Department for Education

Leeds Family Valued

Evaluation report

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Overview of Family Valued

Family Valued was a Leeds City Council (LCC) system change programme. Receiving the largest grant of the DfE Social Care Innovation Programme, it was an ambitious programme, starting in March 2015 and ending in December 2016, to spread restorative practice across children's services and the social work service. A key element was the expansion of the Family Group Conferencing (FGC) service to a scale not previously seen in the UK, including for families experiencing domestic violence. It was at the 'scale and spread' end of the innovation spectrum – building on work already undertaken and evidence of what works to take restorative practice to a much wider scale across, and beyond, Children's Services.

There were 3 core strands to the programme:

- Awareness Raising (introductory) and Deep Dive (in-depth) training to embed restorative practice across social work, children's services and the wider workforce for children, families and communities

- expansion of FGCs to more families, including those affected by domestic violence (linked to a wider system change in responding to these issues) and with a new model replacing Initial Child Protection Conferences (ICPC)

- newly commissioned services to address gaps in provision and act on the outcomes of FGCs

Overview of the evaluation

An Outcomes Based Accountability (OBA) indicator framework was developed with LCC and incorporated within a Theory of Change (ToC). There were four strands to the evaluation involving qualitative interviews, observations of practice, surveys of practitioners and families, analysis of administrative data and an impact analysis:

- restorative practice system change: exploring the delivery of restorative practice training, support for area-based service 'Clusters' and the wider system change

- Family Group Conferences (FGCs): exploring the expansion of the service and creation of a new Innovations Team developing FGCs for families experiencing domestic violence

- domestic violence: exploring how a new multi-agency, whole-family approach to addressing domestic violence incorporated the new offer of FGCs

- social work: exploring the development of a restorative social work service, through Deep Dive reflective learning sets and supported through the wider system change

- impact analysis: analysis of the OBA indicators and a Cost Benefit Analysis (CBA) of FGCs, which explored the costs of the 'New Model of Delivery' (NMD) against 'Business as Usual' (BAU)

Key findings

Overall, at the time of analysis (16 months into the programme) almost all of the Family Valued outcomes had been achieved. There were statistically significant reductions in:

- number of looked after children (CLA)

- rate of CLA per 10,000 population

- number of Child Protections Plans (CPPs)

- number of children in need (CIN)

Other outcomes show a trend in the desired direction, but these are not yet statistically significant:

- average caseload per fte (full time equivalent) social worker

- improvements in school attendance

- rates of re-referrals for domestic violence

- number of children leaving care

- number of children and young people returning to their families after being in care

- length of time before leaving care

The Cost Benefit Analysis (CBA) focuses upon the core FGC strand of Family Valued and not the programme as a whole. It compares the costs and savings of the New Delivery Model (NDM) – that is, FGCs – with Business as Usual (BAU) – that is, social work involvement without FGCs. It does not include savings from outcomes, because of the limited timescale for the evaluation. It found savings as a consequence of less time spent in the social care system, that are estimated at £755 per family. If intended outcomes are achieved and sustained, these savings will increase significantly.

Widening restorative practice

At the end of August 2016, the target for Awareness Raising training participants had been exceeded (5913: target 4500). 1392 people attended Deep Dive training with the 1500 target expected to be met through planned activities by end of December. A Train

the Trainer element for sustainability was designed as a network of Restorative Champions, involving a wide range of sectors, and the first meeting was planned for autumn. Analysis of training session evaluation forms found that the largest group of participants (1885) was from 'wider LCC' (outside of Children's Services who had 265 attendees), demonstrating the wide reach of the programme. The number of school staff (817) and those from the third sector (504) similarly demonstrates the engagement of key partners.

72% of training participants to end of August 2016 rated training as 'good' or 'better'; and 70% thought that the training would have a positive impact on practice. This was supported by the qualitative work that found practice had changed as a result, both in how children and families were engaged but also how professionals worked with each other within their own organisations and in partnership. There are clear indications of culture change.

Leeds has 25 locality-based Clusters, piloted from 2010, and in place city-wide from 2011. Family Valued identified that six of the 25 Leeds clusters provided 50% of the referrals received by Leeds children and families social work service. A package of resources was offered to create Restorative Clusters including tailored Deep Dive training, and FGC and social worker time to introduce new restorative practices and create stronger cross-service links. Cluster staff welcomed the flexible offer, and training was delivered to them in different ways. For example, some targeted single schools and others held multi-agency sessions. It led to increased recognition of shared and common objectives in improving the outcomes for families, and often families that different agencies were working with, that they had previously not been aware of, and new or strengthened relationships. Performance management data indicates that these clusters were delivering improved outcomes for children and families.The number of open children in need (CIN) cases in the six target clusters had reduced at a greater rate than the city reduction. The average reduction for the six clusters was 6.5 per cent, compared to a 1.2 per cent reduction across all clusters, and this was statistically significant.

Family Valued successfully engaged wider partners in Deep Dive training, including schools, Housing Services and the police. The health sector proved more difficult, but at the time of the final fieldwork, positive progress was made and training events agreed.

Additional services to address gaps in provision for families, particularly for perpetrators of domestic violence, were contracted through a 'restorative commissioning' process. Here, discussion shaped the service through a more relational approach than is characterised in a traditional commissioner/provider split, which is often seen as more oppositional. The requirement for a restorative approach was also included in the service provision commissioned; all services had already participated in restorative practice training prior to the Family Valued programme. As with all services, the Awareness Raising training was available to commissioned services staff, and all had taken this up

to some extent. There were delays in these services reaching capacity and it was too early to be conclusive about their outcomes at the time of the evaluation reporting.

Family Group Conferences (FGCs)

The impact analysis, using the OBA framework developed with Family Valued, shows that, of families that participated in an FGC (when interviewed (n=54)):

- 100% felt involved in the process

- 100% felt their values had been respected

- 99% felt their FGC had helped address their problems

- 91% felt the services they were offed were appropriate to their needs

FGC coordinators were well recruited, trained and supported, with the fully expanded team in place by October 2015. Evaluation data shows they were confident in their abilities throughout the programme and positive about working for LCC. Nonetheless, there were some areas where they required more support, and some tensions between the FGC and social work services. At the time of the final fieldwork in September 2016, Network Meetings of FGC and social work managers were beginning to bring the two services together to share perspectives and develop better, supportive understandings.

In the 2015-2016 financial year (April 2015 – 2016) there were 883 enquiries to families to see if they would be interested in an FGC (including 26 families for whom data on progression to FGC was still awaited at the time of analysis), accounting for 1637 children. 395 families progressed to FGC. The scale of delivery reflects an unprecedented commitment to FGCs in care and child protection in the UK. There was a conversion rate of 45% (from enquiry to completion), which is in line with other FGC services in England and internationally. Thus conversation rates were maintained during a time of rapid expansion. We compared data for families in 2014 and 2015 and found that a lower proportion of enquiries related to children on a Child Protection (CP) Plan in 2015, suggesting that social work teams were now referring at an earlier stage. We also found that social care involvement decreased after an FGC.

In qualitative research, we found that families were very positive about FGCs and how the process supported them. We were unable to explore in detail why families who are offered one do not proceed with an FGC. Data from this and the social work strands indicates that, sometimes, families simply do not want one, including not wanting to disclose problems to their network; sometimes there is not a sufficient family network for an FGC. How an FGC is introduced to families is of central importance and should be done by a coordinator.

The new FGC/ICPC pathway was carefully developed with a wide range of stakeholders and led by the Local Safeguarding Children Board (LSCB) following permission from the

Minister to work outside statutory requirements. A multi-agency reference group oversaw the innovation. There were no targets for the use of the prototype, rather a set of principles for families for whom it would be suitable. Initially, three social work teams were trained but this was widened, with all teams to have received training by the end of February 2017. There had been few referrals, and it was hoped that widening awareness would encourage take-up of this new way of managing risk. At the time of the final fieldwork, one case had completed the pathway and was seen by all involved as a success.

A new approach to domestic violence

Prior to Family Valued, LCC had established a Domestic Violence Breakthrough Project to address high incidences and re-referrals of domestic abuse. A newly reconfigured Duty and Advice Team was established (the Front Door) within a new multi-agency setting (the Front Door Safeguarding Hub (FDSH)) and a new daily meeting (the Daily Domestic Violence Meeting (DDVM)) established, developed during Family Valued to replace the existing Multi-Agency Risk Assessment Conference (MARAC) that met three times each month.

It was clear from qualitative research that a systemic shift was underway to focus on perpetrators whilst keeping victims safe (the discussion in this report assumes males as perpetrators although it is acknowledged that this is not always the case). Evaluation participants thought that supporting perpetrators was key to breaking the cycle of offending and trying to maintain family relationships in a controlled, safe way. A core task of the DDVM structure is to work collectively to challenge and engage perpetrators, where necessary taking them through the criminal justice system; supporting victims and enabling families to be resilient. A strong commitment was evidenced in a number of ways, including the consistent attendance by all agencies at meetings. Early, procedural issues had been successfully addressed.

We identified three models of FGC in operation for families experiencing domestic violence: pragmatic - with minimal perpetrator engagement; resolution - with perpetrator involvement; restorative - a family network approach to addressing the perpetrator's offending. These different pressures and progress towards a restorative approach reflect the early stage of the system change. At the end of the evaluation period, further training in FGCs for domestic violence was underway for social workers; there was a conference for Leeds children's services staff on working with men planned for early 2017; and there were plans for two domestic violence training posts to continue awareness raising beyond Family Valued.

A sample of cases was reviewed six months after referral from the DDVM, which provides evidence of the effectiveness of FGCs in providing improved outcomes for children and families. This includes improved coordination of support; a restorative

approach; and effective perpetrator work, while maintaining a focus on the needs of abused women and children. The impact analysis shows that the reductions in rates of re-referrals for domestic violence have begun to emerge but are not yet statistically significant.

Restorative social work

There was a consistent, strategic focus on changing the culture and practice of social work teams so that they would practise restoratively. It ensured that they worked in high challenge / high support ways with one another. This created more open, harmonious and skilled social work practitioners and teams, which prevented some children from entering care and secured better outcomes for children and families. In our qualitative and survey data collection, we found social workers regarded Leeds as a good place to practice. Child Protection Conference Chairs and Independent Review Officers who were interviewed had also attended restorative practice training and were all very positive about it, and its impact on social work in Leeds.

Some social workers described a more measured approach to risk in Leeds compared to other local authorities where they had worked, and a greater confidence in managing risk through restorative practice. There was strong support for the aims of restorative practice as seeking to harness families' resources and enable them to plan their own lives. The common view was that restorative practice meant working collaboratively with families to try to support them to identify and resolve their problems (with the necessary supports from social care and elsewhere) largely on the basis of their own plans.

Some social workers considered restorative practice as equivalent to good social work(or "good old fashioned practice" as one termed it). The evaluation suggests that, in fact,restorative social work has specific features of working with service users in ways that adopt high support and high challenge. It also requires a wider restorative system, so that social work is not restorative in isolation. There were some evident gaps in skills for working with men; these will be addressed through the measures being taken by LCC outlined above: for example, inconferences or new training posts.

The programme of Deep Dive training with social workers aimed to widen and deepen restorative practice and promote the use of FGCs in particular. In the second social work survey (July 2016), those who had participated in this reflective learning programme were more positive about the benefits of FGCs than those who had not. The depth research with two social work teams found that their attitudes towards, and engagement with, FGCs improved over the course of the evaluation and as a result of Deep Dive training. Many social workers described experiences of FGCs being used to good effect, and this was supported by observations of practice in the evaluation. There was a consensus that FGCs should be used earlier in addressing family problems. Training, supervision and communication will be required to continue to explore and address the concerns about FGCs that were expressed by a minority of social workers.

Impact analysis

The findings from the impact analysis are presented above. The first FGCs delivered by Family Valued for which we have evaluation impact data were held in April 2015. At the time of writing (December 2016), it is too early to tell whether there are likely to be consistent improvements in outcomes for children and families as a consequence of them having been through the conferencing process, beyond the qualitative and survey data above, and the indicative impact data reported here. Nonetheless, a counterfactual analysis, using data from a statistical neighbour and national datasets, suggests that the changes in Leeds are a result of Family Valued.

The evaluation team have worked in partnership with Leeds Performance and Information Managers, ensuring that a framework has been developed for the ongoing evaluation of the Family Valued system change including CBA in the future.

Recommendations for local authorities considering restorative practice

- Restorative practice training should be implemented at two levels: awareness raising to outline key concepts and techniques; in-depth Deep Dive that works reflectively with groups of practitioners to embed effective practice. Leaders should be engaged first, so that restorative practice is an expectation of front line staff. Sessions should be tailored to different contexts and delivered by credible trainers

- effective restorative practice outside of individual services requires a wider system change. This requires strong leadership and consistent vision; long-term resources and commitment; and attention to features of best practice identified above, including building on what works

- FGCs are an effective rights-based process for empowering families with a range of needs, which can increase the likelihood of children remaining in the care of birth family networks. They can be used to address families' problems early, as well as within statutory child protection

- the way in which FGCs are introduced to families is of central importance. There needs to be wider organisational awareness of and support for FGCs from senior management and beyond, so that those outside of the FGC service encourage and engage with their use

- a restorative approach to domestic violence involves working with perpetrators within a whole family approach that keeps mothers and children safe. FGCs are one element of this, but they, and wider provision, including social work, require a highly skilled workforce supported to work effectively with men (the primary group

of offenders and the focus of this report). A multi-agency approach, with wide and ongoing stakeholder engagement, is required

- social work can be restorative practice that delivers improved outcomes, with distinct features of working with families beyond "good social work". To achieve this requires a systemic approach from restorative leadership to front line practice

- restorative social work aims to 'work with' families, away from 'doing to' them as far as possible whilst keeping children safe. This is complex and challenging and requires trained, skilled practitioners working within a structure of supervision that itself is characterised by a restorative approach. The principles of restorative practice can be introduced as the basis for a fully embedded framework, but deeper and more sophisticated practice is more effective and sustainable

Overview of Family Valued

Family Valued was a Leeds City Council (LCC) system change programme. Receiving the largest grant of the DfE Social Care Innovation Programme, it was an ambitious programme, starting in March 2015 and ending in December 2016, to spread restorative practice across children's services and the social work service. A key element was the expansion of the Family Group Conferencing (FGC) service to a scale not previously seen in the UK, including for families experiencing domestic violence.

Family Valued built upon work undertaken to transform children's social work following a 2009 Ofsted inspection that found the authority to be 'failing'. Restorative practice was introduced by the new Director of Children's Services (DCS) in 2010, and the FGC service subsequently expanded, in parallel with a strategic commitment by the Chief Executive and Leader of LCC in 2012, to create a new social contract between the city of Leeds and its citizens. Child Friendly Leeds was launched in 2012 with the ambition to be the best city in the UK, a compassionate city with a strong economy and the best city for children and young people to grow up in.

The Family Valued programme is at the 'scale and spread' end of the innovation spectrum – this means that they were building on their existing practice and evidence of what works to take restorative practice to a much wider scale across and beyond Children's Services.

In February 2015 Ofsted inspected Leeds Children's Services and judged them to be 'good' with 'outstanding' leadership, management and governance.

Intended outcomes

Family Valued had the following high level ambitions:

- "The default behaviour of children's services in all its dealings with local citizens or partners and organisations will be restorative - high support with high challenge

- Children's Services in Leeds will ensure that families, whose children might otherwise be removed from their homes, are supported to meet and develop an alternative plan before such action is taken

- In all other cases where there are concerns about the safeguarding or welfare of a child or children, we will work safely and appropriately with the family to support them in helping to decide what needs to happen." (Funding proposal, p.11)

Leeds Children's Services use the Outcomes Based Accountability (OBA) (Friedman, 2005) approach for all services and programmes. OBA organises performance accountability around three simple questions:

- How much did we do?

- How well did we do it?

- Is anyone any better off?

An OBA workshop was held with members of the programme and senior leadership team to identify Family Valued outcomes under these headings. There was then close work with the Performance Management team in Children's Services to identify appropriate measures. The final set is presented in Table 1 below.

Table 1: **Family Valued OBA indicators**

Indicator		Code
How much did we do?		
How many FGCs have we delivered?		[OPA1]
How many people have attended RP awareness training?		[OPA2]
How many people have attended RP Deep Dive training		[OPA3]
How many people have attended RP 'Train the Trainer' training?		[OPA4]
How many families have accessed commissioned services?		[OPA5]
How many Early Help Assessments have we delivered?		[OPA6]
How well did we do it?		
What proportion of FGCs resulted in an agreed plan being in place?		[OPB1]
What proportion of families having an FGC:	feel involved	[OPB2a]
	feel their values were respected	[OPB2b]
	think FCG has helped solve their problems	[OPB2c]
	believe support services offered were appropriate to their needs	[OPB2d]
How do RP training participants rate their training?		[OPB3]
What is RP training participants' assessment of likely impact on practice?		[OPB4]
What is the feedback on quality from families accessing support services?		[OPB5]
Is anyone better off?		
Have there been reductions in the:	number of looked after children (CLA)	[OPC1]
	number of children on a child protection plan (CPP)	[OPC2]
	number of children assessed as being in need (CIN)	[OPC3]
	number of referrals from the children's	[OPC4]

	social work service (CSWS)	
	number of CIN per FTE social worker	[OPC5]
	number of repeat referrals for domestic violence (DV)	[OPC6]
Improvements in school attendance – overall and for specific cohorts?		[OPC7]
Improvements in progress and attainment – overall and for specific cohorts?		[OPC8]
Have there been reductions in the:		
Number of children and young people entering care		[OPC9a]
Number of children and young people leaving care		[OPC9b]
Number of children and young people returning to families after being in care		[OPC10]
Do families feel empowered and able to find their own solutions to problems?		[OPC11]
Has the mean and range of length of time before returning home from care reduced?		[OPC12]
Do families consider themselves to be more resilient?		[OPC13]
Do staff feel more confident and competent to support vulnerable families?		[OPC14]

Source: LCC

A Rapid Evidence Assessment (REA) of restorative practice and FGCs was undertaken to inform the evaluation. The key findings are presented in Appendix 1. It concluded that the field lacks robust, programme theory based evaluation. A Theory of Change (ToC) was developed incorporating the OBA outcomes, presented in Appendix 2. The evaluation method is summarised in chapter 2.

Activities to achieve these outcomes

There were 3 core strands to Family Valued, which aimed to achieve a restorative social care system:

- training to embed restorative practice across social work, children's services and the wider workforce for children, families and communities

- expansion of FGCs to more families, including those affected by domestic violence and with a new offer for child protection

- newly commissioned services to address gaps in provision and act on the outcomes of FGCs

These were broken down into different strands for the evaluation.

Restorative practice system change

The programme delivered 3 elements to achieve restorative practice system change.

Workforce development for system change

Restorative practice training had been available to social work teams, children's services, and the third sector in Leeds since 2010. More than 3000 practitioners had received this, mostly, introductory training, introducing the concept of 'working with, not doing to'. Family Valued aimed to take this to a wider scale and at a deeper, more embedded level. The central activities were:

- the creation of an expanded workforce development team, with 11 restorative practice trainers recruited and trained (seconded or appointed on fixed term contracts)

- a standard Awareness Raising training package, 3 hours in length (adaptable) and delivered by the workforce development team. The training was to engage practitioners from across children's services, other Directorates of LCC, the third sector, schools, health sector colleagues and the police. The target was to train 4500 people at this level

- a framework of restorative practice specialist consultants commissioned, as Restorative Partners, with a range of expertise including Children's Services; social work; domestic violence; FGCs; schools; community settings; police and criminal justice

- a programme of Deep Dive training, a flexible resource provided by the restorative partners and developed to meet the requirements of organisations who engage with the programme (including the social work service, as outlined below) from Children's Services and other Directorates of the LCC, schools, the third sector, clusters (see below), the health sector and the police. The target was to train 1500 people at this level

- additional training developed by the restorative partners to meet identified need, for instance on FGCs for domestic violence

- a Train the Trainer programme to create a sustainable system, developed as a network of Restorative Champions' with members across Children's Services and the range of stakeholders engaged in the Deep Dive programme. The target was to train 75 people at this level

Restorative Clusters

Leeds has 25 locality-based 'Clusters', piloted from 2010 and in place city-wide from 2011. These have their origins in the 'Extended Schools' service model developed under the previous Labour government (replaced by the Coalition government in 2010, who ended the requirement). In Leeds, these arrangements were continued, and schools' budgets are top-sliced to create a locality budget. Children's Services, including social work teams, were reconfigured to build upon these arrangements so that they, and cluster services, were closely aligned.

Family Valued identified that six of the 25 Leeds Clusters provide 50% of the referrals received by Leeds children and families social work service. A package of resources was offered to create Restorative Clusters including:

- Deep Dive training (12 hours restorative partner time) – to embed restorative practice within the Cluster, to be tailored as appropriate

- FGC coordinator time – to raise awareness of FGCs and support forms of family-based decision making such as restorative meetings or/and early intervention FGCs

- social worker time:– senior social workers back-filled from their teams to build relationships and partnership working between social work and cluster teams including schools

This package of support was tailored by clusters according to their local structures, services and arrangements.

Commissioned services

To address gaps in service need, new and additional service capacity was commissioned through a restorative process, in order to achieve a restorative whole-family system

Expansion of Family Group Conferences (FGCs)

Leeds began to expand a small FGC service in 2010, with a city-wide team created in 2013, delivering 250 cases a year. By March 2014, the team had capacity for 550 cases a year. There were two core elements of the Family Valued programme for the FGC service.

Expansion of FGCs, including for families experiencing domestic violence

- The FGC service was expanded by nearly a third (30%), employing 12 new coordinators, and led to the creation of a new team within the service. It meant there were 4 FGC teams, 3 covering different geographical areas of the city (we name these teams here FGC Teams E1, E2 and E3); and a new Innovations Team (IT), with a city-wide remit, focusing on domestic violence and early help.

The IT was formed with 3 experienced coordinators joining from each of the established teams, alongside 6 new staff members

- dedicated links were made by the IT with the 6 Clusters who were participating in the Restorative Cluster programme (above); and a new multi-agency Front Door Safeguarding Hub (FDSH) developed as part of an associated Domestic Violence Breakthrough Programme (see below)

New FGC/ICPC prototype

At its very earliest stages at the point of reporting from the evaluation, Family Valued had introduced FGCs into the child protection system by offering an FGC to families referred for an Initial Child Protection Conference (ICPC). Families who agree to participate in an FGC then enter a new pathway, although an ICPC is still held if the FGC is unsuccessful. Permission to manage risk in this new way, outside of statutory timescales for an ICPC was given by the Minister of State for Children and Families in October 2015.

The new FGC ICPC pathway was carefully developed, with the first referrals beginning in June 2016. The innovation was conceptualised as a prototype rather than a pilot, as it is focused upon testing and refining the pathway as an adaptation of existing work. It is also intended to provide a message for the innovation to support engagement, in that it was not temporal in the way a pilot can be, or be understood to be.

Developing the pathway involved careful work with a range of stakeholders, including the Family Valued team and Children's Services senior leadership, as well as the FGC and social work services. A monthly reference group was formed, led by the Local Safeguarding Children Board (LSCB) and involving a range of stakeholders from health, education, the police, Cafcass (Children and Family Court Advisory and Support Service), social work service, Family Valued and the third sector, as well as the LSCB. The LSCB were the lead for the prototype, disseminating information and guidance including detailed reference scripts.

Three days of training was provided to 3 social work teams, the FGC coordinator assigned to each team to implement the prototype, and Child Protection Conference Chair. These teams were selected to represent a range of organisational contexts for testing the model. As there were few referrals from these three teams, a further three received training over summer 2016 with a plan for all teams to be trained by the end of February 2017. It is hoped that this will build practitioner confidence in making referrals and managing risk in this new way. There has also been training for representatives of different agencies, including schools and the police, so that they understand the new approach and the way in which risk will be managed,

There were no targets for the use of the prototype, but rather a set of principles for families for whom it would be suitable. These included the family are currently engaging and cooperating with agencies; and confidence that the safety of the child can be managed during the lead-in time for the FGC. Safe, informed decision making and high

quality professional judgement with strong oversight are the guiding principles; safety is the concern of all involved. The prototype is kept under close and careful review at all levels from social worker supervision to the LSCB reference group.

A new approach to addressing domestic violence

Prior to Family Valued, LCC had established a Domestic Violence Breakthrough Project to address high incidences and re-referrals of domestic abuse. In 2012 domestic violence was the most common reason for referral to the social work service, at 31% (3,628) of all referrals. A newly reconfigured Duty and Advice Team was established (the Front Door) within a new multi-agency setting (the Front Door Safeguarding Hub (FDSH)) and a new daily meeting (the Daily Domestic Violence Meeting (DDVM)) established, which was developed during Family Valued to replace the existing Multi-Agency Risk Assessment Conference (MARAC) that met three times each month. Agencies involved were the police, probation, adults and children's social work, health (safeguarding nurses from Community Health), housing, addiction, services working with abused women (Leeds Domestic Violence Service and Women's Aid) and those working with perpetrators (the Crime Reduction Initiative). Initially, the FGC service also attended, although this subsequently changed with a referral route developed (see chapter 3).

At the new DDVM, agencies come together to consider incidents that have required police attendance in the previous 24 hours, as well as incidents from the weekend which are discussed across Monday and Tuesday (as far as possible). The daily meetings consider the incidents where police have attended and a DASH (Domestic Abuse, Stalking and Honour Based Violence)[1] risk assessment has been completed that concluded whether the incident was 'high' risk or 'medium' with a crime. Where there are children involved in lower risk cases it is common for it to go to the Duty and Advice team for further inquiries, or to the Early Help service.

As a Breakthrough Project, there was wide stakeholder commitment to addressing domestic violence in a new, more effective way. Family Valued was not the driver for the developments at the Front Door but was deeply enmeshed within it as a system change.

- The model developed means that now, once discussed, each case is allocated to a designated Lead Practitioner who takes the agreed actions forward and makes contact with the victim / family within 72 hours. A further vital aspect of this system change and a whole-family approach is the new policy to consider the use of FGCs in domestic violence cases. A member of the FGC IT attends the meeting and considers the suitability of an FGC for each case and whether a referral should be made

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[1] The Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification, Assessment and Management Model was implemented across all police services in the UK from March 2009.

- Family Valued established a new FGC service for families experiencing domestic violence, linked to the FDSH. There were no targets set for the number of families experiencing domestic violence who could receive an FGC

- Additional services were also commissioned in order to increase support for female victims of domestic violence; male perpetrators of domestic violence; children who experience domestic violence; and domestic violence and restorative practice training for FDSH and all children's services staff

Restorative social work

Creating a restorative social work service was at the centre of Family Valued. There were 4 key dimensions to what the programme sought to do to change how social workers intervene with families to make their practice restorative and achieve its intended outcomes:

- changing the organisational culture to create high support / high challenge relationships among staff

- training social work staff in the principals and practices of high support / high challenge with families

- expanding services such as FGCs, and those for fathers and domestic violence perpetrators, which provided new mechanisms for social workers to "work with" families in restorative ways

- developing social work as a restorative practice by embedding a philosophy of relational social work practice which creates humane and therapeutic ways to help parents change and promote the welfare of children and families

Family Valued built on Restorative Leadership training that had previously been delivered as a reflective learning set programme to social work managers. The format was repeated on a social work team basis through the Family Valued workforce development Deep Dive programme. It was tailored, intensive training, consisting of 6 sessions, held 2 weeks apart.

Relevant literature

Key findings from the extensive literature relevant to Family Valued are briefly summarised here to reflect the strands of the programme.

Effective system change

There is a wide literature about what works in large-scale transformational change. There are several key aspects, which should be considered holistically when achieving successful system change. The key features are:

- build a shared vision: a well communicated vision is pivotal to a successful change programme

- co-produce change with stakeholders: when planning large scale change, both staff engagement and organisational culture need consideration

- provide an infrastructure which is supportive: as well as a supportive environment, the systems, processes and infrastructure around the change being implemented must be appropriate

- robust, but not prescriptive, project management: effective change programmes are those that are strong on the aims of change but not excessively prescriptive of the means

- learn lessons from previous experiences: apply solutions that have worked previously rather than reinventing the wheel, providing informed leadership

- blending designated and distributed leadership to foster collective action: shared responsibility across professionals, teams and organisations or nominated leaders at every system level

  (Best et al, 2012; Gifford et al, 2012; The Health Foundation, 2012)

Restorative practice

The International Institute for Restorative Practices (IIRP) defines restorative practices as a group of participatory learning and decision-making processes (Wachtel, 2013). The concept derives from restorative justice, a theory of justice developed in the 1970s that aims to take a more co-operative approach. Restorative practice involves bringing all parties together to improve their mutual understanding of a problem, and collaborate to reach the best solution. The process helps people to reflect on how they interact with others and understand that individuals are responsible for their choices and actions, and can be held accountable (Restorative Justice Council 2016).

One conceptual model for restorative practice is the Social Discipline Window, a version of which has been created by LCC (Figure 1). This model describes four approaches combining high or low control (reframed by LCC as challenge) with high or low support. A restorative approach is thus characterised in Leeds as "high challenge and high support". It means working with an individual or group to address issues, rather than doing something to or for them; facilitating a collaborative, non-confrontational approach to problem-solving.

Figure 1: The Social Discipline Window

Four ways of being
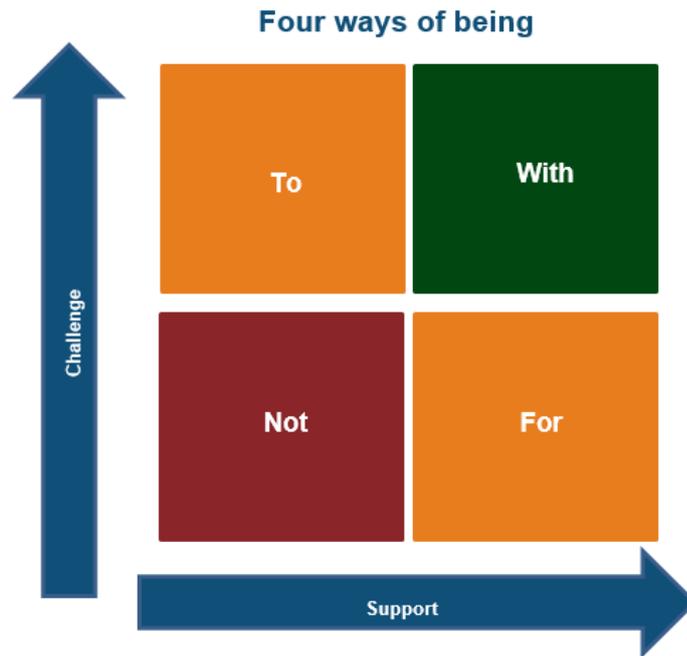
Source: LCC, adapted from Wachtel and McCold (2001)

Family Group Conferences (FGCs)

FGCs were introduced in the UK from New Zealand in the early 1990s, as a response to the expectations of the Children Act 1989, in particular, the aspiration that professionals work in partnership with families (Morris and Tunnard, 1996). Local authorities have developed their use in a variety of ways; some embedding their use in mainstream provision, others offering a limited service. The evidence base for their use is still developing, and the ways in which the impact of their use is measured is contested. However, it is possible to arrive at some commonly acknowledged outcomes from the existing international empirical work:

- increased opportunities for children to be cared for within their kinship networks

- harnessing of family support and resources to help keep children safe

- harnessing family support and resources to support vulnerable adults, and adults at risk of domestic and family violence

- positive experiences by families of their involvement in planning for their children

- high levels of agreed, safe plans produced by families

- affirming or developing family connections

- the critical importance of the coordinator in the quality and outcomes of FGC

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(Marsh and Crow 1998; Merkel-Holguin et al., 2003; Nixon et al., 2005; Pennell, Edwards and Burford, 2010)

An REA undertaken for the evaluation, which ranks the available literature according to a structured assessment of quality, identified a narrower set of outcomes (see Appendix 1). It similarly highlights the importance of preparation and the skills of the coordinator; and that, whilst there is strong evidence of short-term outcomes, it is much weaker for longer-term ones, although this lack of evidence is, at least in part, a reflection of weak evaluation design in those studies.

Domestic violence

The traditional approach to domestic violence in child welfare cases was to intervene with the mother and children, perhaps finding them a place in a refuge, but most often working with them, and not the perpetrator, in the home (Maynard, 1985). More recently, it has been recognised that simply expecting women to keep themselves and their children safe while doing nothing to make perpetrators accountable, and then, at worst, removing children into care because of their mother's 'failure to protect' was wrong (Featherstone et al, 2010).

Three key shifts have occurred in understandings of what constitutes best practice in responding to domestic violence. Firstly, responses need to be planned and delivered on a multi-agency basis and robustly coordinated. Secondly, understandings of the profound effects of domestic violence on children have increased dramatically and it is now firmly established in guidance and training as a child protection issue (Laing et al, 2013). Thirdly, a shift in knowledge: recognition that working with perpetrators has to be central to service responses. Concepts like 'coercive control' (Stark, 2007) and the pioneering Duluth Power and Control Wheel (Pence and Shepard, 1999) have advanced understandings of the centrality of power to how and why men are violent; and the manipulation of, and desire for control over, their partners and children that is at the core of their abuse.

There is little literature about the use of FGCs in domestic violence in the UK. Although there is some international material, there is not widespread practice of this type. In part, this is due to the view of many women's and victim's groups of victim-offender mediation as dangerous (Liebmann and Wooton 2010). Much of the literature on restorative approaches is concerned with this kind of mediation practice, rather than the wider networks involved in an FGC. Examples of effective use of FGCs in this context are provided by Pennell and Burford (2000) and Morris (2002). They highlight how the involvement of the wider family exposes the violence so that it is no longer hidden, and increases the opportunity for the perpetrator to be held to account. The principles of effective FGCs remain: in particular, the need for wider services to be aware of, and

support, the family plan. Effective, restorative perpetrator services are part of this required network.

Social work practice

Social work plays a key statutory role in keeping children safe and promoting the welfare of families. It is often criticised for responding too meekly or for intervening too harshly. The past decade has seen a very significant increase in the numbers of children being taken into care, many of them at birth. Research (Broadhurst, et al, 2015) has revealed how, often, little is done to help women who experience recurrent removals of their children; or to prevent adoptions and enable the children to remain within their wider families. An increasingly influential explanation for poor outcomes in child welfare is that the scope for social workers to get to know children and families sufficiently is constrained by excessive levels of case recording and other bureaucracy; tight timescales for completing work; high caseloads; and compliance with procedures and management dictates (Broadhurst, et al, 2010). The impact of these systemic pressures is that practitioners often do not have the time to develop the depth of relationship necessary to keeping children safe and promoting family well-being (Munro, 2011). Partly in response to these problems, a resurgence of interest is occurring in relationship-based practice, with a search for theories, models and practices that enable social work to have the time, skills and knowledge to create meaningful change through sustained involvement with service users. Here, relationships that are emotionally attuned and based on social work values of empowerment are regarded as a key agent of change (Ruch, et al, 2012).

Awareness of organisational problems has gone hand in hand with growing recognition of the complexity of working with families, not least in terms of the high levels of resistance and conflict in relationships between social workers and family members (Laird, 2013). Some authors regard these tensions as being exacerbated – or even caused – by the imposition on families of a punitive, 'muscular' child protection approach which creates resistance, when what such disadvantaged families need is a supportive response that seeks to work in partnership with them (Featherstone, et al, 2014). On the other hand, social workers have been increasingly criticised for not being authoritative enough, due to their practice being said to be governed by a 'rule of optimism' (Dingwall, et al, 2014). Some research has sought to articulate a vision of 'intimate child protection practice' that incorporates both 'good authority' with families and 'close relating' to children and parents, which meaningfully enters their world and creates change (Ferguson, 2011).

The context for Family Valued

Leeds is the second largest local authority outside London with over 180,000 children and young people. In introducing the activities of the Family Valued programme, some

important elements of context have been included. Family Valued was a system change programme that built upon previous work (the introduction of restorative practice awareness-raising training for social workers, children's services, the third sector; a new social contract and the commitment to Child Friendly Leeds) and parallel developments (the strengthening of cluster arrangements; the Domestic Violence Breakthrough Project). The programme had high level strategic commitment, with support from a wide range of stakeholders, including both the Leader (previously the Elected Member for Children's Services) and Chief Executive of LCC. The Ofsted rating of 'good' with 'outstanding' leadership, management and governance, in February 2015 was an endorsement of the developments in Leeds since 2009, including the introduction of restorative practice. Key elements of the context for Family Valued were:

- high level strategic commitment to the programme as integral to the ambition of being the best city for children and young people to grow up in

- a vision of a prosperous city that attracts businesses and professionals as somewhere to work and raise a family, and that enables children to fulfil their full potential

- a strong third sector infrastructure engaged in the development and design of the programme

- a Children and Young People's Plan in place since 2011 (refreshed in 2015) that commits Children's Services and LCC to a 'relentless focus on continuous improvement' (LCC 2015, p.7); work restoratively with children, young people and families; an OBA approach to review the evidence around issues in Leeds and agree priorities for change

Overview of the evaluation

Because of the scale and complexity of Family Valued, an initial scoping stage was undertaken from February 2015 to design an evaluation that reflected the detail of the programme. The resulting Evaluation Plan was agreed with the Rees Centre, the Innovation Programme Evaluation Coordinator, in May 2015. The evaluation was organised by the different strands of Family Valued set out in chapter 1.

Evaluation questions

The evaluation questions guided the lines of enquiry within the data collection and analysis exploring the Theory of Change (ToC) (chapter 1; Appendix 2). They were:

- What is the impact of restorative practice awareness raising training?

  - What is the impact of the Deep Dive training programme?

  - What forms of restorative practice are developed and implemented?

  - What outcomes are achieved through restorative practice in different settings, and what are the features of effective practice?

- What is the Family Group Conference (FGC) model established at scale and what difference does it make to families?

  - What are the features of an effective model?

  - What are both the experiences of, and outcomes for, different family groups, including those affected by domestic violence?

  - What services are commissioned and identified for commissioning in response to FGC, and why?

- How is social work implementing a new restorative philosophy and practice with children and families?

  - How does social work practice relate and respond to FGC roll out?

  - Does a new system-wide restorative philosophy and practice with children and families bring improved outcomes for children and young people?

  - Are restorative practices adopted by services who receive training and what outcomes are achieved?

- Has whole system change been delivered successfully as evidence by (outcomes achieved and indicators of progress towards):

  - Fewer children looked after?

  - More children living with their families with safe and secure plans in place?

- Fewer incidents of domestic violence and abuse in the city?

- Restorative interventions leading to de-escalation of concerns earlier in the life of a problem?

- Increased skills with the wider children's workforce in the city?

- A culture of persistent high support and high challenge to families and services in the city, in the community, and in families?

- What is the impact of the Innovation Programme funding and how sustainable is the innovation?

Evaluation methodology

The evaluation combined an extensive programme of qualitative fieldwork including observations of FGC and social work practice, with an impact analysis, including cost benefit analysis (CBA). 478 semi-structured interviews were conducted, 4 focus groups, 8 surveys of both practitioners and families, and a wide range of administrative data analysed. All interviews were recorded, with the consent of participants, and transcribed or written-up as analytical summaries of key findings for each interview question, including quotations. The evaluation was scheduled to be completed in March 2016. Following the announcement that extensions had been granted by DfE in February 2016, it was agreed with LCC that the main stage qualitative fieldwork would be completed with a slight extension to that planned. This mainstage fieldwork was completed in June 2016, with a supplementary stage in September 2016, to enable outcome and impact data to be collected at a later stage (and thus more outcomes to have been achieved). The findings reported here are drawn from a fuller report provided to LCC, which was reviewed by an international expert group who also met to advise the evaluation on method.

Restorative practice strand

This strand of the evaluation explored the delivery of restorative practice training and the wider system change. It involved 168 interviews in total. The breakdown of interviews is included in Appendix 3 Table 2. They included:

- senior stakeholders from across Children's Services and LCC executive leadership

- managers of social work and other services

- Cluster stakeholders including service leads, schools and family practitioners

- partners from the third sector, the police and other LCC Directorates

- services commissioned by the programme
- members of the workforce development team including the commissioned restorative partners

There was also a case study visit with Carr Manor Community School, a recognised site of excellence in restorative practice that offered the evaluation an indication of whatcould be achieved through the approach over time. This included discussion with school leaders, teaching staff and students. The open text answers in questionnaires completed in Awareness Raising and Deep Dive training (n=4052) were coded,with the categories created used to develop a new closed question format with LCC for future monitoring.

Family Group Conference (FGC) strand

This strand of the evaluation combined: qualitative interviews and focus groups with FGC managers and coordinators (total of 81 participants); surveys of coordinators (total of 76 respondents); a telephone survey of families (36 parents/carers) who had been offered an FGC; and, analysis of administrative data. Details are provided in Appendix 3 Table 3. Key elements were:

- a self-efficacy questionnaire administered to coordinators at the beginning and end of the main evaluation (October 2015 and April 2016)
- questionnaires distributed to families, exploring their perceptions of social work practice (October 2015 and April 2016); and a telephone survey of parents/carers exploring experiences of the FGC service (June 2016)
- 10 case studies of FGC practice
- interviews with team managers at 4 points across the evaluation
- ethnographic research with 2 FGC teams (an area team and the IT)
- interviews with social workers supporting families engaged in FGCs
- 3 focus groups with FGC coordinators from across the different teams and 2 with the 2 case study teams
- interviews with stakeholders from across the system of social work and FGC managers and coordinators involved in the FGC/ICPC prototype

There was also work with adult and child service user groups about the design of the research, and questions for interview topic guides and survey questionnaires; and with FGC managers and coordinators to discuss the model of effective practice developed by the evaluation (see chapter 3).

Domestic violence strand

Reflecting the interrelated and dependent nature of innovation of FGCs for domestic violence on the wider system change of the Breakthrough Project, a strand of research and analysis explored these elements of Family Valued. It involved 32 interviews and 6 practice observations, as well as analysing outcomes in a sample of cases:

- semi-structured interviews with professionals who attend the DDVM

- interviews and observations with police-social work practitioners

- interviews and observations with the Duty and Advice team at the FDSH

- observations of the DDVM

- review of data from random selection of 20 cases from September 2015 to explore outcomes after 6 months

More detail is provided in Appendix 3 Table 4.

Social work strand

A combination of qualitative interviews (187 with social work teams and 13 with families), practice observations (35) and practitioner surveys (264 respondents) was undertaken in this strand of the evaluation. Details are provided in Appendix 3 Table 5. It involved:

- in-depth research with 2 social work teams. Two were selected in July 2015 as reflecting different geographies and levels of engagement with the FGC service. From November 2015 2 different teams were selected to capture experiences and outcomes from the Deep Dive training (the original 2 being scheduled to complete this training later in the programme). Work with both teams included:
    - interviews with social workers, managers and administrators
    - interviews with families
    - observations in team offices; of duty and Child in Need (CIN) meetings; social work practice including accompanying social workers on home visits; and Deep Dive training

- longitudinal qualitative research with a sample of 18 cases from December 2015 to April 2016. Detailed case studies were created based on: observations of at least one home visit and/or other practice encounter (for instance, CIN or CP meeting); an interview with at least one family member; and interviews with the social worker(s) involved

- 2 surveys of the social work workforce in January 2016 and July 2016, exploring workloads, practices and attitudes towards FGCs and restorative practice,

including during and after the Deep Dive training for those participating by that time

Impact analysis

This strand of the evaluation explored the impact of Family Valued to the end of August 2016, including a cost benefit analysis. It involved analysis of outcome indicator data collected by LCC to explore the ToC (see Appendix 2), using the OBA framework developed with LCC (see Table 1) and informed by an REA undertaken for the evaluation (see Appendix 1). The impact analysis was designed and implemented to provide LCC with an evaluation framework they could continue to use beyond the life of the project.

The OBA indicator data drew, as far as possible, on existing measures within LCC's performance management system and using administrative data. New measures were required for the outcome indicators relating to feedback from families having an FGC on the extent to which they report:

- feeling involved [OPB2a][2]
- their values were respected [OPB2b]
- FGC has helped solve their problems [OPB2c]
- support services offered were appropriate to their needs [OPB2d]

It was agreed with LCC that FGC coordinators would collect this data within a peer research approach being developed by the evaluation team with the FGC service for long-term monitoring of family outcomes. Likert scale questions were adapted from a source included in the REA: Darlington et al's (2012) comprehensive study of FGCs in Australia. This data was collected from 54 families in October 2016.

Data collection for 2 outcomes remains in development at the time of writing:

- the extent to which families felt empowered by the FGC process and able to find their own solutions to problems [OPC11]
- the impact of the FGC process on family resilience [OPC13]

A tool has been identified for each measure from the REA: the Family Empowerment Scale (Koren et al, 1992) for OPC11; and the Brief Resilience Scale (Windle et al, 2011) for OPC13. Consultation on these tools is underway as part of the peer research model development.

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[2] The detail in brackets provides the OBA indicator reference. See Table 1.

Establishing a counterfactual

To provide evidence of impact requires the evaluation to establish that change has occurred, and that observed changes can be attributed directly to the project, rather than to any intervening factors that may have arisen during the project delivery period. The most robust evaluation methodology uses randomised control groups to compare those who receive an intervention with those who do not. However, as is the case with many social policy interventions, random allocation in this evaluation was unrealistic. Instead, we worked with colleagues from LCC to identify comparison data from local authorities that were statistical neighbours. Two local authorities agreed to provide this. We relied on their goodwill and, after delays, we received partial data from one of the authorities in August 2016. LCC continue to work with these authorities to obtain this data for longer term evaluation.

Cost Benefit Analysis (CBA)

The 'Manchester Model' developed by New Economy (2014) was used to develop a CBA model that was used for the evaluation but will be available for LCC to use on a long-term basis to monitor costs and savings. The CBA compares the New Delivery Model (NDM) of the FGC/ICPC prototype – agreed with LCC as a model applicable to all FGCs – with Business as Usual (BAU), which is social work involvement without an FGC. Thus, the CBA is focused upon this core strand of Family Valued, and not the programme as a whole. The model comparing NDM with BAU is provided as Figure 7 (Appendix 3).

Cost estimates were based on a combination of figures provided by the New Economy,[3] and finance data provided by LCC. How the New Economy stages were aligned with the NDM and BAU; and the costs associated with each, is set out in detail in Appendix 4.

The REA provided evidence that FGCs might deliver financial gains by enabling families to access a wider range of services in a shorter time relative to business as usual. To investigate whether this may be happening in Leeds, we compared the time families dealt with through BAU procedures (n=10,577) spend in the social care system, relative to families receiving an FGC (n=760). We looked at all cases closed during a 12-month period from April 2015 to the end of March 2016. More detail on the CBA is provided in Appendix 4. The findings are reported in chapter 4. The CBA was limited to an analysis

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[3] The New Economy model includes a database that brings together more than 600 cost estimates in a single place, most of which are national costs derived from government reports and academic studies. The costs cover crime, education & skills, employment & economy, fire, health, housing and social services. The derivation of the costs and the calculations underpinning them have been qualit- assured by New Economy in co-operation with HM Government. The current version was produced in March 2015 to incorporate updates to a number of documents from which the estimates are sourced.

of differences in delivery costs and associated savings to social care and did not explore outcomes (due to the time limited nature of the evaluation).

Key findings

To reflect the design of the evaluation, the key findings from this complex system change programme are reported by research strand.

Widening restorative practice

Training attendance

At the end of August 2016, the target for Awareness Raising training participants had been exceeded (5913: target 4500). 1392 people attended Deep Dive training with the 1500 target expected to be met through planned activities by end of December. The Train the Trainer element has been designed as a network of Restorative Champions. At the time of the final fieldwork in September 2016, the first network meeting was imminent, to bring them together in a facilitated meeting to develop an initial network of activity. The Champions will advocate and provide training in their own organisations and sectors, and share with each other learning about effective ways of supporting and spreading restorative practice. The focus will be on taking restorative practice further, rather than maintaining awareness raising levels. At the time of writing, the Champions included representatives from the third sector, police, schools and the departments of LCC that had taken part in Deep Dive training. There was also reported interest from a number of schools in acting as centres of excellence, which would support other schools in the city with embedding restorative practice. Nineteen (against the target of 75) people had already been trained to support sustainability in social work and domestic violence in particular. LCC expect to meet this target in early 2017.

There is high level strategic commitment to embedding restorative practice across Leeds Children's Services and key partners, both within the council and among wider strategic stakeholders for instance the police. The programme has successfully engaged leaders to secure their commitment to the engagement of their workforce.

Figure 8 (Appendix 5) shows the range of attendees, and how a variety of stakeholders from within and outside of LCC were engaged in the training programme. The information was recorded on training session evaluation forms as open text, and subsequently grouped by the evaluation team in July 2016.[4] The largest group of participants (1885) is from 'wider LCC' (outside Children's Services who had 265 attendees), demonstrating the wide reach of the programme. The number of school staff (817) and those from the third sector (504) similarly demonstrate the engagement of key partners. Inconsistent recording made it difficult to be certain about the organisations attending Deep Dive.

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[4] A coding scheme has now been developed by LCC and the evaluation team for future monitoring.

Qualitative research confirms a similar spread, including the social work service; LCC (including Housing, Customer and Environmental services); the third sector (including an umbrella body for adult services); the police; schools; and Clusters including family support teams.

Training outcomes

Awareness Raising and Deep Dive participants reported, in their session evaluation questionnaire, high levels of expectation that what they had learnt would impact on their practice. The impact analysis includes OBA indicators that draw on sections of evaluation questionnaires completed by training participants. It shows 72% of training participants, to the end of August 2016, rated training as 'good' or 'better'; and that 70% thought that the training would have a positive impact on practice. This was supported by the qualitative work that found practice had changed as a result, both in how children and families are engaged but also how professionals work with each other within their own organisations and in partnership. Qualitative interviews, with people from a range of backgrounds, some months after they had attended training identified clear indications of culture change:

> "It has helped me to ask questions in a more open way, or with a more friendly tone, instead of maybe an accusatory manner... it has been very successful... I've noticed that children have been a lot more open and honest with me… I try to use an RP approach in every conversation I have with a child now." (Child minder, RP Awareness Raising Attendee)

> "I think people are more confident to challenge other professionals in meetings who do make sweeping statements, and challenge them in such a way that it's right, you know, it is restorative". (Voluntary Sector, RP Awareness Raising Attendee)

Restorative Clusters

Stakeholders from targeted Restorative Clusters welcomed the offer of a resource (see section 1 for a summary) tailored to their particular arrangements and circumstances. At the time of the final fieldwork in September 2016, some of the Clusters were at, or coming to the end of, their Deep Dive training, and others were closer to the mid-point. Clusters targeted the training and combination of Awareness Raising and Deep Dive training in different ways. For example, some targeted single schools and others held multi-agency sessions:

> "[Restorative Partner] started working with the cluster in January. [Restorative Partner] came to the Leadership Group to see what we wanted to do. We wanted to have the training in all schools and children's centres… [[Restorative Partner]

worked with each of the schools to develop the detail of the training." (Cluster Lead)

Performance management data indicates that these Clusters were delivering improved outcomes for children and families, with associated benefits for the social work service. Following reconfiguration of the Clusters in September 2016, LCC compared the number of children requiring social work service support in the 6 target Clusters and how this had changed during Family Valued since September 2015. The number of open CiN cases in the 6 target Clusters had reduced at a greater rate than the city reduction. The average reduction for the 6 Clusters was 6.5 per cent, compared to a 1.2 per cent reduction across all Clusters, and this was statistically significant.

The wide spread of training across a number of agencies was identified as being key to developing shared cluster understandings of effective, restorative, principles and practice. There were two aspects to this. Firstly, where the training had involved a range of different agencies, it was described as enabling networking with partners, and learning about different roles and shared interests. Secondly, it led to increased recognition of shared and common objectives, in terms of improving the outcomes for families; that often, different agencies were working with families and the agencies were not aware that others were working with them. This developed new, or strengthened exising, relationships:

> "It was refreshing to see social workers and family workers and others coming together and realising we are helping the same families. It means we're likely to receive more referrals and have better contact with other services." (Youth justice practitioner)

Identified as particularly important were improved understandings and relationships between social workers and schools, and social workers and Cluster teams (however configured):

> "I think cluster working is going really well because we're sharing information a lot more easily and readily… to be able to get a much more informed opinion of what is going on. I think there has been a reluctance to share that information in the past." (Social Work Assistant)

FGC coordinators from the IT worked with the Clusters to which they were assigned to promote FGCs and wider restorative techniques. They provided FGC Awareness Raising training to a range of Cluster staff, including schools, in a range of settings. They also worked with Cluster leaders and Guidance and Support Panels (Cluster structures to take early help and step down referrals) to establish, improve and refine referral routes. A Restorative Meeting is one example of wider restorative practice. It follows a format with similar principles to an FGC but does not always require a wide family network; and it is applicable to a range of different issues: for instance, disputes between young people. It has the same restorative approach but key differences include much shorter preparation.

Coordinators facilitated, but also provided, training on restorative meetings, so that Cluster staff were able to facilitate them.

The wider system

Deep Dive training for LCC directorates took time to negotiate, and followed, as outlined above, initial Awareness Raising sessions with leaders. Each year LCC has a Managers' Challenge programme of events, with a wide range of short training made available. This was used to provide a truncated version of the Awareness Raising training, which provided an introduction to restorative practice and promoted the availability of Deep Dive training for departments, teams and services wishing to engage with it. The success of this work demonstrates the wider applicability of restorative practice across LCC beyond Children's Services and with key partners.

One area of LCC to undertake Deep Dive training following the Managers' Challenge was Housing Services, within the Environment and Housing Directorate. The training was delivered as a set of extended Awareness Raising training for all staff. All managers attended a full day training; all teams received a day training; and 38 tenant 'community activists' also took part customised sessions. The training for this latter group was for tenants who were chairs of tenant groups, tenant activists and tenant groups volunteers.

A restorative practice training programme was developed for Safer Leeds police officers. These are police officers who work as part of the Safer Schools initiative (with each school assigned an officer, though not full time), those who work with the Youth Offending Service,or who work for the Prevent (anti-extremism) initiative. Officers have also attended sessions on domestic violence. It began with a half-day session to provide an introduction to restorative practice principles. This was followed by a 2 day programme developed in March 2016. The aim of the training was to ensure that children in contact with the police received an appropriate response within the vision for Leeds as a restorative city:

> "'If something happens in the city to one of our children, what response are they going to get and it is about having the right response that has the right concept" (Senior Police Officer A)

The programme has also led to restorative practice within organisations, as reported above in relation to outcomes from the Awareness Raising programme. Interviewees described how restorative principles and practice were being used in relationships between colleagues within teams and within supervision, with beneficial outcomes for the staff involved:

> "We have been using restorative practice in our own team meetings, check in questions for example, and it really makes a difference. It helps to lighten everything and you get to know everyone a bit better." (LCC Customer Services)

Whilst a central partner in the Restorative Cluster programme, some of the secondary schools within Leeds have been offered Deep Dive training so that it is not limited to those associated with that targeted work. For all of the schools involved, the programme was in its early stages at the time of the final fieldwork. As with other strands of the work, following discussion and agreement with the Head Teacher, leaders were engaged first and then a tailored programme for staff was implemented. These were carefully introduced and negotiated discussions, as, although schools are a key partner of Children's Services, the relationship with them has been developing since they were brought back into the council from being an independently run body (Education Leeds, formed in 2000 and ending in 2010). A number of secondary schools are part of academy chains and thus remain independent. Although this was a work in progress for many at the time of fieldwork, there were already some reported benefits:

> "[To deal with behaviour] we sit the children down and give them time to cool down, which is part of restorative practice as you can't do it all in a rage, you have to be in a position to talk, and when they are ready they talk… and often they will just sort out between themselves and then we will just discuss how they have resolved the situation. But if it is a bit deeper, they have to speak to each other and think of a solution together and then make sure they are all happy to try this solution." (Primary School Leader)

A case study of Carr Manor Community School is included in Appendix 5 to show the potential of restorative practice when embedded over time (in place there for 5 years).

Commissioned services

Additional services were contracted through a "restorative commissioning" process whereby discussion shaped the service through a more relational approach than is characterised in a traditional commissioner/provider split, which is often seen as more oppositional. In practice, this meant conversations with those services that were based around mutual interest in meeting outcomes, and open, trusting conversation about capacity and resources; so that specification was developed together, rather than in a more traditional commissioner/provider split. The requirement for a restorative approach was also included in the service provision commissioned; all services had already participated in restorative practice training prior to the Family Valued programme. As with all services, the Awareness Raising training was available to commissioned services staff and all had taken this up to some extent.

The services included social prescribing for domestic violence; support for both children young people who experience domestic violence in their families; additional capacity in 'Caring Dads' perpetrator support, including for Black and Minority Ethnic (BME) men; peer support for kinship carers; additional support for mothers who had had a child

removed, including those whose partners were receiving perpetrator support; a parent and child programme for young people who were abusive to their parents.

Outcomes for these services had been agreed, but data collection was at an early stage at the time of the evaluation analysis. The restorative commissioning process was welcomed as supportive, and enabling codesign, but it was lengthy. There were then delays whilst services expanded their provision through the contract: for example, through recruitment of staff. Full capacity for all commissioned services was in place by August 2016.

Family Group Conferences (FGCs)

The impact analysis using the OBA framework developed with Family Valued shows that, of families that participated in an FGC (when interviewed (n=54)):

- 100% felt involved in the process
- 100% felt their values had been respected
- 99% felt their FGC had helped address their problems
- 91% felt the services they were offed were appropriate to their needs

This section draws primarily on the strand-focused research activity set out in chapter 2; findings from the CBA for FGCs are reported below. The FGC practice model in Leeds was discussed with staff and families, and is presented in Appendix 6.

FGC workforce

FGC coordinators were well recruited, trained and supported with the fully expanded team in place by October 2015. Evaluation surveys (see Appendix 3 Table 3) at the start (T1 October 2015) and end (T2 April 2016) of the evaluation showed they had sustained confidence in their ability to do their job. They felt confident in accessing practice supervision and in developing professional relationships with families. Qualitative research found that new recruits to the service were confident and ready to "hit the ground running". Nonetheless the IT was still in the 'norming' and 'storming'[5] phases of group development – this is not surprising given the new roles and responsibility of this

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[5] Tuckman and Jensen's (1977) theorisation of the way in which identity and role is shaped in newly formed groups argues that they go through four sequential phases of development: 'forming', in which the group is significantly dependent on external leadership for direction; 'storming', in which individuals grapple for position within the group, as identities and roles are still fluid, but beginning to take shape; 'norming', in which consensus on roles and the direction of the group has largely been achieved, and the team starts to develop its own direction with some external leadership guidance; and 'performing', in which the group is largely self-directed and can take ownership of delegated tasks.

newly formed team (domestic violence, cluster support). By contrast, the more established area teams were in the 'norming' and 'performing' stages.

Both the surveys and qualitative work found that areas where coordinators were slightly less confident were: communicating with children 0-11 years, explaining social work law and process to families (reflecting the wide range of backgrounds from which coordinators were recruited), and working with families in situations of severe domestic violence. It should be noted that coordinators reported that families were often bewildered by the terminology in social care, even when their children were at high risk of removal. This indicates a more general practice issue for children's services about how families are equipped with information to enable them to become active participants in the plans for their children. Training was being provided on working with men and domestic violence to address this issue during, and beyond, the evaluation period.

Coordinators were positive about working for Leeds Children's Services and its adoption of restorative practice:

> "The supervision process is excellent and is a valued meeting. The clear consistent message from senior leadership feels genuine and 'joined up'. The continued independence of the process from other social care departments allows us to build trust. LCC commitment to training is outstanding." (Questionnaire open text response (T1))

The importance of the independence of the service from social work was identified in both surveys and focus groups. There were examples of misunderstanding or apprehension about sharing information about data with the social work service. Social workers similarly had concerns that coordinators would not share information required for their assessments. At the time of the final fieldwork in September 2016 Network Meetings of FGC and social work managers were beginning to bring the two services together to share perspectives and develop better, supportive understandings.

FGC outcomes

In the 2015-2016 financial year (April 2015-March 2016): there were 883 enquiries to families – the initial discussion between the primary carer(s) and an FGC coordinator about a possible FGC. This included 26 families for whom data on progression to FGC was still awaited at the time of analysis. Of these families, accounting for 1637 children, 395 progressed to FGC. The scale of delivery reflects an unprecedented commitment to FGCs in care and child protection in the UK. There was a conversion rate of 45% (from enquiry to completion), which would increase to 48% if all the remaining 26 families were to progress to FGC. This compares to 722 in 2014, the year before Family Valued, and a conversion rate of 51%. Thus a broadly similar rate was achieved during a time of considerable change for the service in both staffing, form and function.

We analysed data collected by the FGC service for families who received an FGC during 2015. This data was being transferred from the service's own format to the LCC Children's Services Frameworki[6] system and data cleaning was still in progress. We have compared this with data for 2014 from a 2014-2015 study of FGCs in Leeds (Morris et al., op. cit.) to both explore evidence of impact and compare the year of expansion through Family Valued, with the year before. There are some caveats to this analysis set out in Appendix 3. We did not include families for whom a referral was made but who were not contactable by the service or who refused to discuss an FGC. Where there were unclear or missing data these families were excluded. Thus there are different numbers of families in different elements of the analysis.

We compared data for families in 2014 and 2015 and found that a lower proportion of enquiries related to children on a CP Plan in 2015, suggesting that social work teams were referring at an earlier stage (Appendix 5 Table 12). We also found that social care involvement decreased after an FGC, with a notably greater decrease in 2015 (Appendix 5 Table 13).

We analysed the database to gain an estimate of the number of children who were re-referred to the FGC service in the period from January 2015 – April 2016 and found that 8% of children referred to the service had previously been referred. The REA undertaken as part of the evaluation (Appendix 1) highlighted the importance of wider services in maintaining FGC outcomes. This confirms how the wider system change ambitions of Family Valued are central to sustaining family outcomes and thus ensuring minimal re-referrals due to continued need.

FGC conversion rates

The conversion rate of 45% is in line with other FGC services in England (Morris et al., 2016) and internationally (REA, Appendix 1). It may be that LCC is able to increase conversion rates beyond this international standard through the programme of training, development and system change. How the FGC is introduced to the family as an option for them is of the upmost importance. In considering conversion rates, it is important to remember that the FGC is, and must remain, voluntary; also, whilst a family may not progress to FGC, the preparatory work done by coordinators with the family can bring benefits to them, including restorative meetings and other practice that brings change and outcomes for them.

Qualitative case studies and a telephone survey of 36 parents/carers enabled us to explore reasons for proceeding or not with an FGC. Notably, despite an FGC being voluntary in Leeds, a very high proportion of survey respondents (29/35, 83%) did not

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[6] Frameworki is a case management system from Corelogic that is used by LCC Children's Social Work Service

think they had a choice about having an FGC when they were first told about it. Most respondents (22/36, 61%) had first heard about having an FGC from their social worker. The training for social workers, to promote FGCs, is returned to below. All of the 4 case study parents who were interviewed stated that the FGC coordinator had explained to them that the FGC was voluntary when they first met. Both of these groups were small samples. The findings reiterate the importance of how the option of an FGC is introduced.

Figure 9 (Appendix 5) shows the answers given by survey respondents when asked why they decided to proceed with an FGC. 34% (12) saw it as additional help; 14% (5) for the benefit of the child/ren involved. 19% (7/36) of respondents did give reasons ('Advised to do it' and 'Felt like they didn't have a choice') that suggested a possible lack of clarity about their right to decline at the point of proceeding. How the FGC is introduced and explained to families is of central importance. The Deep Dive training for social workers is expected to address their role in this; evidence from the social work research strand indicates that this is being achieved (see below). In 3 case studies undertaken by the evaluation team, parents had been reluctant to proceed with an FGC when first introduced. They related this to their negative experiences of the social work service.

The analysis of service data shows that, in 2015, the most common reason (recorded by coordinators as their judgement of why) for an FGC enquiry not to proceed to an FGC was that the family or young person simply did not want one (50%, 207/415). Other reasons were dominated by circumstances linked to the family; for instance, insufficient family members (8%, 34/415) or a change in family circumstances (6%, 23/415). The full breakdown is presented in Appendix 5 Figure 10.

Experiences of the FGC

A large majority of the 36 telephone survey respondents: thought the FGC had worked well (87%, 27 of 31 who answered the question); said their views were well, or very well, heard at the FGC (91%, 30/33); and thought the FGC was better, or much better, compared to other meetings (81%, 22/27). In the qualitative work, families explained positive features of FGCs:

> "The way the meeting was laid out in terms of structure. We prepared our own plan and the coordinator provided us with the stuff that we needed to know." (Mother, Case Study One)

> "You get your views heard and everyone gets their chance to put their point across and everyone gets listened to. It was really, really, positive for us all." (Mother, Case Study Two)

Of the 30 respondents who agreed a Family Plan, a majority reported it was working quite well or well (18/30; 60%). However, the rest (12/30, 40%) indicated the plan did not work, or stopped working a few weeks after the FGC. There was a suggestion in

comments from survey respondents that their frustrations with their Family Plans was linked to perception of a lack of support after the FGC:

> "Overall, social services side could take more notice of the FGC. Although we have a Plan I feel social workers are dragging their heels….The Plan is not fully implemented."

> "[FGC] is a great idea and can help but I think it is used to save money rather than help families. If I hadn't had the FGC the kids would have gone into care. It has been a battle to get social services to step in and sort things out quicker."

This is a small sample of families and there is more work required to explore this. Performance data above suggested 8% of FGC referals were re-referrals. The OBA framework does not currently monitor whether plans remain in place; this should be kept under review.

FGC case study

FGC Case Study 2 involved a pre-birth Child Protection assessment with a positive outcome for the family. The reason for the assessment was that both parents had children from previous relationships (4 children between them, 3 of whom were adults) who were/had been cared for by other extended family members. The father had a long criminal history for violent crime, which led to extensive periods in prison. He also had some prior, non-recent, history of heroin misuse. The mother had a long history of heroin misuse and was also on probation due to a recent offence connected to this. The parents had met following the father's release from prison in the previous year. Despite their troubled pasts, their relationship appeared settled and both parents were fully co-operative with both Children's Services and individual supervision and support connected to their offending and drug misuse. They also had supportive family networks. The family was offered an FGC following the pre-birth assessment and agreed to take part. The first FGC drew up a Family Plan of proposed support for the parents and the child when born, if the child was placed in their care. It also documented how extended family would monitor the parents and notify agencies if there were concerns. Members of the paternal and maternal networks attended the FGC. Though there was clear inter-agency collaboration in the work with the family, only the FGC service and Children's Social Care were represented at the FGC.

Following the child's birth, the decision was made to place the child in the parents' care on a Child in Need (CIN) plan. An FGC Review a few months later confirmed that the Family Plan was progressing as planned. The social worker confirmed there are no new concerns and that the social work team's assessment is that the family are all progressing well. Due to the historical concerns regarding both parents, however, there are no immediate plans to de-escalate the case further beyond CIN level, and terminate social work involvement entirely.

FGC family perspectives on the social work service

We gathered data from families working with the FGC service, via a questionnaire administered by coordinators, at 2 points - R1 November 2015 (27 respondents); R2 - April 2016 (32 respondents) to explore their views of the social work service and any changes over time. The samples were not tested for statistical significance; both were small, non-randomly selected samples. A planned companion survey by social workers of families they were working with to gather views on the FGC service was not possible due to pressures on social workers' time. This was replaced with the telephone survey (n=36) reported above.

Taking overall responses in R1, and comparing them to the overall responses in R2 for each statement, we found notable increases in the proportion of respondents in R2 who agreed (Rating 4, Agree or Rating 5 Strongly Agree) than who disagreed (Rating 1 Strongly Disagree; Rating 2 Disagree) with a number of statements. For all of the following statements, the proportion of respondents who agreed with them in R2 increased by a third or more compared to the proportion in R1:

- statement 2: My family has had the same social worker for more than six months (the proportion of respondents agreeing to statement in R2 increased by 41% t compared to proportion agreeing in R1)

- statement 11: The social worker supports me to find family solutions to our problems (proportion of respondents agreeing increased by 54% in R2).

- statement 14: The social worker sees what we can do well (proportion of respondents agreeing increased by 33% R2)

- statement 19: The social worker spends time with me and the family building a working relationship (proportion of respondents agreeing increased by 37% in R2)

- statement 29: I think the social worker respects and values me as a person (proportion of respondents agreeing increased by 35% in R2)

In R2, more families agreed than disagreed with all the statements regarding positive family practice by social workers.

Families in the qualitative work also described social workers in positive terms, and mentioned improvements over time, including in how the social work and FGC services worked together.

FGC/ICPC prototype

At the time of the final fieldwork in September 2016, one case had successfully completed the prototype pathway; 2 other referrals had not, with one family moving away from the area and another case remained in progress. The case that had been

completed was closely reviewed by the LSCB reference group and was considered to be a success with the child remaining in the mother's care with a number of supports in place:

> "This wasn't a low-picked-fruit case. In many other authorities it would have gone straight to ICPC" (Senior social work manager).

There was a high level of awareness amongst stakeholders who participated in the evaluation, reflecting the engagement work undertaken by Family Valued and the LSCB. It is a continuation of the commitment to FGCs, which sees families as having the resources within themselves to negotiate solutions for their children's welfare:

> "We are bringing the professional expertise forward to work with the family's expertise in a different way." (Strategic Stakeholder)

There was also a recognition of both the significance of the innovation and the need to respond to, and address, anxieties amongst practitioners:

> "[Social workers and partners] need to understand that we're not ignoring risk, we're not minimising it, we're looking at an alternative way of how to manage that" (Social Work Manager)

The training of additional teams, beyond the initial 3 identified, was undertaken in order to build confidence across a wider base. The intention was that as practice spread, positive outcomes would encourage take-up of the new model:

> "The bottom line is still there but as long as the child is being kept safe we will respect the families' plans and their decisions." (Children's Services: Strategic Stakeholder)

The reasons for low referrals to the prototype were discussed by participants in the final fieldwork stage. One view was that the success of the FGC service meant that families were being supported earlier in the problem, and that those cases considered for ICPC had already worked through alternative options. Data presented above, that shows reduced proportions of FGC enquiries related to CP Plans, supports that view. Nonetheless, the truly innovative nature of the prototype was accepted as a factor that would take time address. The other key factor was the need for partners to share confidence in managing risk in this new way. Although training on the prototype had involved some representatives of agencies such as the police, the workforce in Leeds is large, and individuals who may be involved in any ICPC decision are widely dispersed. All partners will need to be confident in the prototype, and further training and awareness raising, using cases that have progressed as examples, will be required as the model continues to roll out.

A final issue was that the current Frameworki system did not enable the decision to refer to the new pathway to be recorded. There were reported concerns within social work teams that the lack of a pathway within the recording system meant that duplicate

records were required to ensure an accurate case file was maintained (as the options were the traditional ICPC or CIN pathways). It was reported that the upgrade to Frameworki will address this problem.

A new approach to domestic violence

Whilst Family Valued included the vision that reports of domestic violence would increase, due to increased awareness and improved reporting, the aim was that referrals for repeat domestic violence would decrease, due to more effective intervention. This outcome is included in the OBA framework (see Table 1). The impact analysis shows that the reductions in rates of re-referrals for domestic violence have begun to emerge but are not yet statistically significant (see below).

The Daily Domestic Violence Meeting (DDVM)

It was clear from observing DDVMs and interviews with representatives from various agencies that a systemic shift is underway to focus on perpetrators, whilst keeping victims safe and supported. In almost all of the cases observed, the perpetrator was male (and the discussion in this report assumes males as perpetrators although it is acknowledged that this is not always the case). The scale of change achieved was highlighted by evaluation participants as beginning from a context where agencies tended to practice in silos, working only with either the victims or the perpetrators. In addition there were generally other factors involved such as addiction to drugs and/or alcohol, and mental health issues, pointing to a need for interventions to address possible causes of violent behaviour. Consequently, most of the evaluation participants thought that supporting perpetrators was key to breaking the cycle of offending and tryingto maintain family relationships in a controlled, safe way.

Involving the perpetrator aims to make him take responsibility for his actions, establishing the reasons why he is using violence, the pain and harm caused and then working with him to change the behaviour. It also involves a systemic attempt to remove the secrecy involved in this type of behaviour, and to reduce control: FGCs were seen by some as particularly beneficial for this because of the ways they openly engaged the whole family network.

The DDVM was viewed as beneficial by the majority of agency participants. A core task of the new multi-agency decision making structure was to work collectively to challenge and engage perpetrators – where necessary, taking them through the criminal justice system – and supporting victims and enabling families to be resilient. A strong commitment was evidenced in a number of ways, including the consistent attendance by all agencies at meetings. Interviewees described how the meetings effectively built relationships between professionals and opened up communications between services who they would not previously have had contact with.

"There is nothing else in this city where you get so many agencies around one table." (DDVM member)

Some interviewees were concerned about the length of the meetings, including when cases were discussed for which they had no input (for example when there is no child). Steps were taken to address these issues. Colleagues can now leave the meeting and return if needed, in particular children's services managers, as they manage other staff at the Front Door. Attendees can also work online within the meeting if a case is being discussed that does not involve them. Most importantly, cases are often discussed at the Front Door where it is not clear at the outset who is involved or whether there are children in the family and it is only through the discussion that a truer picture emerges of the situation and therefore what is needed.

Information-sharing, including immediate access to police records, was cited as a particularly helpful feature of the new structure. It is a two-way process. For instance, the probation service provide information about anyone they are currently dealing with but also take information from the meeting that can be used for preparing pre-sentence reports. They also alert the meeting to cases where bail conditions have been violated or restraining orders have been breached so that offenders can be recalled into custody. Observations of daily meetings and research interviews confirmed that often a great deal is known by different agencies about abusive men's histories of offending and addictions (for instance, by housing), and their likely willingness to engage with services. These integrated multi-agency discussions and practices are able to focus on offenders in a rigorous (and innovative) way. They seek to ensure there is proactive engagement with the perpetrator; that they are held to account and that women and child victims are kept safe:

"Getting other services involved from the beginning is very helpful. For example people are rehoused much quicker." (DDVM member)

Despite a key aim of the new system being to prevent victims having to cope with several agencies intervening, and there being a designated Lead Practitioner for each case, some interviewees spoke of how this still happened in a small number of cases. It was also reported that, in contrast, some victims had minimal contact from agencies. Efforts to ensure consistency were ongoing throughout the evaluation period.

Generally, professionals who attended DDVM felt that it was good to deal with cases within 24 hours:

"DV potentially needs that really quick response so I think that's a good idea. It's not a case of solving every issue that the family has here in that meeting but it's getting that immediate response coordinated and professionals taking it forward." (DDVM member)

At the time of final data analysis, there was no system for ensuring robust follow-up of cases that came through the DDVM including to check that the agreed action plan had

been carried out. This was raised by some professionals who were concerned that they had no systematic way of knowing the outcomes from cases heard at daily meetings. There is a modest follow-up system in place in that Lead Professionals are expected to update the DDVM administrator when agreed actions have been taken, but it was uneven. A new procedure was being established towards the end of the evaluation through a new minuting policy for short-term feedback, and consideration at senior levels of how a long-term process could be established. Nonetheless, there was clarity that the focus of the meeting is on addressing referred cases and this would remain the focus.

FGCs for domestic violence

Initially, an FGC coordinator from the IT attended the DDVM to identify families who may be appropriate for a referral to the service. This was reviewed because of the resource requirements of attending each day; instead a dedicated post within the IT receives and screens all referrals from the DDVM daily. The coordinator then makes contact with the family and arranges to visit. During the visit they decide whether or not they would like to proceed. A coordinator from the service is then allocated to them.

The development of the service in relation to domestic violence was guided by an explicit intention to enhance, not compromise, safety. Our qualitative work led to the identification of three operational models of FGCs for domestic violence in Leeds. The models are not mutually exclusive and in real life practice there may well be some elements of different models in use at the same time. However, they represent important conceptual differences. They are summarised below:

- pragmatic: FGCs that are focused upon developing safety and support for the survivors of the violence in order to ensure the wellbeing of the children. This is the most common model, with the initial practice point of engagement being the woman, children and their maternal networks. The meetings usually built upon pre-existing support, and children's services involvement was often low level. We did not observe attendance by other services, and fathers' family networks were almost always absent from this category of FGCs

- resolution: FGCs that are focused upon some resolution to facilitate plans to meet ongoing needs, such aschildren's contact, maintaining connections for children with wider families, and practical family arrangements with limited perpetrator presence. These FGCs required skilful facilitation as they usually involved some form of representation from paternal networks. The main focus of social workers and other services was centred on the assessment of the risks such men posed. There was often an absence of other services in attendance

- restorative: FGCs that are restorative and seeking to put right the harm caused by violence and, in so doing, reduce future harm. This model of FGC practice was rare. Coordinators were keen to engage with the men, and felt confident about

their ability to do so. There were some tensions observed. Families who wanted to stay together can face pressure from social workers to separate; those that wanted to separate saw little value in engaging in an FGC concerned with changing the perpetrator's behaviour

These different pressures and rates of progress towards a restorative approach reflectedthe early stage of the system change. At the end of the evaluation period, further training in FGCs for domestic violence was underway for social workers; there was a conference for Leeds children's services staff on working with men planned for early 2017; and there were plans for 2 domestic violence training posts to continue awareness-raising beyond Family Valued.

Despite the commissioning of new additional services, provision of support for perpetrators did not fully meet need. The key service was a 17 week course, which, although understood to be effective, was not appropriate for all perpetrators. In addition, it meant that there were long delays from referral to access.

There was broad support for FGCs for families experiencing domestic violence amongst members of the DDVM, social workers and broader stakeholders. Often, this was linked to previous experiences of FGCs with highly vulnerable families. FGCs were generally considered beneficial in domestic violence cases, as long as they were managed correctly. They were seen as a way to help family members find solutions that may be more sustainable in the longer-term. Nonetheless, there were some concerns, for instance, where families were seen to be sympathetic to the perpetrator. This was observed in a practice observation undertaken for the social work strand of the evaluation, where the family appeared to conceal the offender. There was a consensus that suitability should be considered on a case-by-case basis. There was clarity that FGCs are not appropriate and safe in response to some crimes, such as honour-based violence.

A number of strategies were in place to make it possible for domestic violence cases to go to FGC, such as using separate meeting rooms when perpetrators need, to be kept apart from victims. Rather than shying away from involving violent partners and their families, interviewees expressed a wish to treat all families equally. It was felt that involving the perpetrator in the FGC might make him take responsibility for his actions, rather than avoiding responsibility, minimising what he has done or blaming the victim(s). Equally, it can help victim(s) to see that it is not their fault. Victims are often isolated from their families, feel ashamed and do not want people to know what is happening to them. FGCs were seen as a safe place to reveal abuse and tackle stigma:

> "Often people are quite ashamed. Victims are often isolated and a FGC can show them that they have emotional support, someone to say 'you can do it!' because otherwise it can be so, so hard for them to end a relationship." (Social Worker)

The sample of cases the evaluation team followed up 6 months after they came through the DDVM provide some evidence that shows how FGCs helped to produce better outcomes for children and families. In DV Case 9,[7] although the children didn't stay with the parents, they were able to stay in the extended maternal family.

Monitoring data

We analysed FGC data to April 2016 for the IT. Whilst the IT take referrals from the DDVM, FDSH and Cluster teams for these FGCs, it should be noted that other FGCs may be supporting families where domestic violence is an issue, if not the primary reason for referral. There were 128 referrals and 40 FGCs – 31% conversion rate (see Table 14 Appendix 5). There was missing information for 24 families. Analysis of enquiries by legal order shows that almost half (62 of 128 enquiries 48%) had no previous social care involvement (see Table 15 Appendix 5).

Reduced repeat referrals

The outcome within the OBA performance management framework for Family Valued is to reduce the incidence of repeat domestic violence referrals. The quantitative data presented Appendix 5 Figure 16 shows that, between April 2015 and August 2016, the rate of repeat referrals for domestic violence reduced, with a clear downward trend. This change is not statistically significant and further monitoring will be required over time.

Qualitative outcome data

Evidence of impact and positive outcomes was found in our analysis of cases that we followed up 6 months after they had been through the DDVM. This includes: improved coordination of support; a restorative approach; and effective perpetrator work, while maintaining a focus on the needs of abused women and children. A selected case is included in the blue box below.

Case study of FGC in domestic violence

DV Case 4 was described by the social worker as 'a real success story'. When the case came through the DDVM in September 2015 there were substantive concerns; there are five children and the parents were not recognising the impact on them of the domestic violence that the father was perpetrating on the mother. A pre-proceedings process was initiated. Since then, the social worker has been very impressed with how the family has improved and, at the time of the review, the case had been recently closed. It had been 'a really chaotic' household and things were now really calm. A family support service had been visiting twice a week. Mum had completed a parenting course and is now

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[7] All case studies have been anonymised and shared with LCC but are not included in this public report.

attending one about managing teenagers' behaviour. The father was convicted for domestic violence offences and served a prison sentence, which he said had made him think about his actions. During the pre-proceedings process, the parents started to engage with some of the services being offered to them. Despite some apprehension, they had a positive experience of social work and it motivated them to engage with other services. Father has been involved with services, including the probation service, and completed a perpetrator programme. He is not using drugs anymore and that has had a positive effect on his behaviour. Since he has become calmer, he has been able to think about the effect on the children.

The quality of multi-agency working in this case is described by the social worker as 'really, really good'. Probation and social work worked effectively together and liaised with other services. The family had previously tended to tell different stories to different agencies, but once they were aware that agencies were working together, they appeared more honest. There was a FGC at which the wider family were able to say 'you need to stop now'. The children came to the meeting and it was 'really powerful to hear their voices' when they were talking about the impact of arguing and DV. Having family to support them, for example saying 'look how far you have come', made a big difference.

Restorative social work

There were no specific quantitative impact measures relating to the development of restorative social work in and of itself; rather, there were a range of measures relating to the impacts on social work which the system change was expected to achieve. The impact analysis (see figures 11-18, Appendix 5) shows that 16 months into the programme, Leeds has seen statistically significant reductions in:

- number of looked after children (CLA)

Figure 2: children after   **Number of looked (CLA)**
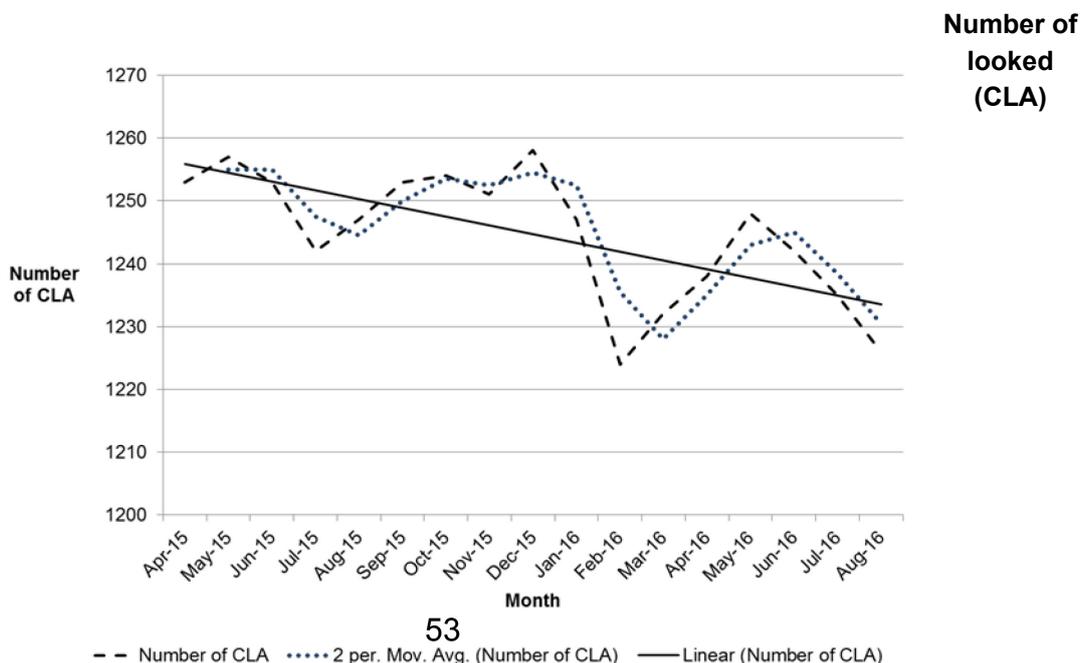
- rate of CLA per 10,000 population

Figure 3: Rate of CLA per 10,000 population of children aged under 16 years
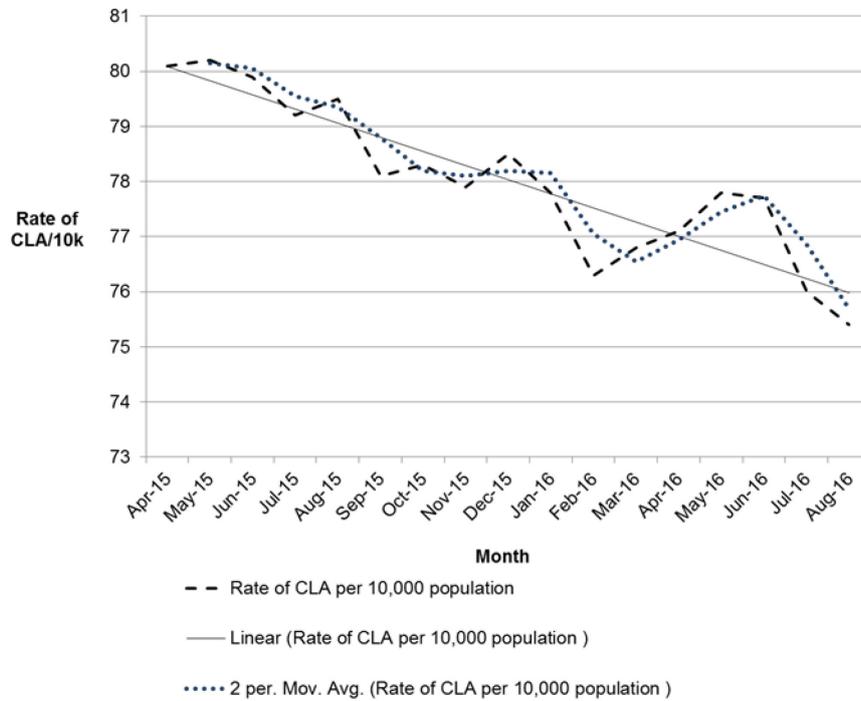
- number of CP Plans

Figure 4: Number of Child Protection Plans (CPPs)
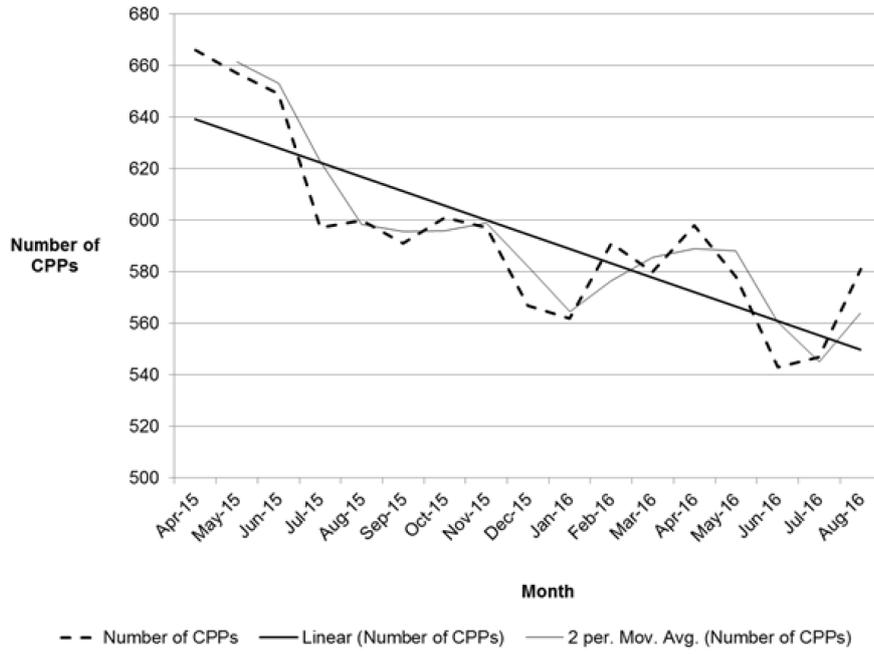
Source: LCC

- number of children in need (CIN)

Figure 5: Number of children in need (CIN)
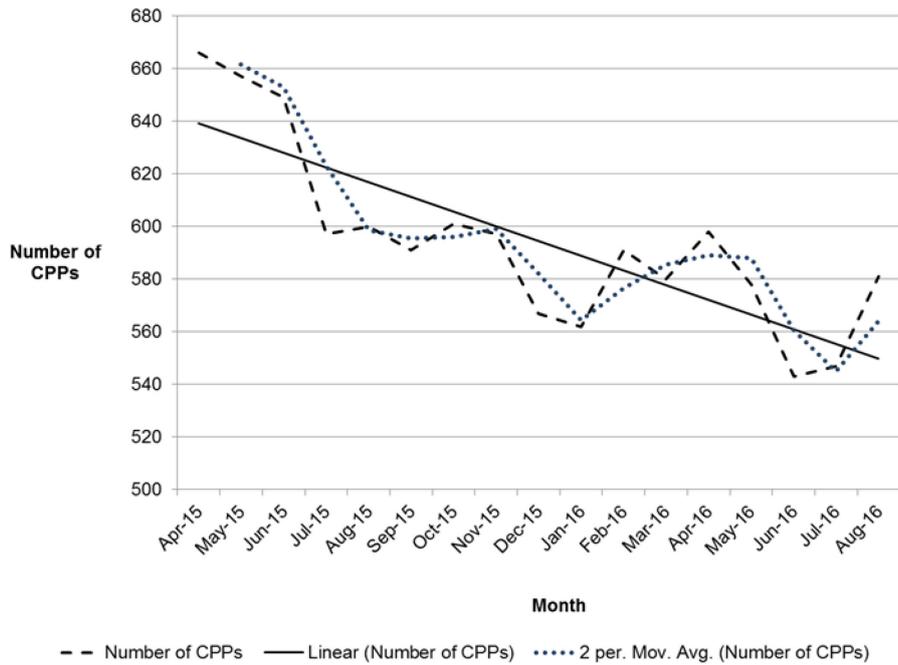
Source: LCC

There was a consistent, strategic focus on changing the culture and practice of social work teams so that they would practice restoratively. It ensured that they worked in high challenge / high support ways with one another. This created more open, harmonious and skilled social work practitioners and teams, which prevented some children from entering care and secured better outcomes for children and families.

Nationally, concern is often expressed about a stifling blame culture that exists in children's social work organisations (Leigh, 2016), but we found little evidence of it in Leeds. In the qualitative research, a consistent theme was how Leeds was a good place to be a social worker. In our social work survey in July 2016 (T2): 86% (66 of 77 responses) 'feel appreciated by colleagues and managers'; 88% (68/77) 'enjoy coming to work most days'; 78% (60/77) think that 'families value the work they do with them'; 95% (73/77) say their work gives them 'a feeling of personal achievement'.

Restorative practice training

99% of respondents (76/77) to the second social work survey (T2, July 2016) had completed some form of restorative practice training. Most had attended Awareness Raising and FGC training. 44% (34/77) had attended (not necessarily completed) Deep Dive training. 92% (71/77) agreed that they had 'a good understanding of restorative practice and what is expected of me by Leeds in putting it into practice'. Some 90% also agreed that they 'work in a team that is committed to working restoratively with families and as a team.'

The Deep Dive training devoted considerable time to team dynamics and culture. It helped to develop staff relationships and resilience in teams in ways that allowed that kind of high support and high challenge to be provided. The approach was also intended to address the effects of the proceduralisation of practice (with emphasis on timescales and bureaucracy) that is a national concern, to create conditions where families are supported through an approach characterised by encouragement, warmth and belief. Social workers in the two case study teams particularly valued how the training gave them space to think and reflect. They described how it had helped them to clarify their default position in the Social Discipline Window (see chapter 1); it helped them break traditional patterns of 'doing to' or for families and moving to the 'working with' box as much as possible.

> "Being restorative sets the culture, so we've prioritised that, getting the culture right. The Deep Dive training provides a framework for behaviours and approaches and also supports strength-based social work, and an approach we want to take with families. We want social workers to have other theoretical insights, such as a focus on attachments, but restorative practice as a framework it sets the way to work with families… We are doing it team by team because we want that cohesion and support. It's not necessarily about individual brilliance but about what the collective can achieve." (Senior Social Work Manager)

'Circles' are an element of restorative practice where staff sit and share experiences: whilst many had found this difficult at first, over time it developed mutually supportive relationships.

Child Protection Conference Chairs and Independent Review Officers who were interviewed had also attended restorative practice training and were all very positive about it:

> "In terms of what was discussed at the training - found it really helpful, I'd like to think I already practice in a restorative way but I think there's always times when you can question yourself – 'could that have been done differently?'" (Child Protection Conference Chair)

One Chair explained that they had seen a change in practice with the introduction of a restorative approach:

> "The difference it makes is new social workers have knocked my socks off in what they do after being trained to do restorative practice. They have an understanding about human and child development and are able to develop positive relationships with families by working restoratively."

Restorative social work skills

Family Valued built on progress to address barriers to effective social work in Leeds. There had been a reduction of agency staff, steps taken to decrease caseloads and strong supervision put in place. Some social workers described a more measured approach to risk in Leeds compared to other local authorities where they had worked, and a greater confidence in managing risk through restorative practice. In the second social work workforce survey the vast majority (75/77, 97%) were confident (of whom 78% (60/77) were very confident) they could achieve the key restorative practice goal of finding solutions that are family-driven, with maximum opportunity for family decision-making.

Qualitative interviews with (42) social workers show that there is, overall, strong support for the aims of restorative practice as seeking to harness families' resources and enable them to plan their own lives. Most of the social workers we observed attempted restorative practice with service users. Social workers conceptualised restorative practice as deploying resources and services which would help the families resolve their issues, and involving wider kin and friendship networks, that the family identified as important to them, as part of that process. The common view was that restorative practice meant working collaboratively with families to try to support them to identify and resolve their problems (with the necessary supports from social care and elsewhere), largely on the basis of their own plans:

"The old model was social workers taking control within families, dictating what needs to change, a more dictatorial model. Some workers still adopt that approach, so the family becomes very dependent on the worker and other support services, and families go through the motions rather than think for themselves. They will do what they are told to get the social worker off their back, and then can't sustain it, so it's not a good method." (Social Worker)

There was a strong view that working restoratively invariably took more time. Supporting families to take ownership of interventions implies a high level of involvement and a focus on 'keeping people engaged' so cases 'don't drift'. It can be quicker and easier to do something for a family than with them. It was also understood as characterising engagement with other professionals:

"It's about challenging and supporting not just families but other professionals. Feeling confident in challenging professionals in ways that direct them to an appropriate place. For instance when a school is not willing to take CAFs,[8] so how can that school be moved on to do the CAF?" (Social Worker)

Some social workers considered restorative practice as equivalent to 'good social work' (or "good old fashioned practice" as one termed it). The evaluation suggests that, in fact, restorative social work has specific features of working with service users in ways that adopt high support and high challenge. It also requires a wider restorative system so that social work is not restorative in isolation. Features are:

- collaborative work with the whole family, including fathers, wider kin and friends that incorporates high challenge and high support

- a preparedness to take and manage risks in the interests of enabling children to grow up in their families

- organisational conditions and relationships that enable staff to practice restoratively within their social work teams as a prelude to them being able to work in similar restorative ways with families

- an awareness of the social discipline window and recognition of when practice is, and is not, restorative. Fluidity often exists in how practitioners move around the Social Discipline Window and this seems unavoidable. They sometimes do things to families and for them; they engage in high challenge on some occasions without adding high support to match it on that occasion, and vice versa. The critical feature is that they seek to enter (or return to) the with box as quickly as possible and that the overall relationship with the family is restorative

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[8] Common Assessment Framework (CAF) is a framework for use across children's services for the early identification of needs, and the coordination of provision to address them.

- practising restoratively does not always mean treating all family members equally. The complexity is such that children may be worked with by social workers, while their parents are done to due to their resistance. The goal is to work simultaneously with as many family members as possible

- when children are taken into care, their parents are treated with respect and in ways that attempt to limit the trauma of losing their child/ren. Meaningful restorative practice is forward looking and optimistic about people's capacities to grow and change

- at its best, restorative practice is a multi-agency endeavour. When it is not, sometimes professionals have to work restoratively to repair the negative impact on the family of what other agencies have, or have not, done

Although a small number of survey respondents identified a lack of skills in working with men (T2: 2/77, 3%) the qualitative work including practice observations identified this as a wider and more important gap in practice. Whilst some inclusive practice with fathers was found, in every case study scenario where fathers were worked with, there was a deficit to the social work practice and system response, due to limited skills and confidence to engage with fathers at a deeper level. There was also an evident lack of confidence and skill in dealing with fathers who hade histories of perpetrating domestic violence and men who were currently suspected of doing so. At the time of the final fieldwork in September 2016, a conference on working with men was planned by LCC Children's Services, and two domestic violence training posts were intended to address this issue.

With its emphasis on the use of self and relationships, restorative practice work was found by the evaluation to be therapeutic practice. For it to happen in meaningful ways often involved long-term commitments to families. We found that ending these relationships effectively was sometimes a challenge for social workers when there is a requirement or pressure to close a case. Social workers were not always able to give sufficient time to ensuring that families were able to move on safely without them once their involvement comes to an end.

Social workers engagement with FGCs

The programme of Deep Dive training with social workers aimed to widen and deepen restorative practice and promote the use of FGCs in particular. In the second social work survey (July 2016), those who had attended Deep Dive training were more positive about the benefits of FGCs than those who had not. They were more likely to agree that:

- FGCs are run in a way that fully involves mothers: 92% (24/26) of respondents who had attended in-depth training agreed, while 71% (36/51) of respondents without in-depth training agreed

- FGCs are run in a way that fully involves other relatives and the wider family network: 88% (23/26) of respondents who had attended in-depth training agreed, while 67% (34/51) of respondents without in-depth training agreed

- FGCs are run in a way that enables family decision making: 92% (24/26) of respondents who had attended in-depth training agreed, while 65% (33/51) of respondents without in-depth training agreed

- after the FGC, the FGC plan has worked effectively and been helpful for the wider family network: 65% (17/26) of respondents who had attended in-depth training agreed, while 41% (21/51) of respondents without in-depth training agreed

However, the survey also found that overall, social workers became less confident in their ability to introduce FGCs to families, and to participate in them effectively (see Appendix 5 tables 16 and 17). It may be that training had raised awareness of skills gaps. In the qualitative work, there was widespread support for FGCs, although there was also a critique of them. The depth research with 2 social work teams found that their attitudes towards, and engagement with, FGCs improved over the course of the evaluation and as a result of Deep Dive training. Many social workers described experiences of FGCs being used to good effect, and this was supported by observations of practice in the evaluation. There was a consensus that FGCs should be used earlier in addressing family problems.

Despite generally positive views of them and policies that mandate their use in certain circumstances, FGCs do not happen in a significant number of cases. As we saw above, more than half of families who are offered one do not proceed. Social workers are involved far more often with families who have not had an FGC than with families who have. Interviews with social workers explored their perspectives on why families do not accept the offer of an FGC: they identified insufficient family members (as coordinators did above); failure to attend (family or wider network); disguised compliance (agreeing to attend but not doing so); and parental resistance. Interviews also identified a social work critique of FGCs amongst a minority of participants:

- a concern that professional judgment is undermined by a default policy position to hold a FGC in high risk/concern cases, creating a tick box culture

- a view that social workers are capable of working with wider kin without the need for an FGC, and are able to facilitate family meetings

- resentment that the FGC service will not share even basic information about families, due to their independence from social work

- tensions around out of hours working required by FGCs and ability to claim back time in lieu

- a view that FGCs are not always organised in a way that benefits the child, with adults deciding who attends and children witness to negative behaviour during the conference

Training, supervision and communication will be required to continue to explore and address these concerns, although we stress they were minority views. At the end of the evaluation fieldwork in September 2016 Network Meetings were being established in different geographical team areas in Leeds to bring social work and FGC managers together to share perspectives, build understanding and improve joint working.

By the end of the evaluation, social work emerged as an effective restorative practice in its own right. Strengths-oriented, relationship-based social work practice was being done in humane and therapeutic ways which helped parents to change and that promoted the welfare of children and families. For instance, our data show that some parents who had previously had children removed, and were regarded as likely to have the child they were expecting taken into care, were helped to keep their babies. The practice that assisted them to do this was deeply restorative, involving social work that was humane and relationship based, coupled in some instances with the use of FGCs.

Case study of restorative social work

Janice had a history of addictions, serious abuse by men and mental health problems. Her four children had all been removed into care. Janice became pregnant, and the evaluation team observed how the senior social worker and social worker co-worked in a restorative way that enabled Janice and her new partner, Michael, to keep the baby. For instance, at a meeting with professionals, when Janice was 7 months pregnant she was annoyed with a health professional who claimed Michael wasn't supportive during a CIN review. The couple were helped to use a particular form of constructive restorative language in challenging this professional. Two months before the birth, this previously suspicious and fearful mother included the social worker in a list of the most important supportive people in her life. An FGC produced an effective plan that the extended family and network of friends implemented by providing practical support in caring for the baby. On home visits after the birth of the baby, the social worker was strengths based, focused on how well the parents were doing, and supportive in a variety of practical and emotional ways. The work was inclusive too, insisting on the father being actively involved. Crucial was how the social workers didn't judge Janice on her past, but, in her words, they 'started from a blank sheet'. The parents described the social work service very positively, as open, honest, challenging, empathetic and supportive.

Their joy at having their baby was clear. As Janice put it: 'We love holding him together and talking to him together.'

Impact analysis

Findings from the impact analysis relating to training participants' views; families' perspectives on FGCs; reductions in re-referrals to the social work service for domestic violence; and statistically significant reductions in key social care indicators were presented above. This section summarises the impacts of Family Valued as measured through ToC developed using the OBA performance indicators (see Table 1); and the CBA. A table showing progress against each outcome and tests for significance is included in Appendix 5 Table 18. Trend analyses for key indicators are included in Appendix 5 figures 11-18).

Interventions (outputs)

The programme has successfully delivered 5 out of the 6 outputs described in the ToC. The exception is delivery of the restorative practice Train the Trainer sessions, which remained in progress at the time of writing.

Short-term outcomes

The evidence collected shows that all short-term outcomes have been achieved. Training in restorative practice had been rated highly by trainees, who were generally of the view that it would have a positive impact on children and families in Leeds. FGCs had virtually all resulted in agreed care plans; families felt they had been involved in the process and that their views had been recognised and respected. Furthermore, data shows that families felt that the support services they had accessed had been appropriate to their needs.

Medium-term outcomes

The data collected so far show 3 out of the 6 medium term outcomes specified on the ToC have been achieved. Families felt the FGC process had helped solve their problem (M1), they rated the support services they had accessed as good (M3); and staff felt confident and competent with regard to taking restorative approaches to dealing with vulnerable families (M6). Data on family empowerment and family resilience (M4 and M5) have yet to be collected, as discussed above. The impact of FGCs on school attendance has not been established thus far (M2). School attendance is one of LCC's core priorities for children and young people identified through the OBA process – one of three named 'obsessions'.[9] To date, colleagues in Leeds have collected education data on a small cohort of 15 children who have gone through the FGC process. No systematic

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[9] http://www.leeds.gov.uk/residents/Pages/Our-Vision-and-Strategies.aspx (viewed on 19 December 2016)

improvements in school attendance were evident. The intention is to identify attendance data for a larger group of children.

Long-term outcome

There is evidence of statistically significant impact in key indicators for:

- the number of looked after children (CLA)

- rate of CLA per 10,000 population

- the number of CP Plans

- the number of children in need (CIN)

Other outcomes show a trend in the desired direction, but these are not yet statistically significant:

- average caseload per fte (full time equivalent) social worker

- improvements in school attendance

- rate of re-referrals for domestic violence

- number of children leaving care

- number of children and young people returning to their families after being in care

- length of time before leaving care

The first FGCs delivered by Family Valued for which we have evaluation impact data were held in April 2015. At the time of writing (December 2016) it is too early to tell whether there are likely to be consistent improvements in outcomes for children and families as a consequence of them having been through the conferencing process, beyond the qualitative and survey data above, and the indicative impact data reported here. The evaluation team has worked in partnership with Leeds Performance and Information Managers, ensuring that a framework has been developed for the ongoing evaluation of the Family Valued system change, including CBA.

Counterfactual

Appendix 5 Table 19 shows comparison data on 3 outcome measures which have changed significantly in Leeds over the course of the FGC implementation programme at the time of writing: number of CLA; number of CP Plans; number of CIN.

Although the available data only cover part of the evaluation period, there is no significant downward trend in the comparator authority on any of the measures for which data are available. However, the data also highlight important issues in using statistical neighbours as controls for social care outcomes. Whilst the authority supplying the data

is a close statistical neighbour of LCC, their numbers of children in social care are much higher.

Nonetheless, the counter-factual data available to date suggests that the changes seen in Leeds are not apparent in other authorities which are not implementing FGCs. However, work remains to be done. Data needs to be collected across a longer period, and from more than this single authority, with more detailed consideration given to the extent to which social care provision is comparable.

As an interim, albeit partial, solution to this issue, we can make use of data in national statistical returns published by DfE.[10] This is presented in Figure 6 below. Figures for the period to the end of March 2016 show that, nationally, the numbers of looked after children have continued to rise steadily over the previous eight years. Over the period March 2015 to March 2016, the increase was 1%; since March 2012 the figure has risen by 5%. This compares to the figures for Leeds City Council that show a fall of 21% and by 2% over the period of the evaluation.

Looking at DfE figures for the two similar local authorities that agreed to provide comparison data, Calderdale reported a 6% fall in the number of looked after children between 2015 and 2016, whilst Kirklees reported no change.

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[10] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016 (viewed on 19 December 2016)

Figure 6: Number of children looked after (CLA) in Leeds, comparison authorities and England 2012-2016
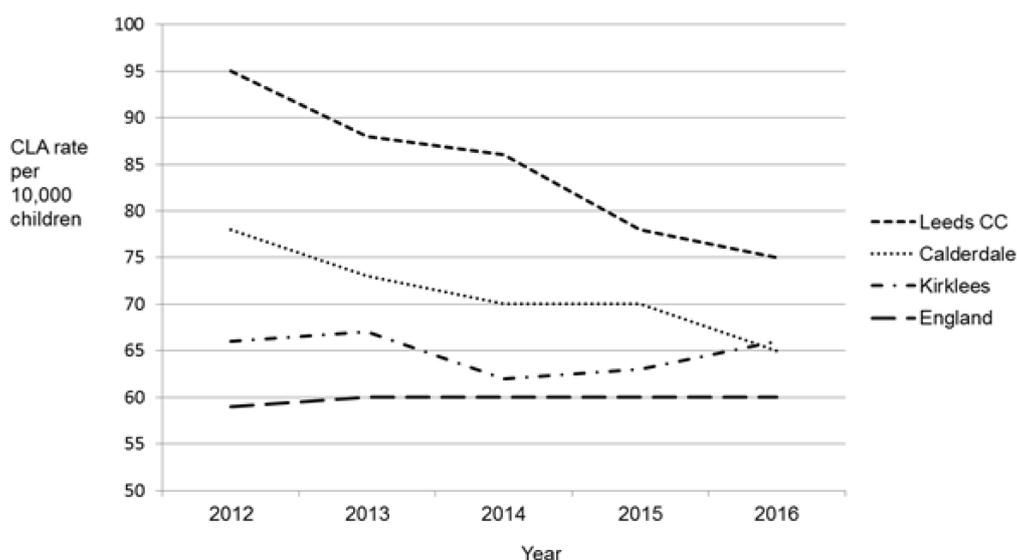
Cost benefit analysis (CBA)

The CBA focuses on the savings associated with delivery of the BAU and NDM. It does not include savings from outcomes, because of the limited timescale for the evaluation.

The costs estimates indicate that providing an FGC service is marginally more expensive than current ways of working: cost estimates associated with BAU are around £1943 per family, compared with £2418 per family for providing an FGC service (NDM).

Using data from cases closed in April 2015 – August 2016, BAU families (n=10,577) spend an average of 34 weeks in the social care system; NDM families (n=760) 24 weeks. With estimated ongoing monthly costs of keeping families in the social care system put at £302 per family, savings accrued to FGCs just as a consequence of less time spent in the social care system are estimated at £755 per family.

It should be noted that this is only the potential saving from the service delivery (cost) side of the cost-benefit equation. Once LCC has figures on the savings associated with the benefits side through outcomes data, the figure for benefits relative to costs is likely to get significantly higher.

As colleagues in Leeds collect more information on long-term outcomes for families that go through the FGC process, they will be able to build a more robust model of additional

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[11] https://www.gov.uk/government/publications/children-looked-after-return-2015-to-2016-guide (viewed on 19 December 2016)

financial benefits. This would include taking account of any re-entry into social care, which was identified in the research with the FGC service.

Learning: barriers and facilitators

Restorative practice workforce training: barriers

Some participants in Awareness Raising training found it difficult to implement when they were the only one, or one of a small number of people, who attended from their team or service. This was also identified by a small number of participants who described how, although they had found the training valuable, without the support of their leadership, it was difficult to practice what had been learnt. There was a strong wish for refresher sessions to sustain the practice and support the system change.

Restorative practice workforce training: facilitators

Awareness Raising training was well organised and accessible. It was free and participants were able to attend at a time that suited them. Where a number of colleagues from a service or locale took part, shared understandings and common ways of working, including language, were supported.

Deep Dive workforce training: barriers

One challenge was in engaging partners from health. Participation in training, provided as part of the Restorative Cluster package, was minimal after a decision by health managers not to release these practitioners for training, reportedly due to the high demands on their time. To address this, Family Valued collated evidence to demonstrate the shared agenda of health and Children's Services. Mapping of social work service use showed that (approximately) 50% of Looked After Children were registered with 10% of GP practices. A large meeting had been held, led jointly by Family Valued and the CCG, to discuss with health partners how they could work together with children's services within a restorative system. In September 2016, it was reported that a locality based programme of Deep Dive training for health practitioners was being agreed.

The free availability of the Deep Dive training was welcomed, and seen to be important to achieving system change at a time of widespread budget cuts. Nonentheless, a number of sessions were cancelled or had low attendance and some stakeholders raised questions about whether charging would have ensured commitment and engagement.

Deep Dive workforce training: facilitators

There was a supportive context for the Restorative Cluster programme, in that relationships within clusters had strengthened in recent years. Tailoring training to

different contexts, led by Restorative Partners with a range of backgrounds and expertise, was important to engaging key stakeholders for example schools and the police.

Expansion of FGCs: barriers

Our data suggests that there was limited involvement of non-Children's Services agencies in FGCs, which is likely to limit the reach of impact of family plans. Data from families is not yet being routinely collected and collated to inform service design and commissioning in a way that might be expected in a family-centred system. The timescales for Family Valued meant that services were commissioned to address known gaps, and the outcomes of FGCs will need to be kept under review to meet families' needs.

There were limited opportunities for FGC coordinators to come together across teams to share and reflect on practice; and there were some tensions between the FGC and social work services. Network Meetings to bring FGC and social work managers together were planned at the time of the final fieldwork. Although there are active adult and child service user groups, co-production with them remains underdeveloped. Reflecting the principles of restorative practice, learning with professionals and service users would strengthen service development.

Expansion of FGCs: facilitators

Wide engagement of stakeholders within a clear, strategically-led approach was central to the successful expansion of FGCs, including a new FGC/ICPC prototype. Careful recruitment, training and gradual building of caseloads for new coordinators and the new IT were important in maintaining a high quality model of delivery. FGCs were expanded in the context of an existing high quality service and commitment to them across LCC Children's Services and there were the necessary conditions for success.

A new approach to addressing domestic violence: barriers

Challenges identified during the delivery of Family Valued were addressed by the wide range of stakeholders engaged in the innovation. There were 2 barriers to effective work with perpetrators. Firstly, there was a lack of confidence in working with men within both the FGC and social work service. Steps were being taken to address this at the end of the evaluation: a conference for children's services staff, and two domestic violence training posts were planned. Secondly, the capacity of services to work with perpetrators. Whilst the commissioning of an expanded, proven 17 week course was widely welcomed it was not appropriate for all men in terms of both length of commitment and level of offence targeted.

A new approach to addressing domestic violence: facilitators

The expansion of FGCs for families experiencing domestic violence was introduced within the context of a wider Breakthrough Project. This provided the supportive context for the wide-ranging stakeholder consultation and engagement necessary for the innovation and the tenet of working with perpetrators to reduce domestic violence. This included keeping the model under review and making adaptations, which were important in developing a successful model. The DDVM, a foundation of the new multi-agency response, enabled effective processes to be embedded that provided a focus on work with perpetrators and keeping women and children safe, including through FGCs for these families.

Restorative social work: barriers

Although LCC was widely seen by social workers as a positive, supportive organisation some organisational constraints were barriers to restorative practice. In the 2 social worker surveys, social workers reported spending 27% of their time working with children and families, and a much higher amount on administrative tasks (47% at T1 and 44%, T2). Almost half of social workers (48%, T1 and 47%, T2) felt that they had insufficient time to work effectively with families. Cumbersome information technology, and available office space, were also reported by social workers as factors that limited the time available for families. There was also a lack of confidence in working with men (recognised and with steps being taken by LCC) as reported above.

Restorative social work: facilitators

Family Valued introduced restorative practice training for social workers within a context in which it, and its principles, were already well known and widely supported. The restorative leadership programme for social work managers that had previously been delivered resulted in commitment at this level. This reflective learning model provided a tested, effective approach for Deep Dive training, on a social work team basis, that included active participatory support from managers. Trainers were skilled and credible. The training was not introduced in isolation but within an existing trajectory towards deeply embedded restorative practice across children's services. The wider workforce development undertaken through Family Valued, including the Restorative Cluster programme, meant that a common language and framework of understandings was forming around, as well as within, social work. This created momentum for system change.

Limitations of the evaluation

Family Valued was a large, complex, system change programme. The evaluation involved a wide range of qualitative research, including observations of practice and case studies developed over time; and surveys of practitioners and parents/carers. Nonetheless the scale of the engaged workforce and the change programme means that there are some important limitations to the evaluation. The timescale for the evaluation means that it has been concluded before all activities have been delivered. More substantively, the aims of Family Valued are to embed sustainable change and achieve improved long term outcomes for families; the success of the programme in achieving these will only be observable over the next year and beyond. Throughout, the evaluation team has worked closely with LCC to embed a framework that will monitor the impact, including cost effectiveness of the innovation, when our involvement comes to an end. This includes a peer evaluation approach within the FGC service to explore family perspectives.

Restorative workforce strand

We were unable to work in depth with all Restorative Clusters. Training was still underway at the end of the evaluation fieldwork and there were no observations of practice at early help levels or engagement with children and families. A system of 6 monthly follow up surveys for participants is now in place and will explore the reported impact of training over time.

FGC strand

Although we worked with 2 of the 4 FGC teams, we gathered data from all coordinators and engaged across the service to share and reflect on learning. The FGC/ICPC pathway was in its earliest stages and could not be explored. The key limitations are the lack of data from families as a group, as opposed to the perspectives of parents/carers; and from children. A planned survey of families and children who had been offered an FGC (who had accepted and who had refused), to be administered by the social work service did not take place, despite efforts by the Family Valued team and lengthy discussions with leaders and managers. Social workers did not prioritise it amongst existing pressures, and a telephone survey of 36 parents/carers was undertaken instead. The number of respondents was not sufficient for tests of statistical significance. A peer-research approach being developed with the service by the evaluation team aims to address this in the longer term, including the use of robust scales for outcomes measurement. The survey included a small number of parents/carers who had not taken up the offer of an FGC. Further research is required with families who do not accept the offer.

Domestic violence strand

We have only been able to undertake a 6 month follow up of outcomes during our period of evaluation. The new approach meant that no systematic data was available on domestic violence prior to April 2015 that was comparable to what we gathered after this date. As with the FGC strand limitations, there was limited data from families, including children.

Social work strand

Whilst extensive, we cannot be certain of the representative nature of the qualitative sample within such a large service as LCC Children's Social Work. Nonetheless, interviews with social workers and managers outside of the 2 case study teams, and the surveys undertaken, support the findings of work with them. Although the first social work survey had a high response rate (187), the second was lower (77), meaning that tests for significance were only possible for a small number of measures.

Impact analysis

There are 2 measures within the OBA framework that remain in development (family empowerment and family resistance) and cannot be reported.

The CBA has a number of important caveats. Firstly, it is focused on cost and delivery savings and not outcomes, beyond involvement with social care, in the year for which we have data. It is based on cost estimates from established data sources (but that may not reflect actual costs) and derived from time estimates from LCC that may not capture fully the time inputs, for instance, from partner services. It focuses upon families who receive an FGC and those who do not: we do not have details about the families and whether there are differences between the two groups that might impact on their outcomes and thus are unable to answer the question: are there differences between families who accept an FGC and those who do not?

The counterfactual analysis is underdeveloped; statistical neighbours continue to work on retrieving relevant data for LCC colleagues. Finally, the evaluation has not been able to work with data from before Family Valued's expansion of FGCs, due to data from this time being transferred from the service database to the LCC performance database (Frameworki) at the time of analysis and reporting.

Implications and recommendations

The evaluation of Family Valued has found that the aims of this large, complex system change programme were largely met. There is evidence of culture change across Children's Services and beyond; and new forms of restorative practice, including FGCs, for families experiencing domestic violence. The FGC/ICPC pathway had yet to become well established by the end of the evaluation. This in itself reflects a key implication from the evaluation: that innovation and system change require time working closely and carefully with a wide range of stakeholders if they are to be effective. There must also be a supportive context for both innovation and system change, which similarly takes time to build and maintain.

Findings for best practice in system change

The evaluation has found that in developing and delivering system change, Family Valued demonstrates the principles of best practice outlined in chapter 1:

- a shared vision, which was well communicated and understood amongst key, if not all, partners

- co-producing change: careful attention has been paid to building a shared culture through working with, not doing to, in the design of the programme detail. There could be greater coproduction with families

- providing an infrastructure which is supportive: the OBA approach is well understood, and commissioned services welcomed the approach to outcomes monitoring. Frameworki in FGC is being developed in partnership with the FGC service

- robust, but not prescriptive, project management: there has been strong governance for the programme, with an OBA framework developed with stakeholders and a focus on delivery that has kept to restorative principles

- learn lessons from previous experience: Family Valued continued work already begun by LCC and Children's Services. It was based on previous experience, for example in the format of Restorative Practice training, but also on a commitment to learning from the evidence base in this as well as both Family Group Conferencing and domestic violence

- blending designated and distributed leadership to foster collective action: the governance and programme management structure involved stakeholders from across LCC and Children's Services, with leadership for different strands distributed to those with responsibility for different aspects of existing delivery targeted by the programme – for example, in enabling Clusters to shape their own restorative practice training programme

Findings for the Innovation Programme

The DfE Innovation Programme had a number of objectives and areas of focus, which the Leeds Family Valued programme had addressed.

- Value for money across children's social care:

  - the evaluation has found that the FGC service in Leeds delivers savings for each family who completes one

- Better life chances for children receiving help from the social care system:

  - the evaluation has found that there are positive outcomes for families who complete an FGC, and the system change has achieved key changes in the numbers of children looked after, and other associated indicators

- Professional practice and methods in social care:

  - the evaluation has found that restorative practice is effective in child and family social work

- Organisational and workforce culture in social care:

  - the evaluation has found that a more restorative culture and system for children and families has been created

- The lives of children, young people and families:

  - through Family Valued, more restorative practice is in place across children's services, including early help and preventative services, with indications of improved outcomes for children, young people and families

- The perception of children, young people and families of service quality:

  - qualitative and quantitative evidence shows that children, young people and families have positive, and improved, perceptions of social work and children's services.

- Local leadership and governance, including systems and processes in children's social care:

  - the evaluation has found strong leadership of children's services in Leeds, including social care; there is a strong commitment to workforce development, and a consistent approach to the development of restorative practice

- National systemic conditions e.g. legislative frameworks:

  - the evaluation has found support for a new FGC/ICPC pathway, developed with permission from the Minister. Delivery has not been in place for sufficient time to draw conclusions about the outcomes from this innovation

outside traditional statutory requirements. The innovation would not have been possible without the excemptions granted

Sustainability of the system change

The evaluation team is confident in concluding that the change has a high likelihood of being sustained. There is evidence that the scale of change has created a supportive system. Nonetheless, resources will be required on an ongoing basis to support this, both for training to support, and go beyond, the Champions' Network, and to resource a further spread of practice that builds out from what has been achieved in the target clusters; in the expanded FGC service; in the social work service; and in the wider social care system.

Recommendations for local authorities considering restorative practice

Workforce development

- Restorative practice training should be implemented at two levels: awareness-raising to outline key concepts and techniques; and in depth that works reflectively with groups of practitioners to embed effective practice. Restorative practice improves the way professionals work with each other as well as with children and families (and service users more broadly)

- sessions should be tailored to different contexts and delivered by credible trainers with sector expertise. Some sectors - for instance schools and health - may engage more effectively with peer approaches. Leaders should be engaged before front line practitioners, so that restorative practice will be an expectation, and supported through supervision

- effective restorative practice outside of individual services requires a wider system change. This requires: strong leadership and consistent vision; long-term resources and commitment; and attention to the features of best practice identified above, including building on what works

FGCs

- FGCs are an effective rights-based process for empowering families with a range of needs, which can increase the likelihood of children remaining in the care of birth family networks. They form a central part of a culture of practice which seeks to support families to take control of issues within the family network. Their use can lead to the development of more trusting relationships between professionals

and families, more co-operative management of child protection issues and reduction in children's social care involvement in families' lives

- FGCs are effective for supporting families with a range of needs and their principles can be used in a variety of restorative meetings. They can be used to address families' problems early, as well as within statutory child protection. There must be commitment from the wider service landscape to respect and support Family Plans

- FGCs require well supported, highly skilled practitioners whose role is organisationally respected. FGCs must be delivered to explicit, established, best practice. The independence of FGC coordinators from Children's social care is essential. The LCC model (Appendix 6) provides a framework on which to base local development and delivery

- the way in which FGCs are introduced to families is of central importance. There needs to be wider organisational awareness of, and support for, FGCs from senior management and beyond so that those outside of the FGC service encourage and engage with their use

A new approach to addressing domestic violence

- A restorative approach to domestic violence involves working with perpetrators within a whole-family approach that keeps mothers and children safe. FGCs are one element of this, but they, and wider provision including social work, require a highly skilled workforce supported to work effectively with men (the primary group of offenders and the focus of this report). A multi-agency approach, with wide and ongoing stakeholder engagement, is required

Restorative social work

- Social work can be restorative practice that delivers improved outcomes, with distinct features of working with families beyond 'good social work'. To achieve this requires a systemic approach, from restorative leadership to front line practice

- restorative social work aims to 'work with' families, away from 'doing to' them as far as possible whilst keeping children safe. This is complex and challenging and requires trained, skilled practitioners working within a structure of supervision that itself is characterised by a restorative approach. The principles of restorative practice can be introduced as the basis for a fully embedded framework, but deeper and more sophisticated practice is more effective and sustainable

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Appendix 1 Rapid Evidence Assessment (REA)

Following the recommendations of The Magenta Book (HM Treasury, 2011), we conducted a Rapid Evidence Assessment (REA) to establish the current state of evidence concerning the impact that FGC in particular, and restorative practice more generally, have been evidenced as having on outcomes for children and families. An REA takes a rigorous, systematic approach to reviewing the quantity and quality of evidence that exists.

The review identified 8 existing evidence reviews and 33 primary research studies for inclusion. The analysis identified that:

- good evidence exists to support the view that families, professionals and other stakeholders are more positive about interventions labelled "restorative" relative to "business as usual"

- evaluation of FGC, and restorative practices more generally, needs to be firmly grounded on robust programme theory that specifies the critical elements of interventions and the necessary participant responses that lead to effective outcomes

- a stronger programme theory would make it easier to establish the extent to which the impact of FGC is a product of the context in which local family services are delivered, rather than the FGC process per se

- evidence does suggest that FGC may be responsible for delivering short-term gains for families because of the range of services they access and the speed with which they can do so

- while more is known as a result of more recent, robust evaluations, there are still too few of them to constitute a consistent, robust body of evidence regarding the long-term impact of FGC

- critical elements of effective FGC include good preparation, regular follow-up, developing community representation and mobilising supports

- improvements in the design and implementation of evaluations have begun to fill gaps identified in earlier evidence reviews of this type

- a significant proportion of families that have participated in FGC research have highlighted their main concerns as economic and financial. By contrast, professionals focus on child-protection issues. Addressing financial needs, especially in a climate of austerity, may be a necessary precursor to dealing effectively with other family issues

- every pound spent on face-to-face restorative justice conferences (RJCs) saves between £3.70 and £8.10 when measured against the costs of crime. The impact

of RJCs on reoffending are modest, but highly cost-effective, given the high costs of crime

- inconsistent evidence of impact has so far made it difficult to establish credible business cases for FGC based on cost benefit analyses

Appendix 2 Theory of Change

Interventions (outputs)	Short term outcomes	Medium term outcomes	Long term outcome
O1 Families offered FGC	S1 FGCs result in agreed plan being in place	M1 Families feel FGC has helped solve their problem	Improved outcomes for children and families
O2 RP awareness training delivered	S2 Families feel involved in their care and support	M2 Improvement in school attendance	
O3 RP 'deep dive' training delivered	S3 Families feel their values are respected	M3 Families rate support services they accessed as good	
O4 RP 'train the trainer' training delivered	S4 RP trainees rate training highly	M4 Families feel empowered and able to find their own solutions to problems	
O5 Commissioned services delivered to families	S5 RP trainees feel training will influence practice	M5 Families are more resilient	
O6 Early Help Assessments delivered	S6 Families feel the support services they were offered were appropriate to their needs	M6 Staff feel more confident and competent to support vulnerable families	

Long term outcome

Improved outcomes for children and families

LT1	Number of CLA	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q25 – OPC1]
LT2	Number of CPP	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q26 – OPC2]
LT3	Number of CIN	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q27 – OPC3]
LT4	Number of referrals to CSWS	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q28 – OPC4]
LT5	Number of CIN per FTE social worker	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q29 – OPC5]
LT6	Number of repeat referrals for DV	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q30 – OPC6]
LT7	Improvement in performance and attainment	**When**: Annual **Who:** Children's Performance Service **How:** NCER Nexus [Q32 – OPC8]
LT8	No. of children and yp entering care	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q33 – OPC9]
LT9	No. of c & yp returning to families after being in care	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q34 – OPC10]
LT10	Mean/range time before returning home	**When**: Monthly **Who:** Children's Performance Service **How:** FWi [Q36 – OPC12]

Appendix 3 Evaluation method

Table 2: Restorative practice strand qualitative research participants

Group	Number of interviewees	Number of interviews
Senior Stakeholders	12	18
Managers	29	39
Cluster stakeholders and practitioners	42	58
Partner agencies (non-children's services/clusters)	16	22
Commissioned services	11	17
RP training team and partners	11	14
Total	121	168

Table 3: FGC strand data collection

Data Source	Type	Frequency/timing	Number
1. Coordinators	Self-efficacy questionnaires and open text responses exploring organisational and service context	Twice (October 2015 and April 2016)	Total 76 (40 wave one, 36 wave two)
2. Families	Questionnaire: social work practice	Twice (October 2015 and April 2016)	Total 65 (27 wave one, 32 wave two)
3. Families	Telephone survey: FGC service	June 2016	Total 36
4. Families	Observations of meetings and informal interviews during case work	Undertaken January – June 2016 over 20 days.	10 Case Studies Developed. Including 4 parental interviews, as well as numerous observations of direct practice

5.	Team Managers	Semi-structured interviews	Four times during life of evaluation	15 interviews
6.	FGC internal team activities, informal observation across 3 established FGC teams	Observation of team meetings in established teams, 'Restorative Hub' in one area, attendance at service away-day, attendance at training day on the use of FGCs for ICPCs	Each meeting once in November and December 2015, training day for move to FGC/ICPC in May 2016	6 meetings attended
7.	Coordinators in two ethnographic study teams	Practice observations and interviews	Repeated periods of practice observation augmented by informal and semi-structured interviews with each Coordinator in the two study FGC Teams (19) as well as the two mangers of these teams	Twenty days in total. 10 Case Studies developed from this work
8.	Senior managers for FGC service	Semi structured interviews	Once or twice dependant on role	5
9.	Service user groups (adult and child)	Open discussions	Twice per group (September 2015 and March 2016)	N/A
10.	Social workers	Semi structured interviews during FGC observational work	During periods of practice observation	Social workers for 8 families referred to FGC service interviewed

11.	Outcome and process data	Child level administrative data	Throughout 2014 and 2015	Basic data relating to 2765 children over both years – however only partial data currently available on 1452 children referred in 2015; further currently missing data to be collected for September report on 2015 cohort
12.	FGC strategy for capturing family views in future	Discussions with FGC management around better ways to capture family narratives within the service	Discussions in May leading to joint working paper taken to Steering Group. Further discussions in June and July with planning session in September 2016	Five discussions to date. Peer research plan agreed. Standardised tools used to collect data for impact strand in October 2016
13.	Coordinators	Focus group of representative sample	Twice (October 2015 and April 2016)	10 participants over three groups
14.	Coordinators	Focus groups in each of the qualitative study teams	Twice (October 2015 and April 2016)	7 participants in one, 8 in another
15.	ICPC	Semi structured interviews exploring the ICPC/FGC prototype	May/June and September 2016	11 participants across the system
16.	YOS reconnect	Semi structured interviews with FGC coordinators and YOS staff	September 2016	3 interview
Total: survey responses, 177; interviews and focus groups: 81				

Table 4: Domestic violence strand qualitative research participants

Interviewees	Number
West Yorkshire Police National Probation service Children's Centres FDSH support Family Group Conferencing Leeds Domestic Violence Service Leeds Community Healthcare MARAC FDSH children's social work team	11
FD managers, administrators, social work practitioners, police and Caring Dads	21
	Total interviews: 32
Observations	
Front Door Daily Risk Assessment Meetings	5
Full day MARAC meeting	1
	Total observations: 6

Table 5: Social work strand research methods

Phase 1 (July-November 2015)			
Data source	**Type**	**Purpose**	**Number**
1. Social workers	Semi-structured interviews	Gather baseline data on understanding of RP and use of FGCs	35 (21 initial interviews July, 14 follow-up interviews November)

2. Social workers	Shadowing	Observe social workers' practice, skills and knowledge prior to implementation of the training	6 days total Practice was observed on 3 face to face encounters with families on home visits. 3 duty meetings and a CIN meeting were observed
3. Service users		To establish their experience of the service, RP and FGCs	1 interview undertaken with a service user
Phase 2 (December 2015-April 2016)			
4. Social work staff	Semi-structured interviews	Gather data on understanding of RP and use of FGCs, before and after undertaking Deep Dive training, from staff who were due to undertaken training	35 total (baseline of 21 in December, follow-up with 14 in April)
5. Social work team administrators	Semi-structured interviews	Gather data on processes involved in, and implications of, changes to RP and use of FGCs	2 interviews (1 from each team being examined)
6. Deep Dive training sessions	Observation	Gain first-hand insight into content, delivery and immediate impact of training sessions	2 half-day observations of meetings (1 per team)
7. Senior social work managers	Semi-structured interviews	Develop understanding of strategic importance and impact of training	4 interviews

8. Social workers, service users	Longitudinal case studies; 'close to practice' interviews	Produce detailed insight into social workers' activities over a 3-4 month period, illustrated using workers' and service users' own accounts of their experiences	9 complete case studies produced, using information from: - observation of 23 home visits - 111 ethnographic interviews before and after the observed practice - 11 meetings between professionals and families and - 13 meetings of just professionals - 13 interviews with service users
Social worker surveys (January 2016, July 2016)			
9. Social work workforce	Survey	Create a baseline view of the workforce's pre-training level of skills and confidence	187 responses
10. Social work workforce	Follow-up survey	Identify any changes that occurred during the sixth-month period as a result of the training and roll-out of FGC service	77 responses
			Total: survey responses, 264; interviews, 200

Appendix 4 Cost Benefit Analysis (CBA)

CBA method

In line with the guidance for the New Economy (2014) model, we started the CBA by specifying key elements of existing services (called Business as Usual – BAU), and then doing the same for new services (the New Delivery Model – NDM). Once these were agreed, then cost estimates could be associated with each element of each model; and calculation of the costs and benefits of FGCs relative to BAU.

Developing the CBA

The approach requires us to break down how services and support are delivered at 4 stages of the client journey:[12]

- stage 1 - Identification and engagement: where agencies identify who needs support (the cohorts) and has the capacity to benefit from it

- stage 2 - Assessment: establishing the exact needs of the cohort and planning a response

- stage 3 - Intervention: the delivery of support

- stage 4 - Review: as participants move towards the end of their engagement there is the need to review achievements

The New Economy database includes estimates developed by Loughborough University for the Department for Education (DfE) cost calculator for all services provided for children in need.[13] Published in November 2010, the calculator divides services into discrete social care processes. The 4 stages described in the New Economy model broadly map on to the DfE processes as described in Table 6 below.

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[12] See guidance, section 6.3
[13] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182479/DFE-RB056.pdf
(viewed on 19 December 2016)

Table 6: Mapping the New Economy model onto DfE social care processes

Stages in New Economy model	Social care processes described by DfE Cost Calculator
Stage 1 - Identification and engagement: where agencies identify who needs support (the cohorts) and has the capacity to benefit from it	Process 1: Initial contact and referral Process 2: Initial assessment
Stage 2 - Assessment: establishing the exact needs of the cohort and planning a response	Process 5: Core assessment
Stage 3 - Intervention: the delivery of support	Process 3: Ongoing support
Stage 4 - Review: as participants move towards the end of their engagement there is the need to review achievements	Process 6: Planning and review Process 4: Close case

The cost calculator divides services for children in need into 2 types:

- ongoing support or case management
- additional services

Case management includes assessments undertaken with children and families, regular planning and reviews, administration and liaising with other professionals. Tasks can include direct contact with children and families (for example, telephone calls or home visits), and indirect tasks (for example, attendance at meetings, record keeping, and administrative tasks such as compiling and distributing minutes). Allocated social workers and other practitioners in social care teams such as team managers, family support workers and team administrators are usually responsible for delivery.

The cost calculator describes additional services for children in need and their families as including groups, parenting classes or sessions aimed at addressing specific needs. Additional services may be provided by the same team that provide case management, or by another team or external agency.

Cost estimates are based on data from social work practitioners and administrators about the time taken to fulfil specific tasks, which it combines with national salary scales and information on overheads. The model provides 2 types of cost data:

- standard costs, based on the average time practitioners say it takes to carry out tasks for a child in need with no identified additional needs

- cost variations, that include extra time required to deal with a child's particular needs, circumstances or where variations in local authority policies and procedures apply

For example, the model provides 2 unit costs for Process 6: Planning and review. Standard costs reflect resources required by children receiving support under section 17 of the Children Act 1989. The model provides cost variations to reflect cases where case management needs to include holding Case Conference Reviews for children who are the subject of a Child Protection Plan.

When developing cost models for BAU and the NDM for Leeds, we have used case management costs associated with both.

As a first step, colleagues from Leeds Children's Services produced a process map describing both the BAU and the NDM delivery models. See Figure 7 below.

Figure 7: Business As Usual (BAU) and the New Delivery Model (NDM)

Purple edged boxes = BAU
Orange edged boxes = NDM
Stage 1 = Pink background
Stage 2 = Blue background
Stage 3 = Green background
Stage 4 = Lilac background

Contact, Referral and Decision that needs Strategy Discussion

Strategy Discussion is convened by LA children's social care to decide whether to initiate section 47 enquiries. Decisions are recorded

Police investigate possible crime

Decision to complete assessment under section 17 of the Children Act 1989 - Child and Family Assessment

Child in Need visits begin and continue throughout process – frequency determined by social work TM

Review Child Protection Conference cycle until decision to end the CP Plan

Child Protection Plan implemented

Decision to initiate section 47 enquiries

Social worker leads assessment under section 47 of the Children Act 1989 and other professionals contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral

Child is subject of child protection plan; outline child protection plan prepared; Core group established

Concerns substantiated, child likely to suffer significant harm

Decision made that the FGC principles are **not** met. Outcome of s47 is: *Follow ICPC process* Social work manager convenes child protection conference within 15 working days of the strategy discussion at which s47 enquiries were initiated

Decision made that this case meets the FGC principles and can proceed with FGC process. Outcome of s47 is: *Referral to FGC service*

Strategy Meeting held within three weeks (15 working days) to coordinate findings from the s47 enquiry; to identify the 'Bottom Line'. Areas of disagreement noted and as required addressed through the Concerns Resolution Process

Visit undertaken by FGC service and outcome fed back to social worker

Decision made that it is **not** safe to continue with FGC process

Decision made that it is safe to continue with FGC process

QA by Child Protection Chair Team Manager - Does the plan address the 'Bottom Line' concerns?

Consultation available throughout the process

Meet with the parents to discuss what support services may help and to confirm the 'Bottom Line'

Family Group Conference (FGC) held within further six weeks (nine weeks 45 working days) since s47. Family Plan is developed

Child and Family Assessment completed within 45 working days.

Family Plan is Child in Need Plan

Child is 'Child in Need' by default of not being CP or CLA

Plan is shared with all relevant agencies

Strategy Discussion – to confirm the plan is safe and the 'Bottom Line' concerns are being addressed

Phone or other verbal check in with other agencies involved at eight weeks following FGC Record in CiN Review episode

FGC Review held - check that family are receiving support services and that progress is being made

Check in with other agencies six weeks following FGC review

Plan ends when an FGC review finds that all needs are being met. The CiN Review is updated Case Decision is recorded

Source: LCC

We have provided the BAU information required for the CBA model in Table 7 and Table 8, followed by a description of how we calculated the cost figures.

Table 7: BAU costs

Stage in the client journey	How services and support are delivered currently	Agencies involved	Costs
Identification and engagement: where agencies identify who needs support (the cohorts) and has the capacity to benefit from it. (Leeds stage: initial assessment)	• Contact, Referral and Decision that needs Strategy Discussion • Strategy discussion convened by LA Children's Social Care to decide whether to initiate Section 47 (S47) enquiries. Decisions are recorded • Police investigate possible crime • Decision to initiate S47 enquiries	Referrer and social work service Police – investigative DVU Health	LA social work service = £311.00[14] Other agencies = NA
Assessment: establishing the exact needs of the cohort and planning a response (Leeds stage: core assessment)	• Decision to complete assessment under S17 of the Children Act 1989 – Child and Family Assessment • Child in Need visits begin and continue throughout process – frequency determined by social work team manager • Social worker leads assessment under S47 of Children Act 1989 and other professionals contribute; assessments follow local protocol based on the needs of the child within 45 working days of the point of referral • Concerns substantiated, child	Police Health e.g. GP, health visitor, midwife etc. Schools Social Work Service Children's Centres Housing Referring agency	LA social work service = £672.00[15] Other agencies = NA

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[14] New Economy Model unit cost database: Social services tab, line 53.
[15] New Economy Model unit cost database: Social services tab, line 56.

Stage in the client journey	How services and support are delivered currently	Agencies involved	Costs
	likely to suffer significant harm • Decisions made that the FGC principles are not met. Outcome of S47 is: follow ICPC process • Social worker convenes child protection conference within 15 working days of the strategy discussion at which S47 enquiries were initiated		
Intervention: the delivery of support (Leeds stage: ongoing support)	• Child is subject of Child Protection Plan; outline child CPP prepared; core group established • Child Protection Plan implemented	Police Health Schools Social Work Service Integrated Safeguarding Unit Adult mental health Children's Centres Housing Referring agency Advocacy service Cluster Intensive fam support DV service	LA social work service = £302.00[16] per month Other agencies = NA
Review: towards end of engagement need to review achievements. (Leeds stage:	• Review Child Protection Conference cycle until decision to end the CP Plan	Police Health Schools Social Work Service Children's	LA social work service = £434.00[17] per CP Case

[16] Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7 updated using New Economy Model
[17] Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7 updated using New Economy Model

Stage in the client journey	How services and support are delivered currently	Agencies involved	Costs
planning & review; close case)		Centres Housing	Conference review LA social work service = £224.00[18] to close case

Table 8: Source of cost figures for BAU

Stage in the client journey	Estimate of costs	Source of cost estimate	Fiscal point	Original source	Comments
Initial assessment (Children in Need)	£311.00 per process	New Economy model unit cost database; Social services tab, line 53	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	The average cost of an initial assessment of a referral deemed to meet the threshold for intervention. Assessment establishes the needs of the family and develops a plan of support
Core assessment (Children in Need)	£672.00 per process	New Economy model unit cost database: Social services tab, line 56	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	Average cost of undertaking a core assessment. Estimate comes from a study commissioned by the Department for Children, Schools and Families, finalised in 2010,

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[18] New Economy Model unit cost database: Social services tab, line 55.

Stage in the client journey	Estimate of costs	Source of cost estimate	Fiscal point	Original source	Comments
					and drawing on data from four local authorities
Ongoing support (Children on CPP)	£302.00 per month	Extension of the cost calculator (DfE, 2010),updated with New Economy model	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	This is the monthly cost of social care figure for children on a CPP (£263.00) provided by the DfE cost calculator, updated using the New Economy model spreadsheet
Planning & review; closing case. (Children in Need)	£434.00 per CP Case Conference review per process: £224.00 to close case per process	Extension of the cost calculator (DfE,2010), updated with New Economy model New Economy model unit cost database: Social services tab, line 55	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	This is the cost of social care figure for children on a CPP (£263.00) provided by the DfE cost calculator, updated using the New Economy model spreadsheet. Average cost of closing a case. Estimate comes from a study commissioned by the Department for Children, Schools and Families, finalised in 2010, and drawing on data from four local authorities

- using the available data within the New Economy model suggests that the minimum cost of BAU is £1943.00 per family

That minimum figure assumes that ongoing support continues for one month, and only one case review is required. Where more than one case conference review is needed, the costs rise by £434.00 per review. As the table above shows, these figures are based on work conducted at Loughborough University and funded by the DfE. Work on asking other local agencies for their costs has not met positive response thus far, so have not been included in the model.

Putting cost estimates together for the NDM (FGC's) is not quite as straightforward. As noted in the REA we conducted:

> "…little or no research had reported details of the relative costs and benefits of RP, FGC and FGDM. Our own searches suggest that the position remains largely unchanged." (REA p.34)

A review published by the Scottish Executive concluded that:

> "On the basis of an overview of the available evidence, Merkel-Holguin et al (2003) state that [Family Group Decision Making – a form of FGC] is cost neutral or provides cost savings. Evidence from other, more detailed costing exercises tends to confirm this finding." (REA p.53)

The evidence we have found so far tends to support that view. Recent Cabinet papers from the London Borough of Hammersmith and Fulham (2014) and the Royal Borough of Kensington and Chelsea (2014) cite a figure of £1,293.33 per FGC. However, neither paper provides any reference to the source of their figures.

Loughborough University's Cost Calculator for Children's Services (CCfCS) has not yet been applied to FGCs.

So far, we have assumed, on the basis of the process descriptions provided, that the costs of Stage 1 of the process (initial assessment) will be equivalent for both BAU and the NDM.

One option for estimating the costs of the remaining processes would be to base them on a paper produced by the Centre for Excellence and Outcomes in Children and Young People's Services (2012; C4EO).[19] That paper put the cost of employing FGC coordinators at £19 per hour, and the average time they take for each case at 25 hours.

Using those figures, we could assume that Stage 2 (core assessment) involves FGC coordinators in five hours work at a cost of £95 (5 x £19). That would give a total cost for Stage 2 of £767.

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[19] http://archive.c4eo.org.uk/themes/safeguarding/vlpdetails.aspx?lpeid=174 (viewed on 27 July 2016)

Similarly, we could assume that the remaining 20 hours of FGC coordinator time is spent on Stage 3 (ongoing support). That would involve additional expenditure of £380 (20 x £19), giving a total cost for Stage 3 of £682 for the first month, and £302 for each subsequent month.

Stage 4 costs would remain unchanged.

We have provided the NDM information required for the CBA model in Table 9 and Table 10, again followed by a description of how we calculated the cost figures.

Table 9: NDM costs

Stage in the client journey	How services and support are delivered in NDM	Agencies involved	Costs
Identification and engagement: where agencies identify who needs support (the cohorts) and has the capacity to benefit from it. (Leeds stage: initial assessment)	• Contact, Referral and Decision that needs Strategy Discussion • Strategy discussion convened by LA Children's Social Care to decide whether to initiate Section 47 (S47) enquiries. Decisions are recorded • Police investigate possible crime • Decision to initiate S47 enquiries	Referrer and social work service Police – investigative PVU Health	LA social work service = £311.00[20] Other agencies = NA
Assessment: establishing the exact needs of the cohort and planning a response (Leeds stage: core assessment)	• Decision made that this case meets the FGC principles and can proceed with FGC process. Outcome of S47 process is: referral to FGC services; or decision made that it is not safe to continue with FGC process, so	Police Health e.g. GP, health visitor, midwife etc. Schools Social Work Service Children's Centres Housing Referring agency FGC service	i.LA social work service = £767.00 ii. Other agencies = NA

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[20] New Economy model unit cost database: Social services tab, line 53.

Stage in the client journey	How services and support are delivered in NDM	Agencies involved	Costs
	ICPC process followed • Visit undertaken by FGC service and outcome fed back to social worker • Strategy meeting held within 3 weeks (15 working days) to coordinate findings from the S47 enquiry: to identify the bottom line (care proceedings initiated). Areas of disagreement noted and as required addressed through the Concerns Resolution Process		
Intervention: the delivery of support (Leeds stage: ongoing support)	• Meet with parents to discuss what support services may help and to confirm the bottom line • Family Group Conference held within further 6 weeks (9 weeks, 45 working days) since S47. Family Plan is developed • Child and Family Assessment completed within 45 working days; Family Plan is Child in Need (CIN) Plan; Child is CIN by default of not	FGC service Social Work Service Police HealthSchools Children's Centres Housing Referring agency Involvement of services dependent on range of needs and support required	i.LA social work service = £682.00 for month 1, then £302.00 per subsequent month ii.Other agencies = NA

Stage in the client journey	How services and support are delivered in NDM	Agencies involved	Costs
	being CP or CLA; Plan is shared with relevant agencies • Strategy Discussion to confirm the plan is safe and the bottom line concerns are being addressed • QA by Child Protection Chair Team manager: Does the plan address the bottom line concerns? Consultation available throughout the process		
Review: as participants move towards the end of their engagement there is the need to review achievements. (Leeds stage: planning & review; close case)	• Phone or other verbal check in with other agencies involved at 8 weeks following FGC. Record in CIN review episode • FGC Review held check that family are receiving support services and that progress is being made • Check on with other agencies 6 weeks following FGC review • Plan ends when an FGC review finds that all needs being met. The CIN review is updated; Case decision is recorded	Social Work Service FGC service Police Health Schools vi. Children's Centres Housing Referring agency as above	i.LA social work service = £434.00 per CP Case Conference review ii.LA social work service = £224.00 to close case

Table 10: Source of cost figures for NDM

Stage in the client journey	Estimate of costs	Source of cost estimate	Fiscal point	Original source	Comments
Initial assessment (Children in Need)	£311.00 per process	New Economy model unit cost database; Social services tab, line 53	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	The average cost of an initial assessment of a referral deemed to meet the threshold for intervention. Assessment establishes the needs of the family and develops a plan of support
Core assessment (Children in Need)	£767.00 per process	New Economy model unit cost database; Social services tab, line 53 + C4EO report based on data from North Somerset Council Children's Social Care	2008/09 + 2011 for FGC data	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7 + C4EO report	Average cost of undertaking a core assessment. Estimate comes from a study commissioned by the Department for Children, Schools and Families, finalised in 2010, and drawing on data from four local authorities. + £95 (5 hours FGC coordinator x £19) based on C4EO estimates
Ongoing support (Children on CPP)	£682.00 for month 1, then £302.00 per subsequent month	C4EO report based on data from North Somerset Council	2008/09 + 2011 for FGC data	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	£380 (20 x £19) for FGC element as per C4EO estimate + The monthly cost of social care figure for children on a CPP

Stage in the client journey	Estimate of costs	Source of cost estimate	Fiscal point	Original source	Comments
		Children's Social Care + Extension of the cost calculator (DfE, 2010), updated with New Economy model		+ C4EO report	(£263.00) provided by the DfE cost calculator, updated using the New Economy model spreadsheet
Planning & review; closing case. (Children in Need)	i. £434.00 per CP Case Conference review; per process ii £224.00 to close case per process	Extension of the cost calculator (DfE,2010) updated with New Economy model New Economy model unit cost database: Social services tab, line 55	2008/09	Extension of the cost calculator to include cost calculations for all children in need (DfE, 2010), p.7	This is the cost of social care figure for children on a CPP (£263.00) provided by the DfE cost calculator, updated using the New Economy model spreadsheet Average cost of closing a case. Estimate comes from a study commissioned by the Department for Children, Schools and Families, finalised in 2010, and drawing on data from four local authorities

- using the available data within the New Economy model suggests that the minimum cost of NDM (FGCs) is £2418.00 per family

That minimum figure assumes that ongoing support continues for one month, and only one case review is required. Where more than one case conference review is needed, the costs rise by £434.00 per review. As previously, figures are based on work conducted at Loughborough University and funded by the DfE, but with additions specific to FGCs provided by C4EO report based on figures from North Somerset Council Children's Social Care.

- to summarise thus far, the evidence to date is broadly consistent with the conclusion that providing an FGC service is marginally more expensive thancurrent ways of working; cost estimates associated with business as usual models are around £1943.00 per family, compared with £2418.00 per family for providing an FGC service

Our REA provided evidence that FGCs may deliver financial gains by enabling families to access a wider range of services in a shorter time relative to business as usual. To investigate whether this may be happening in Leeds, we compared the time families dealt with through BAU procedures spent in the social care system, with families going through FGCs. We looked at a 12-month period from April 2015 to the end of March 2016. The data reported in Table 11 below refer to families discharged from the social care system within that period.

Table 11: Time spent by families in the social care system for cases closed in the period April 2015 to March 2016

	Social work involvement only (BAU)			Social work involvement and/or only FGC intervention (NDM)		
	Mean	Standard Deviation	Total Number	Mean	Standard Deviation	Total Number
Social work involvement and/or only FGC intervention (NDM)	236.71	638.76	10,577	166.17	245.59	760

Source: LCC

We tested for statistical significance using a two sample Z-test. This was chosen as the appropriate hypothesis test because there are two independent samples with sample means; and the sample size is large.

$$= \frac{236.71 - 166.17}{\sqrt{\frac{638.76^2}{10,577} + \frac{245.59^2}{760}}}$$

$$= \frac{70.54}{10.86}$$

$Z = 6.50$ (p<.01)

The result shows that we can assume a statistically significant difference between the groups.

Appendix 5 Impact evaluation findings

Figure 8: Restorative Practice Awareness Raising training attendees[21]

Number of attendees

- Third sector: 504
- Children's services: 265
- Health: 98
- Police: 27
- Private sector: 25
- Schools: 817
- Wider LCC: 1885
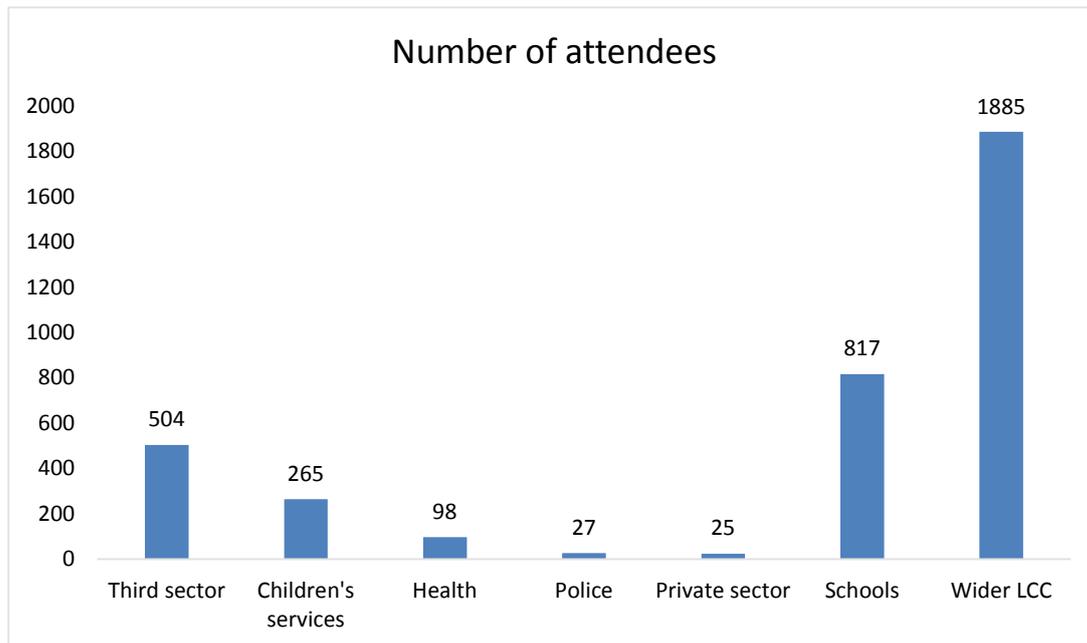
Source: LCC RP Awareness Raising Training Evaluation Questionnaires July 2016 N=4052

Case study: Carr Manor Community School

Carr Manor is a comprehensive school offering all-through education for pupils aged 4-19. It has a higher proportion of boys than girls, a high proportion of pupils eligible for free school meals, and around a third of pupils do not have English as their first language. Ofsted rated the school as Good in 2014.

The school uses restorative practice in a number of ways. Each week starts with a cascading sequence of meetings where the senior leadership team, school staff and pupil coaching groups meet to prepare for the week ahead. Each meeting starts with circle time with everyone sharing something that has happened since the last meeting. Information exchange is supported by The Coaching Chronicle, a comprehensive publication of news and information which includes a Coaching Plus topic for discussion, such as body image, and a circle topic, such as completing learning booklets.

Each pupil belongs to a small coaching group of eight pupils from across the year groups and two staff members. Pupils stay in the same group for their school career,

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[21] Information was missing for some attendees (n=431) or could not be grouped (for instance, job title was given, but not organisation) and is missing from this analysis.

with younger children joining each year as the oldest pupils leave. The groups meet three times a week.

The school offers restorative practice training for pupils, and around half the school has now done this. Some pupils go on to become Restorative Practice Representatives and offer support to others. Staff are recruited with the requirement that they take part in the coaching programme and support the school's restorative practice approach.

Pupils are very supportive of the restorative practice approach, as illustrated by the following quotes:

"[It's about] improving, not just as an individual but as a school, as a community. As a person it makes you more confident and as long as you are confident you can help others with their problems."

"It's a choice, not judging or condemning. It helps sort things out."

"It challenges behaviour, changes mind set. It's about consequences. You actually listen."

"When you leave school, it is something you can take with you. Is a skill, a sense of maturity … teaches you to be responsible for your own actions"

"It's a way of life, sets ideas for good ways to respond to situations."

The school's approach has won external praise. Ofsted highlighted its positive impact in their inspection report saying, "The introduction of restorative practices has been so successful in improving behaviour that it is now truly outstanding" and "…the innovative approach to the pastoral care of students by putting in place coaching in small groups of mixed-age students delivered by all staff in the school has been pivotal in raising students' aspirations and ensuring positive attitudes to learning."

More recently 11 pupils from Carr Manor won the Young Heroes Award at the 2016 Restorative Practice Awards. The award recognises young people who have overcome adversity and now offer support to others for the greater good of the community.

Limitations to the FGC dataset analysis

There are some important points to note with this analysis.

Both the 2014 and 2015 analyses refer to 'enquiries' and exclude 'non-enquiries'. Where the primary carer(s) agree to meet with a coordinator to discuss the possibility of an FGC, this case becomes an 'enquiry'. Some of these 'enquiries' will proceed to FGCs, while others will not. If the family are not contactable, or are adamant they do not want to even

consider an FGC at all, then the case is closed to the FGC service at this point. These are referred to as 'non-enquiries' in this report.

Where there was missing or unclear data, these families were excluded from the analysis. This was a small number of families in 2014 and a greater number in 2015, as data was still being uploaded and cleaned by LCC. The number of children on which percentages were based are included in the tables used in the report, to indicate what data was available for each calculation. For the 2015 conversion rate data it should also be remembered that this was still very early in the life of the IT, which came into operation in September 2015. We can therefore use the data to consider only the early indicators of the impact of Family Valued on FGCs and FGC outcomes.

Table 12: CP Plan status 2015 and 2015

	Enquiry	**FGC**	**3 Month**	**6 Month**
2014	42% (265/632)	45% (283/632)	41% (258/632)	34% (213/632)
2015	21% (133/635)	36% (226/635)	27% (167/613)	21% (109/520)

Source: LCC

Table 13: Open to social care 2014 and 2015

	Oct – Dec 2015	**Jan – Mar 2016**	**Apr 2016**	**Missing**	**Total**
Enquiries	27	79	21	1	128
Progression to FCG	10	26	4	0	40
No info on progression	1	111	12	-	124
Conversion rate	37%	33%	19%	0%	31%

Source: LCC

Figure 9: Why parents choose to proceed with an FGC

Reason	Value
Saw it as additional help	12
Could see the benefit of it	5
Felt like they didn't have a choice	5
For the benefit of the child/ren involved	5
Neutral support	3
Advised to do it	2
Other	3

n = 35
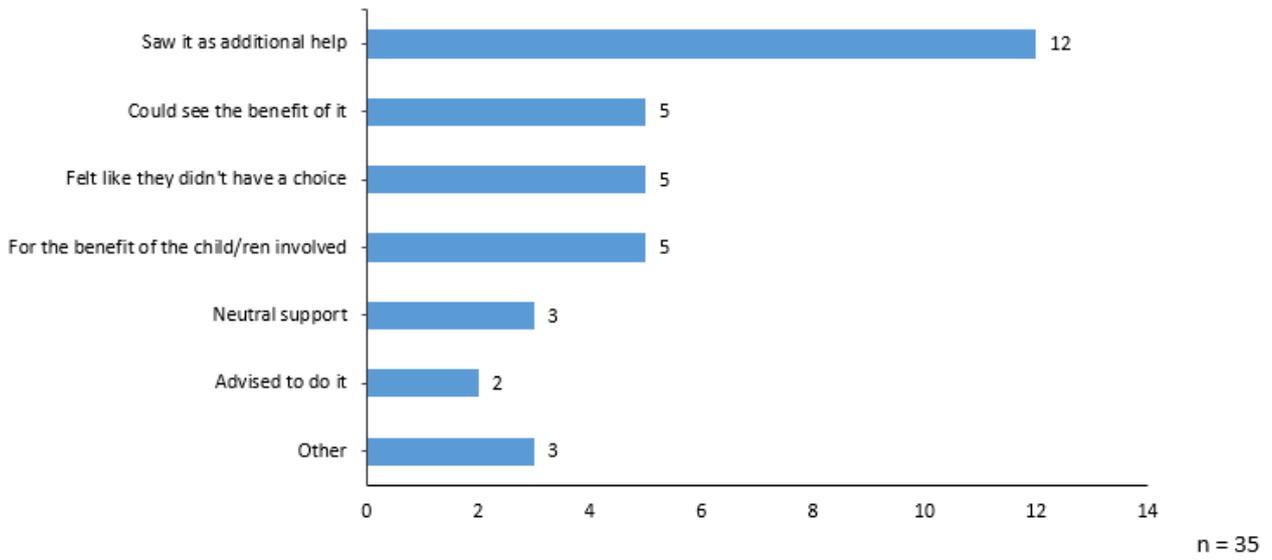
Source: Parent/carer survey

Figure 10: Reasons for non-progression to FGC

Reason	Value
Family / young person don't want	50% (207)
Unable to engage	14% (32)
FGC decision - inappropriate	8% (32)
FGC decision - insufficient network	8% (34)
FGC decision - situation changed	6% (23)
Pre-conference resolution	4% (18)
Pre-conference disruption	4% (18)
Moved out of area	3% (12)
Social worker withdrew	3% (12)

n = 415

Source: LCC

107
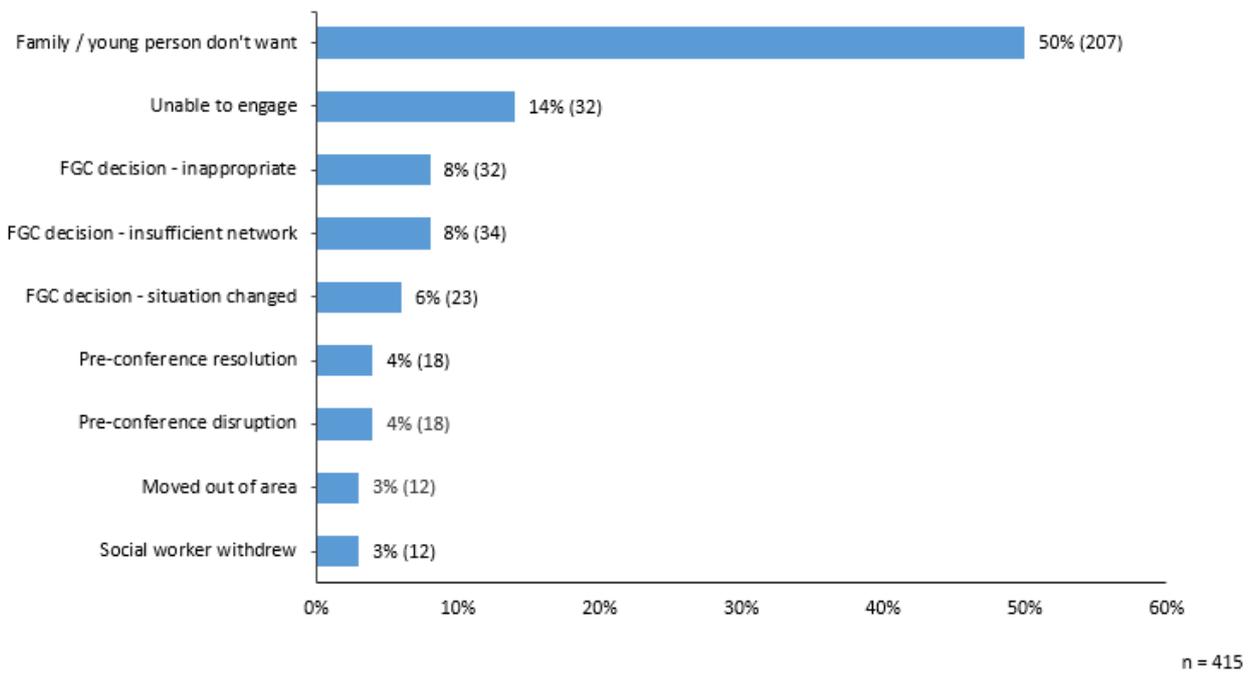
Table 14: Enquiries and progression to FGCs for the IT

	Enquiry	FGC	3 Month	6 Month
2014	100% (632/632)	100% (632/632)	94% (595/632)	83% (527/632)
2015	99% (629/635)	99% (625/632)	82% (507/615)	69% (354/515)

Source: LCC

Table 15: IT enquiries by legal order

	No Social Care Involvement	CIN – s17	S47 Enquiry	CP	PLO	Unknown	Total
Enquiries	62	41	10	2	1	12	128
Progression to FCG	19	15	2	1	0	3	40
No info on progression	14	5	2	1	1	1	24
Conversion rate	31%	37%	20%	50%	0%	25%	31%

Source: LCC

Table 16: Wave 1 to 2 differences for question 4.17

Talk to a family about FGCs in an effective way that means the family are more likely to accept having a FGC than refuse				
	Wave 1	Wave 2	Difference *in percentage points*	P-values Significant at p<0.05*
Cannot do (0-30)	0.5%	2.6%	2	Mann-Whitney U test 0.0307*
May be able to do (40-70)	25.1%	37.7%	12.5	
Can do (80-100)	67.9%	58.4%	-9.5	
N/A	6.4%	1.3%	-5.1	

Source: Workforce survey

Table 17: Wave 1 to 2 differences for question 4.18

Participate in FGCs in a manner that ensures families are enabled to make a viable,

helpful plan while keeping children safe				
	Wave 1	Wave 2	Difference *in percentage points*	P-values Significant at p<0.05*
Cannot do (0-30)	1.1%	2.6%	1.5	Mann-Whitney U test 0.0201*
May be able to do (40-70)	22.5%	36.4%	13.9	
Can do (80-100)	69.0%	58.4%	-10.5	
N/A	7.5%	2.6%	-4.9	

Source: Workforce survey

Table 18: Outcome performance measures summary table

	Overall performance measures	Progress RAG rating
	How much did we do?	
OPA1	Number of FGCs	967 FGCs delivered
OPA2	Numbers attending RP awareness training	Target exceeded: 4500 target, 5913 delivered
OPA3	Numbers attending RP intensive training	Target not met: 1500 target, 1392 delivered
OPA4	Numbers attending RP train the trainer training	Target not met: 75 target, 19 delivered
OPA5	Number of families accessing commissioned services	247 children and parents and kinship carers
OPA6	Number of Early Help Assessments initiated	No significant change[a]
	How well did we do it?	
OPB1	% of FGCs resulting in an agreed plan	Average 99% FGCs result in agreed plan
OPB2a	% of families having FGC that felt involved	100% agree or strongly agree
OPB2b	% of families having FGC that felt their values were respected	100% agree or strongly agree
OPB2c	% of families having FGC that felt the FGC has helped solve their problems	99% agree or strongly agree

OPB2d	% of families having FGC that thought the support services offered were appropriate to their needs	91% agree or strongly agree
OPB3	% RP training participants rating training as good or better	72% rate training as good or better
OPB4	% RP training participants stating it is likely or very likely to have an impact on children and families	70% state RP likely to have positive impact
OPB5	Feedback from participating families on quality of support services provided	91% agree or strongly agree support right for them
	Is anyone better off?	
OPC1	Number of CLA	Significant downward trend (-2%)[b]
	Rate of CLA per 10,000 population	Significant downward trend (80.1% to 76.8%)[c]
OPC2	Number of CPP	Significant downward trend (-13%)[d]
OPC3	Number of CIN (using weekly alert report data)	Significant downward trend (-13%)[e]
OPC4	Number of referrals from CSWS	No significant change[f]
OPC5	Average caseload per fte social worker	Downward trend but not statistically significant[g]
OPC6	Number of repeat referrals for DV	No significant change[h]
OPC7	Improvement in school attendance – overall and specific cohorts	No significant change[n]
OPC8	Improvement in progress and attainment – overall and for specific cohorts	Data not available
OPC9a	Number of children and young people entering care	No significant change[i]
OPC9b	Number of children and young people leaving care	No significant change[j]
OPC10	Number of children and young people returning to their families after being in care	No significant change[k]

OPC11	Families feel empowered and able to find their own solutions to problems	Data not available
OPC12	Mean length of time before leaving care (days)	No significant change[l]
	Range and length of time before leaving care (days)	No significant change[m]
OPC13	Family resilience	Data not available
OPC14	Staff feel more confident and competent to support vulnerable families	After training, less than 5% of staff lacked confidence in supporting families using restorative practices

Source: LCC

[a] R Square=0.035, t=0.574, p>0.05; [b] R Square=0.430, t=-3.249, p<0.01; [c] R Square=0.789, t=-7.230, p<0.01;

[d] R Square=0.583, t=-4.425, p<0.01; e R Square=0.780, t=-5.96, p<0.01; f R Square=0.004, t=-0.240, p>0.05;

[g] R Square=0.868, t=-3.627, p=0.068; h R Square=0.092, t=-1.190, p>0.05; I R Square=0.023, t=0.571, p>0.05;

[j] R Square=0.058, t=-0.930, p>0.05; k R Square=0.013, t=0.430, p>0.05; l R Square=0.000, t=-0.078, p>0.05

[m] R Square=0.033, t=-0.688, p>0.05; n sign test ns. (p=0.85)

Table 19: Trend data from one local authority identified as a close statistical neighbour of Leeds

	No. of CLA		No. of CPP		No. of CIN	
Month	Control	Leeds	Control	Leeds	Control	Leeds
April	323	1253	234	666	372	-
May	327	1257	251	657	372	-
June	325	1253	227	649	376	-
July	323	1242	228	597	364	-
August	319	1247	244	600	361	2318
September	313	1253	225	591	333	2277

Source: LCC and statistical neighbour

Impact evaluation trend analyses

Table 20: Overall programme performance measures

		2015											2016							
Outcome performance measure		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
How much did we do?																				
OPA1	N°· FGCs (cumulative)			41	71	119	172	221	277	348	407	464	512	585	633	714	792	855	934	967
OPA2	N°· RP awareness training (cumulative)	85	160	258	300	729	1126	1365	1697	2096	2749	3338	3854	4521	5563	5700	5877	5913	5913	5913
OPA3	N°· RP intensive training (cumulative)												1042	1179	1356	1392	1392	1392		
OPA4	N°· RP train the trainer												0	0	0	0	0	19		
OPA6	N°· EHAs initiated			71	83	97	72	37	64	86	78	67	82	51	78					
How well did we do it?																				
OPB1	% FGCs resulting in agreed plan			96	100	100	100	100	100	98	98	100	98	100	100	100	100	100	100	100
OPB3	% rating RP training good or better				23.8	74.8	64.7	48.5	84.0	83.7	78.9	85.6	70.5	89.2	88.4					
OPB4	% stat. RP likely to have +ive impact					53.4	54.7	47.7	78.3	75.2	75.7	82.3	69.4	81.4	82.5					
Is anyone better off?																				
OPC1	N°· CLA			1253	1257	1253	1242	1247	1253	1254	1251	1258	1247	1224	1232	1238	1248	1242	1235	1226
OPC1a	Rate of CLA per 10,000 population			80.1	80.2	79.9	79.2	79.5	78.1	78.3	77.9	78.5	77.8	76.3	76.8	77.1	77.8	77.7	76	75.4

Code	Indicator																	
OPC2	Nº CPP	666	657	649	597	600	591	601	597	567	562	591	580	598	578	543	547	581
OPC3	Nº CIN (data from weekly team perf.)					2318	2277	2269	2298	2212	2202	2065	2081	2041	1963	2031	2076	2022
OPC4	Nº of referrals from CSWS	870	927	1035	962	657	995	863	824	632	703	738	712	755	821	967	1054	901
OPC5	Av. caseload per fte social worker	19.5				18.8	17.6	16.4	16.1	15.8	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
OPC6	Nº repeat referrals for DV	51	51	40	42	37	51	65	59	45	52	54	57	34	21	20	44	48
OPC9a	Nº C & YP entering care	29	36	25	26	23	31	29	24	28	25	30	35	48	31	20	36	25
OPC9b	Nº C & YP leaving care	30	27	30	34	22	25	26	25	19	30	45	32	37	21	28	37	29
OPC10	Nº C & YP in care returning to family	11	3	14	16	6	2	6	5	3	4	11	9	17	4	3	18	7
OPC12a	Av. days before leaving care	1511	1680	1494	698	1037	1296	1196	1165	1951	1223	833	1040	1008	1911	1170	818	1615
OPC12b	Range time before leaving care (days)	5084	5308	6544	3808	3330	5266	5217	6545	5797	4261	5849	4095	3835	5683	3903	3357	5950

Figure 11: Number of CLA

Outcome performance measure	2015											2016							
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC1 N°. of CLA			1253	1257	1253	1242	1247	1253	1254	1251	1258	1247	1224	1232	1238	1248	1242	1235	1226
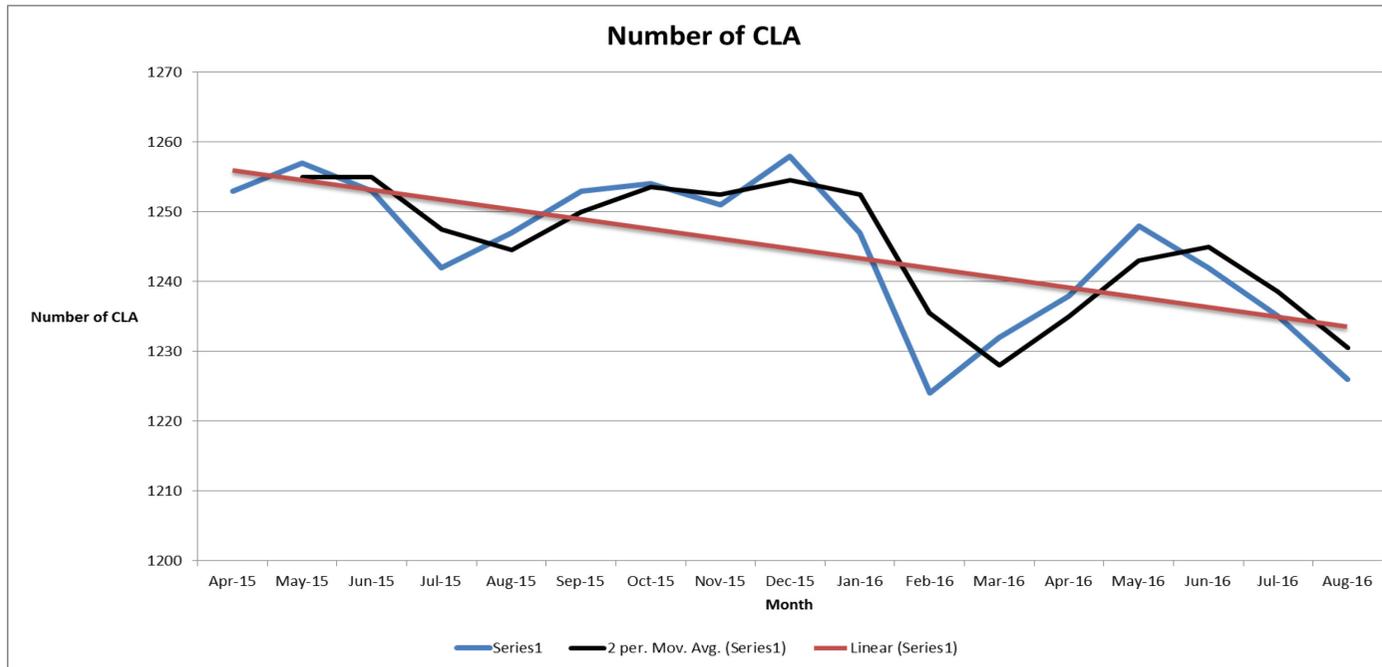
Figure 12: Rate of CLA per 10,000 population

Outcome performance measure		2015											2016							
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC1a	Rate of CLA per 10,000 population			80.1	80.2	79.9	79.2	79.5	78.1	78.3	77.9	78.5	77.8	76.3	76.8	77.1	77.8	77.7	76	75.4

Rate of CLA per 10,000 population
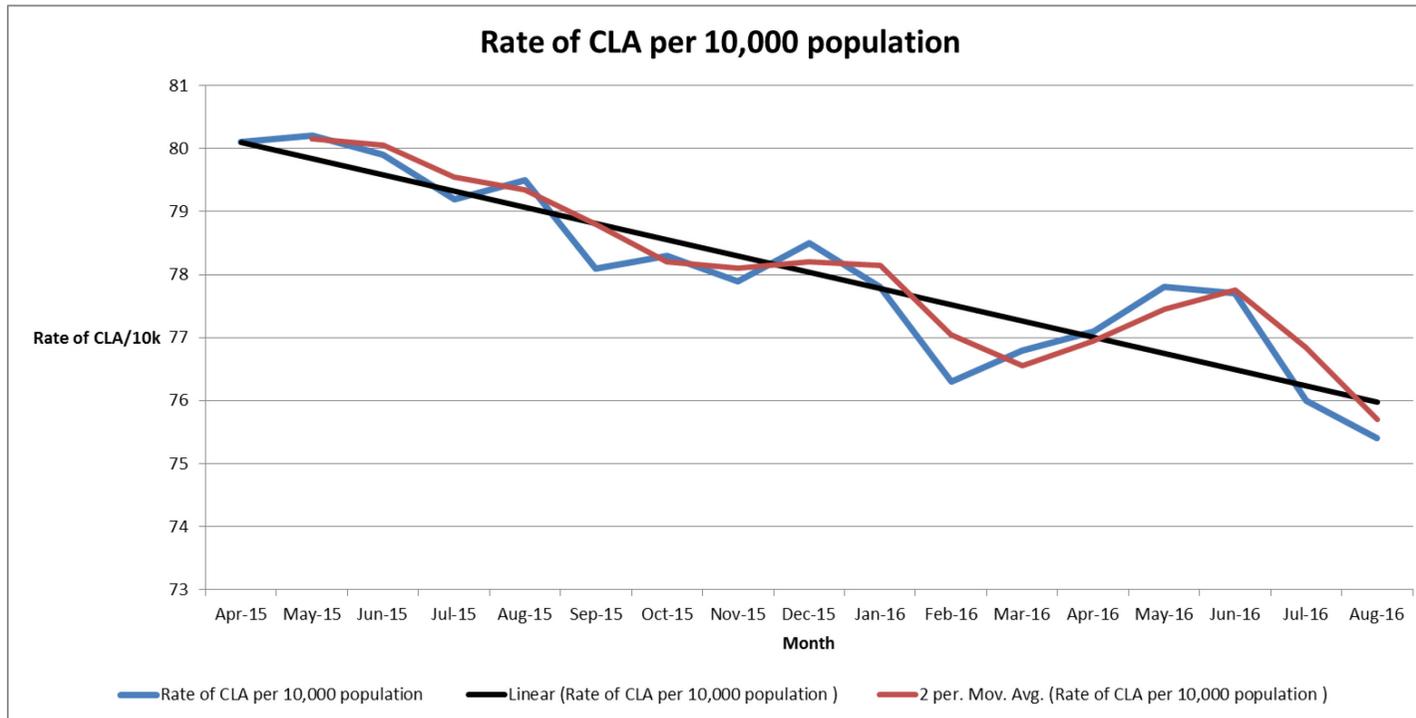
Figure 13: Number of CPPs

Outcome performance measure		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
				2015											**2016**					
OPC2	Number of CPP			666	657	649	597	600	591	601	597	567	562	591	580	598	578	543	547	581
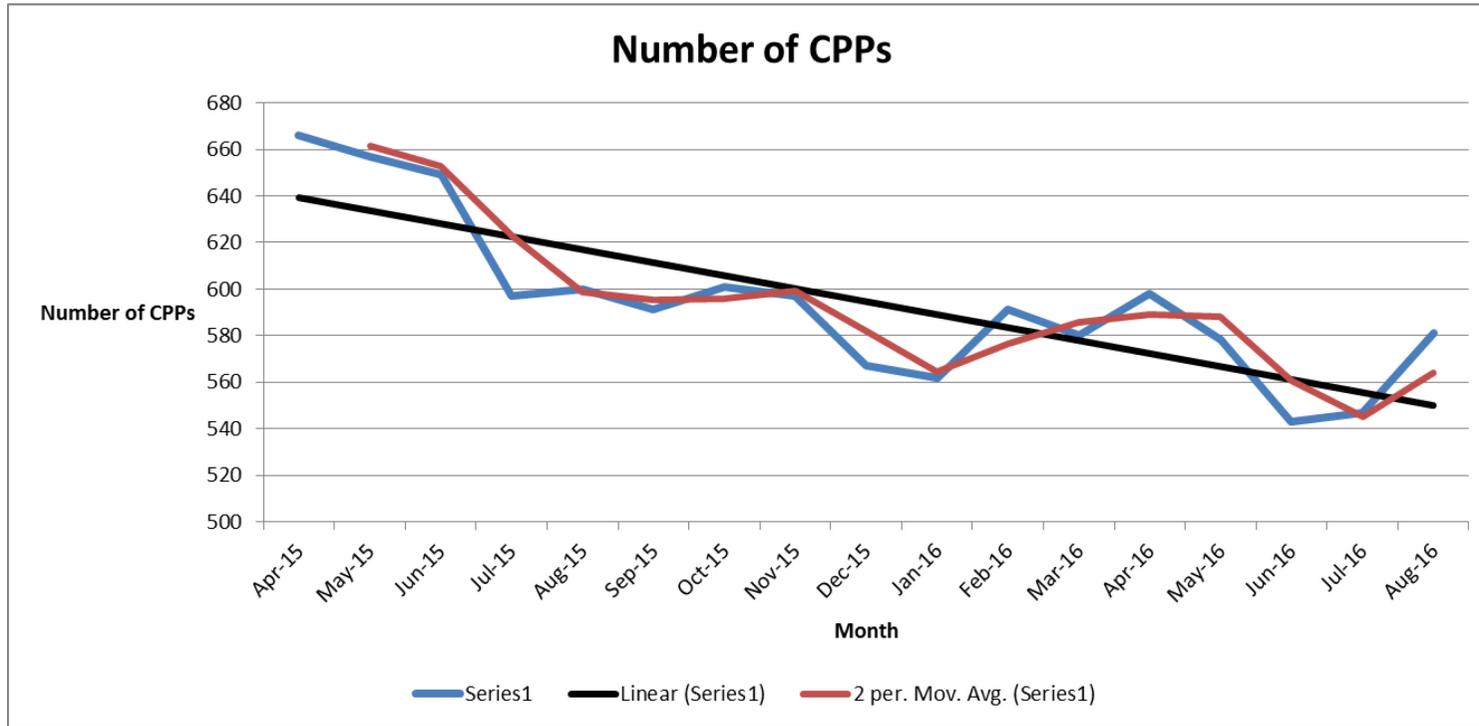
Number of CPPs

Figure 14: Number of CIN

Outcome performance measure	2015												2016							
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC3 Number of CIN			4518	4417	4224	4042	3808	3744	3735	4055	4052		3969	2065	2081	1963	2031	2076	2022	1963

117
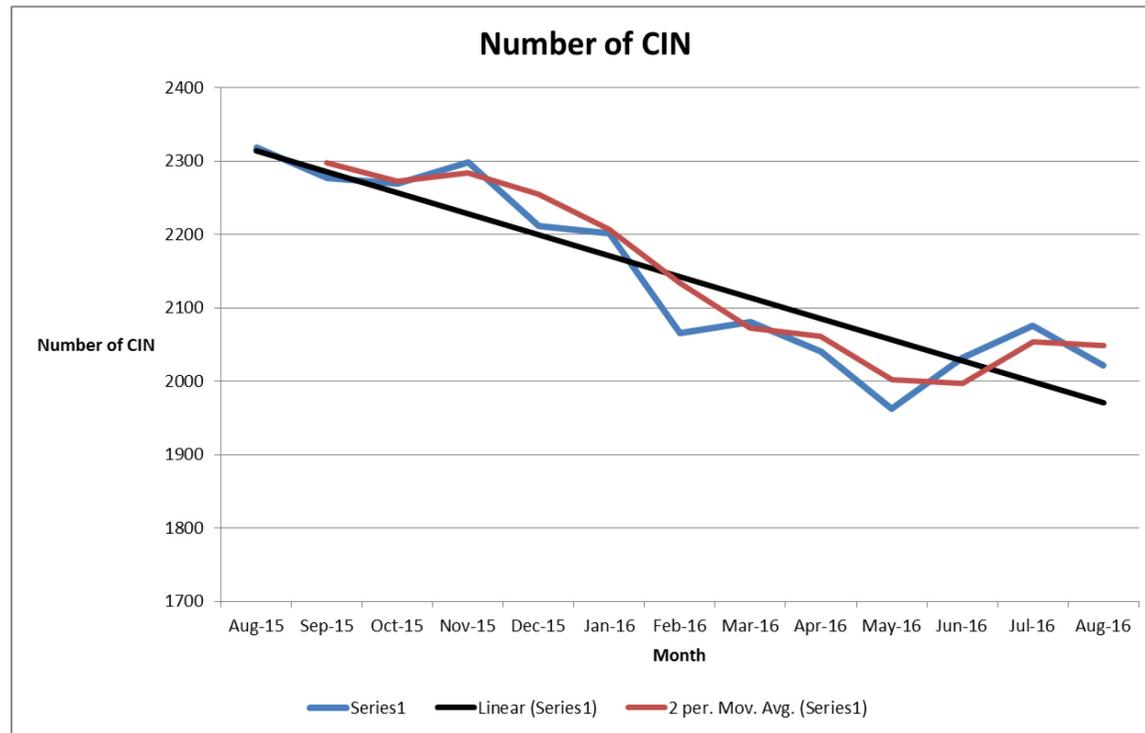
Figure 15: Average caseload per fte social worker

Outcome performance measure		2015											2016							
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC5	Av. caseload per fte social worker			19.5				18.8	17.6	16.4	16.1	15.8	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc

Av caseload per fte social worker
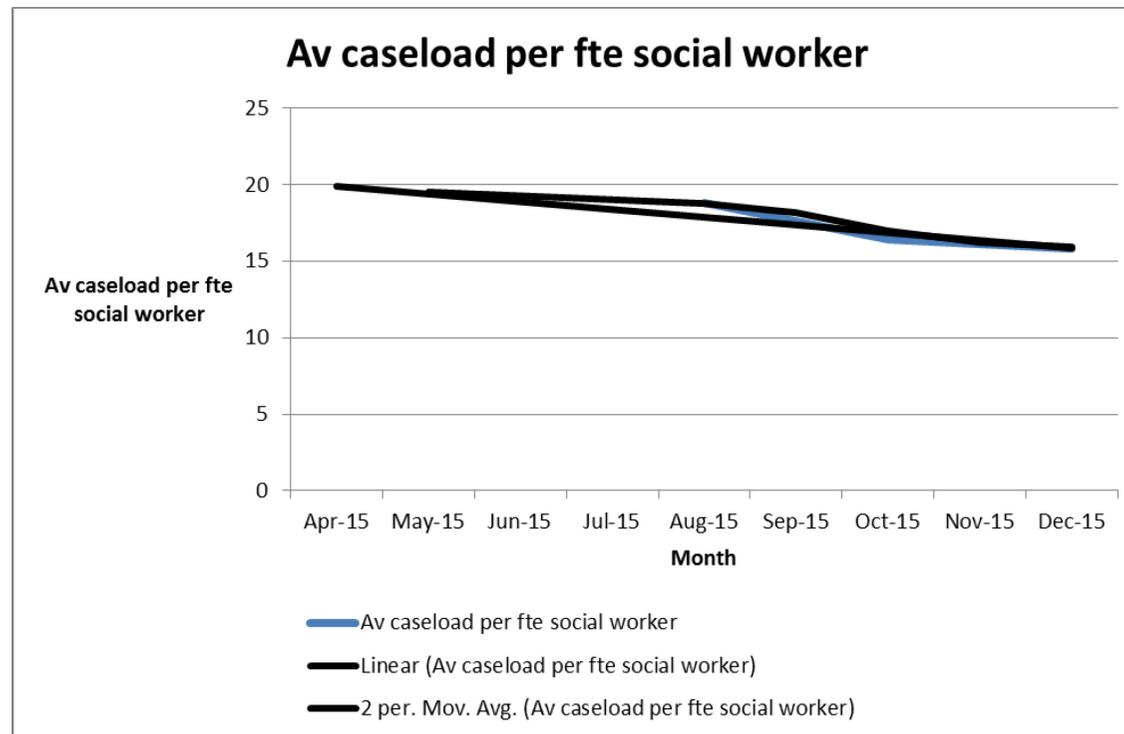
Figure 16: Number of repeat referrals for DV

Outcome performance measure		2015											2016							
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC6	No. repeat referrals for DV			51	51	40	42	37	51	65	59	45	52	54	57	34	21	20	44	48

Number of repeat referrals for DV
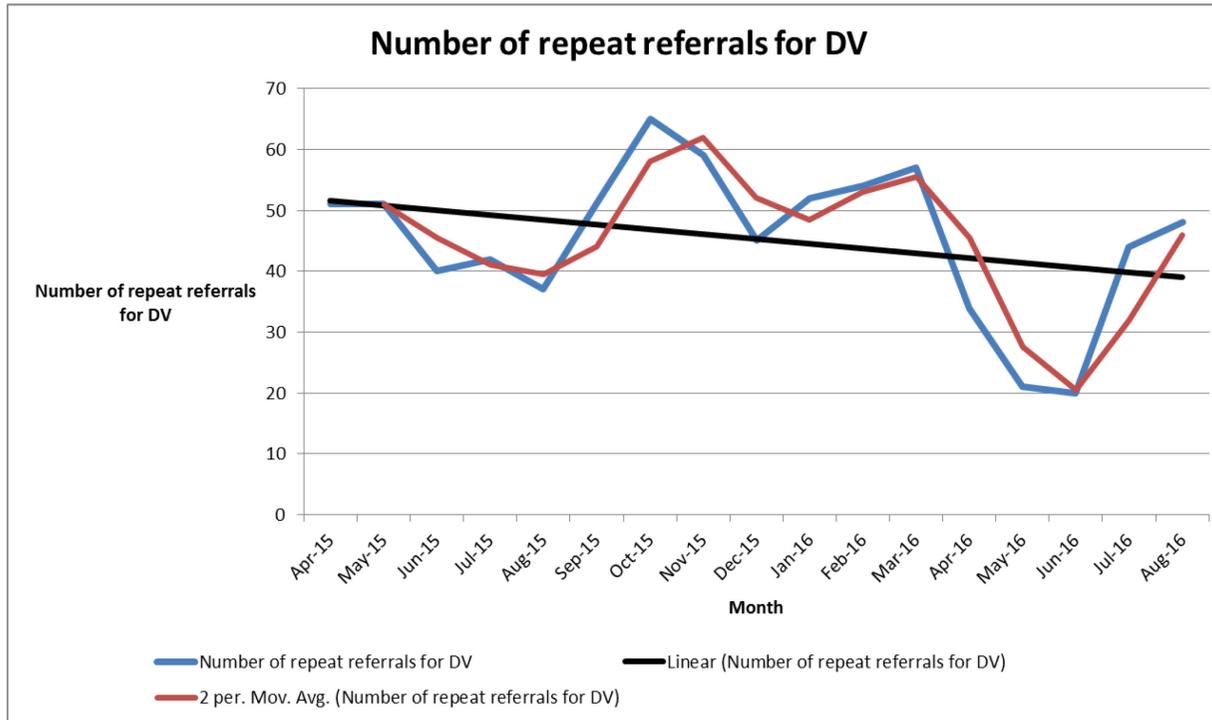
Figure 17: Number of children and young people entering care

Outcome performance measure		2015											2016							
		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
OPC9a	No. C & YP entering care			29	36	25	26	23	31	29	24	28	25	30	35	48	31	20	36	25

Number of C & YP entering care
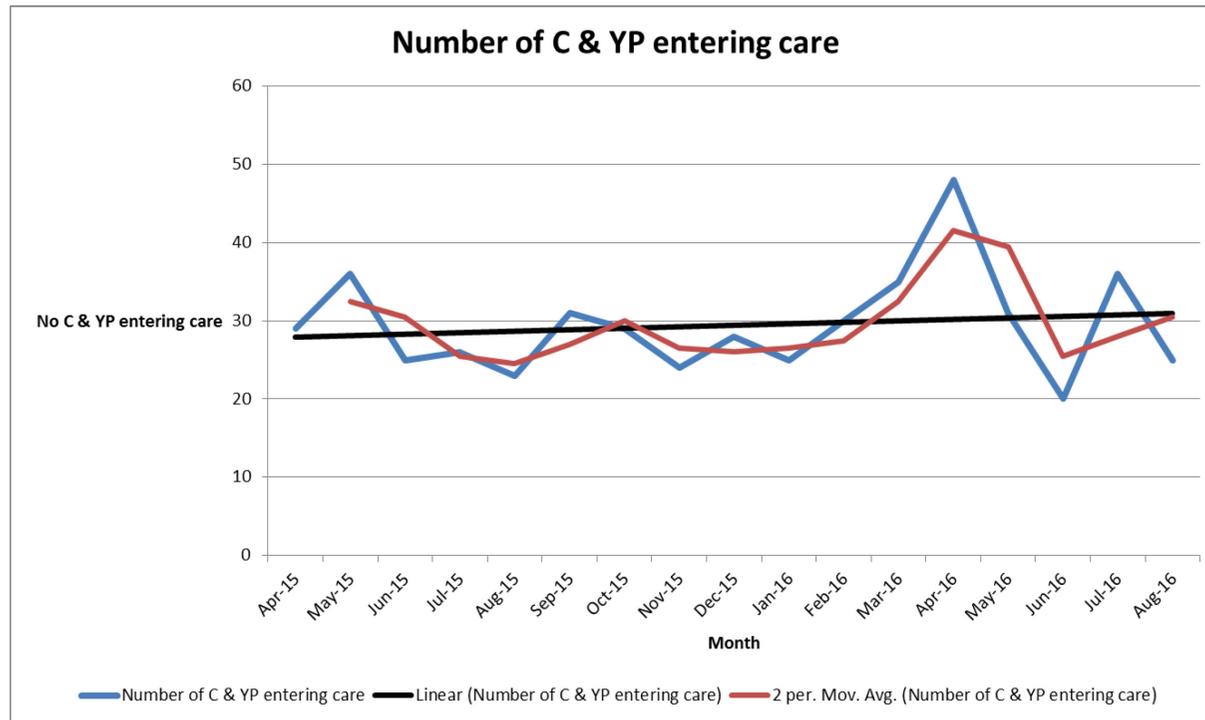
Figure 18: Number of children and young people leaving care

Outcome performance measure		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
						2015										2016				
OPC9b	No. C & YP leaving care			30	27	30	34	22	25	26	25	19	30	45	32	37	21	28	37	29

Number of C & YP leaving care
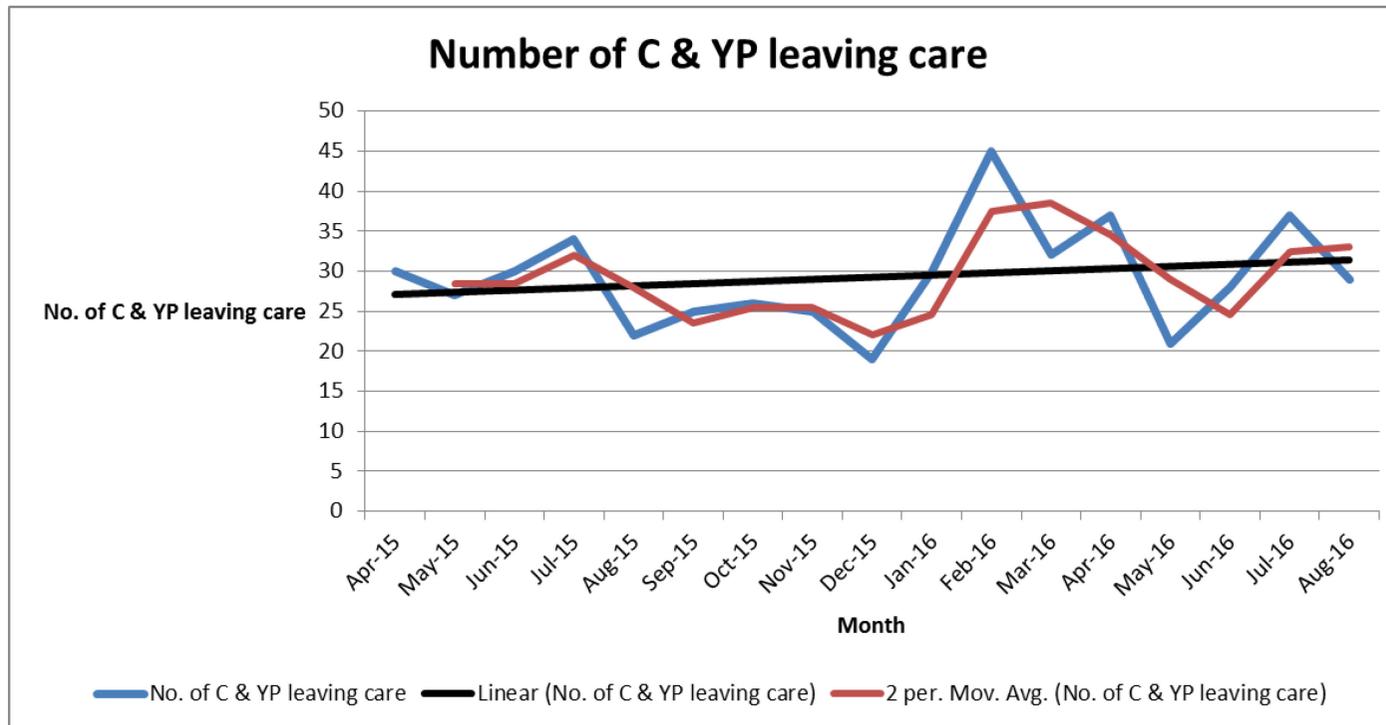
Appendix 6 Leeds FGC model

Who can have an FGC?

An FGC is offered to families in Leeds as a response to a wide range of needs. They are offered to families experiencing problems with the care and protection of children, domestic violence, youth offending, family support needs, child contact arrangements and family breakdown. There is wide-spread use of the model, and it has a central place in the offer Leeds makes to families with children that are seeking or needing help and support.

What does the model pay attention to?

The focus of all the FGCs held in Leeds is to ensure the child's family has the opportunity to lead the planning needed to resolve their difficulties; and within this, that the needs and wishes of vulnerable family members (both children and adults) are heard and respected.

The FGC model reflects a commitment to families as valued partners and a belief in the long term value of restoring and supporting relationships. It is distinctly different from traditional social care planning models, including child care reviews and child protection conferences. The FGC practitioners are the 'keepers' of the model and are focused on ensuring its core principles are respected and upheld.

What are the core principles?

- Leeds FGC processes and practices are demonstrative of the principles of restorative approaches at all times

- Safety is a guiding principle – safety for those participating, safe outcomes and safe meetings. Coordinators are critical in keeping the process and participants safe. A focus on safety is not a focus on risk

- FGCs are an optional route for families and the decision to engage in the process sits with them. The offer to have an FGC should reach as many families as possible

- Children and other vulnerable family members are full participants and are supported safely and appropriately to be involved in the FGC processes and meetings

- The FGC is family-led, with the plans for the meeting fully negotiated and agreed with the child and their family by the coordinator

- Family plans are agreed and resources negotiated unless the plan could cause harm

- The FGC service is separate from the social work service and other agencies and does not share the information they gather from families unless there is a risk of significant harm

- FGCs are a planning process, with private family time. They are not connected to assessment, therapy or developing evidence for other professional decision making processes

What are the essential Leeds FGC practices?

Leeds has embedded the internationally recognised FGC features of independent coordination, skilled convening, private family time and family-led plans. The key practice features of the Leeds model are:

- the balancing of professional concerns and family autonomy by the coordinator throughout the process

- an exhaustive, and creative, commitment to preparing all those involved (families and professionals) to actively and safely participate

- highly skilled child and vulnerable adult preparation and consultation

- a careful judgement in each interaction with each family member and professional: when to hold information, when to share or encourage sharing of information

- managing the co-existence of family-led and social work-led processes, and acting as a navigator and broker between and within these systems

- coordinators cease involvement after the completed FGC process (this may include review meetings) and are not guardians of the plans

- strong use of practice supervision is necessary to ensure coordinators are fully supported, are reflective and are able to address the issues of power and responsibility in complex situations

What are the characteristics of the Leeds FGC meeting?

- No one is asked, or expected, to join a meeting that makes them feel unsafe

- The coordinator acts independently from all services; their focus is the facilitation of the meeting and they do not complete family risk assessments or monitor other professionals' plans

- Careful attention is consistently paid to venues, timings, accessibility and to putting all family members at their ease throughout the encounter

- Attendance of professionals is actively facilitated, but does not overshadow the family's needs and wishes in relation to the arrangements for the meeting

- Coordinators will seek key questions from the professionals for the family to consider, but these do not set the agenda for, or solely determine the contents of, the Family Plan

What are the skills and values of the Leeds FGC coordinators?

The Leeds model requires a particular set of skills and values to be held by coordinators. These include:

- highly developed mediation and negotiation skills

- high support and high challenge to the family, to professionals and to practice cultures and approaches that are not experienced as restorative

- creative thinking about ways of working with whole families

- warmth, humour and tenacity

- enabling others to express themselves and take decisions

- a commitment to understanding families from their own perspectives and supporting them to make the choices they feel are right for them

- a belief in families' capacity to improve their own situation

- a commitment to families' rights to participation wherever feasible

- sophisticated skills in working with children and young people and vulnerable adults

- self-reflection and strong awareness of self that makes sure coordinators don't join 'a dance of oppression' within families or professional cultures

- a working commitment to strengths-based practice, including identifying family strengths and building on them and identifying positives in family-professional interactions and building on them

- an ability to work with conflict and aggression to support positive outcomes