



Department
for Education

Stockport Family – Follow-up evaluation

Evaluation report

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Key messages

Stockport Family was the Department for Education (DfE) funded transformation programme introduced in the Metropolitan Borough of Stockport in 2014. This was a whole system change programme, integrating the council's children's social care (CSC) and wider children and family services.

Impact

- The evaluation found positive outcomes for children including a reduction in the number of children on Child Protection Plans (CPPs) and stabilising numbers of children in need (CIN) and re-referrals. Stockport has also maintained a lower rate of children in care than elsewhere in England and the North West.
- There was evidence of positive parental outcomes including improvements in self-awareness and safer behaviours; confidence and aspiration; parenting skills and strategies; and positive relationships with CSC professionals.
- This evaluation has not examined the relationships between activities and outcomes, and so we cannot categorically attribute positive outcomes to the Stockport Family model or assess the relative merits of each of its elements.

Adaptation

- The Stockport Family model is embedded across teams, with staff at all levels reporting that they understand the framework underpinning it.
- Stockport has made some necessary adaptations since the Round 1 evaluation finished in 2017, including to its case allocation system and the focus of its Partnership Board. A 'design by doing' approach facilitates development of the Stockport model in an agile way.
- Stockport children's services have been able to secure funding to improve programmes within Stockport Family, including from DfE and the What Works Centre.

Dissemination and replication

- Stockport has been awarded Partners in Practice status and is sharing their learning from the Innovation Programme with 2 other local authorities.
- Stockport Family's Team Around the School (TAS) model is being applied and adapted in 4 local authorities in Manchester, demonstrating the possible scalability of the Stockport Family approach.

Executive summary

Kantar was commissioned to conduct the Round 1 evaluation of the Department for Education's (DfE) Children's Social Care Innovation Programme (IP) as implemented by Stockport in 2014. It was subsequently commissioned to conduct a smaller-scale follow-up impact evaluation of the programme in 2019.

The project

In 2014, Stockport Metropolitan Borough Council was awarded funding from the DfE's Innovation Programme to develop and implement the Stockport Family model over 2 years. This was a whole system change programme, integrating the council's children's social care and wider children and family services, including community services to children provided by the Foundation Trust. It had 3 key features:

- using restorative approaches as a framework for practice, to empower families and capitalise on their strengths;
- the introduction of new structures and systems, such as co-located, locality-based teams and improved case allocation processes; and
- enhanced partnership working, including the introduction of the Stockport Family Innovation Board and allocated practitioners for Stockport schools (Team around the School).

Since the Innovation Programme funding ceased in 2016, Stockport has continued to use restorative approaches. It has also maintained the physical team structures that were introduced with Stockport Family. However, in 2017 it trialled, and went on to introduce, a new dedicated First Response Team system to replace the "one point of contact" case allocation system applied during the IP. Partnership working has been extended further; for instance, with funding from the What Works Centre, Stockport has been able to fully embed social workers within one pilot school cluster area.

Building on their experience and value gained from implementing Stockport Family, Stockport has been able to draw in further funding to develop their work. The DfE has also provided funding to Greater Manchester to roll out Stockport Family Team around the School (TAS) model to 4 other local authorities.

The evaluation

Kantar was commissioned to conduct the Round 1 evaluation of the Innovation Programme as implemented by Stockport Metropolitan borough Council in 2014. This

evaluation assessed the implementation of Stockport Family's activities and explored its early outcomes.¹ Kantar was subsequently commissioned to conduct a much smaller-scale follow-up evaluation of the programme in 2019.

The longitudinal evaluation concentrated on the long-term implementation and outcomes of Stockport Family between 2016 and 2019:

- how (and why) Stockport adapted and changed its approach/reforms over the long term;
- how key outcomes/impacts progressed over time;
- whether (and how) staff perceptions of the reforms changed;
- staff perceptions of the impact of the reforms on children's social care services, on individual staff, and on children and families;
- what the wider contextual influences were on Stockport's decision making in relation to the long-term implementation of the reforms; and
- what the wider contextual influences were on outcomes/impacts.

In order to track outcomes from 2015 and 2016, all research methods and the materials used to implement them were based on those used in the Round 1 evaluation. However, by necessity it was designed to be smaller scale than the Round 1 evaluation, gathering evidence through:

- Two qualitative interviews with internal stakeholders
- Six qualitative interviews with families
- A quantitative staff survey
- Eight case reviews
- Analysis of management information

Key findings

The longitudinal evaluation found that the Stockport Family model of service delivery is embedded across all teams. There was evidence that the 3 core elements of the model

¹ Panayiotou, S., Chisholm, T., Duggan, J., Rowley, H., Dennis, J. (2017), Stockport Family Evaluation: Research report. Department for Education. Available online at https://www.basw.co.uk/system/files/resources/basw_50454-4_0.pdf (Accessed 15/11/2019).

are still in place, and that staff applied and said they understand the restorative, strengths-based framework that underpins the model.

Outcomes for staff were mostly positive. Staff sickness has reduced since 2016, the most recent figures showed that staff turnover was 10.2%,² lower than English and North West averages and the senior leadership team have remained stable since 2014. Staff wellbeing was more mixed. The staff survey showed that most enjoyed coming to work on most days (80% agree), with the proportion who strongly agreed increasing from 27% in 2015 to 43% in 2019. However, 3 in 5 (62%) agreed they are often stressed by the nature of their work, remaining broadly the same since previous years (61% in 2015 and 58% in 2016). Perhaps connected to this, staff and senior stakeholders recognised workload as a challenge, although staff caseloads have reduced since 2016 from 21.3 to 19.6 per social worker.³ In terms of skills and training, since 2016 the proportion of staff agreeing they have the right tools and resources to work effectively with families has increased significantly from 58% to 71%.

Stockport Family was intended to benefit children, young people and families. Drawing on evaluations of pilot interventions put in place since 2016⁴, alongside some limited primary research with families, Kantar found evidence of positive parental outcomes after Stockport Family's intervention. These included improvements in self-awareness and safer behaviours; parenting skills and strategies; confidence and aspiration; and positive relationships with children's social care professionals. Numbers of children in need (CIN) in 2019 were consistent with those in 2016 at 320 per 10,000 children (compared with 319 per 10,000 in 2016); likewise, re-referrals have remained stable at 24% of referrals. Since 2013/14 Stockport has reduced the rates of children on child protection plans (CPPs) from 59 to 39 per 10,000, outperforming the North West and England averages.

Stockport had 361 children in care at the end of 2019, a rate of 57 per 10,000 children, which is lower than the English and North West averages (65 and 94). This has increased by 23% since 2016 when there were 293 children in care (47 per 10,000). To put this in its wider context, the numbers of children in care at year end have increased in England by 15% between 2010-11 and 2017-18, which is 3 times the rate of overall population growth.⁵

² Based on full time equivalent (FTE) counts in 2018. 2019 counts are not yet published.

³ Based on FTE counts in 2018. 2019 counts are not yet published.

⁴ Evaluations conducted by Stockport Council or other organisations in relation to additional programmes or funding.

⁵ NAO (2019) Pressures on children's social care. Available online: <https://www.nao.org.uk/report/pressures-on-childrens-social-care/> (Accessed 15/11/2019).

Alongside this, Stockport Family has not reduced the costs of Looked After Children (LAC) placements as was intended. Projected spend in 2019/20 is anticipated to be 54% greater than spend in 2015/16.⁶ This spend has risen more steeply in this time period than population growth and numbers of children in care, due to a combination of longer duration and high cost placements, increased average costs of external residential care and a rise in numbers of fostering placements.

Stockport has used its experience and interim successes to draw in revenue from DfE and the What Works Centre for new programmes within Stockport Family; the TAS model is also being implemented in local authorities across Greater Manchester. This process suggests that Stockport Family has the confidence of funders and local authorities, and a role to play as a springboard for future innovation.

Lessons and implications

Feasibility and outcomes of the model

This evaluation finds that since the Round 1 evaluation in 2016 it has been feasible for Stockport to maintain and build on the Stockport Family model with a few new elements (such as the triage system) and retain the original core design. The same locality-based multi-disciplinary working, principles of restorative practice and partnership working are in place.

In the time period since 2016, Stockport Family has been able to report some of the positive outcomes, particularly around reduced CP and lower-than-average LAC rates. However, this impact evaluation has not examined the relationships between activities and outcomes, and so we cannot categorically attribute positive outcomes to the Stockport Family model or say what elements have been most and least important.

Deepening the evidence base about positive family outcomes

Since 2016, Stockport has taken a “design by doing” approach, piloting programmes and evaluating results for a small number of children, families or parents. This has been useful to understand the initial outcomes of programmes. However, it will be important to evaluate scaled-up programmes fully.

⁶ Spend in 2019/20 is expected to be £11 million, up from £7.1 million in 2015/16.

It will also be important to invest in approaches which can shed light on which of Stockport Family's elements may be reproduced most fruitfully. These should include cost benefit analysis on Stockport Family roll-out areas and process evaluations, as well as those which examine outcomes or impact alone.

Staff workload is an area to explore further

On the whole, between 2016 and 2019, staff outcomes were stable rather than increasing or decreasing significantly. Meanwhile, staff perceptions of workload remained mixed, with nearly half (48%) disagreeing that they have enough time to work effectively with families. It will be important for the Stockport Family leadership to monitor this indicator in future years and explore the drivers behind these perceptions to help address issues (e.g. staff wellbeing, shortness of time, workplace culture or other factors).

1. Overview of the project

Project context

Stockport Metropolitan Borough Council serves the town of Stockport and its outlying areas in Greater Manchester. The population has risen to 291,045⁷ in 2017 from 283,766⁸ in 2012 and is predicted to continue growing over the next 5 to 10 years.⁹ Stockport also contains pockets of severe deprivation alongside areas of relative affluence, with some areas among the most deprived nationally.^{10,11} Despite this polarisation, Stockport's children's services compare favourably against regional neighbours on several measures. At its last inspection in July 2017 under the Single Inspection Framework (SIF), Stockport was 1 of only 3 local authorities in the North West to be ranked "Outstanding" or "Good" across all measures assessed by Ofsted; under the Inspection of Local Authority Children's Services (ILACS) framework, it was 1 of 5 in the North West to achieve "Outstanding" or "Good" across all measures.¹²

Historically, children's services within Stockport demonstrated some of the symptoms of a lack of joined-up service planning and delivery, such as repeat assessments, reactive delivery, or unnecessary or sustained interventions. This had a direct impact on service user experiences and outcomes, partnership working and local authority spending. The first steps were taken to address these issues in 2012 when Stockport Council began the process of restructuring children's services by developing an Integrated Children's Service (ICS). The ICS brought together the majority of core services for children, young

⁷ ONS (2019) Population Estimates for UK, England and Wales, Scotland and Northern Ireland. Available online: <https://www.ons.gov.uk/datasets/mid-year-pop-est/editions/time-series/versions/4> (Accessed 13/11/2019).

⁸ Ibid.

⁹ Stockport Council (2016) Joint Strategic Needs Assessment Summary. Available online: <http://www.stockportjsna.org.uk/wp-content/uploads/2016/04/2015-16-JSNA-Key-Summary.pdf> (Accessed 15/11/2019).

¹⁰ Ibid.

¹¹ ONS (2019) English indices of deprivation 2019. Available online: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> (Accessed 15/11/2019).

¹² Association of Directors of Children's Services (2018) SIF Outcomes Summary. Available online: <https://adcs.org.uk/inspection/article/sif-outcomes-summary> (Accessed 5/1/2020); ONS (2019) Children's Social Care data in England 2019. Available online: <https://www.gov.uk/government/statistics/childrens-social-care-data-in-england-2019> (Accessed 15/11/2019).

people and families in the local authority in a multi-disciplinary setting¹³ and laid the groundwork for the next stage of restructuring under Stockport Family.

Public spending cuts, alongside an increased demand for children's social care services since 2010 have impacted the provision of children's social care in England. Between 2010 and 2017 the aged 0-17 population in the UK increased by 5.2%, with a corresponding 7% increase in referrals to children's social care. Across England, the number of child protection assessments has increased by 77% over the same period and there has been a 15% increase in the number of children taken into care. This increase in demand has been reflected in spending on children's social care. In 2017-18 91% of local authorities overspent on children's social care.¹⁴ Stockport's children's services also faced budget reductions, and early 2016 saw a substantial reduction in staff numbers within early help teams and management tiers.

Since participating in the IP, Stockport children's services were awarded Partners in Practice status, a DfE programme which partners successful LAs with those who require support to improve children's services. This has also allowed the authority to secure additional funding to continue improving and innovating.

Project aims and intended outcomes

In 2014, Stockport Metropolitan Borough Council successfully bid for funding from the DfE's Innovation Programme to develop the Stockport Family model. This whole system change, combining children's social care teams with Stockport's Integrated Children's Service (ICS), introduced 3 interrelated elements which aimed to transform the culture and ways of working within children's services in Stockport.

- the adoption of a restorative approach to social work practice – delivering assessments and interventions that take into account a family's strengths and their vulnerabilities, as well as making efforts to ensure that families understand and take ownership of their role in the decisions being made by children's services
- the creation of new structures and systems: alongside the integration of children's social care and the ICS, the Stockport Family model also reorganised children's services into 3 separate locality-based teams; as well as making specific changes

¹³ This includes the Youth Offending Service, Drugs and Alcohol Services, Services for Young People, Children's Centres, Family Support Workers and Early Help, Health Visitors, School Nurses and Community Midwives.

¹⁴ NAO/DfE (2019) Pressures on children's social care. Available online: <https://www.nao.org.uk/report/pressures-on-childrens-social-care/> (Accessed 15/11/2019).

to case allocation systems and the way that cases are escalated and de-escalated between services

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

Taken as a whole, implementing these activities was intended to achieve the following medium-term impacts across the organisation:

- embed the Stockport Family model of service delivery across all teams
- increase professional satisfaction and morale among staff
- enable more effective use of social worker time, and more direct work with families
- improve service user satisfaction with children's services
- ensure long-lasting solutions for families, reducing re-referrals, and increasing parental capacity and skills

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

- improve social and economic outcomes for families and children: for example, better educational outcomes; health outcomes; and reduced crime and anti-social behaviour
- reduce the number of family breakdowns, Child Protection Plans and court proceedings undertaken
- reduce the cost of Looked After Children placements by 20%

Project activities

The use of restorative approaches

The Stockport Family model is grounded in restorative approaches to practice. This involves:

- taking both a family's strengths and vulnerabilities into account
- ensuring that families understand and participate in decisions made by children's services
- placing a greater emphasis on the voice of the child

- development of a new Early Help Assessment
- and changes to language and organisational culture.

The restorative practice approach aimed to:

- increase the amount of direct work delivered with families
- and bring a family-centred, holistic approach which focusses on outcomes

Since the funding for the original Innovation Programme ended restorative practice has been integral to the way that Stockport Family works.

The development of new structures and systems

The Stockport Family model created a new multi-disciplinary locality-based structure with social care and early help teams co-located in 2 buildings.

Stockport Family also made changes to case allocation systems and the way that cases are escalated and de-escalated between services, introducing allocation panel meetings, (now superseded by an Early Help Hub) designed to:

- bring service and team leaders together within each locality
- and support triage of cases and share information between social care, early intervention and universal services.

These activities aimed to:

- improve contacts and collaboration between services
- increase information sharing between teams
- allow the right intervention and specialist skills to be called in at the right time
 - to improve decision making within the organisation about how cases were managed and which teams they were held by.

Partnership working

The Stockport Family model also sought to implement new ways of partnership working, involving:

- development of a shared outcomes framework with partners
- the secondment of partners onto the Stockport Family Innovation Board (now the Partnership Board)

- development of the Team around the School programme which involved named social workers and named School Age Plus Stockport Family workers linked to schools

The improvements to partnership working aimed to produce a better, more integrated response for families by universal services and other services.

For more information about the project activities, please see the Round 1 Stockport Family Evaluation Research Report.¹⁵

Future steps

The success of the Stockport Family approach has been recognised more broadly in the field. DfE has also provided funding to Greater Manchester to roll out Stockport Family Team around the School (TAS) model to 4 other local authorities. Stockport are also supporting 2 other LAs as a partner in practice. These LAs are adapting the Team around the school approach for their own situation, demonstrating the potential scalability of the approach.

¹⁵ Panayiotou, S., Chisholm, T., Duggan, J., Rowley, H., Dennis, J. (2017) Stockport Family Evaluation: Research report. Department for Education. Available online at https://www.basw.co.uk/system/files/resources/basw_50454-4_0.pdf.

2. Overview of the evaluation

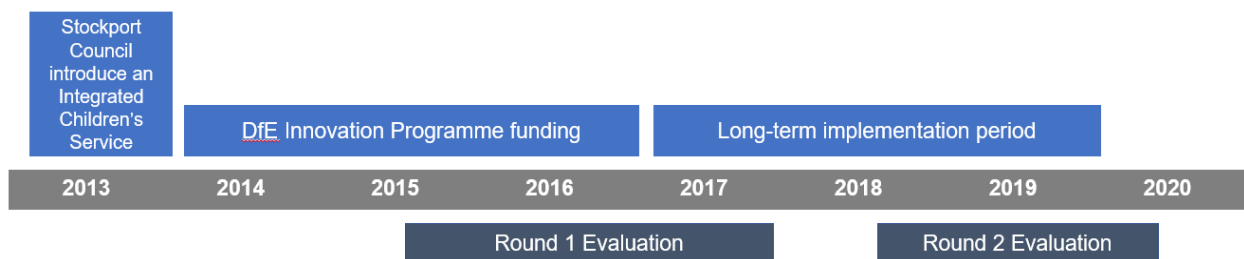
Evaluation questions

The longitudinal impact evaluation focused on the long-term implementation of Stockport Family, specifically:

- how (and why) Stockport adapted and changed its approach/reforms over the long term;
- how key outcomes/impacts progressed over time;
- whether (and how) staff perceptions of the reforms changed;
- staff perceptions of the impact of the reforms on children's social care services, on individual staff, and on children and families;
- what the wider contextual influences were on Stockport's decision making in relation to the long-term implementation of the reforms; and
- what the wider contextual influences were on outcomes and or impacts.

Figure 1 below shows the timings of the funding and long-term implementation Stockport Family that were evaluated by the Round 1 and Round 2 evaluations.

Figure 1. Stockport Family implementation and evaluation timeline.



Evaluation methods

To answer these evaluation questions, Kantar used the following methods:

- Two qualitative interviews with internal stakeholders
- Six qualitative interviews with families
- A quantitative staff survey
- Eight case reviews

- Analysis of management information

Interviews with internal stakeholders

Kantar conducted 2 interviews with internal stakeholders. The first interview lasted 1 hour and took place face-to-face near the beginning of the longitudinal evaluation. The discussion was structured to follow up on the same topics discussed with internal stakeholders in 2015 and 2016 and had a particular focus on understanding how and why the Stockport Family reforms had developed since 2016, and what impacts the reforms had in the years following the implementation. The second interview lasted 30 minutes and took place over the telephone at the end of the longitudinal evaluation to explore detail around specific outcomes and wider contextual influences.

These interviews aimed to understand: how (and why) Durham has adapted and changed its approach/reforms over the long term; what the wider contextual influences are on outcomes/impacts; and what the wider contextual influences are on Durham's decision making in relation to the long-term implementation of the reforms

Interviews with families

Kantar carried out 6 face-to-face interviews, each lasting 45 minutes, with families who were presently being supported by Stockport Family. The families were selected to ensure representation of a range of characteristics including the complexity of their cases, the range of Stockport Family's services they had engaged with and the length of their involvement with Stockport Family. Stockport Family practitioners were best placed to identify and contact the families, so they, rather than Kantar, recruited them to take part.

These interviews aimed to understand how key outcomes had progressed over time, from the families' perspectives.

Staff survey

Kantar carried out an online survey of 198 staff at Stockport Family (23% of the 864 contacts who were sent a link to the survey), with fieldwork running between 3 June and 26 July 2019. Stockport Family distributed the survey link to staff and followed up with reminders throughout the fieldwork.

In the same time period, Stockport Family needed to run another survey with social workers at Stockport, their Social Worker Health Check Survey. To avoid over-surveying staff and negatively affecting response rates for both surveys, the Department for

Education agreed that Kantar could share the findings of its staff survey with Stockport. Accordingly, the survey incorporated a question that asked staff if they were willing to share their responses with Stockport anonymously and Kantar took precautions to protect respondents' anonymity, including checking and anonymising verbatim responses.

The questionnaire was designed to incorporate questions that could be used for both Stockport and Department for Education while maintaining consistency with the 2015 and 2016 questionnaires. This has allowed Kantar to compare the 2019 findings to those from 2015 and 2016 across most indicators. Please note that changes over time should be interpreted carefully due to small sample sizes. Survey data are subject to error - in most cases the responses obtained from a survey sample will not perfectly reflect the wider population that the sample represents. In this case, the margin of error around the differences between waves may be as much as approximately +/-10% at a 95% confidence level.¹⁶ Trends between waves were reported if they were significant or of particular interest.

The survey aimed to understand staff perceptions of the reforms and whether (and how) they have changed. It also aimed to understand how staff viewed the impacts of the reforms on children's social care services, staff and on children and families.

Case reviews

Kantar reviewed 8 case files to identify evidence of expected practice and outcomes. Kantar had originally intended to develop a review framework with Stockport that Stockport could use when reviewing their own case files. However, this approach would have placed too great a demand on Stockport's time. Instead, Stockport reviewed cases using their own framework. Kantar then developed its own framework for the reviews, which was based around features of Stockport Family and the 7 practice features and 7 outcomes identified by DfE in their review of all Innovation Programme Round 1 evaluations. Stockport Family stakeholders were also given the opportunity to contribute amendments to the framework.¹⁷

¹⁶ In basic terms this means that if the survey were to be conducted 100 times, a finding of the same nature (e.g. group A is more likely to respond in a certain way than group B) would be found on at least 95 occasions.

¹⁷ Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) Children's Social Care Innovation Programme: Final evaluation report, Department for Education, available from: <https://www.gov.uk/government/publications/childrens-social-care-innovation-programme-final-evaluation-report>.

In the case review process, Kantar noted where there was evidence in the files of each framework criteria. This was a top line survey approach so did not capture detailed narrative information about each case.

Case reviews were designed use Stockport's internal review process and recording systems to review how impacts had progressed over time.

Management information

Stockport's Business Intelligence and Improvement Team provided Kantar with updated administrative and financial data for the same indicators used in the Round 1 evaluation. Kantar supplemented this with other publicly available statistics from the Department for Education.

This analysis aimed to understand how key outcomes and impacts have progressed over time.

Limitations of the evaluation

Causality: The research has shown some evidence of positive outcomes for families and staff in the time between 2015 and 2019. However, this evaluation was not designed to ascertain whether the positive outcomes are because of the introduction of Stockport Family, something else, or a combination of both. Any readers of this evaluation must keep in mind the variety of drivers for family and staff outcomes when interpreting the results.

Scale of evaluation: In comparison to the Round 1 evaluation, the longitudinal evaluation is much smaller in scale. The project was designed (and funded) to provide a snapshot measure and understanding of long-term implementation and effects of Stockport Family, not an in-depth evaluation of impacts or the cost-benefit of the programme.

In the longitudinal evaluation Kantar conducted a relatively low number of qualitative interviews with families, case reviews and senior stakeholder interviews. In the case of the qualitative interviews and case reviews, a larger number would have provided more information from which to draw themes and conclusions. The Round 1 evaluation also made use of a larger team including embedded researchers at Stockport and Manchester Metropolitan University.

Selection bias: Stockport Family staff distributed the staff survey to respondents by emailing them an open link to the online survey. Respondents were encouraged to

participate through a series of reminder emails, with the sample 'self-selecting' to take part. Therefore, as it was not possible to weight the data back to accurate staff profile data, the characteristics of those who took part in the survey may be different to the actual characteristics of staff in the Stockport family. There is also a chance that respondents could complete the survey more than once as an open link was used and reminders sent by Stockport were sent to all staff, not just non-responders to protect the identity and confidentiality of respondents.

The families interviewed and case reviews were not selected at random and were selected by Stockport Family staff assisting Kantar with the evaluation. Those families who agreed to take part in the interviews were approached by their practitioner.

3. Key findings

We have split the key findings into 5 sub-sections:

- 1) Overall progress;
- 2) Implementation;
- 3) Benefits to staff;
- 4) Benefits to families; and
- 5) Impacts.

The final 3 sub-sections look specifically at the outcomes and impacts which were outlined in the original Stockport Families logic model.¹⁸

Overall progress of Stockport Family implementation

The Round 1 evaluation found that Stockport Council had successfully implemented all of its intended activities. Substantial steps had been taken towards embedding restorative practice within Stockport family and the structural and physical reorganisations were in place.¹⁹

The termination of Innovation Programme funding meant that Stockport Family was not able to maintain all of the structural changes that had initially been implemented (please see Structures and Partnership working for further detail). However, it is worth noting that the success of the Stockport Family approach has allowed Stockport to attract new funding streams. The Round 1 evaluation report highlighted that the Stockport Family model was a natural continuation of changes that were being implemented before they received Innovation Programme funding. These new funding streams have allowed Stockport Family to innovate and improve on those changes.

Due to the smaller scope of this follow-up evaluation it is not possible to explore outcomes in as much detail as the Round 1 evaluation report. Therefore, this report was not intended to cover any analysis of impact in terms of value-for-money.

¹⁸ See Appendix 1.

¹⁹ Panayiotou, S., Chisholm, T., Duggan, J., Rowley, H., Dennis, J. (2017) Stockport Family Evaluation: Research report. Department for Education. Available online at https://www.basw.co.uk/system/files/resources/basw_50454-4_0.pdf.

IP Implementation

Restorative approaches

The Round 1 evaluation found that Restorative Practice had been implemented effectively. This evaluation found that it has continued to provide the backbone of the Stockport Family way of working. One senior stakeholder described it as the “overarching framework” which supports the rest of their work, demonstrating the continued commitment to the framework at a senior level. This was supported by the 2019 staff survey results, in which nearly all staff (94%) agreed that they understand the Stockport Family way of working and over four-fifths (85%) agreed they understand how their role fits in with what Stockport Family is trying to achieve.

The Restorative Practice approach adopted by Stockport family aimed to take a family’s strengths and weaknesses into account and engage with families when making decisions about a child. Interviews with staff and families showed that social workers and other Stockport Family practitioners are able to use this approach effectively to ensure that children, parents and grandparents were supported and engaged in decision making. However, family interviews illustrated occasions when they had not been consulted or felt that risks to other members of the family had been ignored during visits to meet the child. This suggested that while Restorative Practice has been effectively introduced across the organisation it is important to make sure that the principles continue to be reinforced and supported fully.

Structures and partnership working

Stockport Family aimed to improve professionals’ ability to work together across teams and organisations in order to support families. Most staff teams were moved to a single location in order to facilitate improved communication. This was successfully implemented during the first round of the evaluation.

In the course of the implementation, midwives, health visitors, school nurses, youth and social work teams were integrated into the same teams – where they remain – to improve financial efficiency and to provide early intervention for children, young people and families.

Over the course of the Innovation Programme the Stockport Family model has been adapted to better manage the flow of work. The structure that was first introduced ensured that one social worker both assessed and handled a case, rather than transitioning a family between 2 social workers. Since funding for the Innovation Programme finished, following consultation with the workforce Stockport Family has

shifted to a new model with a First Response team. The team contact families, primarily by telephone, to make an assessment and assign cases to the correct team. In most situations, families still only have contact with the one social worker handling their case. Senior stakeholders reported that this model had ensured consistency of decision-making.

During the Round 1 evaluation staff gave examples of how co-locating teams had improved the efficiency of communication within the organisation, leading to more effective case management.²⁰ This evaluation shows that, when teams continued to work in the same locations, over four-fifths of staff surveyed (85%) agreed that they can access the expertise of others to support their work.

Staff had positive views of colleagues in other teams and broadly felt that teams work well together, although there is room for improvement. Three-quarters (76%) of staff agreed that they felt confident that other teams within the organisation do their jobs well. Although a minority (24%) agreed that teams within the organisation do not work effectively together, more than half (55%) disagreed. This was broadly similar to the results in the Round 1 survey. Families interviewed were also able to give examples of occasions where teams within Stockport Family had worked together smoothly while supporting them.

During the funded Innovation Programme, Stockport Family introduced new ways of working with external partners. These included setting up the Stockport Family Innovation Board and developing the Team around the School programme to include named social workers and named School Age Plus Stockport Family workers linked to schools.

Since the Round 1 evaluation, Stockport Family has continued to develop external partnerships. The Innovation Board has been replaced by a Partnership Board and Stockport has gone on to pilot embedding social workers directly into schools.²¹ In 2019, three-quarters of staff (77%) agreed that the integrated and partnership changes had resulted in better outcomes for families, up from 2 in 5 (42%) in 2015.

During its February 2019 focused visit to Stockport children's services Ofsted found that the service integration and joint working encouraged early intervention as intended.

²⁰ Panayiotou, S., Chisholm, T., Duggan, J., Rowley, H., Dennis, J. (2017) Stockport Family Evaluation: Research report. Department for Education. Available online at https://www.basw.co.uk/system/files/resources/basw_50454-4_0.pdf.

²¹ What works for Children's Social Care (2019) Social workers based in Stockport schools. Available online: <https://whatworks-csc.org.uk/research-project/social-workers-based-in-stockport-schools/> (Accessed 15/11/2019).

This borough-wide approach enables agencies to work together effectively in order to provide services for children and families early when concerns arise. Because all professionals use the same electronic recording system, they can see how their joint working is supporting the family and assess how progress is being made.²²

There were similar findings from the CQC inspection of the MOSAIC substance misuse services. Inspectors found that:

Multi-agency working was embedded in all aspects of the service and there was a team of people supporting clients and their families.

The service worked collaboratively and found innovative and efficient ways to deliver joined up care.²³

Benefits to staff

Stockport Family aimed to provide benefits for staff as well as children, young people and families. The original logic model outlined 4 outcomes which specifically aimed to improve the situation for staff: improved workforce satisfaction and wellbeing; reduction in staff sickness; smaller caseloads for social workers; and improved staff confidence. This section explores whether and how these outcomes have been met as well as considering broader benefits to staff.

Improved workforce satisfaction and wellbeing

Workload

Restorative Practice requires practitioners to establish positive relationships with families, understand their circumstances and promote family engagement with the decision-making process. Ensuring that social workers and others have enough time to devote to each case can help them to develop these relationships. Therefore, one aim of the Stockport Family approach was to reduce caseloads, allowing social work staff enough time to take a restorative approach with each family. Smaller caseloads not only improve

²² Ofsted (2019) Focused visit to Stockport children's services. Available online: <https://files.ofsted.gov.uk/v1/file/50061230> (Accessed 5/1/2020).

²³ Care Quality Commission (2019) MOSAIC Quality Report. Available online: <https://www.cqc.org.uk/location/1-2293946260> (Accessed 19/12/2019).

social worker's ability to work in a restorative way, but also improve staff wellbeing by ensuring they are able to effectively manage their workload.

Stockport Family has been successful in decreasing the average caseload among social workers. According to recent children's social work workforce data published by the DfE, caseloads in Stockport Family have fallen slightly from 21.3 in 2016²⁴ to 19.6 in 2019. However, one senior stakeholder said that since the completion of the Innovation Programme and the withdrawal of the additional funding caseloads have increased.

Another stakeholder suggested that high workloads were an issue across the Stockport Family workforce: "the social work workforce will say they have too much work to do and that continues to be a challenge". The survey results, which include data from all Stockport Family staff and not just social workers, confirmed that a large minority of staff felt that they have too much work. Just under a third (30%) said they have enough time to work effectively with families on their caseload, while almost half (48%) disagreed. These findings were similar to those from the Round 1 staff survey.

One senior stakeholder explained that when setting up Stockport Family they anticipated that there would be a fall in the number of families in need of social work services leading to smaller caseloads. However, in practice the number of cases went up and stayed up as families in need were recognised earlier. This was facilitated by the integration of midwifery and health visitors into Stockport Family, as health professionals were better able to flag families in need at an early stage. Stockport Family anticipated that this will ultimately improve outcomes for both young children and workloads, as it will help prevent adverse life experiences which require more intensive social work intervention at a later stage. However, the senior stakeholder highlighted that these benefits might not be seen for many years while the young children and babies helped by early intervention grow up.

This stakeholder also described how changing internal processes to improve services had increased workload because "...doing the right thing means you've got more work." The increase in Stockport's population over recent years may have provided an additional challenge to reducing the average case load.

Wellbeing

In line with other Innovation Programmes, Stockport Family aimed to improve staff wellbeing and confidence. Four in five (80%) of staff surveyed in 2019 agreed that they

²⁴ The earliest year for which published data was available.

enjoy coming into work most days, which is slightly higher than in previous years (70% in 2015 and 74% in 2016).²⁵ There has been an increase in the proportion who strongly agreed with the statement (from 27% in 2015, to 32% in 2016, to 43% in 2019).

There were also positive results regarding staff self-actualisation, being confident in their abilities and feeling valued by the families they work with. Nine in ten (88%) staff surveyed agreed that their work gives them a feeling of personal achievement (43% strongly and 45% slightly agreed) and only 1 in 10 (8%) disagreed. Almost all staff agreed that they feel confident in their ability to do their job (96%) and over half strongly agreed (51%). Four-fifths staff agreed that they think families value the work they do with them (80%). These findings were consistent with the staff survey results in both Wave One and Wave Two of the Round 1 evaluation.

Workforce wellbeing is contingent upon workers feeling comfortable questioning current ways of doing things and suggesting improvements to processes and systems²⁶. Seven in ten staff surveyed agreed that they feel encouraged to develop better ways of doing things (74%). The proportion of staff who strongly agreed has increased from 27% in 2015 to 32% in 2016 and 39% in 2019. By creating a safe environment where new ideas are fostered, Stockport Family aim to nurture innovation and promote better outcomes for families.

While attitudes towards work remain positive, self-reported wellbeing presents a more mixed picture, perhaps as a result of limited resources or staffing. If staff are often stressed by the nature of their work and do not have time to manage their workload, it is important that they are emotionally supported. Consistent with findings from the previous years, 3 in 5 agreed that they often felt very stressed by the nature of the work (62%, on a level with 61% in 2015 and 58% in 2016). In addition, half (48%) disagreed that they have sufficient time to manage their work load (16% strongly disagreed and 32% slightly disagreed). However, only two thirds (66%) of staff surveyed agreed that they feel supported to manage their emotional wellbeing and are aware of the resources available, whilst 1 in 5 (21%) disagreed with the statement.

²⁵ The difference between results from 2019 and either 2015 or 2016 is not a statistically significant.

²⁶ DfE (2019) Partners in Practice. Available online: <https://innovationcsc.co.uk/partners-in-practice/> (Accessed 15/11/19).

Reduction in staff sickness

Sick days are often used as one indicator of employee health and wellbeing.²⁷ In 2018 2.7% of staff days in Stockport Family were lost to sickness.^{28, 29} While this is down from recent years (4% - 4.6% between 2014 and 2017) data not yet available will show if this is a trend which will continue into the longitudinal evaluation period of 2019. It is also important to note that, while improved staff satisfaction and wellbeing is likely to contribute to a reduction in staff sickness, other factors may influence this outcome.

Increasing workforce stability

Reducing staff turnover and use of agency staff was not an explicit aim of Stockport Family. However, consistency of staffing may well be connected to consistency of practitioner for families and is another proxy indicator of staff wellbeing.

The agency worker rate at Stockport Family has remained between 6% and 8%, consistently below both the English and North West average, since 2014.^{30, 31} This suggests that structural changes within the organisation have not resulted in an increased need for agency staff.

The staff turnover rate at Stockport Family initially increased from 13% to 28% between 2014 and 2015 when the Innovation Programme was introduced. Initially, Stockport employed additional posts which were then exited gradually over the course of the IP. There were also some employees who departed as a result of the changes to the programme. Staff turnover has since fallen to 10.2% in the year ending September 2018.³² This was lower than both the North West (15%) and the English (15.2%) averages.³³ Senior stakeholders interviewed emphasised that the core senior leadership team remained the same in 2019 as it was during implementation of the IP.

²⁷ Chartered Institute of Personnel and Development (2018) Health and wellbeing at work: Survey report. Available online: <https://www.cipd.co.uk/knowledge/culture/well-being/health-well-being-work> (Accessed 5/1/2020).

²⁸ Absence rate has been calculated as follows: $100 * \{\text{Number of days missed due to sickness absence} / (\text{FTE number of children's social workers} \times 253)\}$, where 253 is the number of working days in a year accounting for bank holidays. Number of days absence is counted during year ending 30 September.

²⁹ DfE (2018) Children's Social work workforce. Available online:

<https://www.gov.uk/government/statistics/childrens-social-work-workforce-2018> (Accessed 15/11/2019).

³⁰ DfE (2018) Children's Social work workforce. Available online:

<https://www.gov.uk/government/statistics/childrens-social-work-workforce-2018> (Accessed 15/11/2019).

³¹ Turnover rate has been calculated as follows: $\text{Number of agency workers} / (\text{Number of social workers} + \text{Number of agency workers})$

³² Based on FTE counts in 2018. 2019 counts are not yet published.

³³ Turnover rates have been calculated as follows: $100 * (\text{Number of FTE leavers during the year} / \text{Number of FTE children and family social workers at 30 September})$.

Stockport staff's positive attitudes towards their work have remained consistent since the baseline survey, which was conducted shortly after the introduction of the model in 2015. The staff surveyed mostly enjoyed coming to work (80% agreed) The proportion who strongly agreed has increased from 27% at baseline to 43% in 2019. Nine in ten (88%) agreed that their work gives them a feeling of personal achievement. Evidence from the sample of cases reviewed suggested that social workers were a consistent presence for families, often working with them for more than 3 years. This provided an opportunity to build trust between Stockport Family and the families they support.

Skills and training

Since the introduction of the Stockport Family model the percentage of staff who agreed that they have the right tools and resources to work effectively with families has increased from 58% to 71%.

Nine in ten staff (91%) agreed that they have the knowledge and skills they need to work effectively with families. While 72% agreed that managers encourage and support them to develop their skills, only half (48%) said they have enough time to undertake learning and development. This may reflect the fact that staff already felt pressure to complete their workload in the time available.

Stockport Family have introduced a comprehensive training programme introducing Restorative Practice, a key aspect of Stockport Family for all staff. This training includes e-learning for all staff, 1-day courses for assistants, short-term contract and agency staff and foster carers and a 3-day course for all front-line practitioners, team managers, service leads and heads of service. Restorative practice training has been delivered to 3,136 colleagues across Stockport Family between April 2015 and October 2019.³⁴ Continuing Professional Development courses allow staff to refresh their knowledge and problem solve around their restorative practice experiences.

Almost all (96%) staff at Stockport Family agreed that they feel confident in their ability to do their jobs. This has been consistently high since the baseline evaluation. Staff felt that they can access the expertise of others to support them in their work (85%) and were confident that they are able to effect change with families (81%). They were also confident in their team's ability to do their jobs well (94%).

³⁴ Stockport Council (2019) Self-Assessment of Children's Services. Stockport Metropolitan Borough Council – Unpublished.

Benefits to families

The Stockport Family intervention was designed to benefit vulnerable children, young people and their families living in Stockport, with the overall effect of enabling families to stay safely together with less direct help from children's social care. The intervention was intended to lead to:

- Increased parental capacity and skills;
- Increased parental responsibility and ownership;
- Reduction in children in need – fewer court proceedings and family breakdowns;
- Reduction in re-referrals;
- Improved school attendance, attainment;
- Reduced crime and anti-social behaviour;
- Improved life expectancy;
- Reduction in conflict; and
- Increased child and family satisfaction at step-down.

Positive outcomes for parents

In 2017, Kantar researchers concluded that it was too early to confirm whether the Stockport Family model had resulted in greater parental capacity and ownership based on the evidence they had gathered from families. Meanwhile, in 2019, the direct research with families was never intended to measure parental outcomes, only to illustrate families' experiences of Stockport Family. However, internal stakeholders at Stockport provided evidence of parental outcomes from a number of new programmes that have grown out of Stockport Family since 2017 and have published evaluations. These include:

- Caring Dads: a course for fathers who have been abusive to their children's mothers or their children. On its introduction in 2019, 10 fathers were put forward after initial assessment and 4 have successfully completed the course.³⁵
- COMMA: a service co-designed with mothers who have had their children removed through care proceedings, with the long-term aim of reducing recurrent care proceedings. It is intended to support families in their choice to place longer

³⁵ All evidence from internal Stockport Family communications and participant feedback forms.

intervals between pregnancies and access a package of support individualised to their unique needs. At the six-month follow-up point, 10 of the 16 women who had started the programme were still engaged and the outcomes of the pilot evaluated by the University of Essex.³⁶

- Empowering Parents Empowering Communities (EPEC): a programme that trains local parents to deliver parenting support in their own communities. It was originally developed by South London and Maudsley (SLAM) NHS Trust. Stockport was 1 of 16 sites selected for an EPEC hub, in a roll out funded by NESTA and DCMS. In Stockport, 109 parents have attended an EPEC course benefitting at least 218 children. The initial evaluation has been undertaken by Stockport staff.³⁷
- New Beginnings Greater Manchester: a pilot based in Stockport addressing parents' history of trauma to improve their parenting. Four families completed the first cohort of the pilot and 4 dropped out. The pilot was evaluated by the University of Sheffield.³⁸

Kantar has not fully assessed the methods employed by other evaluators. However, because of their intensive focus, most of these programmes were for small groups of parents which means outcomes reported in the evaluations were based on small samples. However, taking this into account, together with Kantar's interviews with families, these indicated that parental outcomes have been positively affected by the key elements of Stockport Family that are incorporated in the programmes: restorative practice, partnership working and multi-disciplinary and locality-based structures. In the discussion over pages 29-31 the references to programme outcomes are to the individual evaluations referenced above unless other specified. Outcomes fell under several themes: self-awareness and safer behaviours; improved parenting skills and strategies; confidence and aspiration; and positive relationships with children's social care professionals.

Self-awareness and safer behaviours

All of the programmes except EPEC were designed to improve participants' ability to recognise and adopt safer behaviours, for either themselves or their children. After 6 months on the programme, the women participating in COMMA were more likely to be in

³⁶ Cox, P., McPherson, S., Baxter, V. (2019), Reducing Recurrent Care Proceedings. Service Evaluation: Stockport COMMA (Interim service report). University of Essex.

³⁷ Stockport EPEC Hub Team (2019) Empowering Parents Empowering Communities (EPEC): Evaluation Report 2018-19.

³⁸ Walsh, J., Rudman, H., and Burton, R. (2019), Evaluation: New Beginnings Greater Manchester Pilot Project. University of Sheffield.

positive or stable relationships, were all in stable housing and had reduced their consumption of alcohol. Unplanned pregnancies among the cohort were reduced, partly because several of the women had sought early terminations.

The University of Sheffield evaluation of New Beginnings found that parents came away with an increased understanding of risk and safety, better understanding of the impact of past abusive relationships and had made changes in safe care in their homes. For example, having left an abusive relationship, one woman came to recognise that her anxiety was contributing to a “chaotic” home environment. Through introducing rules and routine, she has now reduced her daughter’s propensity to get angry or destructive at home.³⁹ Likewise, all the Caring Dads participants agreed that the group had helped them handle family situations without getting angry and parent their children without hurting them with their words or actions.

Improved parenting skills and strategies

The evaluations of the New Beginnings, Caring Dads and EPEC initiatives showed that all three brought about improved parenting skills and strategies. New Beginnings participants demonstrated an improved awareness of how parenting practices affected their children and their safety. For instance, one recognised a connection between spending more time with her children and their improvement in behaviour towards her. All of the women have developed strategies to help them change the way they communicate with their children, and to recognise triggers for anxiety and stress. They feel that they are now calmer and more patient with their children.⁴⁰

All of the 7 EPEC courses have shown a reduction in parents pre- and post-intervention scores suggesting more effective parenting styles were being used on course completion. Similarly, 6 out of the 7 courses have shown a reduction in the pre- and post-intervention scores suggesting that parents felt less concerned about their 2 main parenting worries on course completion. In their course feedback, a number of parents identified parenting skills that they had learned such as “I now understand that I need to listen to my children’s feelings and respond to them” and “I now remain calm and use the strategies I have learnt rather than shouting at home”.⁴¹

³⁹ Walsh, J., Rudman, H., and Burton, R. (2019), Evaluation: New Beginnings Greater Manchester Pilot Project. University of Sheffield. p14.

⁴⁰ Walsh, J., Rudman, H., and Burton, R. (2019), Evaluation: New Beginnings Greater Manchester Pilot Project. University of Sheffield. p13.

⁴¹ Stockport EPEC Hub Team (2019) Empowering Parents Empowering Communities (EPEC): Evaluation Report 2018-19. p13.

Meanwhile, all fathers completing the Caring Dads programme agreed somewhat or a lot that the course had helped them become more child-centred in their fathering and interact positively with their children.

Confidence and aspiration

New Beginnings and EPEC resulted in greater self-reported wellbeing and confidence among parents who participated. EPEC course participants reported a higher level of mental wellbeing on course completion than on starting and several parents provided positive feedback that they felt more confident as a result of the course. For example, one Parent Group Leader said that “Becoming a PGL has given me confidence in my own parenting, being a mummy at home and belief in myself that I will be able to get back to work.”⁴²

The New Beginnings pilot cohort also cited improved confidence as a benefit. One participant said that she has become able to make decisions for her family, and feels “In control of my own life, where I’m not waiting for a social worker to tell me what to do, or what I need to do next [.] I’m a strong and independent thinker for myself now”. They also reported a new sense of direction and ambition for the future. One woman, for example, states that, “I want them [children] to do well in school. To get good jobs, because they’re all very brainy”.⁴³

Kantar’s interviews with families also found that some were able to point to an improved sense of purpose: one interviewee told researchers that “Without the support from social services I wouldn’t have remembered what direction my life was going in”.

Positive relationships with children’s social care professionals

Finally, feedback from all 4 of the programmes suggested that participants had built positive relationships with Stockport Family staff and facilitators. New Beginnings participants described Stockport staff as “non-judgmental and affirmative, but also challenging” and subsequently they had become more confident at engaging with social care professionals. One woman gave an example of how: “It’s like a couple of weeks ago, we went for a meeting with school and all of the agencies and everything and

⁴² Ibid. p12.

⁴³ Walsh, J., Rudman, H., and Burton, R. (2019), Evaluation: New Beginnings Greater Manchester Pilot Project. University of Sheffield. pp19-20.

[NBGM staff] had come [...] It all went really well. I presented myself in the manner that I would have always wanted to be".⁴⁴

Several families interviewed by Kantar expressed the view that they could have positive relationships with Stockport Family workers because they were not like other social workers. One said, "she's not like my social worker, she just sort of became a friend to me" and another described her worker as "...really supportive and understanding. She's someone you feel you can be really honest with and not have to worry... It's lucky that I got a social worker like that really 'cos a lot of them aren't like that."

Children in need

The management information provided by Stockport showed that the number of children in need (CIN) at year end increased from 1,596 in March 2014 to 2,021 in March 2019. This is a rate of 320 per 10,000 children, up from a rate of 262 in 2014, but consistent with levels in 2016, when the rate was 319 per 10,000 children.⁴⁵

In contrast, a slightly different pattern was observed across England as a whole: in 2014 there were 395,480 CIN (344 per 10,000) and in 2019 there was a higher number - 399,510 – but a lower proportion (334 per 10,000). The proportion of CIN fluctuated in this time period with 330 per 10,000 at its lowest point in 2016/17 and 344 at its highest point in 2013/14.⁴⁶

Indicators should be interpreted in the context of 2% growth in both the 0-17 England UK (from 11.6 million in 2014 to 11.9 million in 2018) and the 0-17 Stockport population (61,481 in 2014 to 62,912 in 2019)⁴⁷. The definition of a CIN has remained consistent through the period in question, so this would not have contributed to the change.

Overall, the increase in CIN identified may be viewed as positive for Stockport Family. By identifying CIN, the local authority is able to prevent child protection activity and this is the intention of the Team around School model developed by Stockport and being extended to other local authorities in Greater Manchester.

⁴⁴ Walsh, J., Rudman, H., and Burton, R. (2019), Evaluation: New Beginnings Greater Manchester Pilot Project. University of Sheffield. p15.

⁴⁵ DfE (2019) Characteristics of children in need: 2018 to 2019. Excel tables available online: <https://www.gov.uk/government/collections/statistics-children-in-need> (Accessed 12/12/2019).

⁴⁶ DfE (2019) Characteristics of children in need: 2018 to 2019.

⁴⁷ ONS (2019) Population estimates and components of population change. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates> (Accessed 15/11/2019).

Re-referrals

In 2018/19, there were 855 re-referrals to Stockport Family within 12 months of their previous referral, amounting to 24% of those referred. This is consistent with the 23% re-referral rate across both England and the North West.⁴⁸

Between 2014 and 2019 the re-referral rate has been between 19-24%, with no marked dips or increases during or since the implementation of Stockport Family. While it is positive that the re-referral rate has not increased over this time period, the Stockport Family logic model included the assumption that the “smarter” interventions resulting from the model could reduce re-referrals. Stockport Family intend to examine what actions could have this effect in 2019/20.⁴⁹

Child protection

It was hoped at the conception of Stockport Family, that through early intervention with families, Stockport would reduce the rate of children becoming subject to child protection activity. Overall, child protection data has borne out this assumption, with Stockport’s levels of child protection activity reducing since 2014 and comparing favourably to the North West and the rest of England.

246 children were subject to a child protection plan (CPP) at the end of the 2018/2019 period. This is a rate of 39 per 10,000 compared with 57 per 10,000 in the North West and 44 per 10,000 in England. Stockport’s rates of children subject to a CPP were 59 per 10,000 in 2014. This was higher than both the North West and England rates. Over the last 5 years, while the North West rates have gradually increased from 51 to 57 and the England rates have gone up slightly from 42 to 44, Stockport’s rates have varied, but mostly stayed in the 31-39 range. It is not possible to conclude from the data available for this evaluation whether the children previously subject to a CPP have moved into the CIN or children in care group.

Stockport also performs positively on other child protection indicators. For example, more children left a CPP than became subject to a new CPP in 2018/19. 417 children left a CPP, equivalent to 66 per 10,000 children. This is on a level with the North West average (67) and higher than the England average (57). Meanwhile, 331 children became subject

⁴⁸ DfE (2019) Characteristics of children in need. Available online: <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2018-to-2019> (Accessed 15/11/2019).

⁴⁹ Stockport Council (2019) Self-Assessment of Children’s Services (Stockport Metropolitan Borough Council – Unpublished). p30.

to a CPP, equivalent to 52 per 10,000 children. In comparison, the North West average was 70 and England had an average of 56 per 10,000 children.

Stockport's 2019 self-assessment for the North West Association of Children's Services Directors peer challenge programme highlights evidence from audits that CPPs are being introduced appropriately. Nine in ten (89%) of children considered at a child protection conference are made the subject of a child protection plan, leaving Stockport confident that the right proportion of children are receiving multi-agency attention. The assessment states that enough children are meeting the threshold to be sure it is at an appropriate level.⁵⁰

Children in care

Stockport Family was intended to reduce overall numbers of children in care (or looked after children (LAC)), court proceedings and family breakdowns through smarter, earlier social work interventions. In the first few years of the intervention children in care remained stable, with 300 children (49 per 10,000) in 2014 and 293 children (47 per 10,000) in 2016. However, following this, the number of children in care at the end of period increased to 361 in 2019, equivalent to 57 children per 10,000. Since 2016, this represents a 23% increase in numbers, or a 20% increase since 2014.

Despite this, Stockport has both the lowest number and lowest rate of LAC in the North West, where the average rate was 94 per 10,000. It was also lower than the English average of 65 per 10,000 children. Since 2016, both the North West and England as a whole have witnessed an increase in the rate of LAC (from 82 and 60 per 10,000 children respectively).

To put this in its wider context, the numbers of children in care at year end have increased in England by 15% between 2010-11 and 2017-18, which is 3 times the rate of overall population growth.⁵¹ This suggests that increases are not solely due to population growth but are influenced by other policy or delivery-related factors. These might include issues like child poverty, knife crime and child exploitation, which one senior stakeholder listed as barriers that have increasingly presented challenges to Stockport Family since 2016.

⁵⁰ Stockport Council (2019) Self-Assessment of Children's Services (Stockport Metropolitan Borough Council – Unpublished). p31.

⁵¹ NAO (2019) Pressures on children's social care. Available online: <https://www.nao.org.uk/report/pressures-on-childrens-social-care/> (Accessed 15/11/2019).

Overall, it has been harder for Stockport to achieve its aim of reducing children in care, probably due to a combination of population change and wider contextual factors. Going forward, Stockport is employing a number of initiatives to reduce children's entry into care and support their exit from care. These include the COMMA and New Beginnings initiatives outlined previously; Lifelong Links, a programme that supports rebuilding of family relationships; No Wrong Door (an Edge of Care and edging from care model) and ACT (Achieving Change Together), for young people at risk of or experiencing exploitation; and schemes to incentivise foster care for children with more complex needs, among others.⁵²

Additional benefits for families

The original logic model anticipated improvements in a number of indicators: improved school attendance and attainment; reduced crime and anti-social behaviour; improved life expectancy; and reduction in conflict. Changes in these outcomes are only likely to be seen over a long period of time and are, therefore, beyond the scope of this evaluation. It should also be noted that these outcomes are impacted by the input of a wide range of public services and socio-economic conditions and it would not be possible to attribute changes to any one intervention.

Impacts

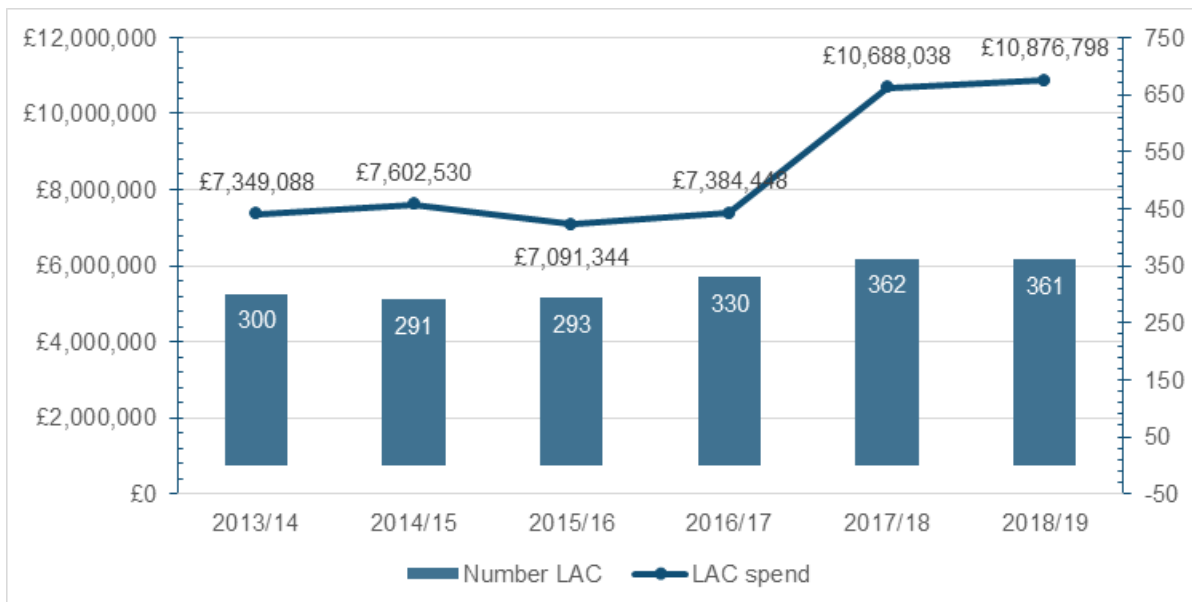
In the longer term, Stockport Family was intended to bring cost savings to Stockport, reduce court proceedings and reduce the cost of LAC by 20%. They had not met this goal by 2019.

In 2019/20, total LAC spend is projected to be 49% greater than it was in 2013/14.⁵³ This includes spending on private residential care, and both private and local authority foster care. Within these different elements, it has been the cost of external residential care, due to price increases and longer placements, that has risen most steeply (a 69% increase).

Figure 2. Numbers of LAC and total LAC spend from 2013/14 to 2018/19

⁵² Stockport Council (2019) Self-Assessment of Children's Services (Stockport Metropolitan Borough Council – Unpublished). pp41-42.

⁵³ In 2013/14 total actual spend on LAC was £7,349,088 and in 2019/20 it is projected to be £10,956,101.



In 2016/17, there was no change (0%) in actual spend since 2013/14, with spending picking up from 2017/18. The percentage change in spend between 2016/17 and 2019/20 is 48%. These cost changes mirror the point after 2016 where numbers of LAC in Stockport began to rise.

However, there was an increase in spending of 45% between 2016/17 and 2017/18, but only a 10% increase in the numbers of LAC for the same time period. While Stockport Family spent on a greater number of internal and external fostering placements, other factors were important in explaining the spending increase. Between 2016/17 and 2017/18 there was a marked increase in longer duration placements and high cost placements (including secure, 2:1 and waking night support). In addition, in the area of external residential care where the most marked changes are seen in this time period (increasing from £3.2 million to £5.8 million), the average cost of registered children’s homes, 16+ placements and joint funded provisions all increased.

Meanwhile, although Stockport has not been able to suppress its spending on LAC, it has been able to use its experience and interim successes to attract more revenue for new programmes within Stockport Family. Notably, it has drawn in funding through the Partners in Practice programme and the What Works Centre. The Stockport Family model is also being rolled out in Greater Manchester. All of these developments suggest that funders and local authorities are confident in the Stockport Family model.

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.⁵⁴

The longitudinal evaluation unearthed evidence of intention and successful delivery at Stockport for most of the practice features. The longitudinal evaluation of Stockport also found evidence around the first 6 outcomes. However, unlike the Round 1 evaluation, it was not designed to measure value for money, so this report does not cover Outcome 7.

Features of Practice

Strengths-based practice frameworks and systemic theoretical models

- The Stockport family model is structured around Restorative Practice, a whole system approach based on relationships and which aims to identify families' strengths and empower them to come up with their own solutions⁵⁵.
- Interviews with internal stakeholders demonstrated ongoing commitment to the Restorative Practice across the organisation.
- Staff survey results showed that the vast majority of staff (94%) agreed that they understood the Stockport Family way of working.

Multi-disciplinary skills set

- Stockport Family services are co-located and integrated with local health teams so that professionals can support one another to provide the right interventions for families.
- Teams work together within the team around the school/early years model.

⁵⁴ Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) Children's Social Care Innovation Programme: Final evaluation report, Department for Education, available from: <https://www.gov.uk/government/publications/childrens-social-care-innovation-programme-final-evaluation-report>.

⁵⁵ Social care institute for excellence (2018) Strengths-based social care for children, young people and their families. Available online: <https://www.scie.org.uk/strengths-based-approaches/young-people> (Accessed 15/11/2019).

- Recent inspections by the CQC and Ofsted indicated that service integration and joint working were working well across Stockport Family.

Group case discussion

- Case reviews and family interviews showed that Team Around the Child meetings were used effectively to coordinate activities across teams and professions.
- Parents described these meetings as “daunting” but reported that they felt listened to during these meetings.

Family focus

- The Stockport Family approach explicitly considers a child or young person within their whole family context to achieve sustainable change.
- Case reviews and family interviews showed evidence that Stockport Family interventions supported family members to achieve positive outcomes for the whole family. This included mental health and substance abuse services as part of the combined service Stockport Family provides.
- The New Beginnings programme was cited by mothers as an important source of support.

High intensity and consistency of practitioner

- From the beginning Stockport Family aimed to remove transition points between teams and move to a system where one social worker held a case from beginning to end. Senior stakeholders explained that in part the end of the additional capacity provided by the Innovation Programme grant meant that it was no longer possible to maintain this approach. In addition, there was a need for greater consistency of decision making. They have since introduced a triage, First Response team who transition families to a longer-term social worker. They reported that this system was working well.
- Family interviews and case reviews showed that transition could also be positive if the relationship with the new social worker was better than with the previous team member. Family interviews also provided good examples of how long-term relationships had allowed families and social workers to build trust with one another.

Skilled direct work

- More than 3,000 colleagues across Stockport Family and partnerships have been trained in restorative practice since April 2015.

- Most staff agreed that they had the right knowledge and skills to work effectively with families. They agreed that managers encourage and support them to develop their skills, however they did not feel they had enough time to undertake learning and development.
- During the survey staff at Stockport Family reported that they needed more time to work directly with families.

According to Stockport Family multi-disciplinary skill sets, having a whole family focus and using a clear strengths-based practice framework are critical components of their approach. High intensity and consistency of practitioner and undertaking group case discussion are important, while enabling staff to do skilled direct work and using systemic approaches to social work practice are present, but less important components.

Outcomes

Reducing risk, creating stability and increasing wellbeing for children

- Courses such as New Beginnings, Caring Dads and EPEC aim to strengthen parenting skills and improve community links in order to create stable environments for children.
- Stockport performs well, in comparison with the average North West and English figures, on a number of child protection indicators including rate of children subject to a CPP.

Reducing days spent in state care

- After remaining stable between 2014 (298 days) and 2016 (293 days), the number of children in care at the end of period increased to 361 in 2019. This increase comes in the context of rising numbers of children coming into care nationwide.

Increasing workforce wellbeing and stability

- The staff survey shows that overall staff satisfaction at work has remained high, however staff continue to express concerns over high workload.
- Staff turnover rate at Stockport Family has fallen from 28% in the year ending 30 September 2015 to 10.2% in the year ending September 2018.
- One senior stakeholder suggested that improved staff retention among Health Care Assistants working in Stockport Family might be driven by the opportunity to work with an innovative service with an integrated model.

5. Lessons and implications

Feasibility and outcomes of the model

While the Round 1 evaluation found that Stockport Council had successfully implemented the Stockport Family model, this evaluation has demonstrated that it has been feasible to maintain it. Stockport has needed to make some adjustments to operate the model within budget: for instance, to the First Response system in 2017. However, it has kept in place the same locality-based multi-disciplinary working; it has also cemented the principles of restorative practice and partnership working with new initiatives.

In the time period since 2016, Stockport Family has been able to report some positive outcomes, particularly around CP. Having reduced CP activity since 2014, Stockport Family's rates of children subject to a CPP at year end have been stable since 2016. While findings around LAC are more mixed, LAC rates have stayed similar rather than decreased and they are at the lowest in the North West and below the English average rate. As this evaluation has not examined processes between activities and outcomes, it is not possible to say what elements have been most and least important in bringing about positive outcomes.

Deepening the evidence base about positive family outcomes

One element of the Stockport Family model which was new to Stockport was the introduction of "design by doing". Since 2016, Stockport has piloted programmes such as COMMA and Caring Dads, with evaluations conducted on the results for a small number of children, families or parents. This iterative process is valuable for Stockport Family to understand the initial outcomes of programmes. However, to generalise better about the benefits of these programme, once scaled-up it will be important to evaluate them fully with more cohorts of participants to draw on for evidence.

It will also be important to invest in approaches which can shed light on which of Stockport Family's elements may be reproduced most fruitfully. This will require a process evaluation as well as evaluation methods which examine outcomes or impact alone. Likewise, cost-benefit analysis was not part of the longitudinal evaluation; but this would be beneficial in any future evaluations of the model – for instance, in the sites where it is being rolled out in Greater Manchester.

Staff workload is an area to explore further

On the whole, between 2016 and 2019, staff outcomes have been stable rather than increasing or decreasing significantly. For example, staff have continued to report relatively high levels of enjoyment at work and confidence that they have the right knowledge and skills for their role. Nonetheless, staff perceptions of workload remain mixed, with nearly half (48%) disagreeing that they have enough time to work effectively with families. Similarly, in 2016, most staff considered their workload to be too high and said that they often worked over their allocated hours to manage their workload.

It may be, as was suggested in the Round 1 evaluation report, that perceptions are indicative of resistance to change and that some culture change remains to be completed. However, the high levels of staff agreeing that they understand the Stockport Family way of working and that they see the benefits of partnership working on families, suggest that the principles of Stockport Family are now well accepted. It will be important for the Stockport Family leadership to monitor this indicator in future years and explore what drives it, whether that be staff wellbeing, shortness of time, workplace culture or another factor.

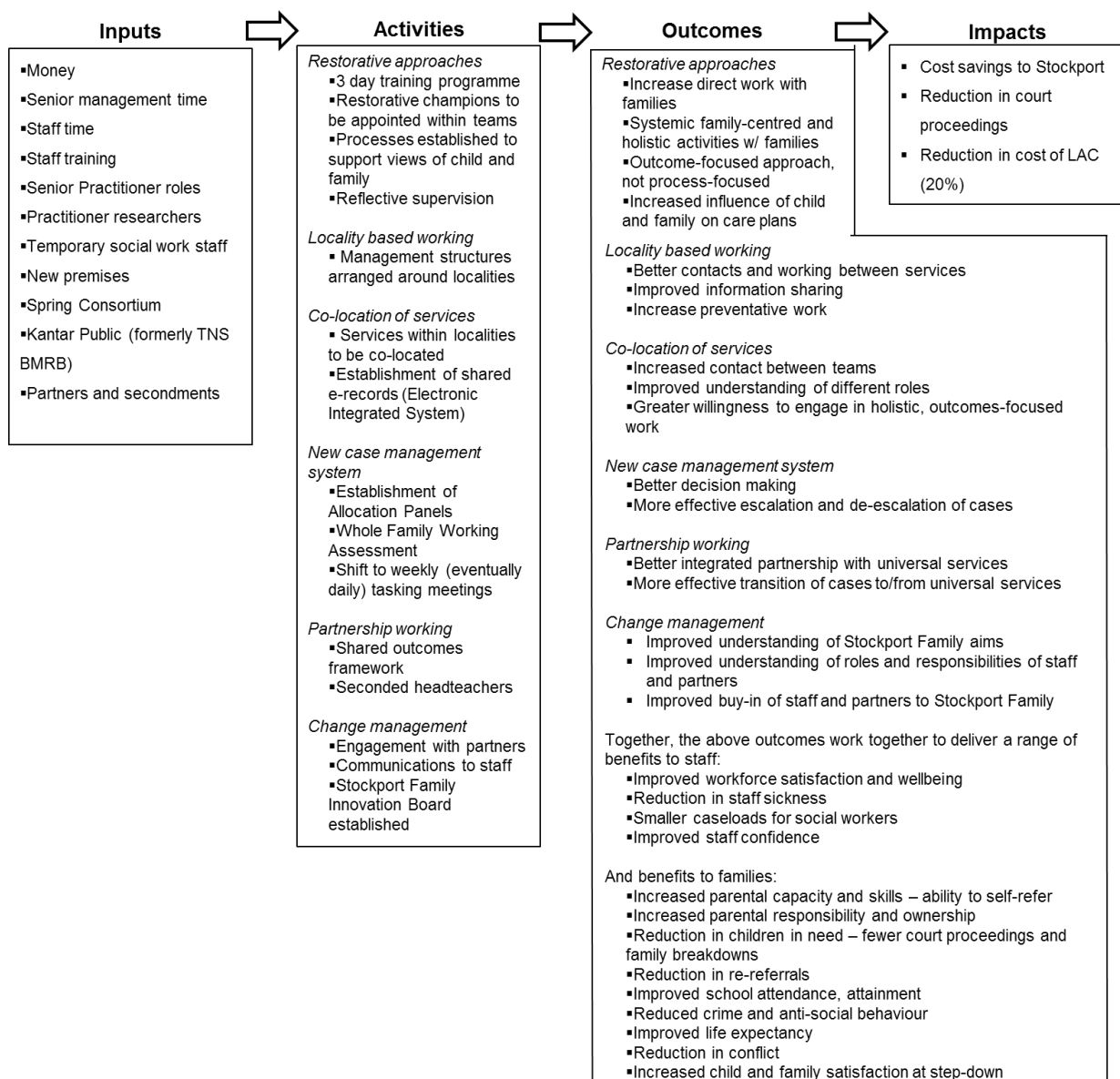
Appendix 1: Project logic model

Appendix 1 outlines the logic model and outcomes framework which Kantar developed in partnership with Stockport Council during the Round 1 evaluation. Logic models are tools which evaluators use to understand the context, objectives and planned activities during an intervention.

Logic model opportunities, intervention and assumptions

Opportunities for improvement	Intervention – Stockport Family	Key assumptions
<p>5 main challenges in Stockport:</p> <ul style="list-style-type: none"> ▪ Difficulty distinguishing between struggling and harmful families - high numbers of children subject to S47 investigations; revolving door of re-referrals (20% of cases) ▪ Variable levels of investment in workforce development and variable application of previous training ▪ Process driven ways of working leading to adversarial relations with families ▪ Lack of shared responsibility between siloed services ▪ Funding cuts to local authorities putting pressure on children's social services <p>Ultimately these lead to high children's social care delivery costs in Stockport, challenging the sustainability of its services.</p>	<ul style="list-style-type: none"> ▪ Purpose – Between 2015-2017, SMBC aims to develop a new social care model that emphasises an integrated, restorative approach to children's social care. ▪ Target Beneficiaries – Vulnerable children, young people and their families living in Stockport that require universal and intensive support ▪ Desired effect – More families stay safely together and fewer need direct help from children's social care and other public services. For families that do need help, the use of restorative approaches will seek to ensure interventions are appropriate and responsive to families' needs. 	<ul style="list-style-type: none"> ▪ Restorative approaches will achieve impacts and become embedded after initial training ▪ Innovation Fund resources are sufficient ▪ Staff will adapt to change of roles/practice ▪ Integrated children's services teams will be able to hold more complex cases previously referred to children's social care ▪ It is possible to protect caseloads for social workers ▪ Co-location of teams will support closer working relationships and understanding ▪ Keeping more children with families will lead to improved outcomes ▪ Families have capacity to take on a greater role in their care ▪ Staff willing to accept and drive change ▪ Project can be achieved in desired timescales ▪ Partners will buy in to the new model ▪ Smarter interventions can reduce re-referral ▪ Other policies in Greater Manchester will not dilute or distract from Stockport Family

Logic model inputs, activities, outcomes and impact



Appendix 2: Survey data

Appendix 2 presents data from the longitudinal evaluation staff survey.

Between 3rd June and 26th July 2019 all staff at Stockport Family were invited by email to participate in a short online survey.

Invitations were sent to 864 members of staff. The survey achieved a 22% response rate.

Table 1: Q1 Work Satisfaction

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My work gives me a feeling of personal achievement	43%	45%	5%	7%	1%	-
	(85)	(89)	(9)	(14)	(1)	-
I feel confident in my ability to do my job	51%	45%	2%	3%	-	-
	(100)	(89)	(4)	(5)	-	-
I feel encouraged to develop better ways of doing things	39%	35%	10%	13%	3%	1%
	(78)	(69)	(20)	(25)	(5)	(1)
I enjoy coming to work most days	43%	37%	9%	7%	4%	-
	(85)	(74)	(18)	(14)	(7)	-
I think families value the work I do with them	27%	53%	11%	7%	1%	1%
	(54)	(105)	(22)	(14)	(1)	(2)
I often feel very stressed by the nature of my work	21%	41%	18%	16%	3%	-
	(42)	(82)	(36)	(32)	(6)	-
I feel supported to manage my emotional wellbeing and am aware of resources	29%	37%	13%	16%	5%	1%
	(58)	(74)	(25)	(31)	(9)	(1)

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

Table 2: Q2 Time and Resources

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I have sufficient time to work effectively with families on my caseload	4%	26%	20%	32%	16%	2%
	(7)	(52)	(40)	(64)	(32)	(3)
I am required to spend too long on administrative tasks	30%	41%	19%	8%	2%	-
	(59)	(82)	(38)	(15)	(4)	-
I can access the expertise of others to support me in my work	41%	44%	6%	7%	2%	-
	(81)	(88)	(12)	(14)	(3)	-
I have the right tools and resources to work effectively with families	17%	54%	14%	12%	4%	1%
	(33)	(107)	(27)	(23)	(7)	(1)
I feel confident and able to effect change with families	19%	62%	15%	3%	2%	1%
	(37)	(122)	(29)	(6)	(3)	(1)
I often work over my contracted hours to cope with my workload	43%	30%	10%	10%	6%	1%
	(85)	(60)	(20)	(20)	(12)	(1)
I am able to take any accumulated TOIL (time off in lieu)	28%	46%	8%	14%	3%	1%
	(56)	(91)	(16)	(28)	(6)	(1)

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

Table 3: Q3 Peer and Management Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I am able to regularly reflect on my work with experienced colleagues	36%	41%	8%	11%	4%	-
	(71)	(81)	(16)	(22)	(8)	-
My line manager provides me with regular supervision and feedback	52%	30%	5%	8%	5%	-
	(103)	(59)	(10)	(16)	(10)	-
I receive reflective supervision which helps me do my job better	28%	35%	12%	12%	13%	-
	(56)	(69)	(24)	(23)	(26)	-
Collaboration with colleagues helps me do my job better	62%	33%	2%	3%	1%	-
	(122)	(66)	(4)	(5)	(1)	-
I feel appreciated by colleagues and managers	40%	36%	13%	7%	4%	-
	(80)	(72)	(25)	(14)	(7)	-
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	27%	31%	13%	21%	7%	-
	(54)	(62)	(26)	(42)	(14)	-
I feel confident that other teams within the organisation do their job well	19%	57%	17%	3%	1%	3%
	(38)	(113)	(34)	(6)	(2)	(5)
I feel appreciated by staff in other teams and departments	12%	50%	23%	10%	2%	3%
	(24)	(99)	(46)	(19)	(4)	(6)
Teams within the organisation do not work effectively together	5%	19%	20%	41%	14%	1%
	(9)	(38)	(40)	(82)	(28)	(1)
I feel confident in my team's ability to do their jobs well	61%	33%	3%	4%	-	-
	(120)	(66)	(5)	(7)	-	-

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

Table 4: Q4 Learning and Development

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I feel I have the knowledge and skill I need to work effectively with families	39%	52%	4%	4%	-	1%
	(78)	(103)	(8)	(7)	-	(2)
I get the training and development I need to do my job well	31%	43%	10%	12%	4%	-
	(61)	(85)	(20)	(24)	(8)	-
Managers encourage and support me to develop my skills	41%	31%	16%	7%	5%	-
	(81)	(61)	(32)	(14)	(10)	-
I have enough time to undertake learning and development	15%	33%	9%	28%	14%	-
	(30)	(66)	(18)	(56)	(28)	-

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

Table 5: Q5 Communication and Involvement with Decision Making

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation keeps me well informed about changes affecting my work	23%	39%	16%	16%	5%	-
	(46)	(78)	(32)	(32)	(10)	-
If I have an idea or a concern I feel confident about raising it with managers	42%	40%	7%	7%	4%	-
	(84)	(80)	(13)	(13)	(8)	-
I feel fully involved in decisions about my day to day work	26%	40%	14%	14%	5%	1%
	(52)	(80)	(27)	(28)	(10)	(1)
My organisation provides regular opportunities for staff to share their ideas or concerns	22%	39%	18%	13%	5%	2%
	(44)	(78)	(36)	(26)	(10)	(4)
I feel there is little duplication of work across my organisation	10%	26%	32%	22%	7%	4%
	(19)	(51)	(64)	(43)	(14)	(7)
I understand what other teams in the organisation do	20%	60%	10%	10%	1%	-
	(39)	(118)	(20)	(19)	(2)	-

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

Table 6: Q6 Organisational Support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
My organisation's policies and procedures are clear and helpful	16%	53%	20%	8%	3%	1%
	(31)	(105)	(39)	(16)	(6)	(1)
I feel my organisation supports me in my professional judgement and decision-making	25%	53%	12%	6%	3%	2%
	(50)	(104)	(24)	(11)	(5)	(4)
My organisation enables me to access resources on good practice, research, new legislation and other learning	28%	45%	14%	9%	4%	1%
	(55)	(89)	(27)	(18)	(7)	(2)
The introduction of the Early Help Assessment had a positive influence on work within my organisation	11%	30%	38%	7%	4%	10%
	(22)	(60)	(76)	(13)	(8)	(19)
My organisation supports effective partnership working with other agencies	46%	43%	6%	3%	1%	2%
	(92)	(85)	(11)	(5)	(2)	(3)
I feel there is a lot of cross team support in my organisation	27%	39%	17%	8%	4%	5%
	(53)	(78)	(34)	(16)	(8)	(9)
Specialist staff are available to assist when I need them	21%	48%	16%	7%	5%	3%
	(42)	(96)	(32)	(14)	(9)	(5)
Staff within the organisation learn from their experiences	29%	50%	15%	3%	-	4%
	(57)	(99)	(29)	(6)	-	(7)
The IT systems and software support me to do my job	14%	45%	16%	16%	9%	-
	(28)	(89)	(32)	(31)	(18)	-
The physical environment in my offices is appropriate for the work I do	22%	33%	16%	21%	7%	1%
	(43)	(66)	(32)	(42)	(14)	(1)

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

Table 7: Q7 Changes to Children's Social Care

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I understand the Stockport Family way of working	58%	36%	3%	4%	1%	-
	(114)	(71)	(5)	(7)	(1)	-
I feel that the integrated/partnership changes my organisation has made have resulted in better outcomes for families	38%	39%	13%	4%	2%	5%
	(75)	(77)	(25)	(8)	(4)	(9)
I understand how my role fits with what Stockport Family is trying to achieve	52%	34%	7%	4%	3%	2%
	(102)	(67)	(13)	(7)	(6)	(3)
The changes have brought a better balance of work across different teams	18%	31%	25%	11%	6%	9%
	(36)	(62)	(50)	(21)	(11)	(18)
The changes have made me feel more confident and able to effect change with families	20%	35%	30%	8%	3%	5%
	(39)	(69)	(59)	(16)	(5)	(10)
I feel that Restorative Practice has resulted in better integrated working relationships	35%	35%	18%	4%	3%	5%
	(69)	(70)	(36)	(8)	(5)	(10)
I feel that Restorative Practice has resulted in better outcomes for families	34%	37%	17%	3%	3%	7%
	(67)	(74)	(33)	(5)	(5)	(14)

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

Table 8: Q8 Which area do you work in?

Heatons and Tame Valley	23%
	(46)
Stepping Hill and Victoria	14%
	(28)
Marple and Wemeth	13%
	(25)
Bramhall and Cheadle	12%
	(24)
Borough Wide Services	53%
	(104)

Table 9: Q11 How long have you worked in Children's Social Care?

Less than 1 year	15%
	(30)
Between 1 and 3 years	23%
	(46)
Between 4 and 6 years	18%
	(35)
Between 7 and 10 years	10%
	(20)
Over 10 years	34%
	(67)

Table 10: Q12 In the last week, what proportion of your time did you spend working directly with families?

Less than 10%	11%
	(22)
Between 10% and 24%	17%
	(33)
Between 25% and 49%	21%
	(42)
Between 50% and 74%	22%
	(43)
Between 75% and 89%	8%
	(15)
90% or more	2%
	(3)
Not applicable	20%
	(40)

Appendix 3: Management information

Appendix 3 reports key statistics used in this report that are published each year by the Department for Education. These include statistics from:

- Statistics: children’s social work workforce. A statutory collection for data on the children’s social work workforce. Local authorities in England provide data on the social workers that employ within their children’s services department. It provides a snapshot of workers employed on 30 September each year.
- Statistics: looked after children. Data on the placement, legal status and number of looked-after children by financial year.
- Statistics: children in need and child protection. Statistics on children referred to and assessed by children’s social services.

Table 11: Number of children subject to a child protection plan at end of period.

Year ending 31 March	Stockport	North West	England
2014	358	7,600	48,300
2015	238	7,600	49,690
2016	190	8,400	50,310
2017	239	8,290	51,080
2018	332	8,290	53,790
2019	246	8,780	52,260

Figure 3. Rate of children subject to a child protection plan at end of period (%).

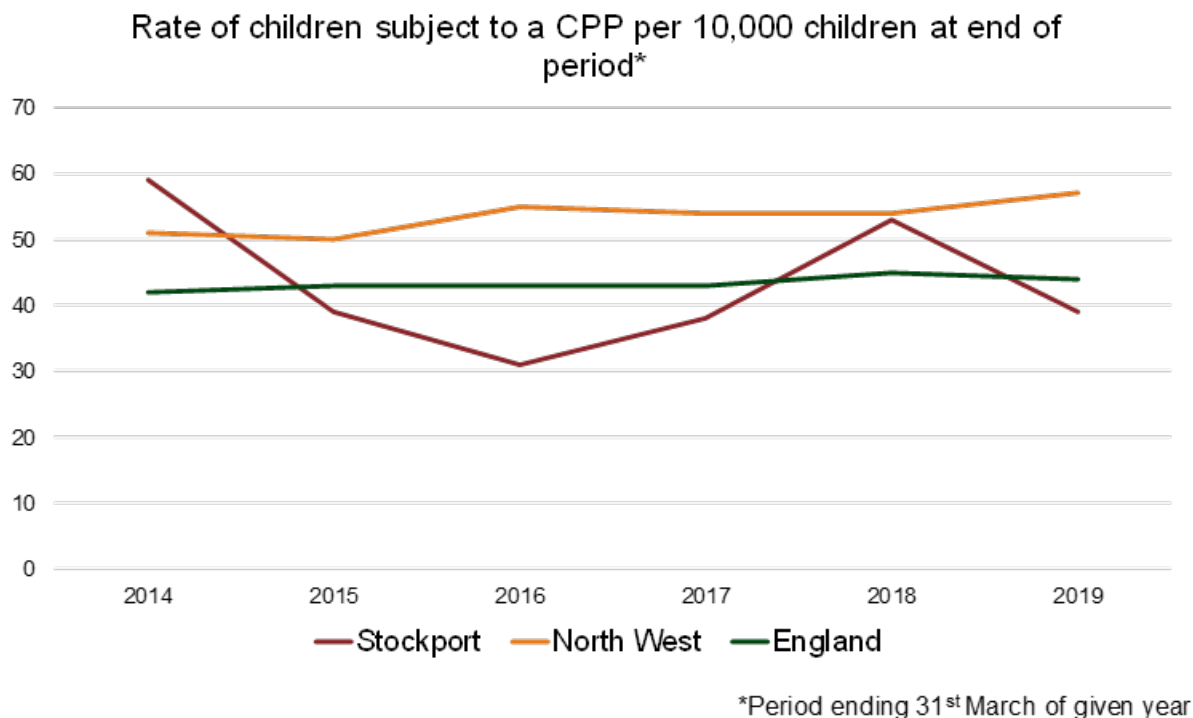


Table 12: Number of Children in Need between 2013 and 2019 at end of period.

Year ending 31 March	Stockport	North West	England
2014	1,596	55,000	395,480
2015	1,684	55,700	390,130
2016	1,974	57,820	393,910
2017	1,843	57,060	389,040
2018	2,011	58,500	404,710
2019	2,021	60,460	399,510

Figure 4. Rate of Children in Need per 10,000 children at end of period (%).

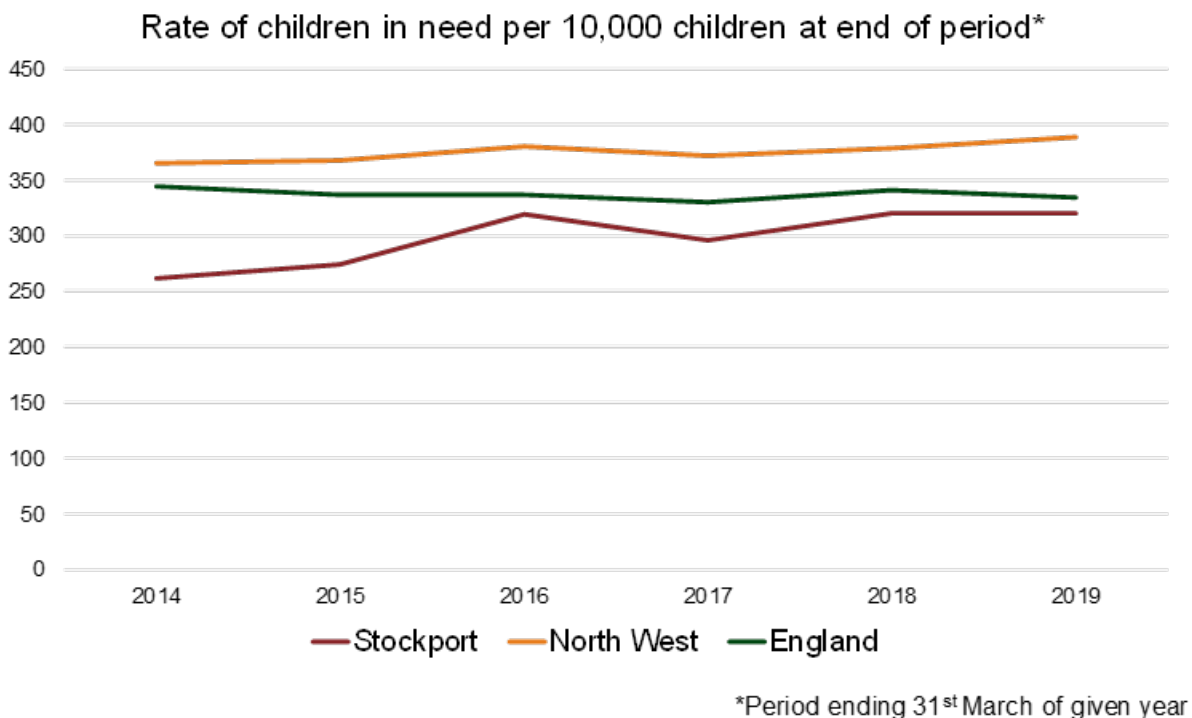


Table 13: Number of LACs between 2013 and 2019 at end of period.

Year ending 31 March	Stockport	North West	England
2014	300	12,260	68,840
2015	291	12,490	69,470
2016	293	12,550	70,410
2017	330	13,220	72,610
2018	362	14,050	75,370
2019	361	14,660	78,150

Figure 5. Rate of LAC per 10,000 children at end of period (%).

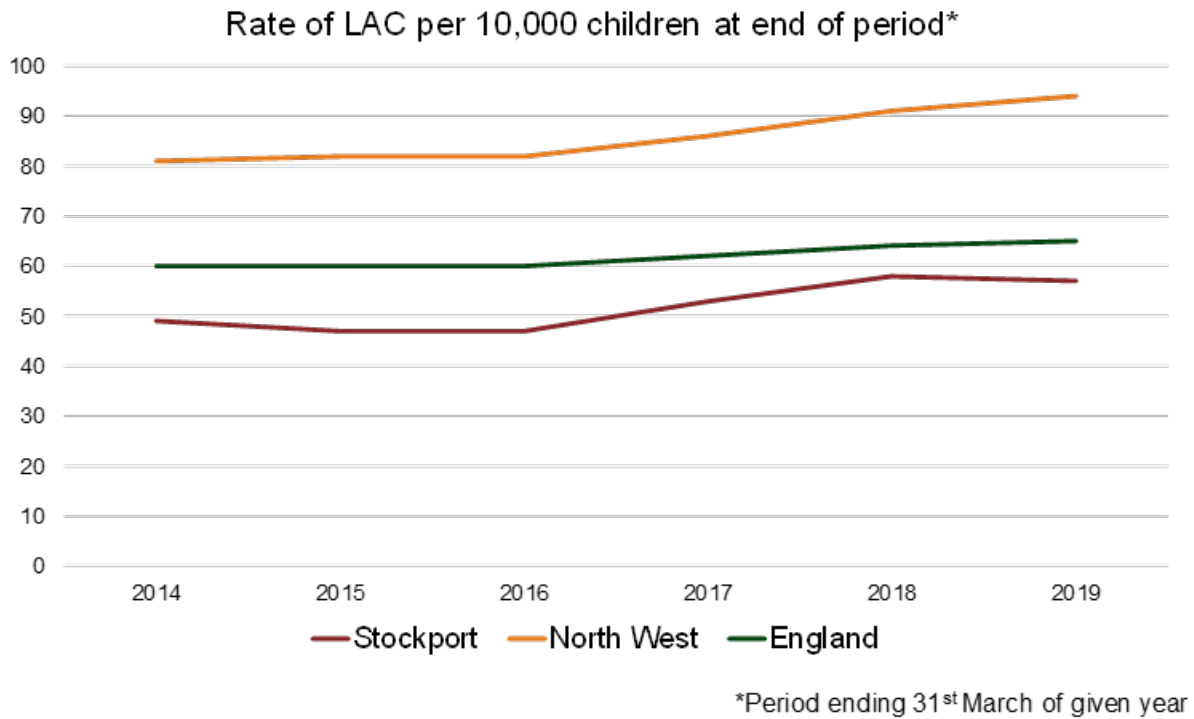


Table 14: Number of referrals to Children’s Social Care within each period between 2013 and 2019.

Year ending 31 March	Stockport	North West	England
2014	2,746	103,600	657,780
2015	2,899	93,400	635,620
2016	2,969	88,790	621,470
2017	3,226	90,930	646,120
2018	3,457	92,360	655,630
2019	3,514	90,740	650,930

Figure 6. Rate of re-referrals to Children’s Social Care (within 12 months of last referral) (%).

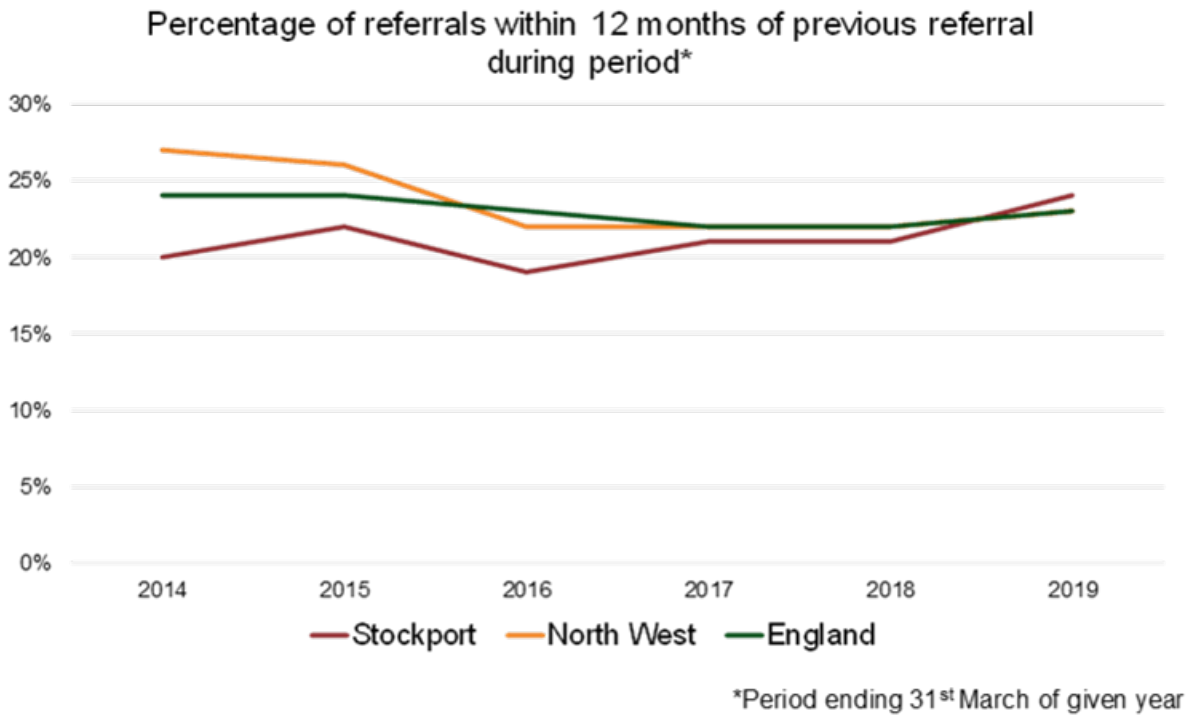
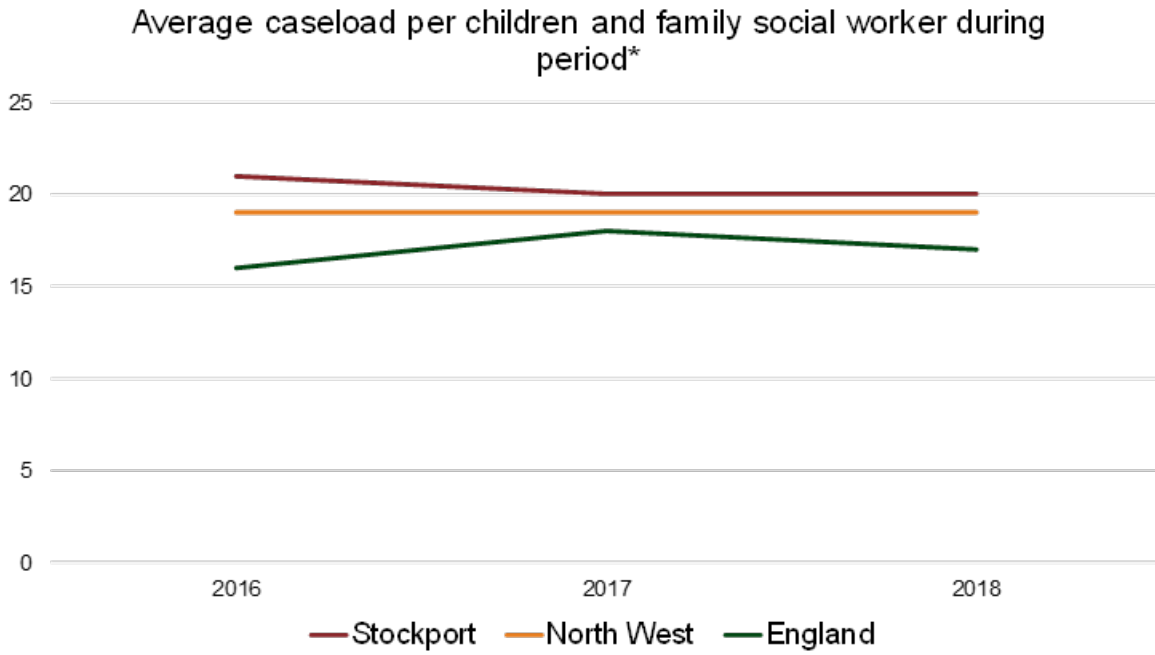


Table 15: Length of time social worker worked in Stockport Family.

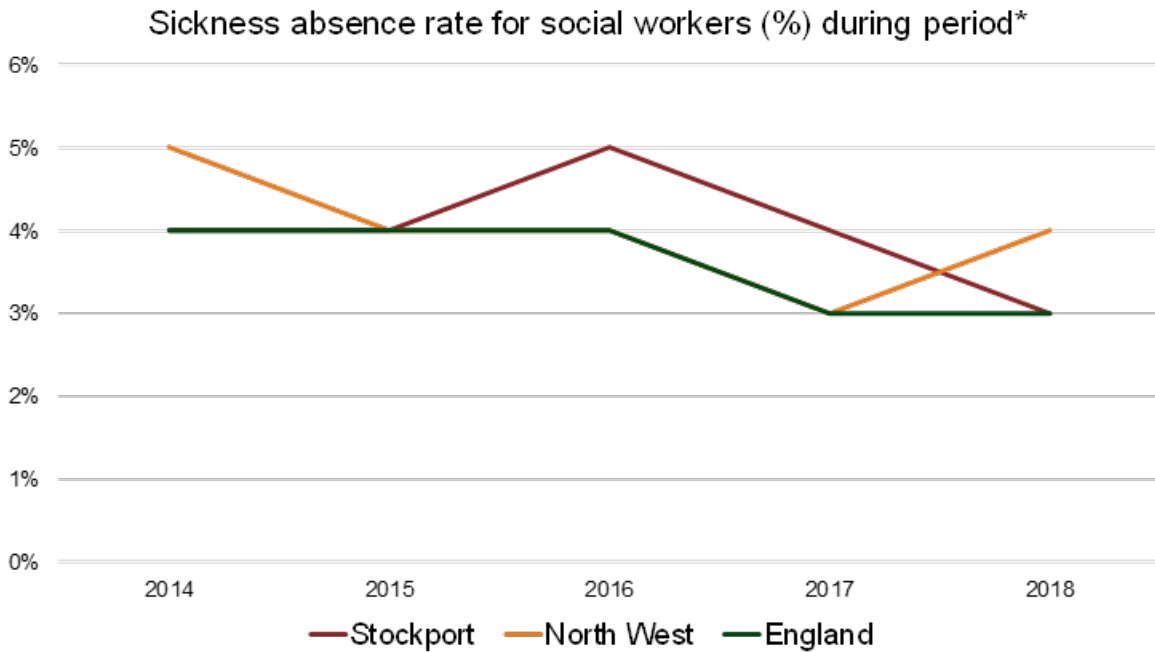
	2015	2016	2019
Less than one year	10%	15%	15%
Between one and three years	16%	20%	23%
Between four and six years	14%	13%	18%
Between seven and ten years	19%	17%	10%
Over ten years	40%	34%	34%

Figure 7. Average caseload per children and family social worker.



*Period ending 30th September of given year. Data for 2014 and 2015 not available. Data for 2019 not yet published. Based on FTE counts.

Figure 8. Sickness absence rate for social workers (%).



*Period ending 30th September of given year. Data for 2019 not yet published. Based on FTE counts.

Figure 9. Social worker turnover rate (%) based on FTE counts.

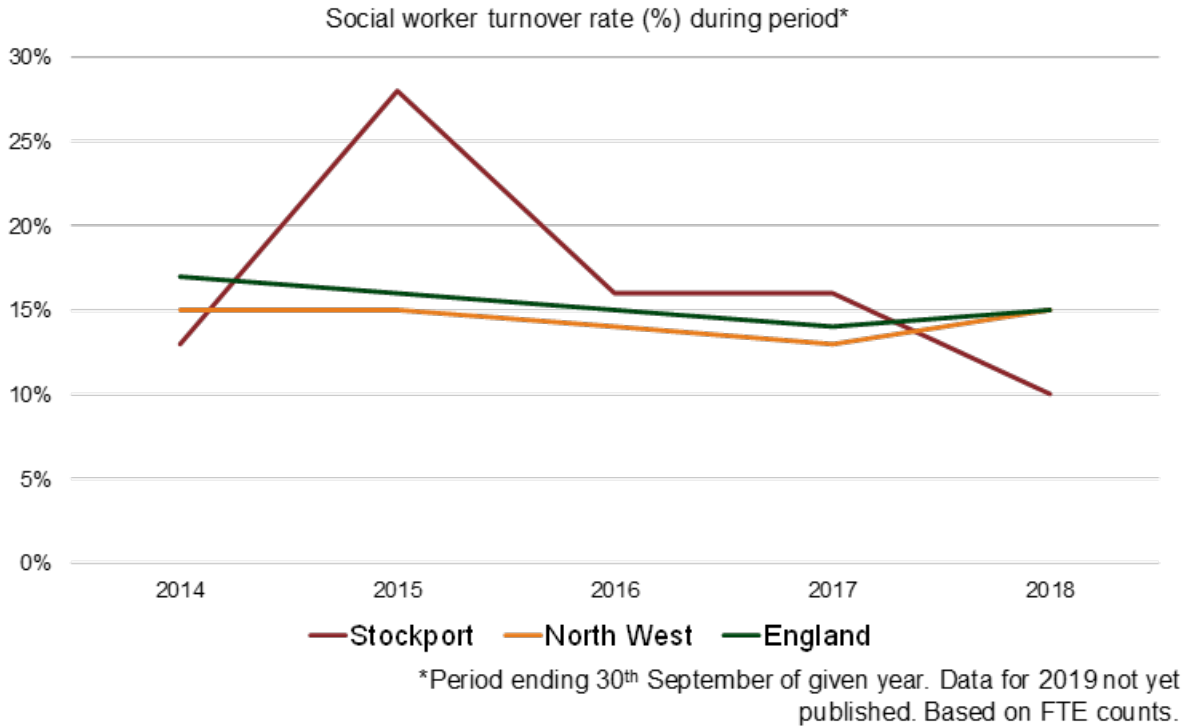
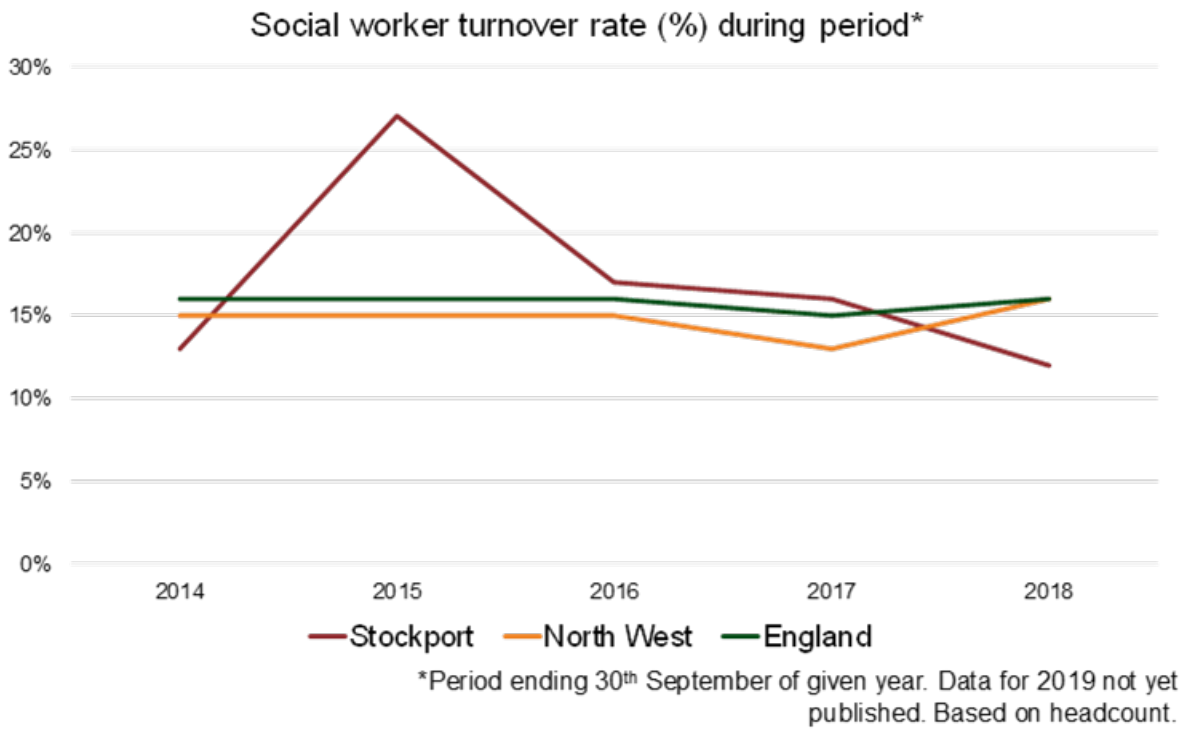


Figure 10. Social worker turnover rate (%) based on headcount.



Tables 16, 17 and 18 set out Stockport's spending on LAC since 2013/14. 2019/20 amounts are forecasted rather than actual spend. Table 16 reports the actual and forecasted spend falling into four categories: external residential, external foster care, internal foster care and adoption placement. Table 17 shows the difference in spend since 2013/14, the first year of Stockport Family's implementation, and each subsequent year from 2014/15 onwards. For example, £261,850 is the difference in LAC spending between 2013/14 and 2014/15, equivalent to a 3% increase. Table 18 shows differences in LAC spending between 2015/16, the year the Round 1 evaluation began, and subsequent years.

Table 16: Actual and forecasted LAC spend from 2013/14 to 2019/20.

LAC	2013/14 spend	2014/15 spend	2015/16 spend	2016/17 spend	2017/18 spend	2018/19 spend	2019/20 forecasted spend
	£	£	£	£	£	£	£
External Residential	3,149,922	3,448,070	2,955,998	3,154,787	5,808,703	5,496,437	5,330,062
External Foster care	1,147,192	974,449	1,051,299	937,602	1,025,173	1,444,794	1,317,332
Internal Foster care	3,051,974	3,180,011	3,084,047	3,292,059	3,854,162	3,935,567	4,308,707
Total	7,349,088	7,602,530	7,091,344	7,384,448	10,688,038	10,876,798	10,956,101

Table 17: Differences in LAC spend since 2013/2014.

LAC	Difference in actual spend between 2013/2014 and 2014/2015		Difference in actual spend between 2013/2014 and 2015/16		Difference in actual spend between 2013/2014 and 2016/17		Difference in actual spend between 2013/2014 and 2017/2018		Difference in actual spend between 2013/2014 and 2018/2019		Difference in forecasted spend between 2013/2014 and 2019/2020	
	£	%	£	%	£	%	£	%	£	%	£	%
External Residential	298,148	9%	-193,924	-6%	4,865	0%	2,658,781	84%	2,346,515	74%	2,180,140	69%
External Foster care	-172,743	-15%	-95,893	-8%	-209,590	-18%	-122,019	-11%	297,602	26%	170,140	15%
Internal Foster care	128,037	4%	32,073	1%	240,085	8%	802,188	26%	883,593	29%	1,256,733	41%
Total	253,442	3%	-257,744	-4%	35,360	0%	3,338,950	45%	3,527,710	48%	3,607,013	49%

Table 18: Differences in LAC spend since 2015/2016.

LAC	Difference in actual spend between 2015/2016 and 2016/17		Difference in actual spend between 2015/2016 and 2017/2018		Difference in actual spend between 2015/2016 and 2018/2019		Difference in forecasted spend between 2015/2016 and 2019/2020	
	£	%	£	%	£	%	£	%
External Residential	198,789	7%	2,852,705	97%	2,540,439	86%	2,374,064	80%
External Foster care	-113,697	-11%	-26,126	-2%	393,495	37%	266,033	25%
Internal Foster care	208,012	7%	770,115	25%	851,520	28%	1,224,660	40%
Total	293,104	4%	3,596,694	51%	3,785,454	53%	3,864,757	54%

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