September 2021 | Report

This content was created by What Works for Children's Social Care before merging with the Early Intervention Foundation to become Foundations.

The content contains logos and branding of the former organisation.

Foundations
What Works Centre for Children & Families

foundations.org.uk

What Works *for* Children's Social Care

STRENGTHENING FAMILIES, PROTECTING CHILDREN: FAMILY VALUED

PILOT EVALUATION REPORT

DARLINGTON

September 2021

What Works *for* Children's Social Care

Acknowledgements

We would like to thank Leeds City Council for supporting the design of the evaluation as well as staff and families at Darlington Borough Council for supporting the evaluation and sharing their experiences with us. We would also like to thank the Department for Education for providing funding and support throughout the evaluation process. We are also grateful to evaluators from the innovation programme for sharing insights from their work with the Family Valued model to help with planning our evaluation.

Funding

Department for Education, England.

Authors

Hannah Collyer, WWCSC

Abby Hennessey, WWCSC

Michael Sanders, WWCSC

Aoife O'Higgins, WWCSC

About What Works for Children's Social Care

What Works for Children's Social Care (WWCSC) seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

To find out more visit the WWCSC at: whatworks-csc.org.uk

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: info@whatworks-csc.org.uk

ACRONYMS AND ABBREVIATIONS

ASYE: Assessed and Supported Year in Employment

CiN: Child in Need

CLA (LAC): Child / Children Looked After (Looked After Child)

CP: Child Protection

DfE: Department for Education

FGC: Family Group Conference

FTE: Full Time Equivalent

IPE: Implementation and Process Evaluation

IRO: Independent Reviewing Officer

LA: Local Authority

PLO: Public Law Outline

PPE: Personal Protective Equipment

RCT: Randomised Controlled Trial

RP: Restorative Practice

SFPC: Strengthening Families, Protecting Children

WWCSC: What Works for Children's Social Care

CONTENTS

EXECUTIVE SUMMARY

Introduction

This report presents findings from a pilot evaluation of the Family Valued Model in Darlington. This was commissioned by the Department for Education as part of the Strengthening Families, Protecting Children (SFPC) programme. SFPC involves scaling of three models of social work practice which aim to improve the safety and stability of children in need of support and / or protection and to reduce the need for families to access services.

Family Valued is a model of whole system change developed by Leeds City Council as part of the Children's Social Care Innovation Programme. The key elements of the model are:

- **Training in Restorative Practice** provided across children's services and partner agencies. **Restorative Practice** involves decision making and problem solving *with* families rather than doing *to* or *for* them.
- **Family Group Conference (FGC)** services set up or capacity and function of existing services expanded. **A Family Group Conference** is a restorative decision-making meeting in which a child's wider family network come together to make a plan about the future arrangements for the child.
- Local systems reviewed and, if needed, **new restorative services commissioned** to address gaps in provision and act on the outcomes of FGCs.

Darlington began training and recruitment in autumn 2019. Early delivery coincided with the national lockdown of social and economic activity on 23rd March 2020 in response to the COVID-19 pandemic in the UK. This had implications for the lives of children and families, social work practice, implementation of Family Valued and data collection in the evaluation.

Research questions

This pilot aimed to provide early insights into the rollout of Family Valued and inform the next phase of evaluation (Schoenwald et al., 2020) by answering three research questions.

1. **Evidence of Feasibility** i.e. Can the intervention be delivered as intended, is it acceptable to those delivering and receiving it, and what are the contextual facilitators and barriers?
2. **Evidence of Promise** i.e. What evidence is there that the intervention mechanism operates as expected and that it can have a positive impact on outcomes?
3. **Readiness for Trial** i.e. How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?

Methods

Data collected between November 2019 and March 2021 included interviews, focus groups and a survey of staff across children's services. We also carried out interviews with families, observations of social work practice, and collected administrative data about intervention delivery. Qualitative data were analysed using thematic analysis. Quantitative data were analysed descriptively. The findings from the different data collection methods were triangulated together to draw conclusions.

Key findings

Evidence of Feasibility

Was the intervention implemented as intended?

Good progress was made with introducing Family Valued in Darlington, and most elements of the model were implemented as planned. Some training was delayed and delivered virtually due to the COVID-19 pandemic. Training delivered included bespoke bitesize training delivered by the newly appointed Relational and Restorative Advanced Practitioners. The FGC service was expanded from two to six Facilitators as planned, with a newly appointed Advanced Practitioner to lead the service. The Edge of Care service was also expanded, and the Front Door reformed to reduce changes in Social Workers for families.

Is the intervention acceptable to staff and families?

Staff were largely positive about Family Valued. Some staff took time to embrace changes, but positive experiences of FGC helped achieve buy-in. Families largely had positive experiences with the FGC service and Edge of Care service (Keeping Families Together).

What are the contextual barriers and facilitators?

Darlington made good progress despite the global pandemic and delivering a lot of change in a short time frame. Staff generally felt prepared and supported by the information, training and support they received, that the workforce was largely stable, caseloads were manageable, and that relationships with partners were generally good. However, it was felt by respondents that more training for staff and partners would be helpful to further improve embedding of Restorative Practice, there was also confusion amongst some staff about how to integrate Family Valued with Signs of Safety.

The shift to Restorative Practice was a big culture change, which could be challenging at times for practitioners working in Child Protection. Other services such as Disabilities, Early Help and Edge of Care teams identified that they already practice in a strengths-based or restorative approach. It was expected that staff would continue to become more confident working in this way over time. While the COVID-19 pandemic had affected delivery of training and the ability to work restoratively, some family members were felt to have engaged better with the help of technology than they might have done otherwise.

Continued modelling at a leadership level, as well as continued training, regular communications and development of further guidance were planned to support further embedding of Restorative Practice.

Evidence of Promise

Is there evidence to support the intervention theory of change as set out in the logic model?

The key mechanisms, i.e. use of Restorative Practice and accessing relational and restorative services including the Family Group Conference service, were found to act as expected. Some findings expanded on the logic model developed at baseline. Practitioners reported using reflective practice and working more restoratively with families, supported by reflective supervision. Language used was reported to be clearer and more relational, and staff reported '*doing with*' rather than '*to*' or '*for*' families, with families encouraged to be more involved with and take more ownership of their plans. Staff used a strengths-based approach and emphasized the voice of the child. Referrals into Children's Social Care and to services such as FGC were more restorative, for example based on conversations rather than using referral forms. Despite being undertaken virtually due to the COVID-19 pandemic, FGCs were operating largely as intended. However, there was still room for further embedding Restorative Practice and use of FGC within Social Work teams.

Which elements of the model are perceived to be central to effectiveness?

A central mechanism to the model was improved communication and relationship building with families. Fostering a whole-system culture change through peer support and challenge, consistent messaging, and modelling of relational and restorative ways of working by leadership and management, were also reported to be important.

What potential impacts of the intervention do stakeholders identify?

Potential benefits of Family Valued identified by staff and families included better quality practice and de-escalation of statutory involvement. Engaging and empowering families, improving family relationships and communication, and keeping families together were also reported as potential benefits. Administrative data also indicated reductions over time in the number of children subject to Child in Need plans, but that the number of children subject to Child Protection plans, and the number and duration of Children Looked After increased. These findings should not be considered evidence of whether Family Valued impacts outcomes, since there is no comparison group, and they are likely to have been influenced by other factors, particularly the COVID-19 pandemic.

Do there appear to be any unintended consequences or negative effects?

Increased workloads for Assessment and Safeguarding Social Workers were noted during their Duty week, as a result of reform to the Front Door. This was partly mitigated by introducing an additional Assessment and Safeguarding team. There was also some short-term workforce instability, which was in part linked to internal recruitment to the new posts created by the model.

Readiness for Trial

Is there a clear description of the intervention that would allow it to be implemented and evaluated in other places?

The initial logic model at the outset of this pilot evaluation was largely supported by the pilot findings. A revised logic model which includes additional mechanisms

identified in this pilot evaluation is presented in Appendix B outlining the intervention and the facilitators and barriers to implementation. This can be used to inform future implementation and evaluation.

Can the intervention be delivered consistently across teams?

This evaluation identified variation in the extent to which practitioners engaged with Restorative Practice and made use of the Family Group Conference service. Findings suggest the importance of a focus on creating an organisation-wide culture change, with buy-in from managers and leaders, to help staff, particularly those working in Child Protection, to embrace and feel confident working restoratively.

Are any changes needed to the theory, materials, or procedures before rollout?

Factors identified in this report that would support rollout include further tailoring training to staff specialisms, ensuring opportunities to observe the model developer's practice, and clear ongoing messaging about the change process. Back-filling posts after internal recruitment to new roles, ensuring sufficient capacity for teams taking on additional work, and clear communication about integration with existing practice models are also important.

Discussion

The time frame in which this pilot evaluation was conducted only captures the early stages of implementation of the Family Valued model and is too soon to capture the full embedding of Family Valued. Family Valued was being introduced in Darlington immediately before and during the COVID-19 global pandemic. Interpretation of findings from this pilot evaluation should consider this context in which Family Valued in Darlington was being implemented and evaluated.

Conclusions and Recommendations

The recommendations below are based on what worked well in Darlington, as well as ways in which delivery could be further improved.

When introducing Family Valued in a new area, local decision makers should:

- Ensure **training from the intervention developer is tailored** to staff specialisms and includes **opportunities to observe practice**, and that a comprehensive **training and information programme is delivered to partners**.
- **Appoint key local roles to support and champion local rollout** of the model.
- Introduce **restorative referral processes** at the Front Door and for referral to restorative services such as FGC.
- Provide **clear communication about integration with existing practice models**.
- Ensure FGC **core principles are adhered to**, but also consider **virtual communication with family members** who might ordinarily be harder to involve.
- Mitigate against potential unintended consequences by **back-filling posts** after internal recruitment to new roles and **ensuring sufficient capacity** for teams taking on additional work as a result of reforms.

To ensure longer term sustainability of Family Valued, local decision makers should:

- Deliver **clear ongoing messaging** about the change process, as well as **continued training**, support and guidance after the initial training has been delivered.
- Ensure **leadership and decision making in the longer term** continues to be consistent with a restorative approach.
- Maintain momentum by providing **training and support for new staff** within Children's Social Care and partner agencies.
- **Continue to fund new posts created** as part of the Family Valued model.
- Use longer term **monitoring and evaluation** to understand change over time.

The next step to build on these findings is an impact evaluation being led by What Works for Children's Social Care.[1] This is being undertaken in five local authorities which are introducing Family Valued between 2020 and 2022. This will consider the impact of Family Valued on the likelihood of children being looked after as well as how the intervention is being delivered to further improve understanding of the model.

1 This stepped-wedge cluster randomised controlled trial (RCT) and Difference in Differences analysis is set out in our trial protocol (Schoenwald et al., 2020)

INTRODUCTION

Project background

This report presents a pilot evaluation of the Family Valued Model. Family Valued supports a whole-scale shift to Restorative Practice, changing service-wide ways of working with children and families so support is done 'with' them, not 'to' them. This model was developed by Leeds City Council as part of the Department for Education's Children's Social Care Innovation Programme.

This evaluation is part of the Department for Education's Strengthening Families, Protecting Children (SFPC) programme. SFPC involves the scaling of three distinct models of social work practice which aim to improve the safety and stability of children in need of support and / or protection and to reduce the need for families to access services. These are Family Valued, Family Safeguarding and No Wrong Door (Department for Education, 2020a). The programme set out to be delivered through a phased rollout in 17 participating local authorities, beginning in 2019.

The total number of children looked after in the UK has increased every year since 2010 (NSPCC, 2021). In March 2020, the number of children looked after by local authorities in England rose to 80,080, equivalent to a rate of 67 per 10,000 children - up from 65 in 2019 and 64 in 2018 (Department for Education, 2021a). Despite this, the number of children who started to be looked after decreased from 31,770 in 2019 to 30,970 in 2020 (Department for Education, 2021a). A sector-led review of the care crisis (Family Rights Group, 2018) suggests change should focus on relationship building within Children's Social Care and the family justice system, within and between families, practitioners, and agencies. A systematic scoping review (What Works for Children's Social Care, 2018) asking what works to safely reduce the number of children in statutory care found evidence for the importance of practice and structural changes. Exploratory analyses of the rates of children looked after in English authorities (2012-2017) identified participation in the DfE's Children's Social Care Innovation Programme as one of three factors associated with a decrease in the rates of children in care (Department for Education, 2021b).

Family Valued

Key components of the Family Valued include:

- **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, to reduce entry to care and support reunification.
- **Newly commissioned restorative services** to address gaps in provision and act on the outcomes of FGCs. These services are bespoke to each local authority depending on their existing services and local need.

A revised logic model setting out the assumptions and contextual factors, interventions, mechanisms, and outcomes for the Family Valued Model, based on the findings of this pilot evaluation, is available in Appendix B.

Restorative Practice (Leeds City Council, 2016a; Mason et al., 2017)

Restorative Practice is a model of practice where decision making and problem solving is done collaboratively, i.e. doing with or alongside people, rather than doing something to or for someone. Restorative Practice also involves harnessing strengths, providing the right resources and support (high support) but also holding high expectations (high challenge). This way of working aims to build relationships and promote a sense of shared accountability. Family Valued aims to embed Restorative Practice across Children's Social Care and partner agencies, as a way of working with families and with other professionals.

Family Group Conference (FGC) (Family Rights Group, 2020a; Leeds City Council 2014; 2016b)

A Family Group Conference is a decision-making meeting in which a child's wider family network come together to make a plan about the future arrangements for the child. Parents, children, and members of the wider family are given clear information about the professionals' concerns and are asked to produce a plan that addresses those concerns and answers specific queries. Plans are agreed by Social Worker providing they adequately address the concerns identified and are safe for the child. Key principles include FGCs being restorative and family led, coordinated by an independent facilitator, and held in a neutral location. FGCs should mobilise support from the family network and enable safe and appropriate involvement of children and vulnerable family members. FGC should also involve appropriate preparation with family members and professionals beforehand, as well as regular follow-up afterwards to ensure the plan is being implemented.

Previous evaluation

Findings from previous evaluation of Family Valued are based largely on pre-post data without a robust counterfactual and as such cannot conclusively attribute impact to the Family Valued Model. Evaluation of Family Valued in Leeds (Mason et al., 2017; Sen & Webb, 2019) reported reductions in the number of Children Looked After (CLA), the rate of CLA per 10,000 population, the number of Child Protection plans (CPPs) and the number of children in need (CiN). Changes in caseload, school attendance, re-referrals for domestic violence, the number of children leaving care, rates of reunification or length of time before leaving care were not statistically significant. A systematic review of shared decision-making meetings (of which Family Group Conference, a component of Family Valued, is one type), found a lack of high-quality evidence as to whether they affect care entry, re-entry, family reunification, family empowerment or satisfaction compared with usual services (Nurmatov et al., 2020).

Pilot context

Pilot local authority

Local authorities eligible for SFPC were those with an Ofsted rating of 'requires improvement to be good' at the point of application, and high or rising rates of Looked After Children. These were identified and selected by the Department for Education following a rigorous process, covering assessments of need, suitability, and commitment to making a whole system change. Darlington was selected to be the first local authority to receive Family Valued under SFPC. Training and recruitment for Family Valued in Darlington began in autumn 2019.

Darlington is a Unitary Authority in the Northeast of England. 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'. In March 2020 Darlington's rate of Children Looked After was 120 per 10,000 children aged under 18 years (Department for Education, 2020a). This has fluctuated but overall increased over time and is considerably higher than national figures (67 children per 10,000 in the same period).

Family Valued in Darlington, locally named Strengthening Families, aimed to embed Restorative Practice across the whole of Children's Social Care including leadership and management, and raise awareness of Restorative Practice with partners, reaching up to 800 staff. It also aimed to expand the size and remit of the small existing Family Group Conference service. Alongside this, Family Valued in Darlington involved a review of the local system and tailored reforms to support and enable a sustainable Restorative Practice approach. This included reform of the Front Door, an expanded Edge of Care service, establishing a permanence tracking panel and planned improvements to the special guardianship offer.

COVID-19

The roll-out of Family Valued in Darlington was affected by a national lockdown of social and economic activity which was introduced on 23rd March 2020 in response to the COVID-19 pandemic. This lockdown affected how Social Workers, other professionals and safeguarding partners were able to practice. Schools (Department for Education, 2021d) were closed to all but children of critical workers and vulnerable children. Many services were provided only virtually or not at all, and guidelines and restrictions were in place affecting direct work. Families experienced health, employment, financial, social, and emotional challenges. These changes may have simultaneously affected the level of need but also the identification of need in children and families. Family Valued continued to be rolled out in Darlington during this period, and Social Workers continued to work with families in person where needed. However, there were also changes to ways of working such as holding training and many meetings virtually rather than in person.

Evaluation by WWCSC

The pilot evaluation which is the focus of this report is the first of a three-part evaluation. For each of the three models in SFPC, WWCSC are undertaking:

1. **A pilot evaluation in one 'Trailblazer' local authority (LA).** This is the focus of this report.[2]

2 Pilot evaluation protocol (Sanders et al., 2019)

2. **An impact evaluation in five subsequent local authorities.**[3] This stepped wedge cluster Randomised Controlled Trial (RCT) and Difference in Differences approach will provide a robust comparison group and the most reliable impact evaluation of Family Valued so far.[4]

3. **An Implementation and Process Evaluation (IPE)** across these same five local authorities, to understand the delivery during the rollout of the model.

3 Trailblazer local authorities are not included in the impact evaluation of SFPC
4 Trial and Implementation and Process evaluation protocol (Schoenwald et al., 2020)

METHODS

Research questions

This pilot evaluation aimed to build on the previous evaluation of Family Valued. It sought to provide early insights into the rollout of the model, in a local authority outside of the one in which it was developed, develop, and refine a logic model setting out a detailed understanding of the programme theory, provide an in-depth focus on the early stages of implementation, and inform the next phase of the evaluation (Schoenwald et al., 2020). The pilot sought to test three objectives:

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. Is the intervention acceptable to key stakeholders including senior leaders, staff and practitioners working directly with children and families, and families?
    c. What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?
2. **Evidence of Promise**
    a. Is there evidence to support the intervention theory of change as set out in 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. **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?

Research design

This pilot evaluation employs a mixed-method approach, including both qualitative and quantitative data collection and analysis. The full research design and methods are presented in the pilot protocol (Sanders et al., 2019).

Data Collection

Between November 2019 and March 2021, we undertook a series of data collection in Darlington, spanning three distinct timeframes. Baseline data collection (November 2019 - December 2019) was completed before the national lockdown. Evaluation activities planned at interim, and follow-up, were affected. Due to delivery delays, the timing of interim data collection was delayed (to September to October 2020) and follow-up was delayed (to January to March 2021) to allow more time for the Family Valued Model to be rolled out in Darlington. Further, all data collection activity at follow-up needed to be undertaken virtually.

Baseline data was collected in person in November 2019 to December 2019 during the early stages of change. Eight interviews were undertaken with leaders and managers with oversight for services receiving the Family Valued model. Three focus groups were undertaken each with six Social Workers or frontline practitioners. Seven observations were undertaken, comprising six observations of Assessment and Safeguarding Social Worker home visits with families, as well as one meeting between professionals.

Interim data was collected by phone in September to October 2020, following the recruitment and training of staff and some early implementation. This was during the COVID-19 pandemic although we had already planned to collect data virtually. Eight phone interviews were undertaken with Managers, Social Workers and frontline practitioners from Assessment and Safeguarding, Looked After Through Care, Early Help, Edge of Care and Family Group Conference services. 127 staff[5] (out of approximately 260 staff it was shared with) responded to the interim survey. Respondents came from a range of teams including Assessment and Safeguarding, Children's Access Point, Children's Placement Service, Early Help, Keeping Families Together, Lifestages 0-25, Looked After Through Care, Care Leavers, Quality Assurance and Practice Improvement, Supervised Contact and Youth Offending teams.

Follow-up data was collected in January to March 2021 after a sustained period of early implementation. Video interviews were undertaken with eight senior leaders and seven managers with oversight for Assessment and Safeguarding, Looked After Through Care, Lifestages, Fostering and Residential, Front Door, Early Help, Keeping Families Together and Family Group Conference. Video interviews also took place with two Family Group Conference facilitators, one Relational and Restorative Advanced Practitioner, one Independent Reviewing Officer (IRO). Three virtual focus groups were carried out with Social Workers and frontline practitioners from Assessment and Safeguarding, Early Help and Looked After Through Care (four to six staff in each). Six phone interviews were also completed with family members (four parents and two young people) who had worked with the Keeping Families Together or Family Group Conference services. Follow-up qualitative data collection was undertaken during the COVID-19 pandemic and therefore completed by video link or by phone. As such, it was not possible to observe home visits with families. Instead, seven virtual observations were undertaken

5 Plus 12 Service Managers / Heads of Service who we excluded from analysis to ensure comparability with the follow-up survey

comprising three Child in Need review meetings, one Core Group meeting, and three Review Child Protection Conferences (RCPC). Two Family Group Conferences were also observed. A total of 124 staff (of approximately 260 staff it was shared with) completed the follow-up survey. Similar to the interim survey, respondents were from a range of teams including Assessment and Safeguarding, Children's First Response Team, Children's Placement Service, Early Help, Keeping Families Together, Lifestages 0-25, Looked After Through Care, Quality Assurance and Practice Improvement, Supervised Contact, Youth Offending Services.

Sample recruitment and selection criteria

Participants were sampled purposively to cover a range of characteristics. We recruited staff across a range of roles and teams across Children's Services. For observations, Social Workers approached families who had either a Child in Need or Child Protection Plan to ask about participation. Families invited to interview were those who had worked with either the Keeping Families Together or Family Group Conference services. Participants received study information sheets and written, or recorded consent was obtained. For young people under 16 a parent or carer was asked to provide consent in addition to the young person's own assent to participate.

Table 1. Data collected in this pilot evaluation

	Baseline (Nov-Dec 2019)	Interim (Sept-Oct 2020)	Follow-up (Jan-Mar 2021)
Interviews with leaders and managers	8	3	15
Focus groups with frontline practitioners	3	N/A	3
Interviews with Social Workers and Practitioners	N/A	4	N/A
Interviews with FGC Facilitators	N/A	1	2
Interviews with families	N/A	N/A	6
Observations of practice	X	N/A	7
Observations of Family Group Conferences	N/A	N/A	2
Survey of staff	N/A	127	124
Admin data Period	Aug 2019 - Jan 2020	Feb 2020 - Apr 2020	May 2020 - Oct 2020

Data management and processing

Interviews and focus groups followed semi-structured topic guides, and were audio recorded. Recordings were transcribed and pseudonymised prior to analysis using Nvivo 12. The survey was distributed using Qualtrics.

Analysis

Qualitative data from interviews, focus groups, observations and open text survey questions were analysed using Thematic Analysis. We followed a mixed deductive-inductive and iterative approach - initially developing the codebook based on the overarching research questions, however allowing for inductive development of codes based on the data collected. Thematic Analysis involved labelling data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions. We looked for patterns, consistencies and inconsistencies across different informants and time points to help us answer the research questions. To enhance trustworthiness of the qualitative findings we triangulated across different respondents and with different methods of data collection. We followed a transparent approach to analysis and reporting as set out in our protocol (Sanders et al., 2019). Interpretation of findings considered contrasting and inconsistent accounts as well as findings from previous research, and consideration of contextual factors.

Quantitative survey and administrative data were analysed descriptively, to present characteristics of delivery and acceptability. The number of respondents for each survey question varies due to some missed questions or incomplete surveys. The results were triangulated together with the qualitative findings, looking for consistencies and inconsistencies between the different data sources. Survey and administrative data are presented in tables in Appendix A, and summarised in the next section. A revised logic model is presented in Appendix B based on the findings of this pilot evaluation.

FINDINGS

Findings for each of the research questions are presented below. For each sub-question (i.e. 1a - 3c as set out in the methods section above), we first present a summary of findings for that research question. This summary is followed by more detailed findings for each indicator we set out to measure for that question. These indicators, including any specified thresholds, were set out in our pilot protocol (Sanders et al., 2019).

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)?*

Summary of Findings

Good progress was made with introducing Family Valued in Darlington, despite the disruption of the COVID-19 pandemic. Most elements of the model were implemented as planned, albeit with some delays to training due to the COVID-19 pandemic. Training delivered included face to face launch events and half-day awareness raising training, as well as virtually delivered workshops on restorative and relational practice. Newly appointed Relational and Restorative Advanced Practitioners also delivered bespoke bitesize training sessions. Senior leaders received separate training on the model and managers received training on management oversight and reflective supervision. Four additional Family Group Conference Facilitators were appointed, as well as an Advanced Practitioner to lead the FGC service. As a result, the capacity and remit of the FGC service was expanded, resulting in more FGCs from a wider range of referring teams (an increase from 11 families receiving an FGC in August to October 2019 to 41 families receiving an FGC in August to October 2020). Other relational and restorative changes to services included expansion of the Edge of Care service, and reform to the Front Door intended to reduce changes in Social Workers for families. Key adaptations of the model from what was initially planned included delivery of training and FGCs virtually during the COVID-19 pandemic. Practice in virtual FGCs was largely consistent with guidance on virtual FGC produced by the Family Rights Group (2020b). Another adaptation from practice in the local authority where Family Valued was developed was a decision that a change to locality-based working was not suitable given that Darlington is smaller than Leeds.

Indicators

At what date is the model fully operational?

Implementation of the Family Valued Model in Darlington began with a launch event in September 2019. Awareness raising training continued until February 2020, by which point the Family Group Conference service had been appointed and trained. However, due to the COVID-19 pandemic, there was subsequently a delay to delivery of the

next phase of training, which was delivered between August and September 2020.

Number of staff and leaders trained in Restorative Practice

Training was largely well attended, although interviews and observations identified that there were some instances where staff had not or were unable to attend the training available. Before the COVID-19 pandemic, training was largely delivered in person. After the start of the COVID-19 pandemic in March 2020, training was largely delivered virtually.

Launch and awareness raising

The half day launch event in September 2019 was attended by 75 staff from across Children's Services and multi-agency partners. Twenty half day 'Awareness Raising' trainings were delivered between October 2019 and February 2020. These were attended in total by 464 staff. Attendees included staff from across Children's Services as well as partners including health, police, and education. Staff interviewed reported that these were delivered in person and had included a focus on the principles of Family Valued and Restorative Practice. A briefing on Family Valued was delivered to Schools and Colleges in December 2019, attended by 31 staff.

Management and Leadership Training

Senior leadership training included six half day sessions for 12 senior leaders, delivered between October to December 2019, and a sustainability planning session in February 2020. Ten sessions on 'Management Oversight and Reflective Supervision' were delivered between October 2019 and February 2020 to a total of 35 staff. This was revisited in five sessions in August to November 2020, which were attended by fifteen staff in total. Three relational practice training sessions for frontline managers were held in June to July 2020 and attended by 33 staff in total. Five staff also received two sessions on 'Managing the Practical Application of Restorative Social Work' in August 2020.

Practice workshops on restorative and relational practice

In August 2020, a training session on 'Engagement and Relationships' was attended by 39 staff, and one on 'Rethinking Child Welfare and Child Protection' was attended by 34 staff.

Training delivered by the Relational and Restorative Advanced Practitioners and attended by groups of up to 15 staff per session included workshops on 'The Importance of Ecomaps' (four sessions), 'Genograms' (four sessions) and 'Chronologies' (two sessions) held July to September 2020.

Bitesize sessions delivered regularly from September 2020 onwards by the Relational and Restorative Advanced Practitioners and attended by up to 15 staff per session included 'Critical Analysis in Report Writing (one session), 'Formulation' (three sessions), 'Autism Mindedness' (two sessions), and 'The First Assessment Visit Through the Eyes of the Family' (one session). Staff interviewed reported that these bitesize sessions were tailored to the needs of individual teams.

A train-the-trainer session in March 2020 was attended by 11 staff. This was attended by the Relational and Restorative Advanced Practitioners as well as staff from a range of other teams such as Keeping Families Together and Family Group Conference.

Number of FGC Facilitators recruited and trained

Before Family Valued was introduced, there were two FGC Facilitators in post. Four further FGC Facilitators were appointed in December 2019, as well as an Advanced Practitioner leading the team who was a qualified Social Worker. New team members received a three-day training from the Family Rights Network in January 2020. Family Rights Network training on FGC was also attended by staff from other teams including Early Help, the Front Door and Looked After Through Care.

Number and characteristics of families who have accessed FGC services

Details about the cases receiving FGC during the rollout of Family Valued in Darlington are available in Appendix A.

Referral and case characteristics over this period are likely to have been affected by the COVID-19 pandemic.

Figure 1 shows that between August and October 2019, before Family Valued was introduced, 11 FGCs were held (25 children across 11 families). Of these 25 children whose families participated in FGCs 64% had a Child in Need Plan, 20% had a Child Protection Plan, 12% were Children Looked After, and 8% were none of these (e.g. cases held by Early Help). Between August and October 2020, after Family Valued had been introduced, the number of FGCs held had increased to 41 (60 children across 41 families). Of these 60 children whose families participated in FGCs, 27% had a Child in Need Plan, 32% had a Child Protection Plan, 23% were Children Looked After, and 18% were none of these (e.g. cases held by Early Help).

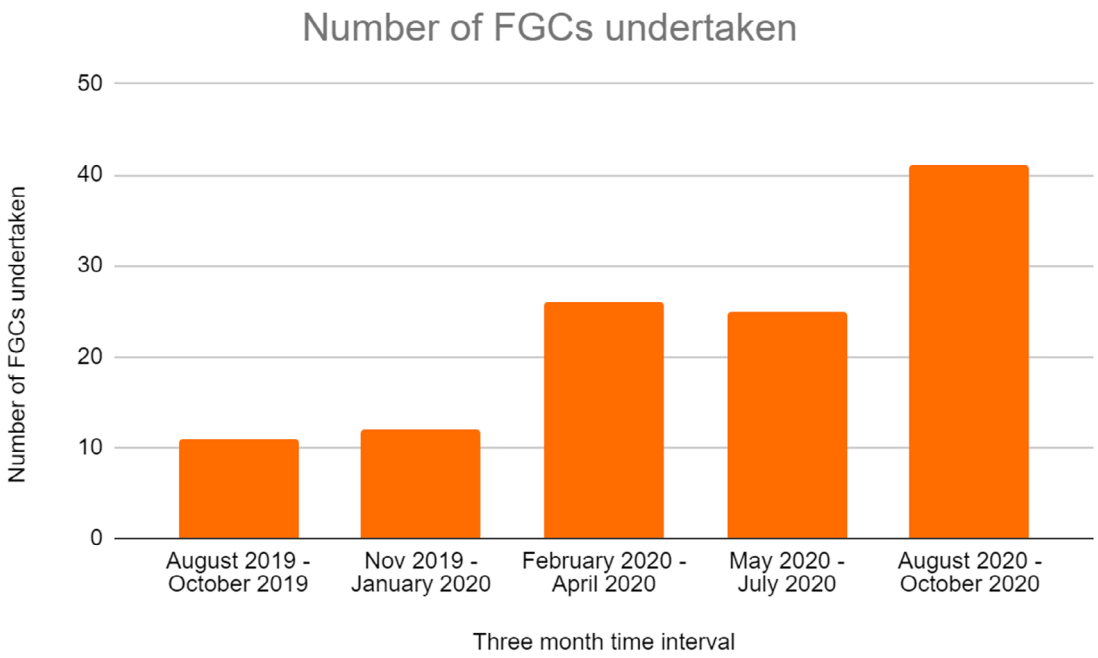


Figure 1. Number of FGCs undertaken

This increase over time is consistent with the increased size of the FGC team. The change in proportion with each type of statutory involvement is consistent with an expanding remit of the FGC service as part of Family Valued to include families accessing support through Early Help as well as those receiving statutory intervention.

Children from families who have taken part in FGCs over the evaluation period ranged from unborn to 17 years old. At the most recent snapshot recorded between August to October 2020 these children were 55% female and 45% male, and 93% White British. In this same period, the primary category of need was abuse and neglect for 85% of cases, and family dysfunction in 8% of cases. Other key risk factors included home conditions (18%), parental mental health (13%), domestic violence (12%), alcohol misuse (8%), substance misuse (8%), Edge of Care (8%), family conflict (7%), rehabilitation home (3%), behaviour (2%), and contact plan (2%).

Proportion of families referred to FGC who progressed to FGC (conversion rate) and the proportion of FGCs which resulted in an agreed plan

Darlington reported that 100% of FGCs were completed within 45 days, and all FGCs which took place were reported to have resulted in an agreed plan. It was reported to be rare for FGCs not to be accepted by the service. During the evaluation period only one instance was reported where a referral was not accepted. In this case, the parents were recommended to seek mediation before being in a position where an FGC would be suitable.

Relational and Restorative Services

Edge of Care offer

As well as training in Restorative Practice and expansion of the FGC service, Family Valued in Darlington included a number of other service changes. This included expansion of the existing Edge of Care service (Keeping Families Together) which offers intensive support to families for a period of 12 weeks. The offer was also extended to children and young people aged 0-16 (previously 10-16) as part of Family Valued.

Front Door reform

Reform of the Front Door structure was also undertaken in order to enable teams to work relationally through ensuring children don't experience lots of changes in Social Worker and enabling relationships to be built with children, families and partners. Relationship building with partners was also expected to lead to reduced referrals at the front door. The Front Door previously comprised a Children's Access Point Team which processed contacts, and a Children's First Response Team who completed assessments. This became a Children's Initial Advice Team (CIAT) who take contacts and determine whether an assessment is needed. Rather than assessments being undertaken by a separate team as was done previously, the CIAT then transfers cases, if needed, directly to Early Help or Social Work Teams who undertake assessments. As part of this model, duty week rotates between the Assessment and Safeguarding teams. This change came into place from March 2020. A diagram of this change is available in Appendix C.

Support for looked after children and their carers

A monthly Permanence Tracking Panel was also introduced to review children currently

Looked After and identify next steps, including considering where children might be reunified with families or Care Orders might be discharged to progress to Special Guardianship Orders. This responsibility would have previously been held by Team Managers. Staff interviewed also mentioned additional Social Work posts appointed in the Fostering service to support Kinship Carers. Planned improvements to the Special Guardianship support offer in Darlington were also mentioned, however this was still in the planning stages.

Were there adaptations to any components of the model, and what were these?

Virtual working during the COVID-19 pandemic

The main adaptation that was made to delivery of Family Valued in Darlington was virtual working during the COVID-19 pandemic. The launch and awareness raising training, and some initial sessions with managers and leaders were delivered face to face. However, the pandemic led to delays in rolling out the rest of the training, and these sessions being virtual rather than in person when they were delivered. Family Group Conferences were another key aspect that was delivered virtually rather than face to face during the COVID-19 pandemic, both in terms of the preparation and the conferences themselves. In order to make these virtual sessions more manageable, these were often split into a series of separate meetings or discussions rather than held as a single event.

Not being locality-based

Another difference in the model was that, after consideration, it was determined that the Leeds structure of locality-based working was not suitable for Darlington. Given the much smaller size of Darlington it was felt that a locality structure was not feasible, and that relationships with partners, one of the benefits of locality working, were already strong.

b. *Is the intervention acceptable to key stakeholders including senior leaders, staff and practitioners working directly with children and families, and families?*

Summary of Findings

Survey, interview and focus group findings showed that staff were largely positive about Family Valued, Restorative Practice use of Family Group Conferences, and the training they had received. Staff were also largely satisfied with how the change process had been managed. Some staff did not buy in fully to the model, and others took time to embrace changes. Positive experiences of FGCs helped with achieving buy-in, and it was felt by some staff that improvements to messaging and communication about the Family Valued change process would have been helpful. While some families experienced difficulties in their relationships with Social Workers, families largely had positive experiences with the Family Group Conference service and Edge of Care service (Keeping Families Together).

Indicators

Is the model well received by 70% of staff?

Survey findings shown in Figure 2 indicated that 74% of respondents at interim (87 of 117 respondents) and 86% at follow-up (98 of 114 respondents) agreed or strongly agreed that Restorative Practice is an effective way to work with families.

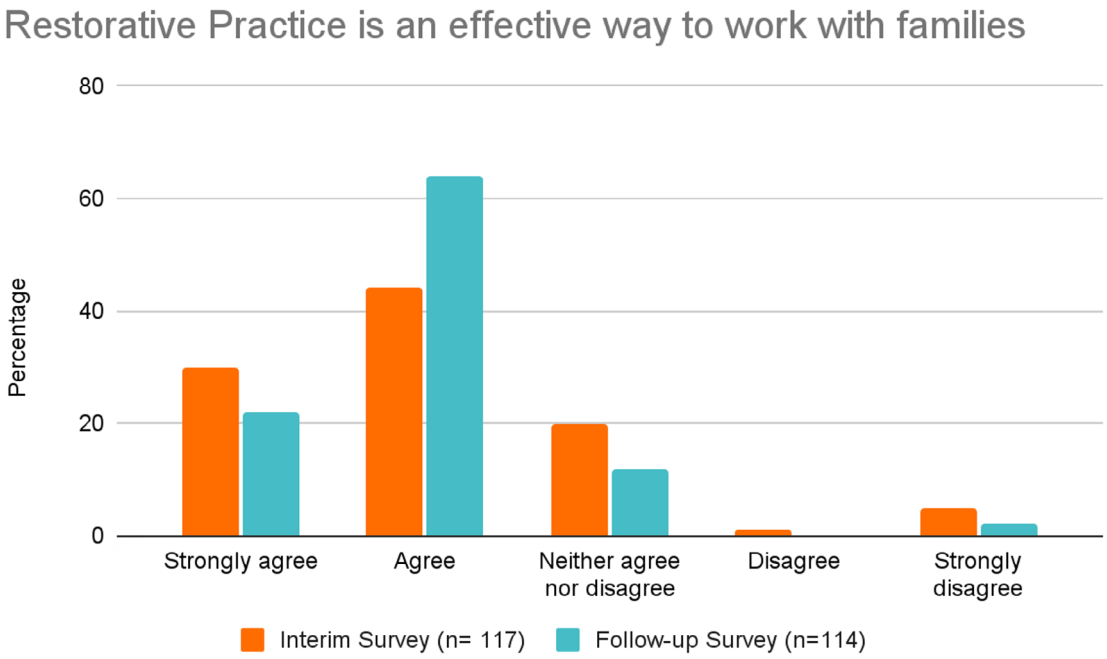


Figure 2. Perceived effectiveness of Restorative Practice

Further, of staff who reported attending Restorative Practice training, the proportion who felt the training they attended had improved their practice was 59% at the interim survey (58 of 99 respondents) and 71% at the follow-up survey (75 of 105 respondents).

Interview and focus group findings also indicated that staff were largely positive about Family Valued, Restorative Practice and use of Family Group Conferences. Most staff were positive about the relational approach to referrals in FGC. Most staff were also positive about the training they had received. Staff who had taken part in FGC generally felt that the resulting plans were appropriate. Reasons staff were largely positive included seeing the potential benefits of the model, the expansion of FGC which had been used in the local authority in the past, and that it was seen as a straightforward and comprehensive approach. Prior to the observations, when asked to describe their approach to practice, two Social Workers also commented positively on the FGC service e.g. that this is "*easy to access*" and that it is a "*positive approach*" and is used with most of their cases. There were however some staff who still had not fully bought into the model or were not using it. It was reported that some staff found it hard to embrace the change. For example, one Social Worker who took part in an observation commented when asked to describe their practice approach that they "*don't really use*" the Family Valued model, and another reported that they, "*as well as others in the team*", do not use restorative approaches; the Social Worker said the reason for this is because they had used lots of different ways of working since qualifying.

One area of particular uncertainty was FGC. At baseline there were some staff

who were uncertain about the benefits of a relational piece of work being undertaken by someone independent, as they felt as the lead practitioner that convening family support should be their role. Some staff who had mixed experiences with FGC in the past prior to the service expansion, such as long waiting lists, were also reported to be less likely to refer to the service at follow-up.

> *"There some of our social Worker teams request support more than others. That's work in progress, and I think there's a number of reasons for that. I think one of the reasons is that they may have experienced the Family Group Conference before the expansion and investment. Maybe they didn't like the approach that was taken then or the time that it took for support then and having to fill forms out then."* **[Team Manager, Follow-up Interview]**

For some staff who were initially reluctant, positive experiences such as successful Family Group Conferences helped achieve buy-in, suggesting that achieving whole service engagement takes time.

> *"Some have taken a little while to warm up to it, but once they've started working in that way or they've started working with us with Family Group Conferencing see the benefits of it, seeing the improved engagement with families and seeing the benefits for the families taking you know, real charge of their own destiny. Then they've come around to it and embraced that way of working."* **[Senior Leader, Follow-up Interview]**

Are 70% of staff satisfied with how the change process has been managed?

The proportion of staff who felt that leadership and management kept them well informed about changes affecting their work was 73% at interim (83 of 114 respondents) and 80% at follow-up (88 of 110 respondents). The proportion of staff who were satisfied with how the introduction of Family Valued had been managed was 54% at the interim survey (62 of 114 respondents) and 66% at the follow-up survey (73 of 110 respondents).

Interview and focus groups found that one element of the change process in particular that some staff felt could have been improved was the messaging and communication in relation to the change process. Some staff felt that the messaging about the new model been unclear, and that the way the process had been managed was not restorative, i.e. change being done to rather than with staff.

> *"When we were starting to embed Strengthening Families [Family Valued], Darlington was going through looking at changes in teams and that kind of thing. I don't think that was well communicated to the Social Workers and given that this is all about communication and 'working with', you know I feel that process felt like it was a 'doing to'"* **[Team Manager, Follow-up Interview]**

Are 70% of staff satisfied in their jobs and intend to remain in their roles?

The proportion of respondents who reported feeling satisfied in their job was 86% at the interim survey (98 of 114 respondents), and 85% at the follow-up survey (97 of 114 respondents). The proportion of respondents who reported feeling stressed in their job was 36% at the interim survey (41 of 114 respondents) and 31% at the follow-up survey (35 of 114 respondents). The proportion of respondents who expected to remain within Children's

Services at Darlington for the next year was 81% at interim (92 of 114 respondents) and 84% at follow-up (96 of 114 respondents).

Families' experience of their relationship with the Social Worker, and the support provided?

Some families had difficulties in their relationship with their Social Worker, this included feeling that they didn't get the amount of input or responsiveness from their Social Worker as they would have wanted. Some families also felt that they didn't get the support they wanted as soon as they would have liked or needed.

However, there were also families who did have positive relationships with their Social Worker, and many staff and families also reported positive experiences of relational and restorative support provided. This included feeling listened to. In a Child in Need review meeting we observed, a mother reported that she was sad for the case to close "*because [the Social Worker] is lovely and has helped a lot*". When asked how she has helped, this mother said "*You're nice, you listen, you don't make up lies about us, you tell us I'm a good mum*".

Families engaged particularly well with and were positive about their experiences with the Family Group Conference service, and Edge of Care service (Keeping Families Together), particularly its flexibility and intensity.

> "*She [Keeping Families Together worker] was always there at the end of a phone so I could ring her literally anytime I wanted about [my son] and she'll reassure me. She'll give me new techniques. Every time she came here she asked, you know, what was going on. She gave us ... loads and loads of techniques to do. She'll come and visit in the morning to do the school routine. She'll come on a night to do the bedtime routine. But yeah, she was literally always there, and I confide in her as well.*" **[Parent Interview, Follow-up]**

Families interviewed who took part in FGCs reported that they were happy with the plans that were developed.

> "*I think the plan was superb. We ... took concerns from all parties involved, so ... it worked everyone collaborating together from one plan.*" **[Young Person Interview, Follow-up Interview]**

C. *What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?*

Summary of Findings

Potential barriers to delivering Family Valued in a new area identified in the logic model at the outset of this evaluation included embedding a restorative approach, support and engagement from leaders and partners, workforce stability and workloads. Findings suggested that staff generally felt prepared and supported by the information, training and support they received, that the workforce was largely stable, caseloads were manageable, and that relationships with partners were generally good. A small FGC service was already available in Darlington, and many staff, particularly those in Early Help and Edge of Care teams, felt that Family Valued was similar to or built on existing ways of working.

However, some staff felt that more training would be helpful to further improve embedding of Restorative Practice, including tailoring training for staff

specialisms, observing practice in Leeds, and more support for partners. Although caseloads remained below the national average and staff mostly felt their workloads were manageable, only around half of staff reported having sufficient time to take advantage of the Family Valued model. Although most staff felt that the model was sufficiently supported by leadership, this was slightly below the expected level (67 rather than 70% at follow-up). Further, although Family Valued was reported to be compatible with Signs of Safety, there was some confusion amongst staff about how to integrate the two models.

Delivering a lot of change in a short timeframe was perceived as a particular challenge, but Darlington had made good progress despite the global pandemic. The shift to Restorative Practice was a big culture change, which could be challenging at times for Social Workers working in Child Protection. It was expected that staff would continue to become more confident working in this way over time. Staff also reported ways in which the COVID-19 pandemic and working remotely had affected delivery of training and the ability to work restoratively. Despite this, there were also benefits of remote working, including better engagement from family members who lived further away or might not have attended meetings otherwise, or young people who preferred communicating via technology.

Continued modelling at a leadership level, as well as continued training, regular communications and development of further guidance were planned to support further embedding of Restorative Practice.

Most of these factors identified were already reflected in the logic model. We have added a reflection on the extent and pace of change needed, as well as the ongoing modelling, communications and guidance needed to support the longer term embedding of Family Valued.

Indicators

Do staff feel prepared and supported by the information, training and support provided, and are they motivated and confident to make changes to practice?

Figure 3 shows that the proportion of staff who agreed or strongly agreed that they had a good understanding of Restorative Practice was 71% at the interim survey 82 of 117 respondents) and 88% at the follow-up survey (100 of 114 respondents). The proportion of staff who agreed or strongly agreed that they felt confident to use Restorative Practice with families was 63% at interim (59 of 94 respondents who work directly with families) and 75% at follow-up (76 of 102 respondents who work directly with families).

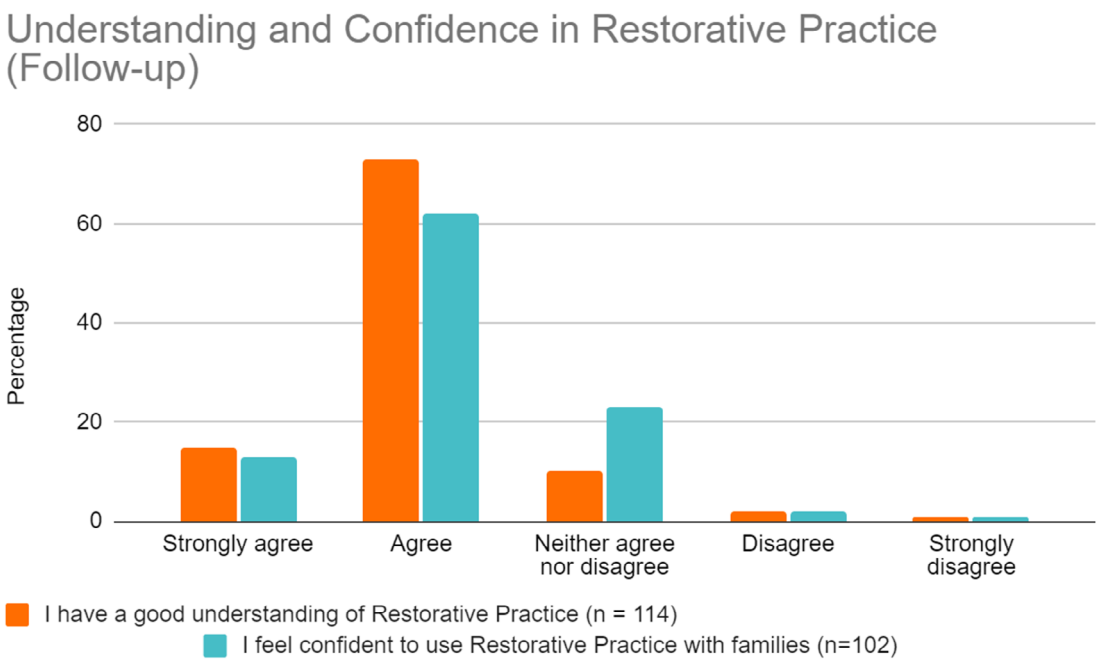


Figure 3. Understanding and confidence in Restorative Practice

Interviews and focus groups also found that although some staff felt that Restorative Practice wasn't yet fully embedded and that more training would be helpful, practitioners largely felt confident applying the Family Valued model and working restoratively. A number of staff reported that Restorative Practice as an approach was easy to understand and use.

> *"I think it just comes quite naturally now. For me I just embedded it into my social work practice. ... I wouldn't think of it in any other way."* **[Social Worker, Follow-up Focus Group]**

Although staff were largely satisfied with the training provided, a small number of respondents noted a few ways in which the training might be improved. This included feeling that some elements of the training could have been more detailed, or slightly more tailored for each team or specialism. It was also noted that observing practice would be helpful, particularly for managers, and that this was something that was being requested from Leeds but in hindsight would have been helpful earlier on in the process.

> *"What they're now asking for are actual observations from Team Managers in Leeds with Practitioners so they can just see, hear, and listen and just pick up that, and various other areas such as Core Groups, CIN reviews and things like that. What they're saying now is we know the theory, what we'd like to do now are the observations."* **[Senior Leader, Follow-up Interview]**

What is the vacancy rate, turnover rate and average caseload for Social Workers pre and post introduction of Family Valued?

In October 2019 before Family Valued was launched, 24% of Social Worker posts (11 of 45)[6] were vacant (all of which were in Safeguarding Teams or the Children's Access Point). There were no vacancies in ASYE posts (seven posts) or Therapeutic Social Worker posts (two posts), one Advanced Practitioner vacancy (one of seven posts) and one Team Manager vacancy (one of nine posts). Turnover across Children's Social Care in October 2019 was 0% (and rolling 12 monthly turnover 16.15%).

In October 2020, after Family Valued had been launched, 27% of Advanced Practitioner posts in Social Work teams (3 of 11 posts) [7]and 22% of Social Worker posts were vacant (17 of 79). There were no vacancies in Team Manager posts (nine posts), or Therapeutic Social Worker posts (2 posts). The higher numbers of Social Workers than before was related to the previous front door restructure and creation of the fifth Assessment and Safeguarding team, including an increase in staffing whilst staff were moved into the new team. Turnover across Children's Social Care in October 2020 was 1.27% (and rolling 12 monthly turnover 19.32%).

Average team caseloads for Social Workers in October 2019 before Family Valued was launched, was 16.56. This was just below the national average at the time of 16.9 (Department for Education, 2020b) Average caseloads for Social Workers in October 2020 after Family Valued was launched was 15.92. This was again just below the national average of 16.3 (Department for Education, 2021c).

Social Workers responding to the interim survey around the same time reported similar average caseloads of 16.10,[8] and 67% of Social Workers and Advanced Practitioners reported that their caseload was manageable most or all of the time. Although the follow-up survey a few months later reported an average caseload of 17.86,[9] it should be noted that this was only a small sample of 24 Social Workers and unlikely to have been representative.

What is the pre-existing culture, practice model, approach to decision making and infrastructure?

The pre-existing culture and practice model was discussed by staff in interviews and focus groups at baseline. Staff discussed leadership, the practice model, relationships and communication, structures and processes, workforce, and workload.

Leadership

At baseline, staff reported periods of recent instability in senior leadership and amongst some Team Managers, but more recently having been more stable. Some instability still remained in terms of management in the Front Door, however. An organisational vision of improvement and achieving sustainable change for children and families, was reported by staff and leadership.

6 Children's Access Point, First Response, Safeguarding, Looked After Through Care and Lifestages
7 Children's Initial Advice Team, Safeguarding, Looked After Through Care and Lifestages
8 Assessment and Safeguarding, Looked After Through Care and Lifestages (may have included some adult cases), excluding Advanced Practitioners and ASYE, but not accounting for part time status (n=24)
9 Assessment and Safeguarding, Looked After Through Care and Lifestages (may have included some adult cases), excluding Advanced Practitioners and ASYE but not accounting for part time status (n=24)

> *It's about making sure the family can keep changes up and it works for them in a way that they understand rather than us saying well this is what we deliver and you need to get on board."* **[Advanced Practitioner, Baseline Focus Group]**

Practice Model

At baseline, the practice model in Darlington was Signs of Safety. Signs of Safety is a strengths-based, safety-organised approach to child protection casework that is widely used across England.[10] Signs of Safety was reported by staff in interviews and focus groups as a strengths based approach, involving empowering families and focusing on their strengths. It was described as being used flexibly rather than strictly adherent, and still a developing model rather than fully embedded. Staff reported a number of positives about the model. It was considered easy to use with families, with straightforward language, and providing consistency and structure to practice. However, staff in some teams, such as the long term looked after service, felt Signs of Safety didn't always fit with their overall approach.

> *I think there's a lot of language in it which can sometimes be a struggle. The whole thing of the danger statement doesn't always fit too happily or comfortably in the work we do."* **[Social Worker, Baseline Focus Group]**

At baseline it was reported that decision making had improved, with high levels of accountability taken by senior leadership, and an increasing focus on ensuring thresholds were appropriately applied.

> *I think we've spent a journey trying to get those processes right. I think ultimately we've had to have that journey because we didn't have any in place when they went in- when Darlington went into intervention. Ofsted have driven that journey"* **[Senior Leader, Baseline Interview]**

Relationships and communication

At baseline, staff felt that they were listened to and their ideas valued. Some staff reported that senior management were visible and communicated clearly, although others reported that communication from managers was not always consistent or easy to find time to digest. It was reported that the small size of the authority and holding regular events helped to facilitate relationships between teams.

Relationships with partners were positive, having improved over recent years, and included what was considered to be healthy levels of professional challenge.

> *I think the partnerships are healthy. I think they're robust. I think partners both ways are not afraid to challenge, to put professional challenge in."* **[Senior Leader, Baseline Interview]**

However, there were also instances where relationships with partners were more difficult, including working from different practice models or having different views on thresholds.

Workforce

At baseline, the workforce was described as being mixed in terms of experience,

10 A recent evaluation of Signs of Safety (Baginsky et al., 2020) found no strong evidence that SoS has a significant impact on outcomes for children and families.

and more experienced than it had been in the past. There were however areas of the service with less experienced staff, and experienced staff were considered harder to recruit than newly qualified Social Workers. The workforce was generally considered to be stable, and more so than it had been in the past. Some instability in the Assessment and Safeguarding teams was considered common for this type of team in Children's Social Care. Staff generally felt supported within their teams. Some uncertainty relating to restructures and staff turnover was evident in Assessment and Safeguarding Teams.

> *"There's a lot of uncertainty at the moment because nobody knows you know, we might be getting moved, are we all staying together as a team."* **[Advanced Practitioner, Baseline Focus Group]**

Staff received regular supervision at baseline, often including opportunities to reflect on their practice, although the quality and opportunity for reflection varied between managers. Staff also reported having group supervision sessions where they discuss cases with their colleagues and receiving informal support and advice from managers and colleagues. Training was available and encouraged, however making the time to attend training was sometimes difficult for some staff.

Workload

At baseline, Social Worker caseloads were reported to be capped at 18 as far as possible, and generally considered to be lower than other local authorities. Consistent with this, the average caseloads reported above were below 18. However, there were times where increased referrals or workforce instability led to temporary increases in caseloads for some staff.

> *"All of a sudden we had ... 40 odd cases that needed to be allocated between two full-time Social Workers and a part-time Social Worker, and we were like, so how are we going to do this. So, it's up and down all the time"* **[Social Worker, Baseline Focus Group]**

Workload at baseline was however generally considered manageable, and capacity was taken into account when allocating new cases. Staff generally felt that they had autonomy and accountability for their cases, with much less focus on compliance than there had been in the past. Some staff noted, however, that there was at times a reactive rather than preventative approach to working with families.

> *"Things are hitting us now at a much higher level which they never used to. It would be a much lower level and you would have opportunities to work with families and children to prevent them escalating, the concerns escalating."* **[Senior Leader, Baseline Interview]**

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?

Similarities to existing practice

Many staff felt that Family Valued and Restorative Practice was similar to existing ways of working prior to introducing the model. Some staff were already trained in or using Restorative Practice, and others reported working in ways that were consistent with the approach. In particular,

staff in Disabilities, Early Help and Edge of Care teams identified that they already practice in a strengths-based or restorative approach, involving families and children as much as possible. Social Workers were also already accessing FGC at baseline from the existing service that was in place. Family Valued was also seen as consistent with the journey on which the authority had already begun, to move away from a focus on compliance to a focus on outcomes.

However, prior to Family Valued, the FGC team did not have enough capacity to be available to all cases and all teams. Where FGC wasn't used, both in Social Work teams but also in Early Help where the FGC service was not available at the time, there were examples where practitioners informally brought the family together to come up with their own safety plans. Further, Restorative Practice was completely new to some staff, and use of a restorative approach was not yet consistent across all staff and teams prior to introducing Family Valued, a number of staff felt that the Family Valued approach built on and formalised the practice that was already happening.

> *"I think probably there's already some [working with rather than for and to] in better practice, but certainly there's also practice where it's done to and for, so I think we need to make that change really"* **[Senior Leader, Baseline Interview]**

Compatibility with Signs of Safety

At baseline, staff in Darlington reported that they had already been trained in and were using Signs of Safety. Signs of Safety was reported to help with information gathering and analysis. Similarities identified between Signs of Safety and Restorative Practice included both being strengths

based, and both encouraging more family involvement. Interviews and focus groups found that some elements of Signs of Safety continued to be used after Family Valued was introduced. Some document templates used for case recording were still aligned to Signs of Safety principles, and scaling questions (used with family members and professionals to rate the safety of the child) were still used in some meetings. Most staff felt that there was a compatibility between Signs of Safety and the Family Valued approach. However, there was also confusion amongst some staff, about how the two models should be used together, with some staff feeling that messaging hadn't been sufficiently clear about the transition or how to use both models.

> *"There's still elements and remnants of Signs of Safety within certain practice, and certain bits that we're sticking to, but other bits that we're not. So it's not very clear as to what is it, you know, how does Signs of Safety tailor with what we're doing now"* **[Social Worker, Interim Interview]**

At follow-up, observations of practice also indicated continued use of Signs of Safety (SoS) and several Social Workers referenced this model when describing their practice approach. The structure and content of the meetings included a number of elements of Signs of Safety. This included using scaling questions with family members and professionals to rate the safety of the child and establishing a '*danger statement*' which specifies what professionals are worried could happen if nothing changes, and the impact of this on the child or young person. One Social Worker noted that the wording and language in danger statements had been changed under Family Valued to make it more family orientated.

Do 70% of staff perceive there is sufficient buy-in and support from leadership?

The proportion of respondents who reported that support from leadership and management to implement the Family Valued Model is effective was 60% at the interim survey (68 of 114 respondents), and 67% at the follow-up survey (74 of 110 respondents). This was slightly below the target level of 70%.

What is the level of understanding of, engagement with and support for the model from senior leadership, partners and referrers?

Interviews and focus groups found that most staff felt that leadership and management were supportive of the Family Valued model and were modelling Restorative Practice effectively.

> "*I think it's been pretty positive really because it's come from the top down. So you've got ... our Managers, Heads of Service, Directors, everybody has really kind of bought into this as our new approach in Darlington. Then it's made it much easier for that to ... come all the way down through to us at the frontline. So everybody is ... pushing forward for this approach to be our everyday practice, and for us all to ... embrace it and embed it.*" **[Social Worker, Follow-up Focus Group]**

Partners were reported to have taken part in training and some partners, particularly schools and some health partners, engaged well with Restorative Practice. However, there was also a sense that some partners, particularly police but also some health partners, would benefit from more support and training about Restorative Practice to give them a better understanding and reduce any nervousness or uncertainty in relation to the restorative approach.

> "*They [partners] are on board, but it's the individuals where perhaps they think we're being-, we're not acknowledging risk sufficiently because of the new way of working where we're saying we are, we're just doing it slightly differently.*" **[Senior Leader, Follow-up Interview]**

What are the reasons for any adaptations to delivery, perceptions of facilitators to successful delivery, and barriers and challenges faced or overcome?

Delivering whole system change in a short timeframe

It was acknowledged that achieving a whole system change of this nature is something which takes time. The model involved a lot of change, and the window to recruit and train staff and implement the model was short and therefore required an intensive period of focused work to achieve. Recruitment and training were

successfully delivered as planned, but some staff reported that this process felt rushed at times, and this pace meant that some frontline practitioners didn't always feel fully informed about what change was happening.

> *"It was a little bit rushed, but nobody seemed to know what was going on, and there were teams [that had] already appeared."* **[Advanced Practitioner, Baseline Focus Group]**

While respondents generally felt that staff workloads were manageable, and embedding skills was progressing well, a small number of respondents also indicated that when workloads were busy or cases were complex it could be hard to make time for training or to develop or use new skills.

> *"There's some members of staff, who in a crisis will revert to their old ways. We're all guilty of that sometimes aren't we, if presented with a particularly complex or problematic case, or it is a massive crisis they will revert to old ways of practicing."* **[Senior Leader, Interim Interview]**

Consistent with this, at follow-up, Figure 4 shows that only 54% of staff reported that they had sufficient time to undertake direct work with families on their caseload (55 of 102 respondents), and 53% reported that they had sufficient time to take advantage of the Strengthening Families (Family Valued) model (60 of 114 respondents).

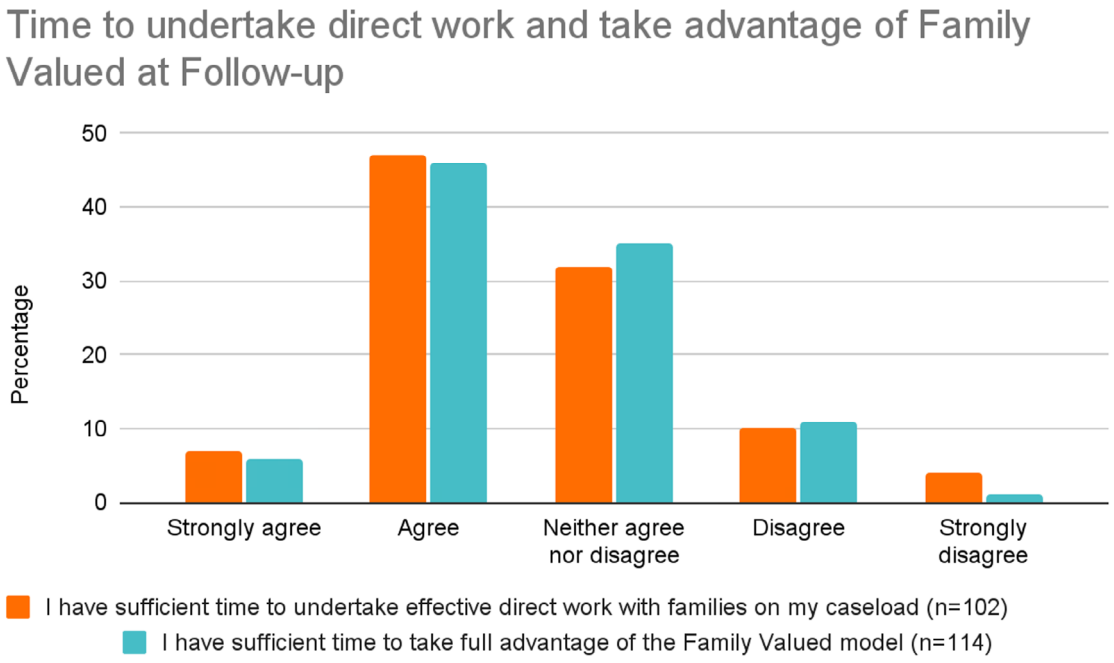


Figure 4. Staff time to use the model at Follow-up

Compatibility between Child Protection and Restorative Practice

Some staff noted that the shift to Restorative Practice was a big culture change, which could be challenging at times for Social Workers working in Child Protection. This was reported to relate to the process driven nature of safeguarding work, and the need to manage risk to children. This meant that certain factors staff felt to be non-negotiable from a safeguarding perspective were at times in conflict with families' views and wishes. In this context, Restorative Practice was very different at times to the way some staff were used to working, and it was challenging for some practitioners to feel confident giving families' the opportunity to make change for themselves.

> "*I'd probably say within Assessment and Safeguarding, sometimes it can be difficult to use that Restorative approach really, just because of a lot of things that we are doing sometimes are obviously safeguarding and ... protecting the child. ... I think we always try and do that as much as possible. However, that has been a challenge.*" **[Social Worker, Follow-up Focus Group]**

It was acknowledged however, that despite these challenges, the benefits of a restorative approach would be to give families the skills to sustain change rather than return to services in the future. It was expected by respondents that as the restorative approach became more embedded, staff would become more confident working with families instead of immediately seeking more intensive intervention. It was noted by one respondent that the timescales of a Family Group Conference could be too slow in a crisis situation, highlighting the benefit of proactively undertaking Family Group Conferences early for all families to avoid the need to use them responsively. Having a Social Worker with an understanding of safeguarding leading the FGC team was also reported by some staff to help with embedding FGC within a child protection context.

COVID-19 pandemic and remote working

Many staff reported ways in which the COVID-19 pandemic had affected implementation of Family Valued in Darlington. Staff noted that the pandemic reduced momentum in the messaging and rollout of Family Valued. This was in part attributed to the need to focus on preparing for and responding to the pandemic, and because training due to be delivered in person had to be delayed and reformatted to be available virtually. Some staff reported that it was difficult to make virtual training as effective as training delivered in person. Many staff continued to work face to face where possible, although where staff did need to use PPE or work remotely this was reported to have affected the ability to work relationally and restoratively and build relationships with families. In addition, working in isolation at home made it harder to develop skills in Restorative Practice. Staff reported that working with younger children was particularly difficult when working remotely. Whilst staff and families were positive about the virtual FGC process, and staff worked creatively to overcome challenges some family members had with accessing technology, some respondents felt that virtual FGC was less effective than when it was delivered in person.

> "*I think the virtual way of working loses the face-to-face interaction that you get from a Family Group Conference, and I think that's the beauty of a Family Group Conference is that you get everyone*

around face-to-face. COVID also meant that we haven't been able to potentially obtain the voice of all children, certainly young children because we may not have been able to either visit their home or it's the confidentially as well in making sure that they can speak openly and freely ... [when] there's not a parent around them." **[Team Manager, Follow-up Interview]**

Despite these challenges, Darlington was able to successfully implement key elements of the Family Valued model during the ongoing pandemic. There were also benefits of remote working. In particular, it was felt by some practitioners that working remotely led to better engagement from some family members. This included young people who were used to and in some cases preferred communicating via technology, or family members who might not have made the time to or been able to attend meetings in person. This included fathers and family members who lived further away. In some cases this meant FGC could be delivered in quicker timescales.

> "*We've actually been able to engage with people who we haven't previously and got better engagement from some people. Yes it's difficult particularly with younger children. ... you have to go out and see younger children face-to-face. But certainly for teenagers, and like I say for fathers or males in general in family homes it's improved.*" **[Senior Leader, Interim Interview]**

In what ways are area characteristics perceived to affect delivery and outcomes?

A few staff reported that the small size of Darlington as a local authority helped Darlington with rolling out the training, embedding understanding of Family Group Conference. The small size of the local authority was also identified as helpful for establishing multi-agency relationships.

In what ways are case characteristics perceived to affect delivery and outcomes?

Family engagement was perceived to affect delivery. It was found to be harder to work restoratively where there was a negative view of social work, with families who did not engage meaningfully or were not comfortable with speaking openly with practitioners. Further, it was felt by some staff to be more difficult to work restoratively with families who had long-term involvement of Children's Social Care and were used to a way of working where things were done 'to' or 'for' them.

> *You do have some families who want you to sort things out for them, and it's trying to get them to take some responsibility and take a little bit of ownership. Sometimes for some families that can be a bit difficult.*" **[Social Worker, Follow-up Focus Group]**

It was reported by a number of staff that using FGC at the earliest opportunity, i.e. when families were first referred to Children's Social Care, or before crisis point was reached, was a good way to maximise its benefits. A small number of respondents indicated that FGC was more difficult, although still possible, where the family network was smaller, where there was family conflict or where key family members were missing, such as fathers where these were in the picture.

> *The other thing is family conflict. It can be really difficult to bring families together when a lot has gone on. The way that we deal with that is trying to get families to think about being child focused, and what's best for the child. ... putting their grievances to one side, and sometimes it can be really positive because people see each other face-to-face and they haven't spoken for a while, and actually they all have the same goal. They just want that child to be okay.*" **[FGC Facilitator, Follow-up Interview]**

What are the reasons why some cases referred to FGC don't proceed?

The only type of work that the FGC team were reported not to take was where the aim of the FGC was purely in relation to contact arrangements. Where cases didn't proceed, this was usually down to a family not engaging with or not wanting an FGC. Another reason, which was noted in information shared subsequently by the FGC service, was that cases may not proceed to FGC where there was a high level of conflict between parents that may need addressing before referral, or where there was an ongoing police investigation.

What planning is in place to support sustainability of Family Valued in Darlington?

Ongoing support to keep Restorative Practice live within the organisation and help it to further embed was discussed by some staff in interviews and focus groups. This included continuing to provide training for new staff and partners, regular communications and developing guidance on Restorative Practice and continuing to model it at a leadership level. There were also plans for some staff to receive further support and mentoring from Leeds, and for further review of the Early Help offer. Darlington also shared information about training post the evaluation period, including sessions on 'Next Steps with Developing Restorative Practice, 'Relational Language', 'Solution Focused Practice' and 'Poverty Aware Practice' all delivered in 2021. Events to launch the 'Relational Practice Framework & the Restorative Practice Vision and Values' were also delivered in July 2021. Darlington also had an intranet offer in place to support Restorative Practice which included communications, podcasts, webinars, training and tools. It was noted that continuing to offer the same level of support was reliant on continuing to fund the new posts that had been created.

Evidence of promise

a. ***Is there evidence to support the intervention theory of change as set out in the logic model, including the mechanisms by which change is achieved and the facilitators and barriers to change?***

Summary of Findings

The key mechanisms, i.e. use of Restorative Practice and accessing relational and restorative services including Family Group Conferences were found to act as expected. Findings in some places expanded on the logic model developed at baseline.

Some observations were made of staff using approaches consistent with Restorative Practice at baseline. However, a more consistent use of Restorative Practice was reported and observed at follow-up. Practitioners reported using reflective practice to think more deeply about their work with families. Working restoratively was supported by reflective supervision as well as group supervision, solution circles, and formulation. Practitioners also reported working more restoratively with families and using clearer and more relational language. Staff reported 'doing with' rather than 'to' or 'for' families, with families encouraged to be more involved with and take more ownership of their plans. This was also reflected in our observations of practice. We also observed practice that was strengths based, as well as emphasis on the voice of the child. There was also more capacity in relational restorative services such as FGC and the Edge of Care service (KFT), and more families were therefore being supported by these services. Referrals at the Front Door, as well as to these relational and restorative services were seen to be more restorative themselves.

Although FGCs were being carried out virtually due to the COVID-19 pandemic, the FGC service was reported and observed to be largely operating as intended and consistent with the key principles of FGC set out in the logic model. FGCs were reported to be happening more frequently and more quickly than they had been prior to Family Valued. Social Work teams, and recently Early Help as well, were able to refer families to the service. FGCs were led by independent Facilitators and reported to take place within the 4-6 week time frame. Family involvement was central to planning the FGC and developing a family plan, including the voice of the child. Conferences followed the expected format of introduction and information sharing, family time, and then review of the plan.

However, findings also suggested that there was still room for further embedding understanding and use of Restorative Practice as well as consistent use of FGC within Social Work teams in particular.

Indicators

What is the use of Restorative, relational and family centred practice and how does this differ from previous ways of working?

Observations at baseline indicated that some staff were already practicing in a way that was consistent with Restorative Practice. At follow-up, interviews and observations found many examples of Restorative Practice. This included staff using reflective practice tools, working restoratively with families and in a strengths-based way, and emphasizing the voice of the child. Use of relational and restorative services such as FGC had also increased. There were also a small number of examples that indicate the local authority

is still on a journey to fully embedding Restorative Practice.

Relational, strengths-based and family-centred practice before introducing Family Valued

Our observations at baseline before Family Valued was introduced indicated there was already some practice in Darlington that was restorative, strengths based and family centred. This included Social Workers highlighting the strengths in the families they worked with, and encouraging a whole family approach.

> *"In relation to wider family, who have you got… that supports you guys? … what I'm going to do here... if you think 'why is [Social Worker] drawing these strange diagrams?', I'm drawing something called an eco-map…"* **[Social Worker, Baseline Observation]**

There were examples at baseline before Family Valued was introduced of Social Workers working collaboratively with family members to establish plans and goals, an approach which is consistent with Restorative Practice. A Family Network Meeting we observed at baseline focused on identifying strengths within the family system to care for the child and involved the Social Worker reviewing a plan the family had made prior to the meeting. We also observed a Social Worker emphasising that a parent knows what is in their child's best interests and encouraging them to think about future plans.

> *"What do you think he needs, because you're the expert in his life, what do you think he needs? You know him better than anybody."* **[Social Worker, Baseline Observation]**

In another example, the Social Worker praised the family for drawing up their own plan.

> *"I think it's extremely positive that you have come together with your own plan. That is exactly what the court is looking for."* **[Social Worker, Baseline Observation]**

There were also examples of Social Workers seeking to understand family members' experiences and encouraging an open discussion around risk. For example, a Social Worker spoke to a parent about the Signs of Safety scaling questions which are used with family members and professionals to rate the safety of the child.

> *"Following on from yesterday's Core Group meeting, how did you think yesterday went? I was quite interested in… when we scaled… that you scaled slightly lower, just around your thoughts and a bit around that."* **[Social Worker, Baseline Observation]**

There were examples at baseline before Family Valued was introduced of constructive challenge, which is another element of Restorative practice (high support, high challenge). For example, a Social Worker challenged a parent's thinking around her son's behaviour, encouraging her to think in a different way in order to make change.

> *"If we have that attitude that all kids are like that. He's just going to go 'well do you know what? I'm just a teenager, everybody is like that.' We probably have to get out of that way of thinking with him. Does that make sense?"* **[Social Worker, Baseline Observation]**

Reflective practice

At follow-up after Family Valued had been introduced, staff reported using reflective practice to think more deeply about the work they were doing with families. This included taking more time and thinking with a restorative lens to understand families' experiences and reflect on goals and what needs to be done to achieve those goals, and to reflect this in case recording.

> "*I feel more able to go out and engage with families and to think ... more reflectively and more critically in how I'm going to engage them. How I'm going to work with them and thinking about their own pasts and experiences and how that contributes to how they're presenting. I think it's certainly helped in that way.*" **[Social Worker, Interim Interview]**

Staff used a range of tools to support reflective practice. This included use of solution circles as a way of reflecting with peers to try and find solutions where the practitioner is unsure what to do next. Staff also used formulation to think about factors that might underpin families' current situations including what's worked well in the past. Group supervision was also used. It was also reported that individual supervision was restorative and reflective.

> "*Previously we would have been very performance-driven. On supervision we'd have timescales, assessments to do, and it would be very straightforward. Whereas now when you read supervisions there's a lot of reflection going into it. There's a lot more around what's the journey of the child, what's the impact of the child, and what are we doing as professionals, and where is the journey going, what's the vision.*" **[Advanced Practitioner, Follow-up Interview]**

Working restoratively with families

Staff reported working more restoratively with families at follow-up. This included using language that was more relational and more understandable to families, making plans and case recording clearer and ensuring goals were achievable. Decision making had become more child and family centred. One example of this we observed was a Social Worker remaining involved and keeping the case open where a young person moved to a different local authority, to avoid creating instability in the young person's life.

Consistent with Restorative Practice, practice in Darlington focused much more on 'doing with' rather than 'doing to' or 'doing for'. Families were encouraged to take ownership of their plans and were reported to have much more involvement including being much more involved in creating their own plans and goals. Staff reported "*working alongside the family*", having a "*focus on relationships*", and being flexible in their approach depending on the needs of the family.

> "*Whereas before maybe we would have went [sic] in and said, 'right, this is what you need to do, and this is how you should do it.' Whereas now we're very much ... doing it with them, 'okay, what do you need and who needs to support you with it. Let's get that in place. We can help you with that.'*" **[Team Manager, Follow-up Interview]**

Fathers and extended family members were invited to some of the meetings we observed, and their views sought throughout, indicating efforts to adopt a whole family approach. In one example we observed, after asking professionals what they are worried about, the Independent

Reviewing Officer who was chairing the Child Protection Conference then asked the father how he would respond and what he was worried about himself.

Strengths-based practice with families

In our observations a wide range of professionals were seen to identify strengths within the family. This is an approach consistent with Restorative Practice. We observed a number of practitioners, including FGC Facilitators, Social Workers, and Independent Reviewing Officers chairing Child Protection Conferences commenting positively on family strengths. This was incorporated into the structure of some of the meetings. For example, the Independent Reviewing Officer chairing a Child Protection Conference was observed asking each professional in turn for the positives from their point of view and also asking family members what they think is going well. We also observed how family members would identify some strengths for themselves or for other family members. Wider professionals such as representatives from school also offered strengths.

> *Attendance has been excellent, [the children are] happy, smiling, [have] seen the counsellor, [have a] good positive relationship with Mum and Dad."* **[School representative, Follow-up Observation]**

The voice of the child

In the meetings we observed, there were efforts made to ensure the voice of the child was heard. This is a key component of Restorative Practice. This included asking parents to consider what they thought their child might be thinking. In another case a Social Worker was observed to have gathered a young person's views prior to the Child Protection Conference. The young person's view in relation to the progression of their plan, as well as their goals and the extent to which they felt these had been met were then shared in the meeting.

> *[Young person] told me he feels happy, settled at home. [Young person's] goals [are for] Dad to get help with his anger. [Young person] feels these goals have been met. [Young person] would like more routine and structure, but understands things aren't always perfect. [Young person] told me that [their parent] remains alcohol free and doesn't talk about this anymore. [Young person] would be happy stepping down to a Child In Need plan."* **[Social Worker's report, read out by Independent Reviewing Officer at Follow-up Observation]**

In some cases, we also observed young people in attendance at Children's Social Care meetings that were about them, such as a Core Group meeting and a Review Child Protection Conference. In these meetings, the Social Worker and the Independent Reviewing Officer chairing the Child Protection Conference made efforts to involve and seek the views of the young people throughout, and to offer encouragement in relation to things that were going well.

> *It's good to see you this morning, great to hear how well you're doing, all these A*s, that's excellent, [and you're] keen to go to school [even] during lockdown"* **[Independent Reviewing Officer, Follow-up Observation]**

Use of relational and restorative services

Practitioners also reported that they were making more use of relational and

restorative services after the introduction of Family Valued than they had done before. This included Family Group Conference and the Edge of Care service (Keeping Families Together) which offered intensive support for families over a period of 12 weeks. Both of these services had already been in place but had increased capacity to work with more families under the Family Valued Model. It had been anticipated at baseline that increased capacity in the Edge of Care service would enable longer-term follow-up on FGC plans. Referrals also became more restorative and were increasingly based around conversations rather than filling out referral forms, particularly for the Front Door and for Family Group Conferences.

> *"It's a conversation to talk about a family rather than filling in a form and ticking boxes, which I think has really helped both services, the Family Group Conference Service and us because you can't always explain the finer details about a family and about personalities on a form. So I know it's certainly-, my workers see the benefit of that in being able to make that phone call and say, 'this is what I need'. ... using that simple language is much, much easier."* **[Team Manager, Follow-up Interview]**

We also observed professionals advising families on long term Special Guardianship Order support or how they might access support for themselves through other routes once their case had been closed. These examples are both consistent with a restorative approach of empowering families.

Still on a journey to fully embedding Restorative Practice

It was, however, reported in some interviews and focus groups that staff were still very much on the journey to fully

embedding Restorative Practice. Although staff were encouraged to consider FGC for all families, not all practitioners were referring consistently to the Family Group Conference service. Many staff were adopting a restorative approach, with some examples of staff who were reported to be using Restorative Practice very well. However, there were still small numbers of staff or teams who were reported to be using Restorative Practice less. Restorative Practice seeks to work *with* rather than doing *to* families, for example listening to families' preferences and needs, as well as involving families in defining their own goal. However, there were some examples in interviews and observations that suggested this wasn't always the case. It was observed that at times where the Social Worker needed to communicate with families about risk, it could be harder to frame this in a restorative way i.e doing with rather than doing to. Some families we spoke to also felt that there were times that they didn't feel listened to by the Social Worker or receive the type of support that they felt they needed. In one case a family member reported that the goals they were working towards with their Social Worker were not clear to them.

> *I feel I have to ask what's the plan, what's the plan. I'm not given the information… I'm wanting to know what the process is, but I'm fairly kept in the dark about things."* **[Parent, Follow-up Interview]**

These findings were based on a small number of interviews and observations, and were embedded within a number of other examples where staff were seen to be practicing restoratively. This snapshot of what some practice looks like before and after the model was introduced enables a qualitative assessment of ways of working, rather than an objective measure of fidelity to Restorative Practice. There may also have been a range of context behind these examples that weren't captured in the brief observations we undertook. Therefore, while these findings show instances of a range of practice taking place, we cannot draw conclusions about the extent to which staff are or are not practicing restoratively across Darlington.

How confident are Social Workers introducing and supporting Family Group Conferences with families?

The proportion of staff who agreed or strongly agreed that they felt confident introducing Family Group Conferences to families and supporting them through the process was 82% at interim (49 of 60 respondents whose role involves referral to FGC) and 77% at follow-up (47 of 61 respondents whose role involves referral to FGC). This decrease may have related to a change in respondents to the survey, or staff turnover.

This was largely consistent with what was reported in interviews and focus groups, with most staff feeling confident to introduce FGC. Staff reported that information and support was provided by the FGC service to facilitate this. In an observation of a Core Group meeting a Social Worker was observed introducing the idea of an FGC to the family, in a way that appears to be in line with FGC principles. The Social Worker shared that the meeting is family led, that anyone in the support network can attend, and seeks the child's voice by directly asking their view.

> *How it would work, our team would contact you… speak to you, what do you want help with, [you] all give your ideas, and you identify people who you think [could be part of the FGC]… then they would be contacted, that's how it works, it is independent from myself, not about a Social Worker running that plan…"* **[Social Worker, Follow-up Observation]**

However, there were still some instances where staff hadn't been successful at encouraging families to engage in an FGC or weren't aware of the new FGC referral process, suggesting there was still room for further development in this area.

Does Family Group Conference operate as intended (including what is the involvement and role of the family network and professionals, the voice of the child, and how is decision making achieved)?

Interviews, focus groups and observations were used to understand the operation of Family Group Conferences in Darlington, and whether these were consistent with the principles of FGC. The key components of FGC considered here are the types of cases referred to the FGC service, use of an independent facilitator, the family's involvement in FGC, the preparation

undertaken for the FGC, the format of the conferences that were held, and how plans were reviewed and shared.

FGC referral

The FGC service in Darlington had broad referral criteria, and staff were beginning to consider whether an FGC was suitable for all cases. This was consistent with the intended use of FGC in the Family Valued model. Cases were referred from a range of Social Work teams including Assessment and Safeguarding, Lifestages, and Looked after Through Care. The service remit had recently expanded to accept referrals from Early Help and new cases referred to Children's Social Care. The FGC service was being used for a range of reasons, for example safety planning or reunification. However, unlike Leeds where the model was developed, FGC was not currently being used in place of an Initial Child Protection Conference (ICPC). The two FGCs we observed had diverse aims. One was being held to develop a plan to support a young child in Foster Care to return back into the care of their mother, and the other was in relation to planning support for the mother of an unborn baby.

Consistent with the principles of FGC, FGCs were reported to have usually taken place within a 4-6 week time frame from referral to the FGC service. Social workers reported receiving quick responses from the FGC Facilitators, and it was noted that FGCs were taking place more quickly than they had been previous to Family Valued being implemented. This suggests that recruiting additional staff had improved the quality of the service that the FGC team was able to offer.

Independent FGC Facilitator

Consistent with the principals of FGC, FGCs were delivered by an independent FGC Facilitator who was in a separate team to the Social Worker or lead practitioner. This component of FGC was felt by staff to be helpful for engaging families.

> "*It's really important to us that we're seen as independent and impartial. Although we are-. we always explain to families, we are still part of Darlington Council, but we're not managed by the same managers. We're not here to assess you. ... that's not our role.*" **[FGC Facilitator, Follow-up Interview]**

However, while the FGC service itself was independent of case holding teams, there were some staff in the Early Help and the Looked After Through Care team who were also trained to be able to deliver FGCs. Early Help were also using Family Network meetings to play a similar role to using an FGC. This practice was not consistent with the principles of FGC which highlight the importance of conferences being led by an independent FGC Facilitator. One Team Manager also mentioned that Family Network Meetings could sometimes be Social Worker or professional agency led rather than Family led. This practice within Early Help may have developed before Early Help were able to refer to the FGC service.

Family involvement in FGC

Consistent with the principals of FGC, family involvement in the process was very much emphasized by the practitioners we interviewed. Identification of the family network was reported as a key component of preparation for the model, as was involving the family in planning the FGC.

The family were also very much encouraged to create their own plan themselves. Staff reported that the child's voice was emphasized, involving them in the FGC where it was appropriate to do so, and making use of advocates where these were wanted by family members.

> *"It definitely felt like my concerns were heard and noted. People actually listened to me and ... I spoke on behalf of my younger siblings as well."* **[Young person, Follow-up Interview]**

Consistent with this, the meetings we observed appeared to be family-led and there was a focus on the family identifying their own plan. For one family member who could not make the FGC we observed, the Facilitator had sought their view beforehand and shared their views in the meeting. The FGC Facilitator explicitly highlighted that this was a "*family-led process*". This was demonstrated where the FGC Facilitator began the meeting by inviting family members to introduce themselves in relation to the child. The FGC Facilitator also appeared to be thinking about the family's needs and was guided by them on how much to share in relation to the name and sex of the unborn baby. The FGC Facilitator also praised the family created plan.

> ***Mother:*** *'Is that a good family plan [to Social Worker]?*
> ***Social Worker:*** *It is reassuring that [mother] has lots of support…*
> ***Facilitator:*** *It is a good family plan, because it is your family plan…"* **[FGC, Follow-up Observation]**

We also observed Social Workers showing support to the family. One Social Worker said that she is "*really pleased the family have come together and put a plan together*" and was observed to put her thumbs up to show support to mother when the FGC Facilitator read out part of the plan addressing risks in relation to the baby.

However, we also observed that the FGC Facilitator and Social Worker did most of the talking in the third part of the meeting (the review), and there were some family members we did not hear speak throughout the meeting, although they may have spoken during their family time. In one instance a Social Worker spoke about the child's mother rather than to her.

Preparation

Staff reported that to prepare for the conference, the FGC Facilitator held preparation meetings with everyone due to participate. This involved building relationships with and sharing information with family members, gathering their wishes and feelings as well as communicating the bottom line and expectations. This approach was consistent with the principals of FGC.

In line with this, there was also clear communication of bottom lines, concerns, and expectations in the FGCs we observed. At the beginning of one of the FGCs the Facilitator said: "*this is a family-led process, and the review will be about making sure the plan is safe, legal, and addresses the bottom line*". In this same FGC, the Social Worker set clear expectations that a risk assessment should be undertaken before there could be contact between the child and mother's partner.

Conference format

A range of family members were in attendance at the FGCs we observed. This was consistent with the principal that FGCs should include the family network. Although

other professionals can attend FGCs where relevant, the Social Worker, and a Student Social Worker, and the FGC Facilitators were the only professionals in attendance in the FGCs we observed.

Previously conferences were held in person, with refreshments provided, but were now being held virtually during the pandemic. The FGCs we observed used Microsoft Teams. It was noted in interviews that the service was currently seeking an appropriate neutral venue to use in future when in-person conferences began again.

The FGCs we observed followed the expected three-part structure. The first stage was information sharing, followed by private family time to develop a plan, and finally a review of the plan. In one FGC we observed, the Facilitator had to remain during family time as they were the host of the virtual meeting, which is not usual practice when FGCs are carried out in person.

Reviewing and sharing the family plan

The process of reviewing and sharing the family plan was largely consistent with the principals of FGC. In one FGC we observed, the Facilitator stated that the family plan "*includes the reason for the FGC, the child's wishes and feelings, the plan, and contact details*". Staff in interviews and focus groups noted that plans were child friendly (or child-friendly versions were created) and worded in the family's language. One Facilitator was observed asking the mother who she wanted the plan to be shared with. It was noted in observations and interviews that the Social Worker would quality assure the plan before it was sent to family members. One Facilitator stated however that she would make an effort to keep the plan in the family's words. Attendees were then reported to receive a copy of the plan.

In both FGCs observed, the Social Worker set the date for the Review of the family plan, taking into consideration the needs of the family and preferences of the Social Worker. These were usually 6-12 weeks after the initial FGC. In one FGC, the Facilitator asked if someone could "*monitor*" the family plan and this would involve giving the Social Worker a call "*if things aren't going to plan*". Cases were reported to be closed after the review if the plan was working well.

There were a small number of instances reported where the Social Worker had disagreed with or changed the plan that the family had agreed in the FGC. This suggested that family plans were not always taken forward exactly as families had developed them. It was also noted that other professionals working with the family, such as Independent Reviewing Officers, did not always have access to or know where to find information about the family plan, highlighting the importance of having this process of sharing the plan embedded as part of usual practice.

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?*

Central mechanisms to the model were building relationships with families and fostering a restorative and relational culture. More detail on each of these is presented below.

Building relationships

Building relationships with families and gaining families' trust and engagement were reported by participants to be central to the model. This was felt by staff to be important to help overcome families' previous negative

experiences or views of Children's Social Care. This was facilitated by improved communication with families, listening non-judgmentally and also Front Door reforms increasing Social Worker consistency.

> *"The focus on building relationships has been key with families, and it's right from the beginning, that first knock on the door. It's about how we approach and present ourselves to families, and how we try and work with them in a more ... relational way. To build those relationships in order to achieve ... better outcomes and better working relationships."* **[Senior Leader, Follow-up Interview]**

Restorative and relational culture

A restorative and relational organisational culture was also reported to be central to being able to undertake relationship based social work. Confidence using Restorative Practice was influenced by having whole-service buy-in to Restorative Practice, including staff feeling supported by their managers to work in that way, as well as consistent messaging and modelling of Restorative Practice from Management and Leadership. The newly appointed Relational and Restorative Advanced Practitioners were also reported to be particularly helpful by many staff we spoke to. These roles included delivering training, sharing resources, observing practice, and also being available for ad-hoc advice and support.

> *"If we didn't have the new Restorative Practice Practitioners I don't think this would be embedded as much at all. I think people taking the lead on it has been good, particularly now we're not in the office and we're not able to go on training ... face-to-face and that type of thing. That's helped."* **[Social Worker, Follow-up Focus Group]**

Staff benefited from support and challenge from their colleagues in their day-to-day practice, including peer support and group supervision. A shift to Restorative Practice was easier where teams or new staff recruited already worked restoratively or were committed to a restorative way of working.

> *"We've had more of the group supervisions as well, where we ... talked through cases. And maybe looked at decisions as a team, where one Social Worker may be really struggling with a particular area of a case. We have ... all come together and supported each other."* **[Social Worker, Follow-up Focus Group]**

c. *What potential impacts of the intervention do stakeholders identify?*

Summary of Findings

The majority of staff surveyed reported that the Family Valued Model helps manage risk with families more effectively, improves family engagement with Children's Social Care, and improves outcomes for children and families. Potential benefits of Family Valued identified by staff and families in interviews and focus groups included benefits for better quality practice and de-escalation of statutory involvement, as well as engaging and empowering families, improving family relationships and communication, and keeping families together. Administrative data also indicates reductions over time in the number of children subject to Child in Need plans, but that the number of children subject to Child Protection plans, and the number and

duration of Children Looked After increased. However, it is important to note that at this stage this is not evidence of whether the model has had an impact.

Indicators

Key indicators pre and post introduction of the Family Valued model

The number of children who were subject to Child in Need plans in October 2019 was 389. This had decreased to 297 in October 2020. The number of children who were subject to Child Protection plans in October 2019 was 97. This had slightly increased to 104 in October 2020. The number of children who were Children Looked After in October 2019 was 269. This had increased to 292 in October 2020. The number of children who were in Kinship Care in October 2019 was 53, this increased to 59 in July 2020 but decreased again to 53 by October 2020. The number of referrals which were re-referrals was relatively stable, at 50 in August to October 2019 and 55 in August to October 2020. The average duration looked after for children who were no longer looked after was 574 days in August to October 2019 and increased to 620 days in August to October 2020.

These findings show some changes in these areas of Children's Social Care intervention over time. However, these should not be taken to indicate evidence of impact of the model. This evaluation has not included a comparison group and is not designed to measure impact. Further, the introduction of the model also took place at the same time as the global COVID-19 pandemic, which is also likely to have affected cases.

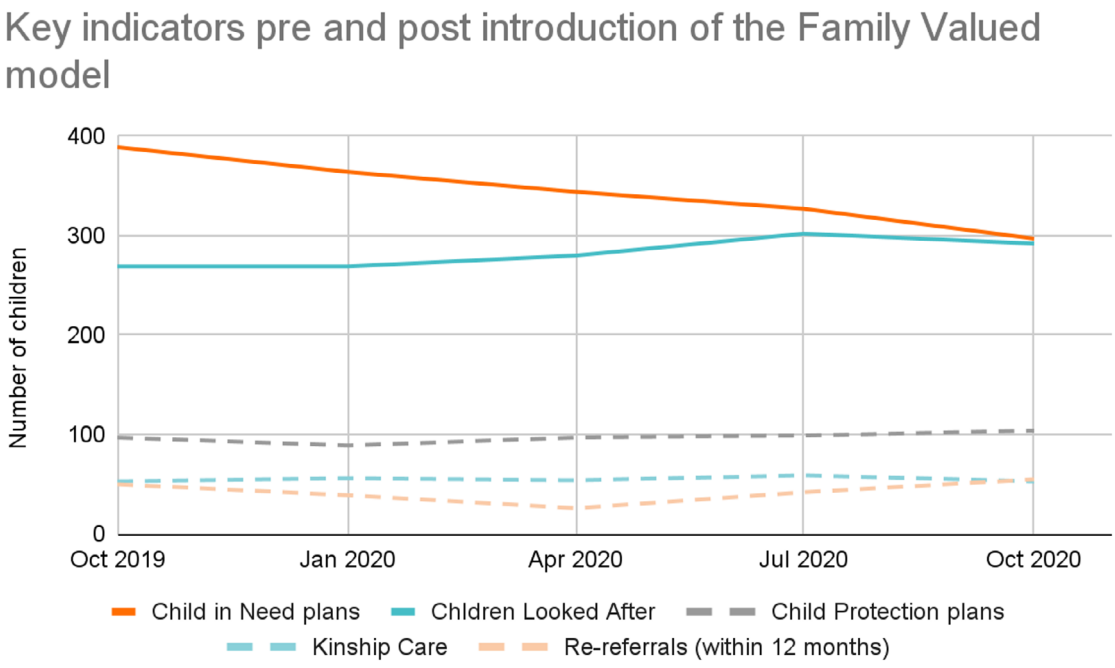


Figure 5. Key indicators pre and post introduction of Family Valued

To what extent and through what mechanism is the intervention perceived to affect staff and family outcomes?

Potential benefits for practice

Potential benefits for practice identified by staff in interviews and focus groups included improved quality of support from Children's Social Care. This included staff reporting that having more relational referrals, fewer Social Worker changes was leading to practitioners having a better understanding of cases. This was also linked with improved professional relationships and communication between teams and multi-agency partners.

> *"I would say that overall relationships have improved and I'm sure that's down to the Strengthening Families [Family Valued] approach, and the way Social Workers are building those positive relationships with not just families, but with multi-agencies as well."* **[Senior Leader, Follow-up Interview]**

Staff also reported de-escalation of statutory involvement, with fewer child protection plans or care proceedings, or greater momentum in cases.

> *"I think there's [sic] cases where we would have previously probably escalated them to Child Protection, and to even PLO or court, where we've been able to say, 'Look, work with us, and this is what we're going to do to support you. You've identified this, so we're going to help you implement that'. And we've maybe been able to keep families in Child in Need and support them through that. Or even if they were already on a Child Protection Plan, step them down because actually they're working with us and we're working with them and their family plan."* **[Team Manager, Follow-up Interview]**

Potential benefits for children and families

At the interim survey, 77% of respondents (89 out of 116 respondents) reported that they expected training in Restorative Practice to improve outcomes for children and families in Darlington, and 78% of respondents (90 out of 116 respondents) reported that they expected offering more Family Group Conferences to improve outcomes for children and families in Darlington. At the follow-up survey, 75% of respondents (82 of 110 respondents) agreed or strongly agreed that the Family Valued Model helps manage risk with families more effectively. Further, 73% of respondents (80 of 110 respondents) agreed or strongly agreed that the Family Valued Model improves family engagement with Children's Social Care. The proportion of respondents who agreed or strongly agreed that Restorative Practice has improved outcomes for children and families in Darlington was 68% (75 of 110 respondents), and the proportion who agreed or strongly agreed that offering Family Group Conferences has improved outcomes for children and families in Darlington was 54% (59 of 110 respondents).

Benefits for families identified in interviews and focus groups included families being more engaged with Children's Social Care, and more motivated and empowered to take ownership of their plans and make and sustain change. Staff and families also reported improvements in family relationships and communication, as well as examples of children and young people remaining with or returning to live with their families. This was particularly the case where there was involvement of FGC or KFT.

> *I think she definitely taught us to be more honest with each other. You know, if we've got any concerns or anything, we'll speak up about it, whether it'll be to [Social Worker] or within our family home. You know, so if I'm worried about something about my dad or something, I can just say [it] to him or something ... so we're more open with each other."* **[Young person, Follow-up Interview]**

d. Do there appear to be any unintended consequences or negative effects?

A small number of staff did note reduced workloads linked to Family Valued. However, for other staff, work demands remained the same, and in some instances, workloads were reported to have increased. This most commonly related to staff in the Assessment and Safeguarding teams finding that reform to the Front Door structure led to busy workloads during the week they were on Duty. Although these reforms had expected longer term benefits for staff workloads and relationships with families, in the short term some staff reported feeling that these changes increased their workloads.

> *Assessment and Safeguarding pick up everything from duty, which in effect creates more work"* **[Social Worker, Follow-up Focus Group]**

This was however mitigated at least in part by the introduction of an additional Assessment and Safeguarding team in October 2020. Although this only added a limited amount of additional capacity, this also meant that rotated Duty weeks were less frequent for each team.

Staff also noted some short-term workforce instability after the model was introduced. This may have been driven by dissatisfaction from a minority of staff, as well as internal recruitment to the additional posts created by Family Valued leaving vacancies in the Assessment and Safeguarding teams. These changes also took place around the time of the COVID-19 pandemic emerging, which may have also been a factor for staff turnover.

> *Because those newly created posts have become available, we've had people applying from my service area. So we're losing four or five people all at the same time. They're experienced Social Workers and one is an Advanced Practitioner, so that's hit us quite hard."* **[Senior Leader, Baseline Interview]**

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?

A revised logic model is presented in Appendix B outlining the intervention and its facilitators and barriers. This is simplified and adapted from the version presented in the pilot evaluation protocol (Sanders et al., 2019). The initial logic model developed at the outset of this pilot evaluation was largely supported by the findings in this report. However, there were certain elements that have been added based on these pilot findings.

Assumptions and contextual factors

Most contextual factors were already captured in the logic model. We added a number of additional assumptions and contextual factors. This included adding contextual factors relating to compatibility

with and clarity when using Family Valued alongside other practice models or approaches (such as Signs of Safety), the extent and pace of change needed. We added staff already working restoratively, or in ways compatible with a restorative approach, and having sufficient time to take advantage of the Family Valued model, as well as ongoing modelling, communications, and guidance to support longer term embedding as facilitators.

Intervention

The intervention itself was largely captured as described in the logic model. We added detail to specify more key principles of FGC and a bit more detail about restorative referrals. We also added appointment of dedicated local roles to support and champion local rollout of the model (in Darlington these are the relational and restorative Advanced Practitioners).

Mechanisms

The logic model already captured mechanisms relating to building relationships with families and fostering a restorative and relational culture. We added to the model the use of reflective supervision and reflective practice (such as solution circles, formulation and group supervision). We added the use of clearer and more relational language with families and in plans and case recording. Fewer changes in Social Worker were already mentioned in the logic model but we added this as a mechanism. We also added family engagement as a mechanism.

Outcomes

This evaluation was not designed to test whether outcomes were achieved, but the potential outcomes identified in this pilot evaluation were largely already captured in the logic model. We added improved relationships and communication within families, a potential outcome identified in this pilot report not yet captured in the logic model. We also emphasized that outcomes include 'sustained' change and added unintended consequences relating to workforce instability resulting from internal recruitment, and increased workload in safeguarding teams if capacity is not increased when they take on assessment based on Front Door reforms. Longer term educational outcomes, greater use of kinship care, and workforce retention were featured in the logic model, but were not particularly identified as areas that the model would improve in this pilot evaluation. These may be areas to explore in future research.

b. *Is the intervention able to be delivered consistently across teams?*

This evaluation identified variation in the extent to which practitioners engaged with Restorative Practice and made use of the Family Group Conference team. Findings suggest the importance of a focus on creating an organisational wide culture change, with buy-in from managers and leaders, to help staff, particularly those working in Child Protection, to embrace and feel confident working Restoratively.

c. *Are any changes needed to the theory, materials, or procedures before rollout?*

Factors identified in this report that would support rollout include further tailoring training to staff specialisms, ensuring that there are opportunities for staff to directly observe the model developer's practice, and providing clear ongoing messaging about the change process. Back-filling posts after internal recruitment to new

roles to avoid instability, ensuring sufficient capacity for teams taking on additional work as a result of front door reforms, and clear communication about integration with existing practice models are also important to ensure success of the model.

DISCUSSION

Discussion of Findings

Findings suggest that the Family Valued Model is feasible to implement in a new local authority, even in the context of a global pandemic. The model was well received on the whole by staff and families, although there was some variation in the extent to which staff had embedded Restorative Practice and were regularly referring to the recently expanded FGC service. Although this evaluation is not designed to test impact, a range of potential benefits for children and families are identified. These findings are in line with the Innovation Programme evaluation of the Family Valued Model (Mason et al., 2017) in the local authority in which it was developed, which similarly showed successful embedding of many aspects of Family Valued. These findings build on this previous evaluation by exploring how Family Valued is implemented in a local authority other than the one in which it was developed.

Any conclusions drawn from this pilot evaluation should keep in mind the context in which Family Valued in Darlington was being implemented and evaluated. Delivery of Family Valued in Darlington was affected by the COVID-19 pandemic. Whilst embedding training and Restorative Practice may happen more quickly as ways of working return towards normal, the effects of COVID-19 may be felt for some time and some degree of remote working may become part of usual practice in some areas. It may therefore still be important for model developers and adopters to consider how to deliver some services such as FGC virtually and ensure virtual training can be as successful as in-person training.

Variation in implementation of Family Valued across staff, as was identified in this evaluation, may have implications for the effectiveness of the model. This highlights the importance of ensuring an organisational culture that supports consistent use of the model across staff. However, it is also important to note that this pilot evaluation is only able to capture the early stages of implementation of the Family Valued Model. Although Awareness Raising training was complete in Darlington by February 2020, delays due to COVID-19 meant follow-up training continued until September 2020. The final evaluation data was collected by March 2021, just six months after this point. As a whole-system model, Family Valued takes several months to introduce and longer than this to fully embed. With appropriate ongoing local support, components of the model which have taken longer to adopt will have the opportunity to embed further. This means that the time frame of this pilot evaluation would have been too soon to capture the full embedding of Family Valued. However, it should also be noted that the time needed to embed may have implications for how quickly Family Valued is able to achieve change in outcomes in a local authority in which it is being introduced. It will also be important for local authorities adopting

Family Valued to keep momentum in the model in the face of staff turnover and other longer term local changes. How well Local Authorities embed Family Valued over a longer period of time, and whether Family Valued is able to achieve change in outcomes in the first couple of years in which it is introduced, is something that will be monitored in the next phase of our evaluation in subsequent Local Authorities introducing Family Valued.

Although the context for each local authority introducing Family Valued will differ, findings from this pilot evaluation may be useful to inform refinement of training, materials and support provided by the intervention developer, as well as informing plans and activities undertaken by the local authorities who are introducing Family Valued themselves. This will build on refinements the intervention developer is already making to their delivery plans for subsequent local authorities based on the learning they obtained directly from the process of supporting implementation of Family Valued in Darlington.

Refining support available from the intervention developer and adopting local authority, as well as overcoming local and national barriers to successful implementation of Family Valued as intended by the model developers, will ensure that any impact evaluation is an evaluation of the true model, rather than a partial version of it. This would enable accurate conclusions to be drawn about the effectiveness of Family Valued. If the model is found to be effective, being able to deliver the model in a way that changes practice as intended will also be important to achieve optimal outcomes for children and families.

Quantitative evaluation would be needed to establish whether the mechanisms identified in this pilot evaluation are actually happening more in Family Valued than in practice as usual, as well as whether they are leading to actual impacts in the range of potential child and family outcomes that the model was reported to be likely to achieve.

Limitations

Usual Social Work practice, as well as training and use of Restorative Practice were affected by the COVID-19 pandemic. This affects how much the findings from this pilot evaluation can be generalised in the future, although it is likely that the COVID-19 pandemic will continue to affect children, families and Social Work practice for some time to come. There were also limitations to the types of observations that were possible at follow-up due to collecting data virtually. As such conclusions cannot be drawn about the use of Restorative Practice when working one to one with families at follow-up.

A formal rating of fidelity to Restorative Practice was out of scope of this evaluation, and findings are based on a small number of observations. This means concrete conclusions about whether the components of Restorative Practice became more prevalent or better quality from before to after the model was introduced cannot be drawn.

Interpretation of findings should also consider that staff who chose to respond to the survey may not be representative of all staff in Darlington Children's Services. Although survey data was anonymous, responses may also have been affected by desirability effects such as reporting using a certain approach that they are expected to be using. Without a formal observation it is not possible to conclude whether or how much staff are actually using this approach, or the quality of implementation.

This evaluation aims to report on feasibility and promise of Family Valued in a new area, and gain understanding of its mechanisms. It is not able to and should not be used to draw conclusions about the impact of Family Valued. The stepped-wedge randomised controlled trial of Family Valued being undertaken by What Works for Children's Social Care as part of the Department for Education's Strengthening Families, Protecting Children programme is the next step in this evaluation process (Schoenwald et al., 2020). This project now underway aims to draw conclusions about the impact of Family Valued relative to a robust comparison.

Conclusions and Recommendations

Based on findings of what worked well in Darlington, as well as ways in which delivery could be improved, the following processes should receive particular attention when introducing Family Valued in a new area, to ensure successful implementation.

Recommendations when introducing Family Valued in a new local authority:

- Training from the intervention developer should ensure **tailoring for specific teams or specialisms**, and the opportunity for staff, particularly Managers, **to observe practice in local authorities already using Family Valued**. A comprehensive **training and information programme for partners is also important**. These are already key parts of Family Valued and are components that are likely to have been affected by the COVID-19 pandemic and therefore likely to be easier to embed in future.
- Where possible this should be supported by **appointing key local roles to support and champion local rollout of the model**, including providing bespoke local training and support to staff. In Darlington these are the relational and restorative Advanced Practitioners.
- Use of Restorative Practice is facilitated by **restorative referral processes** at the Front Door and into restorative services such as FGC.
- Adopting local authorities should also **consider and communicate clearly how practitioners should integrate use of Family Valued alongside other practice models or approaches that are in place** (such as Signs of Safety).
- Local authorities should ensure that Family Group Conferences are delivered in a way that is consistent with the **core principles of FGC**. This includes being restorative and family led, coordinated by an independent facilitator and held

in a neutral location with sufficient preparation and review. A **flexible hybrid approach of in-person and virtual communications** with families, such as undertaking components of FGC preparation virtually, may be used to facilitate involvement of family members who might ordinarily be harder to include.

- Adopting local authorities should mitigate where possible against potential unintended consequences. For example, **where recruitment to newly created posts is internal, consideration should be given to how posts will be back-filled** to avoid the risk of sudden and significant vacancies in certain teams. Further, changes to referral and assessment processes should be accompanied by **ensuring sufficient additional capacity within teams taking on additional work** and that the longer term expected benefits of these changes are communicated to staff.

Recommendations for local authorities already implementing Family Valued, to ensure longer term sustainability of the model:

These recommendations are based on activities ongoing or planned in Darlington, as well as those which might benefit both Darlington and other local authorities maintaining Family Valued in the longer term after the initial rollout.

- Whole system change supported by local leadership is an important part of the Family Valued model. Adopting local authorities should also be supported to deliver **clear ongoing messaging about the change process, as well as continued training, support and guidance** after the initial training has been delivered, to facilitate the long-term goal of achieving whole-service buy-in to Restorative Practice including all staff referring to Family Group Conference. This may also include ensuring leadership and decision making in the longer term continues to be consistent with a restorative approach.

- Local support for achieving and maintaining whole system change should include **opportunities for peer support and challenge**, and **modelling of restorative practice by leadership and management**. Support provided should particularly consider how the **culture change needed for staff working in Child Protection** can be supported. This should also take into account that some staff may have had less positive experiences of FGC in the past and ensure staff receive sufficient information about the service and support with using it.

- To maintain momentum and ensure the model is used consistently across the service in the face of staff turnover and other longer term local changes, **training and support in Restorative Practice and the Family Valued model should also continue to be available for all new staff**. Local authorities delivering Family Valued should also consider what support and guidance may be needed to maintain buy-in and relationships with partner agencies who will also experience turnover and service changes.

- Continuing to offer the same level of support for staff, and intervention for families, is reliant on **continuing to fund the new posts** that were created as part of the Family Valued model.

- Ongoing investment in the model should be informed by **longer term monitoring and evaluation** to understand change over time in Local Authorities implementing Family Valued.

Directions for Future Research

The next step to build on these findings is the stepped-wedge cluster randomised controlled trial (RCT), supplemented by a Difference-in Differences analysis, being led by What Works for Children's Social Care (Schoenwald et al., 2020). This is being undertaken in five local authorities who are introducing Family Valued between 2020 and 2022. This will consider the impact of Family Valued on the likelihood of children being looked after. Secondary outcomes this evaluation will also be measuring are the likelihood of returning to statutory services, rate and length of Child Protection or Child in Need plans, likelihood of kinship care for Children who are Looked After, likelihood of reunification and school absence rates. This impact evaluation will be accompanied by an Implementation and Process Evaluation (IPE) seeking to measure implementation to help understand and explain any identified intervention effects (or lack thereof) in the concurrent stepped-wedge cluster randomised controlled trial and continue to improve understanding of the model.

This next stage will take into account key learning from this pilot evaluation about the availability of data and what components and mechanisms to measure. It will be important to capture variation between local authorities in existing practice models and how the bespoke elements of Family Valued are delivered. The Implementation and Process Evaluation should also seek to measure whether risks and challenges identified in this pilot are overcome in the local authorities participating in the trial.

This will have important implications for interpreting the impact findings and whether an effect, or absence of effect, might be attributed to differential implementation rather than the Family Valued model as specified. It will also be possible to consider whether mechanisms operate similarly in different local authority contexts, and whether components of Family Valued were already in place before the model was introduced.

Future research following may also consider further testing the logic model. This may include whether the mechanisms of Family Valued can be measured quantitatively and establishing the key active ingredients and mediators of the model.

REFERENCES

Baginsky, M., Hickman, B., Harris, J., Manthorpe, J., Sanders, M., O'Higgins, A., Schoenwald, E.,. & Clayton, V. (2020). Evaluation of MTM's Signs of Safety Pilots: Evaluation report. Department for Education: London.

Department for Education. (2020a). Strengthening families, protecting children (SFPC) programme. Department for Education: London. Retrieved from https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme

Department for Education. (2020b). Children's Social Work Workforce 2019. Department for Education: London

Department for Education. (2021a). Children looked after in England including adoption: 2019 to 2020. Department for Education: London.

Department for Education. (2021b). Children's Social Care Innovation Programme: insights and evaluation. Department for Education: London. Retrieved from https://www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation

Department for Education. (2021c). Children's Social Work Workforce 2020. Department for Education: London.

Department for Education. (2021d). Guidance for schools: coronavirus (COVID-19). Department for Education: London. Retrieved from https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-COVID-19

Family Rights Group. (2018). Care Crisis Review: A sector-led Review of the rise in applications for care orders and the number of children in care. https://frg.org.uk/policy-and-campaigns/the-care-crisis-review/

Family Rights Group. (2020a). Family Group Conference project accreditation and re-accreditation: Evidencing how your FGC service meets the requirements in order to be accredited. Family Rights Group: London. Retrieved from https://frg.org.uk/family-group-conferences/fgc-accreditation/

Family Rights Group. (2020b). Delivering family group conferences during the Coronavirus crisis. Family Rights Group: London. Retrieved from https://frg.org.uk/wp-content/uploads/2021/03/FGC-Covid-Guide-2.pdf

Leeds City Council. (2014). 2.12 Family Group Conference Service. In *Leeds Children's Social Work Service: Procedures Online.* Retrieved from https://leedschildcare.proceduresonline.com/chapters/p_fam_grp_conf_ser.html

Leeds City Council. (2016a). One Minute Guide: Restorative Practice. Leeds City Council: Leeds. Retrieved from https://www.leeds.gov.uk/docs/Restorative%20Practice%20One%20Minute%20Guide.pdf

Leeds City Council. (2016b). One Minute Guide: Family Group Conference (FGC) Service. Leeds City Council: Leeds. Retrieved from https://www.leeds.gov.uk/docs/FGC%20Service%20-%20November%202016%20update.pdf

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

REFERENCES

NSPCC. (2021). Looked after children: statistics briefing. Retrieved from https://learning.nspcc.org.uk/research-resources/statistics-briefings/looked-after-children

Nurmatov, U., Foster, C., Bezeczky, Z., Owen, J., El-Banna, A., Mann, M., ... & Turley, R. (2020). Impact of shared decision-making family meetings on children's out-of-home care, family empowerment and satisfaction: a systematic review. What Works for Children's Social Care: London https://whatworks-csc.org.uk/evidence/evidence-store/intervention/family-group-conferencing/

Sen, R., & Webb, C. (2019). Exploring the declining rates of state social work intervention in an English local authority using Family Group Conferences. *Children and Youth Services Review*, *106*, 104458.

Sanders, M., Reid, L., Collyer, H. (2019). Strengthening Families, Protecting Children. Family Valued: Pilot. What Works for Children's Social Care: London https://whatworks-csc.org.uk/research-project/family-valued-model-pilot-protocol/

Schoenwald E., Collyer H., Sholl, P., Sanders, M., Reid, L., Lee Luca, D. (2020). Trial Evaluation Protocol: Strengthening Families, Protecting Children - Family Valued Model. What Works for Children's Social Care: London https://whatworks-csc.org.uk/research-project/family-valued-model-trial-evaluation/

What Works for Children's Social Care. (2018). Mapping the evidence about what works to safely reduce the number of children and young people in statutory care: a systematic review. What Works for Children's Social Care: London

APPENDIX A: TABLES

Table 2. Survey respondents' roles

What is your role?	Interim	Follow-up
Advanced / Senior Practitioner	9	9
ASYE Social Worker	0	2
Children's Practitioner/ Family Support Worker	3	3
Contact Support Officer	10	11
Service Manager/Head of Service*	12	0
Early Help Practitioner/Advanced Early Help Practitioner	8	10
Education Officer	5	2
Family Group Conference Coordinator/Facilitator	6	5
Keeping Families Together Worker	5	2
Other - Please specify (Required):	27	23
Social Worker	37	30
Student Social Worker	1	3
Team Manager	11	13
Therapeutic Interventions Practitioner	2	2
YOS Officer/Repatriation Worker/Victim Liaison Officer/ Restorative Justice Support Worker	3	9
Total	139	124

Respondents: All

'Other' roles included: Children's Residential Worker, Participation Officer, Personal Advisor Leaving Care, Therapeutic Social Worker, Youth Participation Officer, Contact co-ordinator, Education Early Help Officer, Independent Reviewing Officer

*Service Manager / Head of Service excluded from interim analysis to make interim and follow-up comparable

Table 3. Survey respondents' services

Which Service do you work in?	Interim	Follow-up
Assessment and Safeguarding	22	22
Children's Access Point (CAP) and Children's First Response Team (CFRT)	11	5
Children's Placement Service	10	7
Early Help	14	14
Keeping Families Together	18	11
Life Stages 0-25	6	7
Looked After Through Care (LATC)	17	20
Other (Please specify)	20	14
Quality Assurance and Practice Improvement	5	2
Supervised Contact Service	11	11
Youth Offending Service	4	11
Total	139	124

Respondents: All

'Other' services included those working in more than one of the services listed, Care Leavers, Children's Residential, Education, FGC Team, Learning and Skills, Workforce Development

Table 4. Have caseloads been manageable

Over the past 12 months do you think your caseload has been manageable?[a]	
	Interim
All of the time	9 (21%)
Most of the time	19 (45%)
Some of the time	11 (26%)
Not at all	3 (7%)
	42

Respondents: Social Workers and Advanced Practitioners

Table 5 Staff time to use Family Valued

	I have sufficient time to undertake effective direct work with families on my caseload (Follow-up)	I have sufficient time to take full advantage of the Strengthening Families (Family Valued) model (Follow-up)
Strongly agree	7 (7%)	7 (6%)
Agree	48 (47%)	53 (46%)
Neither agree nor disagree	33 (32%)	40 (35%)
Disagree	10 (10%)	13 (11%)
Strongly disagree	4 (4%)	1 (1%)
Total	102	114

Respondents: a) Case holding practitioners b) All respondents

Table 6. Staff understanding of Restorative Practice

I have a good understanding of Restorative Practice		
	Interim	**Follow-up**
Strongly agree	17 (15%)	17 (15%)
Agree	65 (56%)	83 (73%)
Neither agree nor disagree	24 (21%)	11 (10%)
Disagree	8 (7%)	2 (2%)
Strongly disagree	3 (3%)	1 (1%)
Total	117	114

Respondents: All

Table 7. Confidence using Restorative Practice

I feel confident to use Restorative Practice with families		
	Interim	**Follow-up**
Strongly agree	4 (4%)	13 (13%)
Agree	55 (59%)	63 (62%)
Neither agree nor disagree	27 (29%)	23 (23%)
Disagree	8 (9%)	2 (2%)
Strongly disagree	0	1 (1%)
Total	94	102

Respondents: All case holding practitioners

Table 8. Confidence introducing and supporting FGC

I feel confident introducing FGC to families, and supporting them through the process		
	Interim	**Follow-up**
Strongly agree	22 (37%)	16 (26%)
Agree	27 (45%)	31 (51%)
Neither agree nor disagree	5 (8%)	8 (13%)
Disagree	2 (3%)	3 (5%)
Strongly disagree	4 (7%)	3 (5%)
Total	60	61

Respondents: Case holding practitioners whose role involves referral to FGC

Table 9. Perceived effectiveness of leadership and management support

Support from leadership and management to implement Strengthening Families (Family Valued) is effective		
	Interim	**Follow-up**
Strongly agree	12 (11%)	16 (15%)
Agree	56 (49%)	58 (53%)
Neither agree nor disagree	35 (31%)	27 (27%)
Disagree	7 (6%)	3 (3%)
Strongly disagree	4 (4%)	3 (3%)
Total	114	110

Respondents: All (except Senior Leadership)

Table 10. Perceived improvements since training

The Restorative Practice training I attended in the last year has improved my practice		
	Interim	**Follow-up**
Strongly agree	14 (14%)	13 (12%)
Agree	44 (44%)	62 (59%)
Neither agree nor disagree	34 (34%)	26 (25%)
Disagree	2 (2%)	3 (3%)
Strongly disagree	5 (5%)	1 (1%)
Total	99	105

Respondents: All who reported attending Restorative Practice training in Darlington in the last year

Table 11. Perceived effectiveness of Restorative Practice

Restorative Practice is an effective way to work with families		
	Interim	**Follow-up**
Strongly agree	35 (30%)	25 (22%)
Agree	52 (44%)	73 (64%)
Neither agree nor disagree	23 (20%)	14 (12%)
Disagree	1 (1%)	0
Strongly disagree	6 (5%)	2 (2%)
Total	117	114

Respondents: All

Table 12. Leadership and management keeping staff informed

My leadership and management team keeps me well informed about changes affecting my work		
	Interim	**Follow-up**
Strongly agree	25 (22%)	26 (24%)
Agree	58 (51%)	62 (56%)
Neither agree nor disagree	19 (17%)	18 (16%)
Disagree	9 (8%)	3 (3%)
Strongly disagree	3 (3%)	1 (1%)
Total	114	110

Respondents: All (except Senior Leadership)

Table 13. Satisfaction with management of the change process

I am satisfied with how the introduction of Strengthening Families (Family Valued) has been managed		
	Interim	**Follow-up**
Strongly agree	13 (11%)	13 (12%)
Agree	49 (43%)	60 (55%)
Neither agree nor disagree	43 (38%)	33 (30%)
Disagree	7 (6%)	3 (3%)
Strongly disagree	2 (2%)	1 (1%)
Total	114	110

Respondents: All (except Senior Leadership)

Table 14. Job satisfaction

I am satisfied in my job		
	Interim	**Follow-up**
Strongly agree	27 (24%)	36 (32%)
Agree	71 (62%)	61 (54%)
Neither agree nor disagree	9 (8%)	12 (11%)
Disagree	5 (4%)	4 (4%)
Strongly disagree	2 (2%)	1 (1%)
Total	114	114

Respondents: All

Table 15. Staff stress

I feel stressed in my job		
	Interim	**Follow-up**
Strongly agree	5 (4%)	6 (5%)
Agree	36 (32%)	29 (25%)
Neither agree nor disagree	31 (27%)	39 (34%)
Disagree	39 (34%)	37 (32%)
Strongly disagree	3 (2%)	3 (3%)
Total	114	114

Respondents: All

Table 16. Intention to remain in post

I expect to remain within children's services at Darlington for the next year		
	Interim	**Follow-up**
Strongly agree	51 (45%)	53 (46%)
Agree	41 (36%)	43 (38%)
Neither agree nor disagree	13 (11%)	15 (13%)
Disagree	5 (4%)	2 (2%)
Strongly disagree	4 (4%)	1 (1%)
Total	114	114

Respondents: All

Table 17. Expected outcomes at Interim

	I expect training in Restorative Practice to improve outcomes for children and families in my area (Interim Survey)	I expect offering more FGC to improve outcomes for children and families in my area (Interim Survey)
Strongly agree	29 (25%)	27 (23%)
Agree	60 (52%)	63 (54%)
Neither agree nor disagree	22 (19%)	24 (21%)
Disagree	1 (1%)	0
Strongly disagree	4 (3%)	2 (2%)
Total	116	116

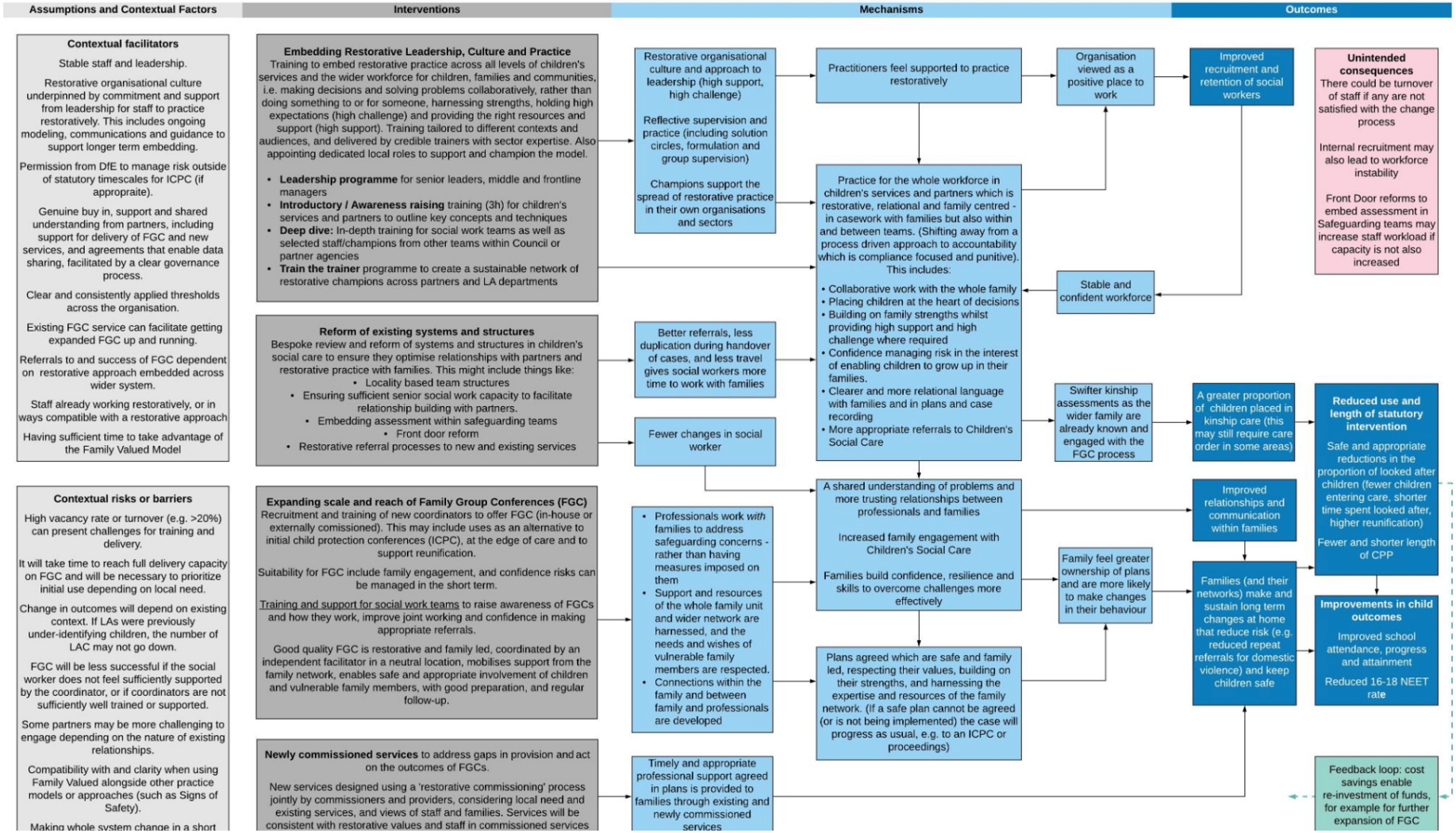
Respondents: All

Table 18. Perceived outcomes at follow-up

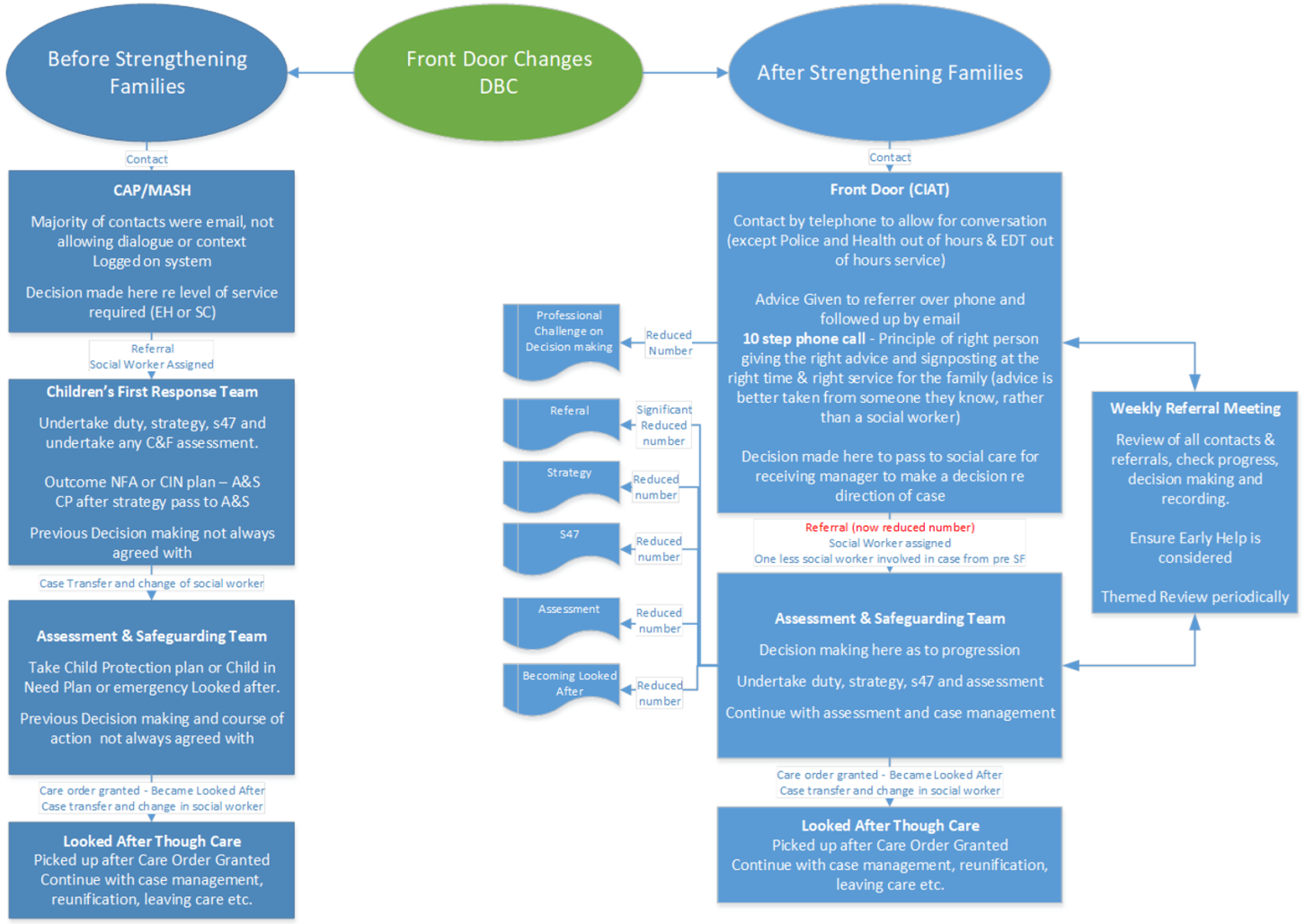
	Strengthening Families (Family Valued) helps manage risk with families more effectively (Follow-up)	Strengthening Families (Family Valued) improves family engagement with Children's Social Care (Follow-up)	Restorative Practice has improved outcomes for children and families in my area (Follow-up)	Offering more FGCs has improved outcomes for children and families in my area (Follow-up)
Strongly agree	11 (10%)	14 (13%)	13 (12%)	19 (17%)
Agree	71 (65%)	66 (60%)	62 (56%)	40 (36%)
Neither agree nor disagree	26 (24%)	30 (27%)	35 (32%)	51 (46%)
Disagree	1 (1%)	0	0	0
Strongly disagree	1 (1%)	0	0	0
Total	110	110	110	110

Respondents: All

APPENDIX B: REVISED LOGIC MODEL



APPENDIX C: FRONT DOOR REFORM DIAGRAM



What Works *for* Children's Social Care

info@whatworks-csc.org.uk
@whatworksCSC
whatworks-csc.org.uk