Department for Education

What have we learned about good social work systems and practice?

Children's Social Care
Innovation Programme

Thematic Report 1

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Contents

Executive summary

This report considers what we have learned from Wave 1 of the Innovation Programme about good social work systems and practice in children's social care, based on a synthesis of the evidence from evaluations of 17 projects in this area. The lessons from these evaluations point to a number of recommendations for future innovations. Services are encouraged to self-audit against these recommendations, using the tool provided in Appendix 2.

Recommendations

- Innovation is most likely to be effective if all key parts of the system have shared aims. This means staff at all levels and across all relevant agencies, including those concerned with governance and inspection

- Leadership is critical but needs not to rely on a single dynamic leader or team. Embedding innovation depends on mobilising leadership at all levels

- Organisations are more successful in achieving culture and behaviour change when they have a clear model to communicate, motivating people around a shared ethos with clear messages

- Most models of good practice combine empathy and collaboration with purpose and authority. There could be value in articulating a model to which all social workers could ascribe, embedded in training and performance management

- There is good evidence of the value of multi-disciplinary working including adult specialists alongside children's practioners in integrated teams. Integration should also avoid repeated assessments and 'passing on' of families to other teams and services

- There is also good evidence of social work practice being supported by supervision, group case discussions, access to clinical expertise and senior social work experience

- Training has a valuable role but is unlikely to result in change by itself. An overall strategy for skills development needs also to include supervision, coaching, co-working and performance management

- Evaluation suggests that highly skilled administrative support can substantially increase the amount of time social workers spend on direct work

- There is also evidence of the potential to increase the resources available to families via the deployment of non-social work staff and volunteers

- Attempts to reduce bureaucracy can be hindered by a lack of attention to the details of systems such as IT and electronic recording

- Plans for sustaining innovation need to be built in from the start and be one of the key criteria for assessing applications for such funding
- There is more work to be done in supporting everyone in the system to make better use of data, including from evaluation

Although the 17 projects in this theme varied in their contexts and approaches, they had some common features and goals. Several were underpinned by an explicit model. Core principles reflected in virtually all projects were: maintaining clarity of purpose with a clear focus on the child; taking a strengths based approach; engaging with families as partners in defining and resolving their own difficulties; seeing the role of the worker as an agent of change; enabling practitioners to work directly with families and equipping them with the skills, tools and specialist expertise to do so; recognising the role of the wider organisation in creating the conditions and culture in which good practice can be maintained.

Almost all the projects were successfully implemented, delivering their plans in the timescale. Furthermore, most evaluations reported some positive change in social work practice and improvements in the experience of families. Although the assessment of outcomes was limited in the time available, there were positive indications, including examples of reductions in the numbers of children looked after and in the use of child protection plans. There were also promising signs of cost savings for some projects.

The evaluations provide a rich source of intelligence on what constitutes good social work practice and how this can be developed. The key ingredients include: a shared understanding of good practice – usually supported by a clearly communicated model or set of principles; confidence, skills and tools to assess and work with families; an ability to engage the whole family in ways which combine empathy, authority and clarity of goals; cultural competence.

Common features of projects which appear to be successful in developing these ingredients include:

- multi-disciplinary teams combining children's social workers with workers who have expertise on issues affecting adults in families such as substance misuse or mental ill health
- flexible use of non-social work qualified staff including highly skilled administrators and family support workers. They have also developed their use of volunteers
- effective supervision and support including the availability of consultancy and group case discussion
- work allocation so that practitioners have caseloads which are manageable and managed
- opportunities to develop skills, through a combination of training, a shared practice framework, management expectations, peer and group supervision and coaching

The conditions which help to establish and sustain these features include: a culture of leadership embedded in the system; strong multi-agency commitment, effective communication and promotion of a shared ethos; alignment of processes such as IT and recording systems and good use of data for planning and performance monitoring.

Introduction

Evaluation of the Children's Social Care Innovation Programme

The first Wave 2014-2016 of the Children's Social Care Innovation Programme received a major investment of £100m in 57[1] projects and their evaluations. The evaluations were undertaken by 22 evaluation teams and the reports of these evaluations can be found on the [DfE Publications website.](#) Two page summaries of these reports aimed at a wider readership can be found [here.](#)

Most projects were funded in late 2014 so implementation started in early 2015. Evaluations in Wave 1 ran for 10-18 months typically, providing some early outcomes, but rather more on process. The challenge of recruiting to project teams and setting up interventions, shortened the evaluations and sometimes led to smaller samples than intended. The projects also encountered some difficulties in delivering the data they had planned to provide to the evaluation teams which limited the degree to which project evaluation aspirations were met.

The Rees Centre, as Evaluation Coordinators, had responsibility for the standards of evaluation in the first Wave of the Innovation Programme. We assessed the robustness of evaluation plans against the [EIF Standards of Evidence](#) in an effort to predict what each evaluation might contribute to the relevant body of evidence. The final evaluation reports were also assessed against the EIF benchmarks once outcomes were known. The Evaluation Coordinator was also responsible for the over-arching evaluation and production of thematic reports.

Five topics were identified that merited cross-cutting thematic reports drawing on findings from across the projects:

1. What have we learned about good social work systems and practice?
2. Adolescent service change and the edge of care
3. Child sexual exploitation and mental health
4. Systemic conditions for innovation in children's social care
5. Informing better decisions in children's social care

This report focuses on theme 1.

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[1] Elsewhere, Wave 1 of the Innovation Programme is referred to as 53 projects because the 5 National Implementation Service projects are treated as one. As they are separate interventions individually evaluated, we treat them as 5 projects.

The purpose of the thematic reports is to provide a summary of evidence that emerged from across projects about innovation in children's social care, thus demonstrating the added value of a Programme of projects rather than 57 unconnected innovations. The teams evaluating individual projects in areas – e.g. adolescence, children's social work, shared their findings and identified issues across projects. The Evaluation Coordinator also synthesised messages from across evaluation reports in each of these areas. The thematic reports of these messages are designed to support future innovation in children's social care in local authorities and other providers, by promoting learning across the sector.

What the Innovation Programme aimed to achieve for children's social work

The overarching aim of the Innovation Programme is to inspire whole system change to achieve: better life chances for children receiving help from the social care system; stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches; and better value for money across children's social care.

In total, 17 projects in Wave one of the Innovation Programme had a primary focus on social work systems and practice. They varied somewhat in their emphasis with some focused on whole system change and others more focused on particular parts of the system (e.g. trialling a new approach in one area) or specific service user populations (such as families affected by domestic abuse). Appendix 1 summarises the aims of each project.

There was also considerable diversity in the contexts and approaches of projects. However, they had some important common features. In particular, they were facing similar challenges, the central one being how to deliver effective services and achieve positive outcomes for children and families within limited resources. The projects also had common aims and themes, even though they adopted different models of innovation.

Each of the projects developed their own theory of change setting out the outcomes they wanted and how they believed they could achieve them. These were developed differently and tailored to the needs of each project. A review of the theories of change in this cluster of projects suggests some common goals and beliefs about how to achieve change. Table 1 summarises some of the common concerns which projects were seeking to address and the changes they hoped to achieve[2].

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[2] This table is based on our synthesis of the common issues and inevitably contains some generalisations. Not every project had all these concerns.

Table 1: Some common themes in projects' theories of change

What needs to change?	What needs to happen?	What will be different?
Social workers (SWs) spend too little of their time in direct work with families	Enable SWs to spend more time in direct work – reduced and balanced caseloads	SWs will spend more time working with families; have higher skills and confidence; will understand effective models and be implementing them
SWs lack the skills and confidence in effective models and tools for assessing and achieving change with families and are not always well supervised	Enable SWs to develop expertise in direct work; develop their skills and confidence to deliver effective models	They will be well supported by equally skilled and confident supervisors
Families' needs not met frequently resulting in repeat referrals	Enable SWs to build relationships with families and engage them in addressing problems	Families will experience better quality practice and gain more faith in services
Families and communities lack trust in services	Change processes so families are assessed and offered support more quickly which is tailored to their needs	Multi-disciplinary teams will work together to common systems and processes
Problems escalate and families need higher levels of service and/or children come into care	Develop access to specialist support for families on critical issues such as mental health, domestic abuse, substance misuse	Families will have access to specialist support where needed
Staff are stressed and unsatisfied with jobs resulting in higher staff turnover	Develop multi-disciplinary teams and provide access to specialist assessment and intervention	There will be lower staff turnover
Interagency communication is not as effective as required	Ensure the whole system is focused on meeting needs of children and families	There will be fewer repeat referrals and lower rates of escalation to more acute services
Problems are compounded by a system which does not support good, coordinated practice	Improve use of data to inform decisions and monitor performance	Ultimately there will be fewer children in care and subject to child protection plans
		There will be cost savings

Existing evidence on improving children's social work

The themes discussed in this report will be familiar to most readers. Within existing literature on social work systems and practice – whether it be from literature reviews[3], analysis of serious case reviews,[4] lessons from inspections[5] or policy and practice debate[6] - there are recurring themes: the importance of leadership, organisational culture, inter-agency working, accountability, workforce stability and development. There appears to be considerable agreement about the issues which need to be addressed to improve children's social work and these are reflected in the government's vision for reform which focuses on the three priority areas of people and leadership, practice and systems and governance and accountability.[7] For example, a recent report from Isos[8] identified seven 'enablers' of improvement in children's services: clarity of vision and a well thought through strategic approach; stable, consistent leadership and governance; support and engagement of the workforce; partnership working; building the supporting apparatus (having strong core systems and processes in place); fostering innovation and judicious use of resources.

At the same time, there remain some important gaps in our understanding. A recent feasibility study which aimed to understand how to define 'good' children's social care services concluded that despite the wealth of literature in this field, there is little solid evidence on what effective children's social care looks like and how it can be measured.[9] The authors pointed out that much of the current evidence is based on expert opinion and has not been tested quantitatively. Furthermore, they found no clear relationship between outcome data for children in need collated nationally by the Department for Education and Ofsted ratings of children's services: they did not find it possible to use these data to identify a clear cohort of 'good' local authorities that were clearly doing well by children. Similarly, a recent review of practice and systems in child protection[10] noted that although we have some information about what local authorities are doing, we have limited knowledge of why and how local authorities determine what is likely to be effective in their particular context. These gaps perhaps partly explain why, despite apparent consensus about what needs to happen to improve children's social work, there continue

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[3] Godar, R and Holmes, D (2017) Child protection – a review of the literature on current systems and practice, research in practice/Early Intervention Foundation/Local Government Association
[4] Brandon M, Sidebotham P, Bailey S, Belderson P, Hawley C, Ellis and Megson M (2012) New learning from serious case reviews: a two year report for 2009-2011. Department for Education.
[5] Ofsted (2015) Joining the dots… Effective leadership of children's services
[6] Solomon E (ed)(2016) Rethinking Children's Services Fit for the Future? National Children's Bureau/Catch22
[7] Department for Education, Children's Social Care Reform: A vision for change, Janaury 2016
[8] Bryant, B, Parish, N and Rea, S (2016) Action Research into Improvement in Local Children's Services Final research report, Isos Partnership/Local Government Association
[9] La Valle, I., Holmes, L., Gill, C., Brown, R., Hart, Di., Barnard, M. (2016) *Improving Children's Social Care Services: Results of a feasibility study.* London: CAMHS Press*.*
[10] Godar and Holmes, op cit

to be concerns about how this knowledge is implemented. As La Valle et al put it: 'It appears that an understanding of the elements of success does not necessarily translate into the ability to implement them in practice.' (2016:1)

The evaluations we synthesise in this thematic report cannot fill all the gaps in our knowledge. However, they do reinforce many of the key messages about what needs to happen to improve children's social work and start to collect more robust evidence to help us further understand the processes and approaches which will support successful implementation of changes in practice, structure and culture.

Approaches taken by the projects

Several of the projects were underpinned by an explicit theory or model. Others did not state these models explicitly but were nevertheless informed by particular principles. In this section we outline the main models being applied across the projects in this programme and highlight some common features and principles.

Systemic practice

Systemic approaches understand families as systems, with the family system interacting with wider economic and social systems including extended family, local community or professional systems (Forrester et al. 2013).[11] There is a reasonably good evidence base for systemic family therapy and related family-based interventions such as Multi-Systemic Therapy and Functional Family Therapy (Carr, 2009).[12]

Systemic social work practitioners focus on the family system rather than the individuals and help families resolve their difficulties by exploring how they operate in relation to others and how their relationship patterns impact on children. Enabling the expression of different viewpoints and generating multiple hypotheses about what might be happening in a family is an important tool for assessment (including assessment of risk). It also helps to introduce change into a system, creating new explanations and potential solutions for the problems facing families (Koglek and Wright, 2013).[13]

Embedding systemic practice was an objective of the three London boroughs involved in the Focus on Practice project (Hammersmith and Fulham, Westminster, and Kensington

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[11] Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G., & Killian, M. (2013) *Reclaiming social work? An evaluation of systemic units as an approach to delivering children's services.* London: Department for Education

[12] Carr, A. (2014) The evidence base for family therapy and systemic interventions for child-focused problems. *Journal of Family Therapy,* 36: 107 – 157

[13] Koglek, R. and Wright, S. (2013) *Hackney: Systemic Approaches to Social Work*

and Chelsea) and the five authorities involved in the Morning Lane Associates' project to embed the Reclaiming Social Work model (Hull, Derbyshire, Buckinghamshire, Harrow and Southwark).

Motivational Interviewing

Motivational Interviewing (MI) was central to Family Safeguarding Hertfordshire and Islington's Doing What Counts and Measuring What Matters project. MI is described as being 'a collaborative, goal-oriented style of communication with particular attention given to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion' (Miller and Rollnick 2013, p.29)[14]. It emphasises core attributes including empathy, autonomy and collaboration and offers workers a set of skills to help them engage with families and elaborate the 'change talk' necessary for family goals to be confirmed and progressed.

In Islington, a Motivational Social Work (MSW) model was developed building on the core capabilities of Motivational Interviewing. MSW has a focus on the child at its heart and combines the skills of care and engagement (working collaboratively and empathically with families to help them generate their own solutions and build their autonomy) with authority (being clear about concerns and purposeful about achieving goals). It also emphasises risk assessment and management as the context within which MI is used.

Signs of Safety

Ten local authorities (Brent, Bristol, Leicestershire, Lincolnshire, Norfolk, Suffolk, Tower Hamlets, Wakefield, West Sussex and Wokingham) were involved in a project led by child protection consultants, Eileen Munro, Andrew Turnell and Terry Murphy (MTM) to embed this approach. Other projects which have included Signs of Safety (SoS) include Focus on Practice, Newcastle's Family Insights and North East Lincolnshire's Creating Strong Communities project. SoS originated in Australia and has been used in many parts of the world. It is described on the Signs of Safety website as 'a strengths-based and safety-focused approach to child protection work, grounded in partnership and collaboration'. It expands the investigation of risk to encompass strengths and the signs of safety that can be built upon to stabilise and strengthen a child's and family's situation. SoS provides practitioners with a set of skills and tools for working with families, but in implementing their project, MTM was clear that embedding SoS involves more than

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[14] Miller, W.R., Rollnick, S. (2013). *Motivational interviewing: helping people change*. New York: The Guilford Press

developing the skills of front line staff – it involves culture change across the whole system.[15]

Restorative practice

The Leeds Family Valued, Stockport Family and NE Lincolnshire's Creating Strong Communities projects were grounded in restorative approaches to social work practice. Restorative practices are a group of participatory learning and decision-making processes. It is based on the general premise that 'human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them, rather than to them, or for them.' (International Institute of Restorative Practices)

Restorative practice involves bringing all parties together to improve their mutual understanding of a problem and collaborate to reach the best solution. The process helps people to reflect on how they interact with others and to understand that individuals are responsible for their choices and actions, and can be held accountable. In Leeds and NE Lincolnshire, a restorative approach is characterised as 'high challenge and high support'. It means working with an individual or group to address issues, rather than doing something to or for them; facilitating a collaborative, non-confrontational approach to problem-solving. Similarly in Stockport, the approach is decribed as involving assessments and interventions that take into account a family's strengths as well as their vulnerabilities, alongside efforts to ensure that families understand and take ownership of their role in the decisions being made by children's services.

Family Group Conferencing

Family Group Conferencing (FGC), originated in New Zealand in the 1980s but has been subsequently adopted as an approach in many other countries. In Leeds, FGC has been used for a number of years but the Innovation Progamme increased its scale and spread to many more families (395 in total), including families affected by domestic violence. FGC was also a key component of NE Lincolnshire's Framework for Practice. The Family Group Conferencing model consists of four stages: a planning stage where an independent FGC coordinator spends time talking to the family to identify the significant people who should be included in the process; an early meeting stage where information is exchanged between the family and the professionals to ensure that everyone understands the issues and concerns; an opportunity for the family alone to discuss a plan of action, review arrangements and request resources; and a final part of the

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[15] Munro, E, Turnell, A and Murphy T (2016) You Can't Grow Roses in Concrete, Action Research Final Report, Signs of Safety, English Innovations Project, November 2014 – March 2016

meeting where the coordinator and professionals rejoin to establish consensus around the proposed plan.[16]

FGCs complement restorative practice in that they support a problem-solving and task-centred approach whereby professionals work with families by breaking down problems into more manageable elements; supporting and encouraging families to develop their own solutions that promote self-esteem and self-efficacy.

Some common themes and principles

Many of the approaches described above have complementary features and some projects combined them, for example, by implementing Signs of Safety within an overall systemic approach.There were also projects which did not specify a particular model but whose description makes it evident that they share similar principles. For example, Durham's Families First aimed to promote reflective practice: 'Through reflective practice and the 'Think Family' ethos, which builds on Stronger Families principles, staff have the foundations to improve service user engagement. Namely, this would involve more holistic assessments, with resulting plans that clearly reflect families' own priorities'[17]. Project Crewe used a Solutions-Focused Approach with the evaluators noting that 'Family Practitioners worked with families to identify their issues and strengths as opposed to being told what needed to be rectified'[18]. The Firstline project provided training and action learning support for firstline leaders in 8 local authorities based around a capabilities framework which included clarity of purpose; analysis and decision making; professional authority; resilience and reflexivity - similar capabilities to those used in other approaches, such as the Motivational Social Work model. Several projects referred to the importance of applying evidence-based practice.

Hence, whilst there are distinctive elements to each model described above, there are some important common themes. Core principles reflected in virtually all projects were:

- Maintaining clarity of purpose with a clear focus on the child

- Taking a strengths based approach i.e. viewing families as having strengths and capacities as well as difficulties

- Engaging with families as active partners in defining and resolving their own difficulties

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[16] The RTK (2016) An evidence review of the impact Family Group Conferencing (FGC) and Restorative Practices (RP) have on positive outcomes for children and families; report produced as part of the evaluation of Leeds Family Valued
[17] Durham Families First evaluation report
[18] Project Crewe evaluation report

- Seeing the role of the worker as an agent of change

- Enabling practitioners to carry out effective direct work with families and equipping them with the skills, tools and access to specialist expertise to do so

- Recognising the role of the wider organisation as responsible for creating the conditions and culture in which good practice can be maintained

Evaluation in the social work projects

The main approaches to the evaluations

All the evaluations applied a mixed methods approach involving qualitiatve data collection (e.g. interviews and focus groups with managers, practitioners and families) alongside analysis of quantitative data (e.g. secondary analysis of local authority assessment and performance data). Almost all included analysis of samples of case records. Many included the use of standardised assessment tools alongside interviews with families and/or practitioners. Some included observations of practice.

Most evaluation teams attempted some measurement of change over time by repeating interviews and measures at timed intervals. For example, the evaluation of Family Safeguarding Hertfordshire included a quasi-experimental comparison of practice, service experience and outcomes involving samples of families at earlier and later stages of implementation. The evaluation of Signs of Safety included initial and 6 month follow up interviews and standardised measures with 270 families. In Stockport and Newcastle the evaluators used historic case matching to compare practice and outcomes pre and post implementation.

Two evaluations in this grouping, Project Crewe and Safe Families, included a randomised controlled trial.

Five evaluations in the social work area (Durham, Newcastle, Stockport, Islington and MLA) included embedded researchers as part of the evaluation team as did some projects in other focus areas (e.g. Norfolk and Suffolk's Compass). These were either members of local authority staff who had both an evaluation and a practice role within the project (Durham and Newcastle) or researchers who spent substantial amounts of their time located within projects (Stockport, Islington and Scaling and Deepening Reclaiminig Social Work - MLA).

Limitations of these evaluations

The main limitation was the short period of time available to assess change and, in particular, to measure outcomes. Most of the evaluations are strong in their findings about project implementation and present some important lessons about 'what works' in getting these major change programmes established. In some instances, they also highlight important indications of practice change. In general, they have less to say about outcomes for children and families as the evaluations were reporting before these could be confidently attributed to projects.

On the whole, evaluation teams were able to adhere to their evaluation plans, although in some instances plans had to be adapted to reflect changes in the project timetable or adjustments to how a project was being implemented. Most evaluations were successful in achieving or getting close to their planned sample sizes, but some struggled to recruit families for interview. Teams which aimed to re-interview families after a specified period often experienced some difficulties in maintaining their samples for follow up interviews, thus further reducing the evidence on outcomes over time. Interviews with families generally meant interviews with parents. There were some interviews with children and young people but most evaluations only achieved a small number of these. Response rates to service user surveys tended to be low. Nevertheless, taken overall, the 17 evaluations represent a very substantial body of feedback from families as well as practitioners.

The RCTs in this grouping were limited in what they could achieve by the timescale of the evaluations and the sample sizes generated. The evaluators of Safe Families had anticipated a sample of 360 children who could be randomly allocated. In fact, they only achieved a sample of 26, too small to draw any conclusions. The evaluators of Project Crewe achieved a larger sample (132 families comprising 326 children) but the trial period ended after 14 months and, although the findings suggested change in the desired direction, none were statistically significant. The experience of these two RCTs highlights the challenges of conducting the most rigorous of methodologies in the 'messy' environment of children's social care – but, importantly, they have shown it is possible. Given more time to build sample sizes and collect data over a longer period, these RCTs would almost certainly have provided some of the more robust findings in the programme.

Despite these limitations, the 17 evaluations provide a rich source of intelligence on what constitutes good social work practice and how this can be developed. The evaluations are all different, reflecting the diversity of the projects themselves, However, collectively they provide some consistent and clear messages about the key ingredients of effective social work systems and practice.

Key messages

What did these projects achieve?

Across these 17 projects there were achievements in five main areas:

Successful implementation

Almost all the projects were successfully implemented in that they delivered what was intended in the planned timescale. Only one of the 17 (Torbay) was not implemented according to plan. Given that all the projects were ambitious in their scale and some very ambitious indeed, this is no small achievement. Examples include:

- Durham Families First created ten integrated, co-located and skill mixed teams to work with the most complex families

- Leeds Family Valued delivered awareness raising training on restorative practice to 5913 people and convened family group conferences involving 395 families

- Safe Families, embedded their innovation in 20 local authorities in five regions (Greater Manchester, Merseyside, East Midlands, West Midlands and the North East) and achieved a steady flow of suitable volunteers to undertake the role

- The Hampshire and the Isle of Wight project (Active Agents for Change), implemented a six strand project including new Family Intervention Teams, a network of volunteers, an edge of care service and a service for young people at risk of sexual exploitation

- MTM implemented Signs of Safety in ten local authorities which, among other activities, involved training for 7180 social workers and other professionals and 246 coaching sessions for practice leaders

- The Scaling and Deepening the Reclaiming Social Work Model worked with 5 local authorities including the recruitment and development of 50 consultant social workers to lead small multi-disciplinary teams

As these examples illustrate, the range and scale of activity across the 17 projects were substantial, representing an impressive degree of commitment and capability to deliver.

Change in social work practice

Most of the evaluations reported some positive change in practice, citing qualitative evidence (e.g. interviews with social workers and families), evidence from case records and/or observations of practice. For example:

- The evaluation of MTM's Signs of Safety in ten authorities reviewed case records for 262 families and found that 60% of the recordings of SoS practice were 'reasonable' or 'good' and that improvement increased over time.The evaluators also noted a marked shift towards better-evidenced assessments

- The evaluation of Firstline's project (involving firstline managers from 8 local authorities), reported that the majority of participants considered it the best training and professional development they had received as leaders and reported changes in their supervision practice

- The evaluation of Morning Lane Associates' project to embed Reclaiming Social Work (RSW) in five local authorities found evidence to suggest that RSW provides a better quality of children's services than normal practice. The quality of direct practice was significantly higher in RSW units, as assessed using a social work skills coding framework.

Improvements in the experience of families

Many of the evaluations reported evidence of families having a better experience of the social work intervention. For example:

- When interviewed, 54 families who had been involved in a Family Group Conference in Leeds all said they felt involved in the process and almost all of those interviewed felt that the FGC had helped address their problems

- The evaluation of MTM's Signs of Safety reported that 52% of the 270 parents in the study were satisfied with the contact with social workers and believed their lives had improved as a result. There were indications that SoS had contributed to better relationships between social workers and families including greater clarity about shared goals

- The evaluation of Project Crewe which piloted the deployment of non-social work qualified staff to support children in need found that these workers spent substantially more time with families and successfully built relationships where families had previous negative experiences of social care

- Similar findings were evident in the evaluation of the Royal Borough of Windsor and Maidenhead's project which aimed to provide culturally attuned support to families from the Army and Pakistani Muslim communities. The project succeeded in reaching families who had not previously made use of support. For example, in one of the areas, 24% (395 of 1616) of those taking up activities were 'new' families.

- The evaluation of the Reclaiming Social Work project reported that families identified the sessions with RSW teams as more consistently high quality than those in non-RSW teams. There was a higher level of agreement between carers

and workers on risk factors in families in the RSW group, suggesting a foundation for more effective risk management.

Outcomes for children and families

Evaluation reports frequently noted that findings needed to be viewed as indications of positive change rather than definitive evidence of attributable outcomes. Although many evaluations were unable to provide solid evidence of outcomes in the time available, there were some good examples of indications of positive change, including:

- The evaluation of Leeds Family Valued noted that 16 months into the project there were statistically significant reductions in numbers of children looked after, rates of children looked after per 10,000 population, numbers of child protection plans and numbers of children in need

- The evaluation of Family Safeguarding Hertfordshire reported that the number of days children spent in care reduced by more than half from 20.5 days per family pre-FSH to 9.8 days post-FSH (based on analysis 221 cases pre-FSH and 165 post FSH). There were also reductions in the use of child protection plans

- The evaluation of the Reclaiming Social Work project reported positive outcomes from the Keeping Families Together (KFT) units. Of 119 children referred to the service from multiagency resource panels as at high risk of care, 79% remained at home with only 25 children (21%) subsequently receiving some form of care. This exceeded KFT's target of keeping 50% of children referred to the units at home with their families safely

- The NE Lincolnshire evaluation noted evidence of positive progress including a reduction in the number of children for whom there was a child protection plan

Potential cost savings

Several evaluations included estimates of cost savings (although these should also be read as indicative). For example:

- The evaluators estimated cost savings of £755 per family involved in a Family Group Conference in Leeds compared to business as usual, as a consequence of reduced time spent in the social care system

- The evaluators of NE Lincolnshire conducted a fiscal return on investment calculation based on 20 FGC cases and estimated a saving of £18.20 for every £1 spent on support

- The evaluation of Stockport Familiy reported that in November 2016, they were forecasted to achieve a reduction of just over £1.2 million in the cost of looked

after children placements in 2016/2017 compared with actual spend in 2013/14. This amounts to a 14% reduction

- The evaluation of Focus on Practice in three London boroughs reported improved value for money as a result of reduced use of agency staff and reductions in social worker sickness absence. In two of the three boroughs sickness absence halved; in the third it reduced by a quarter

- The evaluation of the Hampshire and Isle of Wight project estimated that the employment of highly skilled administrators in socal work teams resulted in savings in the region of £27,000 per PA (based on reductions in 'unproductive' social work time and not taking into account other savings such as reduced staff sickness rates)

- In Hertfordshire, the estimated cost saving to children's services from reduced care and child protection allocations in the first 12 months alone were £2.6m

What have we learned about good social work practice?

The findings from these 17 evaluations provide some useful insights into what are the key ingredients of good social work practice. These include:

A shared understanding of good practice

We have already noted that most of these projects were underpinned by a set of good practice principles, often as part of a model. The findings from these evaluations suggest that, in addition to the value of any particular model, the overarching benefits of adhering to a stated model of practice are that it fosters a shared understanding of what constitutes good practice, places clear expectations on pracitioners and their managers and provides a common language for discussing practice. For example:

- The evaluation of the Focus on Practice project used practice scenarios to assess the extent to which social workers' practice was becoming aligned with the systemic model being promoted. It found that most practitioners referred to key elements of the model, such as planning before visits and engaging children and/or parents

- Evaluators of Leeds Family Valued and Stockport Family noted that the introduction of restorative practice has unified ways of working and helped to develop a shared language, providing a set of values and behaviours that are widely shared and understood

Confidence, skills and tools to work directly with families

Most of the projects sought to develop the confidence and skills to carry out more effective direct work with families. Many cited the findings of the [Munro Revew](#) which had highlighted the lack of such skills (as well as the time to use them).

Several of the evaluations found that projects were successful in increasing professional confidence and skills. For example, the evaluation of the Islington project (Doing What Counts and Measuring What Matters) reported demonstrable improvements in MSW practice skill and parent engagement. Improvements in practice (measured using observation and a coding scale) were also reported in the evaluation of the Reclaiming Social Work project across five local authorities and Family Safeguarding Hertfordshire. Managers and social workers in the 10 Signs of Safety pilots were overwhelmingly positive about the benefits of SoS as a practice framework. Social workers reported a reasonably high level of confidence in using SoS and its associated tools and felt that SoS helped them to identify, assess and manage risk and communicate better with children and families. Nearly two thirds of 471 social workers scored their use of SoS as 7 or more on a scale of 1–10, (with 10 representing all the time and 1 not at all); and, over three-quarters considered that families had benefited from the use of SoS.

Ability to engage the whole family

A number of the evaluations highlighted the extent to which families with a combination of issues account for a high proportion of cases requiring statutory intervention. Families affected by a combination of domestic violence, substance misuse and mental ill health can be particularly challenging, with the combined difficulties frequently resulting in an escalation of concern so that children move from being children in need to requiring child protection plans and possibly admission to care. Intervening effectively to reduce this escalation requires workers to be able to develop effective relationships with and address the needs of parents as well as children, and often needing to overcome considerable mistrust in the process.

The findings from these evaluations suggest that a number of factors may be important. For example, the evaluation of Family Intervention Teams in Hampshire and the Isle of Wight found improved levels of engagement of families affected by a combination of domestic violence, substance misuse and mental illness from pre-pilot levels of 29% to 70% in Hampshire and 87% on the Isle of Wight (based on analysis of records of 321 families in Hampshire and 181 families on the Isle of Wight). The evaluators suggested that these improvements were associated with:

- single, rather than multiple workers directly involved with the family (with others mainly involved behind the scenes)

- strongly structured, regular and evidence-based sessions

- the worker acting as a bridge into their own or other services where a more specialist intervention is indicated

- a willingness to work with both parents, including on broader parent wellbeing and family functioning

The evaluation also noted that workers appeared to be more effective with families when they have experience and skills in supporting parents to develop internal motivation to change; and are able to work confidently with both parents on broader family support issues, rather than just their narrow area of specialism.

The RSW evaluation noted that feedback from parents found that they valued:

- whole-family working, particularly where practice was empathic and strengths-based

- understanding that they were part of the solution to their family's difficulties

- workers that were skilled at respectfully exploring their situation with a view to improving fractured family relationships

Cultural competence

Only one of the projects had a specific focus on meeting the needs of particular communities. This was the Royal Borough of Windsor and Maidenhead (RBWM) project whch developed specialist teams to meet the needs of families in the Army and the Pakistani Muslim communities. These communities are clearly different and have different requirements. However, there were some common lessons from the experience of providing culturally attuned support to each community. The evaluation found that culturally attuned key workers helped to build community trust and contributed to improved outcomes for families. They highlighted the value of having a common language leading to a more nuanced exploration of family relationships or sensitive issues and more empathic communication and assessment of needs. The evaluation suggested that cultural competence (defined as an ability to engage and work effectively with people from different cultural backgrounds) is generally more important than shared, lived experience or an exact cultural match. The evaluators also suggested that a range of other factors associated with good practice were just as important, including involving the whole family, having clearly defined goals, structured sessions and confident practical and therapeutic direct work.

What have we learned about the conditions which promote good practice?

Common features deriving from a review of these evaluations include:

Teams with a mix of skills including specialist expertise on key issues

Some projects developed the use of specialist workers on key issues or for particular groups. For example, a main element of Doncaster Growing Future's project was the employment of 12 Domestic Abuse Navigators (DANs) whose role was to work directly with families affected. Over the evaluation period they supported 102 families, conducting therapeutic work with 277 family members, including victims, perpetrators and children. There was some evidence that this whole family approach by dedicated specialists was helping to reduce repeat referrals to the multi-agency risk assessment conference (MARAC). Evaluators calculated a 15% reduction of repeat referrals per MARAC.

Other projects created multi-disciplinary teams, with specialist adult workers alongside children's social workers. Evaluation findings indicate that this is a successful approach. For example: the evaluators of Family Safeguarding Hertfordshire concluded that the outcomes achieved were linked to the key role played by adult specialist workers. They noted that these workers served two critical functions. First, where families had serious parental problems they provided timely and generally high quality input which seemed crucial in turning around families' lives. Second, within the multi-disciplinary teams, they contributed different perspectives on how to work effectively to manage risk within families.

In Newcastle, the Familiy Insights project took a different approach by segmenting their teams so that each had a more specialist focus. Evaluators reported that the segmented social work units had enabled services to be designed around the needs of children and families, strengthened case referral processes and that staff were confident that children and families were being supported. However, over the period of the evaluation there was limited evidence of improved outcomes, with some deterioration in some key indicators (escalation of cases and case closures), suggesting that this approach may be less effective or requires testing over a longer period.

Some projects also sought to integrate their assessment and longer-term support to families to create a more integrated experience for families. The evaluation of Focus on Practice, for example, compared two types of social work assessment and delivery across three London boroughs. In two boroughs, the assessment teams constituted the access point for families who were then transferred to locality teams after assessment. In the third, social work services were integrated with social workers conducting assessments and retaining cases. The evaluation concluded that this integrated approach was more effective and better aligned with the overall project ethos. Similar

conclusions were drawn by the evaluators of Stockport Family, a project which aimed to achieve an integrated social work system by bringing together Early Help and Safeguarding and creating locality based and co-located teams. The evaluation report notes that greater integration has improved communication and co-operation within the organisation.

Flexible use of non-social work qualified staff and volunteers

Several projects developed the use of non-social work staff and volunteers, either to support families directly or to take on tasks normally undertaken by social workers in order to free up social work time. The evaluation findings from these projects indicate that these developments have the potential to improve service provision and achieve better value for money. For example:

- In Hampshire and the Isle of Wight, highly skilled administrators or 'PAs' were attached to social work teams. They helped to reduce social worker time spent on administrative tasks (from 36% of their time to 14%) and increase time spent with families (from 34% to 58%). PAs also seemed to improve social worker sickness and stress levels and the overall team environment

- In Cheshire East, Project Crewe developed in partnership with Catch 22 employed non-social work qualified Family Practitioners to support families with children in need, working in small pilot teams led by a qualified social worker. These workers were able to provide substantially more time to families (three times more, on average) compared to the teams operating the business as usual model and the evaluators concluded that, although they closed cases less quickly, the pilot teams closed more cases and successfully reduced risk factors for children in need

The evaluations also highlight the potential for the greater use of volunteers. For example:

- Safe Families is a model based around the deployment of volunteers to support children at risk of entering care and their familes, including, where needed, the provision of short break respite care in their own homes. Based on local authorities' take up of this support for children deemed to be 'on the edge of care', the evaluation team estimated that the initiative has the potential to support about 15% of children who otherwise would be accommodated by local authorities

- Hampshire and the Isle of Wight successfully developed the use of volunteers with vulnerable children and families, including as mentors for young people on the edge of care and conducting interviews with young people who have been missing from home or care. The evaluation found a number of benefits including a

doubling of the number of return interviews[19] compared to pre-pilot. Many team managers and social workers moved from being highly sceptical about the use of volunteers for families with a statutory plan to using them regularly and with more confidence

Effective supervision and support

Providing practitioners with effective supervision and support was an objective of most projects in this grouping. It was approached in several ways. Some projects gave a specific focus to the training and development of supervisory managers. For example, Frontline's Firstline project provided a programme of training, coaching and action learning sets to 38 firstline managers from 8 local authorities, targeting those who were already assessed as 'good' in order to develop a cohort of outstanding leaders of frontline practice. The evaluators reported that the prototype programme appeared to have a positive impact on participants' leadership capabilities and that their social work teams noted improvements in their supervisors' management practice.

Several projects employed consultant social workers or clinicians to increase the availability of high quality clinical supervision for social work practitioners. This was a key element of most projects aiming to embed systemic practice. For example:

- The Focus on Practice project in three London boroughs embedded clinicians in social work teams to support them to work systemically with families. The evaluation team concluded that the availability of these clinicians was making a difference to social work practice. They were seen as authentic experts and an extra resource to help resolve stuck cases

- The consultant social worker role was an integral element of the Signs of Safety project and in Newcastle consultant social workers and unit co-ordinators were key posts in their new segmented teams

- The Reclaiming Social Work project recruited 50 consultant social workers to lead the RSW teams

The evaluation team for the Reclaiming Social Work project concluded that there was a strong link between the quality of systemic case discussion and the quality of practice and identified what they termed 'a good practice pyramid' with four main interlocking features: a systemically trained Consultant Social Worker lead, systemic case discussion (unit meetings that encourage practitioners to reflect on practice and plan their sessions with the whole family); clinician input enabling them to think in new ways and plan

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[19] These are interviews conducted with young people after a missing episode to help address any concerns about their safety and wellbeing

actionable conversations with families about their unique situation and dedicated adminstrative support.

Managed caseloads

It is frequently observed that large caseloads can limit the ability of practitioners to develop, maintain and use their skills with families. However, the optimum number of cases per worker is difficult to determine, given the varying complexity of cases and the differing levels of worker experience. Increasing the quality of practice, therefore, is not simply a matter of reducing caseloads, but balancing the range of work so that practitioners have caseloads which are manageable and managed. Most of the projects in this grouping had this as one of their objectives, alongside other ways of freeing up social worker time, such as reducing time spent on administration.

Because caseload size is not a straightforward measure, it proved difficult for some evaluation teams to gauge the extent to which reductions were being achieved and in a couple of instances the data were open to different interpretations.

Opportunities to develop skills

Many of these 17 projects aimed to develop the skills of practitioners. A common means of doing this has been training – a considerable amount of training has been delivered across this programme involving many thousands of staff. As is often the case, short-term feedback on this training was generally good. However, a recurring theme in several evaluations is the need to be realistic about what training alone is likely to achieve. For example, the evaluation of Family Safeguarding Hertfordshire found no measurable improvement in the practice skills of social workers despite substantial investment in Motivational Interviewing training. As we have already noted, they did find improved outcomes for families post FSH, but they attributed this more to the introduction of adult specialist workers to teams than to increased skills on the part of children's social workers.

Several of the evaluations highlight the importance of taking a multi-dimensional approach to skill development which includes training as part of an overall strategy incorporating a wide range of factors such as organisational culture, a shared practice framework, management expectations, peer and group supervision and coaching. There are a few examples which suggest that skill development is likely to have a greater pay off when it is part of this kind of overall organisational strategy. For example, the participants in the Firstline development programme appeared to gain a lot from the opportunity personally and in their work as individual managers, but the least impactful element seemed to be the influence on their organisation more widely.This suggests that sending people to training 'off-site' may be less effective as a tool for influence than training that is owned and shared by others in the same organisation.

Even where programmes including skill development are shown to be successful, there are indications that the positive effects diminish over time. For example, managers and practitioners in the Signs of Safety pilots were very positive about the programme, but interestingly, the most progress was in gaining organisational commitment to SoS and establishing training, processes and practice tools. Authorities which had most recently adopted SoS rated themselves as making more progress compared to those who had more experience. This suggests that in any change programme there is likely to be a peak of early success which gradually plateaus out as more difficult challenges are encountered and a tendency for people to 'drift' back into old practices.

Effective inter-agency communication

Several evaluation reports commented on the value of good communication and a shared ethos across agencies. Training was noted to be one way of supporting this. Several projects engaged a wide range of agencies in training in order to develop a shared understanding of the model of working. Leeds, for example, provided awareness raising training on their restorative approach to large numbers of staff and followed this up with 'deep dive' training in the areas with the highest number of referrals to children's services. This was reported to encourage dialogue, information-sharing and forge more positive working relationships between agencies who frequently had contact with the same families. In NE Lincolnshire, evaluators noted the importance of buy-in to the change programme supported by ongoing cascading of practice through champions networks.

Access to other provision, support and resources

Some of the evaluations pointed out that the success of one part of the system depends on support from other parts. For example, the evaluation of Newcastle Family Insights notes that the success of the needs-segmented teams will rely not solely on their own effectiveness but on the support available from universal and other specialist services. A similar point was made about the achievement of Family Group Conferencing plans in Leeds – the ability to successfully implement these plans not only depends on the commitment of family members and their direct support workers, but often on the availability of resources from the wider system, such as support from health, education, housing or voluntary sector providers.

What have we learned about the organisational characteristics which help sustain good practice?

The factors set out in the above sections may not be new or surprising. What is perhaps surprising is just how difficult it can be to establish and sustain these conditions. The evaluations of these 17 projects offer some useful insights into the organisational or system characteristics which seem to have been successful so far. Common themes include:

Leadership

The importance of leadership is frequently cited in evaluations of projects, particularly those aiming to achieve organisational change – and these evaluations are no exception. The role of committed, dynamic leadership teams was highlighted in several evaluations and this was certainly important in establishing many of these projects. However, sustaining practice improvement over the long term cannot rely on the dynamism of particular individuals. There has to be a culture of effective leadership embedded in the system. As the evaluators of the Reclaiming Social Work project put it: 'Systems change cannot solely rely on excellent leaders. Leaders change, and this underlines the necessity of creating systems that recognise and reward excellence in the delivery of social work practice, rather than relying on exceptional individuals.' It also requires leadership at all levels, not just senior management. Several projects highlighted the importance of identifying and supporting 'practice champions'[20].

Multi-agency commitment

Achieving whole system change for children and families involves thinking about the system beyond the boundaries of children's services. The projects that seem to have moved the furthest are those who were starting with a strong multi-agency commitment.

Effective communication and promotion of a shared ethos

The value of committing to a specifc theory or model is that it acts as a means of promoting a shared ethos both within and between agencies. There are many examples of this occurring. Some evaluations commented on occasions when communication was less effective. For example, where innovations were being piloted in parts of an authority, it is not uncommon for those not involved in the pilot to feel excluded and under-valued. In addition, communication needs to be more than information, and it needs regular reinforcement.

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[20] Evaluation of Scaling and Deepening the Reclaiming Social Work model

Integrated teams with mixed skills

We have already noted the value of multi-disciplinary teams which combine the expertise of children's social workers with workers who have specialist expertise on particular issues affecting the adults in families such as parental substance misuse or mental ill health. Some evaluation teams have also highlighted the value of integrated teams which reduce changes of practitioners and maximise opportunities to build relationships with families.

Organisational factors such as IT systems

Several of the evaluations commented on practical 'glitches' occurring when one bit of the organisation was not fully aligned with the rest, or where administrative or IT systems were out of kilter with the goals of the innovation. In some cases, attempts to free social worker time were undermined because of issues such as case recording systems e.g. recording systems did not always allow practitioners to record their work with families in ways that were consistent with the practice models and tools they were being encouraged to use. This sometimes led to a duplication rather than a reduction in recording.

Use of intelligent data analysis

A key element of several projects was the improved use of data to support better decision making. It is probably too soon to confidently assess how successful projects have been in this regard, but some evaluations noted that the use of data was beginning to influence social workers' thinking and 'professional curiosity'.

Intelligent use of data to examine patterns and trends in service use ought to be integral to designing innovation. However, this is not always the case. The evaluators of the Safe Families project commented that across the 20 authorities involved, the ability to make use of this sort of information was extremely patchy. This is further discussed in Thematic Report 5 *Informing better decisions in children's social care* which addresses use of data.

Planning for the longer term

Wave one projects were initially funded for 12-18 months although some obtained extension funding. Some projects clearly had sustainability plans built in so that local authorities started with a commitment to continue the direction of travel beyond the funding period. Others appeared to be more reliant on the Innovation Programme with no clear exit plan. In some cases this meant that the project was already losing momentum before the evaluation was complete (e.g. staff moving on to new posts).

Support from the wider system

The appropriate use of data to 'measure what matters' is one of a number of objectives that projects require support from the wider system to achieve. In several of the evaluation reports, there were hints that some of the priorities and requirements of government and Ofsted tended to work against rather than with innovation. For example, the requirement to meet timescales laid down in policies such as 'Working Together' can mitigate against collaborative working with families to arrive at a shared solution – a process which tends to take longer. There were a few examples of local authorities changing direction away from their innovation because of an inadequate Ofsted assessment. These changes may be perfectly sensible (e.g. where innovation is diverting attention from getting the basics right) – or they may herald another period of instability. Sometimes sustaining innovation requires holding one's nerve and being allowed to take considered risks. As one evaluation team put it: 'The wider organisational system judged senior managers by whether they balance budgets (in the short term) and whether they met Ofsted requirements. Arguably, if these remain the primary benchmarks by which senior managers are judged, the current system of incentives militates against transformation of practice and improved outcomes for children and families.'[21]

There are other parts of the system which were not particularly visible in these evaluations but for whom they raise some questions. Several projects wanted to engender a learning culture alongside practice improvement. Those involved in educating and training the social work workforce have a role in this. For example, if social workers enter the profession without the required level of empathic, collaborative and authoritative skills that these projects mostly wanted, what is this telling us about the training parts of the system?

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[21] Evaluation of Scaling and Deepening the Reclaiming Social Work model

Conclusions and recommendations

The evaluations of Wave 1 of the Innovation Programme provide some important positive findings about improvements in social work practice and the conditions which help to achieve these improvements. The evaluations were not in place for long enough for there to be definitive evidence of better outcomes for children, but there are some promising indications.

The relationship between social work practice and outcomes for childen is not a simple one. There is an underlying assumption in most of these projects that practice improvement will result in better outcomes, but the evaluations suggest that it is more complicated than that. Outcomes have improved in some instances without much measurable improvement in practice. In other cases, there has been clear practice improvement which has not yet led to measurable differences in outcomes. This may be seen as a reflection of the fact that social work practice is just one factor among many which impact on children and families. For some families, outcomes may improve over time with or without social work support. For others, the quality of social work practice may be less significant to their outcomes than other factors in the wider system, such as access to employment, education, healthcare and a supportive neighbourhood.

Nevertheless, improving social work practice is an important goal and the learning important to share. The lessons from these evaluations point to a number of recommendations for future innovations. Appendix 2 contains a template which local authorities could use as a self-audit tool to consider how these apply to them:

- Innovation is most likely to be effective if all key parts of the system have shared aims. This means staff at all levels and across all relevant agencies within a local authority area, and these parts of the system concerned with governance, inspection and organisational support

- Leadership is critical but must not be invested in a single dynamic leader or leadership team. Embedding innovation depends on mobilising leadership at all levels

- Organsations are more successful in achieving culture and behaviour change when they have a clear model to communicate, motivating people around a shared ethos with clear messages

- Most of the models of good social work practice combine the importance of empathy and collaboration with purpose and authority. There could be considerable value in articulating a model to which all social workers could ascribe and which could be embedded in training and performance management

- There is good evidence from these evaluations of the value of multi-disciplinary working including adult specialists alongside children's practioners in integrated

teams. Integration should also avoid repeated assessments and 'passing on' of families to other teams and services

- There is also good evidence of social work practice being supported by supervision, including group case discussions, access to clinical expertise and senior social work experience

- Training has a valuable role but is unlikely to result in change by itself. It needs to be part of an overall strategy for skills development, including supervision, coaching, co-working and performance management

- Good administrative support is frequently overlooked but evaluation suggests that highly skilled administrative support can substantially increase the amount of time social workers spend on direct work

- There is also evidence of the potential to increase the resources available to families via the deployment of non-social work staff and volunteers

- Attempts to reduce bureaucracy can be hindered by a failure to pay attention to the details of systems such as IT and electronic recording

- Plans for sustaining innovation need to be built in from the start and be one of the key criteria for assessing applications for such funding

- There is more work to be done in supporting everyone in the system to make better use of data, including from evaluation

Appendix 1 – Aims of individual projects

Project	What it did
Project Crewe	Piloted a team of unqualified family practitioners to support children in need to provide more appropriate support and free up social worker time; delivering a strengths based, solution focused personalised approach to each family
Firstline	Leadership development programme for first line managers from 8 local authorities; targeted programme to grow good managers into excellent leaders
Royal Borough of Windsor and Maidenhead	Development of culturally attuned family support for Army and Pakistani communities, especially for those who might otherwise require statutory intervention
Focus on Practice (Westminster, Kensington and Chelsea, Hammersmithand Fulham)	Introduced systemic practice in three London boroughs including employment of clinicians, programme of training, coaching, parenting programmes and Signs of Safety
Doncaster Growing Futures	New approach to support familes who have experienced domestic violence, via employment of 12 domestic abuse navigators and other multi-agency process changes. Took a whole family approach that focused on strengths, developing evidence based therapeutic practice
Newcastle Family Insights	Supported social workers to become agents of change by: introducing needs-based segmented units specialising in specific needs; improving analysis of data; creating culture of teaching and learning
Hampshire and Isle of Wight – Active Agents for Change	A multi strand programme including: use of highly skilled PA's to support social work teams; new family intervention teams with specialist practitioners for domestic violence, mental health and substance misuse; network of volunteers; new offer for young people on the edge of care; new child sexual exploitation service and social work surgeries to support early help
Signs of Safety (MTM)	Whole system change with Signs of Safety at the centre implemented across 10 local authorities, aligning all aspects of the organisation to support high quality work with families and a learning culture

Leeds Family Valued	System change programme to embed restorative practice and develop family group conferencing as a core offer including to families where there is domestic violence. Aimed to safely reduce the number of children entering care by creating high quality support to extended families
Stockport Family	Whole system change programme with restorative approaches; locality working and co-location; new case allocation processes; partnership working; communication and change management
Scaling and Deepening Reclaiming Social Work (Morning Lane Associates)	Focused on extending the RSW model to work with teenagers on edge of care in 5 LAs with the aim of reducing entries into care through sufficient supply of skilled consulant social workers and reduced bureaucracy
Safe Families	Across 20 LAs, implemented the Safe Families model using volunteers to support families and divert children from being looked after by local authorities
Islington – Doing What Counts and Measuring What Matters	Whole service transformation designed to make social work practice more skilled, purposeful and effective by embedding motivational social work and values based tools to measure what matters to families
Family Safeguarding Hertfordshire	Creation of co-located, multi-discplinary family safeguarding teams including social workers, substance misuse, mental heath and domestic abuse workers and children's practitioners. Included training in motivational interviewing; move to group case discussions; tools to support direct work
Durham Families First	Creation of 10 integrated, co-located and skill mixed teams to work with most complex families as part of longer-term whole systems change
Torbay SWIFT	Creation of Early Help Practices – multi-professional, locality focused hubs; the formation of a Public Services Trust to facilitate pooled budgeting, joint commissioning and attract social investment; and the transfer of Children's Services to an Integrated Care Organisation
NE Lincolnshire Creating Strong Communities	Whole system change initiative aimed to reduce the number of families requiring intensive support through a Framework for Practice including Outcome Based Accountability, Restorative Practice, Signs of Safety and Family Group Conferencing

Appendix 2 – Audit of services

Conditions which promote good practice	What happens now in your service?	What needs to happen?	How will you progress this?
Systems are aligned acoss all relevant agencies			
There is leadership at all levels, including practice champions			
There is clear communication of a model of good practice			
This model is embedded in training, supervision and performance management			
There is multi-disciplinary working including adult specialists alongside children's practioners in integrated teams			
Practitioners access effective supervision, including group case discussions, clinical expertise and consultancy			
Training is part of an overall strategy for skills development, including supervision, coaching co-working and performance management			

Socal work teams are supported by skilled administrators	37		
There is appropriate deployment of non-social work staff and volunteers			
Attention is paid to the details of systems such as IT and electronic recording			
There is good use of data to inform decision-making at all levels			
Plans for sustaining innovation are built in from the start			

http://reescentre.education.ox.ac.uk/research/