



Department
for Education

Leeds Partners in Practice: Reimagining child welfare services for the 21st century.

Final evaluation report

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Key messages

Round 2 of the Department for Education's (DfE) Children's Social Care Innovation Programme in Leeds was intended to promote whole system change in the way that children's services engage and work with families. This was a complex programme of reform embedding Restorative Early Support (RES) as a new tier of intervention between early help and the statutory social work service, combined with an extensive programme of restorative practice development across the workforce.

There was a high degree of organisational commitment in Leeds to embedding restorative practice and overwhelming positivity about the approach amongst managers and frontline professionals.

Restorative Early Support (RES) was provided to 536 children and their families between January and December 2019. Qualitative accounts from RES team managers and practitioners provided evidence of the skills and experience brought to the RES teams by combining qualified social workers and family support workers into one team. Lower caseloads in comparison with area social work teams provided the opportunity for intensive, relational work with families. The ability to work more creatively and collaboratively with families earlier in the process was welcomed by many RES practitioners, but some found it more challenging and this resulted in some turnover of social work staff.

Professionals from multi-disciplinary backgrounds described how co-location arrangements were the most effective in increasing the visibility and presence of the RES team, leading to increased collaboration and improved multi-agency working between RES and other cluster services. Joint visits and case discussion provided the opportunity to observe RES workers' approach to undertaking formulations and to working restoratively with families. Qualitative accounts described this enhancing professionals' understanding of restorative practice. Where co-location was not possible it was suggested that there was a need to be proactive in ensuring accessible routes to the RES service and opportunities for informal case discussion for referring agencies.

The small number of families who participated in interviews were overwhelmingly positive about restorative practice and reported that workers were non-judgemental and worked *with them* in a constructive way. The approach employed was valued as a vehicle to support change. This was also reflected in outcomes, with 57% of families having achieved all the goals they set in co-production with their workers by the end of the intervention (typically four months) and 84% of all intervention goals showing progress.

Rethink formulations with ten families were observed, recorded and rated by two trained and reliable coders to assess the quality of direct practice. Skills were found to be high across all domains including collaboration, empathy, purposefulness, clarity and child focus. The quality of practice in this small sample of cases was found to be higher than typically observed in other local authorities (e.g. Forrester et al., 2017; Wilkins et al., 2018).

Professionals from a range of disciplinary backgrounds were overwhelmingly positive about the Rethink programme and the coaching and development they had received. Of survey respondents, 90% reported an increased understanding of formulation and confidence in its application. Qualitative accounts also suggested that the programme was successful in developing a shared restorative language between services and that multi-agency working had been strengthened as a result. This is consistent with the findings from the Round 1 Innovations Programme evaluation.

Group supervision was a developing practice and the Rethink formulation was used as a vehicle for discussing individual cases, quality assuring intervention plans and also supporting practitioners in developing their restorative practice. RES workers felt more supported in decision making and in holding difficult situations as a result. Teams needed to be carefully prepared for opening up their practice to scrutiny in this way. However, where it was practised, managers and staff alike felt group supervision to have been transformative as a vehicle for reducing defensiveness in individual practice, providing a forum for sharing successes and failures and working restoratively with families.

Executive summary

Introduction

Leeds introduced restorative practice in Round 1 of the Department for Education's (DfE) Children's Social Care Innovation Programme through 'Family Valued' (March 2015 to December 2016): a workforce development programme amongst children's services, partners and Family Group Conferencing (FGC) as an approach to working with families through FGC. Restorative practice recognises the strengths and resources that families have available to them. It aims to engage individuals as active participants in identifying problems and finding solutions. In so doing, it underlines the importance of doing 'with' families rather than 'for' or 'to', thus achieving greater *collaboration* between families and services towards common goals.

In 2010, a city-wide locality model introduced 25 geographical 'clusters' based on the 'Extended Schools' service model. Cluster services provide parenting support and early help, and other targeted support services, alongside education. Children's services were re-configured to align with these areas with the aim of improving multi-agency working and co-ordination. The Family Valued programme identified six clusters that collectively receive 50 per cent of referrals for children's services in Leeds, indicating high levels of need and high demand for services. A seventh geographical area of high need and demand for services was identified and incorporated into the programme.

The project

Round 2 of the Innovations Programme aimed to bridge the gap between social care, schools and cluster services, helping practitioners to grow in the confidence, knowledge, skills and experience to support families without the need to escalate to statutory social work.

There were two components to the programme. The first introduced a new level of intervention between early help and area team social work so that families would receive help earlier. Seven new Restorative Early Support (RES) teams were introduced into the highest need areas of the city. Ultimately, the programme aims were to safely reduce the need for statutory social work interventions and find positive, family-centred alternatives to taking children into care

The second part of the development programme aimed to build on the progress made in Round 1 by further embedding restorative practice into social work teams and wider services including schools, early help and targeted support services. The aim was for all

key agencies to adopt a consistent approach to restorative practice called the Leeds Practice Model (see appendix 2) which has three components:

- The Rethink formulation. This is an approach to assessment which identifies and analyses issues and supports planning with families. Practitioners work with families to identify *Presenting, Predisposing, Protective, Precipitating, Perpetuating and Predictive* factors (the 6 Ps). This is called *formulating* and once the 'formulation' is complete, workers and families make a plan together called Next Steps.
- Outcome Focussed Supervision. This supports the process of formulating by making sure that the resulting plans are focussed on achieving the outcomes that have been decided on in discussion with families.
- The Leeds Practice Principles. This is a set of core principles for restorative practice with families which aims to ensure interventions are strengths-based, and prioritise relational working and collaboration with families.

The evaluation

The evaluation was undertaken by the Institute for Applied Social Research at the University of Bedfordshire between May 2018 and December 2019. It used mixed methods alongside theory of change in order to understand the impact of the programme.

Key findings

Restorative Early Support

Seven new RES teams have been established as a new tier of intervention into the areas where there is highest demand for children's services in Leeds. The RES teams represent a small resource in these clusters which contain upwards of 20 schools in each area. RES managers participating in focus groups described how, working within the limits imposed by capacity and resources, the service aimed to achieve high impact at individual level with a small of children and families. In the year between January and December 2019, the RES service worked with 536 children and their families.

Goals for intervention were set by RES workers in co-production with families. Data on family goals and their attainment were captured in 353 intervention plans and show that progress was achieved on 84% of all goals, 57% closed having fully achieved their goals and only 12% resulted in referral to the area social work team. Goals focussed on *adult*

behaviour improved in 89% of cases, and those in respect of *safeguarding* by 84%. In 81% of cases, *alignment and engagement* with service goals were achieved. The intervention plans show these outcomes were achieved through activities focussed on parenting work, promoting emotional health and work on relationships.

A service feedback survey administered by RES workers established that families' satisfaction with RES was high, with 95% of families reporting that their worker treated them with respect, and 90% saying they would recommend working with the team to others. Families rated RES particularly highly on communication from the worker and increased understanding of the restorative approach and process. Observations of practice and interviews with ten families at the beginning and end of intervention showed a high level of engagement in the RES service. In interviews with families, parents felt that their knowledge and expertise was recognised and that they were able to contribute to and influence conversations and interventions. RES practitioners felt that working restoratively with families and providing opportunities for them to be heard, led to their increased engagement and active participation.

The presence of RES was shown to have supported other cluster services in developing confidence and skills in working restoratively with families. Professionals from multi-disciplinary backgrounds described how joint visits and case discussion provided the opportunity to observe RES workers' approach to undertaking formulations and to working restoratively with families. This modelling was perceived to have supported their learning and improved confidence so they were able to replicate this in future direct work.

Time series data on service responses (children becoming the subject of a CP plan of CLA) in the seven clusters before and after the implementation of RES showed a slight rise in monthly averages for children who were made the subject of a CPP of just over one child per month across all the RES clusters. RES managers and workers perceived this slight increase to be positive as more intensive and relational work with families had served to increase identification of child protection concerns that may have remained hidden otherwise.

The time series data on the CLA measure shows four fewer children becoming looked after on a monthly basis since the introduction of RES teams into the seven cluster areas. This finding (supported by other data showing that positive progress was being made in achieving the goals of intervention (as above) suggests that, even in the early stages of programme, RES teams were effective in reducing CLA numbers in high need clusters.

A costs impact analysis used time series data to compare the costs incurred in each of the RES clusters from responding to concerns about children (raised by cluster services

or the public), processing referrals, CP plans and CLA. This showed that RES interventions have helped save nearly £406,466.60 per month, compared to the period before RES in the same clusters. These savings are significantly due to a reduced number of CLA after the introduction of RES.

The Quality of Restorative Practice

The Rethink programme aimed to embed a single and consistent approach to assessment and planning with families called the Rethink formulation, as a key component of the Leeds Practice Model for working restoratively with families. Rethink formulations with ten families were observed and recorded in order to assess the quality of practice with families. The recordings were rated by trained and reliable coders using a Social Works Skills Coding Framework with established reliability which assesses 5 key communication skills (Whittaker et al., 2016). Compared with a baseline of over 750 recordings of social work practice from a number of local authorities (Forrester et al., 2017; Wilkins et al., 2018), ratings for practitioners in Leeds were higher than the average and showed that practice was skilful across all domains including: *collaboration, empathy, purposefulness, clarity and child focus*.

Rethink

The Rethink programme aimed to embed a shared, consistent approach to assessment and planning with families called the Rethink formulation, as a key component of the Leeds Practice Model for working restoratively with families. Rethink and Next Steps forums were held across the city on a daily basis and designed to increase confidence and application of formulation across social work and cluster services.

In total, 302 forums were held between April 2018 and Dec 2019, attended by 2473 participants of whom 40% were from social work and 30% from cluster services (including education and targeted services). Least well represented were health services (9%) and the Voluntary and Community Sector (VCS) (8%) suggesting that these sectors might benefit from more active targeting.

Survey feedback from participants found high levels of satisfaction with these coaching and development activities. 90% of participants reported improved understanding of the Rethink formulation; 87% reported increased confidence in its application; and over 90% said that they had broadened their perspectives on casework as a consequence.

The theory of change for the programme anticipated that a shared, more consistent approach to working with families between agencies would strengthen multi-agency

working: 96% of Rethink-Next Steps forum participants reported improved multi-agency networking and increased opportunities for case discussion with other professionals.

Follow up interviews with Rethink forum participants provided examples of this being the case through joint service family visits or meetings in schools where staff from different agencies (such as early help, family support, school staff and social workers) and parents would formulate together. Stakeholders described the ongoing development of a shared language of restorative practice across partner agencies and this is consistent the findings from the Round 1 evaluation. Illustrations were given of the Rethink formulation being applied in a range of service settings in addition to direct work with families. These included by the Duty and Advice Team in processing referrals to children's services, and in health and community settings.

Lessons and implications

Local stakeholders perceived that co-location arrangements were the most effective in increasing the visibility and 'presence' of the RES team, leading to increased collaboration and improved multi-agency working between RES and other cluster services. Where these arrangements were not possible, professionals from partner agencies and social workers suggested that it was important for RES to ensure accessible referral routes to the service and opportunities for informal case discussion for partner agencies.

A new approach to co-devising intervention goals with families showed that in 57% of cases goals were fully met. Future data monitoring should determine if the goals attained during intervention were sustained in the longer term. This could be achieved by systematically monitoring subsequent patterns of service use for families following family closure to RES, including the number of re-referrals to cluster services and those subsequently referred onward for statutory social work intervention.

Whilst stakeholders testified that restorative practice has now taken hold in early help and social work, more targeted development should focus on further embedding the Rethink formulation in partner agencies. Rethink-Next Steps survey data suggest that more active targeting of health and the VCS for practice development is necessary to extend the reach of restorative practice into these sectors.

A core component of the Leeds Practice Model is outcome focussed supervision and research shows that supervisory discussions can play an important role in shaping practice with families through defining the 'next steps' with clients (Banuch, 1999), and promoting stronger client engagement (Bibus, 1993). Also identified is a correlation between supervisory skills and goal attainment for clients (de Greef et al., 2019;

Harkness, 1995). However, in some cases, practitioners did not feel that their managers were sufficiently understanding of formulation and it is therefore recommended that coaching and practice development opportunities be targeted towards all team managers in order for its use to be consistent and sustained.

Linked to this was the importance of group supervision (Bostock et al., 2019) as an important aspect of restorative practice. Not all services within the clusters had adopted group supervision, but where it was practised, managers described its benefits in helping to quality assure intervention plans and in supporting practitioners to develop their restorative practice. It is recommended that further evaluation of group supervision be undertaken in order to understand how it might enhance practice and improve outcomes for children and families.

Feedback from follow up interviews and Rethink stakeholder focus groups, suggested that there were challenges for incorporating Rethink formulation in a meaningful way into the child and family assessment. This is because the formulation applies a different process in organising information, analysing issues and assessing needs, and planning intervention. It is therefore recommended that targeted work takes place to develop and pilot a model for reconciling the two approaches in order to understand where challenges to adoption might lie, alongside factors that might support success.

1. Overview of the project

Project context

Leeds is the second largest metropolitan council in England, with a diverse and growing population of over 750,000. In 2010, a city-wide locality model for services was introduced based on the 'Extended Schools' model (DfE, 2012). This means that services such as early help, parenting support and other targeted support services are located together around schools. These are called 'clusters' and there are 25 of these across the city. Children's services align with these clusters with the aim of improving multi-agency working.

Restorative practice in Leeds

Leeds introduced restorative practice in Round 1 of the Department for Education's (DfE) Children's Social Care Innovation Programme through its 'Family Valued' programme (March 2015 to December 2016). This introduced restorative practice through Family Group Conferencing (FGC), and through a workforce development programme amongst children's services and partners. Restorative practice intrinsically recognises the strengths and resources that families have available to them and aims to engage individuals as active participants in identifying problems and finding solutions. It underlines the importance of doing 'with' families rather than 'for' or 'to' thus achieving greater *collaboration* between families and services, in working towards common goals.

The Family Valued programme was designed to achieve systems level change throughout children's services and the social work service. The three elements to the programme included: introductory and in-depth coaching and support with practice development designed to embed restorative practice across social work, children's services and the wider workforce for children; the expansion of FGCs to more families including those affected by domestic violence; and newly commissioned services to address gaps in provision for families.

The programme resulted in improved outcomes for children and families and evidence of culture change including the emergence of a common language and approach across different services and partner agencies. The Round 1 evaluation report can be found [here](#). The Family Valued programme identified that six of the 25 Leeds clusters provided 50% of the referrals received by Leeds children and families social work service. These areas of highest need were therefore targeted for further development in the Round 2 programme along with a seventh area that was subsequently added.

Project aims and intended outcomes

A key goal was concerned with bridging the gap between social care and schools and helping cluster practitioners to grow in confidence, knowledge, skills and experience to support families without the need to escalate to area social work teams.

The programme aims were to safely reduce the need for statutory social work interventions and find positive, family-centred alternatives to taking children into care. The high level, long term outcomes for the combined programme were:

- Improved outcomes for children, young people and families
- Reduced pressure on resources
- Reduced number of children becoming the subject of a Child Protection Plan (CPP), or a Child Looked After (CLA).
- Reduced costs.

There were two components to the development programme in Round 2: the Restorative Early Support Service and the Rethink Programme.

The theory of change describes how the combined elements of the programme were intended to lead to the higher level outcomes, as follows.

Restorative Early Support Programme Theory

The introduction of the RES teams into cluster of high service demand provided an additional tier of intervention between early help and intensive area social work. The aim was to provide direct support to families and to work with local cluster services, achieving more consistency in identifying and responding to families' needs. This had the potential to lead to better understanding of agency roles, improved multi-agency working and more confident service delivery. As early identification improved, help would be offered to families earlier, resulting in a reduced number of referrals upwards into area social work teams. In the long term, it was anticipated that resources would be used more effectively, costs would reduce and, ultimately, a lower number of children and young people would become the subject of a CP plan, or become CLA Children Looked After (CLA).

The Rethink Programme Theory

There was an expectation that working restoratively with families through the use of the Rethink formulation would lead to improved analysis of the presenting issues and shared understanding between practitioners and families. As a consequence, families would feel listened to, respected and more confident in their parenting. This would improve their engagement with services and their investment in shared solutions. Co-creating goals for intervention would help families to feel part of the decision making process, take on more responsibility and increase their ownership of the outcomes of support. Ultimately, this would lead to families managing their lives effectively and reduced involvement from services. This was with a long term aim of reducing the number of children who become the subject of CPP or become CLA. The expectation was that ultimately this would reduce the pressure on resources and reduce costs.

The theory of change also captures the overlap between the outcomes chains for each component of the programme. Please see appendix 1.

Project activities

The Wave 2 programme became operational in November 2017 and was focussed on two key development strands:

1) Restorative Early Support

The introduction of Restorative Early Support (RES) teams into cluster areas across Leeds which:

- Established seven new RES teams into the areas in Leeds with the highest number of referrals and demand on services.
- Combined social workers and family support staff in teams with the aim of providing a more flexible, multi-disciplinary approach to working with families, based on the Leeds Practice Model (see appendix 2) and using the Rethink formulation.

2) Rethink

This extended the use of the Rethink approach into wider children's services work (including education, health, early help and targeted support services) by:

- Establishing a Rethink team that provides two skilled Rethink forum facilitators (or 'Rethinkers') per area of the city (total n=6)

- Delivering regular (daily), multi-agency Rethink forums (practice development sessions providing case discussion and group consultation), alongside complementary coaching and development.

The aim was for all key agencies to apply the same consistent model, called the Leeds Practice Model (see appendix 2). This had three components:

- The Rethink formulation. This was an approach to assessment which identified and analysed issues with families. Following referral, a meeting with the family identified the issues which were organised under six headings called the 6 Ps. These were *Presenting, Predisposing, Protective, Precipitating, Perpetuating and Predictive* factors. This was called *formulating* and once the ‘formulation’ was complete, workers and families made a plan together called Next Steps. Formulations were not only undertaken with families but could be done with teams as part of group supervision, in individual supervision, as a tool for processing referrals and in multi-agency meetings.
- Outcome Focussed Supervision. Undertaken on a group or individual basis, this was intended to support the process of formulating by making sure that the resulting plans were focussed on achieving the outcomes that had been decided on together with families.
- The Leeds Practice Principles. A set of core principles for restorative practice with families, as follows: *working in collaboration with families; taking a relationship-based approach; supporting the utility of the family; identifying problems early; having one lead worker and one plan; adopting a systemic approach which is evidence-based and driven by the formulation; transparent; focussed on strengths; recognising engagement in education as a protective factor for children; accountable, evaluated and sustainable.*

The development programme in Leeds is continuing on beyond the life of the Innovation Programme-funded period.

2. Overview of the evaluation

Evaluation questions

- What is the impact of the enhanced service offer on systems and structures of services?
- How is this brought about?
- What is the impact of the RES initiative on outcomes for children, young people and families?
- How do these outcomes compare to the business as usual group?
- 'What works' for families engaging with RES services?
- What are the cost implications of the enhanced service offer programme? Is it cost-effective?
- What is the impact of the Re-think formulation on the quality of practice and how does it support restorative practice with families?

Evaluation methods

The evaluation commenced in May 2018 and concluded in March 2020. A mixed methods design was used to answer the evaluation questions described above.

- Two evaluation workshops, one for each of the programme strands (i.e. one for RES and one for Rethink) involving key stakeholders.
- Review of relevant policies, procedures, literature and briefings pertaining to the enhanced service offer change programme.
- Interviews with 10 families being supported by the RES teams at the start of intervention (T1) and follow up (T2), six months later or at the end of intervention, to explore their experiences of RES and the restorative approach.
- Interviews with the 10 RES key workers of these families (as above) at T1 and follow up at T2. These interviews explored the key worker's approach to assessment, case planning and their views on the outcomes of intervention.
- Family goals data systematically gathered by practitioners on all families engaging in RES between June 2018- March 2020. These show the goal movement between first formulation (T1) and case closure (T2).
- Analysis of family feedback questionnaire data systematically gathered by RES teams at case closure.

- Analysis of time series data comparing the number of children subject to a Child Protection Plan (CP) and number of children becoming looked after (CLA) before and after the introduction of RES into the seven clusters of highest need and demand on services.
- An analysis of costs with regard to the economic value of the RES service in improving outcomes for children and families.
- 12 observations of various Rethink forums, as follows:
 - Rethink forum x 2 to explore participant experiences, engagement and learning re: the Leeds Practice Model and the application of formulation.
 - Next Steps x 2 to explore participant experiences, engagement and learning re: next steps planning following formulation.
 - Rethink and Next Steps combined x 1 to assess how effectively the two formats (Rethink and Next Steps) combined.
 - Practice and Progress x 4 to explore participant experiences, learning and engagement in moving situations where there is no progress forward following formulation
 - Rethink Space x 3 to explore family and professional experiences and learning together (where there is a mis-alignment of views) through formulation and Next Steps planning.
- 14 follow-up interviews with participants attending Rethink and Next Steps forums to explore their experience of the practice development sessions and its impact on professional practice
- 10 observations and recordings of practice (using a Social Work Skills Coding Framework (Whittaker et al, 2016) in order to assess the quality of restorative practice. These were captured at first formulation with ten families engaging with RES at start of intervention.
- Three focus groups exploring the experience and impact of the Rethink programme with a) the Rethink Team b) Rethink Champions c) multi-agency stakeholders on the programme.
- Analysis of evaluation survey data systematically gathered by the Rethink team via feedback questionnaires for Rethink and Next Steps forums over the period April 2018 and December 2019 (n=302). The questionnaire gathered participant views on the value and self-reported impact of the forums at the time of attendance.

Changes to evaluation methods

The original design included the administration of the Strengths and Difficulties Questionnaire (SDQ) at two time points with RES intervention groups versus a business as usual (BAU) group. However, consultation with the Leeds Evaluation Advisory Group (LEAG) determined that the SDQ was not sensitive to the kinds of changes anticipated from restorative intervention which would focus more on family functioning. Instead, Score 15 was identified as an appropriate family self-report measure that assesses changes in family functioning, used in systemic family therapy (Stratton et al., 2010).

For the purpose of the costs benefit analysis, we intended to compare cohort level outcomes for families engaging with services in RES clusters compared to areas with no RES. However, this analysis would be potentially misleading because the RES teams were established in areas of high deprivation and where the rates of referral to children's services were highest. As an alternative we used time series data in RES clusters comparing rates of referral and re-referrals, numbers of children who were the subject of a Child Protection Plan (CP) or who became children looked after (CLA) pre and post implementation of RES.

Limitations of the evaluation

Establishing a BAU comparison group was problematic for three reasons. Firstly, the cluster areas where RES has been introduced were not comparable with other clusters in terms of levels of need. Secondly, RES introduced a new tier of intervention which meant there were not comparable services from which to identify a BAU group. Lastly, it would not have been ethical to decline the RES service to families in need of support for the purposes of establishing a comparison group.

As an alternative, we identified 100 families who were referred to the Duty and Advice Team who presented with similar levels of need. Fifty were from areas where there was a RES team and were therefore referred to RES. The 50 in the BAU group were from clusters without RES and therefore were referred to area social work teams for a needs assessment.

Social workers from area teams were asked to administer Score 15 to 50 families in the non-RES cluster areas at T1 and then at T2 (at the end of the assessment period). However, data were only collected from 23 families at T1 and 5 families at T2. A combination of factors are likely to have contributed to the low completion rates, including competing demands on social workers' time, together with uncertainty about the relevance and applicability of Score 15. Social workers also reported that families were reluctant to complete the measure. The response rate meant that there were insufficient

data to compare outcomes for those families receiving an intervention from RES with a BAU group.

Given the lack of impact data using a comparison group, time series data collated for the purpose of the cost benefit analysis was used to compare performance on key measures before and after the introduction of the RES teams in clusters. This analysis was limited to numbers of children who were made the subject of a CPP and becoming CLA because the data were collected for the costing exercise.

Given that the establishment of the RES teams was completed in May 2018 it was too early to evaluate the benefits of RES on non-monetary values as the data were not available and so it was not possible to determine a costs to benefits ratio. It had also been planned to undertake a Data Envelope Exercise (DEA) comparing outputs of the RES teams and their relative performance but in the event there was insufficient comparative data at RES team level to complete this exercise. The evaluation makes recommendations about data collection monitoring that will facilitate future statistical analyses on key metrics and clear outcome measures.

The restorative nature of the development programme meant that it was important to Leeds that the evaluation fitted with its broader aims to work in collaboration with families and to continuously reflect and learn from its activities; a more experimental design would have conflicted with these aims.

3. Key findings

3.1 The Restorative Early Support Service

Seven new RES teams have been established as a new tier of intervention into the areas where there is highest demand for children's services in Leeds. The RES teams represent a small resource in these clusters which contain upwards of 20 schools in each area. RES managers participating in focus groups described how, working within the limits imposed by capacity and resources, the service aimed to achieve high impact at individual level with a small number of children and families.

The RES resource comprised 12.5 FTE social workers and 22 FTE family support workers. Between January and December 2019, the RES teams began work (new allocations) with 536 children, representing some 7% of overall referrals in those clusters for the same time period¹. Caseloads were purposively lower in these teams than in area social work teams because the aim was provide more intensive, relational work with families.

The RES teams were introduced into the seven clusters incrementally and at different times and so a comparative measure of performance before and after their introduction in each area was possible. This used a monthly average over an extended period between April 2015 and January 2020.

Time series data were collated on two key measures: 1) numbers of children who were made the subject of a CP plan (CPP) and 2) numbers of children becoming looked after (CLA)².

Table 1 presents data on the first measure and shows that the monthly average for children who were made the subject of a CPP rose slightly by just over one child per month across all the high need clusters (+ 1.25). This was against a backdrop of overall decreasing rates of CPP for Leeds in comparison with national figures. National statistics

¹ It should be noted that not all new cluster referrals will result in support from services so the RES new allocations data is not a proportion of those provided with services in the cluster.

² The dataset does not include the Child in Need (CIN) category. In Leeds, a CIN is defined as a child who is open to children's services where they are also not on a CP plan, CLA plan or meet the criteria of a care leaver. Therefore, if a child was identified as CIN, it would simply imply that their needs had been assessed and they were receiving support but hadn't reached the threshold for CP or become a CLA.

(2018-19) show the rate per ten thousand (RPTT) of population open to a child protection plan in England was 55.8 and for Leeds was 31.8 compared to 40.5 in the previous year³ so Leeds performed comparatively well on this measure. The theory of change aims ultimately for a reduction in the number of CPP as a high level outcome. In the short term the RES managers interpreted that the increase was positive and they attributed this to more children being identified at risk and subsequently protected. This was supported by triangulated data from focus groups and interviews which ascribed the increase to more intensive, relational work with families leading to improved identification of child protection issues. The following quote from a RES manager is an illustration:

So [for] some of the families [we're working with], we're finding out an awful lot of information that we wouldn't find out ordinarily, it's actually creating a whole layer of extra intervention really. So there's quite a few that have probably gone to child protection that we might not have thought they would. *Participant in RES Managers Focus Group*

Table 1: Monthly averages of child protection plans in high referral cluster areas before and after the introduction of RES teams between April 2015 and January 2020.

CP Cases	Pre-RES Time period	No of children	Monthly average	Post RES Time period	No of children	Monthly average	Difference
RES 1	21 months	70	3.33	37 months	118	3.19	- 0.14
RES 2	35 months	170	4.86	23 months	137	5.96	+ 1.1
RES 3	30 Months	194	6.47	28 months	145	5.18	-1.29
RES 4	34 months	225	6.62	24 months	207	8.63	+ 2.01
RES 5	34 months	198	5.82	24 months	150	6.25	+ 0.43
RES 6	30 months	97	3.23	28 months	64	2.28	- 0.95
RES 7	37 months	312	8.43	21 months	179	8.52	+ 0.09
		1266	38.76		1000	40.01	+ 1.25

³ <https://www.gov.uk/government/collections/statistics-children-in-need>

In Leeds overall, the number of children becoming looked after, per 10,000 children in 2019 fell by 8.5% (N=36) on 2018 figures and this compares with a national decrease in England of 1.6% for the same year⁴.

Table 2 presents the time series data on the CLA measure and shows fewer children becoming looked after on a monthly basis since the introduction of RES team into the seven cluster areas. This finding (triangulated with other data showing that positive progress was being made in achieving the goals of intervention (see 3.3 below)) suggests that, even in the early stages of programme, RES teams were effective in reducing CLA numbers in high need clusters.

Table 2: Monthly averages of children becoming looked after before and after the introduction of RES teams into high need cluster areas between April 2015 and January 2020

Children becoming looked after	Pre-RES Time period	No of children	Monthly average	Post RES Time period	No of children	Monthly average	Difference
RES 1	21 months	77	3.67	37 months	113	3.05	-0.62
RES 2	35 months	91	2.6	23 months	57	2.48	-0.12
RES 3	30 Months	172	5.73	28 months	121	4.32	-1.41
RES 4	34 months	152	4.47	24 months	100	4.17	-0.3
RES 5	34 months	87	2.56	24 months	70	2.92	+ 0.36
RES 6	30 months	63	2.1	28 months	43	1.54	- 0.56
RES 7	37 months	177	4.78	21 months	89	4.24	-0.54
		819	25.91		593	22.72	-3.19

3.2 The costs impact of the Restorative Early Support Service

A costs impact analysis was undertaken using time series data to compare the costs incurred in each of the RES clusters from a) responding to concerns raised about children by cluster services or the public, known as ‘contacts’, b) processing referrals to children’s services, c) CP plans and d) CLA. The purpose was to estimate cost avoidance associated with a reduction in the number of children subject to CP plans or in the number of CLA.

⁴ [LAIT](#) Leeds LA - Looked After Children: Indicator – No. of children who started to be looked after

The unit costs used for the analysis were based on a costs modelling exercise undertaken by Leeds using a similar approach to the Manchester Model⁵ and adopting a set of consistent assumptions about staff hourly rates; the lengths of time associated with certain activities and the number and variety of practitioners attending formal meetings such as Initial Child Protection meetings. Using this approach:

- The cost of 'contacts' generated within a cluster was estimated at £83 per hour (this includes the costs for referrer and responding social worker)
- The cost of referrals per hour was estimated at £159 per hour (this includes social worker and team manager time)
- The annual costs associated with a single CP Plan were estimated at £13,497. These include first contact and referral, strategy discussion, Section 47 inquiry, child and family assessment, child protection conference, core group membership, statutory visits and recording (a full breakdown of this figure is provided in appendix 6).

The costs associated with CLA were based on figures in the Local Authority Interactive Tool (LAIT)⁶ for weekly outturn costs per looked after child (£1065 in 2018/19), and the average duration of care for each child who left care in 2019/20 (2.9 years). These estimate the cost of keeping a child in care at £160,602⁷ for the average care episode.

The costs analysis is presented below at table 3 which shows the pre-RES clusters represented in Column 1, compared with the same clusters after the introduction of RES in Column 2.

The time series data show an increased number of contacts at cluster level but a reduction in referrals through to children's services. The re-referral rate shows a slight

⁵ The Manchester Model is an approach to CBA pioneered by the Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy) for articulating the fiscal, economic and social value of interventions: https://www.greatermanchester-ca.gov.uk/media/1583/cba_guidance_020414_1312_final.pdf

⁶ This is a free available tool provided by the DfE which collates local authority level aggregate data and enables local authorities to compare performance across statistical neighbours. <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

⁷ $1065 * 52 * 2.9 = £160,602$

increase and this may be due to the double counting of some children by the recording system as they have moved between tiers of intervention.

The increased costs associated with child protection are accounted for by the increase in the monthly average of 1.25 children being made subject to a CP plan in RES clusters (as shown above at table 1).

The savings shown are due to the cost avoidance associated with a decrease of 3.19 children in the monthly average number of CLA (as shown above at figure 2) in RES clusters, and this calculation is based on the average length of care episode of 2.9 years. This amounts to costs avoidance of £406,466.60 per month after the introduction of the RES teams. This calculation is based on time series data and the results are therefore caveated by the lack of a comparison group in determining attribution.

Table 3: Comparison of Pre-RES cluster costs with RES cluster costs

Costs	Column 1: Cluster pre RES	Column 2: Cluster with RES
Costs of contacts	£96,125.02	£109,899.13
Costs of referrals	£101,175.77	£96,972.35
Costs of re-referrals in 12 months	£27,971.83	£29,329.96
Costs of making a child the subject of a CP plan	£524,034.39	£539,477.74
Costs of children starting to be looked after in 12 months (based on average length of care episode)	£4,167,064.43	£3,734,225.66
Total	£4,916,371.44	£4,509,904.84
Savings due to RES		£406,466.60

The costs analysis is likely to be an under-estimate as data on other benefits such as reduced crime, increased school attendance or improved health due to RES interventions are not yet available.

3.3 Achieving the goals of intervention with families

Previous research has identified links between key social work skills and achieving the aims of intervention (Forrester et al., 2019). Focussing on the achievement of the goals

of intervention for families is a key component of the Leeds Practice Model. Practitioners were supported through group and individual supervision to ensure that the goals of intervention link to the presenting issues. A check that this was the case is also incorporated into the formulation process⁸. To support this aim further, the RES service trialled an approach to setting, reviewing and measuring the goals of intervention in collaboration with families.

Following an initial formulation, families and practitioners identified and typically worked towards three goals at a time and reviewed them together on a weekly basis. A Likert scale was used to establish a baseline and then measure progress. Practitioners and families made a joint decision as to when sufficient progress had been made or a goal had been fully met. For a full description of the process of co-determining the goals of intervention and subsequently measuring progress please see appendix 5.

Improvement on goal measures

Over a 21 month period (June 2018 – March 2020), families and practitioners co-developed 473 intervention plans generating a total of 1445 goals, aimed at addressing unmet needs and improving outcomes. At the time of the snapshot which drew on live data⁹, 84% of all goals had shown an improvement, 10% were recorded as unchanged and 6% showed a deterioration.

The data relating to completed formulations (N=353) show that nearly two thirds closed having achieved all goals, as follows:

- 57% of all formulations closed having achieved all goals
- 17% ended as the family no longer wanted to receive support
- 12% required escalation to the area social work team
- 10% closed recommending continued intervention and a further formulation to identify further goals
- 3% required support from another service

⁸ See appendix 3 for Tools Supporting Restorative Practice and the 'walk back'

⁹ The goals and agreed actions to achieve them were recorded by the RES worker and then entered onto Mosaic and the data presented here were accessed as a snapshot on the 16th March, 2020. They represent 473 formulations undertaken with families and include 120 that are classed as 'live formulations' i.e. they are still goals in progress.

The closure reasons do not represent progress made on goals.

Categories of family goals

Analysis of the types of goals chosen reveals seven broad categories that aligned to the strategic goals identified in Leeds children's and young people's plan. These included: *child safeguarding; child health; engagement/alignment with services; education outcomes; voice and influence; adult behaviour and fun growing up.*

Goals chosen most frequently fell into the categories of:

- *Safeguarding* n= 440 with 85% recording an improvement
- *Alignment/Engagement with services* n= 275 with 81% recording an improvement
- *Education outcomes* n = 156 with 78% recording an improvement
- *Adult behaviour* n= 110 with 89% recording an improvement

The *engagement and alignment* category was of particular interest because a key aim of RES was to engage families with a long history of services in a different way. This was significant for RES because at this tier of intervention families' engagement with services was on a voluntary basis.

Interviews with parents and focus groups with RES practitioners identified that the process of co-developing goals in itself supported the collaboration and purposefulness that restorative practice aims to achieve. This was because practitioners and families had to clarify and negotiate key aims of intervention. In some cases, early goals could be set around improving engagement with services and ensuring a shared understanding of the presenting issues and purpose of intervention, as this quote from a RES worker illustrates:

We can set goals around alignment, and engagement as well, so I'm working with a family at the minute where I've gone out probably four times and I'm still trying to engage and align, because mum's got a view as to why she wants me to be there, and actually it's nothing to do with the referral. So we're just sort of working on that, so we can actually score and do goals around the actual alignment and engagement. *Participant RES worker focus group*

Actions to support goals

Data were captured about the types of activities or interventions workers undertook to support families to achieve their goals. These were recorded by workers and then

systematically coded. The highest number of activities fell under four broad categories: parenting work; promoting emotional health, engagement and alignment work and work on relationships.

The data also showed that the average period of RES intervention was 3.9 months with 651 goals being worked on for over 3 months. The following table shows the number of actions provided on goals that have been reviewed and subsequently recorded as deteriorating, unchanged or improved. The last column shows the percentage of actions that were recorded against *improving goals* in providing an indication of the kinds of actions that prove most effective.

Table 4: Activities recorded against progress on all family intervention goals recorded June 2018 – March 2020

Activities	Deteriorated	Unchanged	Improved	No score	Total	% on improving goals
Parenting Work	81	92	785	46	1004	78%
Promoting Emotional Health	30	45	763	12	850	90%
Engagement and Alignment work	56	85	650	32	823	79%
Relationship Work	77	42	564	29	712	79%

Focus group data from RES workers indicated that co-devising and measuring goals could be a powerful tool for instigating change. This was because families were provided with tangible evidence where there was improvement and this developed their confidence and sense of control. When asked to explain why this was successful a RES worker articulated that it was:

Because they can actually measure their own journey can't they, you know, they can actually measure when things are going really well, and when you're saying, "So what's it like?" And you're actually asking them why they feel it's a six or a seven or an eight. And when they're telling you that, you know, and you're saying, "Well yeah, it is because you're doing this and you're doing that." So you're reinforcing everything that you know [and] getting them to reflect as well actually on what has gone well and why.

RES focus group participant

Evidence of good engagement with the goal setting approach was identified through interviews in which parents reflected on the process of setting goals with their project

worker and on having regular reviews. This parent described how it felt for her to have a tangible measure of progress:

At first I was thinking, “What is this?”, but actually it does work, when it’s down on paper, and when you go through it every week, and we had a 1 to 10 thing every week on each goal, and over the months it was going up, they were going up from nothing to 3, to 5, and it was, and it was going up and up, and that way you can actually see the progress in front of you.

Family Interview 2

Workers were also able to use the process to tailor expectations by being realistic and pragmatic about what could be achieved, so that success was understood as a relative measure:

So, mum started at a 3 for both of them and then she slowly progressed and I think finished at an 8. The reason that I thought was really good is she said, “I will never be a 10... because I’m a worrier.” I thought that was really realistic actually that she put herself at an 8 because she was right, we all worry and she says, “I’m never going to stop worrying about these things but I know that I’m better and I feel a lot more able.”

RES Worker 4

3.4 Factors supporting or inhibiting the success of RES

This analysis triangulates data from focus groups held with RES managers, RES practitioners and local stakeholders representing local cluster services including area social work, early help, schools and targeted support services. It also draws on interview data from RES workers supporting the case study families at T1 and T2.

Location and visibility within cluster areas

The seven RES teams have been established in clusters with varying location arrangements. Five teams are co-located within cluster services, schools or area social work teams. However, the availability of buildings and other resources meant that it was not always possible to co-locate RES teams with other cluster services and two teams were located together in a dedicated building.

Evidence from focus groups with local cluster service stakeholders suggested that co-location arrangements were the most effective in increasing the visibility and ‘presence’ of the RES team, leading to increased collaboration and improved multi-agency working between RES and other cluster services. Cluster service stakeholders provided an

example of this where they had introduced link workers attached to all the schools. RES had subsequently replicated this approach and link workers had worked together in delivering joint training across services.

Focus group participants described how having increased case discussion between service managers provided more clarity around the suitability of the RES service for a family and the aims of the intervention. A cluster service manager illustrated how this helped to reduce pressure on social work area teams:

When referrals come in, if I'm thinking, "I'm not sure this family needs a social worker, they need support", I just pop down the corridor, discuss it with [the RES manager] and we decide between ourselves whether it's something that RES can pick up without there needing to be Social Work intervention. We might go out and do a joint visit, and decide where it sits, but it's the ease of having them as a team in the building, that we can do that really readily. *RES Stakeholder Focus Group Participant*

In focus groups, local stakeholders perceived that co-location in an area social work team was particularly effective because it led to more co-working between RES team and social work, increased understanding of the teams' respective roles and served as an effective route for referrals.

Referral pathways

The arrangements for making referrals to RES teams varied between clusters. Referrals often came from services in the clusters including area social work teams, early help, and schools or through the local allocations panel. In general, requests for RES intervention started with a conversation in order that appropriate case discussion could take place in determining whether a family would benefit from RES involvement. Often this included formulating either between RES and the referring agency or with the family.

...it's a conversation with the manager, so that allows the manager to have those discussions, find out what's happened before, get a real sense: is it appropriate for us, what's been tried, is it for us? If it is for us have we then got capacity to take it?... We want it to be the right conversation, the right response, the right time. *RES Manager Focus Group Participant*

Whilst co-location arrangements supported this approach (as above), the opportunities for informal case discussion had not arisen in the same way when RES teams were not

co-located with cluster services. One focus group participant suggested that social work teams without close proximity to a RES team found it more difficult to make and achieve the same level of information sharing and collaboration. This suggests that RES teams who were not co-located might need to make additional efforts to ensure accessible routes to the service and opportunities for informal case discussion for referring agencies.

In general RES did not hold a waiting list and RES cluster stakeholders suggested this could result in families staying on a waiting list within the cluster instead. This highlighted issues around system coverage and the current capacity of the RES to provide sufficient resources to achieve the impact aimed for at systems level:

Until we get that across the board coverage we're not going to see the impact at a higher level, so those families will still keep coming into Social Care and Clusters because they're not getting in at the route of the problem early enough with the right intervention, so until we've got it as an offer to all the children of Leeds are we really going to see an impact. *RES Stakeholder Focus Group Participant.*

RES managers also described that responding to referrals from academies was problematic given that the RES team is a 'cluster owned' resource, and these schools had opted out of the local cluster. However, this consideration was over-ridden by the responsibility to provide support to all children whose welfare required it. Agreement was reached to work with academies on the provision that an early help offer was already in place prior to referral for additional support to the RES.

RES managers indicated that the process of managing referrals was an important one given that the RES teams only have capacity to work intensively with a small number of families. The RES managers' group underlined the importance of all cluster services taking responsibility in responding to the needs of families effectively:

RES isn't for everybody... all services need to look at how they create environments for change... so we have a major shift to do with everybody, but RES isn't going to hold every case that isn't appropriate. Even if we had double the team, we could do double the work, because there are lots of families out there that you'd have to turn away ...we still wouldn't meet every need. *RES Managers Focus Group Participant.*

Leading by example or ‘modelling’ restorative practice

One of the ways in which RES teams were found to support the creation of these ‘new environments for change’ was by helping other cluster services to develop confidence and skills in working restoratively with families. The evidence from focus groups was that joint visits provided opportunities for RES workers to lead by example, and to demonstrate or model the formulation and how to work restoratively with families. Stakeholders described increased confidence and application of formulation amongst their staff as a result.

I think people now talk more about presenting issues, and I think sometimes, if someone in my team might be a bit stuck on a case they will go and speak to a RES worker and speak to them about coming and doing a formulation, if they're having a Child in Need meeting or a core group meeting they'll say, "Would you be able to come and do that?", so I think that's been really positive.

RES stakeholder focus group participant.

The RES staffing and skills

Focus groups with RES managers and practitioners provided evidence of the skills and experience brought to the RES teams by combining qualified social workers and family support workers into one team. The relational work with families characteristic of RES required a different skill set to the case management and co-ordination work involved in area team social work. RES managers indicated that the retention of social workers had proved challenging. Some found the new way of working difficult when incorporating formulation into Child and Family assessments or because it involved a different approach in engaging families through formulation.

However, RES social workers described in focus groups and interviews how the opportunity to join the RES presented a means of reducing bureaucracy; of being more reflective and more challenged in their own practice; having the time to work more directly with families and the ability to work more creatively and collaboratively with families earlier in the process. This social worker described how her practice had benefited as follows:

Obviously we're a mixed team of social workers and family support workers. And that's absolutely brilliant because family support workers are so skilled with a lot of the parenting strategies. I guess, as a social worker, although you know them, you've not necessarily implemented them as far as support workers have. So that's a bit of a

skill you have to re-learn really. *RES Family Worker 2 T1*
Interview

The interview and focus group data suggest that family support workers largely felt the move to RES had underpinned and supported their practice. The reasons given were that their identification of family needs had improved through the structured approach of formulation. It also helped them to plan the next steps more effectively, linking the outcomes of intervention to the presenting issues. Lastly, they described heightened skills and confidence in supporting families where there were safeguarding issues. This had occurred through opportunities to work alongside the social workers in the team when they were undertaking section 47 enquiries to determine whether a child was suffering or likely to suffer significant harm. If concerns arose where a family support worker was already engaged with a family, the fact that there were qualified social workers in the team meant the RES team could carry on working with the family rather than transferring them to the social work area team. This is important because it supports a key principle of the Leeds Practice Model of *one lead worker, one plan*. Supported by a social worker, the family support worker could remain in the key worker role, providing more consistency for the family, reducing their anxiety and supporting their continued engagement with services.

Because I've had two that have gone to Child Protection that were my cases. So the social worker has got involved, but I was still working it throughout, so the family felt quite safe, and secure as it goes through the process... they had that continuous face of me, I didn't go and then the social worker come, which is probably what would have happened before. *RES worker focus group participant*

Participants agreed that combining different skill sets within the RES teams had resulted in a sharing of expertise and increased practice learning and development opportunities, as well as providing more consistent support for families.

In focus groups, RES managers described how they successfully kept caseloads within the RES teams low. For social workers this meant working with up to four families at any one time which gave them capacity to respond to child protection issues without compromising their direct work with families. Family support workers described how working with eight families at one time enabled them to establish good relationships and work intensively with them over a period of up to 6 months.

Between September 2018 and August 2019 the RES team gathered evaluation feedback on families' perceptions and experience of engagement with the service. Satisfaction was high: 95% of families reported that their worker treated them with respect and 90%

said they would recommend working with the team to others. Rated on a scale of 1-10, when asked (1) 'how well did the service do?' the (mean) average score was 8.3; (2) 'how well did the worker communicate with you?' the average score was 9.3 and (3) 'how well do you think you understood the restorative process?' the average score was 8.9.

3.5 The Rethink Programme

This strand of the evaluation focussed on the extension of the Rethink approach (as a core component of the Leeds Practice Model).

The aim of the Rethink programme was to more widely embed restorative practice through the Rethink approach into services working with children and families including children's social work, health, early help and targeted support services. The Rethink team comprised six experienced 'rethinkers', supported by a network of Rethink champions drawn from cluster services to promote restorative practice amongst their services. They delivered daily forums across the city providing case discussion, group consultation and facilitating formulations.

The number and variety of consultation and coaching activities that the Rethink team provided grew organically over the course of the programme. The evaluation focussed on Rethink Next Step forums, Practice and Progress sessions and Rethink Space meetings with families. The full list of activities and their descriptions are listed at appendix 4.

The following section presents the findings from survey and interview data from participants in the forums before exploring the key themes to emerge through evaluator observations of forums, interviews and focus groups with Rethink teams, champions and cluster stakeholders.

Rethink and Next Steps Forums

Rethink and Next Steps were originally distinct forums (the first for formulating, the latter for case planning). However, the Rethink team have recently combined the two so that practitioners learn how to formulate and then move on to plan the next steps.

In total, 302 forums were held between April 2018 and Dec 2019, attended by 2473 participants of which 92% completed a feedback questionnaire.

Improved multi-agency working

Representation of multiple agencies at the forums was an indicator of reach with survey data showing that social workers represented 40% of attendees, and 30% were from

cluster services (including education and targeted services). Least well represented were health services (9%) and the VCS (8%) suggesting that these sectors might benefit from more active targeting.

The theory of change for the programme anticipated that a shared, more consistent approach to working with families between agencies would strengthen multi-agency working: 96% of Rethink-Next Steps forum participants reporting improved multi-agency networking and increased opportunities for case discussion with other professionals.

Examples were provided in interviews and stakeholder focus groups of how multi-agency working was developing through joint service family visits or meetings in schools where staff from different agencies (such as early help, family support, school staff and social workers) and parents would formulate together.

We work very closely with schools, I think the outcomes are better attendance, better relationships between families and schools, workers in schools, better relationships between family members, communication improving... *Rethink interviews participant 1 – social worker.*

These accounts echo the findings from the RES programme which suggest that multi-agency working was strengthened by the RES team leading by example and modelling the restorative approach. One of the key vehicles for this was perceived to be the development of a shared language of restorative practice across partner agencies and this builds on the findings of the Round 1 evaluation. As an example, one locality manager described:

I think one of the things we've observed about the Rethink approach is that part of it is about developing the same language between services, and all getting on the same page and learning to describe problems and challenges in similar ways. *Rethink forum interview participant 5 – locality manager*

Follow up interviews with a sub-sample of those who attended Rethink and Next Steps forums offered specific examples of how formulation was being applied creatively in different settings. For example, the model was reportedly adapted for use in a residential neighbourhood consultation. Formulation was increasingly used to assess referrals by the Duty and Advice Team. Also, a health professional testified to its applicability in different settings that did not involve direct work with families:

I know I'm not typical because I'm not working with families, but it just shows that it can be used by organisations in different ways.

Rethink interviews – participant 6 – safeguarding nurse.

There was some evidence from the Rethink survey data that as the use of formulation increased amongst partner agencies, in some instances it was being practised without all the appropriate mechanisms in place to support it, such as group supervision. This underlined the importance of Rethink formulation being clearly located as only one component of the Leeds Practice Model, and underpinned by the Leeds Practice Principles and supported through outcomes focussed supervision (see appendix 2).

The use of formulation in isolation from the Leeds Practice Model increased the tendency for it to be viewed as an assessment tool rather than a way of thinking about casework. In the forum participant survey and follow up interviews, participants identified 'time' as a barrier to using formulation, suggesting that for some practitioners it was viewed as an additional activity that had to be incorporated into their activities. This was reinforced by evidence from the stakeholder focus group which cautioned against formulation becoming too process driven and fuelling defensive rather than restorative practice:

So I think sometimes it's used, it's being used as a process as opposed to... So a bit of a tick box I suppose, which is what we're supposed to be moving away from using in formulation. But a tick box to go through that loop to get to the next stage, which then creates a defensiveness and maybe the resistance from some people to use it more. *Rethink Champions Focus Group Participant.*

Increased understanding and confidence in using the Rethink formulation

Over 90% of participants reported that attending the forums had improved their understanding of the Rethink formulation with 67% reporting that it had done so 'very much'. Participants reported increased confidence in using formulation either by 'quite a bit' (35%) or 'very much' (52%). When asked about their key learning from the forums, 43% identified case planning and 35% improved understanding of the Rethink model.

Over 90% respondents said forums provided them the opportunity to 'rethink' their work with families with over 94% saying they had broadened their perspectives on casework as a consequence. During interviews and focus groups, professionals also highlighted that the rethink forums had served to change practitioners' way of thinking. For example, one participant reflected that:

I think my experience of forums has been that since when they first started compared to now, the language that I hear from participants has changed... you very rarely hear someone saying now the family aren't engaging, the people almost catch themselves saying that and say, "Sorry we've not managed to effectively engage the family." So that's almost a conscious shifting people about how they're practising in terms of working more restoratively, but also taking more accountability as well. *Rethink Team Focus Group Participant*

Although formulating was described as a way of thinking about and analysing an issue, meetings were also described as 'formulations'. This could result in some confusion and a tendency to view 'formulation' as a fixed, one-off event. However, a key message communicated by the Rethink team was that formulation was an iterative, evolving process through which the analysis changed as new information came to light or as a situation changed, so that:

It's not a box to be ticked, it's a way of thinking. And you can sit on your own and do it... it's a way of structuring your thoughts, your conversations, your supervision... *Rethink Team Focus Group Participant*

This was reinforced by a stakeholder focus group participant who described how

It changes the way you actually think and process information. *Rethink Stakeholder Focus Group Participant*

Participants in interviews and focus groups described how formulation was used to systematically unpack and structure a situation or an issue so that the context was thoroughly understood (see appendix 2). They used formulation in a variety of ways: in determining what help a family might need (at referral stage); in direct work with a family; in group supervision where families are discussed with peer support; within a team to discuss work issues or problems arising; and between teams or multi-agency services to explore blocks in communication, for example.

Restorative tools to support practice

Participants in focus groups described how different restorative techniques were used throughout the process of formulation. These included 'check ins' and 'check outs' at the beginning and ending of meetings. These were felt to be effective as 'levellers' which helped individuals to relate to one another. Informants described how sitting people in

restorative 'circles' encouraged individuals to contribute to discussions on an equal footing, providing space and opportunity for each to have their say. The 'Four Ways of Being' diagram (see appendix 3), was used in formulation to encourage practitioners to reflect on how their behaviour and approach influences families' response to and engagement with services and to promote collaboration. This practitioner described how this had impacted their practice as follows:

I think it brought home the message that although we have a preconceived idea of where we think the problem is, in fact what we need to do is ask the family what we think the problem is, so the family is at the heart of what they want and I think that hasn't been a shift in thinking, but it's helped me to make sure that it's not my agenda

Rethink / Next Steps Interview Participant 3.

Practitioners described how the systematic unpacking of the different factors using the 6 P's (see appendix 3) in formulation helped to prevent 'leaping' to a 'solution' or to intervention, before the steps required to achieve change were clearly understood and agreed. The identification of 'perpetuating factors' could be particularly powerful in understanding the factors that might undermine progress, particularly when these might be attributable to services. One forum participant explained how this analysis improved accountability for outcomes in this respect too:

Sometimes [as] agencies, we can be the perpetuating factor, so what we're doing is not necessarily, if the family are stuck and they've had lots of services for lots of years, and sometimes we're all banging on saying the same things... but things aren't changing, then maybe what we're doing isn't right, and the onus is perhaps on us as supportive services to step back a little bit and think, "What needs to shift from our point of view in order that the family can then make the changes that they want to make?"

Rethink/Next Steps interview participant 7

Once a formulation is complete there are additional tools to support practitioners in testing the hypothesis and move through to case planning. The '4 P's of Prioritisation' (see appendix 3) is a tool for planning next steps in achieving sustainable change with families. This encourages practitioners to prioritise: the *Prerequisites* or factors that must change first; the *Powerful* or strong drivers of an issue; the *Proximal* or factors that are most closely connected to the issue; and the *Participant's goals* or the change that the family wants to achieve. When interviewed about her experience of the Rethink forum, this participant described why she found the 4 Ps helpful:

I think what was really good learning is thinking about if there are any prerequisites, if there's something that needs to be addressed before you address any of the other issues or any of the other perpetuating issues...[and] to try not to go for the very obvious ones, the very obvious perpetuating factors, actually go for ones where you can make changes with the family. *Interview participant 1, social worker*

Rethink forum participants also described the 'walk back' process. This is a tool to check and confirm that plans for next steps are in line with desired outcomes so that there is a clear rationale for the intervention. This Independent Reviewing Officer found the technique particularly helpful in reviewing care plans and evaluating progress:

...it was positive in terms of the next steps that really supported the care planning function, and my job is to review the care plans, so when the next steps can be walked back and make sense from a care planning perspective, when there's been something that's been stuck or not able to be progressed, I can really see that that's made a positive difference for the young person. *Interview participant 12, Independent Reviewing Officer*

Practice and Progress

Practice and Progress sessions offer direct support with families where it is felt that a collaborative discussion would be helpful to identify the way forward. Between August 2018 and October 2019, the Rethink team facilitated 58 of these sessions. Focus groups with the Rethink team revealed that they have adopted a number of strategies designed to address differing understandings or perceptions (described as non-alignment) between services and families or between different agencies. A measure of alignment is taken for all the participants (where the scale of the issue or risk is given a score) at the beginning and repeated at the end to ascertain if closer alignment of views has been achieved. Observations of the Practice and Progress forums showed how formulations can present a level of challenge to both services and individual practitioners in thinking about their practice.

Next steps were reached collaboratively and also promoted multi-agency working. For instance, one of the agreed steps in Case 1 was for FGC and the social worker to plan a joint visit as mum was not engaging with FGC. This would give FGC the opportunity to unpick barriers to mum's engagement.

Workers had to explore where they are on the 4 ways of being and make sure they are not perpetuating the presenting issue by always doing things for mum. They needed to change the way they work with mum and find ways of challenging mum without demotivating her.

Research observation note. Practice and Progress 1

Rethink team members described how, in their experience, there was an inherent challenge within the formulation model because it requires practitioners and services to ask broad questions about how they engage with families and to what effect; to fundamentally 'rethink' their practice. Supporting the earlier findings, they also perceived that the visual nature of the analysis was helpful as it provided objectivity and distancing from the facilitator's views and this separated fact from opinion. For example, one Rethink Team member reflected:

I think sometimes the model is a way in and of itself, helps us to challenge. That model supports challenge in the sense that like [name] said before, once you see it, you kind of can't argue with that. So if we observe something or see how a direction that something's going in and we can see that that's perhaps not restorative or not the right approach, we've got something written up on the wall behind us that can help us apply that challenge. And that in itself can make it feel less personal, because you're asking them to consider it through that, not through you. *Rethink Team Focus Gro.up Participant*

However this focus group participant described some of the anxieties that could arise for practitioners from an implied expectation that all issues were ultimately resolvable using formulation. For them it was important that there was recourse to alternative approaches where resolution and alignment between families and services was not possible:

I personally have had three cases recently where you want to say, "This needs to go to a child protection conference." Formulating it again won't come up with any other outcome to what we've already ended up with. So I think sometimes there's a tension there between do we formulate and look at what we can do to make changes together without going on a plan? But actually there are times where I think there needs to be an acknowledgment that some families just need to be supported by a Child Protection Plan. *Rethink stakeholders' focus group participant*

Rethink Space

The Rethink formulation was intended as an important vehicle for ensuring that families' views and perspectives were heard and that services were working collaboratively with them. Rethink Space is a discussion between a family and the multi-agency services involved with them, facilitated by the Rethink Team. This might take place when there were obstacles to progress or there was misalignment between services, or the family and services. The aim was for everyone to have their voice heard and feel listened to, through a restorative discussion.

Between August 2018 and October 2019, the Rethink team facilitated 75 Rethink Space sessions. A key guiding principle of restorative practice is Fair Process (Costello et al., 2009) ensuring 'engagement', 'explanation' and 'expectation clarity' (see appendix 3) and the Rethink team actively used this as a check for ensuring that participants are treated with respect throughout the process. This was described as particularly important by Rethink team members as facilitators, given these meetings were potentially dealing with difficult, complex and/or persistent issues, including child protection concerns and the management of risk. In the following example, a Rethink team member reflects on a meeting where the parent left during a difficult discussion but, with support, had successfully returned to the meeting:

I think some of that does start with the expectation clarity though, that if we do get the engagement bit right at the beginning... And then their experience of us in the Rethink space is that we are listening and validating what they're saying, with an added expectation that it's going to be difficult. When it does then get difficult, I think we've established enough of a relationship for them to feel able to come back knowing they are going to continue to be listened to. They are going to continue to feel challenged, but in a supportive way.

Rethink Team Focus Group Participant

Observations undertaken by the evaluators noted good facilitation skills and the ability to build rapport quickly between all participants. Restorative conversations were achieved in the midst of difficult dynamics, particularly where a breakdown between the family and services had occurred. The facilitators made practitioners aware from the outset of some element of challenge of their practice and that the outcomes of formulation might bring a very different understanding of how services should be responding to a family's circumstance. Paving the way for having a restorative conversation through formulation was therefore observed to create a level playing field where families and practitioners alike could be heard. The following case study drawn from an observation by the evaluator provides an illustration of this.

Rethink Space - Case study

In this example, a young mother felt that she was in a catch 22 – she was anxious for her child to cease to be the subject of a child protection plan and frustrated that whatever she did services did not seem to be moving towards this. She felt powerless and punished by services not recognising the progress she had made. She worried that if she reported any difficult issues at home, services would draw even more negative conclusions about her ability to cope and protect the child. As a consequence she stopped talking about incidents at home and this meant that the social worker felt unable to trust that she was getting a full and true picture of the situation.

The check-in was used to 'develop expectation clarity' and this was supported by the overall tone of the meeting set by the facilitators, that Mum's view and feelings were central to understanding the situation. The professionals were not deferred to, with equal weight given to Mum's views and support / advocacy provided in order to achieve that where necessary. Overall the tone was well balanced throughout – lots of positivity, encouragement but good use of mediation and challenge where necessary....the facilitators systematically elicited all the different views and perspectives. – *Rethink Space 1, Observation Note.*

As the mother talked, the facilitators acknowledged her experience through active listening. They recognised her skills at analysing and articulating the issues she experienced at home with relationships, the children's behaviour and communication. In particular they acknowledged the way in which she was able to reflect on and evaluate the home situation and her own parenting behaviours. This positive approach to the mother's progress set a good tone and helped to elicit more acknowledgement from the other services involved who were able to provide an alternative and more positive picture of progress from their perspectives. As a result, the mother stopped feeling 'punished' and instead suggested how she might make contact with services to communicate when things had gone well instead (as well as not so well) so that the social worker would get a more balanced view of what life was like at home.

The social worker admitted that her view may have been overly negative and agreed this would give her a fuller and more accurate picture of family life, enabling her to differentiate between historical or predicting and presenting factors more effectively. As a result of the formulation the participants were able to move forward to planning and setting some goals around how they might progress.

3.6 Assessing the quality of restorative practice using formulation

The following section provides analysis of the quality of restorative social care practice as enacted by RES workers with the ten families who participated in the evaluation. The section concludes with consideration of the practice of group supervision as its other key component.

In order to assess whether there was a qualitative difference in the way that RES workers were engaging and supporting families in comparison with other social work teams, observations and audio recordings of practice with 10 families and 1 young person were made. These were undertaken at the beginning of the intervention to capture the first formulation. This was important to the theory of change because research identifies a statistically significant link between the quality of practice and fewer children entering care (Forrester et al., 2019).

The recordings were coded by trained and reliable coders¹⁰ at the University of Bedfordshire, using a Social Works Skills Coding Framework that examines 5 key communication skills (see Five Key Social Work Skills below) (Whittaker et al., 2016). The audio recordings were coded using a 5 point scale where '1' denotes a low level of skill and '5' very high. To date, over 750 recordings have been coded across a number of local authorities using the framework, including previous Round 1 of the Innovations Programme, and this provides a baseline against which to assess the quality of practice. Findings from these studies suggest that social work practice is generally graded in the low to middle range with scores averaging around 2.5 (Forrester et al., 2017; Wilkins et al., 2018).

The Five Key Social Work Skills

Collaboration: Draws on the service user's own ideas and perspectives: flexibility, incorporating their views and ideas, division of space, and power dynamic.

Empathy: Understanding the service user's perspectives and feelings and demonstrate that understanding: demonstrating understanding, curiosity about perspective, feelings and behaviour and acceptance.

¹⁰ The recordings were rated by trained and reliable coders using a Social Works Skills Coding Framework assessing 5 key communication skills (Whittaker et al., 2016)

Purposefulness: Ability to maintain a clear focus, whilst also responding flexibly to the family's agenda. Structure and flexibility.

Clarity of issues: Clarity of current issues: explanation of issues, prioritisation of issues and disclosures.

Child focus: Extent to which the worker adapts a session to fit the child, holistic picture, relationships, direct work tools, and playfulness (Whittaker et al., 2016)

Quality of restorative practice with families

The ratings for the RES practitioners showed that practice was skilful across all domains with average scores of 3 and above (see figs. 5 and 6 below). These results were supported by evidence gathered through interviews with the ten families and their workers (separately) at two time points. The first interview was undertaken at the same time as the first formulation (and practice recording) as the worker was beginning to develop a relationship with the family. The second was at close of intervention or six months later, whichever came sooner. The combined findings are presented below.

Figure 1: Coding of practice using Social Work Skills Coding Framework

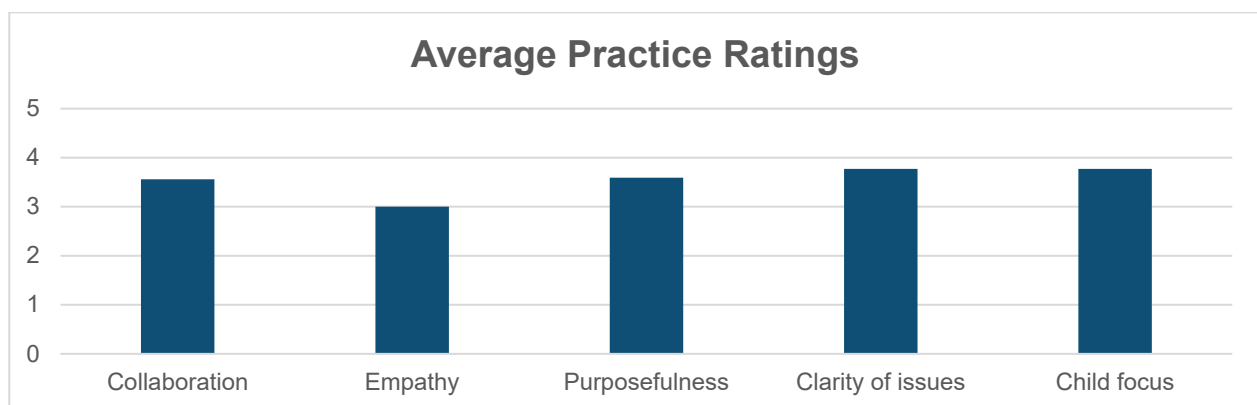
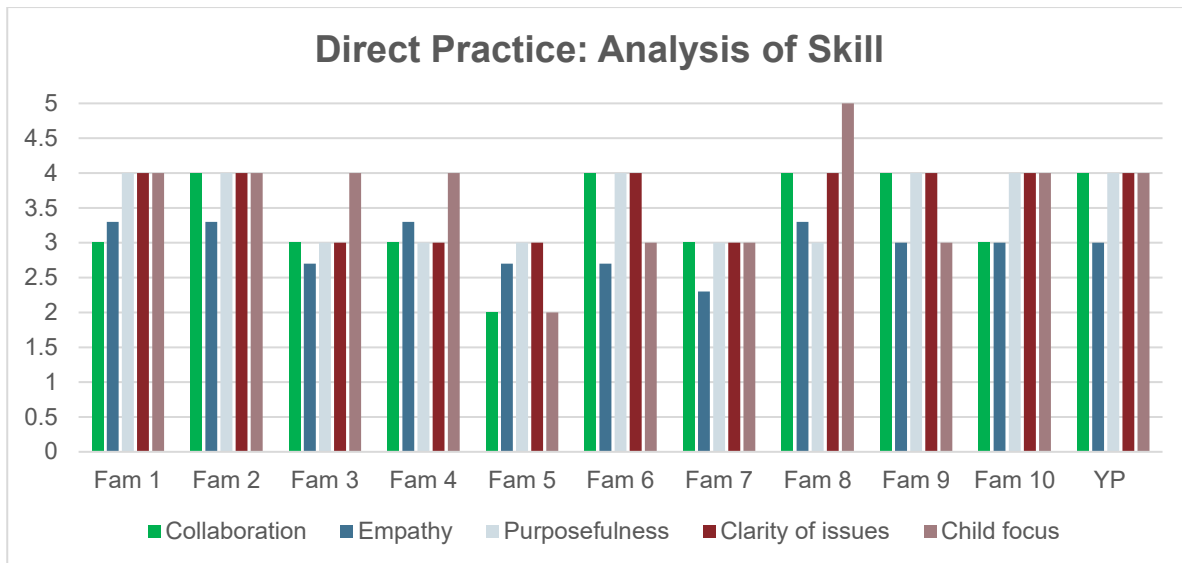


Figure 2: Individual Scores for Observation of Practice



Collaboration: Restorative practice aims to engage individuals as active participants in planning and underlines the importance of moving towards a position doing ‘with’ rather than ‘for’ or ‘to’ families thus achieving greater *collaboration* between families and services towards common goals.

Scores ranged between 2 and 4 with an average rating of 3.6 (where ‘1’ denotes a low level of skill and ‘5’ very high and social work practice generally averages around 2.5). One of the key restorative tools used in formulation is the ‘Four Ways of Being’ (see appendix 3) which is intended to support the practitioner to focus their practice on working ‘with’ families rather than doing ‘to’ or ‘for’.

Evidence from the practice observations and interviews with families suggests that RES workers adopted strategies that enabled parents to contribute to and influence conversations and interventions, and recognised parents’ knowledge and expertise. For example, one professional said:

I guess what I am trying to get at is it’s about perhaps what is behind stealing and behind her hiding that from you. I don’t know I am just trying to throw things out there and wanting to hear from you because you are the expert.

Family Observation 2

This family described how they had felt able to explore options and alternative strategies whilst remaining in control:

I don't feel pressured in to anything, if I'm not happy with something I'd tell [worker's name] and say, "No, I'm not happy with that" and then she'd find something else instead, something different to help us in, you know, which is great really. *Family Interview 10*

In the one case where the collaboration score were low, the converse was true and the worker ignored or dismissed concerns about school raised by the parents.

Evidence from focus groups with RES managers illustrated how focussing on strengths can provide 'light bulb' moments for families who may, for the first time feel acknowledged for the things they do well. Whereas a sense of being 'punished' might elicit passive, defeatist responses, the experience of being heard was more likely to result in increased engagement and active participation:

I think the biggest achievement is truly giving the families their plans, we talk about it, everybody talks about it, them being involved, giving them power, control, and that subsequently is enabling them to sustain changes long-term. *RES Managers Focus Group Participant.*

Empathy: Empathy is recognised as compassion towards the other person, or as the ability to cognitively perceive another person's perspective resulting in a shared emotional response. With an average rating of 3, scores for the communication of empathy ranged between 2.3 and 3.3 and this was rated the lowest of the key skills. Interviews with families suggested that, in general, they experienced their workers as non-judgemental and perceived that they developed a good understanding of their situation. In the following example the evaluator observed how the practitioner explored the parent's experience and demonstrated empathy through acceptance and understanding:

... It's hard for you, I can see that. I can completely understand.
Don't think that you failed, it's not about that in the slightest.
Family Observation 1

One practitioner describe how the restorative approach meant that:

... We would always have that same approach ... trying not to put families on the back foot so they feel as though they're having to justify themselves. If there are things that have gone wrong, there are mistakes, we're not there to have a go at them and say, 'You're a bad parent', and point fingers. We're there to say, 'OK, it happens, what

can we do to change that, how can we support you to make these changes?
RES Worker 1

The family that this practitioner was supporting confirmed this by describing how that their experience was that they did not feel they were being judged by the worker:

I'd say, you know, they're not there to judge you. They don't judge you. They listen to you. If they point something out to you they're not doing it to tell you that you're doing things wrong, they're just trying to help you see things from a different perspective...they can see things differently to what you're seeing it when you're just in that moment in your little crisis time. It helped us. *Family Interview 4*

Purposefulness: The 'next steps' element of formulation is highly focussed on forward planning and also checking back to ensure that the next steps directly address the priority perpetuating factors and presenting issues in a family's or young person's situation. This was strongly evidenced in the sample with an average rating of 3.5 with a range between 3 and 4.

All recorded sessions had a sense of purpose which was communicated to the parent at the beginning of the session. The main reason for the visit was to complete the formulation as part of assessment. This worked well to engage parents in all the direct practice observations. This parent described how they liked the structure that formulation provided:

It's so much better having the structure, because [the RES worker] outlines what we're going to be doing, next time they come around we have a plan, they tell me, "Next time we're going to deal with this", and that's great because we know what to expect next time. Previous to all these plans and formulations it was just a bit sporadic...and you'd just be going over the same stuff and not seeing anything...it gives you the opportunity to reflect on it as well. *Family Interview 9*

Clarity of issues: The focus on clarifying issues and disaggregating perpetuating from presenting or predicting issues through formulation predicted high scores on this measure and this was confirmed with an average of 3.7 and with individual scores ranging between 3 and 4.

RES workers scored highly on clarity of concerns and they took time to understand what was going on with the family, making use of the formulation to obtain specific and factual information. One of the RES workers reflected that:

It's a good assessment tool...It makes things clear. So, instead of you doing a full assessment where you're just writing things, this is very specific. I think it all flows really because your goals come from your perpetuating factors and then it all links nicely. So, yeah, it does work but it's all about understanding and all about listening and all about working with quite deep emotional stuff. *RES Worker 4*

The use of the 6 P's in particular, combined with an empathic approach (as above), was seen to support clarity and to help elucidate problems in an objective, non-judgemental way which was helpful for families. Families and practitioners described how the visual nature of formulation supported this and helped to maintain structure and focus to the session:

I liked the way they wrote things up so that you could see, so it was all on the wall, so you could always constantly keep referring back to it, and so it was quite clear...and if we went off on a tangent or something, or were discussing a different point, they'd point out what section that was actually in... "That goes in this box, so we can put it in that box for now, and we can come back to discussing that."
Rethink/Next Steps Interview Participant 11

Child focus: Whilst all but one of the recordings was undertaken with parents rather than a child, hearing the child's voice is a key tenet of restorative practice and formulations were routinely carried out with children and young people as well as with parents, often with the aim of working towards alignment. Individual scores on this measure ranged between 2 and 5 with an average of 3.8.

RES workers recognised the importance of hearing the child's voice as central to the picture of family life developed through formulating:

OK, I think the key priorities moving forward are to get the [young person's] point of view, that is one of the first things that we're going to do, get the way that [she] sees it, what she thinks, how she feels and what she wants. *RES Worker 1*

In the one case where the score for child focus was below average, the session focused on the exploration of the parent's needs and emotions in relation to the behaviour of the child rather than focusing on the parent's perspective of the child and the child's needs.

Outcome focussed supervision

A core component of the Leeds Practice Model (appendix 2) is ensuring that intervention is focussed on achieving good outcomes for families. Using formulation in group supervision to discuss specific cases with the team was intended as a vehicle for this.

This was a developing practice with not all services in clusters adopting group supervision but managers in the Stakeholder and RES managers' focus groups described its benefits, not only in quality assuring intervention plans but also in supporting practitioners in developing their restorative practice:

Group supervision is essentially to quality assure the plans that we've got for children, is its main role, but it's also a place that's safe for learning, so it's developed over time, and it's continuing to develop as we're becoming more confident, I suppose, as managers facilitating it, and workers are growing with it. *RES Managers Focus Group Participant*

Where group supervision was practised, formulations were routinely undertaken with the group and this acted as a quality assurance mechanism. Whilst practitioners from a background in therapeutic practice were familiar with group supervision, the evidence from focus group discussion was that the practice was less familiar for some social workers and other professionals. Managers cautioned that they had needed to do the groundwork before introducing it by carefully preparing the team and allaying anxieties about opening up their practice to challenge in this way. This was important if it was not to become merely a mechanism for peer scrutiny, thereby increasing rather than dispelling defensive practice. One of the Rethink champions elucidated these anxieties:

I think from my experience one of the...teething problems, of things people struggle with, (was) initially coming to group supervision, It did push people outside of their comfort zone; it was quite challenging. And I think as well what was useful is quite pragmatic in the sense of actually coming away from it and the purpose is to come away with some very clear aims/targets and roles for you with that case. *Rethink Champions Focus Group Participant*

RES managers described how the establishment of the new teams had provided an opportunity to introduce group supervision from the outset as a new and innovative approach. They reported it as instrumental in developing a team identity. Rethink stakeholders described some of the initial challenges of introducing the practice into well-established teams:

At first workers were really worried about group supervision, some of them found it a little bit exposing at first, that you were sat there and somebody said the thing you wished you would have thought of on your case... but what we've found is, all those fears have been completely unfounded. Workers really value that space now.

Rethink Stakeholders Focus Group Participant

This perspective was echoed in the RES workers focus group and there was consensus that they felt more supported in decision making and because individuals were not expected to 'hold' difficult situations on their own. This RES practitioner illustrated how she felt she benefited from her peers' perspectives on her practice:

I love my group supervisions actually because we all just give feedback to each other, and help each other and think, "Oh we've thought about this, we've thought about that." ...so we're bringing all our different expertise and skills and strengths to help each other.

RES Project Worker Focus Group Participant

The use of formulation in the context of group supervision in particular was perceived by managers and staff alike to have been transformative as a vehicle for reducing defensiveness in individual practice and providing a forum for sharing successes and failures. This is consistent with the wider literature on restorative practice which suggests that the individual learns to be restorative by reflecting and being restorative (Costello et al., 2009)

Consent was actively sought from families to share their information with the Rethink team through group supervision. Despite initial practitioner anxieties that families would not agree, focus groups with professionals reported little resistance from families. On the contrary, participants indicated that the approach may have increased trust and strengthened engagement with the service.

...they (the workers) were really worried that families would be really upset that we were discussing them...And families love it, they love the fact that we care enough that we take this time out to make sure we've got their plan right and understood.

Rethink Stakeholders Focus Group Participant

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

Evidence from the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds (Sebba et al., 2017). Findings from the Leeds evaluation can be summarised by the 7 + 7 framework as follows:

Strengths-based practice frameworks – Restorative approaches are intrinsically strengths-based, encouraging individual accountability, increased ownership and internalisation of a commitment to change. The identification of protective factors is integrated into the Rethink formulation and families and workers described how the process encourages the identification of strengths, built on thorough next steps planning. The introduction of a co-created approach to identifying, actioning and reviewing the goals of intervention with families, combined with outcome focussed supervision for workers provided evidence that Leeds have moved from theory to practice and achieved outcomes with families as a result.

Systemic theoretical models - Restorative approaches are rooted in the systemic view that individual behaviour occurs within the context of societal systems rather than occurring in a vacuum (Alphen, 2014). Evidence was provided of tools being used to support restorative practice which reinforced non-judgemental approaches with families, increased collaboration and promoted individual accountability.

Multi-disciplinary skill sets – the single Rethink formulation was intended to provide a unified approach to work with families and to increase the skills and confidence of partner agencies (in early help, schools and targeted services) in identifying unmet needs and circumstances and providing early support to children and families. Formulation was successfully being embedded through a multi-agency locality based service landscape through the Rethink programme. This was supported by active modelling of practice by the RES teams.

Group supervision - Outcome focussed supervision is one component of the Leeds Practice Model, within which a key vehicle is group supervision. Practitioners found this both challenging and highly supportive and it proved an important mechanism for personal and professional development.

Family focus – Formulation is designed to be undertaken in collaboration with families and the 'Four Ways of Being' framing at the heart of the practice was intended to ensure that focus is maintained on increasing family efficacy and control. The formulation systematically explored the whole family context so that historical or perpetuating,

predicting and presenting issues were clearly differentiated and a focus on strengths and protective factors is maintained. In RES practice, family goals represent the key focus of support and progress was reviewed weekly.

High intensity and consistency of practitioner - the reconfiguration of social work and family support resources into combined teams within the RES has been helpful in undertaking relational work with families. The mix of skills and qualification means that family support workers can continue in the lead role with families even when issues around risk arise, supported by a qualified social worker and through group supervision. This meant more consistency of support for families.

Skilled direct work – the quality of restorative practice with families undertaken by the RES was evaluated through direct observations and recordings of practice and supported by testimony from ten families. The recordings showed practice as skilful across all domains including collaboration, empathy, purposefulness, clarity and child focus.

Reducing risk for children – overall figures in RES cluster areas show a slight increase in children with a CP plan (see table 1) however these are against a backdrop of overall decreasing CP rates in comparison with national figures. The rate per ten thousand (RPTT) of population open to a child protection plan in England is 55.8 and for Leeds is 31.8 (2018-19) compared to 40.5 in the previous year¹¹.

Increasing wellbeing for children, young people and families – The family goals data provides evidence of increased wellbeing amongst children and families engaging with RES. These show that progress on 84% of goals, 30% of which focussed on improved safeguarding within the family.

Reducing days spent in state care – In Leeds the number of CYP becoming looked after, per 10,000 children in 2019 was 24.6, showing a 0.2 increase on 2016 (N=24.4) but a steady decrease since, with 2017 figures at 26.5 and 2018 figures at 27.0, most latterly showing a decrease of 2.4. In the highest need areas there was a monthly decrease of 3 in the number of CLA after the introduction of RES. This suggests that potentially up to 36 fewer children per year from these clusters (collectively) were spending time in state care.

¹¹ <https://www.gov.uk/government/collections/statistics-children-in-need>

Generating better value for money - the costs impact analysis showed that in high need areas where RES had been introduced there were reduced costs of £406,466.60 per month, attributed to costs avoidance from a reduction in the number of CLA.

5. Lessons and implications

This complex reform programme combined a new tier of intervention between early help and the statutory social work service, with an extensive programme of restorative practice development across the workforce.

A new approach to co-devising intervention goals with families showed how impact is being achieved at individual child and family level. Future data monitoring should determine if impact is sustained at that level and this could be achieved by systematically monitoring subsequent patterns of service use for families following family closure to RES, including the number of re-referrals or revolving door referrals for cluster services and those subsequently referred onward for statutory social work intervention.

Cluster stakeholders perceived that co-location arrangements were the most effective in increasing the visibility of the RES teams, leading to increased collaboration and improved multi-agency working between RES and other cluster services. Where co-location arrangements were not possible RES teams need to ensure accessible referral routes to the service and opportunities for informal case discussion for partner agencies.

Whilst stakeholders testified that restorative practice has now taken hold in early help and social work, more targeted development should focus on further embedding the Rethink formulation across the board. Rethink-Next Steps survey data suggest that more active targeting of health and the VCS for practice development is necessary to extend the reach of restorative practice into these sectors.

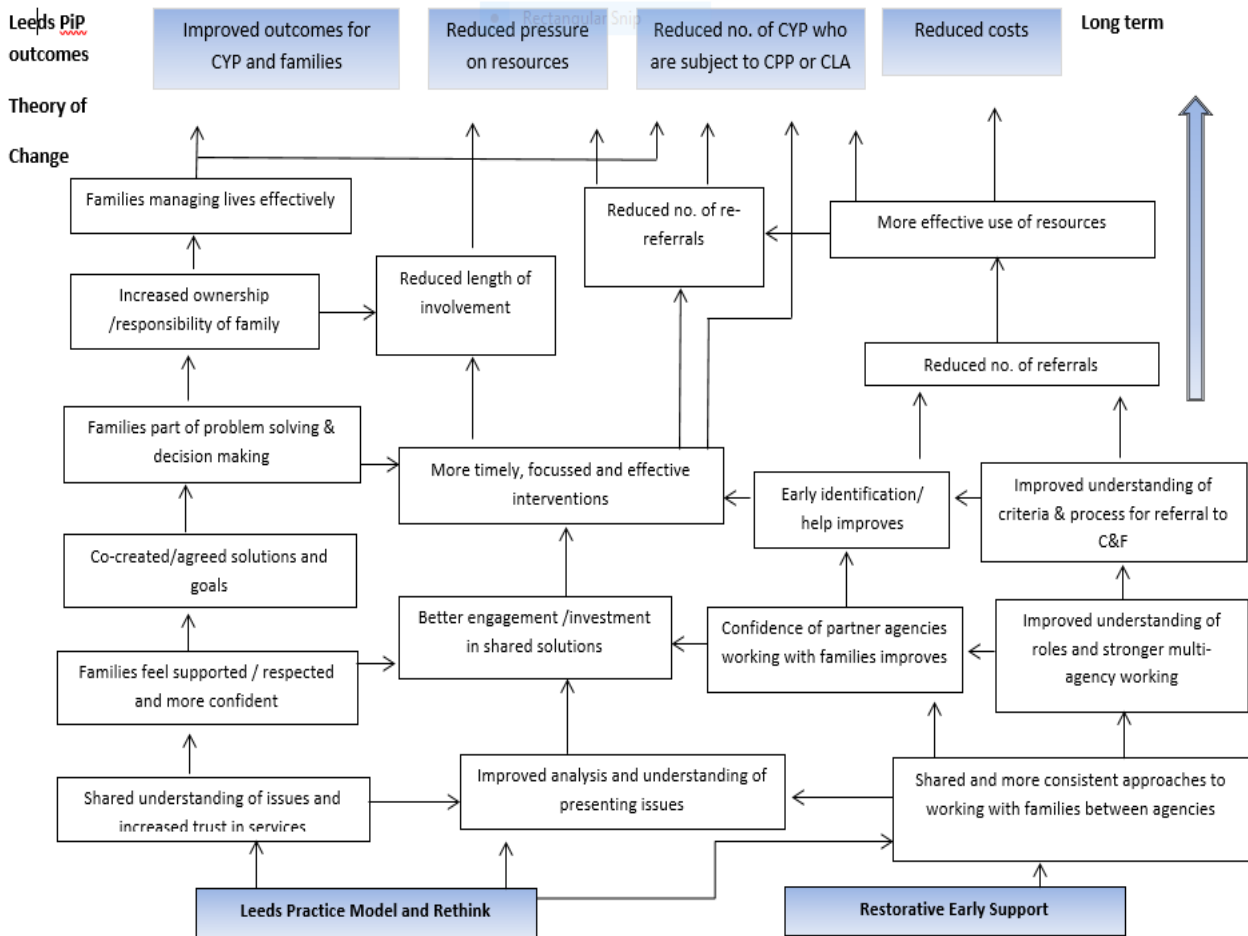
Stakeholders perceived that a lack of time could be a barrier to developing formulation practice. It is recommended that practice development in formulation be targeted towards all team managers in order for its use to be prioritised, consistent and sustained across services.

Feedback from practitioners attending Rethink forums and Rethink stakeholder focus groups suggests there are challenges incorporating Rethink formulation in a meaningful way into the child and family assessment. This is because this is a separate process which assesses needs and risk using a different approach. It is therefore recommended that targeted work takes place to develop and pilot a model for this, to understand where these challenges to adoption might lie, alongside the factors that might support success.

Group supervision is an important aspect of restorative practice and where it was practised, managers described its benefits in helping to quality assure intervention plans and to support practitioners in developing restorative practice. Further evaluation of group supervision would contribute to understanding how this might enhance practice and improve outcomes for children and families.

Appendix 1: Project theory of change

The theory of change was developed through two stakeholder workshops. One theory was developed for each activity strand and then combined into the one theory.



Appendix 2: The Leeds Practice Model and Rethink Formulation

What is Leeds Practice Model?

Leeds Practice Model builds on all aspects of practice and what we know to be useful when assessing, implementing and evaluating what we do. It is based on findings from a wide range of practices and does not necessarily represent anything new or unknown. Rather it is a bringing together of best practice that in itself naturally aligns to working restoratively with both families and colleagues. The Leeds Practice Model contains the three key elements of:

Rethink Formulation,

Leeds Practice Principles; and

Outcome Focused Supervision

The model places the family at the central point of convergence of these three elements (see below); each element is complementary and necessary to the other, and in turn they place emphasis on creating effective relationships, staying focused and using evidence based approaches.

These elements should always exist in the context of continuous development and a multi-agency approach. If all the elements are in place then we are creating conditions that are much more likely to provide meaningful and effective help, support and care whilst also fully utilising the family's strengths and skills in the creation, implementation and evaluation of plans. This will enable us to truly work with families in an explicit context of high support and high challenge. The Leeds Practice Model is applicable to providing any service for children, young people and their families, at any level of intervention.

What is Rethink Formulation and Outcome Focused Supervision?

Rethink Formulation or the 6Ps, is a way of unifying and developing practice across services in Leeds. The aim is to extend Rethink Formulation into as many of the various aspects of our work with children, young people and families as possible, centred within a series of regular and ongoing multi-agency Rethink Formulation forums and other complementary approaches.

Outcome Focused Supervision is where a supervisor holds a supervisee to account for plans put forward for any given family, and thoroughly explores and checks the rationale

and thinking behind each plan. The fundamental question is whether the plan is likely to achieve the desired goal or outcome; and if not, why not, considering how this affects the overall understanding of what is going on. This approach will involve scrutiny using Rethink Formulation and challenge around practice behaviours as described in the Leeds Practice Principles below.

What are the Leeds Practice Principles?

Always working WITH – creating a context of high support and high challenge with children, young people and families and each other;

Relationship based – assuming that engagement and best outcomes are achieved through trusting and respectful relationships with each other, taking responsibility for creating and maintaining effective relationships at all levels;

Enabling the utility of the family – putting the family at the heart of everything we do; recognising and enabling the networks and skills within the family; and wherever possible, families determine the direction of care and intervention;

Early in the life of a problem - engaging families in appropriate and effective support immediately when an issue is identified and maintaining a persistent offer to engage in support;

One family, one lead worker, one plan - wherever possible, working to reduce numbers of practitioners involved with a single family and defining one lead practitioner to coordinate a single comprehensive family plan. Where agencies are also involved with the adults in the family, a Think Family, Work Family approach should be adopted;

Systemic, formulation driven, and evidence based - all plans consider the whole system around a family, information is effectively analysed and plans are created using the best available evidence;

Transparent - children, young people and families are as fully informed as possible and are always involved in and understand decisions that concern themselves and their families;

Strength focussed - all interactions, interventions and plans are seeking, affirming and utilising existing knowledge, skills and abilities; and adopt an evidence-based approach to assessing needs and managing risk;

Recognising that engagement with education is a protective factor – seeking to maximise attendance, attainment and achievement;

Accountability, evaluation and sustainability - always working to continually understand a situation, improve plans and find ways to enable independence and reduce reliance on services.

What are Restorative Early Support Teams?

Restorative Early Support (RES) teams bring together social work and family support staff locally, with the aim of trying a more flexible, multi-disciplinary approach to working with families to help them solve their problems within their own communities.

RES teams are additional to and not instead of cluster and early help resources, responding to the various levels of complexity in the presenting needs of children, young people and families which may exceed the early help or cluster offer but would not require a child protection response from social work fieldwork teams.

The teams have been established in those clusters with the highest levels of social work and family support needs, e.g. high numbers of referrals to social work services. There are seven RES teams aligned to the following clusters: 2gether; Seacroft & Manston; Inner East; JESS; BCM; Bramley and Inner North West; and Armley & Farnley.

The RES teams are a key element of Leeds' government funded Innovation and Partners in Practice Programme however the model was first developed through local initiative and partnership working in the 2gether cluster.

What is the vision for the RES teams?

The RES teams have identified the following essential elements to their vision:

Enhancing the early help offer;

Bringing social work closer to schools;

Providing additional resources that build on existing relationships between schools, clusters and area social work;

Improving the 3A's:

- Attend (school or education setting regularly)
- Achieve (socially e.g. having good friends, a good relationship with at least one trusted adult, and participating in extra-curricular activities), and
- Attain (reach academic potential)

Helping to reduce re-referrals and repeated or unnecessary assessments;

Helping to divert families away from statutory interventions; and

Supporting the aim of safely reducing the numbers of children needing to become looked after.

How do the RES teams work?

The teams work to the Leeds Practice Model which builds on all aspects of practice and what we know to be useful when assessing, implementing and evaluating what we do. The Leeds Practice Model contains the three key elements of: Rethink Formulation Leeds Practice Principles; and Outcome Focused Supervision. Each RES team continues to benefit from support from the Rethink Team about all aspects of Leeds Practice Model.

The RES teams use Rethink Formulation with all the families they work with, agree goals with them which forms their plan and review progress on achieving the goals intensively (often weekly). Each formulation and the family plan is discussed in group supervision — an integral feature of how the RES teams work.

How referrals are made to the RES teams?

All referrals to the RES teams start with a conversation with the relevant RES Team Manager and there is no specific referral form. Support offered is either for early help or child in need work. The RES teams do not hold waiting lists— the work is focused on providing the right support at the right time for the family. Referrals come from:

- Schools who are connected to a local cluster and speak with their Targeted
- Services Leader/ Manager in the first instance who will contact the local RES team;
- Area social work Team Managers who can step cases down to RES and plans are in place for Duty and Advice to refer directly to RES teams from the Front Door;
- Early Help Hubs;
- Allocations panel (regular decision-making point to access early help and targeted support services);
- Parents and carers;
- Other agencies.

Rethink Formulation

What is Rethink Formulation?

When working with children, young people and families, formulation refers to the way we understand their needs and experiences and how we use that to inform our practice.

In Leeds, as part of our Innovations and Partner in Practice Programme we have established our own formulation model, 'Rethink Formulation', often referred to across the city as the 6Ps (you can find this on the next page). Rethink Formulation is one of three aspects of the Leeds Practice Model that embody our values and expectations of practice to enable us to provide consistently high quality help, support and care.

Why have we established Rethink Formulation?

We have found that when working with families, services get into a pattern of assessments and short-term interventions that end when there have been improvements. However, families often need help again. If we can understand better why previous interventions didn't sustain positive change, we can avoid trying similar interventions again, which can result in the risk of families disengaging if these don't work.

We want to try a new way of thinking, giving practitioners the time, space and tools to thoroughly and robustly work with families to analyse the information we already have about their circumstances, and to focus on addressing the presenting issues, rather than past ones.

Rethink Formulation provides a consistent and clear model for developing a shared understanding of a family and their presenting issues. This formulation can travel with the family into different services and should reduce the number of assessments they have by providing an effective way to analyse the information we already have about their strengths and needs. Rethinking what we know about a family, and what we then do with that knowledge, is key to working with that family in a restorative and sustainable way.

How are we using Rethink Formulation in Leeds?

The aim is to extend the Rethink Formulation model into as many varied aspects of work with children, young people and their families as possible, to create a unified practice model across Leeds. Practice will be centred within a series of regular and ongoing multi-agency Rethink Formulation forums and other complementary approaches.

The Rethink Formulation forums provide a valuable opportunity to develop our understanding and confidence in using the model in our day-to-day practice. Networking, and connecting with other agencies at forums and hearing their perspectives, also allows participants to reflect on the way we all work with children, young people and families.

Forums are an opportunity to practice 'Rethinking' within a structured, reflective and restorative environment. It involves discussing a case within a multi-agency context, using Rethink Formulation to help participants understand how to use the model and how it may be applied within their own work setting. Many practitioners are attending forums; feedback shows they are finding the model and forums very useful and thought provoking.

There is a dedicated Rethink Team who facilitate the Formulation forums and also work in other ways to promote practitioners' understanding and confidence in using Rethink Formulation with children, young people and their families: rethink.team@leeds.gov.uk

Appendix 3: Tools used to support Restorative Practice.

Restorative techniques are woven through Rethink formulation in a number of ways. Meetings begin with an introduction and a '**check in**' where participants will respond to a general question which is designed as a 'leveller' so that participants begin to relate to each other as individuals rather than as 'roles'. Similarly a '**check out**' is used to bring meetings to close and this may provide an opportunity to reflect back on an individual's experience of the meeting or look forward to goals and outcome.

Formulations are usually undertaken in an informal, discursive way and participants are seated in a circle. **Restorative circles** encourage individuals to contribute to discussions on an equal footing, providing space and opportunity for each to have their say, and in so doing to enhance the feeling of connection, community and support the process of building social capital (Costello et al., 2009). Feeling listened to within a circle helps to validate an individual's experience and perspective, whilst also locating it in relation to other people's providing opportunities for greater insight into how one's behaviour impacts other people.

Rethink formulations use a visual approach to organising information using the **6 P's** as follows:

- Presenting problem(s)
- Predisposing factors which made the individual vulnerable to the problem
- Precipitating factors which triggered the problem
- Perpetuating factors such as mechanisms which keep a problem going or unintended consequences of an attempt to cope with the problem
- Protective factors
- Predicting factors

A key guiding principle of formulation is Fair Process (Costello et al., 2009) and the Rethink team actively use this as a check for ensuring that participants are treated with respect throughout the process where:

- "Engagement" means that everyone affected by a decision is given the chance to provide input and have an opportunity to discuss various possible courses of action
- "Explanation" means that after a leader has made a decision, that decision and the process and reasoning behind the decision are made clear to all stakeholders.

- “Expectation clarity” means that everyone involved understands the implications of that decision, the specific expectations and the consequences for failing to meet those expectations.

Costello et al., 2009, p. 87

Other tools support different aspects of formulation. The **‘Four Ways of Being’**, modelled on Wachtel’s Social Discipline Window is used in formulation to encourage practitioners to reflect on how their behaviour and approach influences families’ response to and engagement with services. For example, practice with families can become entrenched, resulting in practitioners doing ‘to’ families (an overly punitive approach), doing ‘for’ (overly permissive) or failing to act at all (neglectful). As a simple tool, this helps practitioners to reflect on how they are ‘positioning’ their practice with families and moves them towards a more collaborative, restorative approach of doing ‘WITH’ families as in figure 3 below:

Once a formulation is complete there are additional tools to support practitioners in testing the hypothesis and moving through to case planning and these techniques are taught through Next Steps forums. In order to achieve sustainable change the focus is on addressing the perpetuating factors using the **4 Ps of Prioritisation** and these ward against the practitioner using their judgement alone in determining priorities:

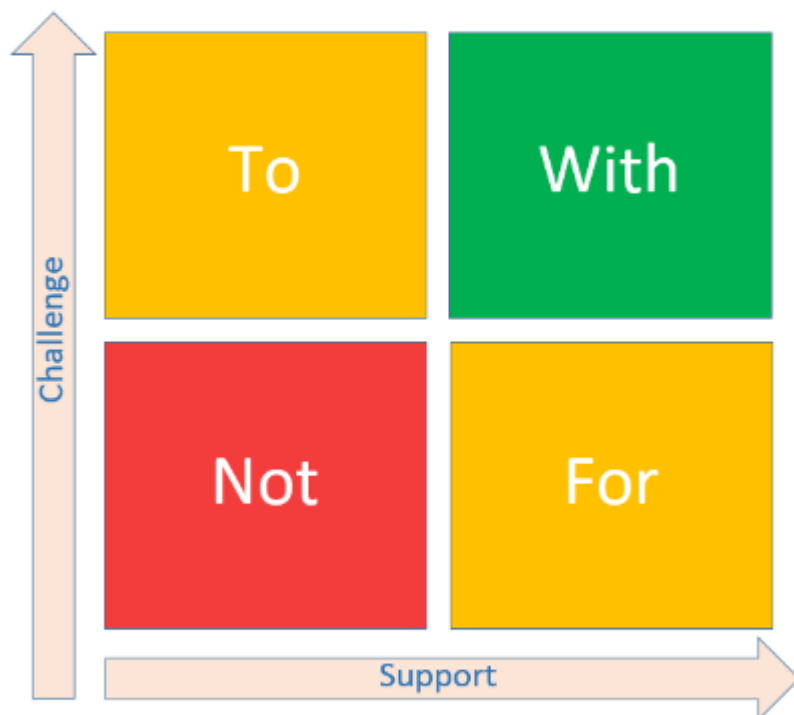
- Prerequisites – these are factors that must change first in order for progress to be initiated
- Powerful – strong drivers of the issue
- Proximal – Closely connected to the issue
- Participant’s goals – Important to the family’s desired outcomes

For a perpetuating factor to be a priority it should meet all four criteria. Perpetuating factors may not necessarily be the most obvious or ‘shout the loudest’, but nevertheless hold the key to unlocking change in a situation. In forward planning, it should be clear how actions address the perpetuating issues and build on protective factors to change the presenting issues.

Finally, a **‘walk back’** process acts as a check for practitioners to use to ensure that ‘next steps’ align with the presenting issues and that the intervention is focussed on achieving the identified outcomes.

Figure 3: The Four Ways of Being

Four Ways of Being



Adapted from: [Wolke T & String H & Braithwaite J \(eds\). \(2001\). Restorative Justice and Civil Society, Cambridge University Press, Cambridge](#)



Appendix 4: Rethink coaching and development activities

- **Rethink-Next Step Forums** – practice development sessions to increase skill and confidence in developing formulation driven plans which are founded on the Leeds Practice Principles. These support participants to understand the Rethink planning process and develop next steps by drawing on case examples from the attending group. The Rethink team have also been piloting a combined Rethink and Next Steps forum in order to provide intensive case analysis followed by case planning.
- **Practice and Progress meetings** – providing a forum where social workers can discuss situations to ensure a collaborative approach to risk management and decision making, and in some circumstances, where there may be obstacles to progress. It also focuses on supporting families better so that children can remain in their parent's care wherever possible.
- **Rethink Space** – a discussion between a family and the multi-agency services involved with them, facilitated by the Rethink Team. A Rethink Space gives everyone a chance to sit in a circle, have their voice heard and feel listened to, through a restorative discussion. The aim is that every opinion matters and everyone is involved in deciding what happens.
- **Hot House Action Learning Sets** – for Service Delivery Managers and Heads of Service to increase their own knowledge and skill in formulation and restorative practices and how to embed these within Social Care. It also provides a forum for discussion about operational issues, consideration of barriers to Rethink, implementation and conversations about how to further develop the use of formulation.

In addition the Rethink team provide a variety of bespoke practice development sessions coaching and targeted support for teams and partner agencies including:

- 20 week 'implementation sets' (Leeds Practice Model – including the use of rethink formulation, adopting Leeds Practice Principles, and how to make supervision outcome focused) for the RES teams and group supervision for RES team managers.
- Coaching and support for Duty and Advice at the Front Door to adopt formulation as part of the front door contact, referral, triaging and onward referrals process to support workforce development of practitioners across the partnership in utilising rethink language, thinking and practice.
- Support for or direct facilitation of specific issues that require independent consultation.
- Support in reviewing processes or paperwork to ensure they reflect restorative principles and practice.

Appendix 5: Setting Family Goals

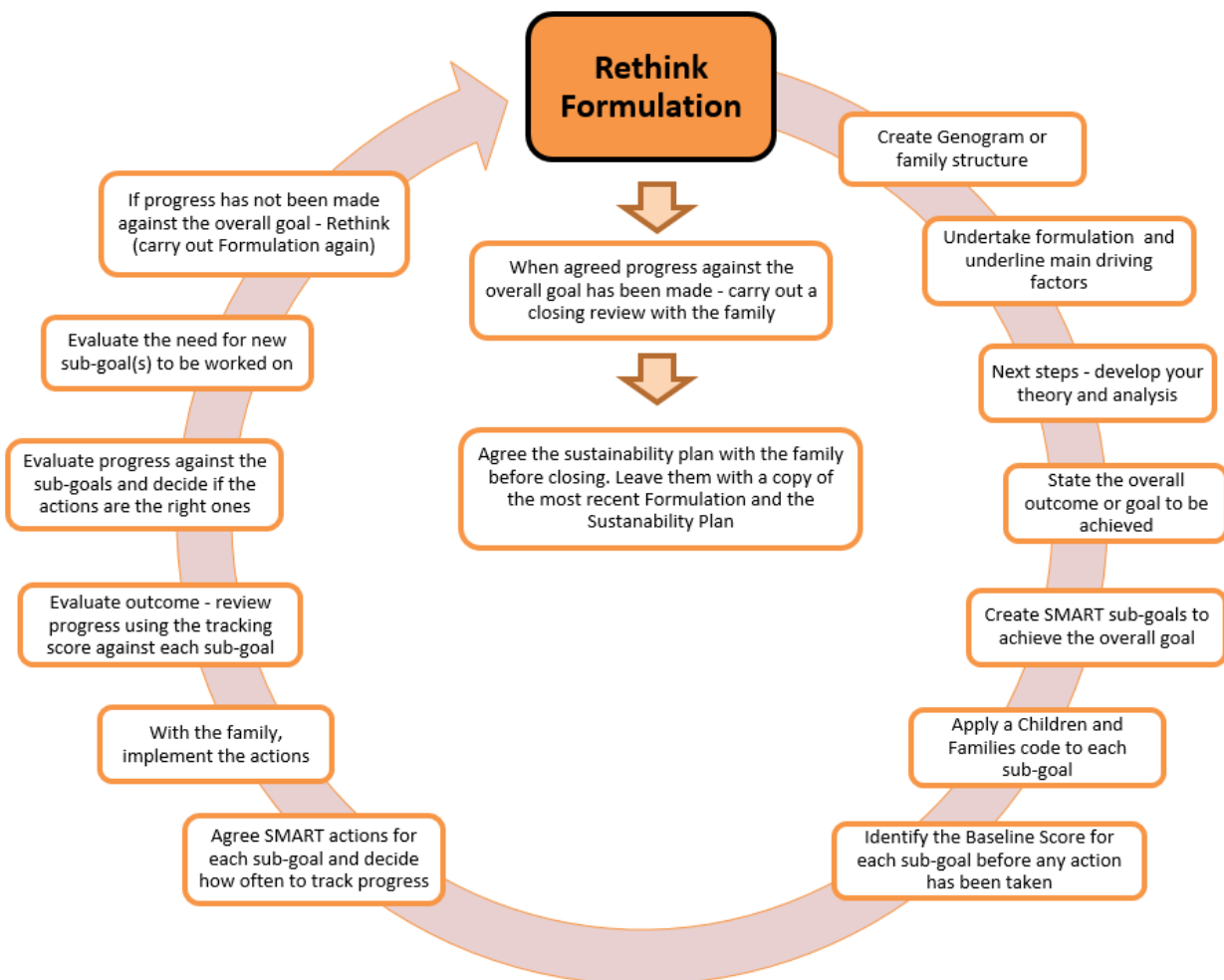
Extract from Rethink Formulation Practice Guidance
February 2018

3 – Step by step guidance using Rethink Formulation and recording on the paperwork

1. Carry out Rethink Formulation - consider all aspects of the formulation model to aid a holistic picture of the family and their current situation. Take into account all the systems that may influence this family including the practitioner working with the family on this formulation. Involve at a minimum the parents, the young person and the school. All analysis, goal setting and planning should be completed with the family, collaboratively using restorative approaches.
2. Create a genogram and / or a family structure.
3. Identify the relevant factors and underline the main driving factors to work on. Try to be concise.
4. Next steps – develop your theory and analysis. Now that we have looked at all the factors, and organised our thinking, summarise your understanding of what is going on for the family right now to create our Rethink Formulation. Prioritise the **Perpetuating** Factors that support your hypotheses about what we can impact on right now.
5. Using your theory and analysis, state the overall outcome or goal to be achieved. Goals need to directly relate to identified factors.
6. Identify a maximum of three SMART sub-goals to achieve the overall outcome or goal (SMART – Specific, Measureable, Achievable, Realistic and Timely / timed). There may be more than three sub-goals that need to be worked on but only work on three at a time. For each sub-goal, use systemic strengths or **Protective** Factors to develop a positive and sustainable action plan. Use the three sub-goal sheets to record this.
7. Apply a Children and Families Code to each sub-goal (see Appendix 2). This is to enable effective measuring of outcomes or goals against the Children and Young People’s Plan and the Best Council Plan outcomes and priorities, for families across the city where we undertake Rethink Formulation.
8. Identify the Baseline Score for each sub-goal before any action has been taken. Using the scale, ask the person you are doing the formulation with to score where they think they are regarding achieving the sub-goal. This is important to identify the starting point for the family and then track progress at an agreed frequency.
9. Agree SMART actions for each sub-goal and decide how often to track progress.
10. With the family, implement the actions to achieve the sub-goals.
11. At the agreed frequency, discuss with the person or family, what they think the tracking score is now. Record each score and date in the grid.
12. Evaluate progress against each sub-goal. Give the date, the score and the rationale for continuing with the actions to achieve the sub-goal or for changing one or all of the actions. Record this on the Evaluation outcome table. Do this regularly at the agreed frequency.
13. Evaluate the need for new sub-goal(s) to be worked on. This might be because sufficient progress has been made against a sub-goal. It also might mean that a sub-goal is not found to

be the right one. Remember the importance of only working on a maximum of three sub-goals at a time.

14. If progress has not been made against the overall goal to be achieved - don't just carry on with the same course of action, carry out the Formulation again and go back to a) above and follow the steps.
15. When agreed progress against the overall goal has been made, carry out a closing review with the family. This will involve agreeing a sustainability plan with the family. For each of the sub-goals, think about what the plan needs to be moving forwards including:
 - a) What has been worked on;
 - b) What has been achieved;
 - c) How the family are going to continue to achieve their overall goal – what they need to keep working on;
 - d) What do the family's supports need to keep doing - who or what can help. What are their contact details; and
 - e) What do the family need to look out for in the future
16. Before closing, leave a copy of the sustainability plan and the most recent Rethink Formulation with the family.



Children and Families Codes

Outcomes	Priorities	Code
All children and young people are safe from harm	1 Help children to live in safe and supportive families	S1
	2 Ensure the most vulnerable are protected and safe from abuse, neglect or exploitation	S2
	Ensure children are safe from bullying or discrimination	S3
All children and young people do well at all levels of learning and have the skills for life	3 Improve achievement and close achievement gaps. Attain and reach their academic potential.	E1
	4 Increase numbers participating and engaging	E2
	5 Improve outcomes for children and young people with special educational needs and disability (SEND)	E3
	6 Support children to have the best start in life and be ready for learning	E4
	7 Support schools and settings to improve attendance and develop positive behaviour. Attend their school or education setting regularly	E5
All children and young people enjoy healthy lifestyles	8 Encourage physical activity and healthy eating	H1
	9 Promote sexual health	H2
	10 Minimise the misuse of drugs, alcohol and tobacco	H3
All children and young people have fun growing up	11 Provide play, leisure, culture and sporting opportunities	F1
	12 Improve social, emotional and mental health and well-being	F2
	Achieve socially at school, e.g. through having friends, a good relationship with at least one trusted adult, and participating in extra-curricular activities	F3
All children and young people are active citizens who feel they have voice and influence	13 Reduce crime and anti-social behaviour	C1
	14 Increase participation, voice and influence	C2
People will live longer and have healthier lives	Promote adult mental health and physical health equally	A1
	Minimise substance misuse	A2
People will live full, active and independent lives	Unemployment – support the adult into / back into employment, education or training	A3
People will live in healthy, safe and sustainable communities	Reduce adult anti-social behaviour and criminal activity	A4
	Reduce the incidents of domestic violence	A5

Appendix 6: Unit Costs of a CP Plan

Child Protection						
#	Activity	Practitioner	Time taken in hours	Occurrence per year	Cost per hour	Total cost No hours x occurrence per year x cost per hour
1	Contact	1 - Referrer	0.5	1	£40.00	£20.00
		2 - SW	0.5	1	£43.00	£21.50
2	Referral	2 - SW	0.5	1	£43.00	£21.50
		3 - SW TM	0.5	1	£58.00	£29.00
3	Strategy discussion	3 - SW TM	0.5	1	£58.00	£29.00
		4 - Police	0.5	1	£58.00	£29.00
		5 - Health	0.5	1	£58.00	£29.00
4	Section 47 inquiry	2 - SW	2	1	£43.00	£86.00
		3 - SW TM	0.5	1	£58.00	£29.00
		4 - Police	2	1	£58.00	£116.00
5	Child and Family Assessment	2 - SW	10	1	£43.00	£430.00
		3 - TM	0.5	1	£58.00	£29.00
6	ISU CP Chair triage	5 - CP Chair	0.5	1	£55.00	£27.50
		2 - SW	0.5	1	£43.00	£21.50
7	Initial Child Protection Conference - prep and actual	2 - SW	10	1	£43.00	£430.00
		3 - TM	4	1	£58.00	£232.00
		5 - CP Chair	9	1	£55.00	£495.00
		6 - ISU Admin	6	1	£25.00	£150.00
		1 - Referrer	4	1	£40.00	£160.00
		5 - Health x 1	4	1	£58.00	£232.00
		5 - Health x 2	4	1	£58.00	£232.00
		7 - Children's Centre	4	1	£35.00	£140.00
		8 - Adult MH	4	1	£44.00	£176.00
		4 - Police	4	1	£58.00	£232.00
		9 - Family Support	4	1	£35.00	£140.00
		10 - Drug Agency	4	1	£35.00	£140.00
11 - DV Agency	4	1	£35.00	£140.00		
		12 - Teacher	4	1	£58.00	£232.00

8	Core Group	2 - SW	2	8.5	£43.00	£731.00
		12 - Teacher	2	8.5	£58.00	£986.00
		5 - Health	2	8.5	£55.00	£935.00
		8 - Adult MH	2	8.5	£44.00	£748.00
		11 - DV Agency	2	8.5	£35.00	£595.00
9	Statutory visits	2 - SW	2	17	£43.00	£1,462.00
10	Report writing and recording	2 - SW	1	20	£43.00	£860.00
11	Review Child Protection Conference - prep and actual	2 - SW	10	1	£43.00	£430.00
		3 - TM	4	1	£58.00	£232.00
		5 - CP Chair	9	1	£55.00	£495.00
		6 - ISU Admin	6	1	£25.00	£150.00
		1 - Referrer	4	1	£40.00	£160.00
		5 - Health x 1	4	1	£58.00	£232.00
		5 - Health x 2	4	1	£58.00	£232.00
		7 - Children's Centre	4	1	£35.00	£140.00
		8 - Adult MH	4	1	£44.00	£176.00
		4 - Police	4	1	£58.00	£232.00
		9 - Family Support	4	1	£35.00	£140.00
		10 - Drug Agency	4	1	£35.00	£140.00
		11 - DV Agency	4	1	£35.00	£140.00
12 - Teacher	4	1	£58.00	£232.00		
						£13,497.00

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