Stockport Family Evaluation

Research report

July 2017

Sally Panayiotou, Thomas Chisholm – Kantar Public

James Duggan, Harriet Rowley, Joanna Dennis – Manchester Metropolitan University

Contents

List of figures

List of tables

Acknowledgements

Executive summary

Introduction

In 2014, Stockport Metropolitan Borough Council successfully bid for funding from the Department for Education's (DfE) Innovation Programme to develop the Stockport Family model, a whole system change for children's services in Stockport. Stockport Family combines children's social care teams with the Integrated Children's Service (ICS) – a multi-disciplinary structure introduced in 2013/14 that brought together the majority of core services for children, young people and families in the local authority.

Stockport Family aims to transform the culture and ways of working within children's services in Stockport, with the ultimate goal of improving outcomes for children and families, and reducing the number of family breakdowns. The programme consists of 3 interrelated elements:

- the adoption of a restorative approach to social work practice – delivering assessments and interventions that take into account a family's strengths and their vulnerabilities, as well as making efforts to ensure that families understand and take ownership of their role in the decisions being made by children's services

- the creation of new structures and systems: alongside the integration of children's social care and the ICS, the Stockport Family model also reorganised children's services into 3 separate locality-based teams; as well as making specific changes to case allocation systems and the way that cases are escalated and de-escalated between services

- the enhancement of partnership working: at a strategic level this involved the development of a shared outcomes framework with partners and the secondment of partners onto the Stockport Family Innovation Board; alongside this, individual staff from children's services were linked to all of Stockport's schools

DfE commissioned Kantar Public (formerly TNS BMRB) to carry out an independent evaluation of the implementation and impact of Stockport Family. The evaluation team at Kantar Public worked closely with embedded researchers based at Manchester Metropolitan University, and practitioner researchers located within Stockport Council.

Findings

Overall progress of Stockport Family implementation

Stockport Council successfully implemented all of its intended activities broadly in line with the programme's planned timeline. The scope and scale of these changes have

been substantial, involving a structural and physical reorganisation through locality-based working and co-location, as well as an attempt to change the overall culture of the organisation, to establish an aligned, restorative focus. It is no small achievement to have implemented these activities in the planned timescale, and for staff to have had a clear understanding of the programme's aims and objectives since the programme's inception. In the second wave of the staff survey in 2016, 90% of staff agreed that they understood the Stockport Family way of working. It is important to highlight – particularly when thinking about implications for other authorities – that Stockport Family is a natural continuation of structural and practice changes that were being implemented prior to the Innovation Programme (including co-location and the use of restorative practice in some teams).

Overview of high-level impact measures

One consequence of the scale of the change ongoing within Stockport is that the programme is still early in its implementation. For example, the full business structure of Stockport Family only came into place in April 2016. It is, therefore, too soon to draw conclusions about the longer term impacts of the new model, and it is not appropriate to draw conclusions from data on child and family outcomes because of temporary shifts in indicators and the longer term nature of many outcomes. Additionally, some initiatives undertaken as part of Stockport Family are extensions of work begun under the ICS (for example the co-location of services), making it difficult to isolate the impact of Stockport Family in the data.

In the context of pressures on local authority budgets, Stockport Family was also designed to reduce the costs of children's services in Stockport. Data provided by Stockport shows they are currently forecast to achieve a reduction of just over £1.2 million in the cost of LAC in 2016/2017 compared with actual spend in 2013/14. This amounts to a 14% reduction[1]. Cost savings to date have been achieved by reducing high cost LAC placements through the work of the Stockport Families First (Edge of Care) service, which has been designed to provide wraparound intensive care to keep families together, and through a change in the management of Section 20 cases. The Stockport Families First team existed prior to the introduction of the Stockport Family model, and further evaluation is needed to unpick how these cost savings align with the innovation activities. However, it is clear from the programme logic how Stockport Family supports Stockport Families First's activities: the co-location, restorative practice and partnership working activities of Stockport Family are integral to enabling Stockport Families First to achieve its aims.

---

[1] The programme's target is to achieve a 20% reduction in the cost of LAC.

Overview of findings

Beyond the high-level impact measures described above, findings are:

- substantial steps have been taken towards embedding restorative practice within Stockport Family. There have been examples of this practice translating into changes in practice: for example, staff making use of new restorative tools such as the Early Help Assessment developed by staff within Stockport's MASSH (Multi-agency Safeguarding and Support Hub)

- the establishment of Stockport Family as one multi-disciplinary service and the move to a locality-based model is the most visible and substantial change. Co-location and the restructuring of teams around the 3 localities in Stockport has resulted in improved communication and co-operation within the organisation, allowing professionals and families to draw upon the right intervention, specialist knowledge and skills when needed

- there was a more mixed response to some of the specific systems changes introduced around case allocation and triage. Strategic staff and team leaders were hopeful that changes to triage systems (for example the introduction of senior social work practitioners within the MASSH) would begin to improve referrals. However, other elements, such as the removal of the dedicated duty team, led to concerns about caseload management for social workers. A business case has been approved that proposes changes to the Front Door[2] to address the issues that have emerged

- there is buy-in from partners at a strategic level and, in particular, actions have been taken to encourage a closer relationship with schools. Although the school link roles are still in the process of bedding in, there are positive signs that schools welcome this support, and that this model has the potential to make the process of receiving referrals into children's services from schools more effective

- some staff, particularly within social work teams, reported that high workloads could present barriers to engaging in additional direct, and restorative, work with families. While caseloads in Stockport are currently lower than the mean for the authority over the last 5 to 6 years, the staff survey showed a decline in staff views about workloads and capacity. For example 73% of staff surveyed agreed that they often worked over their contracted hours to cope with their workload in 2016, compared with 64% in 2015

---

[2] The Front Door is the point at which children are referred to social care.

- families have remained very positive about the service they received from Stockport's children's services. Some families gave positive examples where social workers had involved them in decisions, but it was not clear whether these experiences arose from changes in practice. There were also some families who talked about less positive experiences (for example, of repeating their story, or lacking opportunities to voice their views) which suggest restorative practice is not yet fully embedded

- although there is limited evidence on the impact of Stockport Family on core practice and service user outcomes, this evaluation supports the logic underpinning the design of the programme. There are positive signs that the programme's activities have begun to produce some of the short term outcomes anticipated during the design of the innovation, and it will be important to continue with monitoring and evaluation to ensure that these lead into the anticipated medium and longer-term outcomes

Summary of implications for policy and practice

Under the DfE Children's Social Care Innovation Programme, Stockport Council has extended an existing programme of children's services co-location and restorative practice, with the additional emphasis on locality working and partnerships. The evidence gathered during this evaluation suggests that Stockport has the capacity to successfully embed restorative practice across the range of agencies and services that sit within Stockport Family, supporting more aligned and holistic work with families.

While the model is appropriate in theory, the evidence collected as part of this evaluation does not provide sufficient evidence to judge the effectiveness of Stockport Family in improving outcomes for children and families. This is largely due to the timescales over which the innovation has been implemented, and the fact that the innovation seeks to influence wider practice than solely children's social work.

The success of this intervention will ultimately rely on the ability and capacity of services within Stockport Family to work collaboratively and holistically, to a shared restorative ethos. It is the recommendation of the evaluation team that this intervention will require further monitoring and evaluation to accurately identify impact.

Overview of the project

Context to Stockport Family

As detailed in the Joint Strategic Needs Assessment published by Stockport Metropolitan Borough Council in 2016, Stockport's current population of 286,800 is projected to increase over the next 5 years. Stockport also contains pockets of severe deprivation alongside areas of relative affluence, with areas such as Brinnington and Lancashire Hill among the 2% most deprived nationally[3]. Despite this polarisation, Stockport's children's services compare favourably against regional and statistical neighbours on several measures. For example, only 2 of Stockport's statistical neighbours have fewer children in care as of June 2016[4]. Stockport's overall number of new Child Protection Plans (CPP) implemented by March 2016 was the lowest of the local authorities in the North West (fewer than 40 referrals)[5].

Although Stockport's children's services compare favourably against regional neighbours, historically, children's services within Stockport have demonstrated some of the symptoms of a lack of joined-up service planning and delivery, such as repeat assessments, reactive delivery, or unnecessary or sustained interventions. This has a direct impact on service user experiences and outcomes, partnership working and local authority spending. The first steps were taken to address these issues in 2013 and 2014 when Stockport Council began the process of restructuring children's services by developing an Integrated Children's Service (ICS) that brought together the majority of core services for children, young people and families in the local authority in a multi-disciplinary setting[6]. The ICS structure laid the groundwork for the next stage of restructuring under Stockport Family.

More broadly, it is also important to recognise the context of public spending cuts across the UK, at a moment when at the national level the 017 population is growing, and the rate of looked after children is increasing. Stockport's children's services have also faced budget reductions, and early 2016 saw a substantial reduction in staff numbers within early help teams.

---

[3] Joint Strategic Needs Assessment Summary
[4] 1st Quarter 2016/17 Stockport Children's Trust Performance Report.
[5] North West Regional Performance Summary, Stockport Council.
[6] This includes the Youth Offending Service, Drugs and Alcohol Services, Services for Young People, Children's Centres, Family Support Workers and Early Help, Health Visitors, School Nurses and Community Midwifes.

Overview of the project's activities and intended outcomes

It is in this context that Stockport successfully made a bid to the Department for Education's (DfE) Innovation Programme to develop Stockport Family[7], a whole system change for children's services in Stockport which consists of 3 interrelated elements.

The use of restorative approaches

The Stockport Family model is grounded in restorative approaches to social work practice. Restorative practice draws upon the principles of restorative justice, a theory originally developed in the context of criminal justice, grounded in the tenet of taking actions 'with' people, rather than doing things 'to' or 'for' them, to effect changes in behaviour. In the context of social care, restorative practice involves assessments and interventions that take into account a family's strengths as well as their vulnerabilities, and aims to ensure that families understand, and take ownership of, their role in the decisions being made by children's services.

The adoption of restorative practice in Stockport included changes to process and procedures (for example, placing more emphasis on recording the voice of the child in assessment tools; and the development of a new Early Help Assessment designed with restorative principles in mind) as well as broader changes to language and organisational culture. These activities were supported by the delivery of training in restorative practice, with over 1000 individuals, including staff within children's services and from partner agencies, attending externally-led training in restorative approaches.

The purpose of these activities was to increase the amount of direct work delivered with families and bring about a family-centred, holistic approach to working with service users. The programme's overall aim was to move away from a process-focused approach to one that focuses on outcomes and increases the influence of children and families on their own care plans. This approach was intended to result in specific shifts in practice, changing how assessments were conducted and interventions delivered, including both the language and the specific procedures and tools that were used, as outlined above.

The development of new structures and systems

The most substantial structural change involved in the Stockport Family model was the creation of a new multi-disciplinary locality-based structure. Previously, social care and early intervention teams within children's services were responsible for handling cases

---

[7] The full detail of the evaluation's logic model, detailing activities and intended outcomes, is included in Appendix 2.

from across Stockport. Under the locality-based structure, children's services, including both social care and early help teams, are now organised around 3 localities within Stockport: Heatons and Tame Valley; Cheadle, Bramhall, Marple and Werneth; and Stepping Hill and Victoria. In line with this new organisational structure, staff from across each of the locality teams are now co-located in central hubs within Stopford House and Central House in Stockport. Alongside this, early intervention teams were restructured to create Stockport Family worker teams, who are divided between workers focusing on early intervention for children old enough to be attending school (School Age Plus Stockport Family workers), and workers focusing on delivering support during early years (Early Years Stockport Family workers).

In addition to the high level changes to organisational structure, Stockport Family also involved specific changes to case allocation systems and the way that cases are escalated and de-escalated between services. This includes the introduction of allocation panel meetings and ongoing adjustments to how cases are triaged at the service's Front Door. Allocation panel meetings were designed to bring together service leaders and team leaders from within each locality to support triage and referral of cases, and to share information between social care, early intervention and universal services.

The intended outcomes from these activities were improved contacts and collaboration between services; and increased information sharing between teams. These activities were designed to allow the right intervention and specialist skills to be called in at the right time; and to improve decision making within the organisation about how cases were managed and which teams they were held by. Ultimately, the new structures were designed to increase the amount of preventative work being undertaken and encourage greater willingness to engage in holistic, outcomes-focused work at all levels.

The implementation of the Stockport Family model has been underpinned by an approach of design-by-doing, which draws from the principles of agile working[8] and has been used as a way of trialling new ways of working. One of the results of this design-by-doing approach has been the flexible and adaptive implementation of the project. Some of these have been small-scale alterations (for example, adjustments to the frequency of allocation panel meetings), while other changes have been more substantial, such as the ongoing iteration and development of approaches to triage within Stockport's MASSH.

---

[8] Agile working has its roots in the technology industry as a way of rapidly prototyping, testing and adapting new products or ways of working on an ongoing basis.

Partnership working

The Stockport Family model also sought to implement new ways of partnership working. At a strategic level, this involved the development of a shared outcomes framework with partners, and the secondment of partners onto the Stockport Family Innovation Board. Alongside this, a wide range of activities were undertaken as part of the development of the Team around the School programme, which involved named social workers and named School Age Plus Stockport Family workers linked to schools.

The intended outcomes from improvements to partnership working were to produce a better, more integrated response for families in need of support by universal services and other partners. The ultimate objective was a more effective transition of cases to and from universal services; for example, ensuring that schools had guidance and support from linked workers to make effective referrals and avert unnecessary assessments.

Project aims

Taken as a whole, the intention was by implementing these activities their outcomes would lead to the following medium-term impacts across the organisation:

- embed the Stockport Family model of service delivery across all teams

- increase professional satisfaction and morale among staff

- enable more effective use of social worker time, and more direct work with families

- improve service user satisfaction with children's services

- ensure long-lasting solutions for families, reducing re-referrals, and increasing parental capacity and skills

In the long term, the Stockport Family model was designed to achieve 3 long-term impacts:

- improve social and economic outcomes for families and children: for example, better educational outcomes; health outcomes; and reduced crime and anti-social behaviour

- reduce the number of family breakdowns, Child Protection Plans and court proceedings undertaken

- reduce the cost of Looked After Children placements by 20%

Overview of the evaluation

Evaluation aims

The evaluation aimed to assess the implementation of Stockport Family's intended activities and explore early outcomes amongst families, staff and wider community partners.

Evaluation approach

The evaluation was conducted by Kantar Public (formerly TNS BMRB), working closely with embedded researchers based at Manchester Metropolitan University (MMU)[9]. The team was supported by practitioner researchers at Stockport Council. These were staff with a background in children's services (including an Independent Reviewing Officer; a Senior Practitioner Social Worker; and a Health Visitor) who were internally recruited into this role for the evaluation.[10] Together, the MMU embedded researchers and the practitioner researchers conducted research activities in situ, enabling a wider scope of evaluation activities than Kantar Public could have achieved on its own, given time and budget limitations.

The evaluation team adopted a mixed-method, multi-stage evaluation approach involving a range of research activities summarised in Figure 1, with each the activities briefly discussed below. More details are contained in Appendix 1.

---

[9] Two Embedded Researchers were contracted on the basis of one full-time role throughout the evaluation. This was later extended to 3 researchers working one full time role.
[10] Three Practitioner Researchers were recruited and trained (one Health Visitor, one Independent Reviewing Officer and one Senior Practitioner) although, over the course of the first year, 2 of the Practitioner Researchers left the organisation, leaving one for the full duration.

Figure 1: Evaluation approach overview timeline
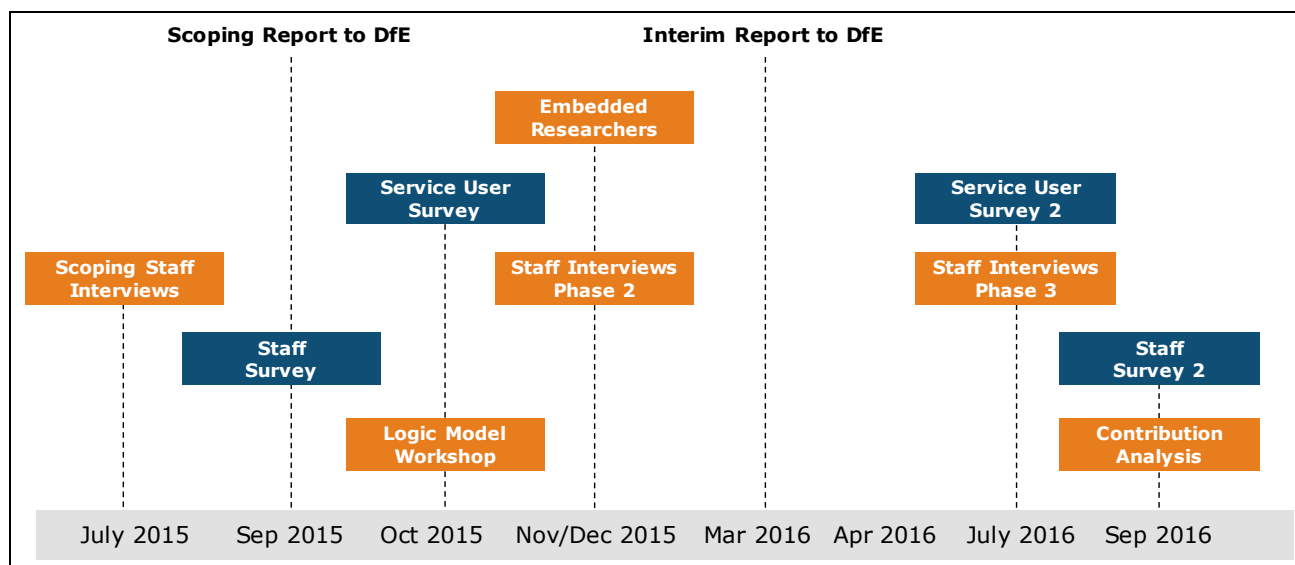
Qualitative interviews

An initial scoping wave of qualitative interviewing was conducted with a cross-section of staff within the Stockport Family model from strategic level staff to frontline practitioners, as well as representatives from partner agencies including health, education and the police. The evaluation team developed the existing logic model and outcomes framework in partnership with Stockport Council. A further 2 waves of qualitative interviews were conducted, as overviewed in Figure 1, with the logic model revisited on a regular basis.

Alongside the structured waves of staff interviews, the embedded and practitioner researchers conducted qualitative interviews with families and service users on an ongoing basis. In total, 156 interviews with staff were conducted between July 2015 and October 2016, alongside 16 interviews with staff in partner organisations and 20 interviews with service users.

Historic case matching

Practitioner researchers qualitatively matched and compared contemporary cases to a historic case file going back up to 18 months, identifying cases with a similar need-type and demographic characteristics. In a few instances where cases have been held by children's services for an extended period of time, it was possible to draw comparisons within a case between historic and contemporary practice. The aim of this activity was to determine whether cases had progressed more or less effectively as a result of the new processes and ways of working. In total 14 pairs of matched historic and contemporary cases (28 individual cases) were analysed.

Quantitative surveys

Two staff surveys were conducted. The first took place between October and November 2015, and achieved 112 completed interviews (response rate = 23%)[11]. A second wave was conducted in September and October 2016, using the same questionnaire with minor amendments, which achieved 106 responses (response rate = 18%).

Two waves of service user surveys were conducted. Paper surveys were distributed by Stockport Council's front-line workers to families who were interacting with children's services. Thirty-four completed surveys were received in Wave 1 (December 2015 - January 2016) and 106 in Wave 2 (August – October 2016)[12]. Please see Appendix 1 for a discussion of the statistical analysis of each of the surveys.

Analysis of management information

During the scoping stages of the evaluation Kantar Public developed a framework in partnership with Stockport Council to identify appropriate methodologies and indicators for measuring the programme's intended outcomes. Following scoping work an initial long-list of possible administrative data indicators was shortened to 37 data sources[13], which the council would be able to provide[14], alongside additional financial information. The final list of outcome measures and indicators assessed using administrative data is shown in Appendix 3 along with data for the primary indicators.

The council's business intelligence and improvement team sent historical quarterly administrative data dating back to Q4 2012 to 2013 (January to March 2013) and then on a quarterly basis as new data became available. Trends were explored between Q4 2012 and 2013 (January to March 2013) and Q1 2016 to 2017 (April to June 2016)[15].

---

[11] It should be noted that at the time of the first survey the council was undertaking a consultation on forthcoming redundancies, which may have influenced some views given in the Wave 1 survey.

[12] Due to the methodology it is not possible to identify the response rate for the service user surveys. This is discussed in appendix A1.

[13] Some indicators had multiple data sources. In total ,37 data sources were used, relating to 26 indicators.

[14] The data for certain indicators are held by other authorities (for example specific health outcome data held by health authorities and community-related outcomes held by police authorities). Following early scoping work into possible ways of accessing these data, it was agreed that, as they were secondary outcomes, it was acceptable to exclude them from the list.

[15] Some indicators did not have data for the most recent quarters (for example some were annual indicators). This is outlined in table 3 in appendix 3.

Contribution analysis

In preparation for this report, in September 2016 Kantar Public drew on a contribution analysis process to assess Stockport Family's performance towards its outcomes, using the programme's logic model as a framework for assessment. In the first stage of the contribution analysis, the evaluation team conducted a half-day logic model review session. Workshops were then conducted with a range of stakeholders: strategic staff from within Stockport Family; frontline staff within Stockport Family (including social workers, Stockport Family workers, and staff from the MASSH); and partners (including Police and Employment and Skills).

Value-for-money scoping work

Options for economic assessment and the viability of conducting cost benefit analysis were considered during 2015. It was concluded that, at that time, there would not be sufficient data available for the evaluation team to conduct a reliable cost benefit analysis of the programme[16].

Additional embedded and practitioner researcher activities

In addition to contributing to the evaluation activities outlined above, the embedded and practitioner researchers conducted ad hoc observations and additional case studies, which included ethnographic and qualitative work directly relating to the programme, such as scoping work at Westmorland and Moorfield School; the Stockport Families First panel meetings; allocation panels, and family group conferencing observations. Within the report, we detail case study findings from 3 of their enquiries.

They also had freedom in their role to explore activities not being directly implemented by the programme, but with relevance to it, such as agile working at Dial Park children's home and the insight it has for Stockport Family. In the final months of the evaluation, one of their focuses will be developing research and evaluation tools for Stockport.

---

[16] It was anticipated that data collected through work diaries, budget/expenditure information and, in particular, the Troubled Families ready reckoner might provide robust sources on which to conduct economic assessment.

Significant changes to the evaluation methodology

Table 1 summarises the 3 changes to the original evaluation design.

Table 1: Changes to evaluation approach

Intended approach	Revised approach	Rationale
Original evaluation plan proposed that staged roll-out of Stockport Family would allow the pilot area to provide a direct comparison against the areas where Stockport Family had not yet rolled out	Due to Stockport Family rolling out across the different areas without significant delay, it was not possible to make comparisons between Heatons and Tame Valley (the pilot area) and other areas within Stockport – instead, administrative data was used to compare against historic outcomes	Not possible to use other areas within Stockport as a counterfactual, due to the overlap in rollout
Originally the evaluation planned to revisit selected families over the course of the evaluation to provide longitudinal qualitative service user case studies	Following difficulties recruiting families to participate in the research, embedded researchers took on the arranging and conducting of family interviews on an ongoing basis, using more flexible approaches to recruitment (for example, arranging interviews at Children's Centres)	More time efficient to interview service users in a flexible manner
The evaluation had intended a large quantitative sample of service-users to provide 2 waves of representative quantitative data	Stockport worked extremely hard to achieve these surveys, but it was only possible to achieve small sample sizes. These data are used to add context to qualitative work rather than representative trend data	This was appropriate for Stockport workers, families receiving children's social care, and the available budget

Findings

Since May 2015 considerable progress has been made in establishing the necessary infrastructure, systems, skills and processes needed to implement Stockport Family. This section details progress on outcome measures, as well as findings that specifically relate to the constituent parts of Stockport Family: restorative approaches; new structures and systems; and partnership working.

Findings from administrative data

It is too early to quantitatively identify many of the impacts of the programme, and the trends discussed in this section will need to be explored well beyond the present time to truly assess the impact of Stockport Family. Many of the indicators included in the evaluation to measure Stockport Family's long- and medium-term outcomes are volatile and prone to fluctuations from one quarter to the next[17].

A further point to consider when looking at trends in the administrative data is that programme activities may cause temporary shifts, in the reverse direction, as they embed. For example, the administrative data shows an increase in the number of children in need between Q3 2014/15 and Q3 2015/16 (see figure 2, overleaf), but this may be related to the Brinnington pilot[18], which aimed to identify children in need to improve their outcomes. The pilot began in September 2015 and ran until March 2017.

---

[17] For example, a number of indicators are used to explore the intended outcomes of reducing the number of children coming into care from a family where a child has previously been removed, and for fewer family breakdowns (see tables in appendix 3). However, for each of these indicators the numbers are low, which means the fluctuations seen across the timeframe (Q4 2012/13 to Q2 2016/17) are caused by a small number of cases (and, for example multiple cases in one quarter could be siblings in one family).

[18] The Brinnington Pilot began in September 2015 and ran until March 2017. It involved increasing investment and resource allocation. A range of early intervention strategies were deployed by the Children's Centre to target children and their families in an area of high deprivation.

Figure 2: Number of Children in Need

Outcome   Reduction of Children in Need

Legend:
- Heatons & Tame Valley
- Marple & Werneth
- Stepping Hill & Victoria
- Stockport
- Bramhall & Cheadle
- Stockport mean
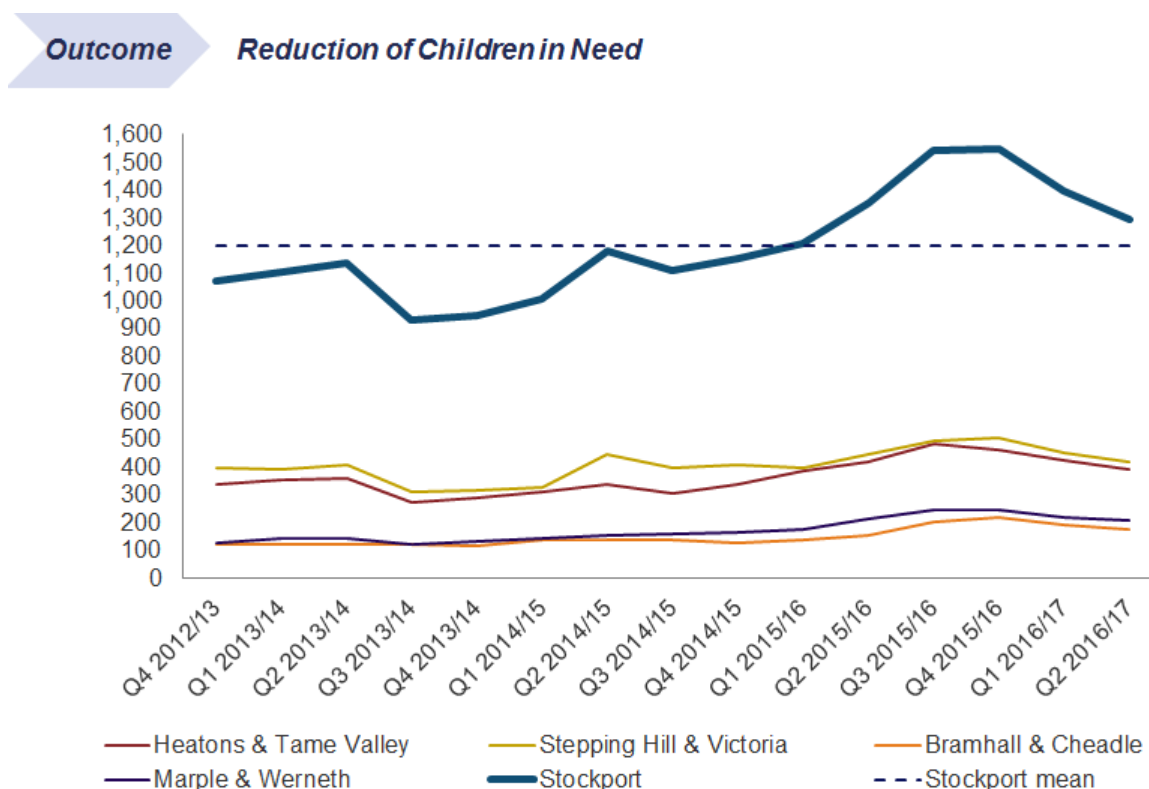
Indicator: Number of Children in Need at the end of the period

Below we consider evidence from management information in relation to longer-term impacts on reducing the number of family breakdowns, Child Protection Plans and court proceedings undertaken, and of reducing the cost of Looked After Children placements by 20%. As might be expected, it is too early in the implementation of Stockport Family to measure impact on social and economic outcomes for families and children.

Reduction in number of family breakdowns, Child Protection Plans and court proceedings undertaken

This is an ambitious objective in the context of a growing population and a national trend towards a higher proportion of children becoming looked after or placed on a child protection plan, particularly given the need for Stockport Family to offer cost savings. Nationally, between 2010 and 2014 the 0 to 17 population in England grew by approximately 550,000 and the rate of Looked After Children increased from 57 per 10,000 in 2010 to 60 per 10,000 in 2015[19].

---

[19] Children looked after in England including adoption: 2013 to 2014, National tables: SFR36/2014, Tab A1, Department for Education, September 2014; www.gov.uk/government/statistics/children-looked-after-in-

As shown in Figure 3, between Q1 2013 and 2014 and Q2 2015 to 2016 there was a downward trend in the number of children placed on Child Protection plans, which may be related to increased consultation with Independent Reviewing Officers (IROs), discussed later. However, this decrease appeared to stabilise somewhat over the following 2 quarters and then slightly increase in Q1 2016 to 2017. It remains fairly consistent in the most recent quarter for which data are available (Q2 2016 to 2017)[20]. Caution is urged in inferring too much from quarterly fluctuations and this is something to explore further.

Figure 3: Number of children subject to a child protection plan
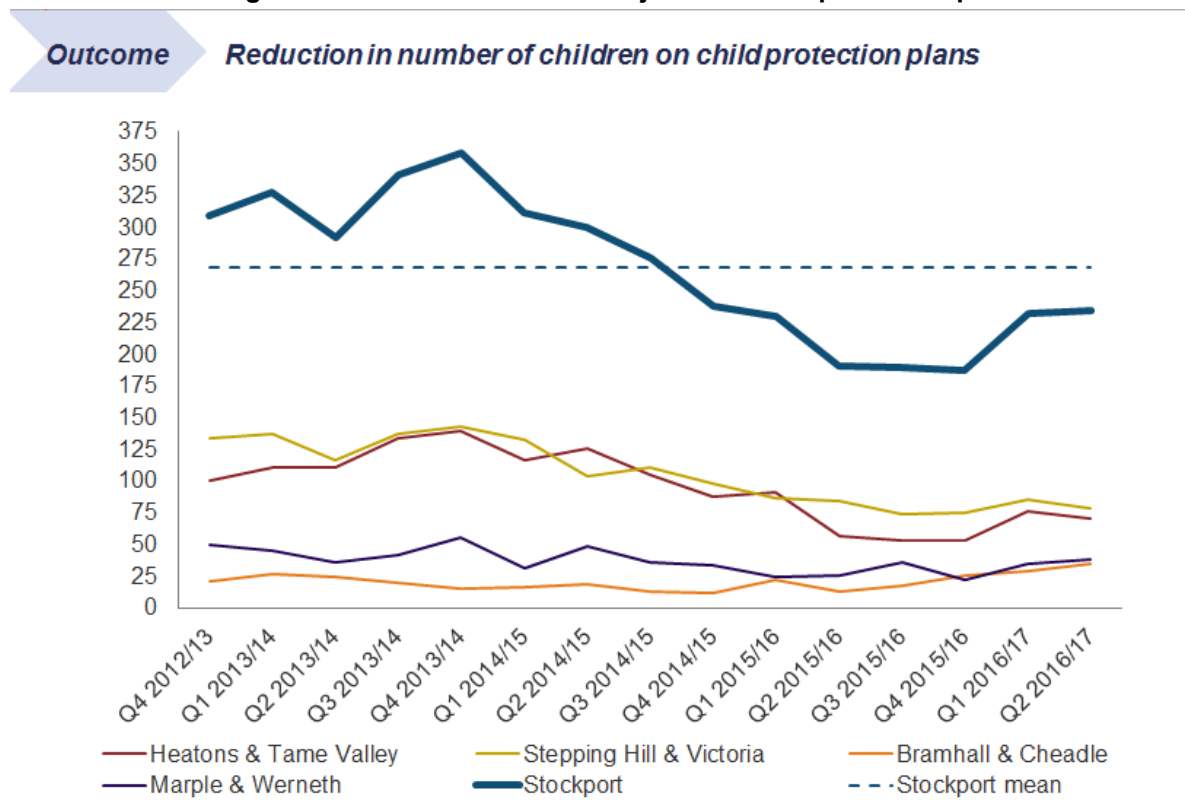
Indicator: Number of children subject to a child protection plan at the end of the period

20% decrease in the cost of Looked After Children (LAC) placements

In the context of decreasing budgets a core requirement of Stockport Family was to enable large cost savings. There was no objective to decrease the proportion of Looked

---

england-including-adoption--2. 6. Children looked after in England including adoption: 2014 to 2015, National tables: SFR34/2015, Tab A2, Department for Education, October 2015; www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015.
[20] Figures 4 and 5 in Appendix 3 show that this is related to both an increase in the number of children becoming subject to a plan, and a decrease in the number of children ceasing to be subject to a plan during this period.

After Children (LAC), and the number of children coming into care in Stockport remained fairly consistent between Q4 2012 to 2013 (304) and Q2 2016 to 2017 (299), with numbers fluctuating only slightly around a mean of 298 across this timeframe. Against these consistent numbers of LAC, Stockport Council aimed to reduce the cost of LAC through 2 activities:

- reducing high cost external placements - both residential and independent foster care placements

- reducing costly interventions targeted at those on the edge of care through activities designed to encourage early intervention and the use of restorative approaches

Stockport's financial ledger shows that the council was forecast to achieve a reduction of just over £1.2 million in the cost of LAC in 2016 to 2017 compared with actual spend in 2013 to 2014. This amounts to a 14% reduction.[21] Table 2 summarises these reductions in LAC spend.[22]

Table 2: Reduction in spend

LAC	Difference in actual spend 2013 to 2014 and 2015 to2016		Difference in forecasted spend 2015 to 2016 and 2016 to 2017		Difference in forecasted spend 2013 to 2014 and 2016 to 2017	
External Residential	-638,924	-18%	-508,998	-17%	-1,147,922	-32%
External Foster care	-211,893	-17%	-92,299	-9%	-304,192	-24%
Internal Foster care	32,072	1%	136,954	4%	169,026	6%
Placed for Adoption	-957	0%	76,678	19%	75,721	18%
Total	-819,702	-10%	-387,665	-5%	-1,207,367	-14%

Source: Stockport Council Financial Ledger, SAP

Overall, there has been a reduction in the number of LAC in residential provision: 9.2% of LAC were in residential provision in 2014 to 2015, while 5.5% were in residential

---

[21] The programme's target is to achieve a 20% reduction in the cost of LAC.
[22] This is based on actual spend in 2013/14 (rather than the budgeted spend). Table 15 in appendix 3 shows the financial data for 2013/14; 2014/15 and the forecast for 2016/17 in more detail.

provision in 2015 to 2016. As new ways of working start to embed, there are hopes that further cost savings will be made through reduced placements.

Broader changes to the way in which Section 20 cases were being managed also contributed to cost savings, with an increase in the number of care orders at home being issued by the courts. The number has doubled in the last 2 years, with 23 care orders at home issued in 2014, compared with 47 in 2016.

Stockport also reported that cost savings were achieved through reducing high cost LAC placements with new ways of working within the Stockport Families First (Edge of Care) service. Stockport Families First was designed to help prevent children from coming into care, by pulling together provider services (including Stockport's mental health services, Kite and Healthy Young Minds; Stockport's activity centre, Short Breaks; Stockport Family's Family Group Conferences team; and residential provision) to provide wraparound intensive care to keep families together. The team were able to call in appropriate support from the wider Stockport Family service, such as the Youth Offending Service. For those children who were Section 20, or had care plans for rehabilitation, accelerated support was provided to enable them to move home, preventing drift.

The Stockport Families First team existed prior to the introduction of the Stockport Family model, therefore, it was not included in the current evaluation, which focused on the specific Stockport Family activities and outcomes supported by the Innovation Fund. It is clear from the programme logic how Stockport Family supported Stockport Families First's activities: the co-location, restorative practice and partnership working activities of Stockport Family were integral to enabling Stockport Families First to achieve its aims.

The following sections of this report explore the emerging findings related to the different Stockport Family activities.

Restorative approaches

Summary of findings

Substantial steps have been taken towards embedding restorative practice within Stockport Family, in particular, the delivery of training that has been rolled out for staff across the organisation and with partner agencies. There is strong qualitative evidence for the outcomes of this changing ethos at a high level, with widespread uptake of restorative language and a much greater focus on outcomes. For example, staff have described instances in which they have sought information from a wider range of family members when conducting an assessment, and where they have made use of new restorative tools such as the Early Help Assessment developed by staff within Stockport's MASSH. At this stage, the supporting evidence is largely based on qualitative interviews

with staff and families about the process of restorative practice as opposed to the outcomes. It should be noted that families interviewed have generally been consistent in their description of the support that they received from their workers and have not been able to identify or articulate specific changes arising from restorative practice. It remains too early to see the impact of Stockport Family in administrative data. Equally, although it is hoped that the Stockport Family model will ultimately result in greater parental capacity and ownership, it is still too soon to draw conclusions based on evidence available from families involved in this research.

Restorative practice training

The restorative practice training was widely perceived to have begun embedding a restorative ethos and culture across the organisation. It was seen to be particularly effective that the training had been offered across all levels and teams within the organisation, as well as extended to partners, rather than being limited only to certain teams. The adoption of restorative practice by strategic staff and team leaders (for example, conducting supervisions using restorative language and the use of learning circles) was also felt to have helped embed the learnings from the training:

> "Previously, we always had the intention to work restoratively with families but struggled to do it. The restorative training has given staff the opportunity to think a bit more about how they would do that." (MASSH staff)

The first outcome from the training was that staff involved in Stockport Family shared a sense of changing culture, and recognised that restorative practice was being widely adopted. In qualitative interviews, the Stockport Family model's focus on restorative approaches was well understood by almost all staff. This was reflected in increasing confidence in the Stockport Family model, with 62% of staff surveyed in 2016 agreeing that the changes being made in their organisation would result in better outcomes for families. Only 12% somewhat disagreed, and none strongly disagreed. This was an improvement from 42% of staff in 2015, although some of this change could be attributable to the context of the 2015 survey, which took place alongside a consultation on forthcoming redundancies[23].

Staff across teams and levels perceived an uptake of the language of restorative practice. Most frequently, staff spoke about working "with" families rather than doing things "to" them. Alongside this, staff described some practical changes in the way they interacted with families: for example, seating participants in meetings in circles, rather than dividing staff from family members. This change in approach was seen to affect both

---

[23] See Appendix A for further details.

how staff interacted with families, and how they interacted with their own colleagues. Although some professionals felt they had already worked in a restorative way prior to receiving the training, especially those whose work involved establishing long-term relationships with families, the restorative practice training helped to develop a common language and approach across the workforce:

> "Restorative [practice] has been a change in practice. I have been able to challenge people using the wrong language. I'll ask, 'is that restorative?'" (Team leader)

As Stockport Family developed, a restorative practice champions' network was established to help ground the learning from the training sessions across a range of diverse roles and settings. Restorative champions were appointed in teams across Stockport Family, with a responsibility for ensuring the use of restorative tools and principles within their teams. The development of this network supported staff in the challenge of contextualising the 3-day training session into their own practice.

Restorative tools and ways of working

Responses to specific tools

The specific tools that had been developed with restorative approaches in mind were also seen to support practice - for example the Early Help Assessment (EHA), and Family Group Conferences (FGC). In the staff survey, 65% of staff agreed that they had access to the right tools and resources to work effectively with families, an indicative increase of 7 percentage points compared to 2015 (although 20% somewhat, or strongly, disagreed).The EHA uses restorative principles by explicitly instructing the worker conducting the assessment to do so in a way that records the potential strengths of the family as well as areas of vulnerability, and to capture information about the broader family context. Training and guidance provided alongside the EHA emphasised that this assessment should be conducted with the proactive engagement of the child and with an emphasis on recognising their views:

> "The Early Help Assessment was developed with restorative practice in mind. It's the first assessment tool written since adopting restorative practice. It is led by the voice of the family." (MASSH staff)

Historic case comparisons show examples of contemporary cases in which staff explicitly reference restorative practice within case notes when explaining their decision making. Staff who had made use of Family Group Conferencing were positive about the way in which this type of meeting put the focus on the service users and their views. Staff across both statutory and early intervention teams gave examples of how they had given greater thought to the needs of the family when conducting assessments, holding meetings, or delivering interventions as a result of the training that they had received. Examples included filling out assessment forms alongside family members, and more proactively calling upon families to give their views during meetings:

"I'll fill out forms together with [the family] to give families greater ownership and empower them to make changes for the better." (Stockport Family worker)

"It's changed how I lead TAC meetings – it's…about empowering families and making sure parents play an active part in these meetings too." (Social worker)

The historic case matching also illustrated how the restorative approach is beginning to change how decisions are made about where cases should sit within the system. The analysis conducted by practitioner researchers suggested examples of cases in which families in comparable situations were dealt with in a more interventionist fashion in the historic case (for example, progressing to an Initial Child Protection Conference). In contrast, the contemporary cases explicitly cited restorative approaches as a reason for not escalating a case to social care in the first instance; instead they considered other options, accounting for the context, needs and support networks of families.

The attraction of these tools and approaches were not limited to statutory social work teams with staff in early help and edge of care keen to explore learning. Staff in non-statutory teams were keen to extend access to a wider range of restorative tools. For example, some Stockport Family workers were keen to learn from the use of Family Group Conferences by statutory teams, and were interested to know whether there were any similar tools or relevant learnings that might be available to non-statutory cases:

"It would be good if we could access something like a Family Group Conference for some of our cases. The skills and expertise of those working on family conferences would be beneficial." (Stockport Family worker)

Families interviewed during this research with experience of some of these tools reported feeling listened to and empowered. There were also examples from the family interviews demonstrating how parents felt that practitioners worked with them and with their child or children to find joint solutions grounded in what was desirable and practical:

"Our experience has been fantastic, very supportive. They help me to bring the best out in [my child]. Like skills [and] learning new approaches. Cos as a mum you just go on doing what you think is best but knowing the special skills that they can teach me. That's been a great help." (Family interview)

"For the parents that we are working with, the restorative [practice] is great, it's definitely, definitely a positive thing." (Stockport Family worker)

Limitations of evidence regarding restorative practice

While there is qualitative evidence of positive outcomes of restorative practice for families, it is not possible to say this would not have happened in the absence of the Innovation Programme. The service users who responded to the 2016 survey[24] were very positive about their experiences with children's services in Stockport with the vast majority agreeing that staff listened to their views (94%) and that their family's views were taken into account when making decisions (91%). However, these questions had a similar, very positive response in the 2015 survey[25], which was conducted while the restorative practice training was still in the process of rolling out.

There is also some evidence pointing to the limitations of the adoption of restorative practice – specifically, that the changes are not always felt by families, depending on the circumstances. One of the research practitioners conducted a small-scale research project on restorative practice within the Child Protection Conference (CPC) setting[26]. It was found that some aspects of restorative practice, such as leaving doors open and sitting in circles, were being integrated into routine practice, but that families did not necessarily feel a substantial difference as a result of the changes that had been implemented. The parents interviewed as part of this project felt insufficiently prepared for the Conference; that they would have liked greater opportunity to speak; and that they felt unable to contribute to the Child Protection Plan. None of these parents were able to identify any recent changes to conference practice. This suggests that more could be done to ensure that families feel the benefits of restorative practice. Interviewees (including parents, IROs and lead professionals) suggested ways in which restorative practice might be progressed within Child Protection Conferences, and these have been central to the formulation of an action plan within the Safeguarding Unit.

---

[24] Please see appendix 1 for a guide to interpreting these data. Base in 2016 = 105; base in 2015 = 34, which is too low for quantitative analysis.

[25] Of 34 service-users completing the survey, 32 agreed that staff listened to their families' views, and the same number agreed that staff took their family's views into account when making decisions, with similar proportions strongly agreeing in 2015 and 2016.

[26] This small-scale project conducted by the practitioner researcher involved 22 interviews in total: interviews with all IROs on the safeguarding team (9); interview with Service Leader for safeguarding (1); 5 case conference observations; interviews with 1 attending professional from each observed case (1 Health Visitor, 1 School Nurse, 1 MOSAIC worker and 2 social workers); 5 parent interviews; 2 minute taker interviews.

Reflective practice and learning circles

The use of learning circles and reflective practice between colleagues within Stockport Family was also felt to be closely linked to the shift towards a more restorative approach, and to have encouraged the sharing of knowledge, and improved staff's ability to troubleshoot any difficulties they faced. Staff described learning circles as an opportunity to share experiences and reflect on practice with colleagues. Some gave examples of where they had been able to use learning circles to explore new solutions. Increased knowledge-sharing was reflected in the staff survey results, with 71% of staff surveyed in 2016 agreeing that there was a lot of cross team support, compared with 61% in 2015[27]:

> "The Safeguarding team away day recognised a problem around roles and structure – they tried solving this during a learning circle. It was really successful … it pulled out everybody's voice. The solutions that came out were surprising – staff had discussions around delivering solutions. The team were able to change the way they worked – they were so bought into it. It was their idea...and that's what worked really well." (Strategic staff)

One area where some staff sought further guidance around restorative practice was how to apply restorative methods in the context of statutory interventions. Some staff involved in court cases, or child protection plans, felt that it could be challenging to make these interactions with families feel restorative. Families interviewed, who had been involved in statutory interventions or court proceedings, often described these processes as intimidating, even if they had appreciated support offered by individual staff members. It will be important for Stockport to support these staff by delivering ongoing training and support to ensure that restorative practice is used correctly in these more complex circumstances.

Capacity to engage in restorative approaches

Despite positive examples, there were some staff (particularly within social work teams) who reported that high workloads meant that it was sometimes difficult for them to follow through on the new approach and have time to deliver more direct work with families. In the staff survey, the only measures that had substantively worsened between 2015 and 2016 related to workloads and capacity, with 73% of staff surveyed agreeing that they often worked over their contracted hours to cope with their workload in 2016, compared

---

[27] See previous footnote.

with 64% in 2015. Similarly, only 43% of staff surveyed in 2016 agreed that they had enough time to undertake learning and development, down from 54% in 2015[28]:

> "I'm unable to manage the number of cases [I already have] – the only way that the work gets done is because a lot of out of hours working occurs." (Social worker)

A number of newly qualified social workers were recruited to support the introduction of Stockport Family, with the aim of reducing workloads. Figure 4 illustrates that, compared to previous years, overall caseloads were below average, though there appears to have been a recent upward trend that commenced on the introduction of Stockport Family. This may have been in part due to issues of transitioning to a locality-based model, because social workers were still carrying about half of their caseloads from other localities and managing long and short-term cases together. Given the variation seen over recent years, it is not possible to attribute this to Stockport Family, though the impact of this increase, occurring alongside the various changes introduced as part of the implementation of Stockport Family, may go some way in explaining the survey results.

Figure 4: Average number of cases per social worker Q1 2014/15 - Q3 2016/17

Mean number of cases per social worker Q1 2009/10 – Q3 2016/17
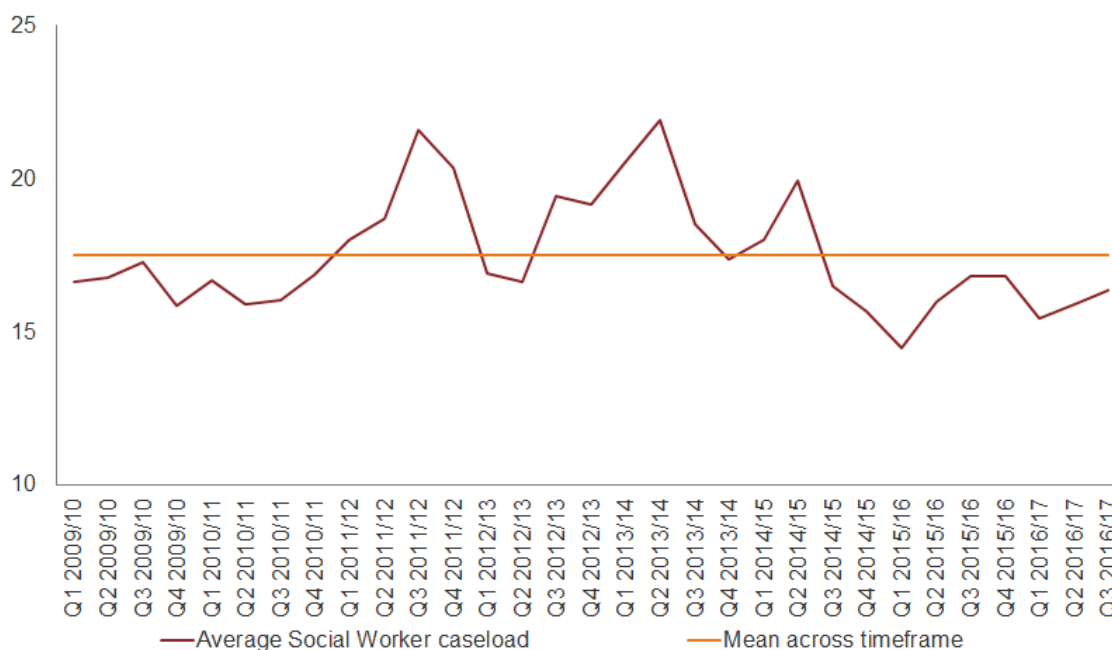
Source: Stockport Council

---

[28] These differences are not statistically significant due to the conservative assumption of non-overlapping samples, which is unlikely to have been the case in reality. Please see appendix 1 for a discussion of the assumptions used in the trend analysis.

New structures and systems

Summary of findings

In terms of the transformation, the investment in the establishment of Stockport Family as one multi-disciplinary service, and the move to a locality-based model is, perhaps, the most visible and substantial change. In practical terms, it resulted in a changed management structure across the whole of the workforce and the relocation of the majority of workers into 2 buildings in the centre of Stockport. Co-location and the restructuring of teams around the 3 localities in Stockport resulted in improved communication and co-operation within the organisation, allowing professionals and families to draw upon the right intervention, specialist knowledge and skills when needed, and there are examples where the co-location of teams has encouraged the development of specific changes in practice, and new ways of working. This is particularly impressive in light of the scope and scale of the logistical changes required both to the organisational structure and to the physical location of staff.

In addition to these high-level changes to organisational structure, the activities undertaken in relation to case allocation systems have begun to affect the way that cases are escalated and de-escalated between teams and the service's Front Door. Specific changes to case allocation processes were still in the process of being developed and fully embedded at the time of reporting, and it was staff in management roles who were most conscious of the ways in which the work done in relation to these processes had begun to improve information sharing and decision making.

Locality based working

Stockport Family moved to a locality-based working model, aiming to improve inter-professional working to speed-up referrals and reduce re-referral rates. While it is too soon to draw definitive conclusions about these longer-term impacts, at the time of this report there was clear evidence for the achievement of the intermediary outcomes which had been anticipated as a result of the restructuring of teams into multi-disciplinary, locality-based structures, including increased communication and collaboration between services, and improved information sharing. Staff across the organisation were positive about the way in which teams had been restructured, feeling that this had resulted in closer collaboration between professionals in Stockport Family:

> "The re-location of staff into locality teams has been a huge achievement, and we are seeing greater integration with partners." (Strategic staff)

The restructuring of children's services into 3 separate locality-based hubs, each corresponding to a different locality within Stockport, was perceived to have improved understanding of the roles and remits of different services across the organisation. Staff at a leadership level were particularly positive about how the locality structure made it easier for them to identify and build relationships with colleagues from other services

within their locality. Team leaders were able to use this knowledge to support their teams to coordinate work with other services and identify the most appropriate service to hold a particular case, particularly when cases were being escalated or deescalated between services:

> "The key benefit of co-location is we can sit with the other teams and can share information. We can get to know people and teams." (Team leader)

> "The idea of patch work and the relationships we have with professionals is really positive because they know who they're going to be working with, and you know who they're going to be working with." (Social worker)

In the period immediately following the restructure into locality teams, there were a number of workers who were still holding cases from outside their locality. These workers often felt that they had yet to feel the full benefits of locality based working, as they were still reliant on colleagues and partners based outside of their locality. By July 2016, all workers included in the research reported that all their cases were held within their locality, reflecting the bedding-in of the locality based system.

Co-location of teams

Staff from across the organisation gave examples of how co-locating teams within Stopford House and Central House had begun to speed up and increase the efficiency of communications within the organisation, leading to more effective case management and faster referral. Staff were particularly positive about bringing teams, who they had not previously shared office space with, into the locality hubs. Seven in 10 staff (71%) responding to the 2016 staff survey agreed that there was a lot of cross team support available in Stockport Family, compared with 61% in 2015[29]. In the qualitative interviews staff gave many examples of conversations between staff members that would have been conducted via telephone or email prior to the co-location of teams, which was felt to result in more meaningful and personal relationships:

> "You can just have that conversation without having to fill out a form or email somebody and those face to face conversations are far more meaningful." (Stockport Family worker)

This closer interaction and improved understanding resulted in new ways of working. In particular, there were examples of joint visits being arranged by staff within different teams. These joint visits were enabled by the co-location of teams, as well as the way in which the locality structure provided staff with a greater knowledge and understanding of

---

[29] This difference is not statistically significant due to the conservative assumption of non-overlapping samples, which is unlikely to have been the case in reality. Please see Appendix 1 for a discussion of the assumptions used in the trend analysis.

professionals within different teams. This was acknowledged even by professionals who felt they had not yet had the opportunity to alter the way in which they delivered casework due to caseloads and other time pressures:

> "We're starting to see [outcomes] in terms of relationships…we can see those immediate outcomes there. We're starting to be more responsive to need, and have workers being able...in some instances to de-escalate what's about to happen." (Service leader)

> "One of the benefits is that we are talking more with health now face to face, on a day-to-day basis." (Stockport Family worker)

The contact created through co-location has improved the confidence of practitioners in identifying colleagues with whom to collaborate in supporting assessments or direct work. There was an increase in the proportion of staff surveyed who agreed that specialist staff were available to assist when they were needed, from 61% in 2015 to 76% in 2016. There was also a significant decrease in the proportion of staff who felt that teams within the organisation did not work effectively together: from 35% of staff responding to the survey in 2015 to 17% in 2016.

Stockport Family workers were particularly positive about their ability to approach social workers for informal or ad-hoc advice, helping them to understand which cases were appropriate for escalation and which were not. Social workers based in Central House, co-located with MOSAIC and Youth Offending Service (YOS) were positive about opportunities to interact more closely with these teams:

> "It's really improved working relationships between social workers and other professionals. I know who to approach and where to find them. I've got good working relationships with YOS and MOSAIC." (Social worker)

Where staff had limited access to the systems used by other professionals (for example, social care and health case record systems), this was viewed as a potential barrier to closer co-working. Work is ongoing to streamline access to systems as part of Stockport's Digital by Design project. Though it is still seen to be in the inception phase, this project has developed the technology for an electronic early help assessment, and will involve the introduction of mobile working; an integrated system of accessing information on families; and information for families. It is anticipated that a better digital offer will reduce the increasing demand of contacts at the Front Door.

As part of the continued efforts of the embedded researchers to support the development needs of Stockport Family, the remaining months of the evaluation in early 2017 involved a number of activities with team leaders to develop tools to enable multi-agency supervision supporting shared working practices. Such efforts show that, despite long-established barriers to collaboration across Children Services, Stockport continues to trial

different approaches to support learning and embed change at different levels of the workforce.

Triage and case allocation

A further 3 activities were implemented to alter structures and systems, to improve the way in which cases are managed within children's social care.

Changes to duty system

The first activity involved a change to Stockport's duty system to respond to short notice needs. Rather than having a dedicated duty team within the MASSH, responsibilities were shared between the social care locality teams on a rotating basis. Because there was no longer a separate duty team, cases that came in through the duty team did not require a separate referral in to the main social care system. Instead these cases sat with the worker on duty who received the case.

There has been a mixed response from staff to these changes. Team leaders were more positive overall, and felt that the new duty system ensured that more cases were being allocated to the right team in the first instance, with families having to repeat their stories less often. Team leaders and strategic staff hoped that this would ultimately improve the experiences of families, and ensure continuity as cases moved through the system:

> "Twelve months ago things weren't being triaged as well. … Under the old system the duty team pushed things down to the areas. There were transfers and delays, and that's been eliminated." (Strategic staff)

Some social workers raised reservations about the new duty system, and the removal of the dedicated duty team. Social workers described how they would often receive an influx of unpredictable cases when their team was working duty, making it difficult to plan their workload, as well as resulting in an overall increase in their workloads. This was felt to be due to the diverse demands of cases that came in through the duty system, as well as that, although each team worked duty on a rotating basis, cases that came in on a duty week would roll over into the following week's caseload:

> "Even if I'm not on duty I still pick up 3 or 4 [duty] assessments [when my team is]… I've got to change my plans to accommodate those visits. So you get peaks of extra effort, and no downward trough to make up for it." (Social worker)

> "I really enjoy the duty work. … [But] whilst the duty work is enjoyable, it does present difficulties for other cases, as it is a struggle to balance short-term, mid-term and longer-term work. The week comes around again very quickly." (Social worker)

In November 2016 a business case was approved to address these issues. Following a consultation period it was agreed that a dedicated first response team would be created,

made up of a social work team leader, 2 senior practitioners and 4 social workers. A soft launch was planned for March 2017.

Changes within the MASSH

The second activity involved ongoing changes to the triage function within Stockport's MASSH, utilising the design-by-doing process of rapid testing and iterating. In March 2016 the MASSH appointed 3 senior practitioner social workers on a temporary basis to test the model of having these skilled and experienced social workers undertake the triage function. The MASSH senior practitioners worked closely with the duty social work teams, and there were indications that this had begun to enable a more integrated response to families. As of November 2016 these staff have been based within the first response team. Strategic staff were hopeful that these changes had begun to prevent inappropriate escalation of risk, and reduce inappropriate onward referrals to highly specialist services, with frontline staff more confident about when it was appropriate for them to continue to hold cases rather than rely on referral to specialists:

> "We have been [designing-by-doing] in the MASSH – it's all in the forefront of our minds… we want to make things better." (MASSH staff)

> "The MASSH is a massive step forward. 12 months ago there were issues around the cases going in that weren't triaged as well as first thought. We had conversations about this and now it is being triaged better - triaged through social workers." (Service leader)

The ways in which the new approach to triage has started to improve staff confidence at the frontline have also begun to result in increased early help activity. One potential indicator of changes in practice in how early help cases were allocated was the increase in number of Common Assessment Frameworks (CAFs) / Early Help Assessments (EHAs). The CAF was replaced by a strengths-based EHA. As described in the section on restorative tools, the EHA was designed using the restorative approach, with an emphasis on recording the views of the child, and focusing on the child's strengths as well as their vulnerabilities. As shown in Table 3, there has been an increase in the number of CAFs/EHAs since the introduction of Stockport Family, which is an indication of rising early help assessment activity (see Table 3).

Table 3: Number of CAFs/ Early Help Assessments completed each quarter

Year	Qtr 1	Qtr 2	Qtr 3	Total Q1 to Q3	Qtr 4	Total Q1 to Q4
2013/14	220	185	349	754	383	1137
2014/15	373	385	437	1195	501	1696
2015/16	524	453	576	1553	592	2145
2016/17	771	480	502	1753	n/a	n/a

Source: Stockport Council

Despite these changes to the ways in which cases were allocated, the staff survey indicated some residual reservations about the balance of work between teams, with slightly less than half of the staff surveyed (47%) agreeing that the changes would bring a better balance of work across different teams (an improvement from 33% of staff surveyed agreeing in 2015). Some Stockport Family workers and health visitors explained that they were unused to working with some of the more complex cases that were now being given to them, and felt that ongoing support and guidance from those with experience of handling such cases would be needed to build their confidence. For example, some health visitors questioned whether it was appropriate for them to take on work that had previously sat with early intervention teams. Others felt that the additional cases added pressure to their workloads.

Allocation panel meetings

The third activity was the introduction of weekly allocation panel meetings which were a main part of improvements to early help case allocation processes at the start of the programme. As of November 2016, the establishment of the qualified social work senior practitioner posts in the MASSH had reduced the number of cases being presented at the weekly allocation meeting, because they were being allocated at the point of triage.

Team leaders saw the meetings as an effective way of linking up team leaders across different teams within localities, providing an opportunity to further strengthen relationships that were initiated through the co-location of teams. They also provided an environment in which team leaders from a range of service areas could reflect upon their decision making, and confer with their peers before allocating cases. Team leaders felt that this had resulted in improvements to the decisions that they were making, with cases more likely to be referred to the right team within the organisation:

> "It has promoted an open position about cases that come from the Front Door and has made our decision-making more transparent and reflective. … It has helped staff understand the considerations social work teams have … and enabled them to see that we are willing to be open and willing to be challenged." (Service leader)

The historic case comparison showed a mixed picture: no substantial differences between historic and contemporary cases emerged in relation to the allocation meeting process or referrals, though there was evidence of a restorative approach influencing decision making:

> "Because we're working more closely with colleagues from other services, we can spot risks at the point of allocation and make sure we're looking at the bigger picture." (Team leader)

Partnership working

Summary of findings

Beyond the benefits already identified as a result of co-location and locality working, there was strong buy-in from partners at a strategic level and, in particular, actions were taken to encourage a closer relationship with schools at the frontline. Although there are still teething issues emerging with the school link roles (which are still in the process of bedding in), there are positive signs that schools welcome this support, and that this model has the potential to make the process of receiving referrals into children's services from schools more effective.

Strategic partnerships

Since Stockport Family's implementation, there has been a high level of buy-in to the programme from partners at a strategic level. Strategic partners from Education, Health and Police have expressed a strong understanding of the aims and objectives of the programme, and have spoken of their support for the attempts to improve early intervention with families:

> "I am an observer; I think it's quite interesting. … I also have a lot of admiration for what they have achieved so far. When you are in the midst of it, it is sometimes hard to see how far you've travelled down the road. I think they have made a huge amount of progress in terms of putting it together." (Partner, Safeguarding)

> "For me it seems far, far better…once you start to create an atmosphere where health, education and social care are working as part of a team...when there's a more joined up ownership...you get a lot more done." (Strategic staff)

Strategic staff in Stockport tended to be the most aware of this support from partners. Nonetheless, there was strong positivity from staff surveyed about relationships with partner agencies. Nine out of ten (89%) staff either strongly, or somewhat, agreed that effective partnership working with other agencies was supported by their organisation, with 48% of staff surveyed strongly agreeing – an increase from 30% who strongly agreed in 2015:

> "It is very exciting to work with colleagues that think the same way and have the opportunity to move away from silos and rigid thresholds. Without these partners on the Innovation Board there could have been a block." (Strategic staff)

Strategic staff highlighted the involvement of seconded head teachers and other partners (representing health, police and education) as part of the Stockport Family Innovation Board. Strategic staff perceived this to have helped to inform the initial stages of the model's implementation, and to secure buy-in from partner agencies. Receiving this direct input from partners on to the Board was seen to be important in building the overall

credibility and legitimacy of the Stockport Family model. Additionally, it was hoped that a closer working relationship with universal services (such as education and police), at a strategic level, would translate into a greater willingness for collaboration between services at the frontline:

> "In terms of the Stockport Family model, I'm clear in my head that this is very much about reducing interventions further along the line, because the intervention that's needed has been put in place early. … There have been regular dialogues with children's services, and opportunities for us to input. There is a collective corporate willingness for this to succeed." (Partner, Education)

Team around the School programme

A core aim of Stockport Family Model is to forge deeper social care links with schools and education professionals, enabling earlier intervention and targeted short-term pieces of work with children and their families. One of the main activities undertaken to bolster partnership working in Stockport has been the introduction of the Team around the School (TAS) programme. The TAS programme aims to co-ordinate health and social care services, working together with schools, to offer support to children and their families within their schools and communities.

From June 2016 every school in Stockport was assigned a linked social worker, who acted as a point of contact with the school, to provide advice and guidance, support referrals, and assist with the completion of Early Help Assessments (EHAs). The role remains under development, influenced by the design-by-doing approach. Alongside the linked social workers, named School Age Plus Stockport Family workers also work in every school, working closely with school staff and the linked social worker to identify and support families who are in need of additional support. It was hoped that these developments would lead to ongoing improvements in relationships with schools. By providing schools with more support through TAS meetings, staff felt that schools were becoming able to more easily identify the appropriate services to have conversations with when issues arise:

> "[Schools are] really pleased that they've got this team of people who've got this range of experience, knowledge and skills in a form that can triage and get the best service to that child." (Stockport Family worker)

> "Team around the School meetings have helped everyone to come together. We use those to establish what is needed and what is required for the students and families." (Stockport Family worker)

The programme is still at an early stage; however, there are reports of positive experiences from both social care and education teams. The school staff who were interviewed gave universally positive feedback on the role of the Stockport Family

workers, and the workers themselves reported feeling supported and motivated to work with families. These workers were able to quickly build good relationships with schools in which they were based. They are regularly available and visible, with a dedicated time allocation, leading to fewer referrals to children's services.

Some staff working directly with schools were concerned about how the requirements of this aspect of their role sat alongside their other tasks. Linked social workers, in particular, were conscious of how school work was managed alongside their existing caseload. Because schools were enthusiastic about receiving input and guidance from social workers, they sometimes made more requests for support than it was possible for staff to respond to, requiring careful management of expectations:

> "I see theoretically it's a good approach and that it will work over time [but] sometimes I think 'how am I going to manage to find time for this school when I've got so much more to do?'" (Social worker)

Part of the challenge for social workers was the flexible nature of their responsibilities as a linked worker. Because the role was developed using the design-by-doing approach, there was no defined job specification for staff acting as named workers with a school. Some staff welcomed the opportunity to take ownership of developing this role alongside their school. Others would have preferred to have a clear brief for the role, allowing them to focus on set activities, rather than needing to judge for themselves[30] the appropriate balance between their school link duties and their case work:

> "On a positive note [design-by-doing] gives us flexibility… It depends on the individual worker and the schools to negotiate and that goes back to the worker's confidence, skill, and understanding." (Social worker)

Given the perceived success of the Stockport Family workers linked to schools, and the aforementioned perceptions that social worker caseloads were high, it will be important for Stockport to clarify the role and remit of linked social workers as soon as possible, to establish clear boundaries and manage partner expectations.

---

[30] Building on these findings, the remaining practitioner researcher is currently developing a project to explore the newly introduced Team around the School programme activities in one of the localities. This will build on the work conducted by the MMU embedded researchers in schools during the scoping stages of the evaluation.

Communications and change management

Summary of findings

The communications and change management underpinning the Stockport Family model have centred on establishing a defined vision and clear outcomes for Stockport Family. At a strategic level, this is led by the Stockport Family Innovation Board. Beyond this, communications and engagement have been undertaken with staff and partners to explain the Stockport Family model. These have included formal consultation workshops, as well as more informal coffee and conversation sessions with Stockport Family's Director of Operations, and communications via social media.

Stockport Family benefits from strong leadership and advocacy of the programme across the leadership team, which has been important in maintaining momentum and successfully implementing the programme's activities. Overall, the communications to staff about Stockport Family have ensured staff across the organisation have a clear understanding of the programme's aims and objectives.

Communications with staff

From the start of the implementation of Stockport Family, there has been a shared understanding among staff about the overall purpose and objective of the programme. During the scoping stages of the evaluation, staff talked about briefing meetings, workshops, and email updates, and felt that communications about the upcoming changes had been clear. In the 2016 staff survey 90% of staff agreed that they understood the Stockport Family way of working, with 50% strongly agreeing.

At the time of reporting, there remains a clear understanding, across the organisation, of the ultimate aims and objectives of the Stockport Family model, particularly its focus on restorative practices and increasing collaboration between teams, as well as the different activities that constitute the programme. In the staff survey, 68% of staff surveyed in 2016 agreed that they were kept well informed about changes affecting their work: 19% either somewhat or strongly disagreed:

> "Communication around the change has been really good. There's been an open style. There are lots of emails, there is social media. There are lots of different channels so if you don't tap into one then you're likely to pick it up from somewhere else." (Strategic staff)

> "The communications delivered to staff has been very clear. Learning circles have been offered [that] have been extremely valuable for staff to tap into. You can go along and meet other colleagues, put a face to a name and gather information about the new services [you are] less familiar with." (Stockport Family worker)

One of the clearest indicators of the understanding generated by the communication of the programme has been the uptake of the language of restorative practice among staff across the organisation. Across qualitative interviews with staff at all levels, almost all staff were conscious of the ways in which this language had become embedded across the organisation:

> "The team has really embraced [restorative practice]…bringing it to the forefront of people's minds." (Team leader)

The Director of Operations for Stockport Family also invites staff to send examples of good practice, which she shares and celebrates in a weekly all-staff email. This contains a range of examples where staff feel that the programme activities have led to positive outcomes. In the qualitative interviews, some staff spontaneously talked about welcoming the opportunity to share their successes beyond their immediate team leaders:

> "[My team leader] is very restorative. [I am] encouraged to send her communication that we receive from parents – it might be a text to say thank you… to encourage other staff. She's motivating us to support us in our work. That's a good positive change because that's something completely new." (Stockport Family worker)

There remain a few areas in which ongoing efforts may be needed to reassure and support the small minority of staff who have uncertainties about, or have been unsettled by, the change process (as would be the case with any change programme on the scale of the work being undertaken in Stockport). For example, 15% of staff who responded to the 2016 staff survey agreed that they did not fully understand how their role fitted with what Stockport Family was trying to achieve (although 66% disagreed), and 15% disagreed that the changes would make them feel more confident and able to effect change with families (51% agreed with this statement). A few staff described feeling left out by communications that they perceived not to address, or recognise, their uncertainties or anxieties about going through the change process:

> "As people's roles change and they move into different ways of working that they might not have done before, it's about making sure staff have got the right level of support." (Stockport Family worker)

In particular, where staff felt that their workloads meant that they were unable to fully experience or appreciate some of the benefits of the programme (for example, the opportunity for social workers to work more directly and restoratively with families), they wanted further opportunities to explore ways to resolve these issues. However, the staff surveys, show a high (and increasing) proportion of staff who strongly agree that they feel confident about raising ideas and concerns with managers: 47% of staff surveyed strongly agreed with this in 2016 (87% strongly or slightly agreed), an increase from the 35% who strongly agreed in 2015 (84% strongly or slightly agreed).

Lessons learned in implementing Stockport Family

This final subsection draws together learnings over the course of the evaluation about the barriers and facilitators to implementing Stockport Family.

Barriers to implementing innovation

As would be the case with any whole-system change programme on the scale of Stockport Family, there have been a number of aspects of the programme that have not yet come to full fruition, and the findings outlined above contain indications of the barriers that have emerged through the implementation of this programme.

The scale and scope of change intended within Stockport has, inevitably, limited the speed with which the new model of working could be implemented. For example, the full business structure of Stockport Family only came into place in April 2016, and it remains too soon to draw firm conclusions about the long-term impacts of the model. Equally, despite the reorganisation into the locality-based structure in October 2015, there were several months where many staff still held cases from outside their locality. Staff within the organisation, particularly those on the frontline, have been conscious of this, and often remarked upon the scale of the change they were experiencing. Those who had been a part of the creation of Integrated Children' s Services in 2013/2014 often noted that Stockport Family represented another significant restructure before there had been time to fully adjust to the previous one.

This sense of intense and ongoing change may partially explain the only measures from the staff survey that substantively worsened between 2015 and 2016: measures relating to workloads and capacity, detailed in the section covering staff's capacity to adopt restorative practice. Where staff had not yet had the opportunity to undertake some of the planned activities of the new model (for example, staff who had not yet taken the opportunity of co-location to co-operate more closely with other teams), the most common explanation for this was high volume of work and limited available time, rather than any disagreement with the model's underlying principles. If staff's perceptions of the pressures that they face can be lessened, this is likely to help them follow Stockport Family's new ways of working. .

Facilitators to implementing innovation

An important factor that has enabled the implementation of the Stockport Family model has been the strength of the logic underpinning the design of the programme. As outlined throughout this report, there are positive signs that the programme's activities have begun to produce some of the short term outcomes anticipated during the design of the innovation. Throughout the course of the evaluation, staff participating in qualitative interviews demonstrated a clear understanding of the different activities that form part of the model, and their intended outcomes. Very few participants disagreed with the principles underlying the Stockport Family model. For example, it was intuitive for staff at all levels that the co-location of teams would allow for closer collaboration and communication between teams. The strength of the contingent parts of Stockport Family has been an important factor in securing staff buy-in to the programme, as well as ensuring that the purpose of the programme remains clear to team leaders and strategic staff.

The clear logic underpinning the Stockport Family model has also helped strategic staff communicate the programme and manage the change. From the start of the evaluation it was clear that there was a good understanding of the programme's aims and objectives among staff at all levels. For example, the importance of the restorative approach to the Stockport Family model was emphasised initially by the 3-day training programme, and subsequently through internal communications by team leaders and strategic staff. Even those staff who said they had not yet had time to make substantial changes to their practice still had a clear understanding of what Stockport Family was designed to achieve. This clear and widespread understanding of the programme's aims, supported by communications about the programme from strategic staff, has helped to motivate frontline staff. In turn, this smooths the way for the implementation of activities.

The history of innovation and structural changes within Stockport also provided a context that, for some staff, facilitated this new wave of change within children's services. Although (as outlined in the section above) some staff felt pressured by the amount of change taking place within Stockport, other staff felt that the history of restructures and innovation put Stockport's children's services in a strong position of flexibility and willingness to trial new ways of working. Particularly at a strategic level, staff who had participated in the creation of the Integrated Children's Services felt that Stockport Family represented a logical next step.

Limitations of the evaluation and considerations for future evaluation

The focus of the evaluation has been to gather evidence to support and refine the evaluation logic model, identifying evidence for activities undertaken, and drawing on the available data to provide evidence of where the expected outcomes have been observed. The contribution analysis process, through which the logic model was systematically reviewed and discussed with stakeholders within Stockport, helped to test and validate the linkages between the activities delivered and the outcomes observed.

There are limitations to any evaluation within a changeable and complex context such as the whole-systems change programme being undertaken by Stockport's children's services. At this stage in Stockport Family's journey, the evaluation identifies that the programme has successfully delivered its activities and the council has achieved substantial cost savings. There is strong qualitative evidence in support of the programme logic, which suggests that Stockport Family will improve services and outcomes for children and families, but it is too soon to provide substantive evidence of this.

The current evaluation demonstrates the challenges in attempting to demonstrate impact from isolated areas of practice in social care, when in reality these are part of much broader activities. The Innovation Fund provided funding for Stockport Family's specific activities; however, it is inevitable that Stockport Family is part of a broader programme of change that started before this funding and it is hoped, will continue beyond it. Much of this evaluation has been conducted during Stockport Family's implementation, and the evaluation team were therefore not expecting to see a financial impact as a direct consequence of Stockport Family at this stage in the programme's development. However, the financial ledger shows that the Council has already achieved significant cost savings. It is apparent that these have been achieved through activities that are arguably broader than Stockport Family, but at the same time are likely to have been facilitated by the programme's new ways of working.

Appropriateness of the evaluation approach for Stockport Family

Overall, the evaluation approach was appropriate, given the timescales, budget and context of the evaluation.

It was originally hoped that the staged roll-out of the Stockport Family model would allow the evaluators to make comparisons between the pilot area (Heatons and Tame Valley) and the other areas. However, the speed of implementation across all areas meant this was not possible.

It had also originally been hoped that historic case matching could be conducted in a quantitative manner on a large-scale. However, following initial explorations by the practitioner researchers, this was revealed to be an overly time-intensive exercise, involving detailed exploration and some subjective judgements, making this qualitative both in nature and scale. However, as a qualitative methodology, it was still felt to be a worthwhile exercise to enhance our understanding and complement the other evaluation activities.

Plans for further evaluation of Stockport Family

The evaluation of Stockport Family continued until March 2017. Following this report for DfE, the external evaluators, ERs and PRs will discuss and agree activities for the remaining months. These activities will build on the previous 3 waves of interviews and mini-projects and work towards establishing a sustainable evidence and research-based culture in Stockport children's services.

The intention is for the ERs to run a series of workshops, using design-based methods to explore new forms of practice within groups and across the service[31]. The focus of these workshops is going to be:

- the development of tools to encourage multi-agency supervision, supporting shared working practices

- restorative practice: the initial restorative training sessions were productive in sharing basic practices and principles but professionals report wanting to understand how they could develop more substantive changes to practice. The participants in the workshops could be the restorative practice champions

- agile working: in the wave 3 interviews, we found different views on agile working, from those that understood it and were excited by it, to those that remained unsure. As agile working requires trust and commitment to be effective, we are interested in exploring workers' understanding of agile working

The ERs may also work with, for example, the restorative practice champions, to build the capacity for recording and sharing research or findings from learning circles. The team could also explore opportunities to share learning from Stockport Family with other local authorities and agencies in the region.

Additionally, the research tools used in the evaluation, including surveys and qualitative discussion guides will be available for Stockport and practitioner researchers to use on an ongoing basis for further tracking of outcome measures.

---

[31] An example of such an approach is Leeds City Council's work on restorative practice http://springconsortium.com/wp-content/uploads/2015/01/Leeds-Family-Valued-storyboard-Nov-2016.pdf

Implications and recommendations for policy and practice

Evaluative evidence, or lack of, for capacity and sustainability of the innovation

The roll-out of restorative practice, locality working and co-location across the authority demonstrates the high degree of commitment to full implementation of Stockport Family at a senior strategic level, which gives weight to the sustainability of Stockport Family as a delivery model within Stockport. Stockport has made significant investment in these structural changes, which naturally build on the Integrated Children's Service, as well as investing in practice development via training of core staff and partners, and through new tools or processes.

The evidence gathered during this evaluation suggests that Stockport has the capacity to successfully manage and implement the innovation: namely embedding restorative practice across the range of agencies and services that sit within Stockport Family, supporting more aligned and holistic work with families. There is currently limited evidence that the innovation has directly influenced practice with families, or child and family outcomes. However, these are longer term in scope, and the core activities to support these are being implemented and currently bedding in. The successful establishment of the Integrated Children's Service, and commitment to design-by-doing further demonstrates that Stockport has the capacity for change, and for sustaining change. The potential to sustain the innovation is also supported by the strategic buy-in that exists within Stockport across all partner agencies. We have suggested above that it will be important for the outcomes of Stockport Family to be monitored over time, to determine the impact on both practice and service user outcomes.

The ability to deliver cost savings will be an important requirement of Stockport Family's future sustainability. It is encouraging that Stockport reports a reduction of just over £1.2 million in the cost of LAC in 2016/2017[32], resulting from more effective support to keep families together, and reductions in the number of children in residential care. The current evaluation cannot yet provide further detail on how these cost savings have been achieved, therefore it will be important for ongoing research and evaluation to focus on this specific area to understand the sustainability and impacts of these reported changes to practice.

---

[32] Compared with actual spend in 2013/14

Conditions necessary for Stockport Family to be embedded

Stockport Family has a range of activities designed to increase the amount of direct time that social workers spend with families. It is grounded in the assumption that social workers will have the necessary time to work in a restorative manner with families. As previously discussed, there is a perception among some staff that caseloads are still too high, which presents a barrier to working restoratively with families. The caseload data suggests a small increase in the volume of social work caseloads since Stockport Family was launched, but caseloads themselves are still lower than the mean for the preceding 5 to 6 years. This issue is clearly more complex than simply looking at the number of cases held. In part, perceptions may arise from resistance to changes made to the duty system and case allocation, as well as moving from specialised work to taking on more diverse cases. This is a large part of change management, and the programme leaders must continue to ensure that workers are given the opportunity to share their concerns, and assist in being part of the solution, which is in keeping with the programme's restorative ways of working.

A second condition to help embed Stockport Family's approach of working restoratively with families is to ensure that all workers are equipped with the tools to apply restorative practices to their work. The programme's learning circles and problem circles, and the emerging restorative practice champions' network provides a means for further exploring, sharing and embedding these practices.

The final critical element of the Stockport Family model is the importance of effective partnership working. Sustaining cost savings, delivering a truly integrated children's service, and working with families in a restorative way, all require partners to have the resource, skills and will to work collaboratively. Stockport Family has gone a long way to making this a reality through the co-location of services and diffusion of restorative practices beyond social care, and through establishing processes and tools that support an aligned approach to working with families. Changing culture and practices across service boundaries will be fundamental to achieving the ambitions of Stockport Family.

Consideration of future development of the innovation and wider application

The design–by-doing and agile working approaches offer high-potential methods for public sector innovation programmes, in particular of the type supported by the Innovation Programme. A significant challenge for strategic leaders developing the Stockport Family Model was managing a whole-service transformation programme, whilst simultaneously running children's services. Learning from previous attempts at top-down, government initiated transformation programmes, there is a case that design-by-doing and agile working are a pragmatic approach for distributing the agency, resource, timescale and ideas for innovation across the workforce and the programme timeline. Further work is needed to understand the potential; working practices; and challenges of design-by-doing and agile working in public sector innovation; in particular in translating these practices from business and technology sectors to the complex inter-organisational and inter-professional contexts of children's services.

Appendix 1: Technical details of methodology

Staff surveys

Stockport Council and Kantar Public conducted 2 waves of staff surveys, following the same methodology for each, as described below.

Wave 1

The first survey was developed to create a baseline measure of staff opinion before Stockport Family was rolled out. The survey took place before major changes were affected as part of the Stockport Family roll out, such as the co-location of staff, so we can be reasonably assured they represent staff opinion before changes as part of the innovation were embedded in practice. The survey was conducted between October and November 2015.

It should be flagged that the Wave 1 staff survey was sent out on the same day as Stockport launched an internal business case consultation, including forthcoming staff redundancies. Any trends between Wave 1 and Wave 2 must be seen in this context.

The questionnaire was developed based on the social worker questionnaire circulated to evaluation teams by Rees Centre, which suggested a series of statements. Additional statements were added or amended based on the objectives of Stockport Family and findings from the first wave of qualitative interviewing. The final questionnaire content was agreed between Kantar Public and Stockport.

Stockport arranged the scripting and hosting of the staff survey, which was administered via Snap Survey. Staff were able to leave questions blank if they preferred not to answer. Invitations were sent out to 493 staff across all teams. In total, 112 responses were received, representing a response rate of 23%. The majority of responses came from staff working in teams, who worked across the borough (52%), with some representation amongst all local areas (10% Heatons and Tame Valley, 25% Stepping Hill and Victoria, 14% Marple and Werneth and 14% Bramhall and Cheadle).

Once the survey was completed, Stockport transferred data from Snap Survey via Excel and PDF to Kantar Public for analysis. Staff were able to enter verbatim responses after each battery of statements, and responses given were analysed by Kantar Public, but not coded.

Due to the low numbers involved, and the complexities and burden for Stockport of identifying accurate population information, the data were not weighted.

Wave 2

The follow-up survey was conducted during September 2016. This followed the successful delivery of all the programme's activities, although many of these were at an early stage and only starting to bed-in. The survey included some amendments to the questionnaire to better fit the programme at this stage, although the majority of the questionnaire was consistent with Wave 1 to allow comparability.

The survey was administered by Stockport using Snap Survey as for Wave 1. Invitations were sent to 588 staff across all teams. In total, 105 responses were received, representing a response rate of 18%. Again, the greatest proportion of responses came from staff working in teams who worked across the borough (61%), with all local areas represented (20% Heatons and Tame Valley, 18% Stepping Hill and Victoria, 12% Marple and Werneth and 11% Bramhall and Cheadle).

As for Wave 1, it was not felt to be appropriate to weight the data. However, the profile of coded responses and write-in roles at Q9 was informally reviewed by the practitioner researcher to offer reassurance that the breakdown of staff levels was broadly similar between the 2 waves.

In light of the low base sizes, data from the 2 staff surveys data were viewed at a topline level rather than breaking them down into sub-groups (for example by locality).

Trend analysis between the 2 surveys

In each case, the survey invitation was sent by Stockport to a group email containing all Stockport Family Workers. However, it was not possible for Stockport to provide full details of the sample frame for each survey, and this meant the evaluation team were not able to accurately identify the extent of overlap between the 2 samples, and the impact which this had on the size of the confidence intervals for the trend data.

While it would be possible to make assumptions about the level of overlap in the 2 samples, we could not do this with complete certainty. Data provided by Stockport indicated that, over the timeframe of the 2 surveys (Q1 2015/16 to Q2 2016/17), there were 78 FTE leavers between the 2 waves, which means a large proportion of the 2 populations were consistent between the 2 waves. However, given our inability to accurately identify the overlap, we based trend calculations on 2 independent cross-sectional samples, which each account for 20% of the population.

This conservative assumption offers reduced precision, and means larger differences need to be observed for differences to be statistically significant (at the 95% level). For example, at the 50/50 (100%) level, with an overlapping sample of 70 members of staff taking part in both surveys, a difference of 10% between Waves 1 and 2 would be statistically significant. Assuming no overlapping respondents, this difference would need

to be 12%. Although it is likely that the samples do overlap significantly, which would require a 10% difference for a positive significance test in the previous example, this is not validated. In light of this we have included indicative differences (stated as such) based on the assumption of non-overlapping Wave 1 and Wave 2 samples in the report.

Service user surveys

Stockport and Kantar Public conducted 2 waves of surveys with service-users. The methodology used in Wave 2 was different to Wave 1, as described below.

Wave 1

The Wave 1 service-user survey was conducted between November 2015 and January 2016. This survey was intended to create a baseline measure of service users' experience of children's services prior to the introduction of new ways of working under Stockport Family. The questionnaire was developed in partnership with Stockport, and the topics covered were drawn from the objectives in introducing Stockport Family; findings from the qualitative interviews, and the staff survey questionnaire for areas where both a staff and service user perspective would be helpful to the evaluation.

The survey was administered by Stockport Council. Stockport front-line workers were asked by their team leaders to distribute paper questionnaires (printed by Kantar Public) to all families who were interacting with children's services; with whom they conducted a routine visit during the survey window and who had had more than 2 weeks interaction with children's services. Staff were provided with written instructions to explain how to distribute the questionnaires and introduce the research to families. The paper questionnaire also included a link to an online version of the survey, offering participants a choice in how they completed the survey. Families could complete the paper questionnaire in their own time and return it to TNS BMRB (as was) in a freepost envelope which was included when the questionnaire was handed out, or, alternatively, type in the link to the online survey and complete online if they preferred.

In total, 33 completed paper questionnaires and one online survey were returned. Three thousand questionnaires were supplied to Stockport; however, the survey administration relied on Stockport workers to place questionnaires with families. While workers were requested to hand out questionnaires to all families we do not have accurate information on the number of families that were actually asked to take part. For example Stockport workers may have applied selection criteria, such as feeling it was not appropriate, or there was not sufficient time to distribute a questionnaire during a particular visit. It is therefore not possible to identify actual response rates, or the level of bias in the sample. The base size of 34 is, however, too low for quantitative analysis.

Paper questionnaires were booked in by the Kantar Public team in High Wycombe, and valid questionnaires were scanned. A valid questionnaire was defined as any questionnaire which had responses for any statements between question 1 and question 4. All questionnaires which were returned to Kantar Public were classified as valid and completed. There were no partially completed questionnaires returned to Kantar Public.

Kantar Public processed the scanned data to produce an SPSS output. The one online survey was manually entered into the SPSS file. No coding was required, due to the low number of returned questionnaires, but Kantar Public did analyse the verbatim responses given by 13 families to question 4: 'Are there any other comments or suggestions you'd like to make about Stockport's services to children, young people and families?'. All other questions had pre-coded response lists so did not require coding. The data were not weighted.

Wave 2

Following the disappointing response rate in Wave 1, the questionnaire was substantially shortened into a small number of metrics and the survey methodology was slightly amended. The survey was again administrated by Stockport Council[33] and Stockport workers were again instructed to give a paper questionnaire to all families that they worked with over the fieldwork period[34] and to invite them to complete the questionnaire. Rather than leaving a pre-paid envelope for the family to post the questionnaire back to Kantar Public, workers collected the completed questionnaire from them. To ensure privacy, the participant was asked to seal the questionnaire in an envelope before returning it to their Stockport worker. Stockport workers returned the completed questionnaires in their sealed envelopes to a central contact at Stockport Council. On completion of fieldwork, Kantar Public arranged courier collection of the questionnaires. Questionnaires were scanned and processed by Kantar Public as for Wave 1.

Fieldwork was conducted between June 27 and September 2016. In total 106 participants completed and returned a questionnaire. As in Wave 1, while workers were requested to hand out questionnaires to all families, we do not have accurate information on the number of families that were actually asked to take part. This, along with the low base size, means these data are unweighted. While these findings give a view to a large number of families, they should not be interpreted as being representative of all families receiving children's support services from Stockport Council. Given the low numbers in Wave 1, trend analysis has not been conducted on the service user surveys.

Qualitative interviews and analysis

All qualitative interviews and group discussions within Stockport were structured using a topic guide. This is an aide memoire that indicates the range of topics and sub-topics to

---

[33] Alternative approaches were explored, but were not possible within the available budget.
[34] Avoiding duplication where more than one Stockport worker was working with a particular family, to ensure each family was only given one questionnaire to complete.

be covered in the interview. The topic guide was used flexibly, guiding discussions so that they felt more like a conversation, but using probing techniques to elicit the required information, and heading off any tangential or irrelevant issues that arose.

Following the completion of fieldwork, researchers conducted a multi-stage analysis process, beginning with individual-level analysis conducted by each researcher using a standardised analysis template, followed by a whole-team research debrief to draw out findings against the research objectives.

Following each wave of fieldwork, the research team conducted an analytical debrief session. During these sessions researchers explored the initial hypotheses that emerged from the interviews they had conducted; and questioned and developed these findings in light of the contributions of other researchers. Important themes were identified and explored in greater detail, and a final analytical debrief was undertaken to synthesise findings across all waves of fieldwork, as well as to draw in data from historical case matching and quantitative data sources, prior to the development of this report.

Embedded and practitioner researcher activities

In addition to contributing to the evaluation activities outlined in the previous section, the embedded and practitioner researchers enabled ongoing day-to-day feedback between the evaluation team and Stockport Family, adding strength to the formative evaluation. They conducted ad hoc observations and additional case studies, which included ethnographic and qualitative work directly relating to the programme, such as scoping work at Westmorland and Moorfield School; the Stockport Families First panel meetings; MASSH allocation panels; and family group conferencing observations. They also had freedom in their role to explore activities not being directly delivered by the programme, but which were relevant to it, such as Dial Park children's home and the insight it offered for Stockport Family's agile working. A strong emphasis of their role was to support and mentor the practitioner researchers and, in the final months of the evaluation, one of their focuses was on developing research and evaluation tools for Stockport.

Specific activities include:

- the embedded researchers (ERs) worked closely with Stockport Council to recruit the 3 practitioner researchers (PRs). Prior research experience was not a requirement. Instead the team looked for practitioners with an inquisitive researcher mind-set, adaptable approach and willingness to learn

- Kantar Public and the ERs provided initial research training for the PRs

- ERs held weekly face-to-face supervisions and had daily communication with the PRs to mentor them, and support their development and delivery of research tasks

- weekly conference calls between Kantar Public and ERs to plan and deliver research activities for the external evaluation, and coordinate with ERs and Stockport Family

- regular meetings between ERs and the coordinators of Stockport Family to update progress of evaluation and PRs activities

- support and supervision of PRs mini projects by ERs, which were separate strands of research specifically designed to explore innovative aspects of organisational change whilst contributing to the evaluation. At the time of reporting, 2 projects have been completed: health visitor and social worker buddying; and restorative practices in child protection conferences, which are included in this report

- around three-quarters of qualitative data collection and analysis for the external evaluation was undertaken by ERs with support from PRs, because of their familiarity with, and proximity to, the field,

- PR's provided support to Stockport Council during the service-user survey to encourage Stockport workers to engage with the survey objectives and distribute questionnaires to their families

- PR's carried out the matched case analysis (described in the section 'Evaluation approach') under ER supervision

- input into the formal evaluation outputs to Stockport Council and DfE

Embedded Researcher and Practitioner Researcher reflections

There were a variety of benefits, drawbacks and lessons we would offer for future attempts to incorporate ERs and PRs in evaluation teams. For instance, the embeddedness of both the ERs and PRs meant that data collection and methods could be adapted to suit Stockport's needs and assist sample recruitment. The closeness in proximity, and length of time spent in the field, also meant that trust was built up between the researchers and participants, fostering the conditions for openness during formal data collection exercises and the production of revealing data. The ERs and PRs were also able to explore beyond the boundaries of SFM and the evaluation framework to collect data from other sites, and partner agencies, such as schools, to provide further contextual data.

PRs were able to offer interpretations that went beyond service design and delivery, revealing personal perspectives, understanding of arising issues and barriers to innovation based on practitioner insight. Furthermore, the broader understanding of academic literature on policy, children's services and research methodology offered by

the ERs, together with their slight outsider status, meant that the interpretations of the PRs could be further contextualised and constructed.

The embedded nature of the ER and PR model aided a continual feedback loop between the evaluation team and Stockport, assisting the design-by-doing programme approach. A number of strategies were put in place to support this process, such as regular supervisions between ERs and PRs; establishment of line management of the PRs by the SFM evaluation coordinator; coordinating the PRs' research activities and the external evaluation so they could be fed into innovation development; and regular formative feedback meetings to Stockport Family leaders.

However, a number of barriers inhibited the success of these strategies. Firstly, it is important not to underestimate the time that needs to be invested in individuals for them to go from practitioner to researcher. There are ethical and methodological challenges that are a part of undertaking research within your own organisation, in the context of meeting the requirements of an external evaluation. Due to the PRs' position, and evolving understanding of the knowledge claims that can be made on the basis of research findings they sometimes found it difficult to wrestle with the objective level they wished to reach, compared with that of the nature of conducting social research in the real world. Furthermore, whilst the complexity of the understanding of the social phenomena was a notable strength, translating this into headline findings for evaluation outputs seemed to jar with the lived realities of their professional lives.

Another challenge was the difficulty of mobilising research knowledge to suit organisational demands within a climate of fast pace change, together with the high stakes policy and accountability context of Children Services. Despite best efforts, it is difficult to actuate research findings in real time, but also the nature of the findings may not suit the efforts to galvanise positive change amongst a workforce which has already undergone successive intervention. Such limitations were particularly felt by the PRs, who, due to the nature of their former professional identities, were used to their work having immediate and valuable impact. This situation, together with issues of balancing the immediate time pressures of social work with those of research, contributed to one of the PRs moving to a role in a neighbouring local authority, whilst another later left because of changes in life circumstances. Due to these experiences, it seems appropriate to adopt an approach that might build the sustainability of the model by involving a larger team of PRs, which could work as part of a research champion network, with a specific role and planned sequence of work, as part of the innovation activity and service transformation programme.

Appendix 2: Logic Model

Logic model opportunities, intervention and assumptions

Opportunities for improvement	Intervention – Stockport Family	Key assumptions
5 main challenges in Stockport: ■ Difficulty distinguishing between struggling and harmful families - high numbers of children subject to S47 investigations; revolving door of re-referrals (20% of cases) ■ Variable levels of investment in workforce development and variable application of previous training ■ Process driven ways of working leading to adversarial relations with families ■ Lack of shared responsibility between siloed services ■ Funding cuts to local authorities putting pressure on children's social services Ultimately these lead to high children's social care delivery costs in Stockport, challenging the sustainability of its services.	■ Purpose – Between 2015-2017, SMBC aims to develop a new social care model that emphasises an integrated, restorative approach to children's social care. ■ Target Beneficiaries – Vulnerable children, young people and their families living in Stockport that require universal and intensive support ■ Desired effect – More families stay safely together and fewer need direct help from children's social care and other public services. For families that do need help, the use of restorative approaches will seek to ensure interventions are appropriate and responsive to families' needs.	■ Restorative approaches will achieve impacts and become embedded after initial training ■ Innovation Fund resources are sufficient ■ Staff will adapt to change of roles/practice ■ Integrated children's services teams will be able to hold more complex cases previously referred to children's social care ■ It is possible to protect caseloads for social workers ■ Co-location of teams will support closer working relationships and understanding ■ Keeping more children with families will lead to improved outcomes ■ Families have capacity to take on a greater role in their care ■ Staff willing to accept and drive change ■ Project can be achieved in desired timescales ■ Partners will buy in to the new model ■ Smarter interventions can reduce re-referral ■ Other policies in Greater Manchester will not dilute or distract from Stockport Family

Logic model inputs, activities, outcomes and impact

Inputs

- Money
- Senior management time
- Staff time
- Staff training
- Senior Practitioner roles
- Practitioner researchers
- Temporary social work staff
- New premises
- Spring Consortium
- Kantar Public (formerly TNS BMRB)
- Partners and secondments

Activities

Restorative approaches
- 3 day training programme
- Restorative champions to be appointed within teams
- Processes established to support views of child and family
- Reflective supervision

Locality based working
- Management structures arranged around localities

Co-location of services
- Services within localities to be co-located
- Establishment of shared e-records (Electronic Integrated System)

New case management system
- Establishment of Allocation Panels
- Whole Family Working Assessment
- Shift to weekly (eventually daily) tasking meetings

Partnership working
- Shared outcomes framework
- Seconded headteachers

Change management
- Engagement with partners
- Communications to staff
- Stockport Family Innovation Board established

Outcomes

Restorative approaches
- Increase direct work with families
- Systemic family-centred and holistic activities w/ families
- Outcome-focused approach, not process-focused
- Increased influence of child and family on care plans

Locality based working
- Better contacts and working between services
- Improved information sharing
- Increase preventative work

Co-location of services
- Increased contact between teams
- Improved understanding of different roles
- Greater willingness to engage in holistic, outcomes-focused work

New case management system
- Better decision making
- More effective escalation and de-escalation of cases

Partnership working
- Better integrated partnership with universal services
- More effective transition of cases to/from universal services

Change management
- Improved understanding of Stockport Family aims
- Improved understanding of roles and responsibilities of staff and partners
- Improved buy-in of staff and partners to Stockport Family

Together, the above outcomes work together to deliver a range of benefits to staff:
- Improved workforce satisfaction and wellbeing
- Reduction in staff sickness
- Smaller caseloads for social workers
- Improved staff confidence

And benefits to families:
- Increased parental capacity and skills – ability to self-refer
- Increased parental responsibility and ownership
- Reduction in children in need – fewer court proceedings and family breakdowns
- Reduction in re-referrals
- Improved school attendance, attainment
- Reduced crime and anti-social behaviour
- Improved life expectancy
- Reduction in conflict
- Increased child and family satisfaction at step-down

Impacts

- Cost savings to Stockport
- Reduction in court proceedings
- Reduction in cost of LAC (20%)

Appendix 3: Administrative data

This appendix includes details of all administrative data reviewed as part of this evaluation (table A4). Figures 5 to 9 and tables 5 to 15 show the data for primary indicators. Table 16 shows financial information from the Financial Ledger SAP.

Data are shown for Stockport's 4 localities and for Stockport as a whole. The Stockport total figure includes children placed out of area and some children where their postcodes are unknown and cannot be mapped to a locality area. This means in some cases the Stockport total is more than the sum of the 4 localities.

Table 4: Indicator framework

Type	Outcome	Named Indicator	Source of data from Stockport	Data point time-frame	First data point	Most recent data
Service-related	Reduction in number of children coming into care	Number of children in care at the end of the period	SSDA903: LAC at period end	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Reduction in cost of children coming into care	Financial information	Financial Ledger SAP	Annual	2013/14	2015/16 (2016/17 projections)
Service-related	Reduction in number of children coming into care	Number of children in care at the end of the period	SSDA903: LAC at period end	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Reduction in number of children coming into care	Number of children ceasing to be in care during the period	SSDA903: LAC ceasing	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Reduction in number of children coming into care from a family where a child has previously been removed	Number of children taken into care during the period who had been taken into care from a family where a child had previously been removed / Number of children taken into care during the period who had been taken into care for a second or subsequent time	SSDA903: PreviousLACsiblingsperiodend / SSDA903: Previously LAC	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Reduction of Children in Need	Number of Children in Need at the end of the period	CIN Indicators: CINondate	Quarterly	Q4 2012/13	Q2 2016/17

60

Type	Outcome	Named Indicator	Source of data from Stockport	Data point time-frame	First data point	Most recent data
Service-related	Fewer family breakdowns	Number of children in care at the end of the period who had been taken into care from a family where a child had previously been removed	SSDA903: PreviousLACsiblings periodend	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Fewer family breakdowns	Percentage of children in care at the end of the period who had been in their current placement for 2 or more years (as per former NI63)	SSDA903: LAC Placement Period	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Fewer family breakdowns	Number of children ceasing to be in care during the period (including age, reason in care and reason ceased to be in care)	SSDA903: LACceasing	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Fewer family breakdowns	Number of children who went missing from care during the period / Number of children who went missing from home during the period	MFH: Missing from care / Missing from home	Quarterly	Q4 2012/13	Q2 2016/17
Service-related	Reduction in number of children on child protection plans	Number of children subject of a child protection plan at the end of the period (including age and plan reason) / Number of children becoming subject of a child protection plan in the period / Number of children ceasing to be the subject of a child protection plan in the period	CIN: CPperiodend / CPstarting / Cpceased	Quarterly	Q4 2012/13	Q2 2016/17

Type	Outcome	Named Indicator	Source of data from Stockport	Data point time-frame	First data point	Most recent data
Service-related	Number and proportion of re-referrals (DfE: Referrals within 12 months of a previous referral)	Number of referrals to Children's Social Care (including age, referral reason and outcome) / Number of re-referrals to Children's Social Care / Number of referrals to the Supporting Families Pathway / Number of re-referrals to the Supporting Families Pathway	CIN: Referrals / Re-referrals SFP: Referrals / Re-referrals	Quarterly	Q4 2012/13	Q2 2016/17
Service related	More effective escalation and de-escalation processes More effective transition from/to universal services Better integrated partnership with universal services Improved information sharing Better contacts and working between teams Better informed decision making on cases	Number of re-referrals to Children's Social Care / Number of children taken into care during the period who had been taken into care for a second or subsequent time	CIN: Re-referrals SSDA903: Previously LAC	Quarterly	Q4 2012/13	Q2 2016/17
Service-related		Percentage of children in care at the end of the period who had been in their current placement for 2 or more years (as per former NI63) / Percentage of children in care at the end of the period with 3 or more placements during the last 12 months	SSDA903: LAC placement period / LAC 3+ placements	Quarterly	Q4 2012/13	Q2 2016/17
Service-related		Percentage of SWAs completed in the period that were completed within 45 days (including age and assessment outcome)	CIN: SWA in timescale	Quarterly	Q4 2012/13	Q2 2016/17

Type	Outcome	Named Indicator	Source of data from Stockport	Data point time-frame	First data point	Most recent data
Service-related		Number of S47 enquiries in the period / Percentage of S47 enquiries that led to ICPCs held in 15 days	CIN: S47 in timescale / S47 ICPCs in timescale	Quarterly	Q4 2012/13	Q2 2016/17
Family-related	Better health outcomes for families	Percentage of children in care at the end of the period with an up-to-date health assessment / Percentage of children in care at the end of the period with an up to date dental check	SSDA903: LAC Health assessments / LAC Dental checks	Quarterly	Q4 2012/13	Q2 2016/17
Family-related	Better health outcomes for families	Overweight or obese - reception / Overweight or obese - Year 6	Additional indicators: Health	Annual	2012/13	2014/15
Family-related	Better health outcomes for families	Quarterly conceptions to women aged under 18	Additional indicators: Health	Quarterly	Q1 2013/14	Q2 2015/16
Family-related	Better health outcomes for families	Smoking status at time of delivery	Additional Indicators - Health	Quarterly	Q1 2013/14	Q2 2015/16
Family-related	Better educational outcomes for children	Absence from school (authorised / unauthorised / persistent)	Additional Indicators - Absence / Persistent absence	Annual	2012/13	2014/15
Family-related	Better educational outcomes for children	Pupils achieving 5A*-C including English and Maths at the end of KS4	Additional Indicators - Attainment	Annual	2011/12	2013/14
Family-related	Better educational outcomes for children	Pupils achieving level 2b+ at Key Stage 1 (Reading) / Pupils achieving level 2b+ at Key Stage 1 (Writing) / Pupils achieving level 2b+ at Key Stage 1 (Maths)	Additional Indicators - Attainment	Annual	2011/12	2014/15

Type	Outcome	Named Indicator	Source of data from Stockport	Data point time-frame	First data point	Most recent data
Family-related	Better educational outcomes for children	16-18 year old EETS / 18 year old EETS / 16-17 year olds who are in education or work based training	Additional Indicators - NEET_EET	Quarterly	Q1 2013/14	Q3 2015/16

Figure 5: Number of children becoming subject of a child protection plan
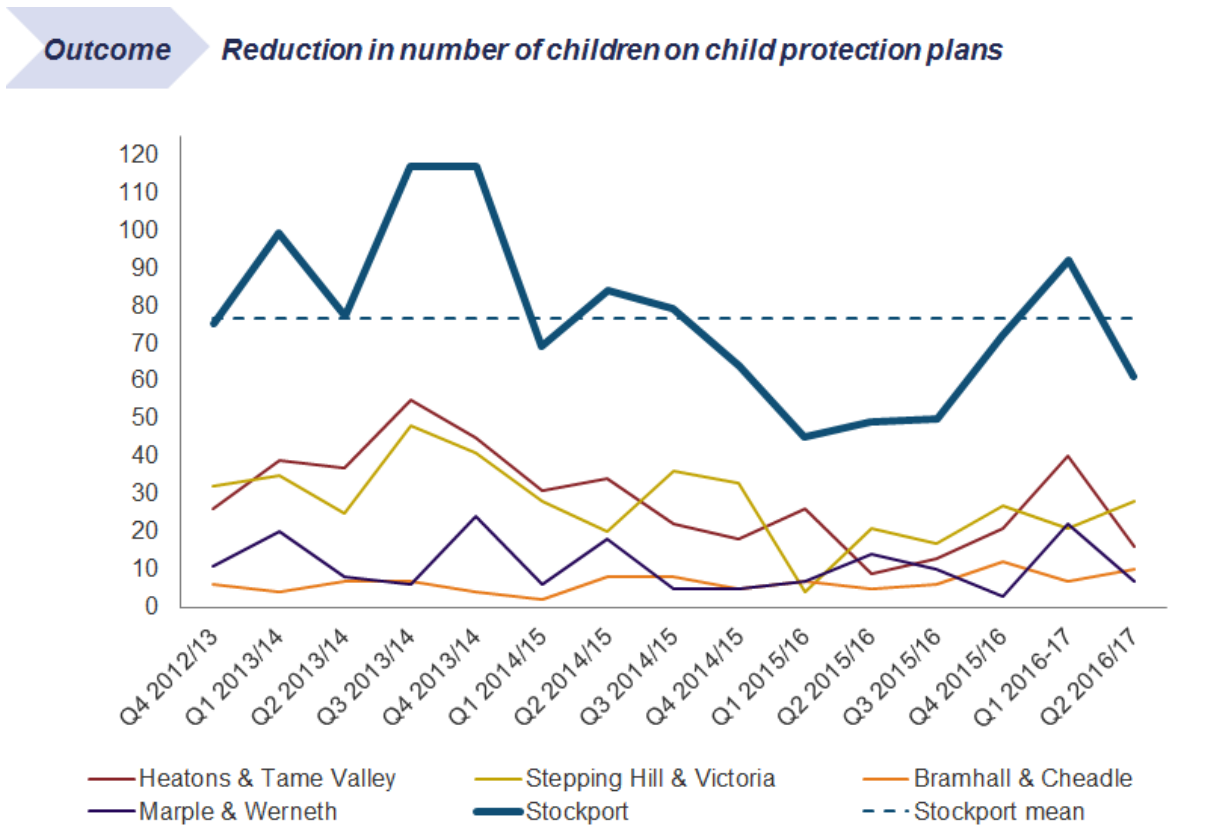
Indicator: Number of children becoming subject of a child protection plan in the period

Figure 6: Number of children ceasing to be subject of a child protection plan
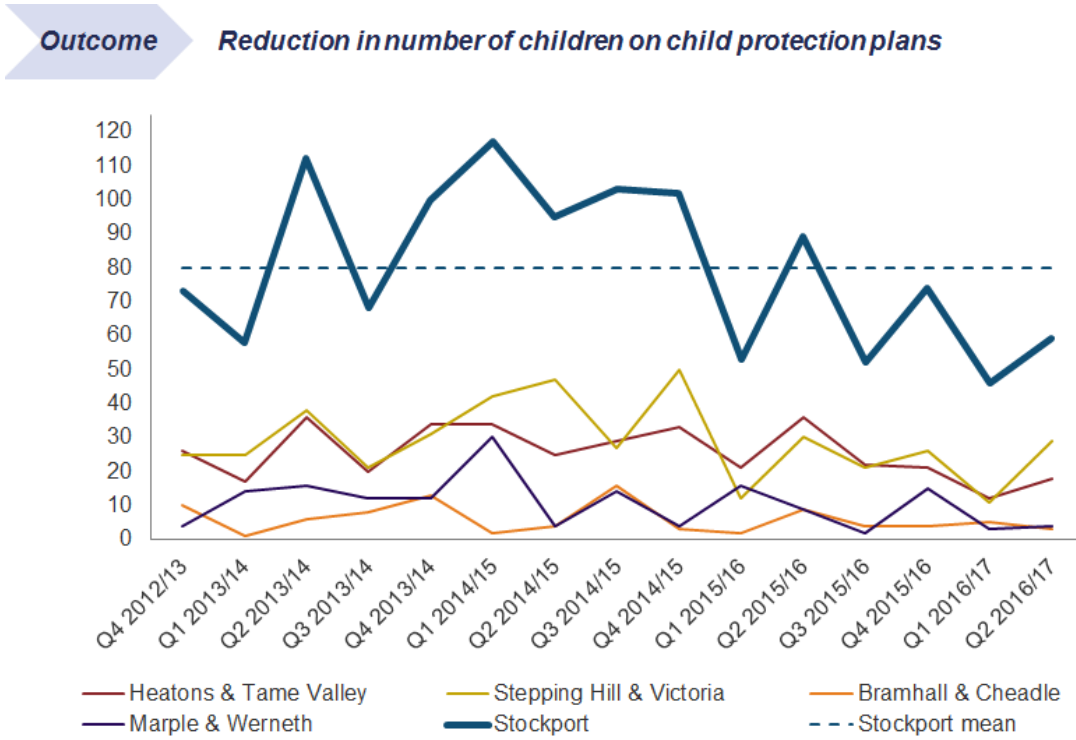
Indicator: Number of children ceasing to be the subject of a child protection plan in the period

Figure 7: Percentage of SWAs completed within 45 days
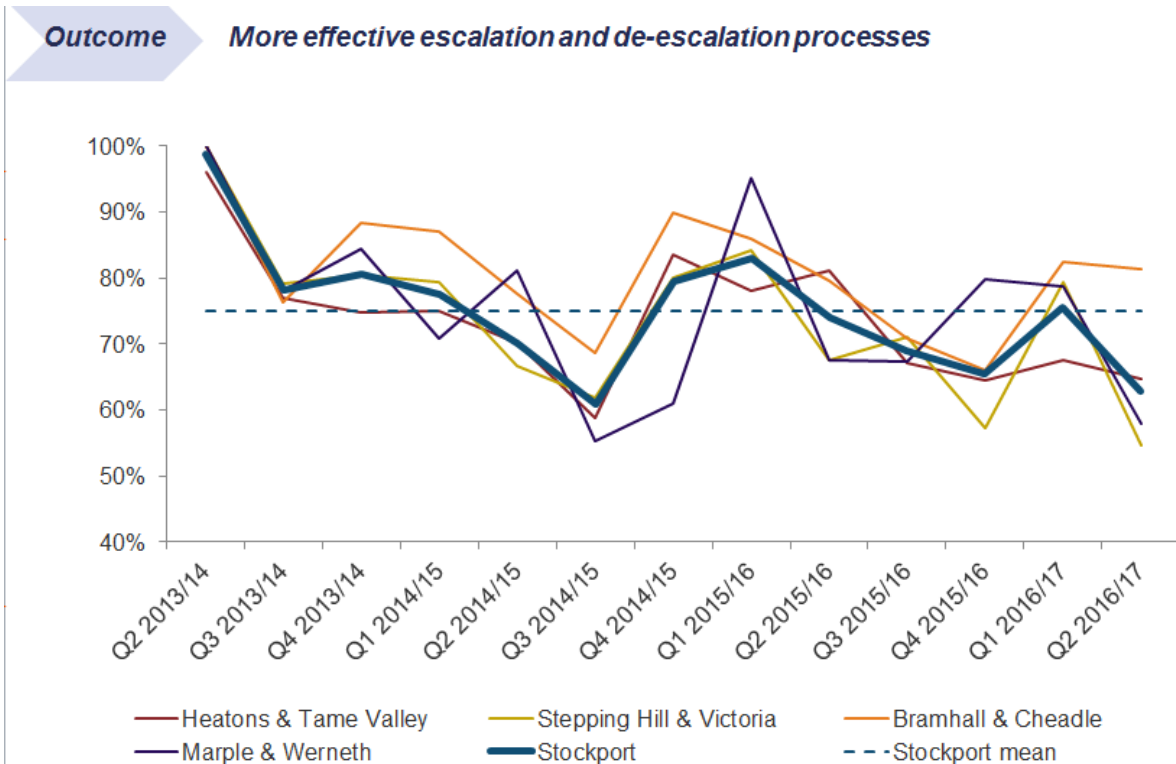
Indicator: Percentage of SWAs completed in the period that were completed within 45 days

65

Figure 8: Number of S47 enquiries which led to ICPCs held in 15 days
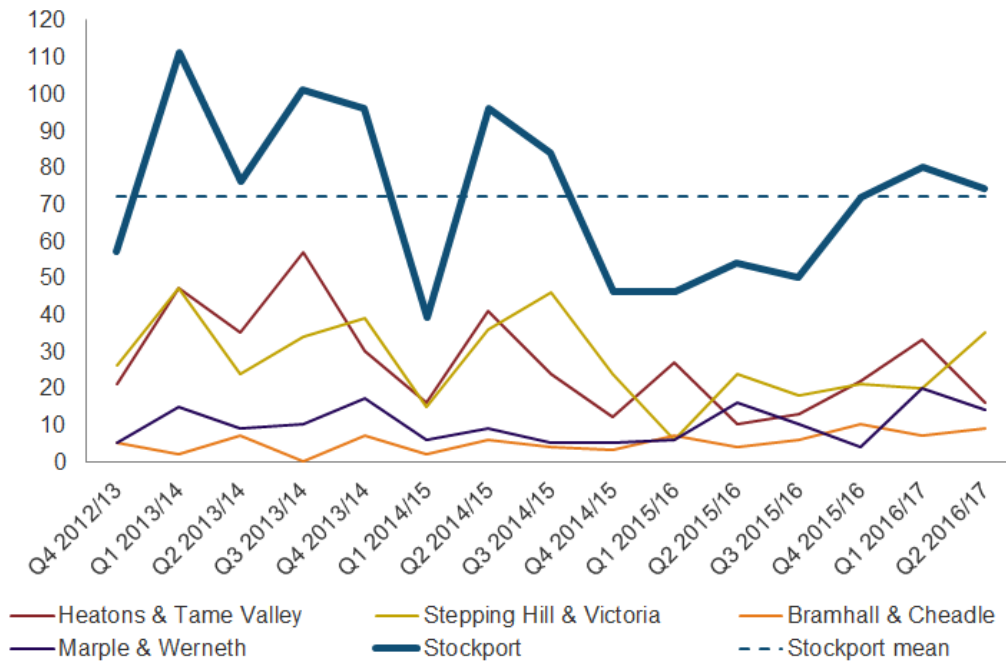
Indicator: Number of S47 enquiries which led to ICPCs held in 15 days in the period

Figure 9: ICPCs in timescale
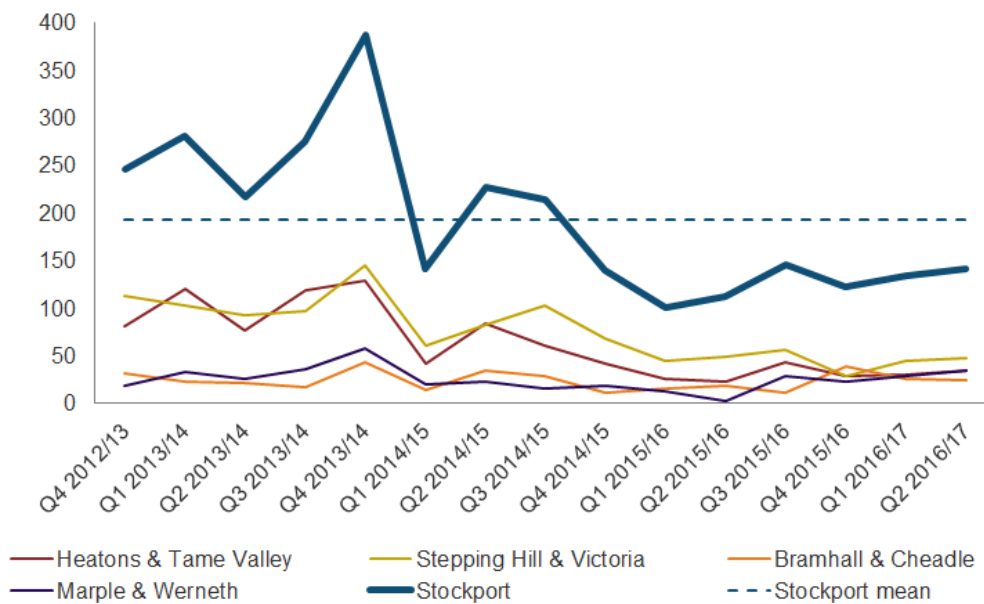
Indicator: ICPCs in period in timescale

Table 5: Number of children ceasing to be in care during the period

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	19	14	1	2	36
Q1 2013/14	6	9	4	1	21
Q2 2013/14	15	18	5	4	44
Q3 2013/14	6	17	4	5	34
Q4 2013/14	8	8	2	1	21
Q1 2014/15	19	13	7	2	43
Q2 2014/15	11	22	2	7	43
Q3 2014/15	16	20	2	4	44
Q4 2014/15	9	17	9	1	36
Q1 2015/16	7	15	2	3	29
Q2 2015/16	8	13	9	4	37
Q3 2015/16	16	14	6	4	40
Q4 2015/16	17	28	5	3	54
Q1 2016/17	13	22	1	3	41
Q2 2016/17	8	20	3	1	34

Source: SSDA903 LAC ceasing

Table 6: Number of children taken into care during the period who had been taken into care from a family where a child had previously been removed

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	6.9%	11.6%	4.5%	3.4%	8.6%
Q1 2013/14	5.6%	11.3%	4.2%	3.2%	7.8%
Q2 2013/14	6.0%	11.1%	4.2%	3.2%	7.9%
Q3 2013/14	6.5%	12.3%	4.2%	10.3%	9.2%
Q4 2013/14	7.0%	11.4%	4.0%	10.3%	8.9%
Q1 2014/15	7.6%	10.2%	5.3%	10.7%	8.7%
Q2 2014/15	9.9%	9.4%	5.3%	11.5%	9.2%
Q3 2014/15	8.7%	10.2%	5.0%	11.1%	9.1%
Q4 2014/15	12.5%	10.2%	19.0%	10.0%	11.6%
Q1 2015/16	18.3%	4.9%	19.0%	10.3%	12.0%
Q2 2015/16	19.5%	4.0%	6.7%	3.3%	10.3%
Q3 2015/16	19.8%	5.8%	8.3%	3.6%	10.4%
Q4 2015/16	16.2%	5.5%	10.0%	0.0%	9.5%
Q1 2016/17	18.1%	5.2%	7.1%	0.0%	9.1%
Q2 2016/17	17.6%	5.6%	6.3%	0.0%	8.7%

Source: SDA903 Previous LAC sibling period end

Table 7: Number of children taken into care during the period who had been taken into care for a second or subsequent time

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	2	2	0	0	4
Q1 2013/14	3	3	0	0	6
Q2 2013/14	0	1	0	1	2
Q3 2013/14	1	0	0	0	1
Q4 2013/14	1	1	1	0	3
Q1 2014/15	0	3	1	0	4
Q2 2014/15	2	4	1	0	8
Q3 2014/15	4	6	1	1	12
Q4 2014/15	1	2	3	0	6
Q1 2015/16	1	0	1	1	3
Q2 2015/16	0	3	0	0	3
Q3 2015/16	2	5	0	0	7
Q4 2015/16	2	3	0	0	5
Q1 2016/17	0	2	0	0	2
Q2 2016/17	0	1	0	1	3

Source: SDA903 Previously LAC

Table 8: Percentage of children in care at the end of the period who have been in their current placement for 2 or more years

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	18	31	1	6	57
Q1 2013/14	15	30	1	5	51
Q2 2013/14	18	33	1	3	55
Q3 2013/14	19	31	0	5	55
Q4 2013/14	19	28	0	5	52
Q1 2014/15	16	28	1	5	51
Q2 2014/15	13	30	1	7	52
Q3 2014/15	13	31	1	8	53
Q4 2014/15	18	31	1	7	57
Q1 2015/16	19	30	3	8	60
Q2 2015/16	19	36	2	9	66
Q3 2015/16	17	29	2	9	65
Q4 2015/16	16	32	2	9	67
Q1 2016/17	19	29	2	8	65
Q2 2016/17	19	30	2	8	68

Source: LAC Placement Period

Table 9: Number of children who went missing from home during the period

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	14	16	4	12	51
Q1 2013/14	23	20	7	3	64
Q2 2013/14	19	12	7	6	52
Q3 2013/14	18	14	8	9	59
Q4 2013/14	21	19	3	5	51
Q1 2014/15	18	18	10	8	55
Q2 2014/15	23	21	3	2	50
Q3 2014/15	15	18	5	7	46
Q4 2014/15	14	12	7	10	44
Q1 2015/16	20	19	7	8	54
Q2 2015/16	13	13	10	6	42
Q3 2015/16	37	35	8	17	99
Q4 2015/16	22	22	11	10	65
Q1 2016/17	24	34	10	16	92
Q2 2016/17	26	36	10	15	95

Source: MFH Missing from home

Table 10: Number of children who went missing from care during the period

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	11	8	1	1	25
Q1 2013/14	15	22	3	7	50
Q2 2013/14	6	17	2	3	28
Q3 2013/14	11	7	4	3	25
Q4 2013/14	10	4	1	2	18
Q1 2014/15	19	20	8	8	56
Q2 2014/15	18	13	8	3	42
Q3 2014/15	18	19	8	6	51
Q4 2014/15	15	22	4	5	48
Q1 2015/16	27	15	1	8	55
Q2 2015/16	25	11	8	7	52
Q3 2015/16	23	19	11	9	67
Q4 2015/16	25	11	8	7	52
Q1 2016/17	20	21	9	8	67
Q2 2016/17	20	25	6	7	65

Source: MFH Missing from care

Table 11: Number of referrals to Children's Social Care

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	226	257	72	82	647
Q1 2013/14	286	279	59	111	748
Q2 2013/14	298	217	91	66	688
Q3 2013/14	208	179	73	77	549
Q4 2013/14	243	293	83	125	761
Q1 2014/15	217	279	73	91	676
Q2 2014/15	246	328	90	119	800
Q3 2014/15	234	295	82	78	700
Q4 2014/15	254	280	83	90	723
Q1 2015/16	246	276	86	106	736
Q2 2015/16	296	301	55	134	798
Q3 2015/16	236	306	105	147	815
Q4 2015/16	189	301	120	122	754
Q1 2016/17	202	296	84	143	743
Q2 2016/17	218	275	118	131	755

Source: CIN referrals

Table 12: Percentage of re-referrals to Children's Social Care

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	24.3%	20.6%	11.1%	23.2%	21.2%
Q1 2013/14	18.5%	22.6%	5.1%	22.5%	19.4%
Q2 2013/14	21.8%	14.7%	22.0%	18.2%	19.9%
Q3 2013/14	17.8%	16.8%	8.2%	19.5%	16.6%
Q4 2013/14	32.9%	23.5%	18.1%	12.0%	23.7%
Q1 2014/15	19.4%	19.7%	16.4%	30.8%	21.0%
Q2 2014/15	20.3%	26.5%	25.6%	14.3%	22.5%
Q3 2014/15	22.6%	25.4%	7.3%	21.8%	21.6%
Q4 2014/15	22.4%	20.0%	26.5%	18.9%	21.9%
Q1 2015/16	24.8%	27.9%	10.5%	23.6%	23.6%
Q2 2015/16	16.9%	29.6%	16.4%	23.9%	22.7%
Q3 2015/16	16.5%	27.5%	15.2%	14.3%	19.8%
Q4 2015/16	20.6%	26.6%	3.3%	26.2%	20.6%
Q1 2016/17	16.8%	21.6%	15.5%	14.7%	18.2%
Q2 2016/17	23.9%	28.4%	19.5%	22.9%	24.4%

Source: CIN re-referrals

Table 13: Number of referrals to the Supporting Families Pathway

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	259	267	80	106	734
Q1 2013/14	250	293	82	107	742
Q2 2013/14	363	337	135	124	969
Q3 2013/14	371	407	107	162	1060
Q4 2013/14	363	358	122	132	994
Q1 2014/15	359	338	99	115	927
Q2 2014/15	411	418	117	181	1144
Q3 2014/15	568	579	195	222	1587
Q4 2014/15	453	559	185	168	1373
Q1 2015/16	353	534	191	188	1277
Q2 2015/16	527	630	180	159	1527
Q3 2015/16	550	600	174	215	1571
Q4 2015/16	477	556	129	184	1380
Q1 2016/17	592	648	142	204	1615
Q2 2016/17	685	573	119	161	1600

Source: SFP referrals

Table 14: Percentage of re-referrals to the Supporting Families Pathway

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport Total
Q4 2012/13	4.2%	5.2%	1.3%	9.4%	5.0%
Q1 2013/14	19.6%	17.4%	11.0%	17.8%	17.5%
Q2 2013/14	19.3%	29.4%	17.8%	25.0%	23.2%
Q3 2013/14	34.5%	33.7%	35.5%	40.1%	34.7%
Q4 2013/14	36.1%	31.6%	24.6%	28.0%	31.5%
Q1 2014/15	36.2%	26.9%	27.3%	27.8%	30.4%
Q2 2014/15	31.1%	33.3%	35.0%	33.1%	32.3%
Q3 2014/15	39.4%	40.4%	31.3%	39.6%	38.8%
Q4 2014/15	37.3%	37.0%	35.1%	36.9%	36.7%
Q1 2015/16	36.0%	42.7%	33.0%	32.4%	37.7%
Q2 2015/16	36.8%	39.0%	39.4%	37.1%	37.8%
Q3 2015/16	53.3%	51.8%	35.1%	46.5%	49.3%
Q4 2015/16	49.1%	44.2%	32.6%	28.3%	42.8%
Q1 2016/17	49.2%	47.7%	29.6%	34,3%	44.3%
Q2 2016/1	43.2%	44.2%	25.2%	27.3%	39.5%

Source: SFP re-referrals

Table 15: Numbers of children in care at the end of the period with 3 or more placements during the last 12 months

	Heatons & Tame Valley	Stepping Hill & Victoria	Bramhall & Cheadle	Marple & Werneth	Stockport
Q4 2012/13	10	10	2	4	26
Q1 2013/14	16	17	3	3	39
Q2 2013/14	11	16	4	3	34
Q3 2013/14	13	15	2	5	35
Q4 2013/14	13	19	3	4	39
Q1 2014/15	9	16	4	2	32
Q2 2014/15	6	16	5	1	30
Q3 2014/15	12	19	5	3	39
Q4 2014/15	16	22	4	4	46
Q1 2015/16	18	19	4	4	46
Q2 2015/16	17	19	2	3	44
Q3 2015/16	11	16	2	1	35
Q4 2015/16	11	15	2	1	32
Q1 2016/17	11	9	2	1	25
Q2 2016/17	8	15	3	4	32

Source: SSDA903 LAC 3+ placements

Table 16: LAC Budgets and Actuals 13/14 to 16/17

	2013/14			2014/15			2015/16		
	Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
LAC									
External Residential	3,149,921	3,634,922	485,001	3,149,921	3,448,070	298,149	2,196,921	2,995,998	799,077
External Foster care	1,050,347	1,263,192	212,845	1,050,347	974,449	-75,898	955,347	1,051,299	95,952
Internal Foster care	3,143,951	3,051,974	-91,977	3,252,951	3,180,011	-72,940	3,349,951	3,084,046	-265,905
Placed for Adoption	379,990	409,430	29,440	379,990	417,836	37,846	379,990	408,473	28,483
Total	7,724,209	8,359,518	635,309	7,833,209	8,020,366	187,157	6,882,209	7,539,816	657,607
Non-LAC									
Special Guardianship	330,000	504,443	174,443	371,000	564,524	193,524	371,000	656,080	285,080

Only those Children and Young People placed for adoption are categorised as LAC. Once the Adoption is granted they are no longer classed as LAC, however, in some cases there may still be a financial commitment. All adoption payments, placed and granted, are paid from the same budget, therefore the budget and actuals above are a combination of LAC and non-LAC but predominantly non-LAC.

Special Guardianships (SG) are not classed as LAC. However, if a reduction in LAC is as a result of increase or conversion to SG there will be an on-going financial commitment, which is dependent on the route into SG. Stockport Council forecasts an increase in spend of £307,575 in 2016/17 compared with the actual spend in 2013/14 (24%). However the increase in SG spend is likely to be due to the increase in the popularity of SGs as a care option since SG regulations came into effect in 2005[35] rather than being an impact of Stockport Family. As noted above the overall numbers of LAC has remained consistent between 2013/14 and 2016/17. Therefore, spend calculations included in the main report do not incorporate the increase in SG spend[36].

---

[35] http://www.legislation.gov.uk/uksi/2005/1109/contents/made

[36] A further area where there could be financial implications related to the decrease in LAC spend would be Section 17 (S17), whereby Stockport may provide financial support to keep a child or children in the family home. S17 expenditure in the system between 2013/14 and 2016/17 does not show an increase, although this may be related to countermeasures introduced in recent years to reduce expenditure: for example, issuing travel cards/ bus tickets instead of cash, referring to food banks, greater partnership working between Children's Social Care and SLAS (Stockport Local Assistance Scheme), all of which would offset any potential increases as a result of reducing LAC.

Appendix 4: Survey toplines

Staff Wave 1 survey

Q1 Work Satisfaction

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My work gives me a feeling of personal achievement	41%	46%	5%	6%	2%	-
	(45)	(51)	(6)	(7)	(2)	-
I feel confident in my ability to do my job	54%	44%	1%	1%	-	-
	(60)	(49)	(1)	(1)	-	-
I feel encouraged to develop better ways of doing things	27%	47%	13%	11%	3%	-
	(30)	(52)	(14)	(12)	(3)	-
I enjoy coming to work most days	27%	47%	13%	7%	6%	-
	(30	(53)	(14)	(8)	(7)	-
I think families value the work I do with them	24%	54%	15%	5%	-	4%
	(28)	(59)	(16)	(5)	-	(4)
I often feel very stressed by the nature of my work	21%	40%	19%	10%	10%	1%
	(23)	(45)	(21)	(11)	(11)	(1)

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

Q2- Time and Resources

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I have sufficient time to work effectively with families on my caseload	6%	34%	14%	29%	14%	4%
	(6)	(37)	(15)	(31)	(15)	(4)
I am required to spend too long on administrative tasks	36%	32%	18%	7%	5%	2%
	(40)	(35)	(20)	(8)	(5)	(2)
I can access the expertise of others to support me in my work	35%	49%	7%	8%	1%	-
	(38)	(54)	(8)	(9)	(1)	-
I have the right tools and resources to work effectively with families	17%	41%	20%	18%	3%	1%
	(19)	(45)	(22)	(20)	(3)	(1)
I feel confident and	26%	49%	18%	6%	1%	1%

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
able to effect change with families	(28)	(54)	(20)	(6)	(1)	(1)
I often work over my contracted hours to cope with my workload	40%	24%	19%	11%	6%	1%
	(44)	(26)	(21)	(6)	(6)	(1)

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

Q3- Peer and Management Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I am able to regularly reflect on my work with experienced colleagues	29%	44%	12%	12%	5%	-
	(32)	(49)	(13)	(13)	(5)	-
My line manager provides me with regular supervision and feedback	36%	42%	12%	9%	2%	-
	(40)	(47)	(13)	(10)	(2)	-
I receive supervision which helps me do my job better	29%	36%	18%	13%	5%	1%
	(32)	(40)	(20)	(14)	(5)	(1)
Collaboration with colleagues helps me do my job better	54%	37%	6%	4%	-	-
	(60)	(41)	(7)	(4)	-	-
I feel appreciated by colleagues and managers	28%	41%	16%	12%	3%	-
	(31)	(46)	(18)	(13)	(3)	-
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	14%	45%	19%	16%	6%	-
	(16)	(50)	(21)	(18)	(7)	-

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

Q4- Learning and Development

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel I have the knowledge and skills I need to work effectively with families	45%	46%	6%	3%	-
	(49)	(50)	(6)	(3)	-
I get the training and development I need to do my job well	33%	42%	15%	9%	2%
	(36)	(46)	(16)	(10)	(2)
Managers encourage and support me to develop my skills	33%	44%	13%	8%	3%
	(36)	(48)	(14)	(9)	(3)
I have enough time to undertake learning and development	16%	38%	15%	23%	9%
	(17)	(42)	(16)	(25)	(10)
I feel appreciated by colleagues and managers	28%	41%	16%	12%	3%
	(31)	(46)	(18)	(13)	(3)
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	14%	45%	19%	16%	6%
	(16)	(50)	(21)	(18)	(7)

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

Q5- Communication and Involvement with Decision Making

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation keeps me well informed about changes affecting my work	16%	50%	11%	16%	6%	-
	(18)	(55)	(12)	(18)	(7)	-
If I have an idea or a concern I feel confident about raising it with managers	35%	49%	8%	6%	2%	-
	(39)	(55)	(9)	(7)	(2)	-
I feel fully involved in decisions about my day to day work	26%	37%	17%	17%	4%	-
	(29)	(41)	(19)	(190)	(4)	-
My organisation provides regular opportunities for staff to share their ideas or concerns	18%	45%	20%	12%	6%	-
	(20)	(50)	(22)	(13)	(7)	-
I feel there is little duplication of work across my organisation	11%	29%	27%	21%	11%	2%
	(12)	(32)	(30)	(23)	(12)	(2)
I understand what other teams in the organisation do	12%	56%	15%	14%	2%	1%
	(13)	(63)	(17)	(16)	(2)	(1)

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

Q6- Organisational Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation's policies and procedures are clear and helpful	14%	63%	16%	5%	2%	-
	(15)	(70)	(18)	(6)	(2)	-
I feel my organisation supports me in my professional judgement and decision-making	21%	55%	13%	7%	2%	1%
	(24)	(62)	(150)	(8)	(92)	(1)
My organisation enables me to access resources on good practice, research, new legislation and other learning.	22%	46%	20%	11%	1%	1%
	(25)	(51)	(22)	(12)	(1)	(1)
My organisation supports effective partnership working with other agencies	30%	57%	9%	4%	1%	-
	(33)	(63)	(10)	(4)	(1)	-
I feel there is a lot of cross team support in my organisation	17%	44%	25%	11%	2%	2%
	(19)	(48)	(27)	(12)	(2)	(2)
Specialist staff are available to assist when I need them	12%	50%	23%	14%	2%	-
	(13)	(55)	(25)	(16)	(2)	-

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

Q7- Changes to Children's Social Care

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I understand what the changes being made to Children's Social Care are	29%	52%	6%	12%	1%	1%
	(32)	(58)	(7)	(13)	(1)	(1)
I feel that the changes my organisation is currently making will result in better outcomes for families	15%	27%	26%	17%	8%	7%
	(17)	(30)	(29)	(19)	(9)	(8)
I am not sure about what my role in the changes is	17%	34%	16%	14%	16%	3%
	(19)	(38)	(18)	(16)	(18)	(3)
The changes will bring a better balance of work across different teams	11%	22%	38%	12%	8%	10%
	(12)	(25)	(42)	(13)	(9)	(11)
The changes will make me feel more confident and able to effect change with families	7%	19%	42%	16%	6%	10%
	(8)	(21)	(46)	(17)	(7)	(11)
Specialist staff are available to assist when I need them	12%	50%	23%	14%	2%	-
	(13)	(55)	(25)	(16)	(2)	-

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

Q8- Which area do you work in?

Heatons and Tame Valley	10%
	(10)
Stepping Hill and Victoria	25%
	(26)
Marple and Wemeth	14%
	(15)
Bramhall and Cheadle	14%
	(14)
Borough Wide Services	52%
	(54)

Q9- What is your role?

Social Worker ASYE	2%	
	(2)	
Social Worker working towards POPP	8%	
	(8)	
Experienced Social Worker with POPP	9%	
	(9)	
Senior Practitioner	7%	
	(7)	
Team Manager	18%	
	(19)	
Service Manager	2%	
	(2)	
Other	56%	
	(59)	

Q10- Which team are you part of?

ICS Locality Teams	24%	
	(26)	
CSC Locality Teams	20%	
	(22)	
Other	20%	
	(22)	
Safeguarding and Learning Teams	7%	
	(8)	
Family Placement Teams	7%	
	(7)	
MOSAIC	7%	
	(7)	
Children with Disabilities Teams	6%	
	(6)	
MASSH	7%	
	(3)	
Leaving Care Team	2%	
	(2)	
Stockport Families First Team	2%	
	(2)	
KITE	1%	
	(1)	
Out of Hours Team	1%	
	(1)	

Q11- How long have you worked in Children's Social Care?

Less than 1 year	10%
	(10)
Between 1 and 3 years	16%
	(16)
Between 4 and 6 years	14%
	(14)
Between 7 and 10 years	19%
	(19)
Over 10 years	40%
	(40)

Q12- In the last week, what proportion of your time did you spend working directly with families?

Less than 10%	13%
	(14)
Between 10% and 24%	18%
	(20)
Between 25% and 49%	25%
	(27)
Between 50% and 74%	15%
	(16)
Between 75% and 89%	6%
	(6)
90% or more	1%
	(1)
Not applicable	24%
	(26)

Staff Wave 2 survey

Q1- Work Satisfaction

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My work gives me a feeling of personal achievement	45%	42%	5%	6%	2%	1%
	(47)	(44)	(5)	(6)	(2)	(1)
I feel confident in my ability to do my job	50%	45%	3%	1%	2%	-
	(52)	(47)	(3)	(1)	(2)	-
I feel encouraged to develop better ways of doing things	32%	41%	18%	9%	-	-
	(34)	(43)	(19)	(9)	-	-
I enjoy coming to work most days	32%	38%	14%	11%	3%	1%
	(34)	(40)	(15)	(12)	(3)	(1)
I think families value the work I do with them	29%	53%	8%	6%	1%	4%
	(30)	(56)	(8)	(6)	(1)	(4)
I often feel very stressed by the nature of my work	23%	35%	15%	15%	11%	1%
	(24)	(37)	(16)	(16)	(11)	(1)

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

Q2- Time and Resources

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I have sufficient time to work effectively with families on my caseload	7%	31%	16%	23%	19%	5%
	(7)	(32)	(17)	(24)	(20)	(5)
I am required to spend too long on administrative tasks	27%	37%	27%	7%	3%	-
	(28)	(39)	(28)	(7)	(3)	-
I can access the expertise of others to support me in my work	41%	49%	6%	5%	-	-
	(43)	(51)	(6)	(5)	-	-
I have the right tools and resources to work effectively with families	13%	51%	13%	16%	4%	2%
	(14)	(54)	(14)	(17)	(4)	(2)
I feel confident and able to effect change with families	25%	53%	15%	2%	3%	2%
	(26)	(56)	(16)	(2)	(3)	(2)
I often work over my contracted hours to cope with my workload	42%	31%	11%	8%	8%	-
	(44)	(33)	(12)	(8)	(8)	-

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

Q3- Peer and Management Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I am able to regularly reflect on my work with experienced colleagues	29%	49%	11%	9%	3%	-
	(30)	(51)	(12)	(9)	(3)	-
My line manager provides me with regular supervision and feedback	46%	32%	5%	11%	6%	-
	(48)	(34)	(5)	(12)	(6)	-
I receive supervision which helps me do my job better	37%	34%	12%	11%	5%	-
	(39)	(36)	(13)	(12)	(5)	-
Collaboration with colleagues helps me do my job better	61%	34%	3%	1%	-	1%
	(64)	(36)	(3)	(1)	-	(1)
I feel appreciated by colleagues and managers	37%	36%	11%	11%	4%	-
	(39)	(38)	(12)	(12)	(4)	-
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	34%	26%	16%	16%	7%	1%
	(36)	(27)	(17)	(17)	(7)	(1)
I feel confident that other teams within the organisation do their job well	23%	52%	16%	8%	-	1%
	(24)	(55)	(17)	(8)	-	(1)
I feel appreciated by other teams and departments	18%	45%	20%	12%	3%	2%
	(19)	(47)	(21)	(13)	(3)	(2)
Teams within the organisation do not work effectively together	2%	15%	32%	29%	19%	3%
	(2)	(16)	(34)	(30)	(20)	(3)
I feel confident in my team's ability to do their jobs well	57%	38%	4%	1%	-	-
	(60)	(40)	(4)	(1)	-	-

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

Q4- Learning and Development

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I feel I have the knowledge and skills I need to work effectively with families	51%	42%	5%	1%	1%	1%
	(53)	(44)	(5)	(1)	(1)	(1)
I get the training and development I need to do my job well	33%	49%	7%	11%	1%	-
	(35)	(51)	(7)	(11)	(1)	-
Managers encourage and support me to develop my skills	38%	41%	9%	9%	4%	-
	(40)	(43)	(9)	(9)	(4)	-
I have enough time to undertake learning and development	12%	31%	15%	29%	13%	-
	(13)	(32)	(16)	(30)	(14)	-

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

Table 5- Communication and Involvement with Decision Making

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation keeps me well informed about changes affecting my work	24%	44%	13%	13%	6%	-
	(25)	(46)	(14)	(14)	(6)	-
If I have an idea or a concern, I feel confident about raising it with managers	47%	40%	6%	5%	3%	-
	(49)	(42)	(6)	(5)	(3)	-
I feel fully involved in decisions about my day to day work	21%	38%	16%	17%	8%	-
	(22)	(40)	(17)	(18)	(8)	-
My organisation provides regular opportunities for staff to share their ideas or concerns	29%	39%	20%	6%	7%	-
	(30)	(41)	(21)	(6)	(7)	-
I feel there is little duplication of work across my organisation	8%	39%	24%	19%	7%	4%
	(8)	(41)	(25)	(20)	(7)	(4)
I understand what other teams in the organisation do	16%	52%	18%	11%	2%	1%
	(17)	(55)	(19)	(11)	(2)	(1)

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

Q6- Organisational Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation's policies and procedures are clear and helpful	23%	54%	16%	7%	-	-
	(24)	(57)	(17)	(7)	-	-
I feel my organisation supports me in my professional judgement and decision-making	28%	53%	13%	6%	-	-
	(29)	(56)	(14)	(6)	-	-
My organisation enables me to access resources on good practice, research, new legislation and other learning.	28%	45%	23%	5%	-	-
	(29)	(47)	(24)	(5)	-	-
The introduction of the Early Help Assessment will have a positive influence on work within my organisation	17%	26%	41%	-	1%	15%
	(18)	(27)	(43)	-	(1)	(16)
My organisation supports effective partnership working with other agencies	48%	42%	10%	-	-	1%
	(50)	(44)	(10)	-	-	(1)
I feel there is a lot of cross team support in my organisation	23%	49%	24%	5%	-	-
	(24)	(51)	(25)	(5)	-	-
Specialist staff are available to assist when I need them	21%	55%	18%	3%	1%	2%
	(22)	(58)	(19)	(3)	(1)	(2)
Staff within the organisation learn from their experiences	23%	56%	17%	2%	-	2%
	(24)	(59)	(18)	(2)	-	(2)
The IT system and software support me to do my job	16%	51%	14%	8%	11%	-
	(17)	(54)	(15)	(8)	(11)	-
The physical environment in my office is appropriate for the work I do	20%	46%	11%	17%	6%	1%
	(21)	(48)	(11)	(18)	(6)	(1)

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

Q7- The new Stockport Family way of working

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I understand the Stockport Family way of working	50%	40%	8%	2%	-	1%
	(52)	(42)	(8)	(2)	-	(1)
I feel that the changes my organisation is currently making will result in better outcomes for families	31%	31%	20%	12%	-	6%
	(32)	(33)	(21)	(13)	-	(6)
I don't understand how my role fits with what Stockport Family is trying to achieve	5%	11%	18%	28%	38%	1%
	(5)	(11)	(19)	(29)	(40)	(1)
The changes will bring a better balance of work across different teams	13%	33%	28%	13%	4%	9%
	(14)	(35)	(29)	(14)	(4)	(9)
The changes will make me feel more confident and able to effect change with families	(16)	35%	27%	11%	4%	7%
	(17)	(37)	(28)	(12)	(4)	(7)

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

Q8- Which area do you work in?

Heatons and Tame Valley	20%
	(21)
Stepping Hill and Victoria	18%
	(19)
Marple and Wemeth	12%
	(13)
Bramhall and Cheadle	11%
	(11)
Borough Wide Services	61%
	(64)

Q9- What is your role?

Social Worker ASYE	4%	
	(4)	
Social Worker working towards POPP	3%	
	(3)	
Experienced Social Worker with POPP	5%	
	(5)	
Senior Practitioner	9%	
	(9)	
Team Manager	11%	
	(12)	
Service Manager	5%	
	(5)	
Other	64%	
	(67)	

Q10- Which team are you part of?

Other	38%
	(40)
CSC Locality Teams	15%
	(16)
MASSH	8%
	(8)
ICS Locality Teams	7%
	(7)
YOS	7%
	(7)
Stockport Family First Team	6%
	(6)
MOSAIC	5%
	(5)
Family Placement Teams	4%
	(4)
Children with Disabilities Teams	4%
	(4)
Safeguarding and Learning Teams	4%
	(4)
DACSE	2%
	(2)
Leaving Care Team	1%
	(1)

Q11- How long have you worked in Children's Social Care?

Less than 1 year	15%
	(16)
Between 1 and 3 years	20%
	(21)
Between 4 and 6 years	13%
	(14)
Between 7 and 10 years	17%
	(18)
Over 10 years	34%
	(36)

Q12- In the last week, what proportion of your time did you spend working directly with families?

Less than 10%	9%
	(9)
Between 10% and 24%	12%
	(13)
Between 25% and 49%	26%
	(27)
Between 50% and 74%	20%
	(21)
Between 75% and 89%	4%
	(4)
90% or more	1%
	(1)
Not applicable	29%
	(30)

Service-user Wave 1 survey

Q1: How much do you agree or disagree with the following statements about the staff you have had contact with from Stockport's services for children, young people and families?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
Staff were knowledgeable ...	21	11	2	-	-	-
Staff were approachable	25	8	1	-	-	-
Staff were available when my family needed them	25	7	2	-	-	-
Staff kept things confidential	27	4	1	-	-	2
Staff kept me informed and up-to-date with relevant information	24	5	5	-	-	-
Staff did what they said they would do............	27	4	2	1	-	-
Staff listened to my family's views	25	7	2	-	-	-
Staff took my family's views into account when making decisions	25	7	2	-	-	-
Staff understood my family's needs	26	5	3	-	-	-

Base for all statements (total number of responses): 34

Q2: And how much do you agree or disagree with the following statements about the service/s your family has received?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My family knew who to contact if we had any queries or issues.............	29	3	2	-	-	-
Any queries or issues my family had were responded to quickly……………...	23	6	4	1	-	-
My family received support from specialist staff when appropriate	24	5	2	-	-	3
Staff always put my children first...................	27	4	2	-	-	1
Staff spent sufficient time with my family..........	27	5	2	-	-	-
Staff from different agencies, such as Schools, Health worked well together to support my family........................	23	4	3	1	1	2

Base for all statements (total numbers of responses): 34

Q3: And how much do you agree or disagree with the following statements about the service your family has received?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I was happy with the way my family's assessment was carried out......................	25	4	4	-	-	1
My family received a copy of my child/family plan	20	4	1	1	-	8
I understood why my family was receiving help…………………….……	27	3	2	-	-	2
The help and services provided met my family's needs	24	8	2	-	-	-
The support my family received made a positive difference to my family's situation.......	21	8	3	1	-	1
I am now more confident about my family's future.................	21	7	5	1	-	-
The service I receive has improved recently....	19	7	5	-	-	3

Base for all statements (total numbers of responses): 34

Q4: Are there any other comments or suggestions you'd like to make about Stockport's services to children, young people and families?

'Services only involved due a nightmare neighbour's accusations- so it was very short- but Staff Member 1 was very nice. She listed to what we had to say, gave us advice, explained all help available - if we needed any. Was easy to talk to, very understanding and we know if we need her help, we can contact her again'
'I am really happy with the services my family are receiving. It has made a significant change to our situation and we are now a family again, not a group of people who live in the same house.'
'Stockport's services to me and my girls' are so good… Just a big thank you to all'
'I am thankful to Stockport services in general because they helped my family the moment we arrived in the county.'
'I don't think… no one new because its helped me and my son improve our lives and other families'
'I feel that when it comes to March, I will still need my full support from Staff Member 2. She is my family support worker and I would appreciate If I could still continue to have Staff Member 2 helping me now and after March.'

'I will miss the staff that I have got to know- Staff Member 3 and Staff Member 4. I wish that they didn't have to leave.'
'Staff Member 5 helped and supported my family. She is kind and helpful and did a lot for us. What a wonderful family support worker, thank you.'
'The support and help for myself and my partner has been excellent. We just need our child to engage then hopefully things can change for the better with the help and support. Also with the staff as we are finding out about everything, (mosaic) have helped us to understand more than (social services).'
'The service I received was brilliant. I rang and explained my position, the staff responded quickly and really made me feel that they cared and wanted to help myself and my son. I was very impressed.'
'Staff Member 6 Mental Health pulled out due to cut backs. Been referred to MARS but not responded. Child 1 needs anger management but not happened yet, still waiting. Social worker unhelpful.'
'I am very very happy about the service I have received, especially from Staff Member 7 and Staff Member 8, much appreciated. Thank you so much for all the support.'
'Generally pleased with service from social services and support worker listened to me and my views gave good advice and helpful.'

No response given (blank questionnaire): 21
Base (total responses given): 13

BACKGROUND INFORMATION

Q5: How long has your family been in contact with Stockport's services to children, young people and families? If you have been in contact with Stockport's services in the past, please include your most recent contact only.

- 6   up to 3 months
- 6   between 3 and 6 months
- 8   between 6 months and a year
- 9   more than 1 year
- 4   don't know
- 1   no response given
- 34 base (total number of responses)

Q6: Which of the following types of service has your family received? If you have been in contact with Stockport's services in the past, please include your most recent experience only.

- 23 health (e.g. school nurse, health visitor)
- 25 family support worker
- 6   school attendance support
- 15 children's social care (e.g. support from a social worker)
- 4   disability support (e.g. children with disabilities services)
- 3   Youth Offending service
- 5   drug and alcohol treatment
- 12 children's centres
- 5   don't know
- 7   No response given
- 34 Base (Total number of responses)

Q7: Which locality was the family based in:
- 12 Heatons and Tame Valley
- 11 Stepping Hill and Victoria
- 5 Cheadle, Bramhall, Marple and Werneth
- 6 No response given
- 34 Base (Total number of responses)

Method of completing questionnaire:
33 Paper
1 Online

Service-user Wave 2 survey

Q1: How much do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
Staff were available when my family needed them (106)	75 71%	22 21%	4 4%	1 1%	3 3%	1 1%
Staff listened to my family's views (105)	79 75%	17 16%	4 4%	1 1%	2 2%	2 2%
Staff took my family's views into account when making decisions (105)	78 74%	18 17%	5 5%	-	2 2%	2 2%
I do not have to repeat information I have already given to different members of staff (105)	54 51%	28 27%	11 10%	6 6%	4 4%	2 2%
Staff did what they said they would do (105)	77 73%	19 18%	3 3%	3 3%	1 1%	2 2%
The help and services provided met my family's needs (105)	70 67%	22 21%	7 7%	2 2%	2 2%	2 2%
I am now more confident about my family's future (106)	61 58%	23 22%	17 16%	-	1 1%	4 4%

Base = all giving a response (shown in brackets next to each question)

Q2: Have you used the council's website in the last 3 months to find any information?

No   61 59%
Yes   43 41%
Base = all giving a response (104)

Q3:	Very easy	Fairly easy	Neither easy nor difficult	Fairly difficult	Very difficult	Don't know
How easy or difficult was it to find the information you were looking for on the council's website?*	13	14	6	4	5	

Base = all those that have used the council's website in the last 3 months excluding blanks (42)

* Numbers shown only due to low base

Q4: Are there any other comments or suggestions you'd like to make about Stockport's services to children, young people and families? Please write in any comments in the box below.

It would be easier to have free childcare for working parents for babies from 1 year old.
Good service provided. Children enjoy the session.
[Name redacted] is a brilliant family support worker, she has been there for myself and my family and just want her to know I'm very grateful for all her hard work she has done for us. True lady she is. :)
Be available when needed! We had to wait a very long time to be offered a family support worker! Months and months of meetings with professionals for my child, who suggested also how much a f.s.w. would help our family.
I have learnt a lot of things since working with my family support worker and she has made the way for me very easy as I am new to the area.
More support for dads.
The services that have been received are excellent. Someone is always available for help or information and I can honestly say all our experiences have been good.
Just a thank you for all your support.
I have and am still getting help for myself and daughter. [Details redacted]
[Name redacted] has been very helpful organising appropriate services to help myself and children, which has been a godsend and vary.
Needs to be more communication between services and report things that actually happened.
We have received support from the family support worker for 3 years since my [detail redacted] child was under the care of social service. With their help it eases difficult situations we experienced, also support us which way to move forward. They are easy to access and the continuity is great. I am happy with their services.
I wish that Stockport Portage Services will increase their visits to the families in need. Currently it is once every fortnight. It will be very beneficial for the families if they increase it to at least once every week.

[Name redacted] is brilliant with [Name redacted] and he always enjoys her visit. She treats him as an individual and not just as a child with special needs. She is excellent at her job, she is very supportive and understanding.

Hospital appointments have big gaps between seeing people. If appointments were closer together maybe progress could be made quicker.

I have had loads of support from contact workers, couldn't fault any of them, social workers don't get any help or support and no reply when you need to talk to someone.

School admissions, shocking customer service as they do not get back to you.

Have been great, without the help of HV and children's centre things would have been worse.

More courses to be available to go on.

I think my child may have benefited from an earlier referral to access the services more quickly as once the support was in place his progress has been amazing. A health visitor referral to portage at an earlier stage when we were struggling would have helped.

More contact with families, and better communication when arranging visits or getting back to people when returning phone calls and text messages.

Fantastic service.

The services to children, young people and families provided are excellent and the family support worker who has helped me with my problems has done a very good job and right now there has been an improvement in my children's welfare and well being. I would like to thank her so much for being there for my family.

I think parents should be able to contact you themselves, instead of having to be referred.

Great service, more supportive and a view for families.

[Name redacted], our family worker, has been really helpful during the holidays. It was nice to feel so supported at a time when most aren't available. I cannot say one bad thing, I finally feel like I might be making progress, so thank you.

My family support worker is brilliant she listens not judges, she has time for me and children. Five star. HV was also as good but has left for maternity leave.

Really good, really fantastic how you have dealt with everything. You were the only person who has ever been straight with us, very supportive.

Has been excellent, glad of the help, I really appreciated it. Member of staff has gone beyond the call of duty.

Really impressed by how [text unclear] service got in touch with me. Always been able to get of hold of staff.

I think portage resources need to be expanded. My son was doing well and progressing slowly, then had a break while they caught up with waiting lists then offered 3 further sessions which haven't been as beneficial as they could have been if he had constant continuity rather than a break in routine. Service has stopped with

little or nothing to move on to and son still needs lots of support.

Everything has been good, [Name redacted] has been friendly and approachable and helped me when I have needed it.

Yes, very good support.

It is an amazing service. I cannot be more grateful and appreciative for all the help and support given. I wouldn't have managed on my own and the staff were just amazing.

[Name redacted] was extremely helpful and lovely to work with, she listened and took everything into account.

Really useful information and support from [Name redacted]. Thank you.

Feels she has received brilliant support from [Name redacted] and the School Age Plus worker.

I personally think that they're amazing. Without their help I would not have been given any help elsewhere, i.e. Doctor's, support network and so on. I really am grateful for everything they have done.

Nope.

The creche at [detail redacted] has been fabulous for my son. He has never been left with anyone other then family before. It has been great for him to mix with other children, the staff have been fabulous with him and kept me informed each week.

Parents should have help with what benefits they can claim.

The services and the way the system is designed completely ruined one child to the point of a breakdown, one child left to feel alone, naughty and no good and 2 parents and another sibling completely broken with nowhere to turn. We were failed by L.E.A., Mental Health for the Children, Social Services. My family are broken and this is due to late intervention and support.

My biggest concern throughout our traumatic experiences is that we were given 'crisis' phone numbers which I used several times when even myself and Dad had completely broken down, we were not listened to with any compassion or understanding. It took a lot to ring those numbers, we were lost and broken, and got no help or understanding at all. We have now come through the worst, but several years on, I see the damage those services did to my whole family through no support, not believing us and basically leaving us to it. I know from personal experience we are not the only family to feel this way. Please believe me when I say I have not exaggerated how bad things were for us. I'm glad to see the Government/Local Authority are looking to make changes. It is desperately needed to help our future adults. Thank you.

Q5: How long has your family been in contact with Stockport's services to children, young people and families? If you have been in contact with Stockport's services in the past, please include your most recent contact only.

- 28% (29) Up to 3 months
- 12% (12) Between 3 and 6 months
- 17% (18) Between 6 months and a year
- 38% (39) More than 1 year
- 5% (5) Don't know

Base = all giving a response (103)

Q6: Which of the following types of services has your family received? If you have been in contact with Stockport's services in the past, <u>please include your most recent experience only.</u>

- 56% (55) Health (e.g. school nurse, health visitor)
- 54% (53) Family support worker
- 11% (11) School attendance support
- 28% (28) Children's social care (e.g. support from a social worker)
- 19% (19) Disability support (e.g. children with disabilities services)
- 6% (6) Youth Offending service
- 4% (4) Drug and alcohol treatment
- 31% (31) Children's centres
- 4% (4) Don't know

Base = all giving a response (99). Note this is a multi-code question

Q7: Which area do you live in? (Ask your Stockport Family worker if you are unsure).

Heatons & Tame Valley	Marple & Werneth	Bramhall & Cheadle	Stepping Hill & Victoria
32 34%	15 16%	21 20%	25 27%

Base = all giving a response (93)