

# STRENGTHENING FAMILIES, PROTECTING CHILDREN – FAMILY VALUED

## Difference-in-Differences evaluation protocol

<b>Delivery organisations</b>	Leeds City Council
<b>Evaluator</b>	Foundations – What Works Centre for Children and Families
<b>Author(s)</b>	Perrine Machuel, Michael Ratajczak, Peter Matthews, Faye Green, Helen Burrige (version 2.0)  Eva Schoenwald, Patrick Sholl, Vicky Clayton, Michael Sanders (version 1.0)
<b>Type of evaluation</b>	Difference-in-differences (DiD) quasi-experimental pilot evaluation
<b>Age or status of participants</b>	Children and young people aged 0 – 17 years old who have been referred to Children’s Social Care (CSC) services in England, identified from their first referral between 1 <sup>st</sup> July 2016 and 1 <sup>st</sup> January 2023 (further restrictions apply depending on the outcome measure).
<b>Number of participating Local Authorities</b>	Intervention local authorities: 3 intervention local authorities (Warwickshire, Newcastle, Coventry)  Comparator local authorities: up to 139 comparator local authorities (provisional)  Total local authorities: up to 142 local authorities in total (provisional)
<b>Number of children and families</b>	Intervention local authorities: 74,640  Comparator local authorities: up to 2,740,524 (with 139 comparator LAs)



	Total: up to 2,815,164 (with 139 comparator LAs)
<b>Primary outcome(s)</b>	Likelihood of becoming looked after within 18 months of a first referral to Children’s Social Care (CSC) services during the study inclusion period
<b>Secondary outcome(s)</b>	<ol style="list-style-type: none"> <li>(1) Starting a Child Protection (CP) plan within 18-months of the first referral to CSC during the study inclusion period (binary outcome);</li> <li>(2) The duration of a single CP plan (for plans starting within 6-months of the first referral to CSC during the study inclusion period, and followed-up over 12-months) (continuous outcome);</li> <li>(3) Whether a child who becomes looked-after within 18-months of their first referral to CSC services during the study inclusion period enters kinship care as their first episode of care (binary outcome);</li> <li>(4) Whether a looked-after child is reunified with their family within 18-months of their first period of care during the study inclusion period (binary outcome);</li> <li>(5) Unauthorised school absences within the first three school terms after the first referral to CSC services during the study inclusion period (continuous outcome)</li> </ol>
<b>Contextual factors</b>	<p>This quasi-experimental evaluation of Family Valued was originally designed to complement a Stepped-Wedge Clustered Randomised Controlled Trial (SW-CRT) and an Implementation and Process Evaluation (IPE) of the same intervention. Following disruptions in the randomisation and the implementation schedule for clusters involved in the original trial, Foundations decided to cancel the SW-CRT and switch the delivery of the impact evaluation to a quasi-experimental evaluation using a Difference-in-Differences (DiD) methodology. This DiD analysis is now the sole impact evaluation of Family Valued and is accompanied only by the IPE.</p> <p>This evaluation and the IPE are part of the DfE-funded Strengthening Families, Protecting Children (SFPC) evaluation programme (2019-2022). Five local authorities received funding to implement Family Valued as part of SFPC: Warwickshire, Newcastle, Coventry, Solihull and Sefton. Participation in the programme required an Ofsted rating of “requires improvement” and high rates and/or rising numbers of looked after children over the last three years.</p>



	<p>The scope of this quasi-experimental evaluation is restricted to three out of the five local authorities funded to deliver Family Valued: Warwickshire, Newcastle, Coventry. During the set-up of the original trial, children’s services in Solihull and Sefton experienced difficult circumstances which prevented them from implementing Family Valued to time and as intended. This caused the original SW-CRT to be paused and subsequently cancelled. It was replaced by this pilot quasi-experimental DiD evaluation. We cover further details in the <a href="#">‘Background’</a> section of this protocol.</p> <p>In our main DiD analyses, we evaluate the impact of Family Valued in Warwickshire, Newcastle and Coventry only and compared to service as usual in all other local authorities in England (and excluding areas who were already using Family Valued).</p> <p>Findings from this DiD pilot evaluation are meant to be used in triangulation with findings from the accompanying IPE. This evaluation should be considered a pilot evaluation.</p> <p>The IPE includes all LAs funded to implement Family Valued as part of SFPC, including Solihull and Sefton.</p>
<b>Version</b>	<p>Version 2.0</p> <p>Changes were published before data was accessed.</p> <p>Changes to version 1.0 (updated May 2026):</p> <p><b>Delivery of the impact evaluation:</b></p> <p>We originally intended to evaluate Family Valued through a Stepped-Wedge Clustered Randomised Controlled Trial (SW-CRT). To mitigate general disruptions to the trial caused by the Covid-19 pandemic, a difference-in-differences (DiD) analysis was later added as a complementary approach. Further challenges experienced in children’s services in Solihull and Sefton brought disruptions to the randomisation and the implementation schedule of Family Valued, following which Foundations decided to cancel the SW-CRT altogether and switch the delivery of the impact evaluation to the DiD analysis alone. We cover further details in the <a href="#">‘Background’</a> section of this protocol.</p> <p>This DiD analysis is now the sole impact evaluation of Family Valued, triangulated only with the accompanying Implementation and Process Evaluation (IPE). This protocol is the second version and was revised to adequately reflect the cancellation of the SW-CRT and align the statistical analyses with newer, best-practices for evaluations using DiD methodology.</p> <p><b>Key parameters of the evaluation:</b></p>



- **List of secondary outcomes:** the secondary outcomes in scope for this evaluation are aligned with V1 of the DiD protocol for Family Valued ([here](#) on the OSF). However, the original SW-CRT included one additional secondary outcome (‘return to statutory services within 36-months of completing a CP plan’) that was not retained for the DiD analyses due to a mismatch between follow-up timeframes and data availability ([here](#) on the OSF).
- **Change in secondary outcome measures for Child Protection and Child in Need plans:** We changed the measure originally selected to evaluate the impact of Family Valued on the time children spend subject to statutory plans.

Changes are summarised below:

- (1) **Original measure:** the number of days that a child has been on CP plans or CIN plans over a period of 18 months from initial referral (and capped at 18-months).
- (2) **New measure:** the duration of a single CP plan starting within 6-months of a first referral during the study inclusion period, and followed-up over 12-months.

We removed CIN plans from the scope of the original research question due to limitations with the data available. While we need records dating back to 2016 (at least), CIN plans start and end dates started to be collected consistently in the Children in Need dataset from 2021-22 onwards, which prevents us from including this variable in our analyses.

Together with the first secondary outcome (whether a child starts a CP plan within 18-months of referral), the new secondary outcome measure for ‘time spent on a CP plan’ was chosen to capture two distinct constructs related to Family Valued’s Theory of Change: whether Family Valued impacts the likelihood of children starting a CP plan at all, and, for those with a plan, whether the intervention impacts the duration of their plan.

- **Secondary outcome follow-up timeframes:** correction of inconsistencies between parts of the protocol.
- **Comparison group selection:** the original protocol matched each intervention local authority to its own comparison area (local-authority-level matching on parallel trends, followed by individual-level coarsened exact matching). We now propose to include all local authorities in England who are not delivering Family Valued (with exceptions outlined in the protocol). Using a larger set of eligible English LAs is expected to increase precision by expanding the comparison pool and reducing variance in the study’s estimates. Should



this method not yield an appropriate comparison group upon pre-trend inspection, we will use a matched subset of local authorities, using coarsened exact matching.

- **Details about participants inclusion criteria:** we added details about the inclusion criteria for participants in the comparison and intervention groups, including clarifications about using a wash-out period of 18-months prior to the implementation of Family Valued for each timing cohort of local authorities to prevent contamination.

### MDES

- **MDES calculations.** MDES calculations were updated based on the change in estimation method and comparison group selection.

### Statistical Analyses

- **Change in our estimation method:** We will use Callaway and Sant’Anna (2021)<sup>1</sup> DiD event-study and DiD estimation method instead of the feasible GLS / two-way fixed effects (TWFE) approach. Using TWFE to estimate intervention effects in staggered settings is not recommended in the most recent literature (Baker et al., 2025)<sup>2</sup>. Version 1.0 already considered following the Callaway and Sant’Anna approach in sensitivity analyses (via the Goodman-Bacon decomposition). We propose to use this method in our main analyses instead.
- **Changes in LA-level covariate adjustment:** (1) we removed ‘presence of other innovation programmes’ due to a lack of data for this variable, (2) we removed ‘proportion of White British children in the sample’ and ‘proportion of children on FSM in the sample’ since we adjust for these variables as individual-level characteristics and adjust for time-invariant area-level effects by clustering standard errors at the LA level, (3) we added one LA-level covariate adjustment: the most recent Ofsted rating given to a local area’s children’s service before the implementation of Family Valued in Warwickshire, the first LA in the study to deliver the intervention. Ofsted ratings are considered a possible key

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<sup>1</sup> Callaway, B., & Sant’Anna, P. H. C. (2021). Difference-in-Differences with multiple time periods. *Journal of Econometrics, Themed Issue: Treatment Effect 1*, 225(2), 200–230. <https://doi.org/10.1016/j.jeconom.2020.12.001>

<sup>2</sup> Baker, A., Callaway, B., Cunningham, S., Goodman-Bacon, A., & Sant’Anna, P. H. C. (2025). *Difference-in-Differences Designs: A Practitioner’s Guide* (arXiv:2503.13323). arXiv. <https://doi.org/10.48550/arXiv.2503.13323>



confounder, since LAs in the intervention group were selected on the basis of their Ofsted rating history.

- **Handling missing data:** we dropped multiple imputation (MI) for missing data. We do not anticipate MI will be required since we will rely on secondary administrative data for these analyses and expect missingness to be minimal in the data used.
- **Changes in sensitivity analyses:** we propose a new set of sensitivity analyses, based on the change in estimation method for our main analyses. We also removed the ‘decomposition’ section using Goodman-Bacon (2018)<sup>3</sup>, since we adopt the Callaway and Sant’Anna approach in our main analysis.

**Evaluation strands**

We consider this evaluation to be a pilot. We removed the cost-benefit analysis from the scope of this protocol.

## Summary

This protocol covers the quasi-experimental evaluation of Family Valued, a framework of children’s social care work, using a Difference-in-Differences (DiD) methodology. The evaluator is Foundations – the What Works Centre for Children and Families.

This DiD analysis is the sole impact evaluation of Family Valued. It was originally designed to complement a Stepped-Wedge Clustered Randomised Controlled Trial (SW-CRT) of the same intervention. Following important disruptions to the randomisation and implementation schedule of Family Valued, Foundations decided to switch the delivery of the impact evaluation from the SW-CRT to the DiD analysis alone. The DiD analysis is accompanied by an Implementation and Process Evaluation (IPE), and findings from the two strands are meant to be triangulated.

This evaluation was funded by the Department for Education as part of the Strengthening Families, Protecting Children (SFPC) programme.

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<sup>3</sup> Goodman-Bacon, A. (2018). *Difference-in-Differences with Variation in Treatment Timing* (Working Paper No. 25018). National Bureau of Economic Research. <https://doi.org/10.3386/w25018>



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## Background and problem statement

This protocol describes the difference-in-differences (DiD) and Implementation and Process Evaluation (IPE) of Family Valued in five local authorities in England who implemented the framework between 2021 and 2024. This evaluation is part of a broader programme of work called Strengthening Families, Protecting Children (SFPC). The DiD strand focuses on three out of the five local authorities funded to deliver Family Valued as part of SFPC (more details covered in sections below).

SFPC is a five-year programme funded in 2019 by the Department for Education (DfE). The programme supported 18 local authority children’s services to improve work with families and safely reduce the number of children entering care. Selected local authorities were funded to adopt and adapt one of three children’s social care innovation programme in their own area:

- Leeds’ Family Valued
- Hertfordshire’s Family Safeguarding
- North Yorkshire’s No Wrong Door

Foundations - What Works Centre for Children and Families is conducting an evaluation for each of these frameworks and models of children’s social care practice. For Family Valued, the evaluation comprises three parts:

**Part 1 – Pilot evaluation.** One ‘Trailblazer’ local authority (LA) was selected to be the first to implement the framework and serve as a pilot site. The pilot of Family Valued took place in Darlington. The report is available on [Foundations’ website](#).

**Part 2 – Impact evaluation.** An impact evaluation of Family Valued was planned to be delivered across five new local authorities. This was originally designed as a Stepped Wedge Cluster Randomised Controlled Trial (SW-CRT). Following disruptions to the implementation schedule, challenges experienced by participant local authorities and delays to the trial, Foundations decided to switch the delivery of the impact evaluation to a Difference-in-Differences (DiD) analysis alone, and involving only three out of the five local authorities originally included in the impact evaluation.

Due to the limited number of sites involved, we consider this evaluation to be a pilot evaluation. While we originally planned to conduct a Cost Benefit Analysis (CBA) based on the impact findings



from the SW-CRT, given the reduced scale and scope of this pilot, we are no longer going forward with this strand.

**Part 3 – Implementation and Process Evaluation (IPE).** Running alongside the impact evaluation, an IPE was conducted to understand how Family Valued was delivered during rollout. The IPE includes all five sites funded through SFPC to implement Family Valued.

This document sets out the protocol for the DiD evaluation of Family Valued, which constitutes the impact evaluation of the model. It is accompanied by the protocol for the IPE which is set out in the final section of this document.

## Family Valued

Family Valued was developed in Leeds in 2015, with support from the Department for Education's Children's Social Care Innovation Programme (CSCIP). Its delivery in Leeds was evaluated by a consortium of academics and evaluators in 2017<sup>4</sup>.

The intervention supports a whole-scale shift of children's services to restorative practice, changing service-wide ways of working with children and families so that support is done 'with' them, not 'to' them. The programme involves:

- Introductory awareness raising, or deep dive training on restorative practice for all levels of staff in children's services and their partner agencies working with children, families and communities (such as health and education), including training for leadership and management.
- Review and reform of systems and structures in children's social care to ensure they optimise relationships with partners and restorative practice with families.
- Offer of Family Group Conferences (FGCs) to families, as an alternative to child protection conferences, to reduce entry to care and support reunification.
- Newly-commissioned restorative services to address gaps in provision and act on the outcomes of FGCs.

A logic model setting out the contextual facilitators and barriers, interventions, mechanisms and outcomes for the Family Valued model is available in Appendix A. The logic model was developed as part of the pilot evaluation, based on programme theory, and was updated based on the findings of the pilot.

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<sup>4</sup> Mason, P., Ferguson, H., Morris, K., Munton, T. & Sen, R. (2017). Leeds Family Valued: Evaluation report. Department for Education: London. Accessed 28<sup>th</sup> May 2026 from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625222/Leeds\\_Family\\_Valued\\_-\\_Evaluation\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625222/Leeds_Family_Valued_-_Evaluation_report.pdf)



## Context

A pilot evaluation of Family Valued was conducted in 2021 by Foundations' legacy organisation What Works for Children's Social Care (WWCSC)<sup>5</sup> in Darlington, selected to be a Trailblazer local authority to implement the framework. Between 2019 and 2022, five additional local authorities were funded by the Department for Education to implement Family Valued as part of the SFPC programme: Warwickshire, Newcastle, Coventry, Solihull and Sefton. Due to various disruptions in the implementation schedule of Family Valued (more details below), Sefton and Solihull implemented the framework in 2023 and 2024, respectively.

SFPC intended to evaluate Family Valued in these five LAs using a Stepped-Wedge Clustered Randomised Controlled Trial (SW-CRT) and an accompanying Implementation and Process Evaluation (IPE). LAs were selected between 2019 and 2020 on the basis of their Ofsted history and trends in their rates of looked-after children. All authorities had an Ofsted judgement of 'requires improvement to be good' at the point at which they applied for the programme.

Following selection, Warwickshire, Newcastle, Coventry, Solihull and Sefton were randomised to implement Family Valued at different start dates (see Table 1). LAs were randomly allocated to start implementation in the following order: starting with Warwickshire, followed by Newcastle, Coventry, Solihull and Sefton. Family Valued was originally scheduled to launch across the five authorities from 2020 onwards, with implementation start dates intended at six-month intervals.

From the outset, the COVID-19 pandemic disrupted this schedule (see Table 1), introducing significant delays to the planned rollout of Family Valued and affecting children's services in the selected local authorities to different degrees. This raised concerns about the robustness of the trial, since the pandemic's uneven impact across authorities introduced potential confounding effects. To mitigate these challenges, a difference-in-differences (DiD) analysis was added in August 2020. Initially, this was intended to be a complementary approach to the SW-CRT.

Pandemic-related challenges were further compounded by disruptive events which happened in Solihull and Sefton. In Solihull, the implementation of Family Valued was paused following a high-profile child safeguarding case which led to national reviews and Joint Targeted Area Inspection (JTAI). The pause was accompanied by substantial institutional change, including a new senior leadership team, and Solihull's children's services were judged 'inadequate' by Ofsted in November 2022<sup>6</sup>. It also forced a change to the order of the trial, with the final two wedges flipped so that Solihull went live after Sefton, departing from the randomised sequence (Table 1). In Sefton, recruitment to the model progressed slowly and the authority was unable to meet successive implementation starting dates. Sefton's children's services were judged 'inadequate' by Ofsted in

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<sup>5</sup> Collyer, H., Hennessey, A., Sanders, M. & O'Higgins, A. (2021) Strengthening Families, Protecting Children: Family Valued. Pilot Evaluation Report, Darlington. What Works Children's Social Care: London. Accessed 28<sup>th</sup> May 2026 from [https://foundations.org.uk/wp-content/uploads/2024/08/WWCSC\\_SFPC-Family-Valued\\_Accessible-v2-Feb-2024.pdf](https://foundations.org.uk/wp-content/uploads/2024/08/WWCSC_SFPC-Family-Valued_Accessible-v2-Feb-2024.pdf)

<sup>6</sup> Ofsted (2022). Inspection of Solihull local authority children's services. Accessed on 28<sup>th</sup> May 2026 from <https://files.ofsted.gov.uk/v1/file/50204405>



March 2022<sup>7</sup> which, as with Solihull, caused significant organisational change, including a new senior leadership team.

**Table 1. Implementation schedule for Family Valued.**

Local authority	Original implementation start date	Actual implementation start date
Warwickshire	April 2020	1 <sup>st</sup> July 2021
Newcastle	October 2020	30 <sup>th</sup> November 2021
Coventry	April 2021	1 <sup>st</sup> July 2022
Solihull	October 2021	1 <sup>st</sup> April 2024
Sefton	April 2022	1 <sup>st</sup> August 2023

As a result of these events, there were significant concerns that neither Solihull or Sefton would be able to deliver the intervention as intended nor provide valid comparisons across time. Updated power calculations demonstrated that the trial would have been severely underpowered without these two LAs. At that point, Foundations and DfE agreed to cancel the SW-CRT and to switch the impact evaluation to the DiD quasi-experimental evaluation only.

The DiD methodology does not require the implementation of Family Valued to be randomised. However, it relies on the assumption that outcomes in the LAs who implemented the framework would have followed the same trend as the comparison group if they had not implemented the framework. This assumption is difficult to sustain for Solihull and Sefton. In both LAs, we expect that the large organisational changes which unfolded during 2022 to have disrupted outcome trends in ways that were highly specific to these authorities. We also have concerns that Solihull and Sefton were not able to implement Family Valued as originally intended by the evaluation.

For these reasons, we decided to restrict the DiD evaluation to estimate the impact of Family Valued in the three authorities that implemented the model to time and broadly as intended — Warwickshire, Newcastle and Coventry — compared with service as usual in other local authorities in England that follow similar pre-implementation trends, excluding any local authority already using Family Valued.

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<sup>7</sup> Ofsted (2022). Inspection of Sefton local authority children's services. Accessed on 28<sup>th</sup> May 2026 from <https://files.ofsted.gov.uk/v1/file/50182670>



# Impact Evaluation

## Aims

Family Valued's delivery in Leeds was evaluated in 2017 by a consortium of academics and evaluators<sup>8</sup>. However, the original evaluation was conducted using a pre-post design with limited control for underlying trends in outcomes. The current evaluation uses a difference-in-differences (DiD) analysis to provide a more robust estimate of the impacts of Family Valued when scaled to three other local authorities: Warwickshire, Newcastle, Coventry. The aim of this study is to provide an estimate of the impact of Family Valued on key outcomes for children and families. Due to its limited cluster sample size, this study should be considered a pilot evaluation.

## Scope of the evaluation

The Family Valued model is a whole-system reform that aims to affect multiple parties engaged with Children's Services. Whilst the intervention might impact a variety of outcomes for parents and children, this impact evaluation focuses primarily on whether the intervention reduces the number of children looked after in participant local authorities.

Our population of interest are children and young people who have been referred to children's social care in England and are aged 0 to 17 years old at the time of referral of first period of care during the study inclusion period. Family Valued is a whole-system restorative reform that applies across children's social care, and so — unlike interventions that focus on a particular age group — we do not restrict the scope of this evaluation by age.

## Service as usual

In this evaluation, 'service as usual' refers to the range of frameworks, services and practice models used in children's social care in England in the absence of Family Valued. Local authorities, although guided by the same legal frameworks and statutory guidance, vary in their approaches to supporting and safeguarding children and families, based on local needs and other contextual factors.

Some authorities operate under practice models and/or frameworks similar to the restorative, relationship-based approach underpinning Family Valued (for example Signs of Safety) which emphasise collaboration with families and relationship-based practice. Others operate under frameworks that place more weight on managing risk, further from the Family Valued approach. Services may deliver support within existing teams of practitioners or rely on multi-agency arrangements and referrals to third-party providers.

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<sup>8</sup> Mason, P., Ferguson, H., Morris, K., Munton, T., & Sen, R. (2017) Leeds Family Valued: Evaluation Report. Department for Education: London. Accessed 28<sup>th</sup> May 2026 from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/625222/Leeds\\_Family\\_Valued\\_-\\_Evaluation\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625222/Leeds_Family_Valued_-_Evaluation_report.pdf)



Drawing a clear contrast between Family Valued and service as usual is, for several reasons, not straightforward. First, restorative practice is a value-based framework rather than a manualised practice model. Local authorities typically blend several approaches (e.g., restorative, systemic, strengths-based, relationship-based, family-led decision-making) and components of these approaches align closely with core elements of Family Valued. The contrast between 'delivering Family Valued' and 'not delivering Family Valued' is therefore not a clean binary.

Second, the general direction of travel of children's services' service-as-usual has gradually shifted toward more family-led, relational ways of working in recent years. This shift is substantively aligned with the principles underpinning Family Valued. One example of this is the recent Children's Wellbeing and Schools Act 2026, which places a duty on local authorities to offer family group decision-making (typically delivered through Family Group Conferencing, a central component of Family Valued) to parents where the authority is considering making an application for a care or supervision order. These changes were first announced in November 2024. Alongside it, the Department for Education's Families First Partnership programme, rolling out from 2024, encourages broader use of family group decision-making and family-network approaches across children's social care. Neither reform is badged as a restorative-practice programme, but both reflect a wider, substantive shift toward some of Family Valued's underpinning principles.

The effects of this shift are expected to unfold during the later part of the analytic period of this evaluation. For the three authorities in the main analysis (Warwickshire [live July 2021], Newcastle [November 2021] and Coventry [July 2022]), most outcome follow-ups fall before recent changes in the policy landscape are expected to affect practice. However, it is harder to establish the extent to which the service-as-usual landscape was already moving in this direction before formal reform, through earlier voluntary adoption of family group conferencing or restorative approaches in individual authorities.

These factors may make it more difficult to detect, or to confidently attribute differences in outcomes between intervention and comparator authorities to Family Valued, particularly later in the follow-up period. To make the comparison as relevant as possible, we pre-specify a set of exclusion criteria for our comparator pool, set out in the next section, that remove local authorities known to be delivering Family Valued. We also specify a sensitivity analysis that looks to remove local authorities delivering children's services under a restorative practice framework that closely aligns with all the elements of Family Valued.

## Research questions

We assess one primary research question about care entry, and five secondary research questions.

**RQ1:** What is the impact of Family Valued on the likelihood of children becoming looked after within 18-months of their first referral to Children's Social Care (CSC) services during the study inclusion period (1<sup>st</sup> of July 2016 to 1<sup>st</sup> of January 2023) and compared to service as usual in local authorities in England?

Across all our research questions, we assess the impact of Family Valued compared to service-as-usual children's social care services across local authorities in England, which we consider to be any service or practice model that is not Family Valued.



Given the multifaceted nature of the intervention, we also expect to see changes in other important outcomes. To provide a more thorough assessment of the intervention’s impacts, we address the following secondary research questions:

**RQ2:** What is the impact of Family Valued on starting a CP plan within 18-months of their first referral to CSC services during the study inclusion period, and compared to children in service-as-usual LAs?

**RQ3:** What is the impact of Family Valued on the duration of a single CP started within 6-months of their first referral to CSC services during the study inclusion period and observed over a period of 12-months, compared to children in service-as-usual LAs?

**RQ4:** What is the impact of Family Valued on the likelihood that, among children who enter care within 18 months of their first referral to CSC services during the study inclusion period, the first episode of care is in Kinship Foster Care (KFC), compared to children in service-as-usual local authorities?

**RQ5:** What is the impact of Family Valued on looked-after children being reunified with their family within 18-months of their first period of care during the study inclusion period, compared to children in service-as-usual LAs?

**RQ6:** What is the impact of Family Valued on the unauthorised school absences of children referred to CSC services, within three school terms following their first referral during the study inclusion period, and compared to children in service-as-usual LAs?

We provide details about the target population we use for each outcome in sections below.

## Design

The analysis uses a difference-in-differences (DiD) design. The unit of analysis is at the individual level (i.e., child or young person) to maximise the power to detect an effect within the constraints of the project. In a DiD design, we compare the change over time in outcomes of children in the local authorities implementing Family Valued (“intervention group”) with the change in outcomes of children in comparator local authorities (“comparison group”). More information on the selection of a comparator group of local authorities is detailed below.

**Table 2. Outcome measures.**

<b>Evaluation design</b>		Difference-in-differences
<b>Primary outcome</b>	variable	Whether or not the child has become looked after
	measure (instrument, scale)	Coded 1 if the child has become looked after at any point within 18 months of their first referral to CSC services during the study inclusion period (i.e., has a date of care period commenced).



		Coded 0 if the child has not become looked after within this period.
	sample	Children and young people aged 0-17 that have been referred within the study inclusion period, identified from their first referral during the period (subsequent referrals are ignored, and outcomes are measured from first referral only).
<b>Secondary outcome 1</b>	variable(s)	Whether or not the child has started a CP plan
	measure(s) (instrument, scale)	Coded 1 if the child has started a CP plan at any point within 18 months of their first referral to CSC services during the study inclusion period (i.e., has a date of CP plan start). Coded 0 if the child has not started a CP plan within this period.
	sample	Children and young people aged 0-17 that have been referred within the study inclusion period, identified from their first referral during the study period.
<b>Secondary outcome 2</b>	variable(s)	Duration of a single CP plan
	measure(s) (instrument, scale)	Discrete variable equal to the number of days that the child has been on a single CP plan starting within 6-months of their first referral to CSC services during the study inclusion period. Plan length is recorded up to 12 months from the start of the plan and capped for larger values.
	sample	Children and young people aged 0-17 that have been referred within the study inclusion period (identified from their first referral during the period) and that started a CP within 6 months of the initial referral start date.
<b>Secondary outcome 3</b>	variable(s)	Whether or not a looked-after child has entered kinship care
	measure(s) (instrument, scale)	Coded 1 if the child's first care placement is in Kinship Foster Care (KFC), for children who entered care within 18-months of their first referral during the study inclusion period. Coded 0 otherwise.
	sample	Children and young people aged 0-17 that started a referral within the study inclusion period and became looked after



		within 18 months of the referral start date. We keep first referrals only and ignore subsequent referrals during the study inclusion period.
<b>Secondary outcome 4</b>	variable(s)	Whether or not a looked-after child has been reunified with their family
	measure(s) (instrument, scale)	Coded 1 if the looked-after child left care and returned home to live with their parents or other person with previous parental responsibility within 18 months of beginning their first period of care during the study inclusion period. Coded 0 if the child did not return within 18 months.
	sample	Children and young people aged 0-17 that became looked after within the study inclusion period. Young people who turn 18 within 18 months of becoming looked after are excluded.
<b>Secondary outcome 5</b>	variable(s)	Unauthorised school absences (exploratory)
	measure(s) (instrument, scale)	Continuous variable equal to the percentage of sessions missed due to unauthorised absences out of all the school sessions the child was expected to attend for the three terms that start after the initial referral date during the study inclusion period.
	sample	Children and young people of school age (4 to 17 years old) that have been referred within the study inclusion period (identified from their first referral during the period).

## Study period

The study inclusion period for this evaluation starts on 1<sup>st</sup> July 2016 (5 years before the first LA in this evaluation, Warwickshire, started implementing Family Valued on 1<sup>st</sup> July 2021) and ends on 1<sup>st</sup> January 2023 (6-months after the last local authority in the intervention group, Coventry, implemented Family Valued, on the 1<sup>st</sup> of July 2022). Outcomes are followed up beyond this point, but participants are identified using their first referral to CSC services or the date of their first period of care during the study inclusion period.

Participants' outcomes are followed-up for 18-months (and three school terms for the school-absence outcome) from the date of their first referral to CSC services or the date of their first period of care during the study inclusion period. This means that participants' outcomes in our main analyses will be followed up until the 1<sup>st</sup> of July 2024.



Pre- and post-implementation periods will be based on the implementation schedule of Family Valued across the three intervention local authorities included in the main analyses (Warwickshire, Newcastle and Coventry), beginning in 2021. The observation period before the first implementation date will be used to assess pre-implementation trends in outcomes between comparison and intervention areas.

## Local authority inclusion criteria

### Intervention local authorities

This study focuses on measuring the impact of Family Valued in three out of the five local authorities funded to deliver the model as part of SFPC, and in comparison to service as usual in other local authorities in England.

The three intervention local authorities (Warwickshire, Newcastle, Coventry) implemented Family Valued at staggered intervals. These intervals will be used to define intervention timing ‘cohorts’ in this study. Due to the small number of local areas included in the intervention group, each area contributes its own cohort, as follows:

- **Cohort 1** - Warwickshire, implementation start date: 1<sup>st</sup> July 2021
- **Cohort 2** - Newcastle, implementation start date: 30<sup>th</sup> November 2021
- **Cohort 3** - Coventry, implementation start date: 1<sup>st</sup> July 2022

The post-implementation period for each site started after all staff within the LA and their partners completed the Family Valued awareness raising training (after which LAs were considered ‘Operationally Live’). After that point, Leeds City Council, the model developer, continued work with each site to embed Family Valued in CSC services. This included delivering in-depth restorative training to all staff in participant LAs and selected champions among partner agencies, supporting the delivery of expanded FGC services, as well as supporting with the recruitment and/or appointment of staff in newly commissioned or restructured services.

It is worth noting that Family Valued counts ‘Operationally Live’ at a much earlier date in the implementation journey than Family Safeguarding or No Wrong Door, the two other interventions funded and evaluated as part of the SFPC programme. This is in part because there was a planned 6-months phased roll-out period with no obvious single cut-off point for when children’s services should be counted as ‘treated’. This should be considered when interpreting the findings.

### Comparator local authority selection

We will use a comparison pool of relevant local authorities who are not delivering Family Valued, selected from all local authorities in England running a children’s social care service.

To select relevant local authorities from all possible areas in England, we use a set of pre-specified exclusion criteria, defined below. The exclusion criteria ensure our final comparison group does not feature local areas with characteristics that would invalidate comparison. Our intention is to use all local authorities that were screened against our exclusion criteria in the preliminary comparison pool. Should this comparison pool not be valid after quality checks, we will use a matched subset of local areas (method defined below).



Looking at all eligible local authorities in England as comparators maximises statistical power by increasing the number of comparison observations contributing to the estimation of untreated potential outcomes, thereby improving the precision of the DiD estimates.

### **Exclusion criteria**

We will exclude local authorities from our comparison pool based on the following criteria:

- **Criterion 1:** Local authorities who started implementing Family Valued before or during the study period, including the founder LA Leeds City Council and the Trailblazer local authority Darlington (see Table 3).
- **Criterion 2:** Local authorities who have worked with or are currently working with Leeds Relational Practice Centre (LRPC). LRPC was established in 2017 within the Partners in Practice (PiP) programme, a DfE-funded initiative running alongside the Children’s Social Care Innovation Programme (CSCIP). PiP intended to fund ‘sector-led improvement work’, by supporting the best leaders and practitioners in children’s social care to work with peers in other LAs to help improve the performance of children’s services in England. Since 2017, LRPC has been supporting a number of councils and children’s services to successfully adopt restorative practice, one of the core element of the Family Valued framework. We exclude LAs who are currently supported by LRPC or were supported by LRPC at any point since 2017 (see Table 3). These are: Herefordshire, Kirklees, Bradford, South Tyneside, Stoke and Devon.
- **Criterion 3:** Local authorities with atypical children’s social care profiles that make comparison inappropriate (i.e., the City of London, Isles of Scilly).

**Table 3. LAs excluded from our comparison pool.**

<b>Local authority</b>	<b>Applicable exclusion criteria</b>	<b>Rationale</b>	<b>Source</b>
Leeds City Council, Darlington	Criterion 1	These LAs deliver Family Valued as service-as-usual	SFPC programme
Herefordshire, Kirklees, Bradford, South Tyneside, Stoke, Devon	Criterion 2	These LAs received support from LRPC to implement restorative practice as service-as-usual	Leeds City Council, LRPC
City of London, Isles of Scilly	Criterion 3	These LAs have atypical children’s social care profiles that make comparison inappropriate	DfE Child in Need (CIN) data

Given our criteria, we provisionally exclude 10 local authorities from our analyses.

In our main analyses, the comparison group will only include local authorities who had never implemented Family Valued at the time of the study (i.e., we include ‘never-treated’ local areas).



This means that Family Valued local authorities will not be included in the comparison group, even before they started implementing the intervention (i.e., we exclude ‘not-yet-treated’ local areas).

### Quality checks

To check whether our comparison group is appropriate, we will plot trends in outcomes for all comparison local areas and each of the three participant authorities of this study, up to 5 years before they implemented Family Valued (1<sup>st</sup> of July 2016). This will serve as an initial check to assess whether our comparison pool is appropriate. Visual plots of pre-outcome trends alone are not evidence that parallel trends hold. We will perform additional sensitivity tests, described in following sections.

If visual checks reveal substantial differences in outcome trends, we will match intervention local authorities to a subset of comparison local authorities, based on similarities in their socio-demographic profile and considering variables that are likely to impact trends in outcomes. We will consider matching based on these covariates:

- Yearly number of children aged 0 to 17 in the local authority (using ONS mid-year population estimates) before the implementation of Family Valued,
- Two measures of deprivation, pre-implementation of Family Valued: (1) local area deprivation (Index of Multiple Deprivation, 2019 by the Ministry of Housing, Communities and Local Government – 2018 to 2021) (2) proportion of pupils eligible of Free School Meals (FSM) (using the National Pupil Database, DfE)
- Ofsted children’s social care inspection ratings before Family Valued was implemented (using the 2018 or 2023 Five-year Ofsted Inspection <sup>9</sup>, or the Association of Directors of Children’s Services Ofsted ILACS<sup>10</sup>)
- Local authority spend (or prevention spend) per child before Family Valued was implemented (using Section 251 expenditure statements by the Ministry of Housing, Communities and Local Government – 2018 to 2021)<sup>11</sup>
- Rates of Children Looked-After (CLA) (at the most granular level available) before the implementation of Family Valued

In this scenario, we propose to use Coarsened Exact Matching (CEM) to match local authorities, as previously specified in version 1.0 of this protocol.

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<sup>9</sup> Children’s Social Care Five-Year Ofsted Inspection Data (2023). Accessed 12<sup>th</sup> February 2026 from <https://www.gov.uk/government/publications/five-year-ofsted-inspection-data>.

<sup>10</sup> Ofsted ILACS data (2016-2026). Association of Directors of Children’s Social Care (ADCS). Accessed 12<sup>th</sup> February 2026 from <https://www.adcs.org.uk/inspection-of-childrens-services/>

<sup>11</sup> Bennett, D. L., Webb, C. J. R., Mason, K. E., Schlüter, D. K., Fahy, K., Alexiou, A., Wickham, S., Barr, B., & Taylor-Robinson, D. (2021). Funding for preventative Children’s Services and rates of children becoming looked after: A natural experiment using longitudinal area-level data in England. *Children and Youth Services Review*, 131, 106289. <https://doi.org/10.1016/j.childyouth.2021.106289>



## Participants inclusion

The inclusion criteria for children and young people in the study are as follows:

**Criterion 1:** children and young people will be identified from their first referral to CSC or date of first period of care during the study inclusion period. They might have had previous referrals / care entry dates before the start of the study inclusion period, or subsequent referrals / care entry dates after their first referral or care entry date during the study period. These referrals / care entry dates are not taken into account, and outcomes are followed up from their first referral in the study period only.

**Criterion 2:** children and young people must be aged 0 to 17 (this includes children referred to CSC services before they were born) at the time of their first referral or first care entry date during the study inclusion period.

**Criterion 3:** We introduce a ‘wash-out’ period for all participants, whereby children and young people (across all local authorities in implementation and comparator groups) whose first referral or first care entry date falls within 18 months before the implementation of Family Valued in each implementing area are excluded from causal effect estimations. This helps ensure a clean baseline period before the delivery of Family Valued, such that pre-intervention outcomes for children in the intervention group are not influenced by children who eventually benefitted from the intervention even if they were referred before delivery started. We also remove participants in the comparison group who were referred during the wash-out period. Details on how we will implement the ‘wash-out’ period are included in the analysis plan section of this protocol.

Children who were referred in Warwickshire, Newcastle and Coventry before the delivery of Family Valued (and excluding those referred within 18-months of delivery start) in each local area are assigned to the intervention group in the ‘pre-period’. Children referred in these areas after delivery are assigned to the intervention group in the ‘post-period’.

Children referred/in care in comparison local authorities are subject to the same cohort-specific timing rules and wash-out exclusions. Since comparison local authorities are never treated, their observations are used as comparison observations for estimation at the corresponding times for each implementation cohort, rather than being assigned to fixed ‘pre’ and ‘post’ comparison-group periods.

## Outcome measures

We will evaluate one primary outcome measure and five secondary outcome measures. Individual-level data will be collected from the Department for Education (DfE) National Pupil Database (NPD) and accessed via the ONS Secure Research Service (SRS). Local authorities will not be involved in the data collection for the DiD analysis.

This analysis does not consider the outcome of returning to statutory services following a closed CP / CIN plan within 36-months, which was originally pre-specified in the SW-CRT analysis. Delays to the implementation of Family Valued meant that this outcome cannot be observed over a long enough follow-up window within the project’s reporting timelines. This outcome is therefore out of



scope for the DiD analysis. This change was reflected in the first version of this DiD protocol ([here](#) on the OSF).

## **Primary outcome measure**

### ***Whether or not the child has become looked after***

To answer research question 1, we will analyse whether children and young people (aged 0 - 17 who are referred to CSC services within the study inclusion period, identified from their first referral during the period) are more or less likely to become looked after within 18 months of starting the referral where Family Valued had been implemented, compared to when it had not been. The outcome measure is a binary variable, indicating whether or not a child in our sample has become looked after at any point within 18 months of their first referral to CSC services in the study period.

Note that the episode of care does not have to result directly from the initial referral, e.g. a child who had a case that was closed but then returns to children's services and becomes looked after within 18 months of the initial referral date will be coded as 1.

## **Secondary outcome measures**

In addition to the primary outcome, we will also seek to evaluate five secondary outcome measures. We measure all secondary outcomes for children and young people aged 0 to 17 years old at their first referral or first date of care entry during the study inclusion period.

We will use Hochberg multiple comparison adjustment to report findings on all secondary analyses.

### ***Whether or not the child has started a CP plan***

To answer research question 2, we will analyse whether children and young people are more or less likely to start a CP plan within 18 months of their first referral where Family Valued had been implemented, compared to when it had not been. The outcome measure is a binary variable, indicating whether or not a child in our sample has started a CP plan at any point within 18 months of their first referral in the study period.

We include this outcome measure to capture the effects of Family Valued, particularly around the early help and restorative practice elements of the model. Due to the potential for Family Valued to introduce a review of and potential change in assessment thresholds, a reduction in CP plans may not necessarily reflect a reduction in risk within families. Therefore, this measure will have to be evaluated considering the other results to shed light on the mechanisms behind any found effects.

### ***Duration of a single CP plan***

To answer research question 3, we will analyse whether Family Valued impacts the duration of a single CP plan (measured as a discrete variable in days) observed over a period of 12-months (larger values will be capped at 12-months), for children who start a plan within 6-months of their initial referral during the study period.



If, under the Family Valued model, families make changes and build confidence to overcome challenges more effectively, this should reduce the length of statutory interventions for children. The potential reasons for changes in the time children spend on CP plans are numerous, however, and it is hard to unambiguously interpret changes in this measure as either good or bad. Results will require careful interpretation in combination with the other outcome measures, and findings from the accompanying implementation and process evaluation.

### ***Whether or not a looked-after child has entered kinship care***

To answer research question 4, we use a binary outcome equal to 1 if a child who enters care within 18 months of their first referral to CSC services during the study period has their first episode of care in kinship care, and 0 otherwise. Our sample will include children and young people aged 0-17 who started a referral to CSC services within the study inclusion period and subsequently became looked after within 18 months of their first referral start date.

This outcome evaluates whether Family Valued increases the likelihood of children being cared for within their kinship network. Specifically, we hypothesised that Family Group Conferencing may influence this outcome.

### ***Whether or not a looked-after child has been reunified with their family***

To answer research question 5, the outcome measure is a binary variable of whether or not a looked-after child has returned to live with someone who previously had parental responsibility, measured 18 months after the start of the first period of care of the child during the study inclusion period. Children who returned home within 18 months of their first period of care during the study inclusion period are coded 1; children who did not are coded 0. Our sample will be restricted to children and young people aged 0-17 who started a period of care within the study inclusion period (we keep the first period only), excluding any young people who turn 18 within 18 months of becoming looked after.

One intended effect of Family Group Conferencing is that families feel greater ownership of plans and are thus more likely to make changes in their behaviour. If families succeed in making long-term changes that reduce risk, this should increase reunification of looked-after children with their families.

### ***Unauthorised school absences***

To answer research question 6, the outcome measure is a continuous variable measuring the percentage of sessions missed by a child within our analytical sample due to unauthorised absence, out of all sessions the child was expected to attend. We will measure the school attendance rate of three consecutive school terms, beginning with the closest school term beginning after the start of the period in which the child entered our sample.

Unauthorised school absence rates are a valuable addition to the children's social care outcome measures detailed above as they directly relate to children's opportunities and outcomes outside of children's social care. Since there exists no direct link in the logic model between the Family Valued model and unauthorised school absence rates, this outcome is of an exploratory nature to see whether we can capture part of the potential wider benefits of Family Valued.



## Note on findings interpretation

Care should be taken in the interpretation of the results of our analysis. Each result (pertaining to a specific outcome measure) will help create a picture of the changes that are taking place because of the intervention. However, in isolation, we should be wary of concluding strongly that one direction is good or bad. This is especially true in terms of our measures relating to child protection and child in need plans.

For example, a reduction in the length of statutory plans could be positive - indicating that children's social care interventions address families' needs more rapidly. However, it could also be negative - and indicative instead of cases being closed prematurely, with families having unmet needs which could lead them to return to statutory services shortly after closing the case.

Thus, we will evaluate each analysis in the context of the others that we conduct. We will also interpret the results alongside the findings of the associated implementation and process evaluation, which may shed further light on the factors driving these outcome changes. We will reflect any remaining ambiguity accordingly in our reports.

Local areas included in our comparison pool may be delivering activities in line with some elements of the Family Valued approach (e.g., restorative practice or FGC services). Findings from this study should be interpreted as estimating the impact of Family Valued as a whole, as opposed to individual elements of the approach, and compared to the collection of approaches, frameworks, service and practice models used to run CSC services in comparison areas, some of which will deliver elements that are similar to parts of the Family Valued framework.

Finally, it is unlikely findings will generalise to all local authorities in England. This study involves a very small number of local authorities that make up the intervention group, and who were selected on the basis of specific criteria (i.e., Ofsted ratings and trends in care entry), which will not be representative of all LAs in England. Findings from this study should be viewed as pilot findings.

## Sample size / MDES calculations

We conducted minimum detectable effect size (MDES) calculations for the primary difference-in-differences (DiD) estimand—the average post-period treatment effect—using Schochet's (2022) DiD power calculator. MDES values were calculated under a primary scenario (scenario A) and a set of sensitivity scenarios (scenarios B, C and D) that varied design assumptions to assess the robustness of power to alternative parameter values. All calculations assumed a two-sided test with  $\alpha = 0.05$ .

The Schochet (2022) DiD power calculation dashboard is built around a matched design framework, in which intervention units are paired with a limited set of comparable control units and power is derived under that structure. In our study, however, intervention units are compared against a broader donor pool rather than individually matched controls. Because this approach can increase the effective sample size and reduce the variance of the estimated treatment effect relative to a strictly matched design, the variance assumptions embedded in the Schochet (2022)



dashboard may be conservative for our setting. As a result, the MDES generated by the tool may be larger than the true MDES required under our donor-pool design.

Depending on the scenario, this study is powered (80%,  $\alpha = 0.05$ ) to detect an effect of 0.047 standard deviation (scenario A), 0.057 (B), 0.072 (C), 0.072 (D) or 0.047 (scenario E) standard deviations.

Under scenario A, and assuming the baseline probability of a child entering care within 18 months is 6%, our MDES corresponds to an absolute change of about 1.12 percentage points on the probability scale. Given an average of 275 children at risk per month, this means our study is powered to detect a change of about 3.1 fewer (or more) children entering care per month, on average. Effects of this magnitude or larger would be detected with at least 80% power under the assumed design. Smaller true effects are unlikely to be detected reliably.

We specified the study design as a multi-period DiD with the following parameters:

- **Study periods:** 96 monthly periods (scenario A, B, C and E) or 32 quarterly periods (scenario D) between 1<sup>st</sup> January 2016 and 1<sup>st</sup> July 2024
- **Intervention and comparison clusters:** 3 intervention clusters (Warwickshire, Newcastle, Coventry), and 139 comparator clusters (scenarios A to D), for a total of 142 clusters, or 110 comparator clusters (scenario E), for a total of 113 clusters.
- **Participants:** 275 participants within cluster-period (monthly) (scenarios A, B, C and E), 826 within cluster-period (quarterly) (scenario D), based on the average monthly number of first referrals in local authorities in England between the 2016-17 and 2022-23 reporting years (1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2023)<sup>12,13</sup>
- **Timing groups:** Timing groups were based on the staggered implementation schedule of Family Valued in Warwickshire, Newcastle and Coventry. Therefore, there was only one intervention local authority in each timing group (across all scenarios).
- **Timing group start times:** Start times for each timing group were  $t = 60, 65$  and  $72$  (scenario A, B, C and E) and  $t = 20, 22, 24$  (scenario D).
- **Matched comparison clusters in each timing groups:** 46, 46, 47 clusters for each timing groups, for a total of 139 comparator local authorities (scenario A to D), and 36, 37, 37 clusters for each timing groups, for a total 110 comparator local authorities (scenario E)
- **Error structure and precision:** We will assume a baseline AR(1) autocorrelation structure with  $\rho = 0.3$ , an intraclass correlation (ICC) of 0.00722, no precision loss from weighting (design effect = 1) in the baseline scenario, and no precision gain from model

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<sup>12</sup> Department for Education (2025). Children in Need: C1 Referrals and re-referrals to children's social care services by local authority' in England between 2016 and 2023 (years ending 31<sup>st</sup> March). Accessed January 16<sup>th</sup> 2026, from <https://explore-education-statistics.service.gov.uk/data-tables/children-in-need/2025?subjectId=92bd5522-b8ee-4345-3d2c-08de12eac085>

<sup>13</sup> Calculated by taking the yearly national average of referrals between 2015-16 and 2022-23, minus 21% of re-referrals, minus 30% of children aged 13 to 18 years old and divided by 152 Local Authorities in England and 12 months to obtain the monthly average number of referrals within local authorities between 2015-16 and 2022-23. The monthly average (171 children referred) is multiplied by 3 in scenario D that assumes the data is available on a quarterly basis.



covariates. Sensitivity scenarios will vary the autocorrelation, design effect, and period length parameters.

**Table 4. Scenario-based MDES calculations.**

<b>Scenarios</b>	<b>Scenario A – reference</b>	<b>Scenario B – design effect</b>	<b>Scenario C – autocorrelation</b>	<b>Scenario D – period length</b>	<b>Scenario E – number of comparator LAs</b>
<b>MDES</b>	<b>0.047</b>	<b>0.057</b>	<b>0.072</b>	<b>0.072</b>	<b>0.047</b>
<b>Number of time periods</b>	96	96	96	<b>32</b>	96
<b>Total number of intervention clusters (local authorities)</b>	3	3	3	3	3
<b>Number of intervention timing groups</b>	3	3	3	3	3
<b>Start period for each timing group</b>	t = 60, 65 and 72	t = 60, 65 and 72	t = 60, 65 and 72	<b>t = 20, 22, 24</b>	t = 60, 65 and 72
<b>Number of treatment clusters in each timing group</b>	1 in each	1 in each	1 in each	1 in each	1 in each
<b>Total number of comparison clusters</b>	139	139	139	139	<b>110</b>
<b>Number of matched comparison clusters in each timing group</b>	46,46,47	46,46,47	46,46,47	46,46,47	<b>36, 37, 37</b>
<b>Number of individuals per cluster per time</b>	275	275	275	<b>826</b>	275



<b>Autocorrelation structure of cluster-level errors over time</b>	AR1	AR1	AR1	AR1	AR1
<b>Autocorrelation parameter</b>	0.3	0.3	<b>0.7</b>	0.3	0.3
<b>Clustering effect: ICC within cluster-time cells</b>	0.00722	0.00722	0.00722	0.00722	0.00722
<b>Design effect</b>	1	<b>1.5</b>	1	1	1
<b>Alpha level</b>	0.05	0.05	0.05	0.05	0.05
<b>Test</b>	Two-tailed	Two-tailed	Two-tailed	Two-tailed	Two-tailed
<b>Power level</b>	0.8	0.8	0.8	0.8	0.8

## Analysis plan

### Main analysis

We will estimate the impact of the Family Valued Model using a DiD event-study analysis, following Callaway and Sant’Anna’s (2021) approach. Local authorities adopted the Family Valued model at different points in time in this study. We estimate the causal effects of Family Valued for different periods of time by comparing changes in outcomes for intervention areas with changes for suitable comparator areas that have never implemented the intervention during these periods.

We will estimate DiD event-study parameters between the start of the observation period and the end of the study period, at monthly intervals (if possible, if not, quarterly intervals). We will also report an overall estimate of the effect of Family Valued based on our DiD event-study estimates.

### Target parameters

Our target parameter is the aggregated Average Treatment effect on the Treated (ATT) of Family Valued across all participant local authorities and implementation periods. This is obtained from aggregating all intervention effects for a specific group and at a specific time-period:  $ATT(g, t)$ .



This parameter ( $ATT(g, t)$ ) is a generalisation of the simple 2x2 difference-in-differences  $ATT$  described in Callaway and Sant’Anna (2021)<sup>14</sup>

$ATT(g, t)$  represents the average effect of the intervention at a specific point in time for a specific group that adopted the intervention at the same time, where  $g$  indexes a group’s implementation date and  $t$  indexes time. Callaway and Sant’Anna’s (2021) method uses only valid comparisons in each period (i.e., ‘never-treated’ or ‘not-yet-treated’ local authorities) and avoids contamination from units that implemented the intervention serving as controls for other intervention units. In our analyses, we use ‘never-treated’ local authorities only in our comparison group.

For eligible participants  $i$  within local authorities  $g$  at a particular time  $t$ ,  $ATT(g, t)$  is denoted by:

$$ATT(g, t) = \mathbb{E}(Y_{i,t}(g) - Y_{i,t}(0) | G_i = g)$$

Where:

- $Y_{i,t}(g)$  is the potential outcome for unit  $i$  at time  $t$  if they first receive the intervention in period  $g$ ;
- $Y_{i,t}(0)$  is the potential outcome for unit  $i$  at time  $t$  if they never receive the intervention;
- $G_i = g$  indicates that unit  $i$  first receives the intervention in period  $g$ .

We estimate  $ATT(g, t)$  at six-month intervals. Pre-treatment relative periods are used to assess the plausibility of the parallel trends assumption. Post-treatment periods provide an event-study profile describing how effects evolve with time since implementation.

We use all  $ATT(g, t)$ s to report the aggregated effect of Family Valued across all group-time intervention effects. There are a variety of ways to produce an aggregated estimate from all  $ATT(g, t)$ s. Callaway and Sant’Anna (2021) recommend a general purpose summary of the average effect of implementing an intervention  $\theta_{sel}^0$ , defined as

$$\theta_{sel}^0 = \sum_{g \in \mathcal{G}} \theta_{sel}(g) P(G = g | G \leq \mathcal{T})$$

Where:

- $\theta_{sel}(g)$  is the average effect of participating in the intervention for participants in group  $g$ .
- $\mathcal{T}$  is the total number of time periods in the study.

As Callaway and Sant’Anna (2021) describe it,  $\theta_{sel}^0$  first calculates the average effect for each group and across all time periods, and then averages these effects across groups – resulting in an overall average effect of participating in the intervention.



In our analyses, we will implement a ‘washout’ period to ensure a clean baseline period before the delivery of Family Valued, such that pre-intervention outcomes for children in the intervention group are not influenced by children who eventually benefitted from the practice model even if they were referred before delivery started. To implement the ‘washout’ period, we will use the ‘anticipation’ parameter available in the ‘did’ package (Callaway and Sant’Anna, 2021)<sup>15</sup>. In practice, specifying an anticipation window removes a pre-specified number of periods preceding the intervention start from the set of valid comparisons used to estimate group-time treatment effects, treating them as part of the transition into intervention rather than as control observations. This approach reduces bias that could arise if outcomes begin to change during the implementation phase, before the intervention is fully operational.

### ***Estimation method***

Callaway and Sant’Anna (2021) discuss three types of estimation methods to recover  $ATT(g, t)$ :

- Outcome regression (OR),
- Inverse probability weighting (IPW)
- ‘Double-robust’ method (DR) that combines OR and IPW.

The double-robust method presents robustness features that yields consistent estimates of  $ATT(g, t)$  if either the outcome regression model or the intervention assignment (propensity score) model is correctly specified, but not necessarily both. This provides additional protection against model misspecification relative to relying on a single modelling strategy. We will use the double-robust method in our main analyses.

### ***Reporting***

**Overall effect of Family Valued:** We compute the aggregated treatment effect  $\theta_{sel}^0$  by taking a weighted average of all estimated  $ATT(g, t)$  values across cohorts and periods, using the general-purpose aggregation method in Callaway & Sant’Anna (2021). To support interpretation, we convert this estimate into a standardised effect size using Glass’s delta, with the comparison-group pre-period standard deviation as the denominator.

### ***Identifying assumptions***

We will discuss the identifying assumptions required to hold for our findings to be valid causal estimates in our main analyses (e.g., conditional parallel trends, no-anticipation).

### ***Rationale behind our estimation approach***

The first version of this protocol proposed a two-way fixed effects (TWFE) specification estimated via feasible GLS. However, TWFE estimators are known to produce biased estimates in staggered DiD designs when intervention effects vary across cohorts or over time since implementation. In

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<sup>15</sup> Callaway B, Sant’Anna P (2021). “did: Difference in Differences.” R package version 2.3.0, <<https://bcallaway11.github.io/did/>>.



these settings, TWFE can produce negatively weighted comparisons, inappropriate use of already-‘treated’ local authorities as controls for later-‘treated’ ones, and in some cases produces estimates with the wrong sign.

Given that heterogeneous effects are likely in this context – local authorities may require time to embed the practice model and outcomes may evolve differently depending on implementation maturity – we directly adopt the Callaway and Sant’Anna (2021) estimator as our primary approach. This method avoids pitfalls inherent in TWFE<sup>16</sup>, and provides transparent group-time estimates and valid identification under the parallel trend and no-anticipation assumptions.

### **Covariates**

We include the following individual-level covariates, gathered at the point of referral or care entry (first referral or date of first period of care during the study inclusion period) and local authority covariates (where they are available) gathered from the most recent time point preceding the point of referral.

#### **Vector of individual level covariates of the child or young person**

- Gender (included as a categorical variable: 0=Not recorded/unborn, 1= male, 2=female, 3=indeterminate, 4=Missing)
- Ethnicity<sup>17</sup>
- Age at referral or at first period of care entry
- Disabled status (included as a binary indicator: 0=No, 1= Yes)
- Eligibility for free school meals (included as a binary indicator: 0=No, 1=Yes, if pupil has ever been recorded as eligible for free school meals on Census day in any Spring Census up to the pupil's current year), Pupil Premium eligibility (for Reception, Year 1 and Year 2)<sup>18</sup>
- Is child an Unaccompanied Asylum Seeker (included as a binary indicators, 0=No, 1= Yes)
- Number of previous child protection plans
- Depending on data availability, the main need for which child started to receive services for this referral (if applicable), as defined in the CIN census (included as a categorical variable).

In addition, we would have wanted to take into account families (e.g. through adding family fixed effects), however we are reasonably confident data will not be available, so we have refrained from including them.

- The latest Ofsted rating granted to a local area’s children’s service before the implementation of the Family Valued in Warwickshire, the first LA in the study to deliver the practice model, obtained from the 2018 and 2023 Children’s Social Ofsted Inspection

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<sup>16</sup> Baker, A., Callaway, B., Cunningham, S., Goodman-Bacon, A., & Sant’Anna, P. H. C. (2025). *Difference-in-Differences Designs: A Practitioner’s Guide* (No. arXiv:2503.13323). arXiv. <https://doi.org/10.48550/arXiv.2503.13323>

<sup>17</sup> In the categories defined in the DfE’s CIN Census.

<sup>18</sup> We use Pupil Premium Eligibility for the first three years as every child is eligible for free school meals during this period.



official statistics data<sup>19</sup> or the Association of Directors of Children's Services Ofsted ILACS data (2016-2026)<sup>20</sup>

### *Handling missing data*

In cases of missing data, we will consider the possible reasons for its missingness and undertake statistical analyses to determine whether there are any patterns relating to other recorded covariates or to the intervention variable. Since we collect data via secondary administrative records, we expect minimal missingness in the data. Where missingness is greater than 30%, we remove the covariate from our analyses. Where missingness is under 30%, we will code missing values as a covariate level of its own (using 'missing indicator' analysis).

## **Sensitivity analysis**

### *Definition of intervention and comparison group*

We adopt a conservative approach in our primary analysis and define any child as part of the comparison group whose local authority had not implemented Family Valued at the start date of the first referral / date of first period of care within the study period. This will most likely underestimate the intervention effect, since children in the comparison group might have been in contact with Family Valued at a later stage of the referral / period of care.

To analyse the magnitude of the intervention effect further, we run additional analysis using different intervention and comparison group definitions, including:

- Children who spent at least half their time on any open referrals (or care period) in the study period when the local authority had implemented Family Valued (e.g. if a child had 64 days of open referrals during the study period, and had at least 32 of those days after the local authority had implemented Family Valued, they would be coded 1, otherwise coded 0).
- Children who spent at least 4 weeks across any open referrals (or care period) during the study period under Family Valued coded as 1, otherwise coded 0.

### *Placebo tests*

If our primary findings indicate a statistically significant effect of Family Valued on our primary outcome, we will consider conducting placebo tests to check their plausibility:

- **Intervention timing falsification:** We will randomly assign earlier implementation dates and report findings based on these new intervention timings. We expect to estimate no effect around these falsified intervention dates.

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<sup>19</sup> Children's Social Care Five-Year Ofsted Inspection Data (2023). Accessed 12<sup>th</sup> February 2026 from <https://www.gov.uk/government/publications/five-year-ofsted-inspection-data>.

<sup>20</sup> Ofsted ILACS data (2016-2026). Association of Directors of Children's Social Care (ADCS). Accessed 12<sup>th</sup> February 2026 from <https://www.adcs.org.uk/inspection-of-childrens-services/>.



- **Intervention assignment falsification:** We will randomly assign ‘intervention’ and ‘comparison’ group status amongst the local authorities selected in our analyses, and report findings based on this falsified intervention allocation. If computationally feasible, we propose to simulate this random allocation over 1000 iterations and report the distribution of the resulting estimates.

If we identify other relevant placebo tests to conduct (e.g., on an outcome that should not be impacted by Family Valued), we will report these additional tests.

### ***Intervention group composition***

The main impact analysis is restricted to three SFPC-funded local authorities with adequate implementation and pre-treatment data (Warwickshire, Newcastle and Coventry). In our main analyses, Leeds City Council, which developed Family Valued and first implemented it in 2015, and Darlington, the area selected to pilot the model in 2019, are excluded from the main analysis altogether – from the intervention group, and, as Family Valued deliverers, from the comparison pool of local authorities.

In this sensitivity analysis, we propose to add Leeds and Darlington to the intervention group to assess whether the estimated average treatment effect on the treated (*ATT*) is sensitive to their exclusion, and to exploit the longer outcome series available for these earlier adopters.

Leeds and Darlington adopted Family Valued earlier than the LAs included in our main analyses, thus this analysis requires a longer pre-intervention window. Darlington started delivering Family Valued in the autumn 2019. Leeds started delivering Family Valued between March 2015 and December 2016. We will work with the model developer to establish the exact dates after which the framework started being delivered in both areas.

We will conduct this analysis only if outcome data of adequate quality can be obtained back to 2011. Where this is possible, both Leeds and Darlington will be included in the intervention group, and our study period will span from 2011 to 2024, providing approximately four years of pre-implementation data for Leeds (2011–2014, ahead of its 2015 go-live) and seven years for Darlington (2011–2018, ahead of its 2019 go-live). Where adequate data cannot be obtained for the full Leeds pre-period, we will include Darlington only, and the study period will span from 2014 to 2024, providing five years of pre-implementation data ahead of Darlington's 2019 go-live date.

The staggered adoption dates across Leeds, Darlington and the other SFPC funded local authorities will be handled by the Callaway & Sant'Anna estimator exactly as in the main analysis. All other features of the design will follow the plan set out for the main analyses (see the [Main Analyses](#) section).

### ***Comparison group composition***

#### **Exclusion of LAs using restorative practice and/or an expanded FGC service**

In our main analyses, we assume it is plausible that the intervention local authorities (Warwickshire, Newcastle and Coventry) would have moved towards practices that align with elements Family Valued even without funding from the SFPC programme (in particular, restorative



practice and/or an expanded family group conference (FGC) offer). This assumption is broadly consistent with the wider national convergence of CSC services toward family-led approaches, described in the [Service as Usual](#) section. Under this assumption, the comparison pool of local areas retains local authorities that have adopted such practices, and the resulting *ATT* estimates the effect of Family Valued over and above the restorative-practice drift the intervention areas would plausibly have experienced in any case.

We propose to run a sensitivity analysis which tests the opposite assumption: that the intervention local authorities would not have converged towards a Family Valued-type approach in the absence of funding. To construct a comparison group that reflects this assumption, we apply an expanded exclusion criterion to the comparison pool, where we further exclude local authorities with a track record of implementing system-wide restorative practice and/or an enhanced FGC service that extends beyond the statutory minimum, in addition to the areas already excluded from the comparison pool under the main analysis (see [Comparator Local Authority Selection](#) section).

In conversation with Leeds, we concluded that the local authorities meeting this expanded criterion are Camden, Stockport, Birmingham, Hull, and Bournemouth, Christchurch and Poole (BCP). Removing these areas reduces the provisional comparison pool to 134 eligible comparison LAs. For this analysis, we will run Coarsened Exact Matching (CEM) on this restricted pool of comparison LAs (we will use CEM based on inspecting pre-implementation outcome trends). All remaining aspects of the design and estimation follow the plan for the main analyses (see [Main Analysis](#) section).

### **Ofsted ratings**

We will conduct sensitivity analyses using an expanded exclusion criteria for local authorities in the comparison group based on Ofsted ratings pre-implementation. We will exclude local authorities who received two consecutive 'outstanding' Ofsted ratings in the Ofsted inspections held up to 1<sup>st</sup> July 2021 (the start of the delivery period with Warwickshire).

Local authorities in the intervention group of this study were partly selected on the basis of an 'inadequate' or 'requires improvement' Ofsted rating before 2020. Local areas with children's services with a history of outstanding performance will be likely to have systematically different trends in CSC outcomes compared to the intervention group. Removing local authority with a history of outstanding children's service performance will enable to test the robustness of our findings to a different comparison group composition.

### **Exploratory analysis**

#### ***Dynamic effects***

**Time-since-implementation:** For each outcome, we will present group-time intervention effects  $ATT(g, t)$ , plotted across relative time-since-implementation of Family Valued. The event-study plot will display estimated coefficients for each relative time period since implementation, with bootstrapped confidence intervals clustered at the local authority level. These results will estimate the average effect of Family Valued by time-since-go-live-date, pooling across groups and calendar periods of implementation.



### **Local authority effects**

For each outcome, we will report cohort-specific effects of Family Valued, using the *did* package (Callaway and Sant’Anna, 2021). This will represent the average treatment effect on the treated of Family Valued for each intervention local authority (Warwickshire, Newcastle, Coventry) since implementation. It is possible this exploratory analysis is not powered.

### **Triangulation of results**

The impact evaluation of Family Valued is delivered through the specified DiD analysis and is accompanied by an Implementation and Process Evaluation (IPE). Findings from the DiD analysis will be triangulated with the findings of the IPE to reach a rounded conclusion about the impact and delivery of Family Valued. Where the quantitative impact estimates and the qualitative and descriptive IPE findings align, this will provide a richer and more robust account of the intervention’s effects. Where they diverge, the IPE will help to contextualise and interpret the impact estimates, for example by shedding light on variation in implementation and fidelity across local authorities. We will reflect any remaining ambiguity accordingly in our reports.

## **Other evaluation strands**

This difference-in-differences evaluation of Family Valued is the only impact evaluation of the intervention. It is accompanied by an Implementation and Process Evaluation (IPE), which is set out in the following section. Family Valued does not have an accompanying Stepped-Wedge Clustered Randomised Controlled Trial: following disruptions to the implementation schedule and delays to the trial, Foundations decided to switch the delivery of the impact evaluation from the SW-CRT to this DiD analysis alone.

## **Implementation and Process Evaluation**

### **Aims**

The purpose of this implementation and process evaluation is to assess delivery during the rollout of Family Valued across five local authorities: Warwickshire, Newcastle, Coventry, Sefton and Solihull. The aim of this is to help understand and explain any identified intervention effects (or lack thereof) in the accompanying difference-in-differences analysis, to identify elements of successful delivery, and to improve understanding of the model. This IPE involves all LAs funded through the SFPC programme to implement Family Valued, in contrast to the accompanying DiD which includes Warwickshire, Newcastle and Coventry only.

This will build on the findings from the published evaluation from Round 1 and ongoing evaluation from Round 2 of the Children’s Social Care Innovation Programme, based in the local authority in which the model was developed, as well as Foundations’ pilot evaluation in Trailblazer local authority Darlington. The design has also been informed by feedback from Foundations’ Young Advisors and Stakeholder Advisory Group, details of which are presented in the pilot evaluation protocol.



The research questions and methods for this implementation and process evaluation are set out below. This version includes minor revisions to the original protocol made in May 2026, to reflect the decision to collect follow-up data 3 months after the Operationally Live date, rather than 6 months, which was made prior to data collection commencing. It also reflects the decision to collect additional qualitative data at 24 months, which was made after the evaluation had begun, in response to low uptake of interviews and focus groups at the 12-month time point. Findings will be published in a final report at the end of the Family Valued evaluation.

## Research questions

The implementation and process evaluation seeks to answer the following research questions:

### Fidelity and adaptation

- To what extent does delivery in participating authorities adhere to the model?
- Are the key assumptions and facilitating factors in place?

### Programme differentiation

- What does the existing service structure and practice look like in participating authorities prior to the introduction of the model?

### Reach and acceptability

- What is the number and characteristics of families reached by the intervention?
- What is the experience of staff and families who have been involved with the intervention?

### Mechanisms and outcomes

- Does implementing the model lead to perceived changes in the interim and ultimate outcomes identified in the logic model?
- Is the level of effectiveness of the model perceived to differ for different groups?
- Are there any perceived unintended or negative consequences as a result of introducing the intervention?

## Design

Planned indicators to answer each research question are presented in the table below. Indicators and thresholds have been developed based on the logic model, previous evaluation findings, and input from the model developers.

**Table 5. IPE indicators and thresholds.**

Indicators	Method and Time Point
Fidelity and adaptation	



<p><b>a. To what extent does delivery in participating authorities adhere to the model?</b></p>	
<ul style="list-style-type: none"> <li>• Number and proportion of staff and leaders within children’s services frontline teams who have been trained in restorative practice (including which training was attended, their role and the teams they work for).</li> <li>• Number of staff from partner agencies<sup>21</sup> who have been trained in restorative practice (including which training was attended, their role and the service they work for).</li> <li>• What is the number of FGC coordinators recruited and trained?</li> <li>• What is the number of new staff recruited to new or restructured restorative services?</li> </ul>	<p>Admin data at 3, 12, 24m follow-up</p>
<ul style="list-style-type: none"> <li>• To what extent is practice in FGCs consistent with key FGC principles and the principles of restorative practice<sup>22</sup>?</li> <li>• To what extent is practice with families following training consistent with restorative practice principles?</li> <li>• What is the structure and function of newly-commissioned or restructured restorative teams and services?</li> </ul>	<p>Observation / survey / interviews at 12m, 24m follow-up</p>
<p><b>b. Are the key assumptions and facilitating factors in place?</b></p>	
<p>Within each authority:</p> <ul style="list-style-type: none"> <li>• What is the vacancy rate in children’s services? (threshold: 20% or below)</li> <li>• What is the average caseload in children’s services? (threshold: 17 or below)</li> </ul>	<p>Admin data at pre-implementation and 3, 12, 24m follow-up</p>
<p>Within each authority:</p> <ul style="list-style-type: none"> <li>• What proportion of staff perceive there is sufficient buy-in and support from leadership?</li> </ul>	<p>Survey at 3, 12, 24m follow-up</p>

<sup>21</sup> Including police, health, and education staff who are to attend awareness raising training

<sup>22</sup> i.e. an independent coordinator and following a three part structure, family led, mobilises support from the family network, enables safe and appropriate involvement of children and vulnerable family members



<ul style="list-style-type: none"> <li>• What proportion of staff feel they have enough time for direct work and to take full advantage of the model? (threshold: 70%)</li> </ul>	
<b>Programme differentiation</b>	
<b>a. What does the existing service structure and practice look like prior to the introduction of the model?</b>	
<p>Within each authority:</p> <ul style="list-style-type: none"> <li>• Description of the existing structure and practice model of children’s services prior to introduction of the model</li> <li>• Description of the ways in which this existing structure and practice model is similar to and different to the new model</li> <li>• Whether any elements of the Family Valued model are rolled out early prior to the intended Operationally Live date</li> </ul>	<p>Interviews, focus groups, observation at pre-implementation, and review of LA documentation</p>
<b>Reach and acceptability</b>	
<b>a. What is the number and characteristics of families reached by the intervention?</b>	
<p>Within each authority:</p> <ul style="list-style-type: none"> <li>• Number and characteristics of families reached (demographics, CP/CIN status, primary referral reasons);</li> <li>• proportion of families referred who progressed to FGC (conversion rate);</li> <li>• proportion of FGCs which resulted in an agreed plan.</li> </ul>	<p>Admin data at 12 and 24m follow-up</p>
<b>b. What is the experience of staff and families who have been involved with the intervention?</b>	
<ul style="list-style-type: none"> <li>• Staff self-reported experience of the model, including facilitators and challenges to delivery and drivers of or obstacles to family engagement.</li> <li>• Family self-reported experience of working with FGC service and staff trained in restorative practice, including drivers of or obstacles to engagement</li> </ul>	<p>Interviews / focus groups at 12m, 24m follow-up</p>



<ul style="list-style-type: none"> <li>What proportion of staff feel satisfied with how the change process has been managed, satisfied in their jobs, intend to remain, feel prepared and supported, and feel confident to make changes to practice? (threshold: 70%)</li> </ul>	Survey at 3, 12, 24m follow-up
<b>Mechanisms and outcomes</b>	
<b>a. Does implementing the model lead to perceived changes in the interim and ultimate outcomes identified in the logic model?</b>	
<p>To what extent the intervention is perceived to affect:</p> <ul style="list-style-type: none"> <li>Approach to risk, decision making, care plans, partnership working and support for families?</li> <li>Staff self-reported workload, stress and wellbeing?</li> <li>Family engagement and outcomes, including relationships, wellbeing and risk/safety.</li> </ul>	Interview / focus group / survey at 12m, 24m follow-up
<b>b. Is the level of effectiveness of the model perceived to differ for different groups?</b>	
<ul style="list-style-type: none"> <li>To what extent are staff and family outcomes perceived to differ according to staff and family characteristics such as authority, area characteristics, staff experience, problem type or demographics such as age of child?</li> </ul>	Interview / focus group / survey at 12m, 24m follow-up
<b>c. Are there any perceived unintended or negative consequences as a result of introducing the intervention?</b>	
<ul style="list-style-type: none"> <li>Staff and family reported negative consequences</li> </ul>	Interview / focus group / survey at 12m, 24m follow-up

## Methods

### Data collection

Data will be collected in four phases:

- Pre-implementation phase (three months before training is complete and new posts are in place, i.e. the Operationally Live date)



- 3m Follow-up phase (six months after the Operationally Live date)
- 12m Follow-up phase (12 months after the Operationally Live date)
- 24m Follow-up phase (24 months after the Operationally Live date)

Qualitative data (i.e. interviews, focus groups, observations) will be collected at pre-implementation to understand practice prior to the model being introduced, and at 12 months follow-up as this allows a reasonable period of time for the model to begin bedding in. Where sample size targets are not met (see Data Collection Schedule), additional interviews with staff and families will be conducted at 24 months. Longer-term adherence and views of the model will be captured through the admin data and survey at 24 months follow-up.

Data will be collected through the following methods (sample sizes are in the data collection schedule below):

**Admin data.** Administrative data about programme delivery and reach will be collected directly from each LA at the pre- and follow-up time points, covering training and recruitment, service characteristics (vacancies, caseloads), and case characteristics (numbers and characteristics of families accessing FGC or new services, conversion rates, and proportion of FGCs resulting in an agreed plan).

**Survey with staff.** A short online survey collected from all staff who have been trained in restorative practice will be undertaken at the follow-up time points, to understand staff satisfaction and views on the model.

**Interviews with staff.** Semi-structured individual face-to-face or telephone interviews will be undertaken with senior leadership and management across children's services, with staff from family group conference teams and new or restructured restorative services, at the pre-implementation, 12m and 24m follow-up time points. These will last up to 60 minutes.

**Focus groups with staff.** Focus groups with staff from early help, safeguarding and children looked after services who are being trained in restorative practice, or part of newly commissioned or restructured services, will be undertaken at the pre-implementation and 12m follow-up time points. These will last up to 90 minutes.

**Observations of practice.** Observations of home visits with social workers and staff being trained in restorative practice will be undertaken at the pre-implementation and 12m follow-up time points. Observations of family group conferences will be undertaken at the 12m follow-up time point.

**Interviews with families.** Interviews with parents and young people from cases who have worked with family group conference services and staff trained in restorative practice will be undertaken at the 12m and 24m follow-up time points, lasting up to 45 minutes.

## **Sample recruitment and selection criteria**

The research team will develop study information sheets, a privacy notice and consent forms to be used in the recruitment process. To ensure that data collected is theoretically comprehensive, participants will be sampled purposively, and stratified according to a range of characteristics.



Leaders, managers, staff in teams being trained in restorative practice, and Family Group Conference coordinators will be approached to take part. The researcher will work with administrative and management staff in the LA to identify and contact staff. Interviews and observations will be stratified to include leaders, managers and practitioners across a range of professions, roles and experience, and from a range of teams.

Parents, carers and young people whose case is or has been open to teams trained in restorative practice, including Family Group Conference teams and newly commissioned or restructured services, will be recruited for observations and qualitative interviews. Social workers will be encouraged to approach all families where it is appropriate to do so. For young people under 16, a parent or carer will provide consent in addition to the young person's own assent to participate. The researcher will ensure that family individual needs, such as learning disabilities, are taken into account. Where families prefer that observations of home visits are not recorded, written notes will be taken. Within each LA we will seek to interview and observe practice with families assigned to a range of teams and lead social workers, and across the whole sample we will seek to include ethnic minority and ESL families.

## Data collection schedule

**Table 6. IPE data collection schedule.**

Method	Sample and size per LA at each time point	Pre	3m	12m	24m
<b>Admin Data</b>	Across children's services	X	X	X	X
<b>Survey with staff</b>	All managers and all staff trained in restorative practice		X	X	X
<b>Interviews with staff</b>	Senior leadership (n=2-3) and management (n=2-3); FGC staff (n=1-3 depending on size)	X		X	As needed
<b>Focus groups with staff</b>	Staff from early help / safeguarding / CLA services being trained or in new/restructured services (2 focus groups of 6 staff)	X		X	



<b>Observations of practice with families</b>	Home visits with social workers and staff being trained (n=4)	X		X	
<b>Observation of family group conferences</b>	Family group conferences (n=3)			X	
<b>Interviews with families</b>	Parents (n=3) and young people (n=3) who participated in FGCs; parents (n=3) and young people (n=3) who worked with teams trained in restorative practice and/or new/restructured services			X	As needed

## Analysis

### Preparation and analysis of qualitative data

Interviews and focus groups will be recorded, transcribed and pseudonymised prior to analysis. Qualitative analysis of interview, focus group and observational data will use NVivo software and follow a thematic analysis approach. This will involve data familiarisation, checking accuracy of transcription, labelling the data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions.

The following steps will be taken to ensure rigour: presentation of examples of participant responses using quotes and triangulation between different informants and data collection methods; detailed description of contextual factors to consider transferability; transparent reporting of the research and analysis process; and consideration of contrasting and inconsistent accounts as well as findings from previous research using the intervention model.

### Analysis and triangulation of quantitative and qualitative data

**Research Question 1: Fidelity and Adaptation.** Admin and survey-based indicators of staffing and training, as well as assumptions and facilitating factors, will be presented descriptively for each local authority at each time point, supplemented using the suggested thresholds for each indicator. These findings will be triangulated with a description of the structure and function of new and restructured restorative services, and qualitative assessments of the extent to which FGCs and practice with families are consistent with the principles of Family Valued and Restorative Practice.

**Research Question 2: Programme Differentiation.** Qualitative data from interviews, focus groups and observations at pre-implementation, and review of LA documentation, will be used to describe the existing structure and intervention prior to the introduction of the model, how this is



similar to or different from the new model, and whether any elements of Family Valued were rolled out early.

**Research Question 3: Reach and Acceptability.** Admin data indicators of the number and characteristics of families reached will be presented descriptively for each local authority. Survey-based indicators of staff satisfaction at each follow-up point will be presented descriptively, supplemented by an assessment of whether they reached the suggested threshold for intervention success, and triangulated with qualitative findings.

**Research Question 4: Mechanisms and outcomes.** Qualitative data from interviews and focus groups, as well as survey data at 12-month and 24-month follow-up, will be used to assess staff and family perceived changes as a result of the model and any negative consequences.



## Evaluation timelines

**Table 7. Evaluation timelines.**

Activity	Timeframe
First LA implements Family Valued (Warwickshire)	1 <sup>st</sup> July 2021
Final LA implements Family Valued (Solihull)	1 <sup>st</sup> April 2024
Observation period for the final participants from the population sample ends	1 <sup>st</sup> July 2024 (main analysis) 1 <sup>st</sup> January 2026 (sensitivity analysis)
Data collected via ONS Secure Research Service	Application sent in November 2025 Data access planned for June 2026
Analysis (DiD) and triangulation of results with the IPE	2026-27 to 2027-28
Reporting and publication	2027-28

## Ethics & participation

The study protocol has undergone an ethics review by a member of Foundations' legacy organisation's (What Works Children's Social Care) Evaluation Advisory Board.

The project lead(s) will take ownership of ongoing monitoring of ethical issues throughout the research lifecycle. This will include regular contact with authorities during fieldwork periods, to allow ethical concerns to be raised and discussed, as well as regular review points within the research team, following the completion of each data collection phase for each wave.

**Table 8. Ethics and participation.**

Ethical Issue	IPE Mitigation	Impact Evaluation Mitigation
<b>Confidentiality</b>	Confidentiality will be ensured through removal of identifying information before analysis and ensuring no individual,	All data is strictly anonymised before being made accessible via the Secure Research Service (SRS) by the Office for National



	<p>family or team can be identified in the reporting of results.</p> <p>Participants will be notified of this, and that their answers will in no way affect their treatment, either by their employer in the case of staff, or children's services, in the case of families.</p> <p>Given numbers are quite small, care will be taken in reporting to ensure participants cannot be individually identified.</p>	<p>Statistics. The risk of direct identification researchers at Foundations is therefore very unlikely.</p> <p>Besides, it is very unlikely that the data requested will enable re-identification because (1) we only ask for the data necessary to undertake the analysis and (2) it contains no 'instant identifiers' (e.g. name, address) or 'meaningful identifiers' (e.g., Unique Pupil Reference). Instead, we rely on 'meaningless' anonymised identifiers (e.g. Pupil Matching Reference) provided by the Department for Education (DfE) to enable data linkage between datasets whilst preserving children's anonymity.</p> <p>The outputs will be aggregate statistics and will be checked for statistical disclosure in line with the Statistical Disclosure Control Policy for DfE data. All outputs are checked by independent SDC teams at ONS before they can be exported out of the SRS.</p>
<p><b>Risk of harm or distress</b></p>	<p>Data collection will be undertaken with potentially vulnerable populations on potentially sensitive topics. Because families will already be working with social work professionals, the likelihood of disclosure of any harm or risk of harm that has not already been disclosed to the social worker families will already be working with is low. Families will be made aware prior to participating that their responses will be pseudonymised and remain confidential with the exception that any disclosure of harm or risk of</p>	<p>We believe the risk of harm is very low. The data used is administrative data which is collected / created in the course of day-to-day children's social work and at school. No further collection of data is required. The analysis does not involve innovative technology, denial of service, large-scale profiling, biometric data, genetic data, data matching, invisible processing, tracking or targeting of individuals for marketing purposes.</p>



	<p>harm will need to be reported to the family's social worker for safeguarding purposes.</p> <p>All researchers collecting direct data will be subject to DBS checks, and trained in safeguarding procedures. If the sensitive nature of any content of the evaluation does lead to any participant becoming distressed the evaluator will assist them in seeking support through their social worker, or by signposting any other local support services as agreed with the individual LA, and remind them of the option to discontinue or withdraw. In the unlikely event that the data collected suggest that the intervention is causing harm, this will be reported to those responsible for programme delivery.</p> <p>All efforts will be made to avoid any visits to family homes by lone researchers, using either phone interviews or travelling together with a social worker or another researcher for face to face visits. If there is an unplanned need for lone researchers to visit families, safety will be ensured through following a lone working policy. In accordance with the employer's lone working policy, researchers working alone will always carry a means of communication and ensure that colleagues are aware of their whereabouts and that they are working on their own. Researchers will check in and out with a</p>	<p>The low risk of harm mostly comes from the possibility of harm if the individual were identified (very unlikely) following a data breach (also very unlikely). We mitigate the risk of a data breach by using the ONS' secure research service (SRS).</p> <p>Data will be stored on the ONS' systems. Access to the data will be limited to the project team at Foundations; all researchers have undergone rigorous data protection training.</p>
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	<p>colleague before and after any lone working visits.</p> <p>If there is any indication that the researcher’s presence during observation of social worker practice adversely affects any family member or professional practice, then the researcher will discontinue the observation, and, if appropriate, follow relevant safeguarding procedures.</p>	
<p><b>Informed Consent</b></p>	<p>All participants will have the opportunity to ask questions, will be asked to give consent to participate and will be made aware that participation is optional. For young people under 16 a parent or carer will provide consent in addition to the young person’s own assent to participate.</p> <p>Procedures for families affected by learning disability or difficulty understanding study information and written materials are set out in the sample recruitment section above.</p>	<p>Due to the nature and scale of the data collection, it is not possible for us to gain informed consent from research participants. However, we use ‘Legitimate interest’ as our lawful basis under the GDPR to be able to access participants’ data.</p> <p>A lawful basis is one of the legally recognised grounds under data protection law that an organisation must have in place before it can collect, use, or share personal data.</p> <p>‘Legitimate interest’ provides a lawful basis for accessing government data held by the Office for National Statistics where the data is needed to pursue a genuine research, statistical, or public-benefit purpose that cannot reasonably be achieved by other means. In practice, this means we had to demonstrate in our data access request to the DfE that our intended use of the data for this research was necessary and proportionate, served the public</p>



		good, and was balanced against the rights and reasonable expectations of the individuals whose data is involved.
<b>Right to Withdraw</b>	All participants will be made aware they have the right to discontinue participation or withdraw at any time, including withdrawing their data at any point before aggregated analysis has been completed. Contact details will be provided so that participants can directly request this.	
<b>Feedback for Participants</b>	A short accessible summary of the final research report will be publicly available for participants to access	A short accessible summary of the final research report will be publicly available for participants to access

## Registration

The study will be pre-registered on OSF (Open Science Framework, <https://osf.io/>) run by the Centre for Open Science (<https://cos.io/>), before any outcome data are obtained.

## Data protection

### Impact evaluation data protection

The underlying data used to conduct the analyses for the DiD strand consists of administrative data from all local authorities in England, five of which are funded by the Department for Education (DfE) to introduce Family Valued as part of the Strengthening Families, Protecting Children programme. The data we will use for this study also includes data collected about pupils in schools. All processing activities carried out to conduct this analysis will abide by the Data Protection Act 2018. The Department for Education (DfE) conducted a full data protection impact assessment (DPIA) for this study.

The data subjects are children and young people who have been referred to children's social care. The personal data processed includes demographic details and quantitative measures of their children's social care status (e.g. whether or not they become looked after or are on child protection or child in need plans). Special category data is included, specifically ethnicity and disability status (which we count as health data). We will link data from the Children in Need (CIN) dataset and the Children Looked After (CLA) dataset (SSDA903) to data from the School Census (including the



Absences dataset) to obtain information about demographic characteristics, Free School Meals (FSM) and school absences.

The data is owned by the DfE and will be made available via the ONS' Secure Research Service (SRS). Data will not be stored on Foundations systems but on the ONS systems, which are highly secure and controlled by the ONS. The SRS is governed by the Five Safes Framework. Access will only be granted to research team members who are part of the wider project team, who are ONS accredited, and who have undergone training and assessment. When access is granted to the ONS accredited researcher, the data requested will be transferred to a secure 'research instance' within the SRS for the duration of the evaluation.

Once the project evaluation has completed, the evaluator will request for the data to be moved from the 'research instance' in the SRS to the Foundations data 'archive instance', which is also housed in the SRS.

The legal basis for processing the data is legitimate interests. We are processing special category data on the condition that it is necessary for archiving, scientific, historical research or statistical purposes. For the purposes of the evaluation, DfE and Foundations are the data controllers, and the ONS are data processors. Data about individuals requested via the ONS secure research service will be pseudo-anonymised.

We will not request any 'instant identifiers' or 'meaningful identifiers'. Instead, we rely on 'meaningless', anonymised identifiers (e.g. Pupil Matching Reference) provided by the Department for Education to enable data linkage between datasets whilst preserving children's anonymity. Only the DfE would be able to link back to meaningful identifiers. It is extremely unlikely that any researcher accessing the data would be able to identify any individuals in the data, and no attempts to do so will be conducted.

Prior to any results being extracted from the ONS SRS environment, they undergo checking for statistical disclosure, first by Foundations staff, then by ONS staff. Further checks will be conducted by Foundations staff prior to publication of any reports.

Upon completion of the evaluation, the lawful basis Foundations, as sole independent controller, shall rely on for the purpose of archiving and any subsequent secondary analysis of the data is GDPR Article 6.1(e), and GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&(c) for special category data including data considered to be a protected characteristic under the UK Equality Act 2010. Data archived within the Foundations instance of the ONS SRS shall be non-identifiable data and governed under the UK Digital Economy Act 2017 and the UK Statistics and Registration Service Act 2007.

## **IPE data protection**

Foundations will act as data controller for the IPE. All directly collected data through surveys, interviews, observations and focus groups will be processed on the legal basis of consent. This includes provision of family contact information to the researcher, which will be provided only with families' prior agreement to be contacted. Aside from contact information, all other administrative data collected for the IPE will be collected at the aggregate level and will therefore not contain any personally identifying information.



All data will be handled in accordance with GDPR regulations. Data will be pseudonymised and, depending on the type of data, stored securely in encrypted files or locked rooms in secure buildings. Data will only be used for the purpose of the stated research aims and only be accessed by members of the research team. Third party transcription services may be used where a confidentiality and data sharing agreement is in place. Personally identifying data will be deleted five years after the end of the study (final publication of the full SFPC evaluation). A privacy notice will be provided to all individuals taking part in direct data collection, indicating the legal basis for processing data, what data is being collected and why, who is collecting the data, how data will be handled and stored, and who to contact for information or complaints.

## **Accountability and governance**

Foundations takes and documents the appropriate technical and organisational measures in place to comply with GDPR. Data Protection is overseen by Foundations' Operations Director with support from a designated member of the Senior Research Team. The approach of Foundations to information security is further outlined in its IT Usage and Data Protection policies.

## **Checks on staff**

The data will only be accessed by Foundations research team members. Research staff at Foundations have undergone data protection training and have substantial experience in handling data, as well as being subject to Disclosure and Barring Service checks. All Foundations researchers accessing the data will have undergone the ONS SRS's accreditation system, including receiving relevant training and assessment.

## **Personnel**

The evaluation is funded by the Department for Education and will be undertaken by Foundations - What Works Centre for Children and Families. The Principal Investigator is Aoife O'Higgins. A team of researchers from What Works Centre for Children and Families oversaw data collection and interim analysis and reporting. The final data analysis and reporting will be led by Perrine Machuel, Faye Green, Eliza Sheik-Garwood and Helen Burrige.



# Appendices

## Appendix A: Draft Logic Model

