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Strengthening Families, Protecting Children
Family Valued: Pilot

What Works for Children's Social Care

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Pilot Evaluation Summary	
Recipients	Staff across children's social care and partner agencies (e.g. education, health), as well as staff delivering Family Group Conferences, and the families they work with
Estimated number of recipients	Initially up to 800 staff across children's services and partner agencies
Number of pilot sites (e.g. local authorities)	One Local Authority (Darlington Borough Council)
Date	November 2019
Version	1

Summary

This protocol sets out the pilot evaluation of Family Valued in Darlington as part of the Department for Education's Strengthening Families, Protecting Children (SFPC) programme. Family Valued, developed in Leeds, is a model of system change where training in restorative practice is provided across children's services and partner agencies, Family Group Conference (FGC) services are set up or capacity and function of existing services is expanded, and new restorative services are commissioned to address gaps in provision and act on the outcomes of FGCs.

The pilot evaluation aims to test and refine the programme theory as set out in the draft logic model, including the mechanisms of change, contextual facilitators and barriers which affect delivery and change as well as the potential benefits of the intervention. It will also look to establish feasibility, evidence of promise and whether the intervention is ready for trial. Data will be collected from leaders and managers, staff and practitioners working directly with children and families, and families working with these practitioners, through interviews, focus groups, observations and surveys. Descriptive analysis of administrative data will also be undertaken.

Darlington will begin rolling out Family Valued from Autumn 2019.

We would like to acknowledge and thank the staff at Leeds City Council and Darlington Borough Council, Professor Kate Morris at Sheffield University and Dr Julie Harris at the University of Bedfordshire, as well WWCSCs Stakeholder Advisory Group and Young Advisors, for the information and advice provided to us in the development of this protocol.

Project Background

Strengthening Families, Protecting Children

This evaluation is part of the pilot phase of Strengthening Families, Protecting Children (SFPC), a Department for Education funded programme investing £84 million over five years to support up to 20 local authorities to improve work with families and safely reduce the number of children entering care. SFPC will support selected local authorities to adapt and adopt one of three children's social care innovation programme projects in their own area.

The three projects are:

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

These projects aim to improve the safety and stability of vulnerable children and to reduce the need for families to access services. This will be achieved through:

- Strengthening local practice systems
- Developing services that build resilience in families
- Facilitating a confident social work ethos that manages risk safely within the home

The programme aims in particular to support Local Authorities with an Ofsted rating of 'requires improvement to be good', and high rates of looked after children compared to their local authority statistical neighbour median over for the last 3 years, and/or rising rates of looked after children in each of the last 3 years.

Stepped Wedge Randomised Controlled Trials (RCTs) testing impact of the three SFPC programmes will be undertaken in selected local authorities. These aim to provide the largest and most robust evaluation to date of whether these programmes achieve their stated aims of improving outcomes for children and families. Pilots of each programme will be undertaken in three 'Trailblazer' local authorities to inform the implementation of these RCTs. This protocol sets out the aims and methods of the pilot evaluation of Family Valued in Trailblazer Darlington.

Family Valued

Family Valued was developed in Leeds with support from the Department for Education's Innovation Programme. Its delivery in Leeds was evaluated by a consortium of academics and evaluators[1].

The intervention supports a whole-scale shift 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

[1] Mason, P., Ferguson, H., Morris, K., Munton, T. Sen, R. (2017) Leeds Family Valued: Evaluation Report. Department for Education: London

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.

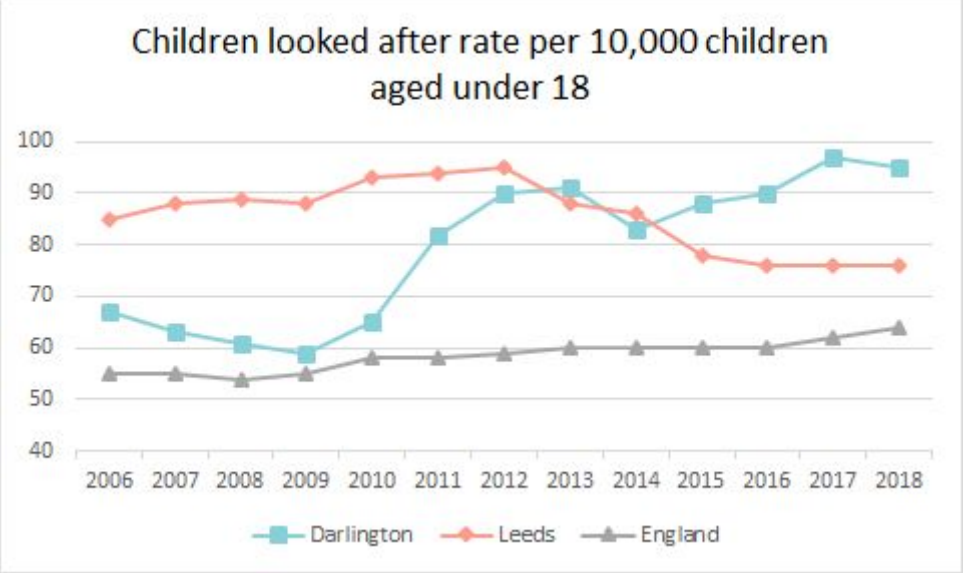
A draft logic model setting out the contextual facilitators and barriers, interventions, mechanisms and outcomes for the family valued model is available in Appendix 1.

Pilot Context

Darlington will begin rolling out Family Valued from September 2019. Darlington is a Unitary Authority in the North East of England. Estimates mid-2018 indicate a population of 106,566 including just over 22,450 children and young people under the age of 18[2]. The most recent Ofsted inspection of children's social care services in Darlington in February 2018 gave a judgement of 'requires improvement to be good'.

Most recent estimates indicate that in March 2018 Darlington had a looked after population of 95 children per 10,000[3] (see Figure 1). Change over time shows that the rate of looked after children has fluctuated over time in Darlington, and is up from 67 per 10,000 in 2006, although has decreased slightly since 97 per 10,000 in 2017. Despite this small recent decrease, the figure is considerably higher than national figures (64 children per 10,000) and is currently higher than the rate in Leeds where Family Valued was developed (76 children per 10,000).

Figure 1: Children looked after rate per 10,000 children aged under 18 (2006-2018)



[2] ONS (2019) Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland: Mid 2018

[3] Department for Education (2018) Children looked after in England including adoption: 2017 to 2018

Family Valued in Darlington aims to embed restorative practice across children's social care including leadership and management, and raise awareness of restorative practice with partners, reaching up to 800 staff. It will expand the size and remit of the small existing Family Group Conferencing service, and will also review and reform areas of the system such as the front door to support and enable a sustainable restorative practice approach.

Aims

The purpose of this pilot is to undertake a small scale process evaluation of implementation of Family Valued in 'Trailblazer' Local Authority Darlington. This will inform the next phase of SFPC which will involve a stepped wedge randomized controlled trial in a further set of local authorities in England[4], providing a robust comparison group and the most reliable impact evaluation of Family Valued so far. This evaluation looks to build on the promising findings of the published Family Valued evaluation report[5], by evaluating the model in new areas, rather than re-testing it in Leeds. Informed by the findings of the published evaluation, this pilot will test feasibility and the level of readiness for trial, to inform consistent and effective replication and evaluation of the programme in other areas, extending understanding about delivery of family safeguarding in the following ways:

- Studying implementation in a local authority outside of the one in which the model was developed.
- Developing and refining a logic model setting out a detailed understanding of the programme theory including intervention components, mechanisms of change and potential benefits of the intervention.
- Providing an in-depth focus on the early stages of implementation, including change in practice, contextual barriers and facilitators, how well the model is received and any unexpected consequences or negative effects.

The pilot design has been informed by feedback from WWCSC's Young Advisors and Stakeholder Advisory Group, details of which are presented in Appendix 2. The research questions and methods for this pilot evaluation are set out below. Findings from the pilot will be published in a report in 2020.

Research questions

The pilot will test three objectives using the following research questions:

1. **Evidence of feasibility**
    a. Was the intervention implemented as intended (i.e. as set out in the logic model) and in what way does implementation vary (if at all)?
    b. What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?
    c. Is the intervention acceptable to key stakeholders including senior leaders, staff and practitioners working directly with children and families, and families?

2. **Evidence of promise**
    a. Is there evidence to support the intervention theory of change as set out in

[4] https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme
[5] Mason, P., Ferguson, H., Morris, K., Munton, T. Sen, R. (2017) Leeds Family Valued: Evaluation Report. Department for Education: London

the logic model, including the mechanisms by which change is achieved and the facilitators and barriers to change?

b. Is variation in implementation perceived by stakeholders to relate to outcomes, and which elements of the model are perceived to be central to its effectiveness?
c. What potential impacts of the intervention do stakeholders identify?
d. Do there appear to be any unintended consequences or negative effects?

3. **Level of readiness for trial**
    a. Is there a clear description of the intervention and the contextual facilitators and barriers that would allow it to be implemented and evaluated in other places?
    b. Is the intervention able to be delivered consistently across teams?
    c. Are any changes needed to the theory, materials or procedures before rollout?

The pilot is not designed to provide a counterfactual, or powered to detect impact, so all evidence of potential outcomes will be exploratory only and will not be able to be used to draw conclusions about the effectiveness of the intervention.

Outcomes

The table below sets out the planned indicators which will be used to answer the proposed research questions. Targets for quantitative indicators aim to be consistent with previous evaluation findings as well as a pragmatic ambition for the model to be delivered to a reasonable and consistent level across teams.

Research question	Indicator	Data Source
Evidence of feasibility *Can the intervention be delivered practically and as intended, is it acceptable to those delivering and receiving it, and what are the contextual facilitators and barriers?*	**Implementation** ● Number of staff and leaders trained in restorative practice (including which training was attended, their role and the services they work for)? ● Number of FGC coordinators recruited and trained? ● Number and characteristics of families who have accessed FGC or new services (demographics, CP/CiN status, referral reasons)? ● Proportion of families referred who progressed to FGC (conversion rate) and proportion of FGCs which resulted in an agreed plan? ● At what date the model is fully operational?	Admin Data
	● Were there adaptations to any components of the model, and what were these?	Observations & Interviews
	Facilitators and Barriers ● What is the vacancy rate, turnover rate and average caseload for social workers pre and post introduction of family valued?	Admin data
	● Do 70% of staff perceive there is sufficient buy in and support from leadership?	Survey of staff
	● What is the pre-existing culture, practice model, approach to decision making and infrastructure? What is the perceived compatibility of this context with new practice and how does this differ from the context in the LA where the model was developed? ● Do staff feel prepared and supported by the information, training and support provided, and are they motivated and confident to make changes to practice? ● What is the level of understanding of, engagement with and support for the model from senior leadership, partners and referrers? ● What are the reasons for any adaptations to delivery, perceptions of facilitators to successful delivery, and barriers and challenges faced or overcome? ● In what ways are case and area characteristics perceived to affect delivery and outcomes? ● What sustainability planning is in place? ● Reasons why cases referred to FGC didn't proceed?	Interviews & focus groups with staff

	Acceptability ● Is the model well received by 70% of staff? ● Are 70% of staff satisfied with how the change process has been managed? ● Are 70% of staff satisfied in their jobs and intend to remain in their roles? ● Whether families feel supported, valued and listened to in the problem solving and decision making process, their experience of their relationship with the social worker, and the support provided?	Survey of staff Interviews with staff & families
Evidence of promise *What evidence is there that the intervention mechanism operates as expected and that it can have a positive impact on outcomes?*	**Mechanism** ● What is the understanding, confidence and use of social work practice and decision making that is restorative, relational and family centred, across leadership and within and between teams and partner agencies? Is this consistent with the logic model and how does this differ from previous ways of working? ● Social worker confidence introducing and supporting Family Group Conferencing with families? ● How Family Group Conferencing operates including the involvement and role of the family network and professionals, the voice of the child, and how decision making is achieved? ● Is variation in implementation perceived to relate to outcomes, and which elements of the model are perceived to be central to its effectiveness? **Potential Impact** ● Key indicators pre and post introduction of family valued (child in need plans, child protection plans, PLO, care proceedings, entry to care, number of days looked after, kinship care, school attendance) ● To what extent and through what mechanisms the intervention is perceived to affect: ○ Staff self reported workload, stress and wellbeing? ○ Family engagement and outcomes (including family empowerment, case de-escalation, relationships, wellbeing and risk/safety)? And any variation according to the age of the child? ● Any perceived unintended or negative effects?	Observations and Interviews Admin Data Interviews with staff and families
Level of readiness for trial *How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?*	● The extent to which the intervention is delivered and operates consistently across teams ● Revised logic model comprising clear description of the intervention and its mechanisms as well as contextual facilitators and barriers ● Description of any changes to the theory, materials or procedures that would support rollout	Interviews and Focus Groups with staff supplemented by review of all study findings

Methods

Review of publicly available reports

Publicly available information such as Complaints / Compliments and Ofsted reports will be reviewed to further understand the current context in the Local Authority.

Interviews and Focus Groups

Semi-structured individual interviews and focus groups will undertaken with the following stakeholders:

A. **Leaders and managers** (directors, heads of services, service and team managers across children's social care as well as partners such as health and education)
B. **Practitioners** (senior practitioners, social workers and children's practitioners across children's social care, professionals across partner agencies, FGC coordinators and practitioners in newly commissioned services)
C. **Families** (parents or carers and young people from families working with teams trained in restorative practice and those who have engaged in FGC)

These interviews and focus groups will be carried out across three timepoints:

A. **Baseline:** At the beginning of the pilot i.e. before or at the early stages of change (November 2019), to understand current practice and readiness for change:
    a. Interviews will be carried out with **leaders and managers**
    b. Focus groups will be carried out with **practitioners**
B. **Interim:** Following recruitment and training (Jan/Feb 2020), to capture understanding of the model and readiness to deliver
    a. Interviews will be carried out with **managers and practitioners**
C. **Follow-up:** After approximately three to four months of early implementation (April/May 2020), to understand how the intervention has been implemented, facilitators and barriers to change and perceived outcomes
    a. Interviews will be carried out with **leaders and managers, practitioners** and **families**
    b. Focus groups will be carried out to test the revised logic model with **leaders and managers** and **practitioners**

Individual face to face or telephone interviews with leaders, managers and practitioners will be expected to last 45-60 minutes. Individual face to face or telephone interviews with families will be expected to last 30-45 minutes. Interview schedules will be adapted according to the role of the interviewee. Interviews will be recorded, transcribed and pseudonymised prior to analysis. After the first two to three interviews of each type, the interview schedule will be adapted if necessary.

Focus groups of 4-6 individuals will be expected to last 45-60 minutes, and will each be facilitated by two researchers. Focus groups will be recorded, transcribed and pseudonymised prior to analysis.

The planned number of interviews and focus group of each type is available in the data collection schedule below.

Observations

Observations will be undertaken over the course of the project, but will be kept minimal to reduce burden on teams and families or impact on practice. Observations will be as follows:

A. **Observations of case work** with families before (Nov 2019) and after implementation of the training (April 2020) to understand ways of working including use of Restorative approaches in practice (8-12 observations at each time point)
B. **Observations of Family Group Conferencing** will be carried out during the early implementation period (Jan-April 2020) to understand the quality, nature and consistency of delivery (4-6 observations).

Admin Data

Administrative data will be collected for the period prior to introduction and over the course of set up and early implementation to understand whether training, recruitment and delivery has been undertaken as planned and monitor change in indicators of promise. Administrative data is expected to include the following:

Delivery data

- Number of posts of each type of role within each team in children's services (including the Family Group Conference service), including vacancies and turnover
- Caseloads across case holding social workers
- The target and actual number of staff who have attended each type of restorative practice training

Aggregate case data

- The number and characteristics (age, gender, ethnicity, primary referral reasons, key risk factors, statutory status e.g. CiN, CP, LAC) of families who have taken part in Family Group Conference
- The number and proportion of families referred to FGC who progressed to FGC (conversion rate)
- The number and proportion of FGCs which resulted in an agreed plan
- LA level characteristics: The number of cases in pre-proceedings or care proceedings or subject to CiN or CP plan. The number of children looked after and the number of children in kinship care. Average length of time looked after.

Survey

A short survey of staff who have participated in restorative practice training, those involved with the FGC process and those delivering newly commissioned services will be undertaken after the initial training (Jan/Feb 2020) and approximately three to four months of early implementation (April/May 2020) to understand delivery and acceptability of the training and set up as well as delivery and acceptability of changes in practice.

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 set out below.

Interviews, focus groups and observations with leaders, managers and practitioners

Leaders, managers and practitioners from children's social care and partner agencies will be approached to take part in the study. The researcher will work with administrative and management staff in the Local Authority (LA) to identify and contact staff. Information will be provided to staff about by email and through team meetings. The research will only collect data that is necessary for the evaluation and will aim to reduce burden wherever possible.

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.

Interviews with families

Parents, carers and young people will be recruited for qualitative interviews. Social workers will be encouraged to approach all families where it is appropriate to do so, explain the study and ask if they would be interested in speaking to a researcher. If the family agree, the researcher will give further details, answer questions, and proceed with informed consent procedures. For young people under 16 a parent or carer will provide consent in addition to the young person's own assent to participate. For families where literacy or language affect understanding of the written research materials, the researcher will be available to explain the materials in person or over the phone.

Families will be stratified to include those assigned to a range of teams and lead social worker, including those who have been involved in Family Group Conferencing, and with diverse demographics including ESL and ethnic minority families.

Data collection schedule

Progress achieving the following data collection milestones will be monitored over the course of the evaluation. The timeline is provisional, dependent on final agreed delivery dates.

Method (Sample Size)	Provisional Timeline	Sample and Stratification
Baseline interviews with leaders and managers (n = 6-8)	Nov 2019	• Directors, heads of services, service and team managers across children's services
Baseline focus groups with practitioners (2-3 groups of 4-6 people)	Nov 2019	• Senior practitioners, social workers, children's practitioners from across children's services • FGC coordinators
Interim interviews with managers & practitioners (n = 8-12)	Jan/Feb 2020	• Service and team managers • Senior practitioners, social workers & children's practitioners from across children's services who have been trained in restorative practice • FGC coordinators and practitioners in newly commissioned services
Follow-up interviews with leaders, managers and practitioners (n = 12-16)	April/May 2020	• Heads of service, service and team managers • Senior practitioners, social workers & children's practitioners from across children's services, as well as professionals from partner agencies who have been trained in restorative practice • FGC coordinators and practitioners in newly commissioned services
Follow-up focus groups with leaders, managers and practitioners (2-3 groups of 4-6 people)	April/May 2020	
Interviews with families (n = 8-12)	April/May 2020	• Parents, carers & young people (across a range of teams & lead social worker, including those who have been involved in Family Group Conferencing, and with diverse demographics including ESL and ethnic minority families)
Observations of social worker practice with families pre restorative practice training (n = 8-12)	Nov 2020	• Cases from children's safeguarding teams across a range of teams & lead social worker, including those who have been involved in Family Group Conferencing, and with diverse demographics including ESL and ethnic minority families
Observations of family group conferences (n = 4-6)	Jan - Apr 2020	
Observations of social worker practice with families post restorative practice training (n = 8-12)	April 2020	
Brief survey of staff (9 teams)	Jan/Feb 2020 and April/May 2020	• Staff who have participated in restorative practice training, those involved with the FGC process and those delivering newly commissioned services
Admin data (9 teams)	Sept 2019 - April 2020	• Workforce and case characteristics across children's services and FGC before and after introducing family valued, as well as programme delivery data.

Analysis

Qualitative data preparation and analysis of interview and observational 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. Analysis will look for patterns, consistencies and inconsistencies across different informants and time points that might be informative for the research questions.

The following steps will be taken to ensure rigor in the analysis and reporting of qualitative data:

- Confidence that the findings are an accurate reflection of participant experience will be ensured through presentation of examples of participant responses using quotes, and triangulation between different informants and data collection methods as well as through testing the revised logic model with focus groups.
- The degree to which findings are transferable to other contexts will be considered through detailed description of contextual factors, and collection of data from a range of informants to gather a range of perspectives.
- Transparent reporting of the research and analysis process will ensure the study methods are clear and repeatable.
- When interpreting findings, consideration will be given to contrasting and inconsistent accounts, as well as findings from previous research using the intervention model.

Quantitative analysis of survey, administrative and observational data

Quantitative data will be analysed descriptively, in order to present characteristics of delivery and acceptability. The results will be triangulated with the qualitative findings and the revised logic model by looking for consistencies and inconsistencies between the different data sources.

Ethics

Research Ethical Approval

The proposal has been reviewed and approved by the Governance Board with responsibility for Family Valued at Darlington.

Ethical considerations

Ethical Issue	Mitigation
Confidentiality	Confidentiality will be ensured through removal of identifying information before analysis and ensuring no individual, family or team can be identified in the reporting of results.
Risk of harm or distress	Data collection will be undertaken with potentially vulnerable populations on potentially sensitive topics. The likelihood of disclosure of any harm or risk of harm that has not already been disclosed to the safeguarding team 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 harm will need to be reported to the family's social worker for safeguarding purposes. The evaluation focuses primarily on ways of working, and is therefore not expected to lead to any harm or distress. 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 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. All efforts will be made to avoid any visits to family homes by lone researchers, using either or phone interviews or two researchers travelling together for face to face visits. If there is an unplanned need for lone researchers to visit families, safety will be ensured through a buddy system by keeping a colleague informed of their location. If there is any indication that the researcher's presence during observation adversely affects any family member or social worker's safeguarding practice, then the researcher will stop the observation.
Informed Consent	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.
Right to Withdraw	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.

Data Protection

What Works for Children's Social Care will act as data controller for this study. All data will be handled in accordance with GDPR regulations. Data will be pseudonymised and 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. Data will be deleted twelve months after final publication of the full SFPC evaluation.

A privacy notice will be provided to participants 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 get in touch with for information or complaints.

Personnel

This pilot is funded by the Department for Education, and will be undertaken by What Works for Children's Social Care (WWCSC). The Principal Investigator is Michael Sanders (Executive Director of WWCSC). Pilot evaluation data collection, analysis and reporting will be led by Hannah Collyer (Senior Researcher, WWCSC), supported by Abby Hennessey (Research Assistant) and Daniel Kearns (Research Assistant) and overseen by Louise Reid (Head of Programmes and Research, WWCSC).

Risks

This section outlines the risks to the anticipated risks that may arise and steps that will be taken to mitigate against these.

Risk	Likelihood	Impact	Mitigation
Low engagement of LA staff and families in evaluation	**Low**	**Medium**	The study is designed to collect only data that is necessary for the evaluation, and to minimise burden on the local authority and participants by ensuring that interview times and locations are flexible and convenient to participants and that any survey proforma is clear and brief. Although there may be challenges engaging busy practitioners and families with complex circumstances, involvement of only a proportion of the overall number involved with the intervention is needed to reach recruitment targets. Therefore reaching targets is expected to be achievable. Given their smaller numbers overall, participation will be needed from a reasonable proportion of senior leaders. However, it is expected that these staff members will be easier to engage due to their investment in the programme. The evaluation aims to triangulate between a range of informant sources, therefore a lower response rate among one informant group will not have a major overall impact on the ability of the evaluation to achieve its aims.
Intervention not sufficiently embedded in time to be evaluated	**Medium**	**Medium**	Given the complexity of the model being delivered, it is likely to take some time for practice to change and be embedded. Although the evaluation will capture early implementation rather than longer term embedding there is still likely to be considerable learning from the early stages of engagement and delivery to inform the intervention trial. The stepped wedge evaluation design of the main trial that will follow this

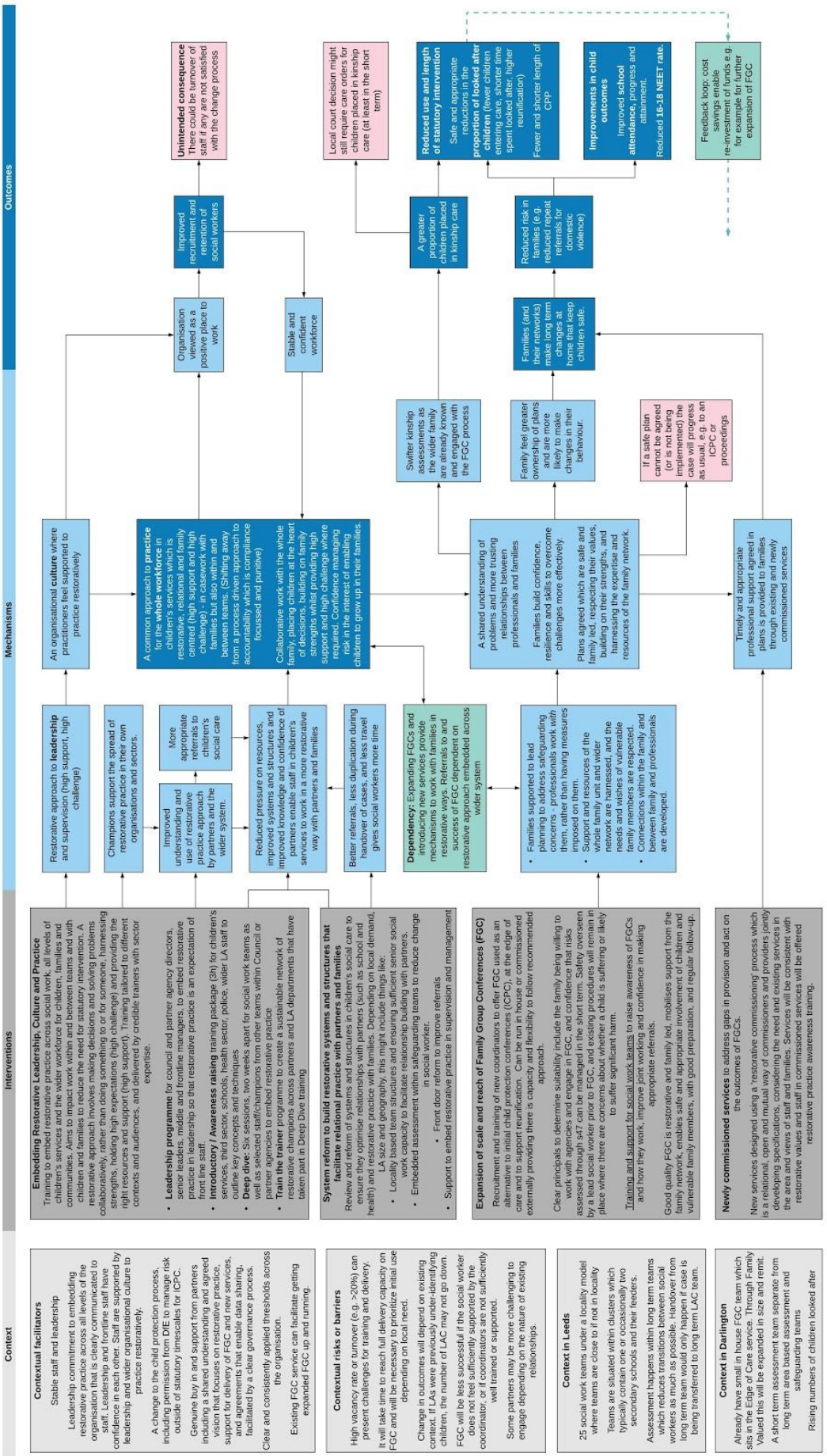
			pilot also means that it may be possible to gather additional data at a later stage in time to inform later stages of the trial which can be incorporated into an addendum to the protocol for the main trial.
Delays caused by changes in leadership, OFSTED inspections, other external events	**Medium**	**Medium**	WWCSC will work closely with colleagues at the Local Authority to anticipate where possible, and manage and minimise any disruption caused by these factors.
Findings not applicable to other Local Authorities	**Low**	**High**	Given the complexity and variance in individual local systems, it is inevitable that there will be some factors unique to the Trailblazer Local Authority. However, the pilot evaluation will include a range of teams working with a diverse group of families. It will aim to highlight contextual factors that may vary across teams and local authorities that seem to make a difference to delivery. This will inform a revised theory of change that will support consistent delivery in future local authorities, albeit with some inevitable adaptations to suit local context.
Model not delivered as intended	**Medium**	**Low**	Systemic differences between the Local Authority in which the model was developed and the trailblazer Local Authority may lead to differences in the model in practice. In this instance, the evaluation will still be able to gather valuable understanding of contextual barriers to delivery to inform decisions about whether and how the model might be rolled out in other areas.

Timeline

This timeline is indicative only, as it is dependent on final project delivery timescales.

	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
Darlington Borough Council										
Project scoping	<X									
Initial recruitment & training		X	X	X	X	X				
Model operational						X	X	X	X	X
What Works for Children's Social Care										
Publish pilot protocol				X						
Develop research materials	X	X	X	X						
Data collection				X	X	X	X	X	X	X
Final data analysis and reporting									X	X

Appendix 1: Draft Logic Model



Appendix 2: Stakeholder Consultation

What Works for Children's Social Care are grateful for the input of our Young Advisors and Stakeholder Advisory Group who we consulted about the three models being delivered through SFPC and our plans for evaluation. Their feedback has informed the pilot evaluation design by highlighting key topics we should include to help understand the models, how they operate and their potential outcomes. This will ensure the pilot evaluation provides useful insight into what is important to measure in the process and impact evaluations of the subsequent stepped wedge trial.

Based on young advisor and stakeholder group feedback, the pilot evaluation will seek to better understand the model mechanisms and outcomes in the following ways:

Mechanisms

- Our investigation into the experience of young people and families will include asking whether the rationale for decision making is clear, whether support provided is in line with their preferences and preferred outcomes, as well as the role of the child or young person's voice relative to that of the parent.
- The pilot will include consideration of case and area characteristics, and whether these differ from those in developer authorities or have any interaction with how models are delivered or their outcomes.
- Model sustainability will be explored, including consideration of cost savings and planning for maintaining the models after the end of the DfE funding period.

Outcomes

- We will seek views on the perceived strengths, weaknesses and unexpected or adverse mechanisms of administrative outcomes that are being considered as potential ways evaluate the impact of the models.
- The pilot will explore which more proximal child and family outcomes are perceived to be the most significant to measure (and how these might be measured) when evaluating the models, including which outcomes are important to families as well as how selected outcomes might relate to the age of the children and young people each model supports.
- The concept of 'safety' will be explored, including whether any observed improvements in administrative outcomes such as numbers of children looked after or subject to child protection plans are (as intended) associated with reduced risk in the family home and how this might be measured.
- The pilot will seek to test the proposed logic chain between changes in system function, administrative outcomes and ultimate change in child and family outcomes.
- The pilot will explore which stakeholders or partner agencies' experiences and data are of greatest significance to capture in the main trial.