Department for Education

Right Balance for Families

Evaluation report

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Key messages

This report presents the findings of an evaluation of Right Balance for Families (RBFF), a programme that was implemented by the London Borough of Camden's Children's Safeguarding and Social Work division (CSSW). The aim of the programme was to improve service and outcomes for Children in Need (CIN) aged 10-13 years. The project was funded by the Department for Education's (DfE) Children's Social Care Innovation Programme. The core elements of RBFF were intensive multi-practitioner support, a family group conference (FGC) (which involved family-led discussions with multiple family members), and support including mentoring for the CIN. The key messages of the evaluation are set out below.

- The primary outcomes for the evaluation were reduced re-referrals, reduced case length and a reduction in the number of escalations. The impact evaluation did not find any evidence that the programme had an effect on these primary outcomes.
- The wider evidence gathered by the evaluation suggests that Right Balance for Families has promising elements. Practitioners and families identified cases where they felt that the intervention had had clear benefits for young people and families in terms of wellbeing and behaviour of young people and improved family dynamics.
- Families and practitioners also identified mechanisms through which the programme had a positive influence, including: providing families an opportunity for positive reframing to their relationship with statutory services; practical and emotional support provided by mentors; a more holistic, cross-discipline approach to managing cases; and efforts to actively engage families in decision-making.
- While the findings of this evaluation do not enable a recommendation to continue or scale up Right Balance for families, the evidence indicates that the intervention may merit further research and exploration.

Executive summary

Introduction

This report provides findings of an evaluation of an innovative programme, Right Balance for Families (RBFF), undertaken by the London Borough of Camden's Children's Safeguarding and Social Work division (CSSW) to improve service and outcomes for Children in Need (CIN) aged 10-13 years of age. The project was funded by the Department for Education's (DfE) Children's Social Care Innovation Programme.

The core elements of RBFF were intensive multi-practitioner support, a family group conference (FGC) (which involved family-led discussions with multiple family members), and support including mentoring for the CIN.

The evaluation

The evaluation focused on three main areas of interest: implementation; impacts; and factors affecting impacts. A qualitative approach was taken to explore the process of implementation and the factors affecting impact and involved: 10 interviews with social workers (SWs) and 3 interviews with senior social workers (SSWs); 2 focus groups with mentors; 1 focus group with FGC coordinators; and 7 family case studies.

Impacts of the programme were evaluated using coarsened exact matching (an approach that involves matching treated cases to similar untreated cases based on whether or not the CIN was previously referred, their gender, the time period of the referral, and whether or not the CIN had siblings); a survey of Camden SWs and SSWs; descriptive statistics of administrative educational outcomes provided by Virtual School (a service delivered by the London Borough of Camden that works to improve education policy for Looked After Children).

Key Findings

Implementation

Engagement: Families reported past negative experiences of children's social care (CSC) involvement, which resulted in a lack of trust and resistance to participating in new programmes such as RBFF. To overcome this, SWs described how they positioned RBFF as different to traditional social work, in that it focused on a participatory approach where the families were in control. Families responded well to this approach, as reported by both parents and children, and actively engaged with the participatory framework. However, SWs felt disempowered by the referral process as they were not consulted about which cases would be referred to RBFF.

SWs subsequently reported thinking that not all cases that were referred were appropriate for the programme.

Delivery: As families and practitioners both explained, RBFF was seen to be in contrast to previous CSC models. Communication between families and practitioners participating in the programme was described both by families and practitioners as a two-way process, where families were given a voice and felt heard, particularly through the FGC conferences where they were put in charge of their own family plan. In rare cases, however, SWs felt that families did not have the knowledge and understanding required to formulate a plan that adequately addressed their needs, in which case SWs felt they had to amend the families' plans. This seemed to occur in extreme cases when families had particularly complex needs which either could not be addressed by the FGC, or had not been included in their plan, which suggests that the family-led approach is not the most appropriate for these families. Furthermore, discussions about RBFF cases also included a wider variety of practitioners and involved more members of the family's network compared to standard social work approaches. Mentors were seen as key communication facilitators within the professional network of the RBFF model, helping other RBFF staff to adjust to the new ways of working. However, it was felt by SWs that more could be done to support the social work staff to adjust.

Case closure: Families expressed concern around withdrawal of support from the mentor when cases were closed, which was compounded by uncertainty about whether the RBFF programme would continue. This was mirrored by SWs who were concerned about RBFF ending and were apprehensive that there may be a spike in cases escalating if families lost their support systems.

Impact

The intervention aimed to reduce re-referral rates, case duration, and escalation rates. This evaluation did not find significant impacts on any of these outcomes, as described further below. These findings do not mean we found the programme had no effect, nor do they mean the programme had a negative effect. There were various limitations to the impact evaluation (detailed in Appendix 4), which meant the evaluation team was unable to draw confident conclusions about the impact of the programme.

- Re-referrals: There was no evidence that the programme reduced rates of re-referral as the difference between intervention and comparison groups (15% vs 11%) was not statistically significant ($p<0.396$).
- Length of case: There was no evidence that the programme reduced the average number of days that a CIN case was open. Children and young people (CYP) receiving RBFF services in Camden were, on average, on a

CIN plan for 31 days longer than the comparator group (200 days vs 169 days), however the difference was not statistically significant (p<0.218).

- Case escalation: There was no evidence that the intervention reduced the proportion of cases that were escalated to looked after child or child protection (LAC or CP) status. For the intervention cohort, 14% of cases were escalated, whereas 13% of cases in the comparator group were escalated (p<0.396).

Factors affecting impact

Trust: Families and practitioners said that the increased levels of trust the programme engendered were central to families being more likely to proactively engage with services. SWs felt mentors were central to this process, as families were willing to open up to them and share problems. Unstable relationships with practitioners undermined families' and CYP's engagement with the RBFF.

Support from mentors: Mentors were described by families as the key figures supporting improvements in the wellbeing of children and family functioning. They did this through providing a wide range of practical and emotional support and could unlock support from other organisations. The mentor support was also seen by families and SWs as helping some CYPs manage difficult behaviour.

Improved confidence and efficiency: SWs reported that working within the RBFF framework increased their confidence in their abilities. This was attributed to the multi-disciplinary approach, which meant that SWs learned from the specialism of other teams such as child and adolescent mental health services (CAMHS). Additionally, there were areas of improved efficiency, as having all professionals together during systemic discussions meant that all referrals could be made from that meeting, rather than as a separate process.

Cost

The total cost of implementing the programme over two years was £2,674,820. The programme served 197 CYPs, which gives an average cost of £13,578 per CYP.

Lessons and implications

The core aim of Right Balance for Families was to support families so that they no longer needed the involvement of CSSW. Reflecting this, the primary outcomes for the evaluation were reduced re-referrals, reduced case length and a reduction in the number of escalations. The impact evaluation did not find any evidence that the programme had an effect on these primary outcomes and even bearing in mind the evaluation limitations, this does not provide prima facie evidence supporting continuing the service or scaling it up.

Nevertheless, the wider evidence gathered by the evaluation does suggest that Right Balance for Families has promising elements. In particular, practitioners and families identified cases where they felt that the intervention had had clear benefits for young people and families. In addition, the more intensive nature of the programme could also lead to more accurate assessments, which could lead to increased case length and more escalations. These two measures could therefore be seen as ambiguous and imply that the programme's theory of change may need to be modified to take account of a more complex causal pathway.

While the findings of this evaluation do not enable a recommendation to necessarily continue or scale up Right Balance for families, the evidence indicates that the intervention may merit further research and exploration. However, if this happens, the clear lesson of the current evaluation is that any future iteration of the programme should be designed and planned in a way that supports a high-quality experimental or quasi-experimental evaluation with a sufficient sample size. This is likely to mean that programme participation would need to be based on more objective criteria.

1. Overview of the project

Project context

The London Borough of Camden is a large, densely populated local authority in North London. It has over a quarter of a million (262,200) residents (as of mid-2018) of which 17% are children and young people (CYP) under 18 years (Camden Council, 2020). In 2016 there were 1,872 Children in Need (CIN) referrals in Camden, with the primary reason for referral being abuse and neglect (56%) (Camden Council, 2017). At the end of March 2017, there were 1,575 cases allocated to Camden's Children's Safeguarding and Social Work division (CSSW), of which 1120 were CIN and 253 were aged 10-13 (Camden Council, 2020). Of the CIN cases aged 10-13, 61 percent had been known for 5 years or more and this cohort had nearly 3 times the number of repeat referrals (28%) than the borough's average for CIN cases (CSSW data). Multiple referrals are detrimental to a child's development, implying prolonged periods of unmet need (Troncoso, 2017). Thus, providing targeted support for CIN in this critical development period is anticipated to decrease likelihood of escalation to child protection/looked after child (CP/LAC) plans in adolescence.

Project aims and intended outcomes

The RBFF project, which was funded by the Department for Education's (DfE) Children's Social Care Innovation Programme, aimed to provide more intensive, multi-agency support for 10-13-year-old CINs and their parents, especially those who were expected to have longer than average involvement with children's social care services (RBFF website). Through RBFF, families would be supported using a family-led problem-solving approach. Efforts would be focused on helping both parents and child to meet their needs holistically with the aim of strengthening family relationships, in particular between the CYP and their main caregiver (MC).

As defined by the theory of change (see Appendix 1), the proximal intended outcomes were improvements in family unit functioning and wellbeing, as well as improved relationships within the family and with CSSW. The primary intended outcomes were reduced re-referrals of cases to CSSW within one year, reduced escalation from CIN to LAC status, increased case closures, and increased job satisfaction for practitioners. The secondary outcomes centred around educational improvements: progress, engagement and attendance.

Project activities

Full implementation of RBFF commenced in January 2018 following a short pilot in one CIN team that took place in the preceding November and December.

Once a case was referred to the RBFF model, families were offered some or all of the key activities and services described below, depending on the social worker (SW)'s assessment of what would be most beneficial to the family. These services were provided on the basis of ongoing consent from families.

1. A family group conference (FGC): these involved the family inviting participants from their support network (e.g. family, friends) to discuss goals and develop a plan focusing on what they thought needed to change, alongside a discussion of services that were available to them. The aim was for the family and their support network to lead the discussion.

2. A multi-agency systemic discussion: this was a meeting where all the professionals involved in the family's network had an opportunity to explore the family's dilemmas with guidance from clinicians experienced in systemic practice (an approach that emphasises people's relationships as key to understanding their experiences and affect change). Held after the FGC (if one had taken place), it also included the MCs if they chose to participate. The discussion offered a space for the professionals to reflect on the family's goals and agree on actions they could take to support the family's plan.

   Direct services: the services which a family was offered varied depending on their needs and goals. The two main services offered to families were:

   - mentoring**:** mentors delivered 1:1 work with the CYP, and also educational support and advocacy if needed;
   - Virtual School: the virtual school provided a variety of support services to schools and families including delivering training and advice, advocacy work, and tracking CYP attendance, attainment and progress.

Additional details about the intervention can be found on the RBFF website.

Characteristics of participating CYP

Other than age, there were no formally defined criteria indicating which cases should be referred to RBFF. Instead, referrals were made on the basis of practitioner judgement, and included those CYP who had a history of involvement with CSSW, those that experienced issues with long-term neglect, and cases that were expected by CSSW staff to have longer than average involvement with social care services. The programme was not offered to CYP who were stepped down to early help or universal services.

As the programme became more embedded and capacity improved, the age restrictions were loosened and the RBFF model was offered to CYP just below and above the age criteria. The model was later also offered to some Child Protection cases, in the hope that it would help ease the transition when they were stepped down to CIN.

Given the complexity of cases, there was no single combination of characteristics that resulted in practitioner selection to receive RBFF. Rows 1 and 2 of Table 6 in Appendix 4 show how similar the two groups (cases selected for RBFF and those that were not during the evaluation period) are in terms of observable characteristics, suggesting that the factors resulting in programme inclusion are unobservable in the data available to us.

2. Overview of the evaluation

Evaluation questions

The evaluation questions focused on three main areas of interest: **processes of implementation, impacts** and the **factors affecting impact**. The specific research questions are set out in detail in Table 1 below.

Table 1: Areas of interest and research questions

Area of interest	Research questions
Processes of implementation	• How was RBFF implemented? • What were expectations of the programme? • What factors supported or limited project implementation? • What factors supported or limited family engagement?
Impacts	• How satisfied with the programme were families / staff? • What is the range of programme impacts on families / staff? • To what extent does the intervention improve social care outcomes (likelihood of re-referral within 1 year of referral opening, length of CIN plan in days, and likelihood of escalation) for CIN from Camden aged 10-13, compared to similarly aged CIN from Camden in previous years? • What educational outcomes are associated with the programme?
Factors affecting impact	• Which factors supported or limited change for families / staff?

Evaluation methods

The evaluation began in January 2018 and ended in March 2020.

Summary of qualitative methods

A qualitative approach was taken to explore the questions relating to the process of implementation and the factors affecting impact. The qualitative research involved the following elements.

- 10 semi-structured interviews with SWs and 3 semi-structured interviews with senior SWs (SSW) to explore processes of implementation and perceived impacts.
- 2 focus groups with mentors (1 with Virtual School mentors (VSM), 1 with Catch22 mentors) and 1 focus group with FGC coordinators to explore their experience of implementing the programme and perception of impacts.
- 7 family case studies, comprising 1 interview with a parent or carer and 1 with a young person - when appropriate - in each family to understand their experience of the programme and any perceived impacts and mechanisms.

All qualitative data collection took place between September 2019 and January 2020, after which the Framework approach (Ritchie et. al., 2013) was used to analyse the data, allowing a case and theme analysis to draw out the diversity of views and experiences. More detail about the qualitative evaluation design and methods can be found in Appendix 2.

Summary of quantitative methods

The questions related to the impact of the programme were addressed using a statistical technique called matching.

- Coarsened exact matching (CEM) design was used, which involves matching on observable characteristics cases in the intervention group with cases in a similar group that did not receive the intervention, and which serve as the counterfactual. All data used for analysis in the impact evaluation was provided by CSSW.
- For this evaluation, a group of treated children who met the eligibility criteria from Camden between September 2017 and February 2019 were matched to a similar group of children from Camden between September 2015 and February 2017.

In addition to matching, the evaluation drew on:

- a survey of Camden SWs and SSWs;
- descriptive statistics of education data provided by Virtual School.

Changes to evaluation methods

After engaging in early stage research activities and completing the interim report, we concluded that it was necessary to modify the approach to the evaluation.

The primary modifications to the **qualitative** aspects of the evaluation were:

- a change from longitudinal to longer, more in-depth single-time point interviews;
- unmatching SWs from the case studies in order to discuss multiple cases and better capture the diversity of experiences families may have in the programme; and
- the addition of focus groups with 2 key groups of practitioners: FGC coordinators and mentors.

The primary modification to the **quantitative** impact evaluation was to not implement the planned difference-in-differences approach, which would have involved comparing changes in outcomes in Camden to changes in outcomes in a local authority with similar characteristics. The number of cases in Camden involved in the intervention were lower than anticipated, which meant the evaluation as originally designed would be underpowered. In addition, the parallel trends assumption, which is required to implement a difference-in-differences approach, was not met. Further information on this modification can be found in Appendix 2.

Limitations of the evaluation

Qualitative research: Some participants declined to participate in the interviews and focus groups, meaning that the final sample was smaller than planned (see Appendix 3 for breakdown of sampling methods) and was potentially skewed by only including families who wanted to take part. As a result, the findings presented may not be representative of the wider sample. The team also had to relax some of its sampling criteria to maximise the number of data collection points, which reduced the diversity in terms of background, views and experiences of this population. This limits the range of perspectives and views included in the evaluation, which may result in an incomplete view of the programme.

Impact analysis: Matching as an approach to causal inference relies on the assumption that all differences between intervention and matched cases are observable and can be accounted for in analysis. Matching can introduce bias if unobserved characteristics influence programme participation or participant outcomes (HM Treasury, 2020). As previously described, cases for RBFF were selected on some objective criteria (CYPs aged 10-13 years), but also on the basis of practitioner judgement. This judgment took into account the family's previous

history with CSC and expected case trajectory. In line with the programme criteria, the matching sample was restricted to CYP aged 10-13 years. However, there is no observable variable that captures practitioner judgment, so this could not be accounted for in matching. The matching did utilise data on previous CSC experience, which was a factor in RBFF case selection, but there are likely other unobservable factors in the practitioners' judgment that could not be accounted for in the matching process. Therefore, considerable caution needs to be exercised in interpreting the results of this analysis. More detail about the limitations to the analytical model can be found in Appendix 4.

Staff survey: The survey response rate was 45%, which means there may be some limitations to the representativeness of the findings (see Appendix 5 for more detail).

3. Key findings

This chapter presents the findings of the evaluation. Firstly it describes how the programme was implemented based on the evidence from the qualitative research, before going on to set out the results of the quantitative impact analysis. The third section discusses the barriers and facilitators to effectiveness, while the final section sets out the costs of the programme, including the cost per case.

Implementation

This section discusses how the programme was implemented, based on interviews with families, mentors and SWs. It describes how the programme was delivered in practice, and how staff and families responded to the new innovation. Differences between the core programme specifications (as outlined in the project activities section) and implementation are highlighted, as are implementation challenges. The section starts by exploring the issues related to engaging families and then discusses the delivery of the main programme. Finally, it describes the issues related to case closure.

Stage 1: Engagement

In the case-study interviews, parents described having had negative experiences of previous children's social care services which, they said, had resulted in them mistrusting statutory services and resisting participating in new programmes such as RBFF. As one carer put it:

> My mum was, of course, afraid, because […] if social workers get involved then clearly there's a problem going on and your children may get taken away. Just everything is going ballistic. My mum did have a fear. - *MC05*

The RBFF programme was intended to be a new way of working with and engaging families, and SWs reported that communicating this was a key element of their engagement strategy when they first met families. They did this by emphasising that the family was in control of the agenda and of which components they participated in. In general, families praised the participatory nature of the programme, felt empowered by having control over their goals, and engaged well with the activities. As one parent explained:

> I love those [meetings], I like to be there, I like to hear everything that's going on. I like to know what's going right, what's going wrong - *MC06*

However, SWs felt that a few families were inappropriately referred to the programme, including cases where SWs felt it was too late to stop escalation. They argued that the programme referral process could be improved by more in depth

consideration of which families were eligible for the programme. In particular, staff suggested families' level of motivation to change and stability of family life should be taken into account. As a mentor described:

> The family were going through so much stuff at that moment in time, things were very chaotic in their life, they had no stability, [...] Was it right for that young person? - *C22*

As noted above in the project activities section, the RBFF intervention was designed to be family-led, which meant that families were given choice and agency over their own goals and agenda. This was seen by CSSW staff as improving initial family engagement in the RBFF programme compared to other programmes. Just over one-fifth of staff (22%) agreed in the survey that families taking part in the RBFF model were typically more engaged than families receiving other CIN models of support, and none indicated that families receiving other models were typically more engaged than RBFF families. In interviews, SWs said that they felt the main driver for engagement was the sense of agency felt by families within RBFF and believed this was further enhanced by the flexible and family-tailored structure of the programme. This was in contrast to traditional CSSW methods, which were described as prescriptive and authoritarian and inhibited families setting their own goals. SWs described the FGC planning meetings as opportunities for families to set their own agenda and choose who they wanted to attend, which they believed made families feel empowered. As one SW described:

> Because as I say, a lot of the feedback we are getting is that process [is] giving them empowerment, and it's also giving the children a voice. – *SW01*

This perspective on the programme was echoed by the FGC coordinators, who stated that before their involvement in RBF, families were typically "told what to do", but that the informal nature of the FGC planning meeting meant that families felt that they could have their say, be in control and set their own agenda. This was also reflected by the families who strongly appreciated the participatory nature of the programme.

While families were described by SWs as feeling empowered by the RBFF programme, SWs themselves at times felt disempowered by the referral process as they felt that they were not consulted about which cases would be referred to RBFF. As one described:

> Also I think something that probably didn't work well at the beginning was the fact that [...] cases were just children randomly referred without even speaking to SWs about whether this case would actually meet the Right Balance [criteria]. – *SW05*

Stage 2: Delivery

Families and practitioners contrasted the RBFF model to previous CSC models, where communication within the RBFF model was seen to be a two-way process. Families felt there was an emphasis on ensuring they were given a voice, not only during the RBFF meetings but also by being able to contribute to action plans. One CYP and their parent described how they were involved in the meetings:

> We set six goals of how we wanted to get me back into school. Then in the first meeting we put down, on a number of one to ten where we were with that goal then. Then in the second week we put down where we were… How far we came with that goal. – *CYP03*

> It was more family than it was professionals, wasn't it? I thought it was going to be more professionals stepping in and doing things and telling us, we need to be doing this and we need to be doing that, but it was completely different. – *MC03*

Practitioners described the importance of taking an inclusive approach. As one SW said:

> I think that it's important for them [MCs] to be able to have their say, and in the FGC, they're supposed to be able to identify things that they would like to change. – *SW08*

SWs said that systemic discussions about RBFF cases included a wider variety of practitioners and involved more members of the family's network than normal social work. This was believed by SWs to help build communication channels by offering a place for reflection and setting the right expectations for practitioners and families alike. Having effective communication channels helped embed the RBFF model, however it was felt by some staff that more could be done to accommodate the new ways of working. SWs described instances where they had struggled to engage other practitioners due to conflicting expectations, schedules, or priorities. While FGC coordinators and mentors, who were only included in some of the meetings, described feeling frustrated at being left out from some of the discussions. One FGC coordinator explained:

> Because we're independent, we're sometimes not kept in the loop about the outcomes of this meeting. – *FGCC*

Mentors were described by families as important in supporting their communication with other agencies and organisations. For example, some families described mentors helping them communicate with CYPs' schools and becoming the link between schools and the wider professional network supporting the young person and their family. One parent explained:

> Just like a family support, supporting [CYP] the best that we can, with the knowledge and the tools that [mentor] has, or even if there's an activity or a trip or during half-term going on. We'll ask [mentor] about it - *MC05*

Mentors also described how they helped evidence the children's educational progress to schools through the use of Virtual School data. SWs said that of the range of professionals supporting families, mentors often had the most direct contact and therefore helped manage the flow of information between families and the rest of the professional network. As mentioned by one SW:

> We [...] communicate to see what we are doing so that [the CYP] doesn't get bombarded with the same thing all the time. – *SW04*

However, the role of the mentors as communication facilitators was described as a double-edged sword by some mentors. Their central role in linking up different elements of the professional network meant that they could shoulder a large burden of communication and coordination, which sometimes resulted in them reporting feeling overworked. It also meant that mentors sometimes felt they had to remind SWs that they were still needed on cases, as one mentor describes:

> [SWs tell me] 'Oh, you're just going to be taking over this placement [...]?' I say, whoa. I still need you to be part of this whole process. – *Mentor*

Practitioners saw the FGC and the subsequent FGC review as the "family's meeting", where they chose who to invite, which goals to set, and discussed their case independently. Families also felt that FGCs were specifically tailored to them, and that they were given clear ownership of the meeting, which they thought was in contrast to usual CSC practices. In some cases, families said that this newfound independence contributed to them feeling more empowered and enabled them to work collaboratively within the family, as one family outlined:

> It did us good [...] as a family because we got to talk about what we all wanted to do as a family rather than just one of us. We were working all together. – *MC03*

However, in exceptional cases, SWs felt that families did not always have the knowledge and experience required to formulate a plan that adequately addressed their needs. This seemed to be the case either when families had complex safeguarding needs which they were not addressing in their plans, or when families' expectations of what could be achieved through CSSW was too high. When this was the case, practitioners reported that they had to suggest alternatives to the plans that families had developed, to bring them within the realm of CSSW abilities, which sometimes had the negative effect of undermining families' sense of agency. This

insight suggests that the family-led approach to FGCs is not the most appropriate approach with these families, and that families' contextual factors can be a barrier to the implementation of these FGCs.

Practitioners felt the main aim of the FGCs was to enable the family to rediscover or create their own support network, which they could then rely on when statutory support was no longer available. Families concurred with this, referring to it as an opportunity to get support from a wider network. This view was reinforced by SW responses to the survey, with just under a fifth (19%) of respondents saying that families in RBFF cases developed stronger support networks than cases managed with other models, whereas no respondents said that families in other models developed stronger support networks (see Appendix 5). Nonetheless, practitioners felt that families that were experiencing major internal conflicts struggled to make the best of the meetings. In response to these challenges, SWs reported finding alternative solutions, for example by organising multiple FGCs to separate the family members in conflict with each other. However, practitioners felt the level of conflict within some families was too great for them to be able to benefit fully from FGCs.

Mentors were seen by families and SWs as being able to build more informal, and trusted relationships with families than other practitioners. SWs felt this was a result of their non-statutory status and mentors' willingness to tailor their support to the family's interests. Mentors themselves described their approach as "street therapy", meaning a more informal approach to therapeutic support, as described by one mentor:

> It's [about] breaking down those boundaries and making sure you're not seen as a threat, and you are simply there for no other hidden agenda but to try and sort out what's happened around the education or the young person emotionally. – *Mentor*

Mentors were seen as role models by families, particularly in cases where male mentors were working with male CYPs who did not have positive male role models at home. This was explained by one carer:

> As a boy, I feel like a male figure to look up to, somebody to motivate you to be your best… Honestly, that's not what [his dad] was doing. […] They [mentor] established that bond and that trust. That's how [mentor] became that male figure. – *MC05*

Families did not point out a similar role model relationship for female mentors working with female CYPs. This needs to be considered in parallel with the fact that CYPs tended to have female caregivers at home, and that it was mainly these female caregivers who were interviewed for this evaluation. Mentors themselves often described early life experiences that were similar to those of the CYP, which they felt enabled relationships to be built on the basis of shared experiences. SWs

felt that these factors enabled the mentor to build a level of trust atypical of traditional SW-CYP relationships.

As well as involving mentors and SWs, the core specifications of the programme facilitated input from professionals with a range of relationships with the families, particularly as part of the systemic discussions. In particular, both SWs and mentors believed that inviting teachers to discussions and emphasising the value of their involvement encouraged schools to engage more actively with cases. Parents also reported that SW involvement in school meetings and discussions had led to better school engagement, for example with writing an education, health, and care (EHC) plan:

> The school started accepting [CYP] they pushed the ECHP (sic), because at first they were saying, 'Oh no, he's just naughty', that's how they were just taking it. […] So in the end it worked, [SW] had an input on the ECHP because [SW] was involved at the time. – *MC04*

School buy-in was seen as crucial by SWs in helping achieve the educational goals that had been set for the children. This was seen as especially important during the transition from primary to secondary school, as active engagement by the schools facilitated a systemic approach to caring for the child. However, SWs reported that due to conflicting expectations, schedules, or priorities between professionals, it was sometimes challenging to organise systemic discussions.

Alongside the FGCs and systemic discussions, the additional services that were available were seen by some families as an opportunity to build their capability as a family unit. For example, attending a parenting course was described as leading to important learning for some parents as they gained insight into family dynamics and the issues that were affecting their children. As one parent outlined:

> You just basically learn about your child. Things that [CYP] hadn't told me, she had mentioned in the group. [...] You learn a bit more about each other. – *MC07*

Stage 3: Case Closure

Some families expressed concern around withdrawal of support from the mentor, which was compounded by uncertainty about whether the RBFF program would continue. This was mirrored by SWs who were concerned about RBFF ending and were apprehensive that some CYPs would “spiral” if RBFF was discontinued, or that there may be a spike in escalating cases if families lost their support systems. As explained by one SW:

> The mentor has told the family that the Right Balance is coming to an end. So I think for this young person it’s kind of created some

> uncertainty for him[...]. I think the worry for us [is] what he's going to lose he could then spiral – *SW05*

However, while some families expressed uncertainty around the programme ending, others felt more comfortable with it. In line with the aims of the RBFF programme these families explained that they felt they had developed the right tools to deal with problems themselves and could move ahead without support from the programme or social care services. As one parent detailed:

> It was a case of, 'Well, if you need the social services, you just go back and tell them you need help!' but it wasn't that we need help, I don't think, because we don't need social services. […] Obviously though I know all the other services there are out there that I can turn to. – MC07

This was echoed by practitioners who said that some families were prepared for when the programme resources were removed.

Impact of the RBFF programme

This section sets out the findings of the analysis of the programme impact on its primary outcomes: re-referrals; the length of cases; and case escalation. The programme aimed to reduce all of these outcomes. However, case length and case escalation can be seen as ambiguous measures in that both increases and decreases can be indicators of success depending upon the reasons behind the trends. Improvements in family outcomes should lead to a reduction in case length and escalations, all other things being equal. However, the intensive nature of the programme could also lead to more thorough and accurate assessments of need, which could lead to increased case length and more escalations. This issue was raised in recent research into measuring outcomes for CSC and is also reflected in the What Works for Children's Social Care outcomes framework[1] (La Valle, et al., 2016). As such, the findings related to case length and escalations should be interpreted with caution.

Further, the final impact evaluation design has several limitations. The primary limitations are outlined below and are detailed in Appendix 4.

- We compared the treated cohort of CYP from 2017-2019 to a cohort of CYP from 2015-2017. Any changes in practice or social/political climate could impact CYP outcomes in a meaningful way, which means that differences between the two groups cannot be attributed exclusively to RBFF.

[1] Outcomes framework: making sure we focus on the issues that really matter, accessed 12.05.20

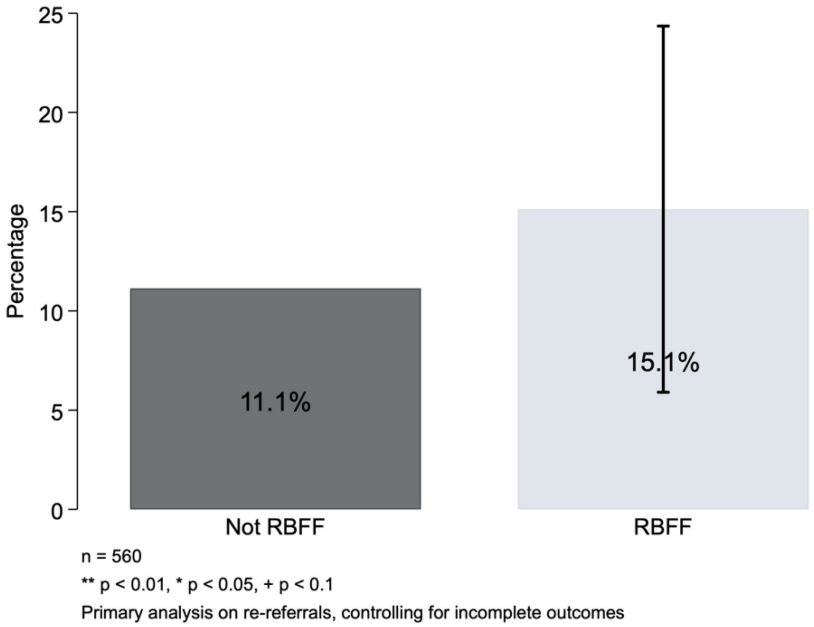
- Second, as previously described, there were no formal criteria for selecting cases to receive the intervention, which affects our ability to effectively match cases to create a comparator group.
- Finally, the treated group in the target age range was small (n=121), which meant we did not have the statistical power to detect an effect of a reasonable size.

Our analyses did not find any effect on social care outcomes, but this may have been due to these limitations of the evaluation rather than the programme.

Re-referrals

There was no evidence that the programme reduced rates of re-referral within one year of the original referral. The raw rates of re-referral in treatment and comparison groups were very similar (10% vs 11% respectively); the difference was not statistically significant. A proportion of cases in the intervention group were referred less than a year before data collection ended and therefore it was not possible to determine whether they had or had not been re-referred within a year. When controlling for this in the analysis, the difference between intervention and comparison groups was greater, with more re-referrals in the RBFF group (15% vs 11%), but was still not statistically significant (p<0.396).

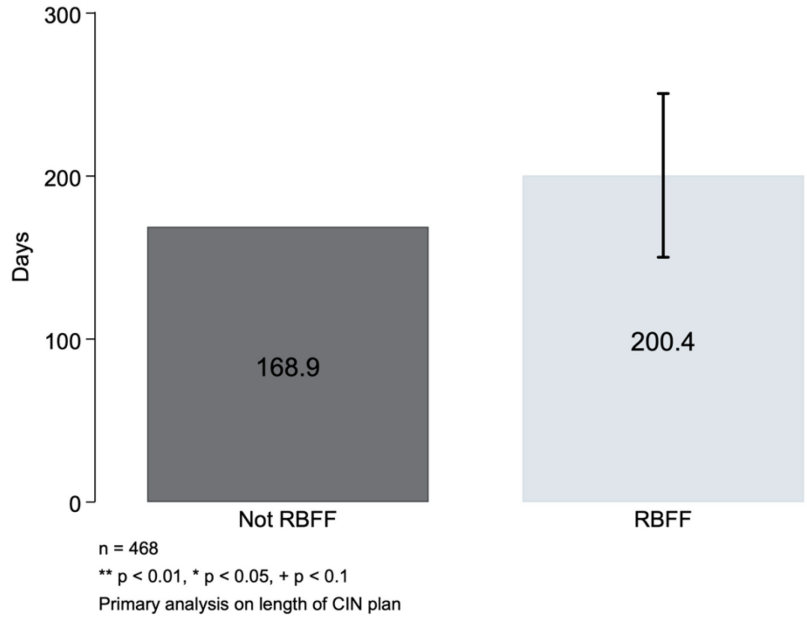
Figure 1: Re-referral rates of RBFF cases within a year



Length of case

The analysis did not find any evidence that the programme reduced the average number of days that a CIN case was open. CYP receiving RBFF services in Camden were on average on plans for 31 days longer than the comparator group (200 days vs 169 days), however the difference was not statistically significant *p*<0.218).

Figure 2: Number of days on CIN plan

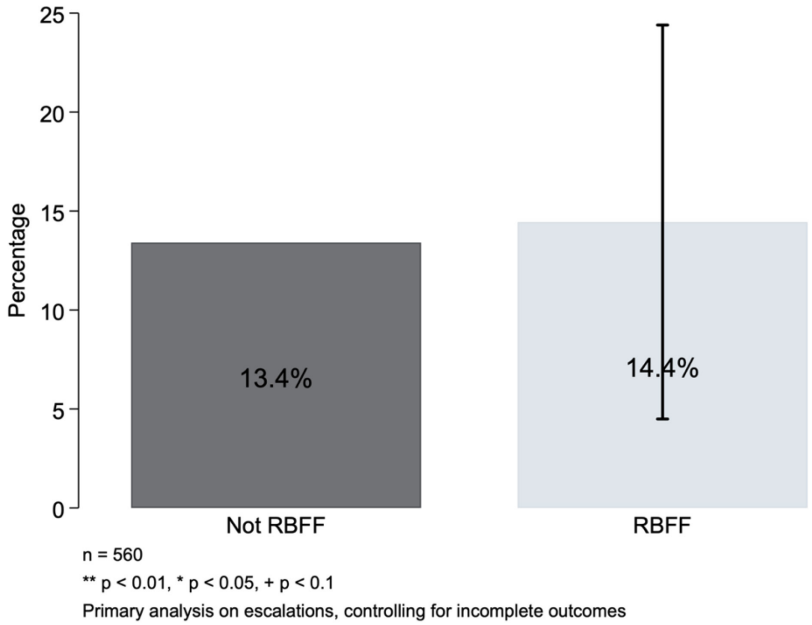


**Analysis excludes CYP whose cases had not yet closed, as their CIN plan length would otherwise be underestimated.*

Case escalation

As with re-referrals and case length, there was no evidence that RBFF reduced the proportion of cases that were escalated to LAC or CP status. For the RBFF cohort, 14% of cases were escalated, compared with 13% of cases in the comparator group (controlling for incomplete outcomes), however the difference was not statistically significant (p<0.838).

Figure 3: Percentage of cases escalated within 1 year



Educational outcomes

The educational support and monitoring provided by Virtual School was a novel element of the programme. Collecting data on the 51 CYPs who received education support can be viewed as a measure of success of the programme, as this is not routinely done for CIN. However, the novelty of this type of support meant there was no available counterfactual. The data collected were categorical and indicated whether a pupil fell above or below a threshold of concern for attendance and attainment. Generally, pupils did not move categories over the period of observation (see Appendix 6 for more detail). However, it is difficult to interpret the data collected, as it is not possible to say what might have happened in the absence of the educational support.

Barriers and facilitators to impact

Although the impact analysis did not find any effect of the programme on its primary outcomes, both professionals and families observed improvements in the proximal outcomes of wellbeing, family functioning and relationships in some instances. As discussed in the section on implementation, families and practitioners linked these improvements to the mechanisms identified in the theory of change, namely that

MCs and CIN felt their voices were heard, families felt they had greater agency over their lives, and felt more willing to engage with support services. This section describes the elements of the programme that families and SWs highlighted as supporting or hindering the process of change.

Trust

Families and practitioners said that the increased levels of trust the programme engendered was central to families being more likely to proactively engage with services. One parent described becoming an advocate for CSSW:

> "I actually feel that other parents should ask more for help. If you're struggling with your kid, me for example, […] don't be afraid [that] they're just going to come and take your kids". - *MC04*

SWs felt mentors were central to this process as families were willing to open up to them and share problems, even those which they previously may have tried to conceal (for example, a child being arrested).

Conversely, unstable relationships with practitioners undermined families' and CYP's engagement with the RBFF. For example, there were examples of mentors not attending appointments with CYPs, and in some cases this ultimately led CYPs to disengage from RBFF completely. This was explained by one CYP:

> "[mentor] really sold me out, because [they] just left me. […] I thought [they] was going to come next Wednesday, but [they] didn't and the week after [they] didn't and the week after [they] didn't." - *YP01*

Support from mentors

Mentors were described by families as the key figures supporting improvements in the wellbeing of children and family functioning. They did this through providing a wide range of practical and emotional support, for example coordinating the provision of additional assistance, accompanying the CYP to school in the morning, and supporting the CYP to improve their social skills. Families also said that mentors could unlock support from other organisations, such persuading schools to provide educational psychology assessments which, in one case, led to the school recognising previous unidentified need. As one SW outlined:

> They are really good at using advocacy and helping us and the schools to think about, okay what can we do differently for that child. - *SW01*

Practitioners and families described how improved CYP confidence was established through activities aimed at increasing a CYP's personal agency both within and outside of the home environment. CYPs described that with the support of their mentor, they became more self-sufficient at home, such as getting ready for school

and preparing food, as well as engaging in community-based activities, such as basketball or attending the local youth centre.

The RBFF programme was also seen by families and SWs as helping some CYPs manage difficult behaviour. Supported by specialist psychological services and the mentors, CYPs were described by both practitioners and families as developing skills and coping mechanisms to manage their mood, which led to improved behavioural outcomes. For example, SWs described how working with a mentor helped CYPs control anger issues and work on behavioural control which impacted both stability at home and at school. In the words of a supervising social worker:

> But she's [CYP] happier. There are less arguments at home. Mum is calmer. Family time is happening. She is sticking to her curfew. She's not running off and refusing to come home. - *SSW04*

Improved confidence and efficiency

As described by SWs, working within the RBFF framework led to increased confidence in their own abilities. This was attributed to the multi-disciplinary method of working. Frequent dialogues between services, collaborative working, and having discussions about cases enabled SWs to learn from other specialist teams (such as CAMHS) and meant that SWs felt their own skill set had been enhanced. SWs described the RBFF approach as 'trickling down' to other areas of their work, and nearly three-quarters (73%) of survey respondents agreed or strongly agreed that their work gave them a feeling of personal achievement, and that they found their job satisfying overall.

Additionally, SWs said that the programme led to improved efficiency as having all professionals in one place during systemic discussions meant that they did not need to make multiple referrals to different services. While SWs said that setting up the programme initially required additional time and resources, once implemented, they felt the collaborative approach took some of the 'onus' off of them and freed up some of their time. As a supervising social worker described:

> I feel like having that wider professional network is actually giving me the time to do some more direct work with the family. - SSW04

Cost

Programme costs were comprised of elements that were funded by the innovation grant and those that were delivered "in-kind" by Camden CSC (see Appendix 7 for more detail). The total cost of implementing the programme over two years was £2,674,820. The programme served 197 CYPs, which gives an average cost of £13,578 per CYP.

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

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further in subsequent rounds. Below are findings related to those features and outcomes that are relevant to RBFF.

Practice features

Using a clear, strengths-based practice framework & a whole family focus

RBFF was a family led approach and this aspect of the intervention was perceived by practitioners as being a key driving mechanism for programme engagement. Families praised the fact that they had the opportunity to choose who to invite to FGCs, decide which goals to set, and discuss their case independently from CSC professionals. This family focus was considered by families to be a key mechanism of perceived change, as it increased trust in services. In some cases, this led to improved engagement and family resilience. This meant a number of families reported feeling confident moving ahead without support from Camden CSC, and 'having the right tools' to manage challenges themselves.

Using systemic approaches to social work practice

A core element of the RBFF model was improving family relationships and building trust between families and their network of professionals. The evaluation observed this approach across multiple elements of the model. However, due to conflicting expectations, schedules, or priorities, it was sometimes challenging to organise systemic discussions. The mentor was an important facilitator to engaging the CYP with their wider systemic network, such as friends, the community or school.

Multi-disciplinary skill sets working together

Two key features of the RBFF programme were the collaboration with Virtual School, which provided additional targeted support to CYPs, and the family systemic discussions. Findings from interviews with CYPs, MCs, and SWs suggest that the mentors were a key link between the CYP and schools and would facilitate multi-disciplinary working through coordinating engagement with CAMHS, educational psychologists and alternative education provision. A number of practitioners reported that the systemic discussions brought together all professionals working on a case

and allowed them to share knowledge and work collaboratively to provide the best care for a CYP.

Undertaking group case discussion

Collective decision making between the family and a multi-disciplinary team during the FGC was a core-specification of RBFF. Overall, the evaluation suggests that families and SWs were positive about this approach, and some families described feeling empowered and enabled by it. Families and practitioners said that by being actively positioned as experts in their case and given agency over their care plan, families were more likely to develop trusted relationships with professionals and subsequently engage with the programme. However, there was conflict between expectations and what could be practically delivered in some cases. Some families discussed issues in FGCs which were out of the remit of social care services, such as problems relating to housing. Practitioners felt that having to re-adjust families' plans after the FGC was counterproductive, as it led to frictions with the disappointed families and confusion as to what the action plan was.

Outcomes

Reducing risk for children and young people

As described in the logic model, the intended outcome of reduced risk for children should ultimately result from improved family functioning and from the family's improved relationship with its professional network. This evaluation did not find evidence that the intervention reduced the risk for CYPs as measured by the social care outcomes, i.e. the evaluation did not find a reduction in rates of re-referral, case length or escalations.

Increase wellbeing and resilience for children, young people and families

The qualitative data suggests improved perceived wellbeing for some CYPs, including increased confidence, self-agency, and mental health, as well as improved behavioural and social functioning. Additionally, some families reported increased family resilience, including less conflict, improved sibling relationships, spending more quality time together, increased co-parenting and improved problem solving.

Generate better value for money

The total cost of implementing the programme over two years was £2,674,820. The programme served 197 CYPs, which gives a cost of £13,578 per CYP. As the evaluation did not find any evidence of impact on the primary outcomes, it is not possible to comment on the value for money of the programme.

5. Lessons and implications

Right Balance for Families is an innovative and intensive approach to supporting families who had or were expected to have a longer than average engagement with CSSW. The core aim of the programme was to support families so that they no longer needed the involvement of CSSW, which would be a positive outcome for the young people and their families. This would also have the wider benefit of reduced demand on services by these families, which would have freed up resources for other families that still required input.

Reflecting the key aim of the intervention, the primary outcomes for the evaluation were reduced re-referrals, reduced case length and a reduction in the number of escalations, as these are key indicators for CSC involvement. The impact evaluation did not find any evidence that the programme had an effect on these primary outcomes. Due to challenges in implementing the evaluation, this finding needs to be treated with caution as it may be the result of limitations in the methodology rather than the programme having no impact. However, even bearing in mind its limitations, the impact evaluation does not provide prima facie evidence supporting continuing the service or scaling it up.

Nevertheless, despite the impact evaluation finding no effect, the wider evidence gathered by the evaluation does suggest that Right Balance for Families has promising elements. In particular, practitioners and families interviewed as part of the process evaluation identified cases where they felt that the intervention had had clear benefits for young people and families, such as improved wellbeing and behaviour of CYPs and improved family dynamics. Linked to this positive feedback were descriptions by both families and practitioners of clear mechanisms through which the programme was influencing these outcomes, including: providing a ‘fresh start’ to their relationship with statutory services; practical and emotional support provided by mentors; a more holistic, cross-discipline approach to managing cases; and efforts to actively engage families in decision-making.

The insights from the process evaluation also suggest another explanation for why the impact evaluation did not find any evidence that the programme affected the primary outcomes. While improvements in family outcomes should lead to a reduction in case length and escalations, it is also possible that the intensive nature of the programme may produce more thorough and accurate assessments of need, resulting in increased case lengths and escalations. These two measures could therefore be seen as ambiguous and imply that the programme’s theory of change may need to be modified to take account of a more complex causal pathway.

While the findings of this evaluation do not enable a recommendation to necessarily continue or scale up Right Balance for Families, the evidence indicates that the intervention may merit further research and exploration. However, if this happens,

the main lessons of the current evaluation are that any future iteration of the programme should be designed and planned in a way that supports a high-quality experimental or quasi-experimental evaluation with a sufficient sample size. This is likely to mean that programme participation cannot solely be based on professional judgement about who is most likely to benefit. Instead, random allocation or allocation based on clear objective criteria would need to be used. In addition, quantitative data on proximal (wellbeing) outcomes should be collected as well as data on the primary (social care) outcomes, which would enable the evaluation to have greater explanatory power and help address the problem of ambiguous outcome indicators.

Appendix 1: Project theory of change

As a result of initial meetings with the programme team, the logic model presented in figure 4 below was developed. With a deepened understanding of the programme, a simplified model presented in figure 5 below was developed.

Figure 4: Right Balance for Families logic model

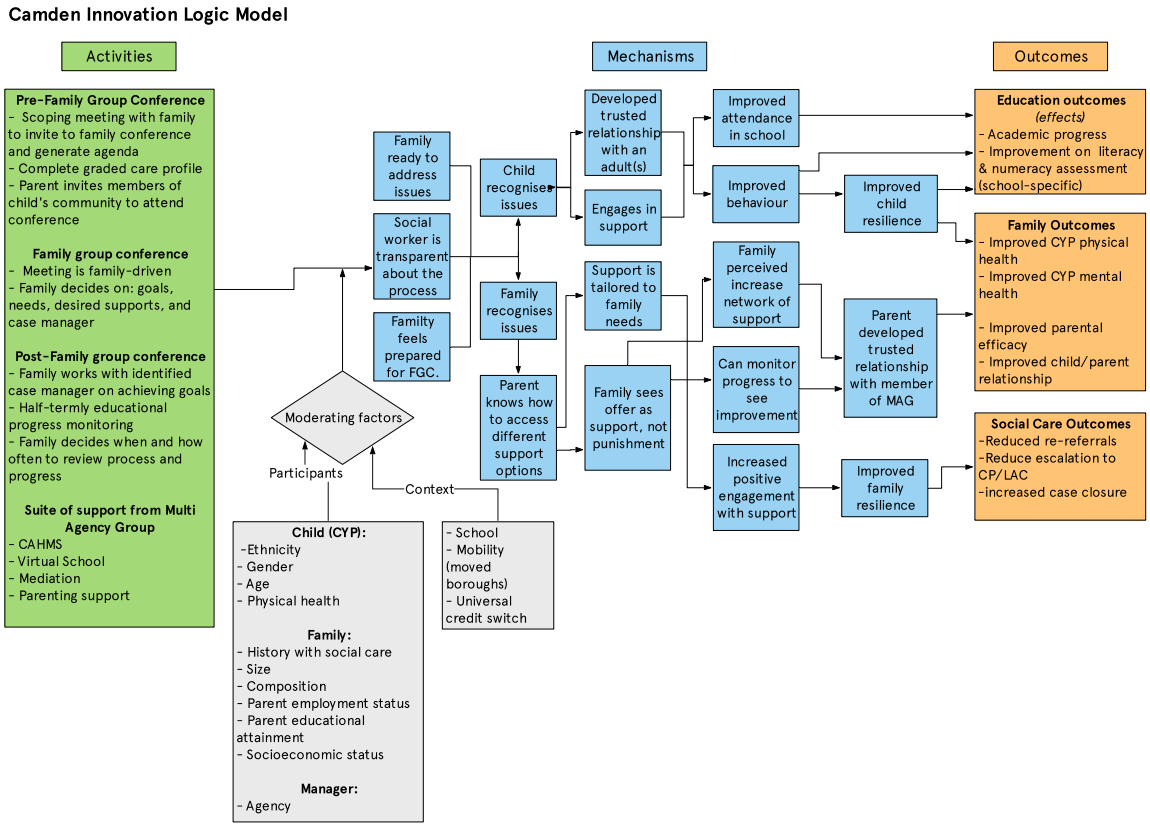
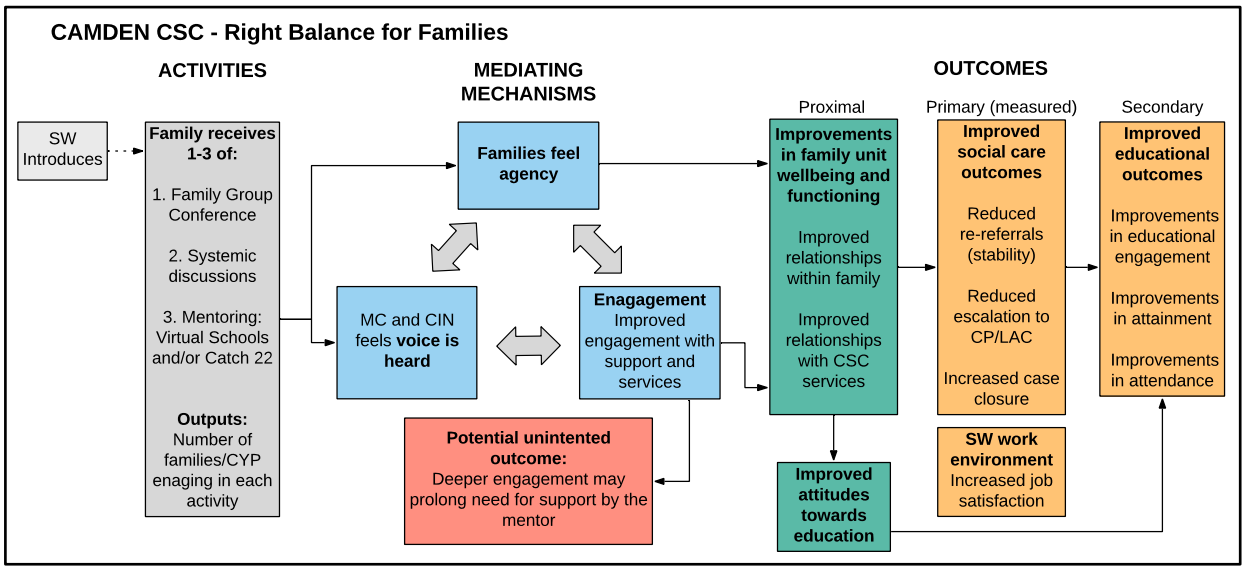


Figure 5: Right Balance for Families logic model



Appendix 2: Research methods details

Qualitative methods

In order to balance methodological and logistical considerations, the qualitative evaluation consisted of single time point data collection. The qualitative part of the evaluation explored two main processes of the intervention:

- Processes of implementation
- Mechanisms of impact

The qualitative evaluation utilised a range of qualitative data collection methods, conducting semi-structured interviews across matched cases, individual semi-structured interviews as well as focus groups. This allowed for a focus on range and diversity and also captured both depth and breadth of experience.

Validity was improved through the triangulation of multiple data sources involved in the intervention, including the perspectives of:

- Children in Need (CIN)
- Main caregiver (MC)
- SWs (SW)
- Senior SWs (SSW)
- Family group conference (FGC) coordinators
- Mentors

The qualitative evaluation was conducted through the following single time point methods:

- Matched case study semi-structured interviews with CIN and MC: allowing for the gathering of detailed CIN and MC perspectives providing rich data which contextualises the experience of each population group.
- Individual semi-structured interviews with SW and SSW: these allowed for the gathering of detailed perspectives of SWs. Unmatching the SW from the specific family meant that SWs were able to comment on multiple cases, providing a richness to data through contrast and comparison.
- Focus groups with FGC and mentors: to gather a breadth of practitioner experiences. The practitioners were able to share and reflect upon cases, barriers, logistical issues while contextualising the perspectives of other stakeholders.

Modifications to quantitative research methods

As noted in the March 2019 Interim report, there is concern about the extent to which the impact evaluation is powered to detect an effect. As of February 2020, the Camden dataset suggested that 197 CYP who had been referred to CIN on or after 1 September 2017 received the RBFF intervention; however, only 121 of these children were aged 10-13.9 at the time of this referral. In the initial scoping of the project, Camden had anticipated that approximately 200-250 CYP would receive the programme, which was already considered likely too small to be powered to detect a realistic effect size. The original evaluation plan utilised a difference-in-difference-in-difference (DDD) design, which would have drawn upon three comparisons: an external group in another local authority, an internal group within Camden, and time (before/after the intervention). Given the extent to which the analysis sample was smaller than expected, it was concluded that a DDD design, and even a difference-in-difference design (eliminating the internal comparator), would further compromise the evaluation's power.

Furthermore, in order to run a reliable difference-in-difference model, it is critical to satisfy the parallel trends assumption, which requires that outcome trends in the treated and comparator groups are parallel prior to the implementation of the intervention. Hammersmith & Fulham, the original chosen external comparator group for this evaluation, was a promising candidate to meeting the parallel trends assumption in that the overall re-referral trends across all CYP (not just aged 10-13.9) in the local authority were parallel to the trends seen in Camden prior to the implementation of RBFF. Still, when receiving the outcome data it was necessary to establish parallel trends within the relevant age group, which was not possible. The properties of this dataset thus suggested that a difference-in-difference model would not be appropriate in this evaluation.

The project team explored the option of running a coarsened exact matching model using the Hammersmith & Fulham data. However, due to differences in the ways in which the two LAs collected and managed their CIN service data, the team was unable to establish a satisfactory comparator group.

The team opted instead to run a coarsened exact matching model in which the treated CYP from Camden who met the RBFF criteria from September 2017 onwards were matched to an historical group of CYP from Camden who met the same criteria, but were referred between September 2015 and February 2017.

Appendix 3: Qualitative sampling methods

Recruiting families to participate in research activities was considerably more difficult than recruiting SWs, and the final number recruited was lower than targeted. The most effective way to recruit families was through their FGC coordinator, as families trusted this person and had a positive relationship with them. The FGC coordinator called families to explain the interviews and asked if they would like to take part. If the families were interested, the FGC coordinator explained that he would call them to arrange the interview with a member of the BIT research team a few days later. FGC coordinators and BIT staff then met at Camden council and called all families interested in taking part together. This allowed the families to feel at ease and sped up the recruitment process significantly.

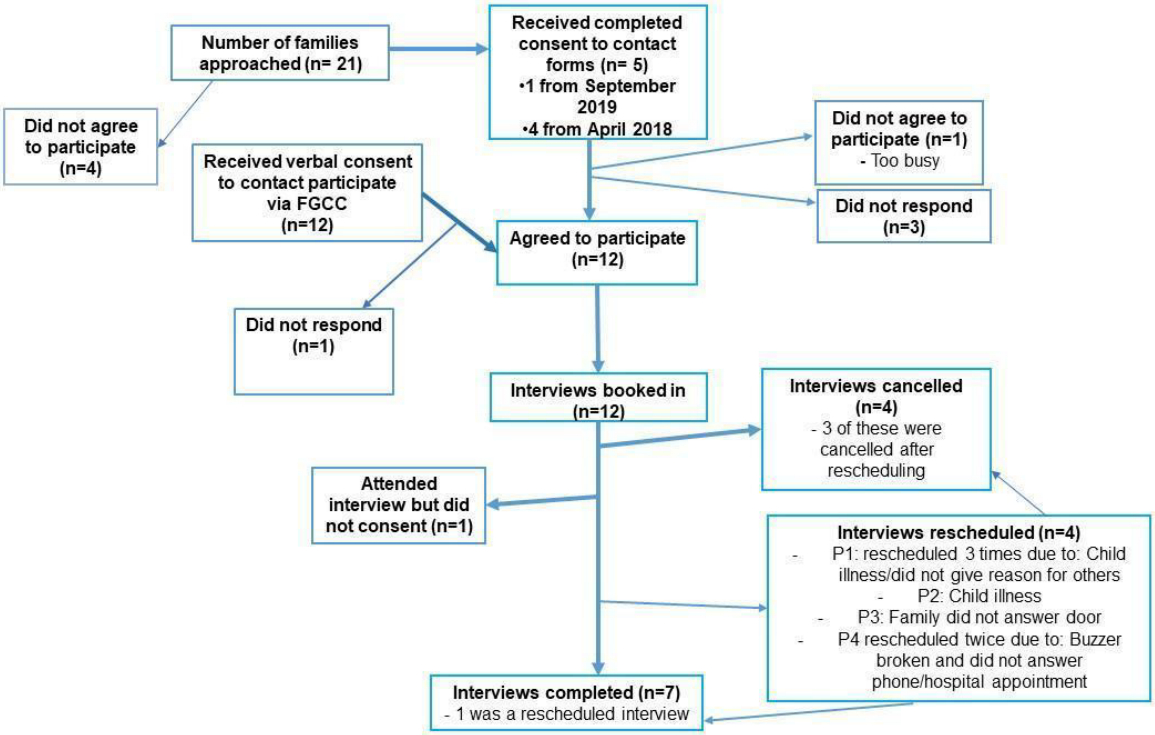
Below are some key take-aways and challenges from the family recruitment process:

- Interviews were fairly easy to book in (using the above method), however families struggled to keep interview dates and rescheduled multiple times. Most families were initially keen but lost interest as time went on. The families who scheduled interviews on dates soon after the initial conversation tended to keep to them more.
- The families who rescheduled usually ended up cancelling or became unresponsive (only 1 out of 4 interviews that were rescheduled actually took place at a later date).
- One participant did not have a clear understanding of the interview and what it was for when the BIT researcher arrived to conduct an interview in the participant's home. This participant became confused and uncomfortable at the idea of doing the interview due to the initial misunderstanding. This participant was given the chance to complete the interview at a later date if they chose to. Even though the participant had been explained the purpose of the interview by the FGC coordinator and BIT researcher on multiple occasions, and was given the information sheet on the day, the participant ultimately did not want to take part. In the future, adapting processes to accommodate vulnerable participants, who may need more detailed explanations of the purpose of interviews, may help reduce drop out for these reasons.
- One participant rescheduled multiple times and did not give a reason for the 3rd time. The team chose not to pursue rescheduling any further with this participant to avoid making the participant feel like they were being pressured to take part.

Interview rescheduling/cancellations

- Of those rescheduled, some were rearranged up to 3 times
- On multiple occasions, participants did not answer their door
- The most cited reason for cancelling was illness (child)
- Some cancelled without giving a reason

Figure 6: Recruitment flowchart



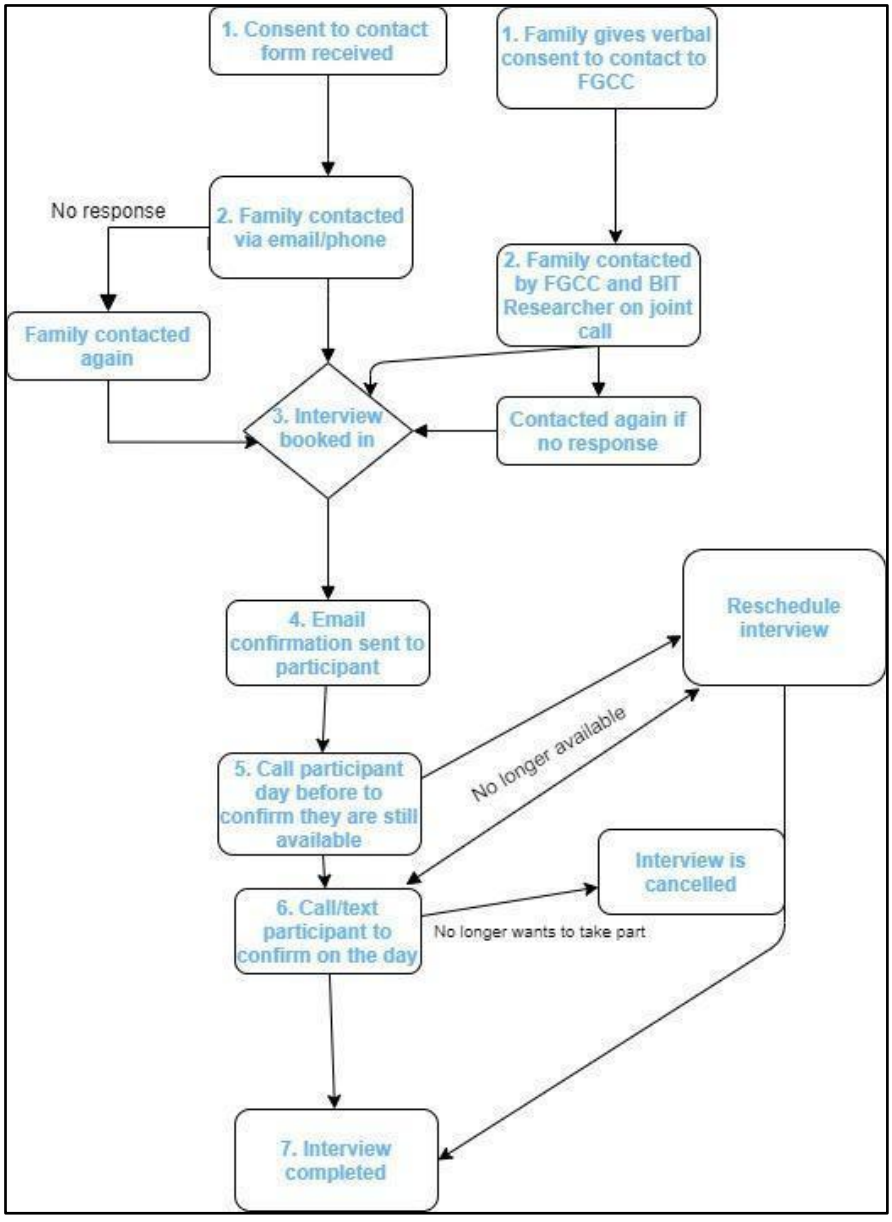
Recruitment communication process

1. Consent to contact form received
2. Family contacted via phone and email (if email is provided)
3. Family contacted again if no response
4. Alternatively, families were contacted by their FGC coordinator, if interested family then agrees to be contacted by BIT researcher and FGC coordinator together, to arrange a time to be interviewed
5. Call by BIT/FGC coordinator takes place, interview date booked in
6. BIT staff emails (if participant has email address) confirmation of interview booking with date, time, place, attaches information sheet, and provides

contact details should the participant have any questions, or anything comes up

7. BIT staff (researcher and interviewer) calls/ emails prior to the interview date to check the participant is still available.
8. BIT staff texts participant to confirm they are on their way
9. If participant does not respond, BIT staff calls participant to try and reschedule
10. New date is arranged
11. Process is repeated (up to 3 times if necessary) until interview takes place
12. If participant does not want to take part, interview is cancelled

Figure 7: Diagram of recruitment process



Appendix 4: Quantitative analysis detail

Summary of the approach

The analytical approach used a coarsened exact matching model, in which the treated CYP from Camden who met the RBFF criteria were matched to an untreated group of otherwise similar CYP from Camden. The team is certain that this group of CYP is untreated because their cases occurred between September 2015 and February 2017, well before the intervention was implemented.

Evaluation design

The impact evaluation was conducted as a quasi-experimental design, using coarsened exact matching with a comparator group. CYP were matched on the following characteristics:

- whether or not they had a previous referral,
- gender,
- time period of referral (e.g.: quarters 1, 2, 3, or 4),
- whether or not they have siblings.

These characteristics were chosen because they ensured comparability in ability to measure the outcome for both treated and untreated CYPs, and were deemed likely to predict whether the CYP would be at-risk of re-referral. The evaluation team examined numerous combinations of variables on which to match. The more variables on which CYP are matched, the fewer matches are made; therefore, we limited the match variables to those listed above in order to preserve the already limited sample of treated CYP (our matching criteria resulted in the exclusion of only one treated CYP). Secondary to this, we aimed to reduce the total number of untreated CYP (440) matched to treated CYP (120); however, reducing the number of matched untreated CYP would result in fewer matched treated CYP, which is why we were unable to reduce this number further. As previously described, cases for RBFF were selected on some objective criteria (YPs aged 10-13 years), but also on the basis of practitioner judgement. This judgment took into account the family's previous history with CSC and expected case trajectory; however, because there is no objective, measurable variable that captures this judgment, there are likely to be important differences between the treated and untreated cases that may have driven their outcomes, resulting in selection bias in the sample.

The treated Camden analysis sample was limited to children who:

- had a referral on 1 September 2017 or after,
- were aged between 10-13.9 at the time of this referral, and

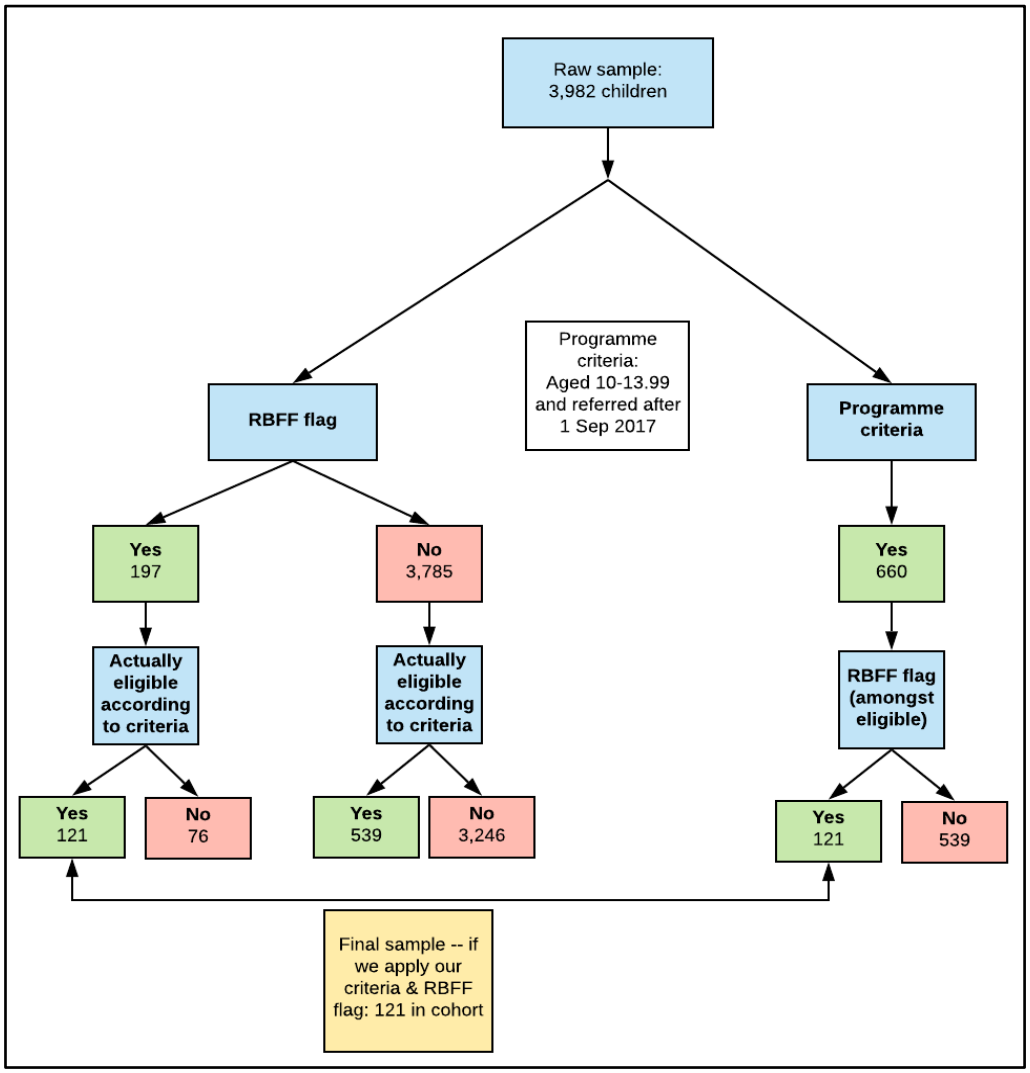
- were flagged by the Camden team as having received the RBFF programme.

The untreated Camden analysis sample was limited to children who:

- had a referral on 1 September 2015 or after, but before 19 February 2017, and
- were aged between 10-13.9 at the time of this referral.
- were flagged by the Camden team as not having received the RBFF programme.

The below diagram illustrates the change in sample size of treated CYP when accounting for inclusion criteria. Please note that there is a further reduction when restricting the sample only to those whose key referral occurred between September 2017 and 18 February 2019, as the data was pulled on 18 February 2020 and the primary outcome measure requires 1 year to pass from the date of referral. The team conducted sensitivity analysis controlling for this and do not find a change in results.

Figure 8: Consort diagram of treated analysis sample



Outcome measures

The outcomes measures were chosen according to their relevance to the research questions and the availability of data. The quantitative evaluation analyses the impact of the programme on:

- re-referral rates within 1 year of initial referral;
- length of CIN cases (measured in days);
- escalation rates of CIN plan.

Balance checks

Balance checks were undertaken to ensure that there were equal or almost equal proportions of individuals with relevant characteristics in the treated sample and the untreated comparator group. Ensuring that the two groups were equivalent ensures that differences in outcomes between the two groups is not a result of these observable characteristics that were used for matching. Unfortunately, the ability to check for balance between treated and untreated groups is limited only to the extent of the data that is available. Because CYP were selected for the programme on the basis of practitioner judgement, there is likely to be an unobservable difference between the treated and untreated cohort; it is not possible to check for balance on this particular difference, or to control for this in the analysis.

The sample was balanced on all observable characteristics ($p<0.05$). Nevertheless, because the comparator group comes from a historical time-period preceding the treated time-period, it is possible that other changes in social work practice over time, irrespective of RBFF, could have driven the outcomes.

Table 2: Balance checks

	Untreated Camden	Treated Camden	P-value
Previous referral	0.616	0.669	0.276
Male	0.518	0.512	0.907
Female	0.000	0.008	0.050
Unknown gender	0.000	0.008	-
Siblings	0.931	0.917	0.609
Quarter 1	0.253	0.223	0.503

	Untreated Camden	Treated Camden	P-value
Quarter 2	0.212	0.190	0.603
Quarter 3	0.210	0.281	0.094
Quarter 4	0.326	0.306	0.670

Source: CCSW Base = 584 cases (121 treated and 463 untreated)

Analysis specification

The same specification for all three outcome measures is used:

$$Y_i = \alpha + \beta_1 T_i + \varepsilon$$

Where:

Y_i is the outcome variable: re-referral within 1 year, CIN plan length, and escalation within 1 year,

α is a constant term. It can be interpreted as the outcome of untreated CYP in Camden (between September 2015-February 2017),

T_i is a binary treatment (or area) indicator, set to 1 if the CYP is a treated RBFF case in Camden,

ε is the error term.

Standard errors are clustered at the family ID level.

As an added sensitivity analysis, the team ran the regression of re-referral rates by including a dummy to control for referrals that took place after 18 February 2019 (as these referrals did not have sufficient time for outcomes to be measured properly). This sensitivity analysis does not conflict with our findings.

All analyses were conducted using ordinary least squares. OLS was chosen as the preferred model due to its ease of interpretation, when compared to logistic models, which present odds ratios. However, the team conducted robustness checks using a logistic regression on the binary outcome measures (re-referral rates and escalations), and found similar outcomes to those presented in the OLS models.

Regression output

Re-referral rates

Table 3: Regression table for re-referral rates

Child re-referred after 1 year of referral open	OLS	Logit	OLS	Logit
RBFF	-0.007 [0.033]	-0.077 [0.359]	0.040 [0.047]	0.362 [0.392]
Referral after 18 Feb 2019	-	-	-0.109* [0.051]	-1.461+ [0.804]
Constant	0.107** [0.017]	-2.120** [0.183]	0.107** [0.017]	-2.120** [0.183]
Control mean		0.111		0.111
Marginal treatment effect		-0.007		0.034
N	560	560	560	560

Robust standard errors in parentheses. + p < 0.10, * p <0.05, ** p <0.01.
The 120 treated CYP from Camden between September 2017 to February 2019 are matched to 440 CYP from Camden between September 2015 to February 2017. Standard errors are clustered at the family level.

Number of days on CIN plan

Table 4: Regression table for length of CIN plan

Length of CIN plan (days)	OLS
RBFF	31.487 [25.541]
Constant	171.128** [13.910]
Control mean	168.931
N	560

Robust standard errors in parentheses. + p < 0.10, * p <0.05, ** p <0.01.
CYP with open CIN plans (55 treated and 37 untreated) excluded from analysis.
Standard errors are clustered at the family level

Escalations to CP or LAC within 1 year of referral

Table 5: Regression table for escalations to CP or LAC

Child's referral escalated to CP or LAC	OLS	Logit	OLS	Logit
RBFF	0.007 [0.042]	0.053 [0.319]	0.010 [0.051]	0.078 [0.377]
Referral after 18 Feb 2019	-	-	-0.008 [0.072]	-0.060 [0.545]
Constant	0.151** [0.023]	-1.724** [0.179]	0.151** [0.023]	-1.724** [0.179]
Control mean		0.134		0.134
Marginal treatment effect		0.007		0.010
N	560	560	560	560

Robust standard errors in parentheses. + p < 0.10, * p <0.05, ** p <0.01. Standard errors are clustered at the family level.

Limitations of the model

The quantitative evaluation is subject to several biases. Firstly, the analysis compares a cohort of CYP from 2017-2019 to a cohort of CYP from 2015-2017. Any changes in practice or social/political climate could impact CYP outcomes in a meaningful way, which means that differences between the two groups cannot be attributed exclusively to the RBFF programme. Whilst this evaluation design is not ideal, it was the best possible one given the data made available.

Secondly, given the nature of the programme, families received the option to decline services. This means that there may be certain characteristics about those families, irrespective of the RBFF intervention, that might influence their social care outcomes.

Thirdly, the only formal criteria for the selection of CIN cases was age (10-13 years old). Otherwise, cases were selected based on practitioner judgment. However, cases that received the programme did not always meet the age criteria. Children below the age of 10 or above the age of 14 received the programme, which suggests that there could be a further degree of practitioner selection bias in offering the programme outside the bounds of the original inclusion criteria. This was illustrated in the previous consort diagram (Figure 8). Tables 6 and 7 below demonstrate the characteristics of CYP aged 10-13.9 within each of the following groups: matched treated cohort during from the evaluation period (2017-2019), not-matched and not-treated cohort from the evaluation period (2017-2019), matched and not-treated comparator cohort (2015-2017), and not-matched and not-treated cohort (2015-2017). The similarity in characteristics between the two matched cohorts (rows 1 and 3 in each table) suggests that the matching was successful according to the demographic variables that were made available to us. However, the data available to us does not include other factors that would influence social worker decision-making, so we are not able to definitively say whether these two groups are perfectly comparable.

Table 6: Race composition of CYP aged 10-13.9 in Camden

		N	White	Black	Asian	Mixed	Other ethnicity
Evaluation period 2017-2019	1. Treated; matched	120	35.0%	19.2%	24.2%	18.3%	3.3%
Evaluation period 2017-2019	2. Untreated; not matched	539	32.5%	20.4%	31.4%	11.1%	4.6%
Pre-evaluation period 2015-2017	3. Untreated; matched (comparator cohort)	440	32.7%	26.4%	28.2%	12.5%	0.2%
Pre-evaluation period 2015-2017	4. Untreated; not matched	23	39.1%	4.4%	30.4%	21.7%	4.4%

Table 7: Other characteristics of CYP aged 10-13.9 in Camden

		N	Have sibling(s)	Female	British	Previous referral
Evaluation period 2017-2019	1. Treated; matched	120	91.7%	51.7%	75.8%	67.5%
Evaluation period 2017-2019	2. Untreated; not matched	539	89.4%	51.6%	60.5%	55.1%
Pre-evaluation period 2015-2017	3. Untreated; matched (comparator cohort)	440	98.0%	52.3%	70.9%	62.5%
Pre-evaluation period 2015-2017	4. Untreated; not matched	23	0.0%	43.5%	56.5%	43.5%

In some cases, the variable in the provided data that indicated whether a child had received the programme was inconsistent across iterations of data that was shared, which raises concerns around data collection quality and consistency.

Finally, the design of this evaluation does not account for intra-household spill overs; while the intervention aimed to target 10-13 year olds, some of these CYP had siblings in other age groups, who could have benefitted from the programme. However, these potential benefits are not captured in this analytical approach.

Appendix 5: Survey findings

The survey was sent to 60 Camden SWs and SSWs; 27 (45%) responded. Below are summary statistics of responses to the most relevant questions in the SW survey.

Table 8-18: Social Worker survey questions

Table 8: What is your current role at Camden Social Services?

Current role	Percentage	Number of respondents
SW	63%	17
Senior SW	15%	4
Newly qualified SW (i.e., assessed and supported year in employment, ASYE)	15%	4
Family group conference coordinator	0%	0
Prefer not to say	0%	0
Other please specify: Team Manager	4%	1
Other please specify: Senior Practitioner	4%	1

Base: 27 respondents Source: SW survey

Table 9: How long have you been in your current role?

Time in current role	Percentage	Number of respondents
One year or less	48%	13
Two to three years	19%	5
Four to five years	19%	5
Six to ten years	15%	4
More than ten years	0%	0
Prefer not to say	0%	0

Base: 27 respondents Source: SW survey

Table 10: How long have you been working for Camden Children's Social Care (in any role)?

Time working at Camden CSC	Percentage	Number of respondents
One year or less	59%	16
Two to three years	15%	4
Four to five years	4%	1
Six to ten years	7%	2
More than ten years	15%	4
Prefer not to say	0%	0

Base: 27 respondents Source: SW survey

Table 11: What is your gender?

Gender	Percentage	Number of respondents
Woman	85%	23
Man	4%	1
Prefer not to say	11%	3
Other (please specify)	0%	0

Base: 27 respondents Source: SW survey

Table 12: What is your age (in years)?

Age	Percentage	Number of respondents
24 years or under	7%	2
25 - 34 years old	44%	12
35 - 44 years old	19%	5
45 - 54 years old	15%	4
55 - 64 years old	4%	1
65 years old and over	4%	1
Prefer not to say	7%	2

Base: 27 respondents Source: SW survey

Table 13: For the next few questions, please think about the CIN cases that were managed using the RBFF approach (RBFF cases) and the CIN cases that were not managed using the RBFF approach (non-RBFF cases)

Sub-question	*RBFF Cases*	*Non-RBFF cases*	*No difference between RBFF and non-RBFF cases*	*Neither RBFF nor non-RBFF cases*	*Missing*
a, Which type of CIN cases require more time to manage?	30% (8)	4% (1)	26% (7)	7% (2)	33% (9)
b, Which type of CIN cases require more coordination with other service providers?	30% (8)	4% (1)	30% (8)	4% (1)	33% (9)
c, Which type of CIN cases require more meetings and/or administrative tasks (e.g., emails, case notes)?	33% (9)	4% (1)	26% (7)	4% (1)	33% (9)
d, For which type of CIN cases do you have contact with the YP more often (e.g., in-person, phone)?	11% (3)	7% (2)	37% (10)	11% (3)	33% (9)
e, For which type of CIN cases do you have contact with the primary caregivers more often (e.g., in-person, phone)?	7% (2)	4% (1)	44% (12)	7% (2)	37% (10)
f, Which types of families are more engaged with the support that is offered to them (e.g., the support you provide)?	22% (6)	0% (0)	41% (11)	4% (1)	33% (9)
g, In which types of cases are the caregivers more actively involved in working towards their goals?	22% (6)	0% (0)	33% (9)	11% (3)	33% (9)

Sub-question	*RBFF Cases*	*Non-RBFF cases*	*No difference between RBFF and non-RBFF cases*	*Neither RBFF nor non-RBFF cases*	*Missing*
h, Which types of families develop stronger support networks as a result of receiving support from Camden CSC?	19% (5)	0% (0)	33% (9)	11% (3)	37% (10)

Base: 27 respondents; raw numbers in parentheses Source: SW survey

Table 14: How do you feel about your current caseload?

Current caseload	Percentage	Number of respondents
I do not have any cases (i.e., non-case holding role)	22%	6
I have too few cases	4%	1
I have the right amount of cases	52%	14
I have too many cases	19%	5
Missing	4%	1

Base: 27 respondents Source: SW survey

Table 15: How would you rate your level of understanding of the RBFF approach?

Understanding of the RBFF approach	Percentage	Number of respondents
Poor	15%	4
Fair	30%	8
Good	44%	12
Very Good	7%	2
Missing	4%	1

Base: 27 respondents Source: SW survey

Table 16: What is the reason that none of your cases were part of the RBFF programme? (select all that apply) (This question only shown to the 8 individuals who indicated that none of their CIN cases had been managed using the RBFF approach)

Reason for not using RBFF	Number of respondents
I have never heard of RBFF	4
I did not know how to refer families to the RBFF programme	0
I did not know which cases would be eligible to participate in RBFF programme	1
I did not have any families with children ages 10-13 years old	0
I did not have any families who I felt would benefit from RBFF	1
Other (please specify): Families declined service	1
Other (please specify): I have been working for Camden for 3 weeks	1

Base: 8 respondents Source: SW survey

Table 17: In general, how would you rate your stress level in your current job?

Stress level	Percentage	Number of respondents
Not at all stressful	4%	1
Slightly stressful	26%	7
Moderately stressful	41%	11
Very stressful	26%	7
Missing	4%	1

Base: 27 respondents Source: SW survey

Table 18: Please select how much you agree or disagree with the following statements

Statement	*Strongly disagree*	*Disagree*	*Neither agree nor disagree*	*Agree*	*Strongly agree*	*Missing*
a, My work gives me a feeling of personal achievement	4% (1)	0% (0)	19% (5)	59% (16)	15% (4)	4% (1)
b, I feel I am being asked to fulfil too many different roles within my job	0% (0)	15% (4)	33% (9)	48% (13)	0% (0)	4% (1)
c, Overall, I find my job satisfying	0% (0)	4% (1)	15% (4)	67% (18)	11% (3)	4% (1)

Base: 27 respondents; raw numbers in parenthesis Source: SW survey

Appendix 6: Virtual School data

The tables below summarise the findings from the data shared by Virtual School. These tables provide summary statistics on attendance and attainment trends over the course of the 2017/2018 and 2018/2019 school years. Because this data was provided without a counterfactual group (i.e.: similar CYP without additional support), it was not possible to use this data in the impact analysis. Overall, the data did not show major changes in attendance and attainment; however, this could be due to the way in which this data is collected. More granular data with more clearly defined and smaller change increments might have shown more clear changes in attendance and attainment trends.

Attendance

Table 19-21: Virtual School data

Table 19: Attendance in 2017/2018 and 2018/2019 school years

Attendance rate at start of VS support	Attendance rate at last recorded time point	Full sample (N=32)	RBFF age (N=20)
<90%	<90% (no change)	16	13
<90%	>=90% (improved attendance)	2	1
>=90%	<90% (decreased attendance)	2	2
>=90%	>=90% (no change)	12	4

Base: This sample is restricted only to CYP with at least two attendance records in the dataset. RBFF column restricts to children age 10-13.
Source: Virtual School

Attainment

English

Table 20: English attainment in 2017/2018 and 2018/2019 school years

Performance in English at start of VS support	Performance in English at last recorded time point	Full sample (N=38)	RBFF age (N=24)
Below expected	Below expected (no change)	17	10
Below expected	Expected/above expected (improvement in performance)	6	2
Expected/above expected	Below expected (decrease in performance)	4	4
Expected/above expected	Expected/above expected (no change)	11	8

Base: This sample is restricted only to CYP with at least two attainment records in the dataset. RBFF column restricts to children age 10-13.
Source: Virtual School

Maths

Table 21: Maths attainment in 2017/2018 and 2018/2019 school years

Performance in Maths at start of VS support	Performance in Maths at last recorded time point	Full sample (N=37)	RBFF age (N=23)
Below expected	Below expected (no change)	13	8
Below expected	Expected/above expected (improvement in performance)	5	3
Expected/above expected	Below expected (decrease in performance)	5	5
Expected/above expected	Expected/above expected (no change)	14	7

Base: This sample is restricted only to CYP with at least two attainment records in the dataset. RBFF column restricts to children age 10-13.
Source: Virtual School

Appendix 7: Programme costs

Table 22: Programme staff and service contract costs

Description	Funding source	Total cost (£)
Education service provision (Virtual School, educational psychologist)	Innovation grant	285,390
Family Group Conferences	Innovation grant	208,066
Catch-22 mentoring services	Innovation grant	160,000
Tavistock training services	Innovation grant	167,204
Community Safety Coordinator	Innovation grant	40,000
Project support	Innovation grant	148,138
Programme leadership	In-kind	90,726
Systems development & internal evaluation	In-kind	107,538
Tutors and multi-disciplinary support	In-kind	395,746
CIN resource	In-kind	767,011
Total staff/contract costs		**2,369,820**

Source: Camden CSC

Table 23: Other costs

Description	Total cost (£)
Events - internal staff meetings and external events with colleagues and families	25,000
HR specialist recruitment costs	15,000
Setup costs, including travel & misc.	105,000
Family travel and reward vouchers	55,000
Legal fees	45,000
Specialist equipment and filming	60,000
Total	**305,000**

Source: Camden CSC

Appendix 8: Topic guides for qualitative interviews and focus groups

Camden CSC - Social worker (RBFF)

Main objective	Purpose of section	Guide timings
1. Introductions	Explains the purpose and ground rules for the interview.	3 mins
2. Background and scene setting	Understand more about the SW role and experience of working in Camden with CIN and their families	5 mins
3. Embedding the RBFF and implementing FGCs / systemic discussions	Explore the SW's perceptions and understanding of the RBFF programme Understand experience of embedding the RBFF programme in Camden CSC Get feedback on use of FGCs and systemic discussions Understand current dynamics of collaboration between services	15 mins
4. Virtual Schools	Gauge SW's understanding and impressions of the Virtual Schools element, collaboration and feedback from VSMs, and impressions on the impact of this component	5 mins
5. Impact over time	Understand whether the RBFF programme appears to bring about change for the family Understand whether the RBFF programme appears to bring about change for the SW	10 mins
6. Key lessons and recommendations	Understand what elements help and hinder the implementation of the RBFF programme form a SW perspective Recommendations	5 mins
7. Close	Thank you and close	2 mins

Topic guide

1. Introductions and background	3 mins
Introduction: ● Introduce yourself and BIT **Aims of this interview** Here to talk about your experience of being a Social Worker in Camden, specifically working within the Right Balance for Families (RBFF) programme, as well as your relationship with CINs and their families **This interview:** ● Should take no more than 45 mins ● Want to understand things from your perspective. No right or wrong answers, not here to judge your views ● We'd like to cover your experience drawing from all of the CIN cases you have been working on. Feel free to be as specific or vague as you'd like with examples **Reiterate key points:** ● All information gathered will be in strict confidence, unless there are concerns about the safety of you or someone else. May use quotes from this interview in our outputs, but these will be included in a way that no one is identifiable ● Will be audio-recording this interview, with your permission. ● We will then be using the audio-recording to transcribe this session ● If at any point you feel uncomfortable or prefer not to answer a specific questions, you can just say so ● *Check if they have any questions before starting* **Recording:** ● Obtain verbal permission to begin audio-recording ● Once you have the consent, start the audio recorder ● State interview number	Orientates respondent and gets them prepared to take part in the discussion. Outlines the 'rules' of the interview. To find out more about the general context of the Family Practitioner's experience
2. Background and scene setting	5 mins

I'd like to start by getting to know you a little better ● How long have you been a Social worker? ● What motivated you to be a Social worker? ● What does a typical day look like for you? **1. Can you tell me a little bit about the CIN cases you have been working on as part of RBFF?** a. Probe on: case load, variability of family representations **2. Can you tell me about the activities you tend to use to support the CIN and their families?** a. What strategies do you use to engage families?	Understand more about the SW role and the daily experiences of working in Camden with CINs and their families; what activities they do with the families, and the CIN.
3. Embedding the RBFF and implementing FGCs	15 mins
Explain that you would like to understand a bit more about how the RBFF programme is used in practice and their experience of embedding it within Camden CSC. **1. Can you tell me about your understanding of the Right Balance for Families Programme?** a. What are the main components? i. [look for] family group conference, network around family, systemic discussions, educational consultancy. b. What is the main purpose? c. What do you think about the programme? **2. [if relevant only] How was RBFF received when it was first introduced in Camden CSC?** a. Why do you think that is? b. Where were your expectations of it? c. Were there any concerns? i. How were these concerns addressed? **3. How regularly is RBFF discussed at Camden CSC?** a. How does Camden ensure staff understand RBFF, if at all? b. How has the programme evolved over time, if at all? **4. What types of support are you receiving from Camden CSC on RBFF at the moment?** a. How supported do you feel? b. What could be improved? c. What is working well? **5. How do you tend to introduce the offering to families?** a. What engagement strategies do you tend to use to get families onboard?	Explore the SW's perceptions and understanding of the RBFF programme Understand experience of embedding the RBFF programme in Camden CSC Get feedback on use of FGCs Understand current dynamics of collaboration between services

b. How do they typically react? c. How easy / difficult is it to get them on board? d. Do they tend to have any concerns? i. What are they? **6. How do families typically decide which parts of the RBFF they would like to take part in?** a. What role do you play in helping them make this decision? b. How are the different components of the RBFF being received by families? i. Probe on: differences in engagement between services **7. How do the different components of the RBFF interact on cases?** i. How do they work separately? **8. Tell me about the Family Group Conference - what happens there?** a. Who is present? b. What is the role of the FGC coordinators? How do you typically interact with them? c. What is talked about? d. How does the family tend to respond to the FGC? e. How do you find helping the family to set goals and plans? i. How does the family tend to engage? f. How does the process of identifying a trusted professional tend to happen? g. What kind of challenges come up, if any? h. What typically goes well in the FGC? **9. I have heard that systemic discussions are another component of RBFF - can you tell me about that?** a. Who takes part in these? b. What do you discuss there? c. How useful do you find it? d. What works well? e. What could be done better? **10. Can you explain to me the dynamics of how the different services work together at the moment?** a. e.g. VSM / Catch22 mentors, on FGCs, systemic discussions, ongoing support, Virtual Schools	
4. Virtual Schools	5 mins
Explain you would like to know more about the educational consultancy component of the programme and whether it makes a difference to the CYP.	Gauge SW's understanding and

1. **Tell me a bit about the educational component of the RBFF programme?** a. What does it involve? b. How have you found it? 2. **How does it tend to come about with your CIN cases?** a. What leads to families taking it up? 3. **Can you tell me about the involvement of the Virtual School Mentors in the RBFF?** a. How do you interact with the VSMs? b. What feedback are you getting on relationships between mentors and CYP? 4. **Have you noticed any changes for the CYP who have taken it up?** a. What has changed and why do you think that is? i. Prompts: motivation, exclusions, attendance. b. How does this compare to those who don't take it up? 5. **What do you think about the education aspect of this programme?** a. What do you think works well? b. What could be improved? i. Is there anything you would change?	impressions of the Virtual Schools element, collaboration and feedback from VSMs, and impressions on the impact of this component
5. Impact over time	10 min
[Note to facilitator] throughout, probe for specific case examples using different components of the RBFF. 1. **How does this approach differ from your previous ways of working?** 2. **Do you feel anything has changed for the CIN cases since you started working with them on the RBFF programme?** a. What do you think has changed? b. Why do you think this is? 3. **Can you tell me whether there has been any changes to the CYPs' behaviour and attitudes?** a. What has changed? b. How have the different components of the RBFF affected this? c. Why do you think this is? 4. **In general, what changes do you think participating in the RBFF programme might make for the families?**	Understand whether the RBFF programme appears to bring about change for the family - in particular: YP resilience and behaviour, family's prospect of needing support from social services in the future.

a. Probe on: dynamics, relationships, communication b. How have the different RBFF services contributed to this? i. Probe on: cases using different services c. Why do you think that is? **5. What impact do you think the programme is having on families' future need for support from social services?** a. Why do you think that is? b. How have the different RBFF services contributed to this? **6. What impact do you think the RBFF programme has had on your work as a SW?** a. E.g. resilience, workload, sources of support, knowledge, self-efficacy, relationships with other professionals on the case b. [if relevant] How has it affected your practice in non RBFF case work, if at all? i. Do you use the techniques / methodology outside of RBFF? **7. How confident do you feel when delivering support through the RBFF programme?** a. Has this changed from how confident you felt previously? b. [if yes] what do you think has contributed to this change? **8. How has the RBFF compared with your expectations overall?** a. How satisfied are you with the programme? b. Why is that? c. If RBFF hadn't been implemented - what would be different for you?	
6. Key lessons and recommendations	5 mins
1. In general - what do you see as the main challenges/difficulties for the Right Balance for Families programme? a. Probe on: any specific components of the RBFF? **2. In general - what do you think works well with using the Right Balance for Families approach?** a. Probe on: any specific components of the RBFF? **3. If you were put in charge tomorrow, what would you change about the programme?**	Understand what elements helps and hinders the implementation of the RBFF programme from a SW perspective; Recommendations

7. Close	2 min
1. **That is the end of my questions. Do you have anything else you wanted to add?** **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment. Thank them for their time and reassure them on the anonymity of the responses, as explained at the beginning of the interview.	

Camden CSC - Supervising social worker (RBFF)

Main objective	Purpose of section	Guide timings
1. Introductions	Explains the purpose and ground rules for the interview.	3 mins
2. Background and scene setting	Understand more about the SSW role and experience of working in Camden with SW, CIN and their families	5 mins
3. Embedding the RBFF and implementing FGCs / systemic discussions	Explore the SSW's perceptions and understanding of the RBFF programme Understand experience of embedding the RBFF programme in Camden CSC Get feedback on use of FGCs and systemic discussions Understand current dynamics of collaboration between services	15 mins
4. Virtual Schools	Gauge SSW's understanding and impressions of the Virtual Schools element, collaboration and feedback from VSMs, and impressions of this component	5 mins
5. Impact over time	Understand whether the RBFF programme appears to bring about change for the family Understand whether the RBFF programme appears to bring about change for the SSW	10 mins

Main objective	Purpose of section	Guide timings
6. Key lessons and recommendations	Understand what elements help and hinder the implementation of the RBFF programme form a SW perspective Recommendations	5 mins
7. Close	Thank you and close	2 mins

Topic guide

1. Introductions and background	3 mins
Introduction: ● Introduce yourself and BIT **Aims of this interview** Here to talk about your experience of being a Senior Social Worker in Camden, specifically working within the Right Balance for Families (RBFF) programme, as well as your relationship with social workers, CINs and their families **This interview:** ● Should take no more than 45 mins ● Want to understand things from your perspective. No right or wrong answers, not here to judge your views ● We'd like to cover your experience drawing from all of the cases you have been working on. Feel free to be as specific or vague as you'd like with examples **Reiterate key points:** ● All information gathered will be in strict confidence, unless there are concerns about the safety of you or someone else. May use quotes from this interview in our outputs, but these will be included in a way that no one is identifiable ● Will be audio-recording this interview, with your permission. ● We will then be using the audio-recording to transcribe this session ● If at any point you feel uncomfortable or prefer not to answer a specific questions, you can just say so ● *Check if they have any questions before starting* **Recording:** ● Obtain verbal permission to begin audio-recording ● Once you have the consent, start the audio recorder ● State interview number	Orientates respondent and gets them prepared to take part in the discussion. Outlines the 'rules' of the interview. To find out more about the general context of the Family Practitioner's experience
2. Background and scene setting	5 mins

1. **I'd like to start by getting to know you a little better** a. How long have you been a Senior Social Worker? b. What motivated you to be a Senior Social Worker? c. What does a typical day look like? 2. **What are your main tasks in your role?** a. What involvement do you have with SWs? b. What involvement do you have directly with CINs and their families, if at all? c. What involvement do you have with the FGCC, if at all? d. What involvement do you have with the VSMs, if at all?? 3. **Can you tell me about your relationship with the SWs?** a. In what ways do you tend to support them on the cases? b. Can you tell me about the range of activities / training you offer the SWs?	Understand more about the SSW role and experience of working in Camden with SW, CIN and their families
3. Embedding the RBFF and implementing FGCs	15 mins
Explain that you would like to understand a bit more about how the RBFF programme is used in practice and their experience of embedding it within Camden CSC. 1. **Can you tell me about your understanding of the Right Balance for Families Programme?** a. What are the main components? i. [look for] family group conference, network around family, systemic discussions, educational consultancy. b. What is the main purpose? c. What do you think about the programme? 2. **How was RBFF received when it was first introduced in Camden CSC?** a. Why do you think that is? b. Where were your expectations of it? c. Were there any concerns? i. How were these concerns addressed? 3. **How regularly is RBFF discussed at Camden CSC?** a. How does Camden ensure staff understand RBFF, if at all? b. How has the programme evolved over time, if at all? 4. **What types of support are you receiving from Camden CSC on RBFF at the moment?** a. How supported do you feel? b. What could be improved? c. What is working well?	Explore the SW's perceptions and understanding of the RBFF programme Understand experience of embedding the RBFF programme in Camden CSC Get feedback on use of FGCs Understand current dynamics of collaboration between services

5. **How do the different components of the RBFF interact on cases?** i. How do they work separately? 6. **I have heard you are holding systemic discussions on CIN cases - can you tell me about that?** a. What is your role in organising these? b. Who is present? i. [if relevant] What is your impression of involving families in these discussions? c. What do you discuss there? d. How useful do you find it? e. What works well? f. What could be done better? 7. **Tell me about the Family Group Conference - what do you know of what happens there?** a. Do families on your SW's cases tend to ask for your involvement? i. Why do you think that is? b. [ask following questions only if relevant] i. What is talked about? ii. How does the family tend to respond to the FGC? iii. How do you find helping the family to set goals and plans? iv. How does the family tend to engage? v. How does the process of identifying a trusted personl tend to happen? vi. What kind of challenges come up, if any? c. [if relevant] What typically goes well in the FGC? 8. **Can you explain to me the dynamics of how the different services work together on RBFF at the moment?** a. e.g. preparing for FGC, during FGC, systemic discussions, ongoing support	
4. Virtual Schools	5 mins
Explain you would like to know more about the educational consultancy component of the programme and whether it makes a difference to the CYP. 1. **Tell me a bit about the educational component of the RBFF programme?** a. What does it involve? b. What role, if any, do you play in this component? 2. **Can you tell me about the involvement of the Virtual School Mentors in the RBFF?** a. [if relevant] How do you interact with the VSMs?	Gauge SSW's understanding and impressions of the Virtual Schools element, collaboration and feedback from VSMs, and impressions of

b. What feedback are you getting on relationships between mentors and CYP? **3. What do you think about the education aspect of this programme?** a. What do you think works well? b. What could be improved? i. Is there anything you would change?	this component
5. Impact over time	10 min
[Note to facilitator] throughout, probe for specific case examples using different components of the RBFF. **1. How does this approach differ from your previous ways of working?** a. [if relevant] Has it changed how you communicate with CIN / families? b. Has it changed how you communicate with SW / VSMs / FGCCs? **2. What impact do you think the RBFF programme has had on your work as a SSW?** a. E.g. resilience, workload, sources of support, knowledge, self-efficacy, relationships with other professionals on the case b. [if relevant] How has it affected your practice in non RBFF case work, if at all? i. Do you use the techniques / methodology outside of RBFF? **3. Do you feel anything has changed for the CIN cases since you started working with them on the RBFF programme?** a. What do you think has changed? b. Why do you think this is? **4. In general, what changes do you think participating in the RBFF programme might make for the families?** a. Probe on: dynamics, relationships, communication b. How have the different RBFF services contributed to this? i. Probe on: cases using different services c. Why do you think that is? **5. What impact do you think the programme is having on families' future need for support from social services?** a. Why do you think that is? b. How have the different RBFF services contributed to this?	Understand whether the RBFF programme appears to bring about change for the family - in particular: YP resilience and behaviour, family's prospect of needing support from social services in the future.

6. **How confident do you feel when delivering support through the RBFF programme?** a. To CIN / their families? b. To SW? c. Has this changed from how confident you felt previously? d. [if yes] what do you think has contributed to this change? 7. **How has the RBFF compared with your expectations overall?** a. How satisfied are you with the programme? b. Why is that? c. If RBFF hadn't been implemented - what would be different for you?	
6. Key lessons and recommendations	5 mins
1. **In general - what do you see as the main challenges/difficulties for the Right Balance for Families programme?** a. Probe on: any specific components of the RBFF? 2. **In general - what do you think works well with using the Right Balance for Families approach?** a. Probe on: any specific components of the RBFF? 3. **If you were put in charge tomorrow, what would you change about the programme?**	Understand what elements helps and hinders the implementation of RBFF from a SSW perspective; Recommendations
7. Close	2 min
1. **That is the end of my questions. Do you have anything else you wanted to add?** **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment. Thank them for their time and reassure them on the anonymity of the responses, as explained at the beginning of the interview.	

Camden CSC - VSM focus group
(Highlighting indicates "Must Have" questions if time runs short)

Main objective	Purpose of section	Guide timings
1. Introductions	Explains the purpose and ground rules for the interview.	5 mins
2. Background and scene setting	Understand more about the mentor role Understand their relationship with the families, CIN and other professionals	10 mins
3. The RBFF programme	Explore the mentors' perceptions and understanding of The RBFF programme and use of Virtual Schools.	10 mins
4. Virtual Schools	Understand mentors' experience of meeting CIN / their families, and continued involvement with them, including barriers and facilitators Understand the dynamics of relationships and collaboration between professionals	15 mins
5. Impact over time	Understand whether the virtual school component appear to bring about change for the family Understand mentors' level of satisfaction with the programme	10 mins
6. Key lessons and recommendations	Understand what elements help and hinder the implementation of the RBFF programme form a mentor's perspective; Recommendations	5 mins
7. Close	Thank you and close	5 mins

Topic guide

1. Introductions and background	5 mins
Introduction: ● Introduce yourself and BIT **Aims of this group** Here to talk about your experience of being a mentor in Camden, specifically working within the Right Balance for Families (RBFF) programme, as well as your relationship with CINs and their families **This group:**	Orientates respondent and gets them prepared to take part in the discussion.

• Should take no more than an hour • Want to understand things from your perspective. No right or wrong answers, not here to judge your views • We'd like to cover your experience drawing from all of the CIN cases you have been working on. Feel free to be as specific or vague as you'd like with examples • Explain that because there are multiple people in the group, there might also be different opinions. It's important to respect each other's opinions and not speak over each other. **Reiterate key points:** • All information gathered will be in strict confidence, unless there are concerns about the safety of you or someone else. May use quotes from this interview in our outputs, but these will be included in a way that no one is identifiable • Will be audio-recording this group, with your permission. • If at any point you feel uncomfortable or prefer not to answer a specific questions, you can just say so • *Check if they have any questions before starting* **Recording:** • Obtain verbal permission to begin audio-recording • Once you have the consent, start the audio recorder • State interview number	Outlines the 'rules' of the interview. To find out more about the general context of the Family Practitioner's experience
2. Background and scene setting	10 mins
I'd like to start by getting to know you a little better • How long have you been a Mentor? • What motivated you to be a Mentor? • What does a typical day look like for you? 1. **Can you tell me a little bit about your role as a mentor?** a. What is your main purpose / aim? b. How would you describe the relationship you have with the families /CIN? c. How would you describe the relationship you have with the other professionals on the cases? i. Probe: Schools / SW / SSW / FGCCs / anyone else?	Understand more about the mentor role Understand their relationship with the families, CIN and other professionals
3. The Right Balance for Families Programme	10 mins
Explain that you would like to understand a bit more about how the RBFF programme is used in practice. 1. **Can you tell me about your understanding of the Right Balance for Families Programme?** a. What are the main components? i. [look for] family group conference, network around family, educational consultancy. b. What is the main purpose?	Explore the mentors' perceptions and understanding of the RBFF programme and use of

c. What do you think about the programme? **2. Where does the mentoring element fit in to the RBFF?** **a.** What does it entail? i. Probe on: services offered to families / CIN **b.** What are the main aims of this element? **3. What can you tell me about Virtual Schools?** a. How do they fit in with the RBFF? b. What role do you play within this, if any? **4. How did you make the decision to become involved in the RBFF as a mentor?** a. [if relevant] Can you tell me a bit about the training and induction you had before starting your role? **5. What types of support are you receiving from Camden CSC at the moment?** a. How supported do you feel? b. What could be improved? c. What is working well?	Virtual Schools.
4. Experience of Virtual Schools	15 mins
Now I'd like to talk a little bit more about your experience of the Virtual School element so far **6. How involved are you in introducing the Virtual School element to CIN cases?** a. How are CIN initially referred to you? b. How do they typically react? c. How easy / difficult is it to get them on board? d. Do they tend to have any concerns? i. What are they? **7. Can you tell me about your initial meeting with the CIN?** a. What happens there? b. Who is involved? i. Probe: CIN / main carers / SW / school / anyone else? c. What do you tend to talk about? d. What is your experience of families' / CIN's engagement with this meeting? e. Could you describe to me what an initial meeting that goes well look like? f. In contrast, what does an initial meeting that goes wrong look like? **8. Can you describe your continued involvement with the CIN as it concerns their education?**	Understand mentors' experience of meeting CIN / their families, and continued involvement with them, including barriers and facilitators Understand the dynamics of relationships and collaboration between professionals

Note to facilitator – get mentors to focus on the educational aspect of their involvement as much as possible a. What type of activities do you do with the CIN? b. Where do you tend to engage with the CIN? c. What strategies do you use to engage the CIN? d. What kind of challenges come up, if any? e. What works well? f. What is more difficult? **9. [if relevant] Can you describe your involvement with the CIN's families?** a. How involved are you directly with the CIN's families? b. What kind of relationship do you have with the CIN's families? c. What strategies do you use to engage the families? d. What kind of challenges come up, if any? **10. I have heard that Virtual School tracks data to monitor CIN's progress. Can you tell me a little bit about that?** a. How do you use this data in your mentoring? b. How useful do you find this data? i. Why is that? **11. Can you explain to me the dynamics of how the different services work together on the Virtual Schools at the moment?** a. Probe on: involvement of SW / SSW / school / other services, feedback, communication, collaboration on cases b. Probe on: collaboration between Virtual School and Catch 22 [if relevant] **12. In your experience, have there been any changes to the educational element of the RBFF since it was first implemented?** a. Why do you think that is? b. In your opinion, what could still be improved?	
5. Impact over time	10 min
1. [if relevant] How does this approach differ from your previous ways of working? a. [if relevant] Has it changed how you communicate with CYP / families? b. Has it changed how you communicate with other social care professionals? i. Probe: relationship with manager, tracking professional development, collaboration with other services	Understand whether the virtual school component appear to bring about change for the family Understand mentors' level of satisfaction

2. **What impact do you think the RBFF programme has had on your work as a mentor?** a. Listen out for: resilience, workload, sources of support, knowledge, self-efficacy, relationships with other professionals on the case b. [if relevant] How has it affected your practice in non RBFF case work, if at all? i. Do you use the techniques / methodology outside of RBFF? 3. **Do you feel anything has changed for the CIN cases since you started working with them?** a. What do you think has changed? i. Changes in attitudes / behaviours? ii. Changes in family / CIN? b. Why do you think this is? c. How has the RBFF programme affected this, if at all? 4. **In general, what changes do you think participating in the RBFF programme might make for the families?** 5. **How has the RBFF compared with your expectations overall?** ○ a. How satisfied are you with the programme? i. Specifically: the mentoring element? b. If RBFF hadn't been implemented – what would be different for you?	with the programme
6. Key lessons and recommendations	5 mins
1. **In general – what do you see as the main challenges/difficulties for the educational mentoring element of the RBFF?** 2. **In general – what do you think works well with the educational mentoring element of the RBFF?** 3. **If you were put in charge of RBFF tomorrow, what would you change about the programme?**	Understand what elements help and hinder the implementation of RBFF from a mentor perspective; Recommendations
7. Close	5 min
1. **That is the end of my questions. Do you have anything else you wanted to add?** **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment.	

Camden CSC – FGCC focus group

Main objective	Purpose of section	Guide timings
1. Introductions	Explains the purpose and ground rules for the interview.	5 mins
2. Background and scene setting	Understand more about the FGCC role Understand their relationship with the families, CIN and other professionals	10 mins
3. The RBFF programme	Explore the FGCC's perceptions and understanding of The RBFF programme and use of Family Group Conferences.	10 mins
4. Experience of FGCs	Understand FGCC's experience of scoping meetings and FGCs, including barriers and facilitators Understand the dynamics of relationships and collaboration between professionals Explore any changes to the delivery model	15 mins
5. Impact over time	Understand whether the FGCs appear to bring about change for the family Understand FGCC's level of satisfaction with the programme	10 mins
6. Key lessons and recommendations	Understand what elements help and hinder the implementation of the RBFF programme form a FGCC perspective; Recommendations	5 mins
7. Close	Thank you and close	5 mins

Topic guide

1. Introductions and background	5 mins
Introduction: ● Introduce yourself and BIT **Aims of this group** Here to talk about your experience of being a Family Group Conference Coordinator in Camden, specifically working within the Right Balance for Families (RBFF) programme, as well as your relationship with CINs and their families	Orientates respondent and gets them prepared to take part in the discussion.

This group: ● Should take no more than an hour ● Want to understand things from your perspective. No right or wrong answers, not here to judge your views ● We'd like to cover your experience drawing from all of the CIN cases you have been working on. Feel free to be as specific or vague as you'd like with examples ● Explain that because there are multiple people in the group, there might also be different opinions. It's important to respect each other's opinions and not speak over each other. **Reiterate key points:** ● All information gathered will be in strict confidence, unless there are concerns about the safety of you or someone else. May use quotes from this interview in our outputs, but these will be included in a way that no one is identifiable ● Will be audio-recording this group, with your permission. ● If at any point you feel uncomfortable or prefer not to answer a specific questions, you can just say so ● *Check if they have any questions before starting* **Recording:** ● Obtain verbal permission to begin audio-recording ● Once you have the consent, start the audio recorder ● State interview number	Outlines the 'rules' of the interview. To find out more about the general context of the Family Practitioner's experience
2. Background and scene setting	10 mins
I'd like to start by getting to know you a little better ● How long have you been a FGC coordinator? ● What motivated you to be a FGC coordinator? ● What does a typical day look like for you? 1. **Can you tell me a little bit about your role as a FGC coordinator?** a. What is your main purpose / aim? b. How would you describe the relationship you have with the families /CIN? c. How would you describe the relationship you have with the other professionals on the CIN cases? i. Probe: SW / SSW / VSMs / anyone else	Understand more about the FGCC role Understand their relationship with the families, CIN and other professionals
3. The Right Balance for Families Programme	10 mins
Explain that you would like to understand a bit more about how the RBFF programme is used in practice. 1. **Can you tell me about your understanding of the Right Balance for Families Programme?** a. What are the main components?	Explore the FGCC's perceptions and understanding of the RBFF

i. [look for] family group conference, network around family, systemic discussion, educational consultancy. b. What is the main purpose? c. What do you think about the programme? **2. Where does the Family Group Conference element fit in to the RBFF?** **a.** What does it entail? i. Probe on: services offered to families / CIN? b. What are the main aims of this element? **3. How did you make the decision to become involved in the RBFF as a FGC coordinator?** a. [if relevant] Can you tell me a bit about the training and induction you had before starting your role? **4. What types of support are you receiving from Camden CSC at the moment?** a. How supported do you feel? b. What could be improved? c. What is working well?	programme and use of Family Group Conferences.
4. Experience of FGCs	15 mins
Now I'd like to talk a little bit more about your experience of coordinating the FGCs so far **5. What is your involvement in introducing the FGCs to families?** a. How do they typically react? b. How easy / difficult is it to get them on board? c. Do they tend to have any concerns? i. What are they? **6. Can you tell me about the FGC scoping meeting with the family?** a. What happens there? b. What do you tend to talk about? c. What is your experience of families' / CIN's engagement with the scoping meeting? d. How do you help the families choose who to involve in the FGC? i. How does the process of identifying a trusted professional tend to happen? e. How do you find helping the family to set goals and plans? i. How does the family tend to engage? f. Could you describe to me what a scoping meeting that goes well look like?	Understand FGCC's experience of scoping meetings and FGCs Explore barriers and facilitators to scoping meetings and FGCs Understand dynamics of relationships and collaboration between professionals Explore any changes to the delivery model

g. In contrast, what does a scoping meeting that goes wrong look like? **7. Now tell me about the Family Group Conference - what happens there?** a. Who is present? b. What is your role in the FGC? c. What is talked about? d. How does the family tend to respond to the FGC? e. What kind of challenges come up, if any? f. What works well with the FGCs? g. What is more difficult? **8. Can you describe your continued involvement with the families / CIN / professionals beyond the FGC?** a. How involved are you in the systemic discussions? b. How involved are you directly with the family / CIN? c. What is working well at the moment? d. What could be improved? **9. Can you explain to me the dynamics of how the different services work together at the moment?** a. e.g. preparing for FGC, during FGC, systemic discussions, ongoing support b. What are the interactions with the other professionals on your cases like? **10. In your experience, have there been any changes to the way FGCs are done since they started?** a. Why do you think that is? b. In your opinion, what could still be improved?	
5. Impact over time	10 min
1. [if relevant] How does this approach differ from your previous ways of working? a. [if relevant] Has it changed how you communicate with CYP / families? b. Has it changed how you communicate with other social care professionals? i. Probe: relationship with manager, tracking professional development, collaboration with other services **2. What impact do you think the RBFF programme has had on your work as a FGCC?** a. Listen out for: resilience, workload, sources of support, knowledge, self-efficacy, relationships with other professionals on the case	Understand whether the FGCs appear to bring about change for the family Understand FGCC's level of satisfaction with the programme

b. [if relevant] How has it affected your practice in non RBFF case work, if at all? i. Do you use the techniques / methodology outside of RBFF? **3. Do you feel anything has changed for the families since you started working with them?** a. What do you think has changed? i. Changes in attitudes / behaviours? ii. Changes in family / CIN? iii. Changes for their social workers? b. Why do you think this is? c. How has the RBFF programme affected this, if at all? **4. In general, what changes do you think participating in the RBFF programme might make for the families?** **5. How has the RBFF compared with your expectations overall?** a. How satisfied are you with the programme? i. Specifically: the FGCCs? b. If RBFF hadn't been implemented - what would be different for you?	
6. Key lessons and recommendations	5 mins
1. In general - what do you see as the main challenges/difficulties for the FGCs? **2. In general - what do you think works well with using the Right Balance for Families approach?** **3. If you were put in charge of RBFF tomorrow, what would you change about the programme?**	Understand what elements helps and hinders the implementation of RBFF from a FGCC perspective; Recommendations
7. Close	5 min
1. That is the end of my questions. Do you have anything else you wanted to add? **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment. Thank them for their time and reassure them on the anonymity of the responses, as explained at the beginning of the interview.	

Camden CIN - Parent/carer interview schedule

Main objective	Purpose of section	Guide timings
1. Introductions and background	Explains the purpose and ground rules for the interview.	5 mins
2. Scene setting	Getting to know the parent/carer and their family setting; Understand their history with social care	10 mins
3. The RBFF programme	Explore the parent/carer's perceptions and experience of The RBFF programme, how it was introduced	5 mins
4. FGCs	Understand the family's engagement with Family Group Conferences, from initiating to continuing engagement	7 mins
5. Systemic discussions	Understand the family's engagement with systemic discussions, including decision to take part	7 mins
6. Virtual schools	Understand whether the parent/carer has noticed changes related to child's involvement with VSM, and relationship with VSM	7 mins
7. Impact over time	Understand whether the RBFF programme appears to bring about change for the family	10 mins
8. Recommendations	Understand what parents/carers have found helpful/unhelpful and what they would change about the programme.	5 mins
9. Close	Thank you and close	4 mins

Topic guide

1. Introductions and background	5 mins
Introduction: ● Introduce yourself and BIT **Aims of this interview** Here to talk about your experiences of being a parent / carer, how you have found activities like the Family Group Conference and what you think about the future **This interview**	Orientates respondent and gets them prepared to take part in

• Should take no more than an hour • Want to understand things from your perspective. No right or wrong answers, not here to judge your views **Reiterate key points:** • All information gathered will be in strict confidence, unless there are concerns about the safety of you or someone else. May use quotes from this interview in our outputs, but these will be included in a way that no one is identifiable • Will be audio-recording this interview, with your permission. • We will then be using the audio-recording to transcribe this session • If at any point you feel uncomfortable or prefer not to answer a specific question, you can just say so • *Check if they have any questions before starting* **Recording:** • Obtain verbal permission to begin audio-recording • Once you have the consent, start the audio recorder • State interview number	the discussion. Outlines the 'rules' of the interview. To find out more about the general context of the foster parent's' experience
2. Scene setting	10 mins
1. **I'd like to start by getting to know you a little better** a. How long have you lived here? b. How many children do you have? c. How old are they? d. Can you tell me a bit about them? 2. **Can you tell me about the social worker(s) that you've been working with at Camden CSC?** a. How often do you meet? b. What are they like? c. How long have you been working with Camden CSC for? 3. **What types of things do you usually do or talk about with your SW?** a. What do they do with your child/children?	Getting to know the parent/carer and their family setting; Understand their history with social care
3.The Right Balance for Families Programme - mapping engagement	5 mins
1. **How did you first hear of the Right Balance for Families Programme that Camden are doing?** a. Who told you about it? b. In what context was it first introduced to you? 2. **What were your initial thoughts?** a. Did you have any concerns? b. Did you have any expectations? i. Tell me about those	Explore the parent/carer's perceptions and experience of The RBFF programme how it was introduced and the use

3. **Can you tell me about the different activities you have taken up as part of the RBFF so far ?** a. Probe on: FGC, systemic discussions, Virtual School, other multi-agency help b. How were these activities presented to you? c. How did you make the decision to take part in these activities? i. What factors influenced your decision? *[note to facilitator] adjust line of questioning and timings of sections based on their answers - specifically which parts of RBFF they have taken up. Sections with a highlighted titled should only be covered if relevant to the participant*	of Family Group Conferences.
4. Family Group Conference	7 mins
4. **How did you make the decision to participate in a FGC?** 5. **Did the FGC coordinator have a meeting with you to prepare for the FGC?** [if yes] a. How did you find that? b. What did you talk about? i. Prompt: making plans and setting goals, identifying trusted professional c. What did you think went well in that meeting? d. Is there anything you wish would have been different? 6. **Can you tell me about the Family Group Conference - what happened there?** a. Who was present? b. What did you talk about? i. If not covered before, prompt: making plans and setting goals, identifying trusted professional c. What did you think of the FGC? i. Listen out for: engagement, trust, support, parent/family centered ii. Was anything challenging about the FGC? iii. What do you think went well in the FGC? iv. Is there anything you would change about the FGC? v. (If not previously covered) How did you find the experience of setting your own goals? 7. **How has your relationship with the professionals involved been affected by the FGC?** a. What changes have there been on the back of the FGC, if any? i. Probe on: engagement with Virtual School / systemic discussions / multi-agency help	Understand the family's engagement with Family Group Conferences, from initiating to continuing engagement through the systemic discussions

b. What is working particularly well? c. What is working less well? What could still be improved?	
8. How did you make the decision to participate in a FGC? **9. Did the FGC coordinator have a meeting with you to prepare for the FGC?** [if yes] a. How did you find that? b. What did you talk about? i. Prompt: making plans and setting goals, identifying trusted professional c. What did you think went well in that meeting? d. Is there anything you wish would have been different? **10. Can you tell me about the Family Group Conference - what happened there?** a. Who was present? b. What did you talk about? i. If not covered before, prompt: making plans and setting goals, identifying trusted professional c. What did you think of the FGC? i. Listen out for: engagement, trust, support, parent/family centered ii. Was anything challenging about the FGC? iii. What do you think went well in the FGC? iv. Is there anything you would change about the FGC? v. (If not previously covered) How did you find the experience of setting your own goals? **11. How has your relationship with the professionals involved been affected by the FGC?** a. What changes have there been on the back of the FGC, if any? i. Probe on: engagement with Virtual School / systemic discussions / multi-agency help b. What is working particularly well? c. What is working less well? d. What could still be improved?	Understand the family's engagement with Family Group Conferences, from initiating to continuing engagement through the systemic discussions
5. Systemic discussions	7 mins

12. **Can you tell me about the systemic discussions - what happens there?** a. Who is present? b. What is talked about? c. What do you think of them? i. Listen out for: engagement, trust, support, parent/family centered ii. Is anything challenging? iii. What do you think is going well? iv. Is there anything you would change about them? 13. **[if not covered before] Have you been invited to attend the systemic discussions?** a. [If so] how did you decide whether or not to attend? b. What difference has it made to you, if any? 14. **How has your relationship with the professionals involved been affected by the systemic discussions?** a. What changes have there been on the back of the systemic discussions, if any? i. Probe on: engagement with Virtual School / multi-agency help b. What is working particularly well? c. What is working less well? d. What could still be improved?	
6.Virtual Schools	7 mins
1. **Are you aware of any professionals talking to your child about school and education?** a. Prompt: they might be called 'Virtual School Mentors' b. [if yes] do you know anything about what they talk about? c. How do you find that? i. Do you think it has made a difference for your child? ii. In what way? 2. **Can you tell me about your relationship with your child's VSM?** a. When and how did you first meet? i. How did that go? ii. What did you get told about what they would do? iii. What were your expectations? b. How do you communicate with each other about [child]? c. What kind of feedback do you get from them? d. What kind of feedback do you pass on to them? e. What is working well, currently? f. What could be improved?	Understand whether the parent/carer has noticed changes related to child's involvement with VSM, and relationship with VSM
7. Impact over time	10 mins

3. **In general - do you feel like anything has changed since your Social worker introduced the RBFF approach?** a. [if yes] What do you feel has changed? i. Listen out for: support, relationships, attitudes to social care / education/ family, behaviour at home / in school ii. Probe on [as appropriate]: impact of FGC / systemic discussions / VS / multi-agency support b. [if no] Would you have liked for anything to change? i. What would that be? 4. **How does your experience of the RBFF compare to what you thought it would be?** a. Any positive / negative surprises? b. How were your expectations met? 5. **How does [CIN name] find school?** a. Do they have any favourite subjects? b. Do you have any concerns about [CIN name] and their education? c. What do you think he/she does well in relation to school? d. How has the RBFF impacted [CIN name] regarding school, if at all? i. Why do you think that is? 6. **[if relevant] how does the RBFF compare to your previous experiences of Camden social care?** a. In terms of support? b. In terms of level of care? c. In terms of meeting your needs? 7. **What difference do you think the RBFF approach could make for you and your family in the future?** a. [If any] Why do you think so? 8. **How do you feel about the future in general?** a. Do you think you will keep working with Camden social services in the future?	Understand whether the RBFF programme appears to bring about change for the family
8. Recommendations	5 mins
1. **In general what do you think of the support offered to parents/carers in Camden?** a. Is it sufficient? b. is there anything you wished were different about the support? 2. **If you had a magic wand - what would you change about the approach Camden is taking with the RBFF?**	Understand what parents/carers have found helpful/unhelpful and what they would change about

3. **What are you most looking forward to doing this week / week-end?** 4. **[Alternate] What about your child makes you proud?**	the programme.
9. Close	4 mins
That is the end of my questions. Do you have anything else you wanted to add? **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment. Thank them for their time and reassure them on the anonymity of the responses, as explained at the beginning of the interview.	

Camden CIN

*Note that YPs will only be asked questions about those services that they are receiving.

Main objective	Purpose of section	Guide timings
1. Introductions and background	Explains the purpose and ground rules for the interview.	5 mins
2. Scene setting	Getting to know the YP and their family setting Understand the YP's context and interactions and activities with SW/trusted professional/parent	10 mins
3. FGCs	Understand perceptions of the FGCs; Understand whether the YP engages with the FGC;	10 mins
4. Educational outlook	Understand YP's outlook on education, and whether this outlook has changed recently	5 mins
4. VSM	Understand the YP's engagement and relationship with VSM	10 min
5. Support	Understand how supported the YP feels, where they seek support e.g. own family network or through services such as mentoring.	5 mins

Main objective	Purpose of section	Guide timings
6. Impact	Understand whether the programme has made a difference; Understand how changes or impact is manifested from a YP perspective	10 mins
7. Close	Thank you and close	5 mins

<u>Please note:</u> Adjust the complexity of the questions to the child/YPs level of understanding and age. E.g. if they are quite young give the option of drawing some responses: smiley faces for feelings and attitudes towards people, drawings of items can represent activities (e.g. a slide, swing, ice cream, animals, bike). You can also help them draw pictures of the different people in their family and their Social Worker and use that as a prompt when asking questions around support.

Topic guide

1. Introductions and background	5 mins
Introduction: ● Introduce yourself and BIT - an independent research organisation ● Working on the evaluation of a new programme that is about improving the experience of getting support from Camden Council.	Orientates respondent and gets them prepared to take part in the discussion.
Aims of this interview Here to talk about your experiences, how you have found activities like the Family Group Conference [*check with social workers about CYP's awareness of these*] and what you think about the help you get from your Social Worker.	Outlines the 'rules' of the interview
This interview ● Should take no more than an hour ● We would like to know about your experience. For example what you think about the Family Group Conference ● There are no right or wrong answers! ● We just want to understand your point of view.	To find out more about the general context of the YP's experience
Reiterate key points: ● Will not use your name anywhere in any reports I write up ● Only time confidentiality will be broken - if you tell me anything which leads me to believe that you are at risk of harm. In that case we would tell someone who could help. ● If you feel uncomfortable answering a question we can just skip it.	

• Just say at any point if you want to stop altogether – no problem. • If you later change your mind about anything you said - let me know, that is OK too. • *Check if they have any questions before starting* **Recording:** • Explain you would like to audio record the conversation, to help you remember what you talked about. Is that ok? • This audio-recording will then be used so we can have written transcripts of our conversation • Once you have the consent, start the audio recorder • State interview number	
2. Scene setting	10 mins
1. **Can you tell me a little bit about you, so I can get to know you?** a. How old are you? b. Do you have any favourite subjects at school? c. What do you like to do outside of school? d. What do you like doing at home? 2. **Can you tell me a bit about your family?** a. Who do you live with? b. Prompt for basic things like: any siblings? pets? c. Have you and your family been living here for a long time? 3. **Can you tell me a bit about your Social worker?** a. What is their name? *[use name after]* b. What is it like working with them? c. How often do you see them? 4. **Do you have someone else - like another adult that you talk to?** a. [if yes] can you tell me about them? i. What is their name ii. How long have you known him/her for? b. What is their role? c. How often do you see/talk to them? *[note to facilitator] adjust line of questioning and timings of sections based on your knowledge of what parts of RBFF the CYP has taken up. Sections with highlighted titles should only be covered if relevant to the CYP*	Getting to know the YP and their family setting Understand the YP's context and interactions and activities with SW/trusted professional/parent.
3. Family Group Conferences	10 mins

1. **I heard you have attended a meeting with your mum/dad/carer, social worker and other adults to talk about how to best support you - do you remember that?** a. Prompt: they might have called it a family group conference. b. What happened there? i. Who was there? ii. What did you talk about? c. How did you find it? i. Was there anything you liked ii. Was there anything you disliked? 2. **Do you remember who told you about that meeting?** a. Social worker, parent/carer? b. What did they say it was about? c. What did you think when you first heard about it? i. Probe on expectations 3. **And do you remember how you prepared for that meeting?** a. Prompt: did you and your family meet with someone to talk about what was going to happen during the meeting? b. [if yes] What did you talk about? i. Probe on: making plans and setting goals, deciding who to include in the meeting c. How did you find this? i. Was there anything you liked? ii. Was there anything you disliked? 4. **What did you think about having several of the adults that help you and your family there at the same time?** a. Listen out for: engagement, support, trust	Understand perceptions of the RBFF programme; Understand whether the YP engages with the RBFF programme;
4. Educational outlook	5 mins
Now I'd like to talk a little bit about school 1. **How have you felt about school lately?** a. What do you like/not like? b. What do you find most difficult about school? c. What do you find easiest about school? What are you good at in school? d. Has that changed recently? i. Why do you think that is? 2. **How do you feel about your grades?** a. Is that something you think about? i. What do you think? b. Has that changed at all recently? i. [if so] Why is that?	Understand YP's outlook on education, and whether this outlook has changed recently

3. **What do you think about going to school in general?** a. Has that changed at all recently? i. [if so] why is that? b. How does going to school help you? c. Are there times when you don't think school helps you?	
4. Virtual School Mentors	10 min
4. **Do you have someone at school you can talk to about school related things?** a. Prompt: they might be called a 'Virtual School Mentor' b. [If yes] what do you talk about? c. How do you feel about having a VSM? 5. **Apart from the VSM, who do you usually talk to about school and your subjects?** a. Probe: your PG, SW, anyone else? b. Do you talk about different things with them than you do with your VSM? i. [if so] why? ii. [if not] What do you tend to talk about? 6. **How do you think the VSM can help you - if at all?** a. Why do you think so? b. What difference does that make to you?	Understand the YP's engagement and relationship with VSM
5. Support	5 mins
5. **If you were having a difficult time - who would you usually ask for help?** a. Would you tell your parent/carer? b. Would you tell your social worker? c. [if applicable] Would you tell [trusted professional] ? d. [if applicable] Would you tell your VSM? e. Anyone else? 6. **In general - do you feel like you know where you could go if you needed help with something or had a difficult time?** a. Do you know where you can seek help? b. Do you feel there are enough people around you who might help when you need it? i. E.g. mentoring, school 7. **How many adults do you know that support and care for you?** a. Do you think this number has gotten bigger, smaller, or stayed the same?	Understand how supported the YP feels, where they seek support e.g. own family network or through services such as mentoring.

6. Impact	10 mins
1. **Can you tell me if anything has changed for you since having a social worker / other adults supporting you?** a. *Probe throughout on impact of SW / VSM / FGC* b. Have you been doing anything differently? i. Listen out for: support / relationships, changes in attitudes / behaviour, education ii. Why is that? c. How about your parent/carer? i. Have they been doing anything differently? d. How about contact with professionals or other adults around you - has anything changed there? 2. **If anything - what do you feel has made the most difference to your life lately?** a. What has changed? b. Probe as appropriate: FGC, systemic discussion, Virtual School 3. **Has your relationship with your mum/dad/carer changed at all recently?** a. What do you think is different now? i. Why has that changed? 4. **How about your relationship with your social worker and/or [trusted adult name] - has anything changed?** a. What do you think is different? i. Why has that changed? 5. **Overall, how do you feel about the support that you are getting at the moment?** a. What do you like / dislike most about what you are doing? b. Is it different from the support you were getting before? i. Better / worse? ii. How? 6. **Do you have any plans for the next year?** a. What kinds of things are important for you to to achieve? i. grades, friends, work? b. How do you feel about the future in general? 7. **[closing question] If you could do or be anything you wanted, what / who would that be?** a. Do you know what you would like to do when you're an adult?	Understand whether the programme has made a difference; understand how changes or impact is manifested from a YP perspective.

I think you have been great at answering all my questions!	
6. Close	2 mins
18. That is the end of my questions. Do you have anything else you wanted to add? **Do you have any questions for me?** You can round off the interview by summarising the main points you learned from the interview, and ask the respondent if they want to comment. Thank them for their time and reassure them on the anonymity of the responses, as explained at the beginning of the interview.	

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