Department for Education

Durham County Council Families First Evaluation

Research report

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Children's Social Care Innovation Programme Evaluation Report 50

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Executive summary

Introduction

As part of the DfE's Innovation Programme, Durham County Council developed Families First, an intervention focused on improving children's social care practice at levels 3 and 4 (covering both children and young people with additional and complex needs, and those needing support to live safely at home). The total budget for the implementation of Families First between 2015 and 2017 was £11.8 million, of which the Innovation Programme funding is £3.3 million.

Families First is part of a longer term programme of system and practice changes within children's services, started by Durham in 2008. The initial phase of this journey incorporated piloting new models of practice and initiatives, focussed on building partnerships; and the second phase of activity focussed on service transformation; policy and procedure development, including the creation of the One Point Service (OPS), which brought together early help services across Durham into co-located hubs. The learning from these first 2 phases fed into Durham County Council's design for Families First.

Families First was created to support more intensive and more holistic social work, and to improve the range of multi-agency support available to families. Its long term goal is to improve outcomes for children and their families and reduce the costs of children's social care in Durham.

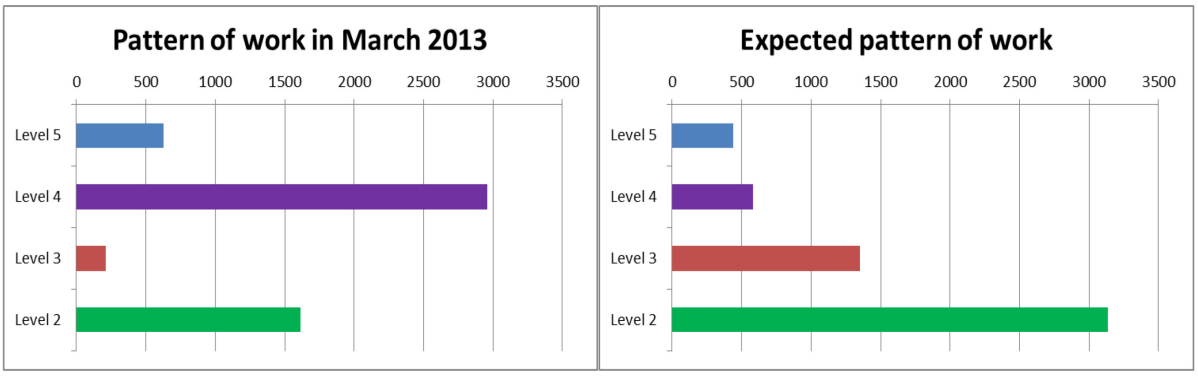
The main elements of the Families First programme are:

- the creation of 10 integrated, co-located, and mixed-skill social work teams to work with the most complex families
- a programme of workforce development and practice transformation, with a focus on reflective and holistic practice across Families First (FF) teams
- engagement activities undertaken with important partners and the Voluntary and Community Sector (VCS) within Durham, in order to improve step-down support and build community capacity
- development of a consistent and proactive approach to service user engagement, embedding a whole family ethos across children's services
- a programme of communications and change management to minimise disruption caused by the uptake of a new service model

As part of the process of system and practice changes, in order to unlock the benefits for children and families and children's social care services overall, Families First aims to rebalance the pattern of work across the continuum of need.[1] Figure 1 below shows the pattern of work in Durham County Council in March 2013 on the left. On the right, the figure shows the pattern of work expected by Durham if cases were spread evenly across the continuum of need, with the fewest cases at the highest levels of need.

The Council felt that too many cases were being worked at statutory levels, with insufficient activity at lower levels, particularly at level 3 where multi-agency family support is required. This resulted in insufficient capacity amongst Social Workers to offer intensive family support or to sustain positive relationships with children and their families over time. Ultimately, this was seen as causing a cycle of need and short-term support, leading to high levels of repeat referrals; and as having a negative effect on Social Worker morale. The Families First model aimed to specifically address this issue.

Figure 1: Pattern of work across the continuum of need



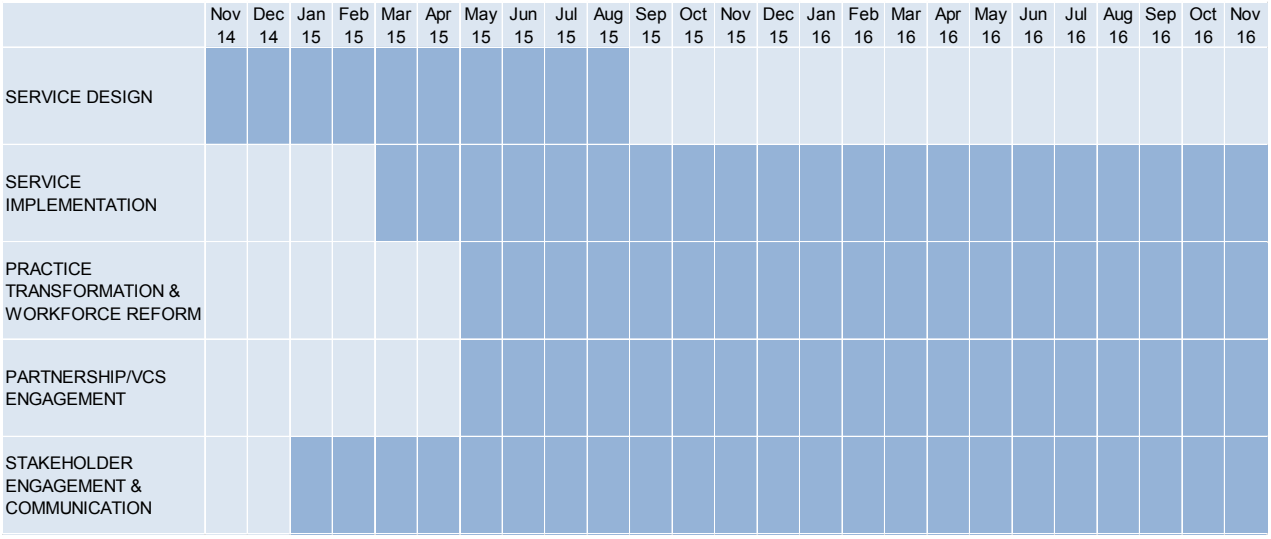
Source: Durham County Council

[1] The continuum of need includes 5 levels based on the case level of need:

- Level 1 – Universal Provision – Children with no additional needs
- Level 2 – Early Intervention – Targeted Provision – Children with Additional Needs (single practitioner/agency response)
- Level 3 – Early Intervention – Targeted Provision – Children with Additional Needs (multi practitioner/agency response)
- Level 4 – Services to keep the child safely at home (specialist practitioner/agency response)
- Level 5 – Need that cannot be managed safely at home

Families First was implemented in 2 stages, with an early pilot in one area, involving the creation of 3 new teams, that informed a subsequent roll-out across the County via the creation of 7 further teams. Figure 2 shows the stages of development and roll-out for main elements of Families First. The most significant changes to systems and practice were rolled out from spring 2015 onwards.

Figure 2: Families First implementation timeline



DfE, alongside Durham County Council, commissioned Kantar Public (formerly TNS BMRB) to carry out an independent evaluation of the implementation of Families First and of the outcomes of the programme.

Main findings

The evaluation indicates that, overall, it remains too early to draw definitive conclusions about the long-term impacts of Families First, but there are signs of some positive effects. The evidence collected over the course of this evaluation shows that there has been broadly successful implementation of the service restructuring, revised practice and workforce development elements of the programme. As a result, some of the expected short- to medium-term outcomes relating to ways of working by Social Workers and other parts of the children's social care system have begun to emerge. However, there is limited evidence that the longer term impacts on families and children's services are being achieved.

It is important to recognise that the implementation of Families First occurred within a challenging context for children's social care services in Durham in early 2016: pressures resulting from high caseloads and staff vacancies, plus the effect of an Ofsted

inspection,[2] are likely to have disrupted implementation of the Families First programme for a period, and have limited the success in achieving intended outcomes and impacts.

Durham has invested to create additional capacity within the system, and there are indications that this is beginning to have an effect in reducing caseloads. There have been clear successes in the training and practical support that staff have received (for example support from social work consultants, learning communities, group supervision sessions), helping staff to translate theory into practice. If staff then have the capacity necessary to implement and sustain changes to practice, it is reasonable, given the logic model[3] for Families First, that this will result in improved outcomes for families and impacts at a service level. But it should be stressed how important staff capacity is to unlocking the intended outcomes and impacts of the programme. Even with these positive signs, it is not possible to predict, at this stage, whether the impacts will be of the scale intended, or how fast these will be achieved. This will require further monitoring and evaluation.

Outcomes

The co-location of Families First and the One Point Service – who provide early support and intervention – has improved some ways of working. While the staff survey results show some specific areas for further improvement, the qualitative feedback has been mainly positive. The working relationship between Families First and OPS has improved, including positive effects on understanding of the other team's role; a greater sense of shared purpose; and an increased number of both formal and informal contact points between the team. This is seen as facilitating better information sharing and decision making, and so has impacted positively on the case escalation and de-escalation process. The latter, in particular, is an important objective for Families First, which seeks to rebalance cases across the levels of need, and ensure cases are being worked by the appropriate team and type of staff. There is some feedback from families that these improvements have fed through into their experiences of joint Families First and OPS visits, as they feel they are more respected, listened to, and that their case is being properly handled. While co-location resulted in some examples of closer co-working,

[2] During the early stages of roll-out – in February 2016 – an Ofsted visit took place, following which Durham's children's social care services were judged as 'requiring improvement', despite having previously been judged 'outstanding' in December 2011. The impact of this judgement, both on staff morale and on the focus of strategic and operational managers in subsequent months, had an effect on the implementation of Families First. Strategic focus moved for a significant period from Families First to addressing the issues identified by Ofsted. In early 2016, there were also significant pressures on the service, resulting from higher than expected social work caseloads, and from vacancies within the newly established teams and Child Protection.

[3] That the creation of the 10 integrated, co-located, and mixed skill social work teams, alongside activities focussed on workforce development, changes to practice and culture, increased collaboration with the VCS and greater service user engagement, would help to rebalance cases across the continuum of need (meaning levels 2-5), release Social Workers from focussing on short-term protection needs, and enable them to offer a more holistic way of working with families.

there appears to be the need for further work (and time) for this to translate into more consistent, practical co-operation. Durham should focus on building better co-operation by increasing awareness between teams about what other teams are working on, establishing formal or structural links between teams, and widening participation within the co-located hubs to other partners.

Newly created roles were seen to add value in supporting reflective practice, improving quality assurance and increasing intensive, direct work with families. Social Work Consultants had become a highly valued part of their teams' support structures and were actively line-managing other staff, which was felt to be an extremely effective way of embedding their supportive and developmental role. Senior Lead Practitioners were seen to have more capacity for intensive, direct work with families than was available to Social Workers who still held demanding statutory caseloads. However, their role was often seen to be unclear by co-workers throughout the roll-out, and uncertainties about the specific purpose of these Senior Lead Practitioner roles continue, particularly in relation to whether or not they were intended to work within a specialist field of expertise. Family Workers have been effective in providing early intervention support to service users, taking a more holistic view of a family's needs, and are seen as being able to detect less overt indicators of assets or risks in behaviour and environment. Team Co-ordinators have reduced the burden of administrative tasks on Social Workers, creating greater opportunity for increasing direct work with families. They have also provided positive support for Team Managers and Social Work Consultants.

The workforce development programme has begun to bed in, with some staff giving examples of how they had started to undertake reflective practice, and had derived benefit from 'Learning Communities', group supervision sessions and the support of the Social Work Consultants. The Think Family ethos, developed through pilot initiatives in Durham, had been embedded into staff training, and there was strong engagement with offering holistic support, which accounts for the circumstances and needs of the whole family. Staff felt that a supportive environment, promoting reflection and development, would be important in enabling a successful transition into Families First. However, from the start of the programme, it was noted that limited time and resource, resulting from high workloads could undermine reflective practice; the provision of support to staff within the new teams; and the ability to change practice. This is an important finding when assessing the likely long-term impact of Families First. Enabling and embedding practice change is necessary to maximise the benefit of the new structures and systems, and subsequently change the way social work is carried out, to yield better results with families, and have associated implications for the cost of service.

There was little evidence emerging at this stage for the anticipated outcomes in relation to partnership working and VCS engagement; namely increasing the range of support that Social Workers (and children, young people and families) could draw on. This was mainly due to vacancies in VCS Co-ordinator posts, which meant that important activities had not gone ahead as planned. Staff at all levels acknowledged that this was an area for

ongoing development and the council continues to work with the VCS to secure an alternative approach to achieve improved connections between the service and local VCS provision.

Through reflective practice and the Think Family ethos, which builds on Stronger Families principles, staff have the foundations to improve service user engagement. This would involve more holistic assessments, with resulting plans that clearly reflect families' own priorities. The training has been successfully provided, Family Workers are engaging in more user-led direct work, and there are examples of effective collaboration between OPS and Families First (supporting more effective user engagement). However, there are limitations on the extent and consistency of this success, potentially due to a lack of capacity for staff across all teams to work more intensively with families.

Given the aims of Families First to reduce statutory caseloads and rebalance work patterns across different levels of need, it is important for Durham to ensure that other parts of the system (for example, Child Protection and the services for Looked After Children (LAC)) also have the capacity to provide the required levels of support to children and young people, otherwise, there is a danger that innovation within Families First is undermined through higher than expected caseloads and problems in other parts of the system.

Overall, there has been reasonably effective communications and change management throughout this large scale and ambitious programme. A good understanding of the changes was evident across a majority of staff, although this was weaker outside the Families First teams. There is still a degree of uncertainty over roles and remits among different staff and different services, in particular the interface between Families First and OPS. It will be important for Durham to pay close attention to the consistency with which cases are being worked as intended, and to the process of case escalation and de-escalation across all levels of need. Overall, most important activities within the Families First programme have been put in place, although the difficulties faced in implementing the VCS-related activities may have reduced the effectiveness of the programme in achieving its outcomes. As noted, there have been specific challenges around caseloads and vacancies which have affected the implementation of Families First, and the Ofsted inspection and follow-up period acted as a significant pull on senior management time during an important stage of the process. These issues have impacted on how quickly the new ways of working have been embedded, which in turn has meant that there is more limited evidence of the next stage of impact – on families and the service as a whole.

Impacts

The ultimate longer term impacts of the Families First model are improved social outcomes for families and a reduction in costs of children's social care. Results across important service indicators suggest reasonable progress has been made, but there remain areas for development - in particular, the specific targets for reductions in LAC

and Child Protection Plans (CPP), re-referrals and the balance of cases at each level of service.

One of the main objectives for Families First was to reduce caseloads at Level 4 and re-balance work across levels of need. At this stage, there has only been a very small change and there remains an issue with high numbers of cases at Level 4.

A further intended impact of the program was to see a reduction in the LAC population. It is still relatively early to assess this, but current figures show that the number of looked after children (excluding those in respite or short-term care) and the rate of children becoming looked after have increased slightly. The number of children in respite or short-term care has remained relatively stable.

Early indications of the reduction in CPP are positive – from 2013/14 the rate of children who became subject to a CPP has fallen each year. The number of children who became the subject of a CPP for Neglect (initial category of abuse) also fell over the same period.

Administrative data for the period April to June shows an increase in re-referral rates[4] between 2015 and 2016, with the achieved percentage figure above the Durham County Council target. However, it should be noted that the absolute number of re-referrals has stayed relatively stable over the same period.

Families First aims to have a positive effect on professional confidence, morale and competence among staff. A relatively high proportion of staff felt positive about their own achievements at work on a personal level, and staff were generally confident in their own team's competence and performance. There were some differences between different parts of children's services – for example, a higher majority of Families First staff agreed that their work gave them a feeling of personal achievement compared to staff in OPS. Social Workers were also more likely to have agreed that work gave them a feeling of personal achievement, compared to non-Social Workers. The majority of staff were confident that they had the knowledge and skills needed to work effectively with families. However, stress remained an issue for staff, a problem that is not unique to Durham.

Families First also aims to enable more direct work with children and families, moving away from administrative tasks, helping achieve positive effects for families. Staff estimates of time spent directly with families, and their perceptions of how much administrative work they need to do, suggest that there is still more to be done to reduce the amount of time spent on administrative tasks generally, particularly among Social Workers. Again this is an area where high caseloads may have had a negative effect.

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[4] Each re-referral for a child is counted in this data; therefore, in some cases it might be that there is a low number of children who are being referred multiple times or many children being re-referred. It should also be noted that figures from before 2014 are not directly comparable with data after April 2015, due to changes in the referral calculation.

Evidence from the service user survey undertaken by Durham[5] suggests that the way families are being supported by Families First teams and the interaction between staff and families is positive, although, as there is no historical data against which to compare, it is not clear to what degree this is a result of the new Families First approaches. Service users reported positive interaction and support from staff in Families First teams, although the timeframes of the evaluation mean that it has not yet been possible to assess the longer term impacts on families in Durham.

Staff who took part in the survey also provided their own assessment of the impact of the changes so far. There are mixed perceptions of the improvements in the last year for staff and families, although it is for children's services staff as a whole where we see higher proportions saying things have got worse. Results also point to polarised views of the role Families First has played in improved or worsened outcomes. Staff who say things have improved are highly likely to attribute this to Families First, but those who say things have got worse are also likely to say this is a result of Families First.

The innovation sits within the context of a programme of change that began in 2008 and is planned to continue post-2016. There is a high degree of commitment at a strategic level to fully implement Families First, a stable senior team; and there have been past successes in piloting new ways of working. There have been challenges in implementing Families First though, and these are likely to have had an impact on progress to embed the programme and achieve its objectives.

This evaluation provides an early view on some of the positive initial outcomes in relation to systems, processes, staff and partners. Initial indications of the expected short- and medium-term outcomes which are beginning to emerge should be seen as achievements. The evaluation points to the positive impact changes in practice and approach can have for families, and it is reasonable to expect that this will go on to yield positive service cost and social outcome improvements. However, it is not possible at this stage to estimate whether Families First will achieve the full extent of its intended impacts, and there are challenges, such as ensuring Families First integrates with the wider children's services system; caseload levels, and staffing issues that must be addressed if this is to be possible.

[5] Surveys were undertaken with families between May 2016 and November 2016, across the range of Families First teams, which resulted in 147 responses.

Overview of the project

Families First is the name given to the programme of activity being undertaken in Durham under the Innovation Programme[6], which relates to the organisation and provision of children's services to families. The implementation of Families First sits within a wider programme of transformation, which began in 2008 (more detail on these is included later in this section).

Outcomes and impacts

Families First was designed to support more intensive and holistic social work, and to improve the range of multi-agency support available to families. The long term goal is to improve outcomes for children and their families and reduce the costs of children's social care in Durham.

While Ofsted judged children's social care services as 'outstanding' in 2011, Durham was aware of a skewed pattern of work, with too many cases being served at statutory levels. Figure 3 shows the pattern of work in Durham in March 2013 on the left hand side. The right hand side of Figure 3 shows the pattern of work expected by Durham County Council if cases were spread evenly across the continuum of need[7], with the fewest cases at the highest levels of need.

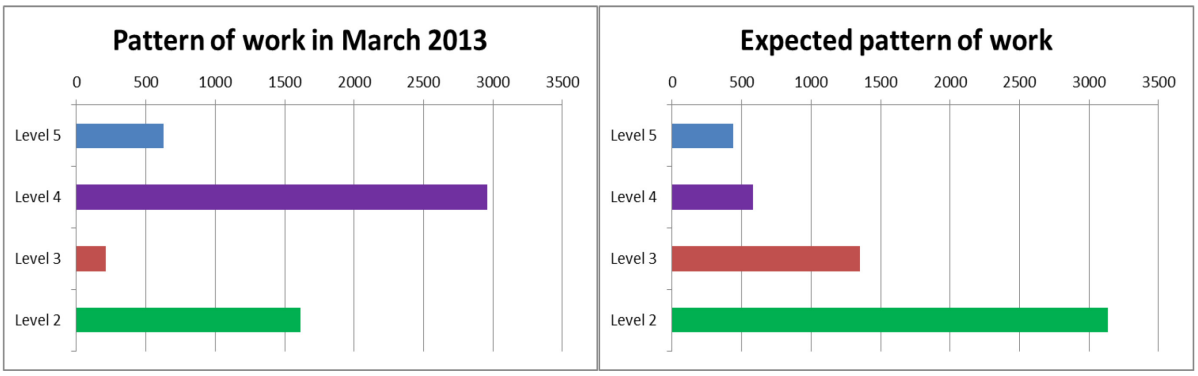
Durham County Council felt that too many cases were being worked at statutory levels, with insufficient activity at lower levels, particularly at Level 3 where multi-agency family support is required. The volume of work for Social Workers caused by this imbalanced pattern of work was believed to result in social work being reactive and episodic. Social Workers did not have the capacity to offer intensive family support or to sustain positive relationships with children and their families over time. Ultimately this was seen as causing a cycle of need and short-term support, leading to high levels of repeat referrals, as well as to too great a focus on administrative tasks and to negative impacts on Social Worker morale. The Families First model aimed to specifically address this issue.

[6] The Department for Education (DfE) launched the Innovation Programme in October 2013 to act as a catalyst for developing more effective ways of supporting vulnerable children.

[7] The continuum of need includes 5 levels based on the case level of need:

- Level 1 – Universal Provision – Children with no additional needs
- Level 2 – Early Intervention – Targeted Provision – Children with Additional Needs (single practitioner/agency response)
- Level 3 – Early Intervention – Targeted Provision – Children with Additional Needs (multi practitioner/agency response)
- Level 4 – services to keep the child safely at home (specialist practitioner/agency response)
- Level 5 – Need that cannot be managed safely at home

Figure 3: Pattern of work across the continuum of need



Source: Durham County Council

The aims for the programme were outlined in Durham's original bid to DfE, as well as being articulated by staff during scoping interviews. Families First was designed to address the challenges presented by the imbalanced pattern of work, with the long term goal of achieving 2 impacts:

- improving social work practice and the relationship between children's services and children and their families, ultimately providing better and more holistic support and reducing the need for help and intervention
- reducing the costs of children's social care in Durham

As part of the programme towards these outcomes, Families First was designed to achieve the following:

- embed the Think Family model of service delivery across all teams
- re-balance the work carried out by frontline staff towards direct work with children and families and away from administrative tasks
- increase professional confidence, morale and competence among staff
- improve service user satisfaction with children's services
- use existing VCS resources and provision within localities to support families

As part of achieving these outcomes and impacts, the programme aimed to achieve 4 specific measures of success:

- reduce caseloads at Level 4 and re-balance work across levels of service
- reduce Looked After Children population by 20% (2012-2016/17)
- reduce Child Protection Plans (for Neglect) by 20% by 2016/17
- reduce re-referrals from 24% to 15% by 2016/17

Design and activities

Durham's Innovation model consists of 4 interrelated elements:

1. creation of 10 integrated, mixed skill social work teams (Families First teams)
2. workforce development and practice transformation
3. partnership and VCS engagement
4. service user engagement

The 10 Families First (FF) teams were designed to bring together mixed skills teams, led by Social Workers, working across Level 3 and Level 4[8]. Each team contained:

- a Team Manager to manage the work of the team
- a Senior Social Work Consultant to provide reflective supervision and challenge to the team and individual practitioners
- Social Worker Lead Professionals with specialist skills in assessment; risk management; care planning and intervening
- Generic Lead Professionals from different backgrounds to work as Lead Professional, and to provide whole-family working and intensive family support, including domestic abuse and mental health specialists
- Family Workers with skills in providing practical support to families
- a Team Co-ordinator who could flexibly support the team in functions that would otherwise take the front line practitioner away from work with children and

[8] Level 3 – Early Intervention – Targeted Provision – Children with Additional Needs (multi practitioner/agency response); Level 4 – Services to keep the child safely at home (specialist practitioner/agency response)

families: for example, resolving housing problems, benefits issues, making appointments and so on

- an alliance with the VCS to support long term sustained change

These members of staff share collective responsibility for working with a range of families and share risk, skills and expertise, but with each family assigned a consistent single lead professional. Families First teams are also co-located with the One Point Service to improve co-operation with this part of the children's social care system. The intention was that these new, integrated, co-located teams improve communications and collaboration across children's services in Durham, facilitating a more effective process for case escalation and de-escalation, both within Families First teams and within the wider system.

The focus on workforce support and development in the Families First programme builds on County Durham's staff development in previous years, the success of which led to the Children & Young People Now Staff Development award for the Stronger Families' Workforce Development Programme in 2014. Innovation funding has been used to help embed reflective and holistic practice across FF teams. Durham's Innovation Fund bid outlined a workforce development plan to run from April 2014 to July 2018.

Families First aimed to build relationships with partners, and the Voluntary and Community Sector (VCS) in particular. Ultimately this was intended to improve step-down support and build community capacity. Planned VCS engagement was to be supported by a voluntary sector alliance involving the Council and important strategic VCS organisations, and through the use of dedicated VCS Co-ordinators working with FF teams. The implementation of activities in this area has been restricted due to the absence of strategic VCS stakeholders and difficulties for the VCS in securing match funding to resource VCS Co-ordinators. This is discussed in greater detail in the Main Findings section.

The Innovation model in Durham also aimed to further embed a whole family ethos. The Families First programme set out that staff would work to the 5 Stronger (Troubled) Families principles, and the Think Family approach (see Figure 4 below) would be put into practice in a more consistent and proactive way.

Figure 4: Stronger (Troubled) Families Principles and Think Family Approach

Stronger (Troubled) Families Principles:

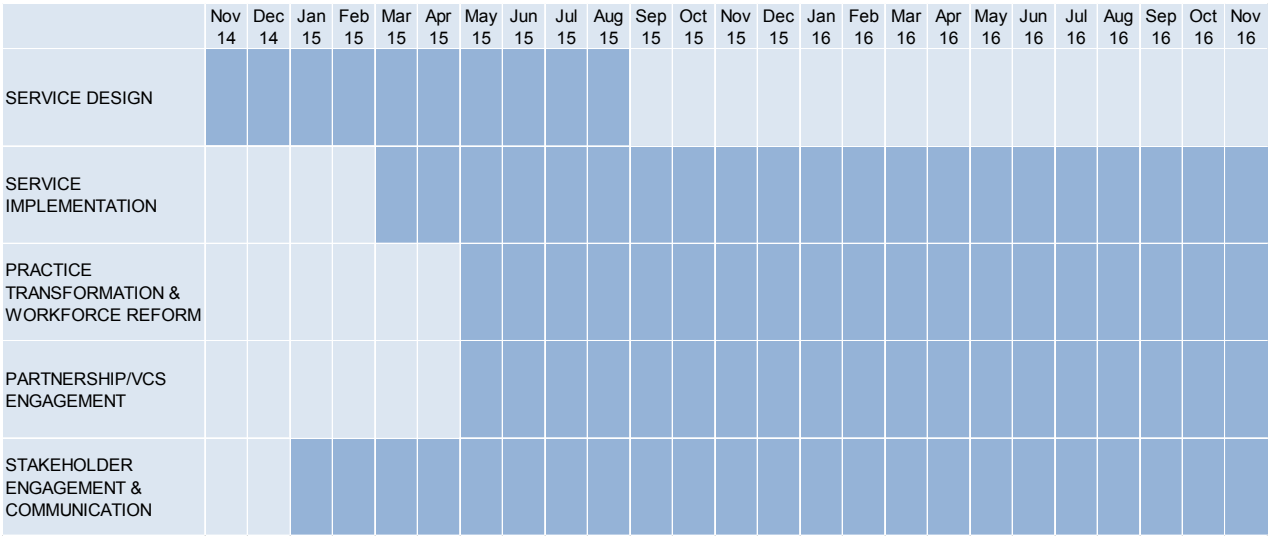
- considering the family as a unit
- a dedicated worker, dedicated to the family
- an assertive and persistent approach
- common purpose and agreed action
- practical support

Think Family Approach:

- Whole-Family Approach, considering the family as a unit
- Main Worker/Lead Worker who acts as a single point of contact for the family and other agencies, and ensures all support offered is co-ordinated
- an assertive and persistent approach
- collaborative 'Team Around the Family' (TAF): agencies involved with the family sharing information effectively so a clear picture of the family's needs, strengths and protective factors, are known and understood
- a single strength based Family Support Plan which may include sanctions and rewards
- focus on practical support for families; specialist help for parents to find work

Figure 5 below shows the stages of development and roll-out for elements of Families First. The most significant changes to systems and practice were commenced in spring 2015.

Figure 5: Families First implementation timeline



Families First development context

The development of Families First needs to be seen within the context of broader change in Durham's children's services. The changes leading up to the Innovation model comprise 2 main phases: firstly, the piloting of new service forms (2009-2012) and secondly a phase of service transformation, policy and procedure development (2013-2014).

The piloting of new ways of structuring the service in 2009-2012 involved:

- pilot initiatives: Family Pathfinder, Family Intervention Project, Children in Need Pilot, Pre Birth Intervention Service and Stronger (Troubled) Family Programme
- service reform: early help services were brought into the One Point Service, serving the County through 10 purpose built hubs, with a focus on early, practical help for families below statutory threshold
- evidence based tools: a range of evidence based tools were used to encourage changes to services, including a Home Environment Assessment for early identification of neglect and a Family Engagement Toolkit for use with reluctant or evasive families

Service transformation continued between 2013-2014, with learning from the pilots developed into a range of new strategies, policies and procedures. In particular, children's social care was restructured in 2014, including the creation of dedicated First Contact, Assessment & Intervention, Child Protection and Looked After Children teams.

Durham reports that the service pilots and reforms demonstrated improved outcomes and higher levels of satisfaction with services. The learning from these fed into Durham County Council's design for Families First, and some of the policies and procedures continue to be used.

Evaluation evidence is available, in particular for the Family Pathfinders programme. Between 2007 and 2010, 27 local authorities (LAs) received additional funding to develop local solutions to the problems faced by families with multiple problems. The Department for Children, Schools and Families, now the Department for Education, commissioned York Consulting to conduct an evaluation of the programme. This evaluation examined the various models of support, their impact on families and services, and the broader economic implications.[9]

York Consulting reported that the evidence from the 3 year study presented a "compelling case for LAs and their partners to develop and implement intensive family support for families with multiple and complex needs (i.e. those already in receipt of statutory support or just below these thresholds)."[10] While there were different models of delivery in each LA, the evaluation report states that the Pathfinders established 3 main components of delivery: a persistent and assertive lead worker role; a strong framework of support, and an intensive and flexible, family focused response. The report also states that the Family Pathfinders generated a financial return of £1.90 per £1 spent from the avoidance of families experiencing negative outcomes.[11]

The separate impact report from the Pathfinder project states that, based on analysis of assessments on the first 216 families who received family focused support, 48% of those who had exited the support programme showed reduced levels of need; 33% saw no change, and 19% showed increased levels of need. Two reasons were given for the fifth of families where need escalated:

- additional needs being identified during support, requiring a higher level of support than the team could provide
- families not engaging in support

The report also states that there were positive results in relation to risk, as in each case there was a positive shift from those experiencing high or medium level risks on entry into the low or no longer a concern category on exit.[12]

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[9] York Consulting. (2010). 'Research Report DFE-RR154 Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme' (viewed on 3 February 2017)
[10] Ibid p.ii
[11] Ibid p.ii
[12] York Consulting. (2010). 'Research Report DFE-RR046 Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches' (viewed on 3 February 2017)

These results suggest that there is a reasonable evidential basis for the Think Family approach adopted by Durham, which forms an important part of the Families First project.[13]

About Durham[14]

County Durham is a large and diverse area. The county covers an area of 859 square miles, with 233,400 residential properties. It is home to over half a million people making it, in terms of population size, the largest local authority in the North East and the sixth largest in England.

Commonly regarded as a predominantly rural area, the county varies in character from remote and sparsely populated areas in the west to deprived former coalfield communities in the centre and east, where villages tend to accommodate thousands rather than hundreds. There are 12 major centres of population in County Durham, each acting as a service centre for surrounding communities, providing employment, shopping and other services.

At the time of bidding for Innovation Funding, over 45% of the County's population lived in the top 30% of the most deprived areas, and the County is still dealing with the legacy of the loss of heavy industry such as mining and steel working. Durham is in the top 20% of most deprived areas (62nd out of 326 council areas).

At the time of bidding for Innovation Funding, there were 100,217 children aged 0-17 in County Durham. Of these, 3,114 were assessed as "in need", a rate of 311 per 10,000. There were 368 children and young people with a Child Protection Plan: a rate of 37 per 10,000. There were 612 Looked After Children: a rate of 60.1 per 10,000.

Durham County Council is the unitary council serving the area. The Council was created in 2009 from the County Council and 7 District Councils. In 2014, the Council was recognised as Council of the Year by the Local Government Chronicle.

[13] We have not conducted a comprehensive assessment of the quality of these evaluation findings. We note that a comprehensive multi-method approach was taken for the evaluation, compromising evidence form several qualitative and quantitative sources. The evaluation report notes that the study did not make use of a controlled experiment or comparison group to estimate the net impact of the interventions.
[14] Source: Durham County Council Innovation Fund bid (2015)

Overview of the evaluation

Evaluation aims

The evaluation provided formative and summative evidence on the implementation and impact of Families First, for children and families, the service and staff, and for wider partners.

Evaluation approach

The evaluation, carried out by Kantar Public (formerly TNS BMRB) involved a mixed-method, multi-stage evaluation approach. It consisted of 5 main activities: scoping activities, including interviews and logic model development; qualitative interviews with staff and service users; historic case analysis; qualitative staff and service user surveys; and analysis of management information. A logic model developed at the start of the evaluation was used as a framework for all evaluation activities and analysis. For this report, each of these sources of evidence have been brought together using a contribution analysis approach. This was done in order to best interpret the evidence, given some limitations, in particular around impact (see the section detailing limitations to the evaluation approach for more detail). Further details on these activities are provided below.

Scoping stage - an initial scoping wave of qualitative interviewing was conducted to create a baseline picture of awareness, understanding and expectations for Families First. Interviews were conducted with a cross-section of staff (strategic level staff through to frontline practitioners) and representatives from partner agencies, including health, education and the police. The evaluation team then developed a logic model and outcomes framework in partnership with Durham County Council. The logic model was reviewed throughout the evaluation to ensure it accurately reflected the programme. As part of the development of the evaluation framework, scoping was undertaken on the use of, and access to, administrative data to inform the impact assessment of the programme.

Qualitative interviews - 5 waves of qualitative interviews were conducted, as overviewed in Figure 1, with the logic model revisited on a regular basis. Alongside the structured waves of staff interviews, qualitative interviews with families receiving support from Families First were conducted at several points in time. In total, 112 interviews and mini-group discussions with staff were conducted between July 2015 and October 2016, alongside 18 interviews with service users.

Historic Case Matching, involving the comparison of cases with similar characteristics, prior to, and following, the launch of Families First, to understand case trajectories and outcomes. This research activity was designed to be carried out by practitioner researchers[15] because they had existing access to, and understanding of, case files. However, due to external factors affecting practitioner availability, there was limited time available for practitioner researchers to work on historic case matching. Due to ongoing capacity issues, only 12 cases were reviewed as part of the evaluation. Limited analysis of these has been conducted and factored into this report.

Quantitative surveys comprising staff surveys sent out to staff across all teams within the children's services, as well as a survey completed by service users. The first wave of the staff survey was conducted between October 2015 and January 2016, and achieved 486 responses in total. The second wave of the staff survey took place in September and November 2016, and achieved 440 responses. In addition, it was the original intention to conduct similar repeat surveys of service users. The first wave of the service user survey was conducted in late 2015. The survey was conducted using a paper questionnaire (with an online option) and was distributed to service users via Social Workers and staff. The survey received 36 responses and so analysis of the results has been excluded from the report[16]. Resources for subsequent waves were redirected towards qualitative interviews and other evaluation analysis activities.

Analysis of management information - during the scoping stages of the evaluation, Kantar Public developed a framework, in partnership with Durham, to identify appropriate methodologies and indicators for measuring the programme's intended outcomes and impacts. This initial long-list of possible administrative data indicators was shortened to 13 data indicators, which the Council would be able to provide[17].

Contribution analysis - in preparation for this report, in September 2016 Kantar Public used a contribution analysis process to make judgements on progress under Families First. The contribution analysis process used the programme's logic model as a framework for assessment and consisted of the following stages:

- a half-day session reviewing the logic model and conducted internally by the evaluation team, during which the strength of evidence, and measurement of outcomes, was reviewed against the programme outlined in the logic model

[15] The practitioner researchers were Social Workers working in children's services within Durham County Council who had a proportion of their contracted hours protected to enable them to carry out some evaluation functions. Training and support was provided by Kantar Public and Hellmuth Weich, Senior Lecturer within the Department for Social Work, Education & Community Wellbeing at Northumbria University.
[16] There is a pending review of the service user survey conducted in-house by Durham County Council.
[17] The Council's Business Intelligence and Improvement team sent historical quarterly administrative data dating back to Q2 2013/14 (Apr-June 2014) and then on a quarterly basis as new data became available. Trends were explored between Q2 2013/14 (Apr-June 2014) and Q1 2016/17 (April-June 2016).

- a series of workshop sessions, during which the revised logic model and a summary of the evaluation evidence and conclusion were presented to a range of programme stakeholders, including strategic staff from within Durham County Council; operational managers within Durham; and frontline staff within the Families First teams. Attendees at these sessions were asked to provide their feedback about the proposed linkages between the activities undertaken and the outcomes observed

Main changes to evaluation approach

A number of adjustments to the evaluation approach were made during the course of the evaluation programme, to accommodate changing circumstances and requirements of Durham County Council.

In October 2015, Durham County Council appointed 2 established practitioners (one Social Worker and one Family Worker), each to work part-time (0.5 FTE) as an embedded practitioner researcher. These experienced practitioners were interviewed, trained and supported by an academic from Northumbria University with the expectation that they would conduct longitudinal family interviews (n=32), staff interviews, historic case matching (n=80 cases) and observational research. Unfortunately, both embedded researchers needed to step back from their work on the project (in one case for the whole of 2016). This resulted in delays to research activities and ultimately required allocated activities to be either conducted by Kantar Public or not conducted at all. In particular, as described in the section outlining the Evaluation Approach, the scale of the case analysis work was reduced, with Kantar Public and the embedded researchers able to analyse only 12 case files (and matched pairs). There was also a reduction in the number of family interviews conducted, with 18 completed in total.

In response to lower than anticipated service user survey response rates, and a lack of practitioner researcher availability, Kantar Public altered planned activities, moving resources away from a second service user survey and into supplementary qualitative interviews with service users.

Note on the 2016 Ofsted inspection

During the early stages of the programme roll-out, an Ofsted inspection took place in February and March 2016. The Ofsted report[18] published in May 2016 judged children's services in Durham as 'requiring improvement', despite having previously been judged 'outstanding' in December 2011. Findings from the Ofsted report have been considered alongside the evaluation evidence.

[18] Ofsted. (2016). 'Durham County Council Inspection of services for children in need of help and protection, children looked after and care leavers' (viewed on 5 February 2017)

Main Findings

In this section we assess progress towards the intended Families First impacts and outcomes, as defined in the logic model. Following a summary of the findings, we present evidence on progress towards achieving the outcomes for the programme within the five strands of activity:

1 ten new integrated, mixed skill social work teams

2 workforce support and development

3 Voluntary and Community Sector alliance

4 children and families / service engagement

5 communication and change management

This is followed by an assessment of progress towards the principal impacts for the programme. These findings draw on administrative data[19], staff survey responses, service user survey responses[20] and the wider qualitative feedback collected throughout the evaluation.

Overview of the findings

Families First aims to provide better and more holistic support to children and families, to reduce the need for help and intervention, and so reduce the cost of children's social care in Durham.

To implement these aims, Families First was designed to embed the Think Family model of service delivery, allowing frontline staff to work more directly with children and families, and complete fewer administrative tasks, increase professional confidence, morale and competence among staff; improve service user satisfaction with children's services, and harness the existing resources within the VCS to provide wrap-around support to families. Families First aims to reduce caseloads at Level 4 and re-balance work across levels of service; reduce the Looked After Children population; reduce Child Protection Plans (for Neglect), and to reduce re-referrals.

The new Families First teams and roles have been put in place and there is evidence that Durham benefitted from a staggered roll-out to improve the implementation for teams

[19] It should be highlighted that a number of the indicators cannot be compared to equivalent data from before April 14, due to changes in the way indicators were measured or created, or because data could not be provided that far back. It was also not possible for Durham County Council to replicate the newly formed Families First teams in data from prior to the implementation of the programme. Therefore, team level analysis focusses on performance post-implementation against targets and between teams.

[20] Surveys were undertaken by Durham County Council with families between May 2016 and November 2016, across the range of Families First teams, which resulted in 147 responses.

which began work later. The new team structures and co-location have led to positive feedback regarding their impact on practice, co-operation between teams, and the relationship with families. This has been supported by other initiatives, such as mobile working – staff being enabled to work whilst outside of the office through mobile technology, and the new roles within team. However, there is room for improvement of information sharing and co-operation between teams, and, in particular ensuring there are formalised and consistent systems in place to govern this, and in creating opportunities to bring in wider agencies and the VCS. There was also scope to improve the clarity around responsibilities for some of the new roles.

The changes to systems and roles have been supported by a workforce development plan. Some staff gave examples of how they had begun to undertake more reflective practice and, in the area where it had been rolled out, staff had derived benefit from the Learning Communities, but these changes in practice had, in some instances, been hampered by the lack of time available, due to high caseloads. Some positive outcomes were beginning to emerge around improved service user engagement resulting from a more co-ordinated and joined up service experience, and some staff fed back positively about their ability to undertake direct work with families (for example Family Workers), but this remains more of an issue for Social Workers, who are less likely to say they spend enough time with families. While the Team Co-ordinator roles have been largely welcomed and are seen as likely to have a positive effect on balancing direct work with families and administration. The issue of too much time being spent by Social Workers on administrative tasks remains, although this is in part a reflection of the core child protection and statutory responsibilities of that role.

Durham has not been able to achieve the outcomes in relation to partnership working and VCS engagement. Difficulties in filling VCS Co-ordinator positions, and the absence of a main strategic partner, have meant that very limited progress has been made in improving access to the range of VCS provision that Social Workers (and children, young people and families) could draw on.

One of the largest challenges in putting in place Families First, as noted above, has been the caseload pressure on a condensed Child Protection Service, which has meant staff have had very limited capacity to take on new cases, and for this reason many new child protection cases have been allocated to Families First Social Workers. This was highlighted by Ofsted in its inspection report in early 2016 as a contributory factor in "delays in assessment and the provision of services for some children with lower levels of need and risk".[21] Staff and managers interviewed during the evaluation acknowledged that higher caseloads, involving more complex cases, were having an effect on the

[21] Ofsted. (2016). 'Durham County Council Inspection of services for children in need of help and protection, children looked after and care leavers' (viewed on 5 February 2017), p.2

workload of Social Workers taking on these cases, and of the wider team within Families First, although these high caseloads had begun to reduce by the second half of 2016. Looking specifically at the caseloads for Families First teams, figures show a mixed picture across the teams. The average number of cases per worker within teams ranged from 31.0 to 16.8 cases as of October 2016[22]. The qualitative work has also provided feedback from staff about high caseloads, but the main issue to date in particular has been high caseloads of 30 or more. Figures show that the number of Social Workers with a caseload of 30 or more has reduced significantly over the last year. However, there remains a proportion of Social Workers (currently 2 in 5) with a caseload of between 20 and 30. As part of their actions to address these high caseloads, Durham County Council has undertaken a redrawing of team boundaries, based on a detailed analysis of number and complexity of cases at ward level, to establish an additional 11th Families First team within the east of the county. This is intended to bring about improvements to the equity of caseload distribution across the service. The complex picture around caseload levels should be borne in mind when reading the rest of this report.

Additional challenges have arisen from ongoing vacancies within the new Families First teams during the roll-out period. The Team Manager and Social Work Consultant level positions have proven difficult to recruit into. These difficulties have, in part, arisen as a result of the creation of 3 additional teams (and from October 2016, a fourth) which needed to recruit staff, and also as a result of a wider local context in which there is high competition from neighbouring Local Authorities and agency work. Agency work pays relatively higher wages than permanent positions, and can negatively affects team stability.

The Ofsted inspection carried out in February and March 2016 may also have affected the implementation of Families First. The potential disruption of an Ofsted inspection had been identified by Durham as a high “red” risk to the programme at the point of the original Innovation Programme bid. In addition to the effects of an inspection taking place amidst the logistically complex process of co-location and restructuring of teams, the report in May was widely perceived to have had a negative effect on staff morale. Additionally, the focus of strategic and operational managers in subsequent months could be seen to have affected the implementation of Families First: strategic focus moved for a significant period from Families First to addressing the issues identified by Ofsted, which is likely to have influenced staff views in later waves of the evaluation.

This challenging context forms the background to the work being undertaken to move Durham towards the Families First model. Staff in Durham were fully conscious of the challenges such as caseloads and vacancies, and how these have posed barriers to full implementation of Families First.

[22] Durham County Council has a target of 20 cases per Social Worker

Durham County Council is still implementing and embedding the Families First changes to systems and practice, and more time is needed to see if the impacts of the programme will be achieved. There has been some good progress in implementing the Families First Teams and associated changes to practice, but this has been affected by wider challenges. At this stage there is mixed evidence of how well Families First has achieved its aims to reduce caseloads at Level 4 and re-balance work across levels of service, reduce Looked After Children population, reduce Child Protection Plans (for Neglect) and to reduce re-referrals.

Based on the evidence from qualitative feedback and staff and service user surveys, and analysis of management data, reasonable progress has been made against many of these intended impacts, although there remain areas for development and further progress. The balance of work at each level of need, and the number of cases held at Level 4, has not significantly changed, and there have not yet been reductions in LAC. Early indications on the target to reduce Child Protection Plans are positive though – from 2013/14 the rate of children who became subject to a Child Protection Plan has fallen each year. The number of children who became the subject of a Child Protection Plan for Neglect (initial category of abuse) also fell over the same period. Administrative data for the period April to June shows an increase in re-referral rates[23] between 2015 and 2016, with the achieved percentage figure above the Durham County Council target. However, it should be noted that the number of re-referrals has stayed relatively stable over the same period.

Staff were asked to provide their own assessment of the impact of the changes so far by assessing whether things had got worse, stayed the same, or improved for themselves, families and children's services staff generally. There were mixed perceptions of the improvements in the last year for staff and families, but where staff say things have got worse; they are most likely to say this is for children's services staff as a whole, and least likely to say that it is for families. Results also show that different parts of children's services have different perceptions of the impact of the changes, and there are polarised views on the role Families First has played (staff who say things have improved are highly likely to attribute this to Families First, but those who say things have got worse are also likely to say this is as a result of Families First).

It is clear that the pace and scale of change has been challenging. In its 2016 inspection report, Ofsted rated children's services in Durham as 'requiring improvement' and pointed to the reorganisation of children's services in recent years, including the Families First changes, as one reason for the fall in rating, saying that the changes "have had a

[23] Each re-referral for a child is counted in this data: therefore, in some cases it might be that there is a low number of children who are being referred multiple times or many children being re-referred. It should also be noted that figures from before 2014 are not directly comparable with data after April 2015 due to changes in the referral calculation.

substantial impact on service delivery in Durham".[24] The report notes that there have been some positives for early help services, which are an important element of the logic for Families First, as good early help and intervention is necessary to address need earlier and relieve pressure on statutory levels of service, but "some other frontline services have not received sufficient attention".[25] As noted previously, staff vacancies in child protection have had negative impacts on the work of the Families First teams and that the "reorganisation of services and staff shortages mean that some children and young people have had too many changes of Social Worker"[26] but the report notes that "managers have identified these issues and have plans in place to improve workforce stability".[27] It should also be noted that Ofsted concluded that "staff are positive about [Families First] and welcome the emphasis on intervening early with families." [28]

Despite some of the challenges faced in implementing Families First, and the downgrading of the rating of children's services by Ofsted, there are initial indications that some of the anticipated short- and medium-term outcomes have begun to emerge, which should be seen as an achievement. The evaluation demonstrates the positive impact changes in practice and approach can have for families, and it is reasonable to expect that this would go on to yield positive service cost and social outcome improvements. However, it is not possible at this stage to estimate whether Families First will achieve the full extent of its intended impacts, and there are challenges - such as ensuring Families First integrates with the wider children's services system, and addressing caseload levels and staffing issues - if this is to be possible.

In the remainder of this section we explore activities and outcomes before analysing performance against the intended impacts of the programme in more depth.

Outcomes

Team structure and new roles

This section outlines the evidence regarding the implementation and outcomes of the first important aspect of Families First: the Families First team structure (including new roles) and co-location with the One Point Service (OPS). These were intended to improve information sharing among Families First teams and the OPS, and to improve staff's understanding of the roles and remits of different teams within children's services in Durham. It was anticipated that enhancing the quality of pre-statutory social work

[24] Ofsted. (2016). 'Durham County Council Inspection of services for children in need of help and protection, children looked after and care leavers' (viewed on 5 February 2017), p.2
[25] Ibid, p.2
[26] Ibid. p.2
[27] Ibid. p.2
[28] Ibid. p.12

support, and developing structures that reduced the administrative burden, would lead to more direct work with families, with improved preventative, lower level support offered to them. Additionally, the expanded skill mix within Families First teams was seen as important to improve understanding and application of thresholds, and improve escalation and de-escalation of cases between services.

The primary change implemented within this strand of Families First has been the creation of integrated, mixed skill Families First teams. The Families First structure has seen the creation of new roles including Team Co-ordinators, Social Work Consultants, Specialist Lead Professionals and Family Workers. As well as the organisational restructuring, a physical co-location of Families First teams with the One Point Service's area-based hubs was undertaken. The first co-located Families First teams went live in the east of the county in July 2015, with the full roll-out following in early 2016. During the initial roll-out, there were challenges in recruiting to roles within Families First teams; for example, in teams where some of the new posts (such as Specialist Lead Professionals) were vacant for extended periods of time.

Overall, as of October 2016, the development of the new team structure and co-location of Families First and OPS teams are the aspects of the Families First model where there is the strongest evidence for supporting intended outcomes. Staff are largely positive about the new roles and readily able to identify examples of specific changes to their practice and new ways of working that have arisen as a result of the new teams, roles and co-location. Despite the positive evidence and examples beginning to emerge from qualitative interviews, there remains room for improvement. There are mixed opinions of sharing between teams from the staff survey. Thirty-four percent of Families First staff surveyed in 2016 agreed with the statement that 'Different teams within children's service do not share information well' (21% disagreed). Similarly, 34% agreed with the statement that 'Teams within children's services do not work effectively together' (40% disagreed). Results are similar when we look at all staff, and do not show significant difference from the 2015 survey.

Co-location

Of all the changes undertaken as part of Families First, co-location of staff from Families First and OPS (alongside statutory partners from health and the police), has had the most tangible impact on practice within Durham. Even though the experiences of Families First teams and OPS staff are divergent (with OPS staff generally less positive about changes over the past year), qualitative interviews provided examples of how co-location increased the confidence of staff from both services in their understanding of each other's roles. Staff identified a greater sense of common purpose and shared objectives across the co-located teams and gave practical examples of how this affected their work:

> "The relationship with One Point is so much better, especially for the Social Workers, as previously they didn't know who the Personal Adviser was for the

> family, they didn't know who to go to if the child was facing an exclusion – now we know who should get involved." (Team Co-ordinator)

Closer relationships between Families First and OPS were seen by some staff to have begun improving case escalation and de-escalation processes. Managers from OPS valued the way in which co-location allowed them to draw on the knowledge and guidance of Families First teams when deciding whether or not to escalate a case. Equally, when a case was de-escalated, it was possible for Families First staff to more easily identify the relevant OPS team members to discuss the case with. Perceived improvements in escalation and de-escalation were more common among staff at a management level, and in areas, such as the east of the county, where co-location was more bedded-in; in other areas issues around overcautious referrals into Families First were still reported. Based on the experience in the east, this will improve in future:

> "There's less knee-jerk reactions from my staff - they're more level headed, and they think about what's needed before just escalating it to Social Workers. So there's a much stronger relationship with families and we're able to pass on good information to Families First." (OPS Manager)

Management staff reported improved decision making and information sharing between the teams during joint allocation meetings, attended by both FF and OPS teams. These meetings were perceived to have improved the speed of decision making, and to have ensured that different options for handling a case were considered:

> "I think those conversations [about which cases should sit with FF and which should sit with OPS] are becoming more productive. And our Front Door are also being more proactive and having those conversations." (Team Manager)

Staff were also positive about the increased number of informal contact points between teams, with colleagues able to meet and socialise with others sharing their workspace who they had not previously known. Despite happening in a more unstructured way, these informal contacts were felt to result in positive outcomes for practice. For example, experienced staff were able to share relevant knowledge:

> "I think it's excellent to share knowledge and experience. It's great if you want to organise a meeting…and if somebody just wants a piece of information: 'Do you know, is there a sibling here? Does somebody know this family?' Quite often we know of these families or somebody's got some experience of the family because we've got people who have been in this area a long time – that's really good." (Specialist Lead Professional)

Alongside enthusiasm from staff within Families First around the impact of co-location on internal working relationships and working practices, including mobile working, provision of new IT equipment and flexible working, there is also some evidence at present to suggest this is having a direct impact on the experiences of families. Families were most conscious of changes where they had experienced joint visits from Families First and

OPS, or where they felt that staff had been able to provide a point of continuity following an escalation or de-escalation of their case, and were largely positive about these experiences. Where they had positive experiences of services under Families First, they felt respected and listened to. Family interviews illustrated the importance of honesty, trust and open communication – all encouraged by continuity in support and relationships:

> "It's been easier this time around because before I felt they were breathing down my neck, but this time it is like a friend who rings up and say how things are going along." (Family Interview)

Collaboration between teams

While co-location resulted in some examples of closer co-working, there appears to be the need for further work (and time) for this to translate into more consistent, practical cooperation. Co-operation can be improved if teams are aware of what other teams are working on. Three-quarters (76%) of Families First staff surveyed in 2016 agreed that they understood what other teams within children's services did, which was significantly less than at 2015 when 88% of staff in equivalent teams agreed with the same statement. Similar results are found when looking at all staff: 64% of staff surveyed in 2016 agreed that they understood what other teams within children's services did. This was also significantly lower than in 2015 when 71% agreed with the same statement. However, Families First staff were more likely to have agreed that they understand what other teams within children's services did compared to OPS staff (60%), indicating that there is work to be done to improve understanding between teams, and this should focus, in particular, on helping OPS staff.

During qualitative interviews, staff suggested that the absence of formal or structural links between teams and the absence of fully integrated information sharing between Families First and OPS teams were seen to limit the extent of the co-operation between the teams. For example, it was not possible for Families First staff to use their IT systems to identify relevant OPS staff who had been involved in a case that was referred to them (or whether OPS staff had been involved at all) and vice versa. In the absence of this information, it sometimes remained difficult for staff to identify the most useful people to contact within other teams. In response to this, changes to the IT system have been developed throughout 2016 to enable both services to use the same IT system from January 2017.

Within a change affecting the whole of the children's social care system, an important outcome is each team's ability to work well collaboratively. A measure of how successful that has been is how well staff across teams feel they interact with each other. In the 2016 staff survey, 23% of Families First staff reported not feeling appreciated by staff in

other teams in children's services. This was 14% of staff in equivalent teams in 2015.[29] The results are similar when looked at for all staff. This perception is in part being driven by Social Workers, who were significantly more likely to say they did not feel appreciated by staff in other teams in children's services (30%)[30] compared to non-Social Workers (19%). This same pattern was seen in 2015.[31] In qualitative discussions, Social Workers tended to be positive about the relationships that they had developed as a result of the Families First restructure, and so this perception of being underappreciated may relate to relationships with teams outside of the Families First structure. For example, some Social Workers remarked that the recent Ofsted inspection might have influenced the way in which other partners saw them:

> "There's definitely I think a bit of a mistrust from other agencies towards us, which isn't unusual after a not so great Ofsted." (Social Work Consultant)

In terms of driving further improvements to collaboration and joint-working in the provision of support to families, there was a suggestion, among some staff, that Durham should consider inviting wider services to sit within the hubs. Up to now, partner involvement has differed between hubs (for example, the inclusion of Police Community Support Officers and Harbour Domestic Abuse Workers within some of the hubs, but not all of them). However, since November 2016, Harbour workers have been present in all Families First Teams. Where these partners have been present, this has widely been seen as a positive step in providing more holistic support to families.

Creation of new roles within teams

Within each of the Families First teams, Social Workers are supported by 4 new roles: Social Work Consultants, Specialist Lead Professionals, Family Workers and Team Co-ordinators. These are intended to support the effective implementation of Families First in relation to the provision of more flexible and integrated support to families; increased capacity to provide intensive family support; improving case escalation and de-escalation; and offering more holistic and reflective practice directly with families.

Social Work Consultants

The Social Work Consultant's (SWC) role is to act as development and support for the Social Workers through constructive challenge and encouraging reflective practice. In the teams where they had been in place the longest SWCs had become a highly valued part of their teams' support structures. In particular, where SWCs were actively line-managing other staff, this was felt to be an extremely effective way of embedding their supportive

[29] This is a large but not statistically significant difference.
[30] A similar proportion of Families First Social Workers (37%) and non-Families First Social Workers (39%) agreed with the statement.
[31] In 2015, 21% of Social Workers disagreed that they felt appreciated by staff in other teams in children's services compared to 11% of non-Social Workers.

and developmental role. Family Workers and SLPs had particularly positive perceptions about the way in which SWCs acted as links between their Team Manager and Social Workers – helping to protect staff caseloads and ensure they were working on appropriate tasks. In some teams, the SWC also took on roles that helped free up Team Managers (by for example chairing Team Around the Family meetings and attending court cases), which was seen to support a more effective and efficient management structure:

> "My Consultant has been very supportive of me. [They have] been finding ways of supporting me to take on more skilled work – I've been able to do more direct work with cases as a result of [the SWC's] support." (Specialist Lead Professional)

SWCs were also perceived to offer valuable ad-hoc support and guidance to staff across teams. Staff working at lower thresholds found this guidance particularly valuable, such as where the SWC was meeting with OPS staff to advise on cases, which was felt to improve the escalation and de-escalation process, and inform confident decision making:

> "The Social Work Consultant has been really valuable – another source of guidance that is more informal than [the Families First Team Manager]. … [The SWC has] been good at helping build my staff's confidence in using their judgments. Her social work background means she can offer guidance on cases that are on the threshold." (OPS Manager)

Specialist Lead Professionals

The Specialist Lead Professional (SLP) role involves professionals from both social work and other services (for example health, education) bringing skills in intensive family support that were intended to be used to prevent case escalation and support de-escalation. While these staff brought significant experience, their role was often seen to be unclear by co-workers throughout the roll-out, and there remain uncertainties about the specific purpose of these roles - particularly in relation to whether or not they were intended to work within a specialist field of expertise:

> "When they first talked about Specialist Lead Professionals, I had understood that people who came with a specialism were going to use the specialism more. So for example, if someone had an interest in domestic violence, they might have picked up all that... and that's not really been the case." (Team Manager)

For SLPs who had previously come from the Family Pathfinder Service (where they had held full responsibility for cases), their often high level of experience meant that some felt over-qualified to be in an early intervention role that did not include conducting assessments, and that skills were being under-used. Those who had not come from a Pathfinder background did not have the same degree of reservations, and some who had come from early intervention backgrounds found the greater autonomy available in the SLP role to be rewarding:

> “Because I'm not a Social Worker… I'm getting cases that have been de-escalated from Social Workers that, in reality, don't need to be de-escalated to me; they could go to One Point. I'd like to have the opportunity to pick things up from scratch, but I don't get that chance.” (Specialist Lead Professional)

> “When it comes to that autonomy and making big decisions about families about whether you need to stay involved, or not stay involved, I didn’t use to have that, where I have that now. And I do feel really valued … and trusted to make judgments with families.” (Specialist Lead Professional)

Despite these ongoing uncertainties in regards to their post, SLPs were reported by both staff and families to have provided high quality and intensive work with families with complex needs at Level 3. SLPs were also seen to have more capacity for this kind of intensive, direct work than was available to Social Workers, who still held intensive statutory caseloads. Staff gave examples of cases where SLPs had engaged in effective joint working with Social Workers, particularly in relation to Level 3 cases that were being escalated or de-escalated. Across areas, Social Workers and SLPs described joint visits and joint discussion of cases at Level 3, which were seen to make the transfer of cases between professionals smoother and ensure that families were kept abreast of how their case was being handled:

> “Even if I'm not getting to do the early intervention work that I'd like to do with families, hopefully it is getting done - because of Family Workers and the SLPs.” (Social Worker)

Family Workers

Of all the new roles, there remained the greatest uncertainty about the exact remit and responsibilities of Family Workers. Their role is to support Social Workers and conduct direct work with families. While the Families First structure was bedding in within an area, staff often reported some initial confusion about whether early intervention cases should sit with a Family Worker, with an SLP, or with a member of OPS. These issues were generally resolved on a case-by-case basis within teams, but some teams suggested there could be even clearer guidance about how cases should be allocated between roles. Some Family Workers (particularly those who had previously worked within the Pathfinder service) were dissatisfied that they were no longer able to hold cases or conduct assessments, perceiving this as a de-skilling of their role:

> “I still am getting my head around who does what level – that’s taking a little while to understand ‘cause it’s completely different to how I’ve worked before. Sometimes there can be some confusion within the team about who can do what and when it has to be a Social Worker and when it doesn’t have to be a Social Worker.” (Social Work Consultant)

> " [In their previous roles our Family Workers] could undertake assessments, so to some extent there has been a bit of de-skilling there because they no longer have that responsibility, although they contribute quite significantly." (Team Manager)

Staff across Families First teams gave examples of where Family Workers had been effective in offering early intervention support to service users. Due to the high volume of direct work they provide to families, Family Workers were seen to be particularly well placed to take a holistic view of a family's needs and to be able to pick up on less overt indicators of assets or risks in behaviour and environment:

> "The work they do is fantastic and probably what achieves the most outcomes 'cause they're the ones that kind of just get in there with families and what needs to change and what needs to develop to make it safer for the children." (Specialist Lead Professional)

Team Co-ordinators

The Team Co-ordinator (TC) role was created to manage day-to-day facilities, meetings, and logistics of a social work team. How the TC role was being implemented varied across areas, but there was a broad perception that, by October 2016, they had begun to bed in and to provide valuable contributions to their teams. TCs had contributed to the centralising of administrative duties – setting up meetings, monitoring timescales and conducting other administrative tasks – which reduced the burden on Social Workers, creating greater opportunity for increasing direct work with families. In areas where structures had been put in place for TCs to become involved in the collation and feeding back of data about team performance, this was perceived to assist the functions of Team Managers and Social Work Consultants.

In summary, Durham have drawn on experience gained within the Family Pathfinder service in establishing a new, multi-disciplinary team structure that, in theory, has the potential to provide families with more holistic and specialised support. In addition it provides 2 additional functions – the Social Work Consultant and Team Co-ordinator – to directly support the quality of practice. Over the course of the evaluation, these roles were largely bedding in, with Social Workers and Team Managers getting used to managing a more diverse staff group, and staff themselves learning how best to work together. In the eastern locality, however, where the speed at which roles have become embedded has been affected by the inability to fill vacancies, Families First may benefit from further guidance (or communications) on the scope and intended function of each role. There is ongoing activity in this area to improve understanding of roles, including the introduction of county-wide role-development sessions, and the use of staff engagement sessions. The staged roll-out has also allowed for learning from the first areas to go live to inform the development of roles in the subsequent areas, and, overall, the process of embedding the new roles has been perceived to have been smoother in the more recent areas to go live. As the programme develops, each role can be seen as having a unique and valuable remit, directly supporting more effective work with families.

Workforce support and development

This section outlines the evidence regarding the implementation and outcomes of the second important aspect of Families First: workforce support and development. The aim of this strand was to accelerate cultural and systemic reforms within children's services by supporting staff to move towards more outcome-focused practice. Activities under this strand have been the use of reflective supervision sessions (supported by Social Work Consultants) and the use of Learning Communities. Learning Communities are co-designed with practitioners to form a safe space in which to discuss practice with peers, and to support practitioners to improve their judgements in order to improve quality of practice. Reflective supervision involves looking back at one's own previous work to identify the potential for future improvement. These have been supported by a workforce development plan that builds on the acclaimed Stronger Families workforce development programme, and wider staff and partner communications around the ethos and objectives of Families First.

The intention was that these actions would lead to a supportive environment of shared risk and responsibility, where learning from good practice becomes everyday practice for the social care workforce, as well as improving organisational decision-making in case management, escalation and de-escalation. In discussion with staff from across children's services, there was acknowledgement that a supportive environment, promoting reflection and development, would be important in enabling a successful transition into Families First and practice transformation. However, from the start, it was noted that limited time and resource resulting from high workload, had the potential to undermine reflective practice; the provision of more support to staff within the new teams, and the ability to bring about practice change.

As of October 2016, there has been a mixed picture in terms of the outcomes resulting from these changes. Broadly, Families First staff felt that they had received supervision which helped them to do their job better (83%); this compares to 79% amongst all staff surveyed in 2016. There is no significant change from the staff survey in 2015. Some staff gave examples of how they had begun to undertake more reflective practice, and derived benefit from reflective spaces such as Learning Communities[32].

Reflective practice

Since the evaluation began, staff, in interview, described an increasing emphasis on reflective practice across children's social care in Durham. In the staff survey, 79% of Families First staff and three-quarters (75%) of all staff either strongly or somewhat agreed that they were able to regularly reflect on their work with experienced colleagues, although this did not represent a significant change from 2015, when 82% of staff in

[32] This programme has been piloted in one area within Durham and full roll-out is planned for January 2017

equivalent Families First teams and 78% of all staff agreed they were able to regularly reflect on practice. A further 58% of Families First staff agreed that specialist staff were available to assist when needed; and, while not significant, a higher proportion (69%) of staff in equivalent Families First teams agreed, when surveyed in 2015, that specialist staff were available to assist, when necessary.

Some staff described using reflective approaches in their supervision sessions; and others gave examples of times in their own work when they took the opportunity to reflect on their practice, often with the support of a Social Work Consultant. Where these practices were most effective, they enabled staff to think critically about their work and to consider how they would use learning from their recent cases (for example around applying assessments) to inform their practice in the future. A limitation to this was that not all agency staff would be familiar with reflective practice or the Think Family ethos, as training was not provided as a matter of course to all agency workers. This had an effect on the consistent application of reflective and holistic practice across Families First teams:

> "I can reflect on practice on a more ad-hoc basis due to the Social Work Consultant who is available to bounce ideas off and discuss concerns." (Social Worker)

As might be expected, those who felt that they had the least opportunity to engage with reflective practice were generally Social Workers, who felt they had high caseloads. Some of these workers felt that they were only able to reflect on their cases in an ad-hoc and informal way, without structured opportunities to do so. In some cases, this was due to the time-bound nature of particular activities. For example, some staff found it difficult to clear space in their working calendars to attend training sessions – 44% of Families First staff agreed that they did not have enough time to undertake learning and development – or to have time for reflective discussions in their supervision sessions. Just over half of all staff (53%) also agreed that they did not have enough time to undertake learning and development. However, some staff had begun to see a reduction in caseloads in the most recent interviews conducted, and expected that this would create space for an increasing use of reflective practice in the future.

> "[Reflective practice] is much more achievable now because the caseloads are lower whereas a few months ago people trying to think about what they're doing and why they're doing it when they've got caseloads of 30+ was just [not possible]." (Team Manager)

Learning Communities and group supervision

Learning Communities were initially piloted in one hub during November 2015, supported by Newcastle University. This pilot enabled staff to discuss practice, overseen by Social Work Consultants. Staff who had taken part in these activities described how Learning Communities have been used to discuss solutions to challenges and think critically about practice within their team. The presence and capacity of Social Work Consultants to chair

these, and of staff capacity to attend, are important, and these activities have yet to roll out to the wider Families First teams beyond the pilot area.

Alongside reflective supervision and Learning Communities, group supervision sessions were introduced. Staff who had participated in these sessions gave examples of how they had used these sessions to focus on reviewing a particular theme or topic (such as escalation and de-escalation) in order to share wider learning and experiences, rather than explore the detail of case analysis and reflections on specific cases. While many staff perceived these sessions to be a helpful way of reflecting on their own practice – even if the topic coverage was wide or not specific to them – others felt this lack of case-specific focus limited the utility of meetings. Clarity on the focus and purpose of these sessions, and how these complement individual supervision, may help ensure that participation remains strong and that workers do not become frustrated with the time required to attend. Equally, it might be possible to provide staff with further options about which activities they wish to engage in, in order to accommodate the different learning styles of a large staff group:

> “Every single month we go through our cases one-to-one with the Social Work Consultant, and also at the group supervision meetings. I’m now reflecting more than I’ve ever done before, even the way I write my notes up.” (Social Worker)

> “It's not that I don't like reflecting, but it's that I don't like going to [group reflective practice] meetings … where solutions are never put forwards. My SWC helps me reflect better because she empowers you to think [about your own cases].” (Specialist Lead Professional)

Although the intention of activities relating to workforce support and development was to improve decision making and make social work practice more consistent, the broad perception among staff was that it remains too early to observe these outcomes. However, there were a range of additional, unexpected benefits for workforce support and development that arose through the implementation of co-location. Staff gave examples of how co-location made informal opportunities for learning and development easier, with staff from different teams able to share ideas and learn from one another. For example, staff within Families First gave examples of where they were able to draw on OPS staff for input about early intervention, and vice versa:

> “What works really well is having everybody all in the same place. I think that’s really helpful ‘cause you can have those conversations, the more informal ones, a lot earlier. And just having that mix of disciplines, so you’ve got the health around, you’ve got all the early help around, and then the different skills within the team. I think that is the biggest positive.” (Social Work Consultant)

Partnership working and Voluntary & Community Sector engagement

While there is a strong third sector within the county, and children's services have historically had good relationships with these third sector services, Durham had identified that, historically, social work has focused on a narrow definition of protection, resulting in narrow multi-agency working (including mainly police, schools, health visitors), and that there was a lack of holistic work with families which could include partners such as housing and anti-social behaviour teams, and so on. As part of Families First, the intention was to strengthen partner relationships with children's social care to improve the de-escalation support available for families, and to improve the overall resilience of the community at large, in order to reduce the need for referrals into children's services.

The main activities that were intended to support this strand of the Families First programme involved the creation of a voluntary sector alliance through building on existing strategic relationships with Durham Voice and developing new relationships with influential organisations such as the West Cornforth Partnership. This strategic alliance was intended to be supported through match-funded VCS Co-ordinator posts that would align with area teams and act as a point of contact between Families First and the VCS.

Progress with the implementation of activities in this area has been mixed. The VCS alliance did not progress after the initial bid, due to unforeseen absences of strategic VCS stakeholders, which meant the planned activities with the Cornforth Partnership were unable to go ahead. The first VCS Co-ordinator came into post in December 2015, but they were only able to cover the eastern locality within Durham County, and no further VCS Co-ordinators were recruited, due to difficulties in the VCS being able to secure match funding for the posts. Subsequently, in September 2016 further funding for the VCS Co-ordinator post was not secured, and the post has not continued. There is little evidence at this stage for the main anticipated outcomes in relation to widening partnership working (either with other agencies such as health and education or with the VCS).

Engagement with partners

Management and strategic staff – particularly within the eastern locality – were aware that work had been undertaken to build VCS partnerships, both through launch events at which partners were present, and through the work of the VCS Co-ordinator. Within the east locality, the VCS Co-ordinator had run team awareness-raising sessions, provided one-to-one advice to Social Workers linking them in to relevant services, and conducted a scoping exercise to map out relevant support services.

This evaluation found that the primary influence on partnership work was through structural alterations, in terms of co-location and management structures, rather than through the VCS Co-ordinator. Operational Managers identified a slight improvement in partner relationships (both statutory and VCS partners), attributed to the altered management structures of Families First teams. Some suggested that, with the

introduction of Team Co-ordinators and Social Work Consultants, there were clearer points of contact for partner agencies to approach.

Improved relations were seen to encourage a closer partnership at a management level, where certain partners (such as Police Community Support Officers, or Harbour Workers) were physically present within a Hub's offices. . However, these improvements were dependent on the presence of these partners. For example, Harbour workers were present in all teams only from November 2016. Some staff felt that without ensuring consistency of the partners co-located with Families First teams, it would be difficult to further increase collaboration.

At a frontline level, despite the inclusion of these new roles, there was generally a perception that the role of partners, which was already relatively well established – had not substantially increased as a result of Families First. A similar percentage of Families First staff surveyed in both 2015 and 2016 agreed that children's services supports effective partnership working with other agencies (83% in 2016 compared to 88% in 2015). A similar result was found at a whole staff level, where 76% of staff agreed with the statement in 2016 compared to 79% in 2015. A lack of tangible changes in the role of partners or the volume of partnership working were attributed to the high volume of complex, statutory cases currently being held within Families First teams. At the lower thresholds, staff voiced concern around the capacity and capability of universal services in effectively managing de-escalated cases. Staff also reported limited awareness of the Innovation programme and Families First among frontline universal partners.

VCS Co-ordinators

In terms of partnerships with the VCS specifically, the main developments in this area related to knowledge and awareness of the VCS services available, rather than direct changes to practice. In part, improvements in practitioner knowledge of available services within the east locality were attributed to the VCS Co-ordinator role. When they had been in post, the VCS Co-ordinator had begun to work on increasing staff's awareness of the VCS resources available to them as described previously. Some staff were able to give examples of how they used the information provided by the VCS Co-ordinator in order to inform how they assessed VCS involvement in supporting cases:

> "[The VCS] will come up in team meetings and supervisions – 'have you considered these services?' We are encouraged to think about those services and what is best for the family. … You could go to [the VCS Co-ordinator] and draw on their wider knowledge." (Social Worker)

Although the introduction of a VCS Co-ordinator in the east of the county was seen to have begun the development of the VCS engagement aspect of the programme, there was a widespread perception that progress remained limited. Although some staff had received informal guidance about specific services, it was felt to be difficult to action this without a more systematic approach. Formal mechanisms for engaging with VCS

services at the point of de-escalation had not been put in place, and engagement at this point was reliant on the initiative of individual staff members. Without a better database of local services to use, or an indication of the costs involved, staff felt that it was difficult to make judgments about the best services to involve within any given case.

There was a suggestion from some that, due to historically having had closer relationships with VCS organisations, OPS might be better placed to offer interim suggestions for VCS organisations that could be brought in. Some staff gave examples of how closer working relations with the One Point Service had already begun to improve knowledge and understanding of available VCS resources, due to the closer existing relationships between OPS staff and VCS services. In a few instances, staff who had not received support from the VCS Co-ordinator (that is those not based in the east) had taken their own steps to improve knowledge of available VCS services:

> "There was meant to be a co-ordinator to identify relevant services… At the moment when we find a new service or agency in the office we'll send an email around to everyone else in the office. So we're sort of building up our own." (Family Worker)

The evidence gathered during this evaluation indicates that while there is recognition that VCS engagement has the potential to improve the range of support provided to families, this requires significant co-ordination and buy-in from both practitioners and the VCS itself to be realised. The loss of important strategic partners at the outset of Families First undermined the ability of Durham County Council to generate sufficient momentum behind a voluntary sector alliance that would have helped support the recruitment (and funding) of VCS Co-ordinator posts. Teams will benefit from the scoping activity undertaken by the VCS Co-ordinator, but stronger partnership working will likely develop most consistently through the greater involvement of VCS organisations in cases de-escalated through the One Point Service, where links and capacity to engage are stronger.

Families and service user engagement

This section outlines the evidence regarding the implementation and outcomes of the fourth aspect of the Innovation model: changes to the way in which staff engage with families and service users, in order to embed the Think Family ethos. The intention of this aspect of the programme was to ensure a better understanding of families and their needs across the organisation, and more opportunities for staff to work directly with families and service users. Ultimately, it was hoped that this would improve staff understanding of families' needs, as well as families' perceptions of children's services, and drive continual improvement of services offered to families.

The important activities in relation to families and service user engagement related to a shift in the overall ethos of casework. It was intended that staff would take on a more outcomes-focused (Think Family) approach, using goal-oriented plans with families when developing agreements. Equally, an effort was made to ensure that structures and

procedures, such as assessment frameworks and meeting plans, provided spaces for families' voices to be heard. Specifically, servicer user engagement groups were held, and a service user feedback survey was created, the results of which are reported on in the section covering impact measures. Additional work was undertaken in partnership with Investing in Children, a Community Interest Company within Durham County, in order to engage with service users: strategic staff were more conscious of these activities than those on the frontline.

In a few instances, Team Managers reported receiving feedback from families about confusion relating to the new Families First structure, with some families uncertain about the precise differences between some of the new roles and more traditional Social Workers or OPS staff. However, among the families interviewed there generally remained a good understanding of the different roles where they had received direct experience of working with them. Where frustration was reported, it was in relation to services not communicating effectively with one another (for example between Families First and CAMHS or health services) meaning families had to repeat their stories to multiple professionals:

> "I've never had someone involved that is as understanding of all the situation [as my Social Worker is]. It's improved that way but I still feel like I'm banging my head against a brick wall with CAMHS. They haven't grasped the severity of [my son's] situation." (Family Interview)

Overall, as of October 2016, there is evidence for some positive outcomes beginning to emerge around improved service user engagement, supported by findings emerging from staff and family interviews over the course of the evaluation. In particular, staff expected that families would feel that there was a more co-ordinated and joined up service experience, especially where there had been direct experience of offering joint working between the OPS and Families First.

Outcome-focused ethos

Staff in Families First teams perceived a broad shift in ethos, spearheaded by the Think Family training, towards a more outcomes-focused way of working both when conducting assessments and working directly with families. Where staff had the opportunity to make use of the new Family Outcomes Framework, this was seen to support them in following through on the outcome-focused ethos of Think Family. Staff also gave examples of how they had begun to make further efforts to ensure the voice of the family and child were included in assessments, and during meetings. Staff at a strategic and managerial level were also conscious of the ways in which feedback from the internal service user questionnaires were intended to inform practice on an ongoing basis. This ethos was felt to be further supported by the reflective approaches offered by Social Work Consultants (discussed in greater detail in the section describing workforce support and development):

> “I think it’s really good for the service users because you’re very clearly evidencing the needs and having the ability in that assessment and the plan to meet their needs. It’s all about looking at getting better outcomes for them.” (Social Worker)

In particular, staff anticipated that families would feel that there was a more co-ordinated and joined up service experience focused on achieving a positive outcome, especially where there had been direct experience of providing joint working between OPS and Families First. Staff from Families First teams gave examples of how they had been able to deal more effectively with cases escalated from the OPS, through more effective co-ordination. For example, where OPS staff were present during handover meetings with families, this helped put the family at ease in this process. Corroborating this during interviews, some families described positive experiences where, following a referral to statutory services, the non-statutory staff that they were more familiar with (often OPS staff or Families First Family Workers) were present at meetings to help introduce and explain the role of Social Workers:

> "They seemed to be working together. I knew if [the Social Worker] wasn't there I would be able to get hold of the [Family Worker]." (Family Interview)

The implementation of Think Family training and reflective practice was perceived to have begun a shift towards outcome-focussed practice, and staff buy in to this. While this can be challenging to implement in practice due to high caseloads, and the need for more effective partnership working, there is evidence that practitioners are increasingly outcome-focussed. Increased experience of joint-working (both with partners and with the OPS) will help to embed Think Family more consistently.

Direct work with families

There was positive feedback from Family Workers and Specialist Lead Professionals about the extent to which they had been able to take on more direct work with families, enabling increased and sustained provision of practical help for families. Social care staff reflected that the involvement of these new roles led to the provision of positive support for families that should improve the sustainability and effectiveness of interventions (and ultimately reduce re-referral rates). The introduction of mobile working was also seen to be increasing flexibility in working, and initial teething issues with the technology had been overcome as of November 2016:

> “I’m really focusing on the underlying issues for the family, because that was identified as one of the areas that we do need to focus on … and I like that because I think it’s really significant, cause if we’re looking at families sustaining long term changes, then you need to get to the underlying issues.” (Specialist Lead Professional)

While Family Workers and Specialist Lead Professionals had more opportunities to increase their direct work with families, Social Workers were less confident about the

extent to which they had been able to work more directly with families: 92% of Social Workers surveyed in 2016 agreed that they spent too much time conducting administrative tasks[33]. Where Social Workers' teams were holding a sustained volume of child protection cases, this often meant that they were already pushed to maximum capacity by the combination of their existing caseload and their child protection responsibilities. These Social Workers generally expressed frustration with high caseloads affecting their ability to undertake more direct work with families, although if caseloads continue to come down, it may be that these barriers diminish:

> "I still feel [our caseloads] could go further down. Because if they're not going to get further down, we're never going to have time to do that effective work they want us to do, to do that effective work to maintain the changes." (Social Worker)

Only 35% of Families First staff surveyed in 2016 agreed that they had sufficient time to work effectively with families on their caseload. This compares to 30% of all staff. Both figures are unchanged from 2015. However, the amount of time spent directly working with families has fallen over the past year, according to staff. Although not significant, a higher proportion (46%) of Families First staff in 2016 said they spent less than a quarter of their time working with families in the last week compared to staff in equivalent teams in 2015 (33%). Families First Social Workers were significantly more likely to spend less than a quarter of their time working with families directly in the last week (69%) compared to Non-Families First Social Workers (45%). This may be because Social Workers hold a higher volume of child protection cases. Thirty-five percent of Families First staff agreed that the changes will bring a better balance of work across different teams; this was significantly lower than in 2015 when 53% of staff in equivalent teams agreed with the same statement. Similarly, a quarter of all staff (25%) agreed in 2016 that the changes being implemented in Durham would bring a better balance of work across different teams, which is significantly lower than when asked in 2015 (36%). This may reflect genuine feeling around staff experience of the changes, though it may also be influenced by situational factors such as vacancies in important posts, caseload pressures and the outcome of the Ofsted visit.

Communications and change management

This section outlines the evidence regarding the implementation and outcomes of communications and change management in Families First. The intended outcomes from improved communications were to ensure a clear understanding of the aims, objectives and ethos of Families First across the service, and also to ensure a clear understanding of changing roles and responsibilities. Change management was intended to minimise

[33] A similar proportion of Families First Social Workers (91%) and non-Families First Social Workers (93%) agreed with the statement 'I am required to spend too long on administrative tasks'. Note small base sizes - <50 – here.

disruption during the change process, ensure learning from early roll-out areas informed full implementation, and to engage staff and partners with Families First.

The important communications and change management activities undertaken began with an induction and training programme in order to familiarise staff with the Think Family ethos and Families First restructuring. Alongside this, communications and engagement were undertaken with staff to explain Families First and make the implementation smoother, including Meet the Team events, email communications and staff meetings. These were combined with communications and engagement undertaken with key partners. In addition to this there has been a large number of staff engagement sessions taking place which have been held at regular intervals throughout development and implementation of the programme.

From the start of programme implementation, there has been positive engagement from staff with the ethos of Families First, and the majority of staff understand the changes being made. However, the pace of change within Durham is perceived to have been swift and some staff have found the experience of change a challenging one to keep pace with, especially when compounded by a period of high caseloads. The staggered roll out of Families First was found to enable lessons to be learned and implemented from those teams that had gone live earliest; however, it was primarily staff at a management level that were conscious of these learning and how they had been applied, as described in the following sections.

Overall, the communications that have accompanied the implementation of Families First in Durham have ensured a good level of understanding about the programme and its aims, although there remains a small minority of staff (more significant within OPS but including 11% of staff from Families First) who were uncertain about their role in the changes. Despite the solid understanding of the programme's aims and objectives within Families First teams, there remain areas in which staff felt that communications and change management had not fully ensured the minimal disruption (for example, some staff had been disappointed by aspects of the new structure that were not seen to align in practice with the initial vision and communications, detailed further in the following sections). Ongoing efforts may be needed in order to reassure and support those staff that have uncertainties about, or have been unsettled by, the change process, bearing in mind that this would be the case with any change programme on the scale of the work being undertaken in Durham.

Communications about Families First

As of October 2016, over a year after initial implementation, staff remained positive about the overall ethos and objectives of the programme. Staff at all levels remain committed to the principles underpinning Families First, and feel that it has the potential to bring positive change to their ways of working with families; other teams within children's services, and with partners. Even where staff currently saw there had been limitations or

barriers to implementing all aspects of the programme's objectives, they were still positive about the programme's potential:

> "I think the ethos behind it is brilliant, even if the way it works in practice isn't quite how it's described." (Specialist Lead Professional)

Findings from the staff survey show that there is a relatively good understanding of the changes: 79% of Families First staff surveyed in 2016 agreed that they understood what the changes being made to children's services were. However, this is significantly lower than in 2015 when 92% of staff surveyed in equivalent First Contact and Intervention teams agreed that they understood the changes. The level of understanding of the changes was slightly lower at a whole- staff level compared to Families First staff, where almost two-thirds (64%) of staff surveyed agreed that they understand the changes being made to children's services. This might be expected, but it should be an area of focus in future communications, given the whole-system nature of the changes being made and its expected impact.

Around three-quarters (74%) of Families First staff agreed that children's services kept them well informed about changes affecting their work. This was significantly lower than in 2015 when 85% of staff in equivalent teams agreed that children's services kept them well informed. At an overall level, the majority of staff (67%) agreed that children's services kept them well informed about changes affecting their work. However, the proportion of staff agreeing to both statements has not increased since 2015, suggesting that more could be done to improve communications and understanding of the reforms.

Broadly speaking, there remained a small group of staff, predominantly within OPS, who had uncertainties about the implications of the changes for their role. In the staff survey there was a clear divergence between teams, with only 11% of staff surveyed within Families First teams stating that they were uncertain about their role in the changes. This was an improvement from 2015 when 21% of staff in equivalent teams were unsure about their role. Given that changes in Families First are part of a wider, interconnected system, it is important to consider how other teams felt about their roles in the change. Staff in OPS were significantly more likely than Families First staff to be uncertain about their role in the change (45% compared to 11% of Families First staff). The overall figure has not fallen from 2015, when 28% of staff surveyed were unsure about their role in the change. This reflected qualitative findings that staff within teams who most had recently gone live were less confident in their understanding of the new roles and structures. However, qualitative interviews also showed how staff nonetheless appreciated that communication from managers and within team meetings had become more effective in laying out the theory behind the new model since the programme began. The evaluation also saw that staff became more aware of, and comfortable with, roles and remits following an initial bedding-in period, suggesting a period of uncertainty is to be expected.

One area where ongoing communications were felt to be lacking was in aspects of the new structure that were not seen to align in practice with the initial vision and how

Families First had been communicated. For example, many Social Workers were disappointed that early messages about reducing the number of cases held by their teams, to free up time for more direct work with families, did not transpire. Equally, some Specialist Lead Professionals felt that their role title did not accurately reflect their day-to-day responsibilities: some had anticipated developing a particular specialism (such as primarily supporting domestic violence or drugs and alcohol related cases) within the role, and did not feel that they had the opportunity to do this. Some staff who had formerly worked within OPS, or in early intervention roles, reported a more substantial change in the nature of their work, with increased exposure to more complex cases than they had originally anticipated:

> "We thought we were going to be an early intervention service, doing more direct work with families - and child protection cases would get transferred to the CP team - but now we're just going to keep a hold of those cases. [A lot of my time is spent on] child protection." (Social Worker)

Learning from staggered roll-out

Managers within the most recent teams where Families First has been rolled out were positive that learning from the programme roll-out in other teams had helped inform how the programme was implemented for them. These included:

- providing private spaces for staff to work in within the new office spaces, in line with feedback from teams where the hot-desking approach had been rolled out earlier
- ensuring that (as far as possible) there was a full complement of staff in place within teams before going live, in order to encourage the use of reflective practice and ensure teams started on a strong footing

> "The first phase was the guinea pig phase and there were important learning about how to combine these teams with their heavy workloads." (Team Manager)

Staff were conscious that elements of the programme were still in the process of bedding in or had not yet been fully implemented. The pace of change meant that staff sometimes felt pressured by the need to take in a great deal of new information and ways of working within a short period. This may influence perceptions that it remains early days for Families First:

> "We do introduce [partners and VCS staff] to all the team meetings, [but] sometimes I think we have an information overload actually. Some time does need to be spent on that ... but there's just so much other stuff to do." (Team Manager)

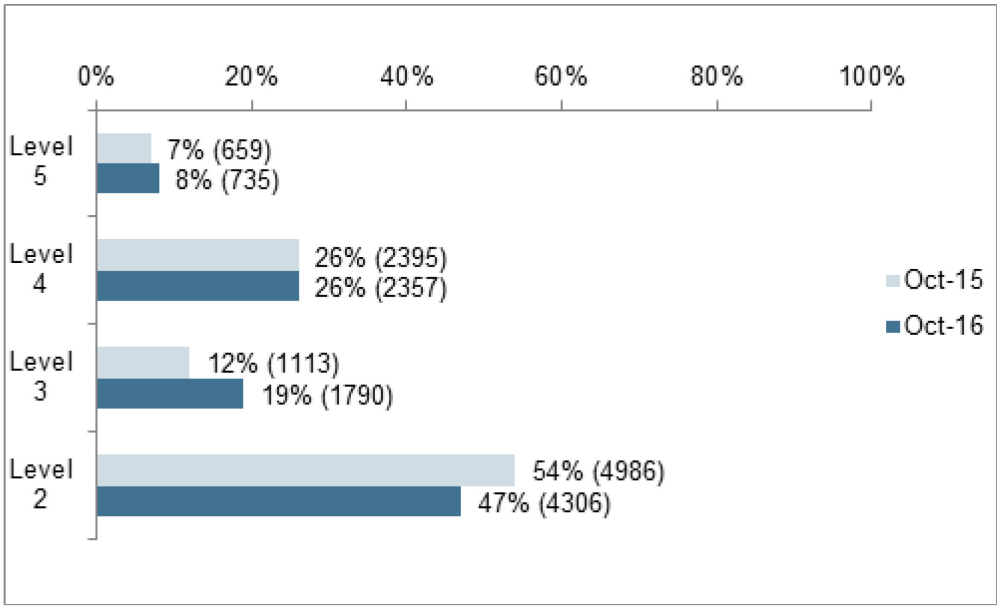
Impacts

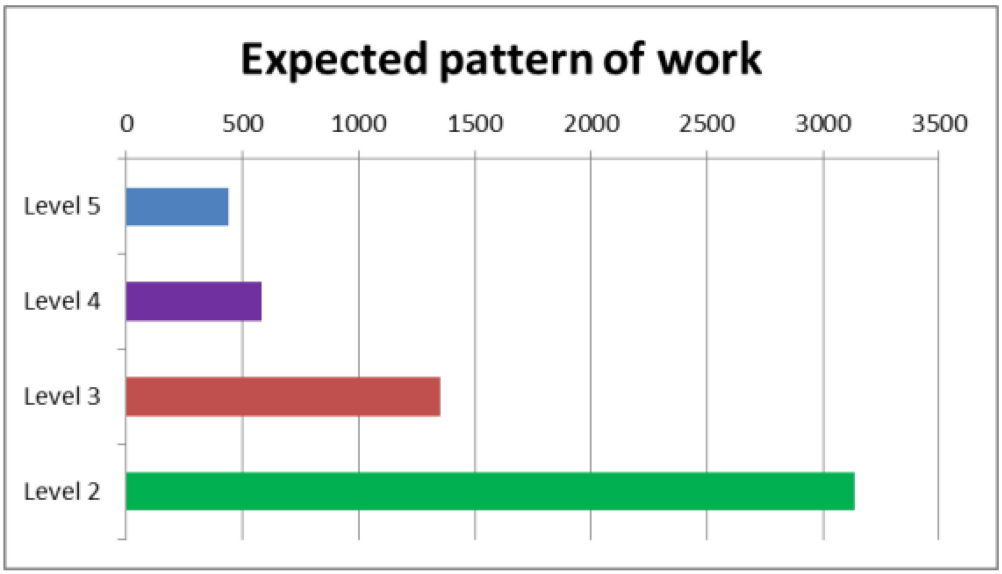
Specific impact measures

Reduce caseload at Level 4 and re-balance work across levels of service

One of the aims of the reforms was to ensure a more even tapering of cases from Level 2 though to Level 5, and particularly a reduction of Level 4 cases. As can be seen in Figure 6, there is a slightly more even tapering of cases from Level 2 to 5, although this is due to a reduction in cases being held at Level 2 and an increase in cases held at Level 3, rather than a reduction of cases at Level 4.

Figure 6: Proportion and number of cases at each level comparison October 2015/16





Staff experiences over the last year appear to have generated some pessimistic views about Families First changes, and its impact on the balance of cases at the different levels of service. Staff were asked in both the 2015 and 2016 survey whether they agreed if the changes would bring a better balance of work across different teams. Within Families First teams, when surveyed in 2016, 35% of staff agreed that the changes would bring a better balance of work across different teams. This is significantly lower than at 2015 when over half (53%) of staff in equivalent teams agreed that the changes would bring a better balance.

This pattern is also seen at an all-staff level. Staff surveyed in 2016 were significantly less likely to have agreed (25%) that the changes would bring a better balance compared to in 2015 (36%). Families First teams were more likely to have agreed that changes would bring a better balance of work across different teams (35%) compared to staff in One Point Service (19%) and LAC teams (13%). Qualitative interviews with OPS managers suggest that OPS staff may be less confident about the way in which work will be rebalanced due to lower overall understanding of the Families First programme among frontline staff in OPS. This is reflected in the staff survey results discussed later in this section. Equally, some OPS managers gave examples of staff in their teams who were holding more complex cases than they had done previously, and finding this challenging, Senior management have also indicated that budget reductions within the OPS have affected the availability of resources within the service.

Reduce Looked After Children population by 20% (2012-2016/17)

One of the intended impacts of the program was to see a reduction in the Looked After Children population. It is still relatively early to assess the impact on this measure, and monitoring will need to continue to fully assess the impact. However, current figures show that the number of Looked After Children (excluding those in respite or short-term care) increased between March 2015 and March 2016, from 61.6 per 10,000 to 67.8 per 10,000. Similarly, the rate of children becoming looked after increased. For the period April to March 2014/15, the rate of children who became looked after was 26.1 per 10,000. This increased to 29.9 per 10,000 in the equivalent period the following year (April to March 2015/16). The number of children in respite care or short-term care remained relatively stable over the period from March 2015 to March 2016, increasing slightly in respite care from 1.8 children per 10,000 to 2.0 per 10,000.

Reduce Child Protection Plans (for Neglect) by 20% by 2016/17

It is too early to assess the full impact on the number of Child Protection Plans (for Neglect); however, early indications are positive. In 2013/14 (April-March) the rate of children who became subject to a Child Protection Plan was 65.3 per 10,000. This fell to 50.3 per 10,000 children in 2014/15 (April-March) with a further fall in 2015/16 to 46.5 per 10,000 children.

The number of children who became the subject of a Child Protection Plan for Neglect (initial category of abuse) also fell over the same period from 414 children in 2013/14

(April-March) to 348 in 2014/15 (April-March) with a further fall to 301 in 2015/16 (April-March). All this points to positive signs of achieving the stated 20% reduction in Child Protection Plans (for Neglect) by 2016/17.

Reduce re-referrals from 24% to 15% by 2016/17

Administrative data shows an increase in re-referral rates[34] for April to June 2016 against the equivalent periods in 2015. The re-referral rates for April to June 2015 and April to June 2016 were 20.2% and 24.8% respectively. The Durham County Council target for both periods was 21.0%. The full year re-referral rate for 2016/17 (April-March) is not yet available, but the equivalent figure for 2015/16 is 20.9%. A possible explanation for this increase is the reduction in referrals coming into the service. There were 1,566 referrals between April to June 2015 compared to 1,263 in April to June 2016; however, the overall number of re-referrals has stayed relatively stable over the same amount of time (317 in April to June 2015 and 313 in April to June 2016). This explains the increase in the percentage figure, though the absolute levels have remained similar. There will be a time lag of around 12 months before the reduction in referrals is felt in the system following the introduction of Families First. Therefore, monitoring is needed over a long time frame to see if the outcome is achieved.

Increase professional confidence, morale and competence among staff

As detailed above, there have been challenges to staff morale resulting from Ofsted and from elements of the Families First model, which some staff feel has proved to be a barrier to the implementation of the programme. Despite these challenges, a relatively high proportion of staff still felt positively about their own achievements at work on a personal level: staff confidence at an individual level does not seem to have been diminished by the Families First experience.

Staff were generally confident in their own team's competence and performance. The majority (85%) of Families First staff felt confident in their team's ability to do their job well, which was similar to staff in other teams[35]. Families First staff also agreed that their work gave them a feeling of personal achievement (86%). This was significantly higher than the proportion of staff who agreed in OPS (65%). Social Workers were also more likely to have agreed that work gave them a feeling of personal achievement compared to non-Social Workers (89% compared to 74%). Within this, Families First Social Workers were indicatively more likely to have agreed that their work gave them a sense of

[34] Each re-referral for a child is counted in this data, therefore, in some cases it might be that there is a low number of children who are being referred multiple times or many children being re-referred. It should also be noted that figures from before 2014 are not directly comparable with data after April 2015 due to changes in the referral calculation.
[35] 89% of LAC staff, 80% of OPS staff and 88% amongst other staff.

personal achievement than non-Families First Social Workers[36] (94% and 85% respectively)[37]. However, reflecting the pressures of high caseloads at the statutory level, they were also more likely to agree that they often felt very stressed by the nature of their work (84% compared to 60% amongst non-Social Workers)[38] [39].

Encouragingly, the majority of staff in Families First were confident that they had the knowledge and skills needed to work effectively with families. They were highly likely to have agreed that they felt they had the knowledge and skills they needed to work effectively with families (96% compared to, for example, 74% of staff in One Point Service). Eighty-seven percent of Families First staff agreed in 2016 that they got the training and development they needed to do their job well. Social Workers were more likely to have agreed that they had the knowledge and skills needed compared to non-Social Workers (97% compared to 86%). Within this group, Families First Social Workers were indicatively more likely to have agreed compared to Non-Families First Social Workers (89% and 80% respectively)[40].

Embed the Think Family model of service delivery

For the embedding of the Think Family model of service delivery to take place successfully, staff need to understand the new procedures in place and how their role would change. Sixty-seven percent of Families First staff surveyed in 2016 agreed that the policies and procedures within children's services were clear and helpful. This was lower than in 2015 (76%).[41] In general, staff surveyed in 2016 were less likely to have agreed compared to 2015 that the policies and procedures within children's services were clear and helpful (63% in 2016 compared to 70% in 2015). Social Workers were more likely to have disagreed that the policies and procedures within children's services were clear and helpful (30% compared to 14% of non-Social Workers). Families First Social Workers were indicatively more likely to have agreed that the policies within children's services were clear and helpful (66%) compared to Non-Families First Social Workers (56%).[42]

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[36] Non-Families First Social Workers are Social Workers working in other teams, for example Looked After Children teams and Child Protection and Disability teams.
[37] Low base sizes should be highlighted when looking at this analysis. Families First Social Workers (35) and non-Families First Social Workers (41).
[38] Families First Social Workers were no more likely to have agreed that they often felt very stressed by the nature of their work (83%) than non-Families First Social Workers (85%).
[39] There is wider evidence that suggests a high degree of stress is not uncommon amongst Social Workers. Figures related to stress show that at least 80% of Social Workers believe stress levels are affecting their ability to do their job, which indicates that there are high levels of stress nationally. Community Care. (2015). 'Social Workers too stressed to do their job according to survey' (viewed on 13 December 2017)
[40] Low base sizes - <50 - should be noted when looking at this analysis.
[41] This is a large but not statistically significant difference.
[42] Low base sizes - <50 - should be noted when looking at this analysis.

Despite some residual uncertainties, staff in qualitative interviews perceived the beginnings of a shift towards the adoption of the Think Family ethos. Where staff had the opportunity to make use of the new Family Outcomes Framework, this was seen to support them in following through on the outcome-focused ethos of Think Family. Equally, where Families First staff gave examples of closer collaboration with OPS on the escalation and de-escalation of cases. This was also seen to reflect a more outcomes-focused approach, which was felt to be further supported by reflective practice (where available) with Social Work Consultants. These shifts in ethos are discussed in greater detail in the sections describing workforce support and development and service user engagement activities.

Enable more direct work with children and families and move away from administrative tasks

Staff were asked to assess how much time they had spent working directly with families in the last week[43]. The amount of time staff spent working with families had fallen from 2015 to 2016 according to these self-assessments. Just over a quarter (27%) of Families First staff in 2016 said they had spent 50% or more of their time working with families in the last week. This was significantly lower than in 2015 when 41% of staff in First Contact and Intervention teams said they had spent 50% or more of their time working with families. This was also true amongst all staff (including Families First teams) where significantly less staff in 2016 felt they spent 50% or more of their time working directly with families (24%) compared to 2015 (35%).

Similarly, 73% of Families First staff agreed that they were required to spend too long on administrative tasks, which is similar to the equivalent teams in 2015, when 75% agreed. In general, significantly more staff in 2016 agreed that they were required to spend too long on administrative tasks (78%) compared to 2015 (70%). Social Workers were more likely to have agreed that they were required to spend too long on administrative tasks than other staff (92% compared to 74%)[44]. This suggests that there is still more to be done to reduce the amount of time spent on administrative tasks generally, but particularly among Social Workers. This can be at least partially explained by the increased caseloads held by staff in 2016 compared to 2015, which would inevitably reduce the amount of time Social Workers had to spend with families.

Despite these concerns, qualitative interviews pointed to some positives from Families First. Team Co-ordinators had begun to bed in and take on some of the administrative

[43] Staff were asked the question 'In the last week, what proportion of your time did you spend working directly with families?' If they were unsure of the answer, they were asked to estimate. If staff did not work directly with families they were asked to select 'Not Applicable'. The response codes for this question were 'Less than 10%', 'Between 10% and 24%', 'Between 25% and 49%', 'Between 50% and 74%', 'Between 75% and 89%' and '90% or more'.

[44] The level of agreement was similar amongst Families First Social Workers (91%) and non-Families First Social Workers (93%).

burden of their teams. Family Workers and Specialist Lead Professionals gave examples of where they had worked more directly with families, and many Social Workers acknowledged that these roles had begun to increase the amount of direct work that families received overall. In teams where the pressures on Social Worker caseloads had begun to diminish, Social Work staff hoped it would become easier for this increase in direct work to spread throughout children's services. Further details on these outcomes are discussed in the sections describing changes to team structure and service user engagement.

Improve service user satisfaction with children's services

Evidence from the Service User survey undertaken by Durham[45] suggests that the support given to families by Families First teams and the interaction between staff and families is positive. Nine out of 10 service users (90%) said they understood what Families First was and the support it could offer. Families were most aware of increased co-ordination between OPS staff, Families First Family Workers and Social Workers where their case was being transferred between the different teams (meaning at points of escalation and de-escalation on the continuum of need).

The majority of families surveyed by Durham felt that their worker listened to their concerns (93%); that workers were easily contactable and phone calls were returned (89%). Similarly, a high proportion of service users felt they got the help they needed (89%). Most users also knew who to contact in the future for support (90%). Although still positive, the self-assessed impact on themselves and their families was lower. Most service users (68%) thought that things had changed for the better in their family since they began working with children's services; however, one in 5 (19%) were not sure and 13% disagreed. However, the majority of users also felt more confident as a parent (83%).

Overall, the majority of users had a positive experience and rated the service highly: 88% rated the service either 'excellent' or 'good', although there is no historical data against which to compare this, so it is not clear to what degree this is a result of the new Families First approaches. Service users reported positive interaction and support from staff in Families First teams, although the timeframe of the evaluation mean that it has not yet been possible to assess the longer term impacts on families in Durham.

Staff perceptions of overall impact

One of the main evaluation measures of perceived impact at this stage is feedback from staff via the online survey conducted in summer and autumn 2016. This repeated a

[45] Surveys were undertaken with families between May 2016 and November 2016, across the range of Families First teams, which resulted in 147 responses.

number of questions asked almost a year earlier, but also asked the staff surveyed to provide their own assessment of the impact of the reforms so far. Specifically, staff were asked whether they thought things had improved, got worse, or stayed the same for themselves personally, staff at large, and families, since June 2015 (see Table 1).

Overall there were mixed perceptions of the improvements in the last year for staff and families, although it was for children's services staff as a whole where we saw higher proportions saying things have got worse. For families, 23% of staff said things had got worse. For themselves, 36% of staff said things had got worse. This rose to 44% for perceptions of the situation for staff generally. There were also mixed views when we examined results by different teams, such as Families First and OPS.

Families First staff generally had a more positive assessment of the impacts of the changes compared to staff in other teams, particularly compared to One Point Service staff and LAC teams.[46] For example, 34% of Families First staff felt things had improved for them personally, compared to 17% of OPS and 14% of LAC staff. Social Workers were less likely to think things had improved for families, compared to other staff (15% compared to 28% of non-Social Workers).[47] A similar proportion of Families First Social Workers (18%) and Non-Families First Social Workers (13%) thought that things had improved for families generally.[48]

Results also point to polarised views of the role that Families First has played in whether things have improved or not. Staff were asked a follow-up question about whether they thought things had improved, stayed the same or got worse as a result of the Families First changes. Those who say things have improved are highly likely to attribute this to Families First, but those who say things have got worse are also likely to say this is as a result of Families First.

Amongst those who say things have improved, a large majority feel this is a result of Families First (around 70-90% for each category asked about - themselves personally, staff at large, and families). Among those staff with negative views of the way things have changed in the last year, around two-thirds (66-69%) (for each of themselves personally, staff at large, and families) say this is a result of Families First. This shows that there

[46] Analysis is based on the following base sizes for each team: One Point Service (158), Families First (101) and Looked After Children and Permanence (51). The low base size for Looked After Children and Permanence should be taken into consideration when interpreting the results.
[47] Analysis is based on the following base sizes for roles: Social Workers (75), non-Social Workers (356). It should be noted that a very small number of Social Workers may be included in the non-Social Workers category if they did not specify their role in the survey.
[48] Low base sizes - <50 - should be noted when looking at this analysis.

have been mixed experiences of Families First, and it may echo some of the differences in views seen across individual teams[49].

It is difficult to unpick what is behind each set of perceptions, so it is clear that developing further understanding of the underlying reasons, and also addressing the inconsistencies in experience and perceptions across the whole children's social care system, will be important.

Table 1: Staff evaluation of impact of reforms on themselves in 2016 (base sizes in brackets)

	Improved	Stayed the Same	Got worse	Not Sure
Overall (431)	**22%**	**31%**	**36%**	**11%**
Families First (102)	34%	25%	25%	16%
One Point Service (158)	17%	23%	50%	10%
LAC (51)	14%	37%	45%	4%
Other teams (120)	22%	44%	23%	12%
Social Workers (75)	24%	24%	32%	20%
Other staff (356)	22%	32%	37%	9%

[49] Due to very small base sizes, it is not possible to analyse the result by team within those who say things have improved or things have got worse.

Table 2: Staff evaluation of impact of reforms on staff at large in 2016 (base sizes in brackets)

	Improved	Stayed the Same	Got worse	Not Sure
Overall (428)	**14%**	**25%**	**44%**	**18%**
Families First (100)	22%	23%	35%	20%
One Point Service (159)	13%	17%	55%	16%
LAC (50)	4%	28%	50%	18%
Other teams (119)	13%	35%	34%	18%
Social Workers (74)	8%	24%	42%	26%
Other staff (354)	15%	25%	44%	16%

Table 3: Staff evaluation of impact of reforms on families in 2016 (base sizes in brackets)

	Improved	Stayed the Same	Got worse	Not Sure
Overall (430)	**26%**	**29%**	**23%**	**23%**
Families First (101)	35%	26%	17%	23%
One Point Service (160)	30%	26%	24%	20%
LAC (50)	8%	26%	36%	30%
Other teams (119)	20%	36%	21%	23%
Social Workers (74)	15%	30%	27%	28%
Other staff (356)	28%	29%	22%	21%

Limitations of the evaluation and considerations for future evaluation

This section discusses the limitations of the evaluation approach and findings, before summarising the appropriateness of the evaluation approach for Durham's Innovation model, and possible alternative approaches based on lessons learned. The section concludes with a discussion on the capacity built for future evaluation and the sustainability of the evaluation.

Limitations of the evaluation and main findings

The evaluation has focused on the implementation of changes in Durham County Council. The main indicators for the programme's primary impact require more time to demonstrate change, and have not been measurable in the lifespan of the evaluation. Instead, the focus of the evaluation has been to gather evidence to support and refine the evaluation logic model – identifying evidence for activities undertaken, and drawing on the data available to provide evidence of where the expected outcomes have been observed. The contribution analysis process, where this logic model was systematically reviewed and discussed with stakeholders within Stockport, helped to test and validate the linkages between the activities undertaken and the outcomes observed, and identify areas where outcomes had not been fully realised, or where unexpected outcomes emerged.

There were also challenges relating to the methodology of the evaluation and how it was carried out that should be acknowledged when considering the findings in this report.

While the evaluation benefits from both staff and service user survey feedback, there are limitations on how far this can be used to evaluate the success of the Families First, given small base sizes, especially for the service user survey.

Availability of administrative and case level data in Durham has been affected by system limitations. For the analysis of management data indicators, Durham County Council experienced some difficulties in providing all indicators identified at the start of the evaluation, and was not technically able to create equivalent data for the new Families First team area boundaries, prior to summer 2015. This limited the evaluation's ability to compare historic and contemporary performance at team level, and, therefore, our ability to understand differences in experiences and performance, and link this to the qualitative feedback.

Appropriateness of the evaluation approach for Durham County Council Innovation

Given the implementation timings, and the complexity of whole system change, a largely qualitative evaluation approach was appropriate. A lack of a counterfactual for indicators

against statistically similar Local Authorities undermines the ability to comment on impacts and the extent to which they can be attributed to Families First. These would have been challenging to incorporate post-hoc, but would be relevant to consider for any future innovation evaluation. Two evaluation approaches were less effective in the context of the Durham Innovation model than expected: Historic Case Matching and the use of embedded researchers. These are discussed below.

Historic Case Matching

The original intention for Historic Case Matching was to conduct a detailed comparison of up to 80 current cases against a comparator case from the period before Family Insights was in place. However, issues were experienced with the methodology, primarily relating to difficulties in identifying appropriate historic case matches. It had originally been anticipated that the embedded research practitioners would have the time and expertise necessary to identify appropriate matches. At this stage, many of the contemporary cases selected have not closed, or a sufficient period of time has not elapsed to see longer term outcomes, making it difficult to conduct comparison with historic cases. For this report, the analysis of a limited number of contemporary and historic cases has been reviewed and has informed our findings. We intend to revisit the methodology in the future to find a solution.

Embedded (practitioner) researchers

Our evaluation approach intended to use practitioners employed by Durham County Council as embedded researchers (two 0.5 FTE practitioners) to conduct ethnographic, qualitative research with staff, partners and families, and Historic Case Matching alongside the Kantar Public evaluation team. The use of embedded researchers was not as effective as expected. Extended absences of both of the embedded researchers required the evaluation team to carry out the activities of the embedded researcher in order to capture the ongoing implementation of Families First. Overall, this resulted in a substantial shortfall in the amount of time available for the embedded researchers to undertake evaluation activities, particularly in relation to family interviews and Historic Case Matching. Despite these limitations, the embedded researchers were able to undertake interviews with service users while they were in post, and these contributions have helped to inform the reporting on the service user perspective within this report.

Future evaluation activities

As this report has indicated, ongoing research and evaluation activity will be necessary in order to come to a conclusion about the ultimate impact of Families First. Durham County Council intends to continue to monitor the provision of the Families First programme, in particular important service indicators. The extended unavailability of the embedded researchers has limited their exposure to evaluation activities and the ability to continue these on an ongoing basis. Despite this setback, Kantar Public has still been able to

provide Durham County Council with a number of tools and resources that can be drawn upon for ongoing research activity:

- the programme logic model provides an analytical framework for evaluating the outcomes, and ultimately impacts, of the Families First model. Durham County Council can continue to use this logic model (and the administrative data drawn upon by Kantar Public for this report) as a framework for ongoing monitoring and assessment of the progress of Families First
- in collaboration with Durham County Council, Kantar Public developed a survey for use with staff. Structures are in place for Durham County Council to continue using the questions from the evaluation questionnaire in order to track these measures on an ongoing basis. This would allow for longitudinal tracking of some of the measures reported on in this evaluation
- Kantar Public has also provided Durham County Council with the discussion guides used to conduct the qualitative interviews with staff and families that have informed this report. The embedded practitioners were provided with training in qualitative research techniques, and, when they are able to return to work, would be able to continue conducting these activities on an ongoing basis. In particular, Kantar Public would recommend additional qualitative research in order to explore the relationships between Families First and One Point Service teams
- Durham County Council have also been provided with the case analysis framework used for the historical case comparison exercise, which can be used as a tool to assess ongoing changes in practice within Durham
- the refined (and shortened) service user survey provides an accessible means for continuous collection of service user feedback in-house by Durham County Council

Implications and recommendations for policy and practice

The evaluation indicates that overall, it remains too early to draw definite conclusions about the long-term impacts of Families First, but there are signs of some positive effects. The evidence collected over the course of this evaluation shows that there has been broadly successful implementation of the service restructuring, revised practice and workforce development elements of the programme. As a result, some of the expected short- to medium-term outcomes relating to the ways of working by Social Workers and other parts of the children's social care system have begun to emerge. However, there is limited evidence that the longer term impacts on families and children's services are being achieved.

It is important to recognise that the implementation of Families First has occurred within a challenging context for children's social care services in Durham in early 2016. Pressures resulting from high caseloads and staff vacancies, plus the effect of an Ofsted inspection, are likely to have disrupted implementation of the Families First programme for a period, as well as limited success in achieving intended outcomes and impacts.

Durham has invested to create additional capacity within the system and there are indications that this is beginning to have an effect in reducing caseloads. There have been clear successes in the training and practical support that staff have received (for example support from Social Work Consultants, Learning Communities, group supervision sessions), to help to translate theory into practice. If staff then have the capacity necessary to implement and sustain changes to practice, it is reasonable, given the logic model for Families First, that improvements to outcomes for families and impacts at a service level will be seen. But it should be stressed how important this staff capacity is to unlocking the intended outcomes and impacts of the programme. Even with these positive signs, it is not possible to predict, at this stage, whether the impacts will be of the scale intended or how fast these will be achieved. This will require further monitoring and evaluation.

The experience of implementing Families First in Durham raises 2 important learning points to consider when thinking about wider allocation of this model. These relate to the scale of the changes and the need to create a truly whole-system approach, and to the common challenges that may be faced which can have a significant effect on a programme like this.

For Families First to be successful it needs to be implemented as a whole systems change. While a core component is the creation of 10 new teams (and this requires significant investment and attention in its own right), other parts of the children's services system can have a significant effect on the success of these teams and of Families First overall. The caseloads and working practices of Families First practitioners are bound up in the work of other services, from OPS who provide early help work, through to the Child Protection and Youth Offending Team who work with some of the most challenging

cases. OPS in particular has seen a significant rise in the number of cases requiring support over the past few years, and this inevitably impacts on the work of the Families First team (although the causes of the higher OPS case numbers are not clear and cannot be solely attributed to Families First; for example, budget reductions within the OPS system may be a contributing factor). Changes in the capacity of these teams, in the processes for escalation and de-escalation, or in the relationships between teams have a resulting impact on the type and volume of cases dealt with by Families First. As evidenced over recent years, Durham has a commendable capacity for driving innovation, and staff have bought into this ethos. However, there is a danger that innovation is seen as something that occurs within specific service silos. For Families First to succeed, it needs to implemented and managed, not as a separate process or part of the system, but as an integrated part alongside elements such as the OPS and Child Protection Team.

The role of universal services and the VCS in helping to embed Families First shouldn't be underestimated either. It will be important for universal services and the VCS to play a stronger role in initially offering early help, and also in providing wider support to families within Families First. Engagement of the VCS was hampered within Families First from the outset, but there are also concerns about the capacity of the VCS and universal services to take on the additional work necessary to unlock the benefits of Families First. For Families First to be successful in reducing the volume of cases supported at statutory thresholds, it will require a more targeted and outcome focused early help offer, capable of providing effective early intervention and step-down support.

The challenges faced by Durham when implementing Families First are not unusual. High caseloads, vacancies and capacity issues, and Ofsted inspections (and the time and focus they require) are challenges that may be faced in the future, and could well be faced in many other local authorities. Durham County Council was innovating from a position of strength; their previous inspection in 2011 was graded 'outstanding' by Ofsted and identified a consistently high quality of services. Families First was established as the next phase of a wider transformation programme that Durham had been implementing since 2008. This transformation programme had piloted and examined new models of practice, policy and procedure, including the creation of the One Point Service. Families First was the logical extension of these activities, bringing in aspects such as co-location of services, specialist support roles and reflective practice. Despite this, the challenges faced have had an impact on success, in particular, on Social Worker caseloads. The Families First model aims to enable Social Workers to focus on more complex cases and to spend more direct time with families. However, these cases require more time from Social Workers, including the, occasionally time consuming, associated statutory requirements. Their ability to undertake direct work and to engage in more reflective and holistic practices may be reduced if their time or workload is not otherwise freed up. A range of new roles were introduced within the Families First model including the Family Worker, Specialist Lead Professional and Social Work Consultant. All provide valuable additional support in helping to offer direct work and in providing

quality assurance. However, apart from SLPs, these are not case-holding roles, and SLPs are not able to hold statutory social work cases. For Families First to be embedded, it will be necessary to either rebalance caseloads such that Social Workers have more capacity to deal with the current volume and complexity of cases, or to increase the resource and/or effectiveness of work undertaken at Levels 2, 3 and 5.[50]

A high degree of commitment at a senior strategic level to fully implement Families First; a stable senior team; past successes in embedding innovation, and a sound theoretical basis for the intervention all give weight to the sustainability of Families First as a delivery model within Durham. Families First is still in the process of becoming embedded and this evaluation provides an early view of some of the positive initial outcomes that have been achieved in relation to systems, processes, staff and partners. The ultimate success of this model, however, is largely dependent on how it works as part of the wider system, and how successfully the challenges it faces are tackled.

[50] This is currently being addressed by Durham through the introduction of an additional team, and a significant and detailed analysis of caseloads at ward level to ensure the geography of the service is equitable in terms of caseloads. The Council has also agreed a funded plan to increase the number of Social Workers in order to further reduce caseloads. As caseloads begin to decline, it may also be that Social Workers have more opportunities to undertake direct work with families and implement reflective practice in the future.

References

Community Care. (2015). 'Social workers too stressed to do their job according to survey' (viewed on 13 December 2017)

Durham County Council. (2015). 'Innovations Proposal' (unpublished).

Ofsted. (2016). 'Durham County Council Inspection of services for children in need of help and protection, children looked after and care leavers' (viewed on 5 February 2017)

York Consulting. (2010). 'Research Report DFE-RR154: Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme' (viewed on 3 February 2017)

York Consulting. (2010). 'Research Report DFE-RR046: Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches' (viewed on 3 February 2017)

Appendix 1: Staff Survey results

These are the results of the 2015 and 2016 surveys. Not all questions asked have been presented in this appendix. [51]

Table 4: Work satisfaction, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
My work gives me a feeling of personal achievement	Agree	78.3%	77.0%	85.8%	86.3%
	Neither agree nor disagree	11.2%	8.9%	6.6%	2.0%
	Disagree	10.6%	13.2%	7.5%	11.8%
	Don't know	0.0%	0.9%	0.0%	0.0%
	Base size	483	440	106	102
I feel encouraged to develop better ways of doing things	Agree	74.2%	70.5%	84.9%	78.4%
	Neither agree nor disagree	15.6%	12.7%	7.5%	7.8%
	Disagree	10.0%	16.1%*	7.5%	13.7%
	Don't know	0.2%	0.7%	0.0%	0.0%
	Base size	481	440	106	102
I do not enjoy coming to work most days	Agree	30.5%	28.7%	21.7%	30.7%
	Neither agree nor disagree	16.4%	18.9%	12.3%	14.9%
	Disagree	52.7%	52.2%	66.0%	54.5%
	Don't know	0.4%	0.2%	0.0%	0.0%
	Base size	482	439	106	101
I think families value the work I do with them	Agree	71.4%	66.0%	69.8%	59.8%
	Neither agree nor disagree	16.8%	18.1%	23.6%	20.6%
	Disagree	6.9%	8.1%	6.6%	11.8%
	Don't know	4.8%	7.9%	0.0%	7.8%
	Base size	475	432	106	102
I often feel very stressed	Agree	61.2%	64.2%	65.7%	62.4%

[51] * = Results are significantly different at a 95% confidence level compared to 2015.

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
by the nature of my work	Neither agree nor disagree	18.5%	17.8%	16.2%	22.8%
	Disagree	20.3%	17.1%	18.1%	14.9%
	Don't know	0.0%	0.9%	0.0%	0.0%
	Base size	482	439	105	101
I feel confident in my ability to do my job	Agree	86.7%	79.5%*	94.3%	83.3%*
	Neither agree nor disagree	6.0%	8.9%	3.8%	8.8%
	Disagree	7.2%	10.7%	1.9%	6.9%
	Don't know	0.0%	0.9%	0.0%	1.0%
	Base size	483	440	106	102

Table 5: Time and Resources, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
I have sufficient time to work effectively with families on my caseload	Agree	30.4%	30.3%	27.6%	34.5%
	Neither agree nor disagree	13.7%	13.2%	11.2%	11.9%
	Disagree	55.4%	55.9%	61.2%	53.6%
	Don't know	0.5%	0.6%	0.0%	0.0%
	Base size	401	340	98.00%	84
I have the right tools and resources to work effectively with families	Agree	54.0%	55.4%	64.6%	63.5%
	Neither agree nor disagree	18.4%	16.1%	9.1%	12.9%
	Disagree	27.6%	27.7%	26.3%	22.4%
	Don't know	0.0%	0.8%	0.0%	1.2%
	Base size	413	354	99	85
I can access the expertise of others to support me in my work	Agree	87.4%	86.0%	89.6%	92.0%
	Neither agree nor disagree	7.4%	7.8%	4.7%	5.0%
	Disagree	5.1%	5.7%	5.7%	3.0%
	Don't know	0.0%	0.5%	0.0%	0.0%
	Base size	486	436	106	100
I am required to spend too long on administrative tasks	Agree	70.1%	77.5%*	75.5%	72.7%
	Neither agree nor disagree	21.0%	14.0%*	19.8%	14.2%
	Disagree	8.0%	7.4%	4.7%	12.1%
	Don't know	0.8%	1.1%	0.0%	1.0%
	Base size	485	435	106	99

Table 6: Peer and Management Support, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
I am able to regularly reflect on my work with experienced colleagues	Agree	78.0%	74.5%	82.1%	79.4%
	Neither agree nor disagree	10.6%	11.4%	6.6%	7.8%
	Disagree	11.4%	14.1%	11.3%	12.7%
	Don't know	0.0%	0.0%	0.0%	0.0%
	Base size	482	440	106	102
I receive supervision which helps me do my job better	Agree	79.3%	79.0%	86.8%	83.3%
	Neither agree nor disagree	12.0%	11.2%	6.6%	9.8%
	Disagree	8.7%	9.6%	6.6%	6.9%
	Don't know	0.0%	0.2%	0.0%	0.0%
	Base size	483	438	106	102
I do not feel appreciated by colleagues and managers	Agree	28.7%	23.3%	21.0%	19.6%
	Neither agree nor disagree	19.1%	18.7%	17.1%	13.7%
	Disagree	51.8%	57.5%	61.9%	66.7%
	Don't know	0.4%	0.5%	0.0%	0.0%
	Base size	481	438	105	102
I feel appreciated by staff in other teams in children's services	Agree	49.1%	44.6%	48.1%	39.0%
	Neither agree nor disagree	32.4%	28.8%	34.0%	33.0%
	Disagree	13.4%	21.1%*	14.2%	23.0%
	Don't know	5.2%	5.5%	3.8%	5.0%
	Base size	479	437	106	100
Teams within children's services do not work effectively together	Agree	28.8%	33.4%	27.4%	34.3%
	Neither agree nor disagree	27.5%	26.3%	21.7%	22.5%
	Disagree	39.5%	35.2%	48.1%	40.1%
	Don't know	4.1%	5.0%	2.8%	2.9%
	Base size	483	437	106	102
I feel confident in my team's ability to do their jobs well	Agree	82.5%	84.6%	92.4%	85.3%
	Neither agree nor disagree	11.5%	8.5%	3.8%	9.8%
	Disagree	5.6%	5.7%	2.9%	4.9%
	Don't know	0.4%	1.1%	1.0%	0.0%
	Base size	479	436	105	102
I feel confident that other	Agree	60.0%	55.6%	71.7%	57.4%*

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
teams within children's services do their jobs well	Neither agree nor disagree	28.2%	26.0%	18.9%	26.7%
	Disagree	7.9%	11.6%	5.7%	10.9%
	Don't know	3.9%	6.8%	3.8%	5.0%
	Base size	482	439	106	101
My organisation provides enough quiet space for supervision, team meetings and confidential interviews	Agree	64.2%	56.8%	66.7%	55.9%
	Neither agree nor disagree	13.1%	10.0%	10.5%	5.9%
	Disagree	22.5%	32.3%	22.9%	37.3%*
	Don't know	0.2%	0.9%	0.0%	1.0%
	Base size	481	440	105	102

Table 7: Learning and Development, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
I feel I have the knowledge and skills I need to work effectively with families	Agree	84.5%	88.0%	97.1%	95.8%
	Neither agree nor disagree	6.9%	5.7%	2.9%	3.2%
	Disagree	8.6%	6.3%	0.0%	1.1%
	Don't know	0.0%	0.0%	0.0%	0.0%
	Base size	432	383	102	95
I get the training and development I need to do my job well	Agree	77.3%	77.9%	85.7%	87.3%
	Neither agree nor disagree	11.8%	10.7%	9.5%	6.9%
	Disagree	11.0%	11.4%	4.8%	5.9%
	Don't know	0.0%	0.0%	0.0%	0.0%
	Base size	484	439	105	102
Managers encourage and support me to develop my skills	Agree	78.1%	77.9%	78.1%	74.5%
	Neither agree nor disagree	11.8%	13.7%	11.4%	14.7%
	Disagree	10.1%	8.4%	10.5%	10.8%
	Don't know	0.0%	0.0%	0.0%	0.0%
	Base size	485	439	105	102
I do not have enough time to undertake learning and development	Agree	52.3%	53.3%	50.9%	44.1%
	Neither agree nor disagree	19.3%	19.6%	17.0%	21.6%
	Disagree	28.4%	26.9%	32.1%	34.3%
	Don't know	0.0%	0.2%	0.0%	0.0%
	Base size	486	439	106	102

Table 8: Communication and Involvement, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
Children's services keep me well informed about changes affecting my work	Agree	70.9%	66.9%	84.8%	73.5%*
	Neither agree nor disagree	17.0%	18.9%	9.5%	14.7%
	Disagree	11.6%	12.3%	5.7%	9.8%
	Don't know	0.4%	1.8%	0.0%	2.0%
	Base size	481	438	105	102
I understand what other teams within children's services do	Agree	71.3%	63.6%*	87.6%	76.5%*
	Neither agree nor disagree	14.4%	13.9%	6.7%	11.8%
	Disagree	14.2%	21.0%*	5.7%	11.8%
	Don't know	0.2%	1.6%	0.0%	0.0%
	Base size	480	439	105	102
If I have an idea or a concern, I feel confident about raising it with managers	Agree	85.7%	86.5%	91.4%	88.2%
	Neither agree nor disagree	7.1%	7.8%	3.8%	4.9%
	Disagree	7.3%	5.7%	4.8%	6.9%
	Don't know	0.0%	0.0%	0.0%	0.0%
	Base size	481	438	105	102
I do not feel fully involved in decisions about my day to day work	Agree	35.5%	33.7%	36.5%	30.4%
	Neither agree nor disagree	22.8%	20.5%	20.2%	22.5%
	Disagree	41.5%	45.6%	43.3%	47.1%
	Don't know	0.2%	0.2%	0.0%	0.0%
	Base size	479	439	104	102
Different teams within children's services do not share information well	Agree	41.5%	44.0%	36.2%	34.3%
	Neither agree nor disagree	32.3%	32.1%	30.5%	39.2%
	Disagree	22.7%	17.8%	31.4%	20.6%
	Don't know	3.5%	6.2%	1.9%	5.9%
	Base size	480	439	105	102

Table 9: Organisational Support, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
The policies and procedures within children's services are clear and helpful	Agree	70.2%	62.7%*	76.4%	66.7%
	Neither agree nor disagree	17.9%	19.8%	10.4%	13.7%
	Disagree	11.5%	16.8%*	13.2%	19.6%
	Don't know	0.4%	0.7%	0.0%	0.0%
	Base size	486	440	106	102
I do not feel my organisation supports me in my professional judgement and decision-making	Agree	18.8%	20.1%	17.1%	21.6%
	Neither agree nor disagree	23.1%	26.0%	22.9%	18.6%
	Disagree	57.2%	53.4%	60.0%	58.8%
	Don't know	0.8%	0.5%	0.0%	1.0%
	Base size	484	438	105	102
Children's services enables me to access resources on good practice, research, new legislation and other learning	Agree	67.1%	61.3%	80.0%	67.6%*
	Neither agree nor disagree	22.4%	25.6%	12.4%	21.6%
	Disagree	8.9%	11.2%	7.6%	10.8%
	Don't know	1.4%	1.8%	0.0%	0.0%
	Base size	483	437	105	102
Children's services supports effective partnership working with other agencies	Agree	78.6%	76.3%	87.7%	83.3%
	Neither agree nor disagree	16.1%	15.5%	10.4%	9.8%
	Disagree	3.3%	5.3%	1.9%	5.9%
	Don't know	2.1%	3.0%	0.0%	1.0%
	Base size	485	438	106	102
Specialist staff are available to assist when I need them	Agree	63.2%	58.4%	68.9%	57.8%
	Neither agree nor disagree	21.0%	20.3%	19.8%	18.6%
	Disagree	13.8%	18.5%	9.4%	19.6%*
	Don't know	2.1%	2.7%	1.9%	3.9%
	Base size	486	438	106	102
Staff within children's services learn from their experiences	Agree	75.9%	74.5%	83.3%	80.2%
	Neither agree nor disagree	19.1%	17.2%	13.7%	9.9%
	Disagree	3.1%	4.6%	2.9%	4.0%
	Don't know	1.9%	3.7%	0.0%	5.9%*
	Base size	481	435	102	101

	All Staff	First Contact and

				Intervention teams (including Families First)	
		2015	2016	2015	2016
The IT systems and software support me to do my job	Agree	47.7%	40.4%*	49.5%	29.4%*
	Neither agree nor disagree	17.6%	13.7%	14.3%	6.9%
	Disagree	34.7%	45.4%*	36.2%	62.7%*
	Don't know	0.0%	0.5%	0.0%	1.0%
	Base size	484	438	105	102
The physical environment in my offices is appropriate for the work I do	Agree	56.0%	49.4%*	56.6%	37.3%*
	Neither agree nor disagree	16.0%	13.7%*	15.1%	12.7%
	Disagree	27.8%	36.7%*	28.3%	50.0%*
	Don't know	0.2%	0.2%	0.0%	0.0%
	Base size	486	439	106	102

Table 10: Changes to Children's Social Care, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
I understand what the changes being made to children's services are	Agree	69.7%	63.6%	91.5%	79.4%*
	Neither agree nor disagree	14.9%	16.5%	7.5%	8.8%
	Disagree	13.3%	16.7%	0.9%	11.8%*
	Don't know	2.1%	3.2%	0.0%	0.0%
	Base size	482	437	106	102
I feel that the changes children's services is currently making will result in better outcomes for families	Agree	53.5%	43.4%*	68.9%	55.9%
	Neither agree nor disagree	28.4%	29.0%	25.5%	20.6%
	Disagree	9.8%	15.8%*	4.7%	18.6%*
	Don't know	8.3%	11.9%	0.9%	4.9%
	Base size	482	438	106	102
I am not sure about what my role in the change is	Agree	28.5%	28.9%	20.8%	10.8%*
	Neither agree nor disagree	27.9%	26.1%	18.9%	27.5%
	Disagree	40.1%	38.3%	59.4%	58.8%
	Don't know	3.5%	6.7%*	0.9%	2.9%
	Base size	481	436	106	102
The changes will bring a better balance of work across different teams	Agree	36.3%	24.7%*	52.8%	35.3%*
	Neither agree nor disagree	38.4%	36.8%	34.0%	31.4%
	Disagree	12.7%	20.3%*	10.4%	21.6%*
	Don't know	12.7%	18.3%*	2.8%	11.8%*
	Base size	482	438	106	102
The changes will make me feel more confident and able to effect change with families	Agree	32.1%	24.3%*	46.2%	33.3%
	Neither agree nor disagree	40.4%	39.4%	43.4%	35.3%
	Disagree	14.2%	18.5%	7.5%	21.6%*
	Don't know	13.3%	17.8%	2.8%	9.8%*
	Base size	480	437	106	102

Table 11: Time spent Working directly with families, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
Proportion of time spent working directly with families in the last week	Less than 10%	11.9%	15.7%	7.8%	13.4%
	Between 10% and 24%	24.1%	30.9%	25.6%	32.9%
	Between 25% and 49%	28.6%	29.3%	25.6%	26.8%
	Between 50% and 74%	23.0%	16.0%	22.2%	17.1%
	Between 75% and 89%	9.2%	6.8%	12.2%	8.5%
	90% or more	3.2%	1.2%	6.7%	1.2%
	Base size	370	324	90	82

Table 12: Length of time working for Children's Services, Staff Survey Results

		All Staff		First Contact and Intervention teams (including Families First)	
		2015	2016	2015	2016
Length of time working for Durham children's services	Less than 1 year	7.7%	14.2%*	10.4%	19.8%
	1 to 3 years	17.9%	16.5%	26.4%	19.8%
	4 to 6 years	17.5%	16.2%	19.8%	23.8%
	7 to 10 years	19.8%	15.3%	15.1%	11.9%
	11 years or more	37.1%	37.8%	28.3%	24.8%
	Base size	480	437	106	101

Appendix 2: Logic Model

Innovation changes

Durham aims to develop a new Social Care model that offers families a response tailored to meet their needs and that brings about lasting change. Durham is seeking to address a number of challenges, and in doing so aims to:

- Reduce caseload at Tier 4 and re-balance work across tiers of service
- Make better use of skills and capacity across teams and outside the organisation
- Reduce bureaucracy in systems and practice
- Improve levels of staff confidence
- Reduce the overall cost of children's social care in Durham, improving the sustainability of its services.

Ultimately the challenges Durham faces can lead to the misallocation of resources and some children and families not receiving the right service first time.

Through the Innovation Fund changes, Durham envisages that more families will stay safely together and fewer will need direct help from Children's Social Care and other public services.

For those children and families that do need help, the collective response will be tailored to meet their needs, providing the right support first time (including greater use of voluntary and community organisations), that promotes lasting change and reduces re-referrals.

Work across children's services will be rebalanced, pulling down the high level of need from statutory services to early help and intervention; and there will be a rebalancing of work across frontline staff to undertake more direct work with families and to work in a family-centric way.

Key issues

SYSTEMS

- Durham has clear definitions for allocating cases to tiers 3 and 4, however there remains an issue with over allocation of cases to tier 4. This is a reflection of the complex nature of cases in general (and especially those around the boundary between tier 3 and 4) and a resulting degree of risk aversion to place cases at tier 3. It is also reflective of some issues in communication / information sharing.
- Alongside this, Durham has experienced issues with the escalation and (particularly) the de-escalation of cases between teams/tiers as a result of issues with confidence between teams.
- Durham also feels that it is underutilising 3rd sector services.

SOCIAL WORK

- Durham sees that there is an opportunity for more reflective practice but also to address inconsistent working practices across teams/social workers.
- Durham also experiences issues with reluctance from staff to de-escalate cases, as outlined under the system issues section above.
- It is also felt that there is a need for more direct practical work and more holistic working with children and families.
- Social workers/services could also be more outcome focussed, less reactive, and delivered at an early stage.

CHILDREN AND FAMILIES

- As a result of these systems and staff issues, the child's and family's needs are not always consistently met. Children and families can feel 'done to' rather than worked with, and may experience a number of changes of worker / lead professional.

Key assumptions

- Change within Durham is familiar - and this the natural continuation and progression of previous change
- There is an appetite and ability for change
- Risks can be overcome with the time and resources available
- The scale and speed of change and impact can be maintained
- The innovation funding is sufficient
- Lessons learned from past activities have been considered
- A phased approach will allow for iterative learnings
- Co-location will improve joint working and family journey
- A team made up of mixed skills and the involvement of a constant, assertive worker will appropriately meet the needs of children and families
- Lower level parts of the system can handle/hold more complex cases than higher levels
- It will be possible to protect caseloads for SWs to enable more direct work to be undertaken
- The right kind of staff can be recruited and re-trained
- Early help for children and families leads to better outcomes
- The Think Family model is appropriate, effective and can be applied within this context
- Manageable caseloads and effective training / supervisions will allow for more reflective practice
- Staff have the necessary skills to change practice
- Mobile working supports more direct work with families
- There is the capacity and will among VCS organisations to work together in this way
- The VCS coordinator will improve VCS engagement
- Through further involvement of VCS, step down support will be improved
- Service users want their voice to be heard / to be engaged

Inputs

- Money
- Staff training
- Partners
- Project Board
- Staff time
- Senior management time
- IT systems
- Investment in new roles and structures
- Evaluation

Activities

Change management

- Engaging partners
- Staff communications and engagement activities
- Teams getting to know each other through Meet the Team events
- Induction and training programme rolled out

Creation of 10 new integrated early help and social work teams

- Early help and social work teams collocated
- Set up of multi skilled teams, sharing collective responsibility for working with children and families
- Applying assertive named worker to act as a single point of contact for children and families and ensure support is coordinated
- Dedicated administrative support via team coordinator

Workforce support and development

- Dedicated oversight and support/challenge from SWC
- Think Family training implementation
- Instilling reflective practice through Learning communities
- Evidence based tools and outcome framework being set out and delivered
- Mobile working rolled out
- Implementing workforce development plan

VCS alliance

- Joining up third sector and social care services via VCS coordinator and alliance

Families / service engagement

- Putting agreements in place with each family with goal oriented plans
- Creating space for families' voices to be heard e.g. via Investing in Children

Outcomes

Change management

- Improved understanding of and buy in to IF aims
- Improved understanding of roles and responsibilities of staff and partners
- Improved buy-in of staff and partners to IF
- Iterative learnings to be implemented in Phase 2
- Disruption to casework minimised during transition

10 new integrated early help and social work teams

- Better understanding and application of thresholds
- Children and families' needs met through appropriate skills, intervention – on a continuum (not disjointed)
- More holistic, family centred approach
- Less time undertaking admin and more time with children and families
- Better info sharing and skills sharing
- Increased confidence and trust and understanding and appreciation of roles and responsibilities
- More collaborative and effective casework
- Improved preventative / lower level support
- Manageable case loads
- Improved escalation/de escalation

Workforce support and development

- Increased reflective practice
- More outcome focused practice
- Increased direct work with families
- Increased staff skills
- Improved preventative / lower levels support
- Improved relationships with families
- Better quality and consistency of practice
- Staff feel more supported
- More holistic family centred approach
- Changes in social work behaviour, decision making and use of reflective practice to inform casework
- Manageable caseloads

VCS alliance

- More formalised link and role for VACS
- More effective step down support using VCS
- Increased community support and development of community assets and resilience
- More sustained support for families

Children and families / service engagement

- Improved engagement and satisfaction from children and families
- Better understanding of service user needs and expectations

Impacts

- Embedding the Think Family model of service delivery across all teams
- Increased early help/intervention, reducing the number of children reaching a safeguarding threshold
- Reduction in LAC population by 20% (2012-2016-7)
- Reduction in CPP's (for Neglect) by 20% by 2016/7
- Rebalance of work across tiers of service
- Reducing re-referrals from 24% to 15% by 2016/17
- Re-balancing of work carried out by frontline staff towards direct work with children and families and away from administrative tasks
- Increased role for VCS in Children's Social Care in Durham
- Reduction in Children's Social Care costs
- Greater professional confidence, morale and competence among staff
- Higher rates of satisfaction amongst service users
- Improvements in broader social outcomes for families

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