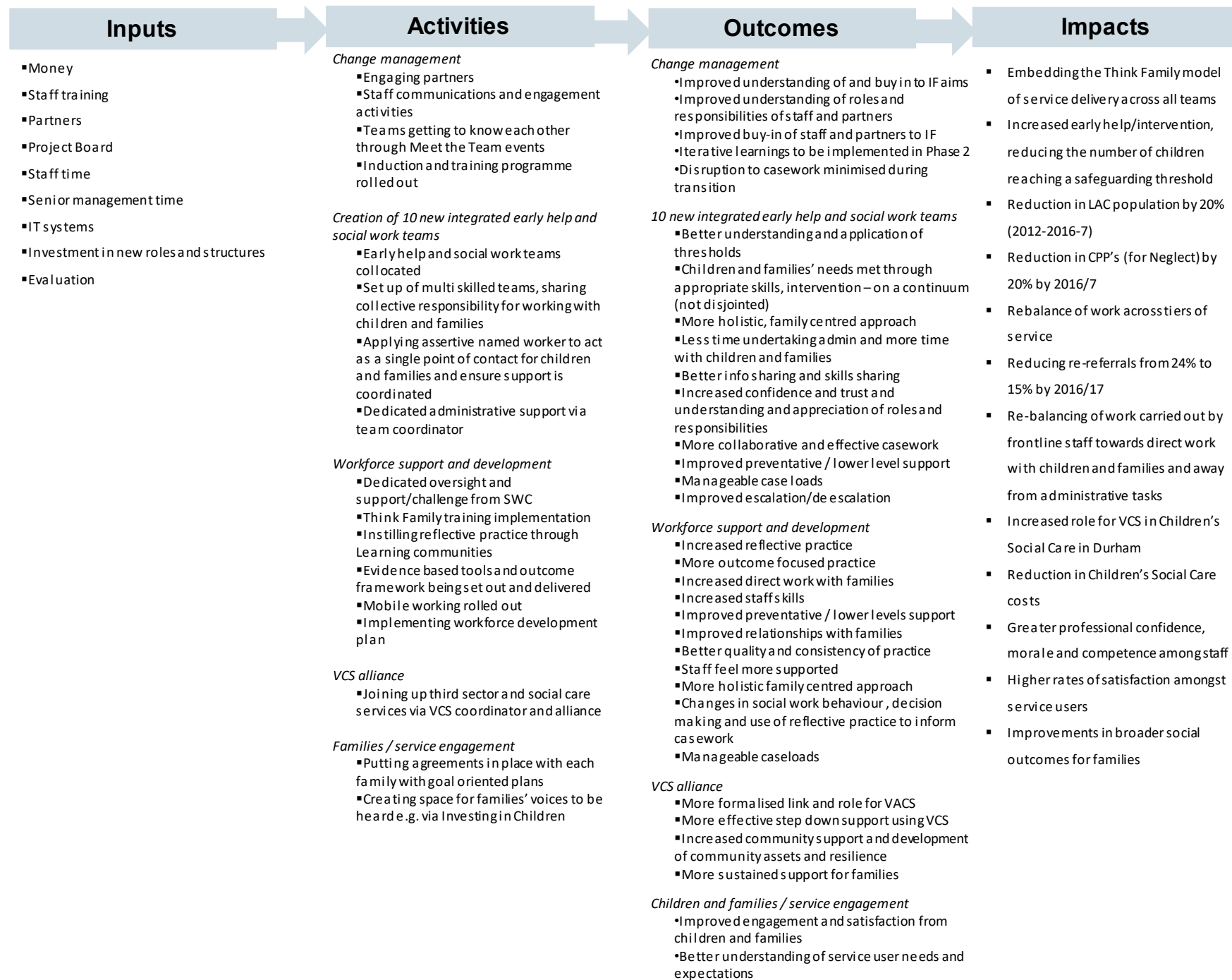
While there have been many successes over the past six years, the original outcomes and impacts outlined in the logic model have not all been met. Several challenges have made it harder meet these goals, including reduced budget across children's services and increased national demand for statutory services. In some cases, it was because planned activities have not yet been perfectly implemented, for example:

- In some situations, managers did not have a clear enough overview of cases or staff performance due to varying quality and detail of audits. Although the audit process has been improved, as noted in the 2019 Ofsted report, there are still inconsistencies.
- While in many cases aiming for a single practitioner to work with a family throughout their case is a valuable aim, in some cases challenging or negative relationships with families created a sense of distrust and additional barriers to engagement with social services. The improved case management system and

audit process should help managers to identify these cases earlier, allowing them to work with the practitioner to improve the relationship or, where appropriate, to consider asking another member of the team to work with the family in order to improve the outcome.

Appendix 1: Project theory of change

Innovation changes	Key issues	Key assumptions
<p>Durham aims to develop a new Social Care model that offers families a response tailored to meet their needs and that brings about lasting change. Durham is seeking to address a number of challenges, and in doing so aims to:</p> <ul style="list-style-type: none"> • Reduce caseload at Tier 4 and re-balance work across tiers of service • Make better use of skills and capacity across teams and outside the organisation • Reduce bureaucracy in systems and practice • Improve levels of staff confidence • Reduce the overall cost of children's social care in Durham, improving the sustainability of its services. <p>Ultimately the challenges Durham faces can lead to the misallocation of resources and some children and families not receiving the right service first time.</p> <p>Through the Innovation Fund changes, Durham envisages that more families will stay safely together and fewer will need direct help from Children's Social Care and other public services.</p> <p>For those children and families that do need help, the collective response will be tailored to meet their needs, providing the right support first time (including greater use of voluntary and community organisations), that promotes lasting change and reduces re-referrals.</p> <p>Work across children's services will be rebalanced, pulling down the high level of need from statutory services to early help and intervention; and there will be a rebalancing of work across frontline staff to undertake more direct work with families and to work in a family-centric way.</p>	<p>SYSTEMS</p> <ul style="list-style-type: none"> • Durham has clear definitions for allocating cases to tiers 3 and 4, however there remains an issue with over allocation of cases to tier 4. This is a reflection of the complex nature of cases in general (and especially those around the boundary between tier 3 and 4) and a resulting degree of risk aversion to place cases at tier 3. It is also reflective of some issues in communication / information sharing. • Alongside this, Durham has experienced issues with the escalation and (particularly) the de-escalation of cases between teams/tiers as a result of issues with confidence between teams. • Durham also feels that it is underutilising 3rd sector services. <p>SOCIAL WORK</p> <ul style="list-style-type: none"> • Durham sees that there is an opportunity for more reflective practice but also to address inconsistent working practices across teams/social workers. • Durham also experiences issues with reluctance from staff to de-escalate cases, as outlined under the system issues section above. • It is also felt that there is a need for more direct practical work and more holistic working with children and families. • Social workers/services could also be more outcome focused, less reactive, and delivered at an early stage. <p>CHILDREN AND FAMILIES</p> <ul style="list-style-type: none"> • As a result of these systems and staff issues, the child's and family's needs are not always consistently met. Children and families can feel 'done to' rather than worked with, and may experience a number of changes of worker / lead professional. 	<ul style="list-style-type: none"> • Change within Durham is familiar - and this the natural continuation and progression of previous change • There is an appetite and ability for change • Risks can be overcome with the time and resources available • The scale and speed of change and impact can be maintained • The innovation funding is sufficient • Lessons learned from past activities have been considered • A phased approach will allow for iterative learnings • Co-location will improve joint working and family journey • A team made up of mixed skills and the involvement of a constant, assertive worker will appropriately meet the needs of children and families • Lower level parts of the system can handle/hold more complex cases than higher levels • It will be possible to protect caseloads for SWs to enable more direct work to be undertaken • The right kind of staff can be recruited and re-trained • Early help for children and families leads to better outcomes • The Think Family model is appropriate, effective and can be applied within this context • Manageable caseloads and effective training / supervisions will allow for more reflective practice • Staff have the necessary skills to change practice • Mobile working supports more direct work with families • There is the capacity and will among VCS organisations to work together in this way • The VCS coordinator will improve VCS engagement • Through further involvement of VCS, step down support will be improved • Service users want their voice to be heard / to be engaged



Appendix 2: Glossary of terms

Child in Need (CIN)

A Child in Need (CIN) is 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.

Child Protection

Child Protection relates to safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.' Working together to safeguard children, HM Government, 2018.

Danger Statements

Danger Statement(s) explain the reasons social services are working with the family in clear simple language. They include an explanation of the what the concerns for the child or young person and what could happen if nothing changes

Families First (FF)

The Families First service provide support to children, young people and families with complex needs and where there are concerns for the safety and wellbeing of children and young people, or where families need intensive support.

Looked After Children (LAC)

Looked after children are those who have been in the care of their local authority for more than 24 years.

One Point Service (OPS)

One Point supports children, young people and families, from early pregnancy up until the young person reaches the age of 19 years (or 25 years if the young person has a disability). One Point offer advice and practical help across all aspects of family life - in pregnancy and as a new parent, getting a job and building skills, relationships and staying healthy and safe.

Safety Goals

Safety Goals say what is needed for DCC to be confident that the child or young person is safe enough for the case to be stepped down or closed. The Safety Goal shows everyone what they are working to achieve together.

Scaling Questions

Scaling is used to make a judgement about the impact of a situation on a child or young person. The scale goes from 0-10. Scaling is used to help everyone understand each person's viewpoint. It helps to make professionals' thinking clear to the family (and to the other professionals), and it helps professionals understand where different members of the family are at. The scale is a starting point for exploring what is currently working in the family and what needs to change to go higher up the scale towards achieving the goal for the child/ young person. It provides a measurement process that everyone can understand, so everybody involved – including family members, support people and professionals – can keep assessing the situation and how much progress is being made.

Signs of Safety

Signs of Safety is an integrated framework for how to do child intervention work - the principles for practice; the disciplines for practitioners' application of the approach; a range of tools for assessment and planning, decision making and engaging children and families; and processes through which the work is undertaken with families and children and including partner agencies.

Team Around the Family (TAF)

A Team Around the Family (TAF) is a meeting between a child, young person, their family and the group of practitioners who are working with them.

Appendix 3: Staff Survey Data

Appendix 3 presents data from the longitudinal evaluation staff survey.

Between 14 November and 20 December 2019 approximately 1,000 staff at DCC were invited by email to participate in a short online survey.

There were 154 responses.

Table 3: Q1 General Views

	Improved	Stayed the same	Got worse	Not sure
For you	38%	25%	27%	10%
	(74)	(48)	(53)	(20)
For staff generally	28%	28%	39%	5%
	(55)	(54)	(76)	(10)
For children, young people and families generally	39%	29%	21%	11%
	(76)	(56)	(41)	(22)

Source question: Taking everything into consideration, do you think things for staff, and for children, young people and families have improved, got worse, or stayed the same since April 2018, or since you joined the service?

Table 4: Q2 Embedded Principles

	To a great extent	To some extent	To hardly any extent	Not at all	Not sure
Outcome focussed: "We work together to achieve the best for people"	19%	69%	9%	-	3%
	(38)	(135)	(17)	-	(5)
People focussed: "We put people and communities at the heart of everything we do and value our employees"	21%	59%	15%	3%	2%
	(40)	(116)	(30)	(5)	(4)
Empowering: "We value, trust and support each other"	16%	66%	12%	5%	1%
	(32)	(129)	(24)	(9)	(1)
Innovative: "We embrace change and look for better ways to deliver services"	23%	63%	10%	3%	2%
	(45)	(123)	(19)	(5)	(3)

Source question: How well do you think that Children and Young People's Services Principles of Best Practice have been embedded?

Table 5: Q3 Impact of Principles

	Very positive impact	Positive impact	No impact	Negative impact	Very positive impact	Not sure
Outcome focussed: “We work together to achieve the best for people”	5%	63%	20%	4%	-	8%
	(9)	(123)	(39)	(8)	-	(16)
People focussed: “We put people and communities at the heart of everything we do and value our employees”	3%	55%	26%	5%	2%	10%
	(6)	(107)	(51)	(9)	(3)	(19)
Empowering: “We value, trust and support each other”	5%	50%	28%	6%	3%	9%
	(9)	(98)	(55)	(11)	(5)	(17)
Innovative: “We embrace change and look for better ways to deliver services”	5%	62%	19%	5%	1%	8%
	(10)	(120)	(38)	(9)	(2)	(16)

Source question: Has the introduction of these principles over the past year had a positive or negative impact on the organisations’ ability to do work in a way that reflects its values?

Table 6: Q4 Work Satisfaction

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
My work gives me a feeling of personal achievement	28%	49%	11%	7%	5%	-
	(55)	(96)	(21)	(14)	(9)	-
I feel encouraged to develop better ways of doing things	24%	49%	14%	9%	4%	1%
	(46)	(95)	(27)	(17)	(7)	(2)
I do not enjoy coming to work most days	6%	18%	20%	22%	34%	1%
	(11)	(34)	(38)	(42)	(66)	(1)
I think children, young people and families value the work I do with them	18%	65%	9%	4%	2%	2%
	(32)	(112)	(15)	(7)	(3)	(4)
I often feel very stressed by the nature of my work	25%	41%	18%	9%	6%	1%
	(48)	(80)	(36)	(18)	(12)	(1)
I feel confident in my ability to do my job	37%	54%	6%	3%	1%	1%
	(72)	(105)	(11)	(5)	(1)	(1)

Source question: How much do you agree or disagree with the following statements?

Table 7: Q5 Time and Resources

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
I have sufficient time to work effectively with the children, young people and families on my caseload	7%	33%	9%	25%	26%	-
	(11)	(51)	(14)	(39)	(40)	-
I have the right tools and resources to work effectively with children, young people and families	14%	45%	11%	22%	8%	1%
	(22)	(73)	(17)	(35)	(13)	(1)
I can access the expertise of others to support me in my work	37%	45%	6%	9%	3%	-
	(71)	(86)	(11)	(17)	(6)	-
I am required to spend too long on administrative tasks	45%	32%	15%	4%	3%	-
	(82)	(58)	(28)	(7)	(6)	-

Source question: How much do you agree or disagree with the following statements?

Table 8: Q6 Peer and Management Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
I am able to regularly reflect on my work with experienced colleagues	26%	46%	9%	11%	8%	1%
	(49)	(86)	(17)	(20)	(16)	(1)
I receive supervision which helps me do my job better	35%	38%	12%	11%	3%	-
	(69)	(75)	(24)	(21)	(6)	-
I do not feel appreciated by colleagues and managers	9%	21%	15%	24%	30%	1%
	(17)	(40)	(29)	(47)	(59)	(2)
I feel appreciated by staff in other teams in Children's Services	10%	38%	25%	12%	11%	4%
	(20)	(73)	(48)	(23)	(21)	(8)
Teams within Children's Services do not work effectively together	11%	35%	19%	26%	8%	2%
	(22)	(67)	(37)	(50)	(15)	(3)
I feel confident in my team's ability to do their jobs' well	36%	51%	8%	4%	-	2%
	(69)	(99)	(15)	(7)	-	(3)
I feel confident that other teams within Children's Services do their jobs' well	9%	59%	19%	9%	-	5%
	(18)	(113)	(36)	(17)	-	(9)
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	20%	33%	11%	19%	17%	-
	(39)	(64)	(22)	(36)	(33)	-

Source question: How much do you agree or disagree with the following statements?

Table 9: Q7 Learning and Development

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
I feel I have the knowledge and skills I need to work effectively with children, young people and families	38%	55%	6%	1%	-	-
	(66)	(96)	(10)	(2)	-	-
I get the training and development I need to do my job well	30%	49%	9%	8%	4%	-
	(59)	(96)	(17)	(15)	(7)	-
Managers encourage and support me to develop my skills	34%	43%	8%	9%	6%	1%
	(65)	(84)	(16)	(17)	(11)	(1)
I do not have enough time to undertake learning and development	14%	38%	20%	18%	9%	-
	(27)	(74)	(39)	(35)	(18)	-

Source question: How much do you agree or disagree with the following statements?

Table 10: Q8 Communication and Involvement in Decision Making

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
Children's Services keep me well informed about changes affecting my work	15%	55%	16%	11%	3%	-
	(29)	(106)	(32)	(21)	(6)	-
I understand what other teams within Children's Services do	23%	57%	9%	10%	1%	-
	(45)	(111)	(17)	(19)	(2)	-
If I have an idea or a concern, I feel confident about raising it with managers	42%	43%	6%	5%	5%	-
	(82)	(83)	(11)	(9)	(10)	-
I do not feel fully involved in decisions about my day to day work	6%	31%	18%	26%	18%	1%
	(12)	(60)	(35)	(50)	(34)	(2)
Different teams within Children's Services do not share information well	13%	33%	23%	22%	5%	5%
	(25)	(63)	(45)	(42)	(9)	(9)

Source question: How much do you agree or disagree with the following statements?

Table 11: Q9 Organisational Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
The policies and procedures within Children's Services' are clear and helpful	9%	52%	20%	11%	4%	4%
	(18)	(101)	(38)	(22)	(7)	(7)
I do not feel my organisation supports me in my professional judgement and decision-making	4%	20%	20%	36%	19%	1%
	(8)	(37)	(37)	(67)	(35)	(2)
Children's Services enables me to access resources on good practice, research, new legislation and other learning	24%	54%	15%	4%	3%	1%
	(46)	(102)	(28)	(7)	(5)	(2)
Children's Services supports effective partnership working with other agencies	22%	60%	10%	6%	1%	2%
	(42)	(116)	(19)	(11)	(1)	(3)
Specialist staff are available to assist when I need them	13%	43%	19%	17%	6%	2%
	(24)	(80)	(35)	(31)	(12)	(3)
Staff within Children's Services learn from their experiences	19%	58%	13%	7%	2%	2%
	(36)	(111)	(26)	(13)	(4)	(3)
The IT systems and software support me to do my job	16%	53%	10%	15%	6%	-
	(31)	(103)	(19)	(30)	(12)	-
The physical environment in my offices is appropriate for the work I do	17%	32%	12%	19%	19%	1%
	(33)	(63)	(24)	(37)	(36)	(1)

Source question: How much do you agree or disagree with the following statements?

Table 12: Q10 Changes to Children's Social Care

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not sure
I understand what the changes being made to Children's Services are	14%	55%	15%	10%	4%	2%
	(27)	(108)	(29)	(20)	(7)	(4)
I feel that the changes Children's Services is currently making will result in better outcomes for children, young people and families	16%	46%	24%	3%	5%	6%
	(32)	(90)	(46)	(5)	(10)	(12)
I am not sure about what my role in the changes is	7%	28%	27%	16%	19%	4%
	(13)	(53)	(52)	(3)	(36)	(8)
The changes will bring a better balance of work across different teams	6%	24%	41%	6%	7%	16%
	(12)	(46)	(79)	(11)	(13)	(31)
The changes will make me feel more confident and able to effect change with children, young people and families	7%	30%	35%	8%	3%	17%
	(13)	(55)	(63)	(14)	(5)	(31)

Source question: How much do you agree or disagree with the following statements?

Table 13: Q11 Time Working

Source question: In the last week, what proportion of your time did you spend working directly with children, young people and families? Please estimate the time if you are unsure. If you do not work directly with children, young people and families, please tick 'not applicable'.

Less than 10%	19%
	(27)
Between 10% and 24%	30%
	(42)
Between 25% and 49%	27%
	(38)
Between 50% and 74%	12%
	(17)
Between 75% and 89%	6%
	(8)
90% or more	6%
	(9)

Table 14: Q12 Current Caseload

Source question: How many cases are there in your current caseload?

0 to 4	6%
	(7)
5 to 9	21%
	(25)
10 to 14	16%
	(19)
15 to 19	14%
	(17)
20 to 24	29%
	(34)
25 to 29	7%
	(8)
30 to 34	2%
	(2)
35 to 39	-
	-
40 to 44	2%
	(2)
Not sure	4%
	(5)

Table 15: Q13 Contracted Hours

Source question: How many hours are you contracted to work each week?

0 to 18.5 hours	6%
	(12)
18.6 to 30 hours	11%
	(22)
31 to 37 hours	75%
	(146)
More than 37 hours	7%
	(14)
Not sure	1%
	(1)

Table 16: Q14 Weekly Hours Worked

Source question: On average, how many hours per week do you work? This should NOT include any excess hours that you may work which you then take as part of your monthly flexible leave entitlement.

0 to 5 hours	8%
	(16)
6 to 10 hours	9%
	(18)
11 to 15 hours	4%
	(8)
16 to 20 hours	8%
	(15)
More than 20 hours	64%
	(125)
Not sure	7%
	(13)

Table 17: Q15 Role

Source question: Are you a/an...?

Social Worker	34%
	(67)
Team Manager	9%
	(18)
Family Worker	8%
	(15)
Key Worker	5%
	(10)
Strategic Manager or Operations Manager	4%
	(8)
Supporting Family Time Worker	4%
	(7)
Early Help Practitioner	2%
	(4)
Senior Key Worker	2%
	(4)
Supporting Solutions Worker (FGC, EOC, ERASE)	2%
	(4)
Independent Reviewing Officer	2%
	(3)
Wellbeing for Life Officer	2%
	(3)
First Contact Officer	1%
	(2)
Early Help Advisor	1%
	(1)
EDT – Edge of Care Worker	1%
	(1)
Other	25%
	(48)

Table 18: Q16 Service Area

Source question: Which service area are you part of?

Families First	41%
	(80)
One Point Service	15%
	(30)
Looked After Children and Permanence	13%
	(25)
First Contact and Specialist Countywide Service	8%
	(15)
Looked After Children and Permanence (Resources)	4%
	(7)
Safeguarding and Professional Practice	2%
	(4)
Other	17%
	(34)

Table 19: Q19 Employment Length at Children's Services Durham

Source question: How long have you worked at Children's Services Durham?

Less than 1 year	12
	(24)
1 to 3 years	25%
	(49)
4 to 6 years	15%
	(29)
7 to 10 years	15%
	(29)
11 years or more	33%
	(64)

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Any enquiries regarding this publication should be sent to us at:

CSC.Research@education.gov.uk or www.education.gov.uk/contactus