Department for Education

Creating Strong Communities in North East Lincolnshire

Evaluation Report

July 2017

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Children's Social Care Innovation Programme Evaluation Report 34

Contents

List of figures

List of tables

Executive Summary

The Creating Strong Communities model has been designed to fundamentally change the way local practitioners and partners in North East Lincolnshire work together to safeguard vulnerable children. The approach is expected to support a culture change and system shift necessary to dramatically reduce the numbers of individuals and families requiring intensive support. The package of support has been designed as a classic invest-to-save model. It is anticipated that there will be a reduction in the current high level of demand for statutory provision, which will lead to a redistribution of resources, and thus enable sustainability of the approach.

The support model combines the following 4 established tools within community practice intervention in an innovative way, for what is believed to be the first time; this is now referred to as North East Lincolnshire's Framework for Practice.

- Outcome Based Accountability (OBA): Outcome Based Accountability is a powerful thinking process, which focuses a whole organisation on outcomes, rather than the process

- Restorative Practice (RP): Restorative Practice is an approach which aims to resolve conflicts at the earliest stage, by encouraging both high challenge and high support for all parties. Restorative Practice encourages critical reflection and consideration of language

- Signs of Safety (SoS): Signs of Safety enables practitioners across different disciplines to work collaboratively and in partnership with families and children, using the same language and methods

- Family Group Conferencing (FGC): Family Group Conferencing provides mediated support for the whole family, resulting in an agreed family support plan, which sets out the best route forward for the family to take care of their child

Within the design of the Creating Strong Communities model there is a strong belief that the whole programme is greater than the sum of the component parts. Outcome Based Accountability is placed at the heart of the model and provides the outcomes focus.

Evaluation Overview

The evaluation framework has been designed to capture the collective impact of the four components of integrated support on practitioner practice, partnership working and outcomes for young people and families. The design has followed a mixed method specification, which has included practitioner e-surveys for SoS (baseline = 37.7% response rate; follow up = 38.9% response rate); RP (baseline = 70% response rate; follow up = 58% response rate) and OBA (baseline = 79% response rate; follow up = 66% response rate); practitioner focus groups, trainer consultation and training observation, across three strands; work around the Restorative Schools programme,

including e-surveys and case studies; ten family case studies related to the FGC service; surveys for families and social workers related to the FGC service; workshops with the FGC team (baseline and follow up); a number of good practice case studies and secondary data analysis; and an FGC cost benefit analysis based on 20 historical and 20 current families.

The adopted methodology has been able to assess the process of implementation; set baselines in relation to all aspects of performance; assess initial perceptions of impact; conduct a cost benefit analysis of Family Group Conferencing; and design tools and methods for ongoing evaluation.

Important Findings

Achievement of Programme Objectives and Outcomes

Objectives of the Creating Strong Communities programme included:

- a 40% reduction in the number of children being identified as in need (CIN) over a three-year period

- a 40% reduction in the number of children subject to a Child Protection (CP) Plan over a three-year period

- a 23% reduction in the number of Looked After Children (LAC) over a three-year period

- a reduction in the rate of referrals to social care

- improvement in behaviour of vulnerable pupils

- improvement in school attendance of vulnerable pupils

- significantly fewer children on intervention plans over a three-year period

- reduction in the number of families requiring intensive crisis support

- reduction in incidents of bullying or serious incidents involving vulnerable children

- reduction in social work turnover

- reduction in the rate of re-referrals to social care

North East Lincolnshire Council were particularly interested in reducing their CIN, CP, LAC and referral figures. Data for these areas was readily available on the central government website and has allowed the evaluation team to evidence movement towards target outcomes.

Although programme activities have not been running long enough to expect a significant impact on programme outcomes, there is evidence of positive progress, including a reduction in the number of children subject to a CP Plan and a reduction in the referral

rate to social care. Areas for further improvement are the number of LAC and the number of CIN.

Outcome Based Accountability

Outcome Based Accountability has been established within the authority as a planning tool. Staff have been trained in the principles, and an OBA Champions Network is supporting and cascading good practice.

The leadership team has implemented a whole population outcome framework and Outcome Based Accountability scorecards are being developed across most operational areas.

The OBA staff follow-up survey shows that 60% of staff trained are confident in implementing the model: a 20-percentage point increase from the baseline.

A priority for the future is to share practice across service areas and to fine tune and sharpen the focus of scorecards.

Restorative Practice

Restorative Practice has made a significant mark on operational practice areas across the authority with three-quarters (74%) of staff responding to the survey (total responses, 59) trained indicating that it has changed the way they manage staff and 88% indicating that they are actively using it to implement change. The Restorative Schools Programme involved the introduction of Restorative Practice to primary and secondary staff and pupils in North East Lincolnshire at six schools. During the initial period of evaluation, five schools completed surveys. During the extended evaluation period, two school were selected as case study sites, and one of these schools completed further surveys. The case studies show positive outcomes, with both schools reporting improved pupil behaviour and communication as a result of the implementation of Restorative Practice among teaching staff.

Priorities for the future include getting more head teachers to champion the approach in school and to trial Restorative Conferences as a tool to minimise exclusion.

Signs of Safety

Signs of Safety has been enthusiastically embraced by practitioners across the authority. Action learning sets have encouraged good practice and a new single assessment tool has been fully embedded.

Over 90% of staff trained indicated that the application of the Signs of Safety model has generated clear benefits in the way they work with families, and there is evidence of outside agencies responding to Signs of Safety by adapting their referral procedures.

Priorities for the future are to reduce the reliance on external training through internal support networks and to encourage schools to use Signs of Safety as a way of increasing discussion with families.

Family Group Conferencing

The Family Group Conferencing team has worked with 154 families and delivered 65 conferences since the service was expanded in November 2015. A total of 28 conferences have been held in the past six months, reflecting increased efficiency of operation.

It is estimated that the FGC service as currently structured avoids 15 children per year from going into care.

Family response to FGC support has been very positive, with overall satisfaction rating of 88% and a making-a-difference-to-the-family rating of 90%.

A cost benefit analysis of FGC was conducted using a Fiscal Return on Investment (FROI) methodology. This involved calculating the cost of FGC and setting it against the observed benefits (the adverse outcomes which have been avoided).

A cost benefit assessment based on 20 FGC cases revealed a return on investment of 18.2. This represents a saving of £18.20 for every £1 spent on support.

To demonstrate value-added a historical comparator group of 20 families was established. The directly comparable return on investment for this group, which did not receive FGC support, was 0.4. This represents a loss of 60 pence for every £1 spent on support.

The FGC cost benefit analysis shows the approach to be cost effective relative to historical practice for this particular family client group.

FGC priorities for the future relate to aspects of practice, particularly relating to social worker and family attendance and the point at which support is withdrawn post conference.

Lessons Learnt

A number of lessons have emerged from the implementation of programme activity. These include:

- the positive impact that an integrated programme of activity has on sustaining momentum
- securing buy-in by clearly demonstrating the effectiveness of interventions

- the effectiveness of the audit framework in identifying both achievements and areas for improvement

Appropriateness of the Evaluation

The evaluation has successfully captured the implementation and early impact of the programme. Important features of the approach have included a strong formative focus on practice development and the use of cost benefit analysis to show the cost effectiveness of Family Group Conferencing.

Evidence of Sustainability

Factors supporting the long-term sustainability of the approaches include:

- strong senior management commitment

- the ongoing cascading of practice through Champions Networks

- being part of a wider change programme across the authority

- all four components of the programme will continue post-Innovation Funding support

Future Development in Wider Application

Areas where there is scope for future development locally, and wider application, include:

- extending FGC into early intervention through Family Hubs, establishing a Regional Centre of Excellence for social worker recruitment

- promoting the Fiscal Return on Investment tool more widely as an invest-to-save model

Project Overview

What outcomes was the project seeking to achieve?

The Creating Strong Communities (CSC) Model has been designed to fundamentally change the way local practitioners and partners work together to safeguard vulnerable children. Historically, North East Lincolnshire has experienced a significant rise in the number of looked after children and children on Child Protection Plans; a 34% and 32% increase respectively since 2012. In addition, a significant proportion of families have been known to Support Services for some time, implying that previous interventions have not been working. The model was, therefore, introduced to establish a transformation in the way family support was organised and to provide better results for families and communities. An important aim was to equip families with the tools to deal with emerging problems, encouraging staff and practitioners to work together to reduce the number of children at risk and on the edge of care.

The expectation is that the model, embedded consistently across all partner organisations, will dramatically reduce the number of children and young people in need of higher levels of statutory intervention. As a result of implementing these approaches, the authority will have introduced a dramatically different model based upon need and evidence, which will overcome recognised failings in the support system.

> "Currently the lives of many families are chaotic and fragmented. They bounce in and out of the system and are known to a range of public services as a result of poor health, poor life choices and a lack of awareness and understanding of the things that can be done to improve their own quality of life and that of their family".[1]

> "There is a culture of dependency among families for agencies to resolve issues".[2]

> "Significant issues are evident in the borough relating to dis-functioning parenting".[3]

> "There are a number of process and systems that are not aligned. Commissioning and funding strategies that are not joined up and not outcome-focused. Social Workers expressing concerns that they would like to do things differently but are constrained by caseloads".[4]

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[1] North East Lincolnshire Council. (2015). *Creating Strong Communities Bid Document.*
[2] North East Lincolnshire Council. (2015). *Creating Strong Communities Bid Document.*
[3] North East Lincolnshire Council. (2015). *Creating Strong Communities Bid Document.*
[4] North East Lincolnshire Council. (2015). *Creating Strong Communities Bid Document.*

In this way, the approach is expected to support a culture change and systems shift, necessary to dramatically reduce the numbers of individuals and families requiring intensive support.

Anticipated features of improvement include:

- setting of ambitious shared outcomes for vulnerable children

- allowing families to address their own problems

- developing clear assessments of risk

- creating a shared language across the children's workforce

- speeding up the identification and response to the risk of harm

- improving the quality of social work training

- improving communication with children, parents and partners

- getting it consistently right with families the first time

Anticipated outcomes are specified as follows:

- a 40% reduction in the number of children being identified as at risk or in need

- a 40% reduction in the number of children subject to a Child Protection Plan

- a reduction in the number of looked after children

- improvement in behaviour of vulnerable pupils

- improvement in school attendance of vulnerable pupils

- significantly fewer children on intervention plans over a three-year period

- reduction in the number of families requiring intensive crisis support

- reduction in incidents of bullying, or serious incidents involving vulnerable children

- reduction in social work turnover

The package of support has been designed as a classic invest-to-save model. It is expected that there will be a reduction in current high levels of demand for statutory provision, which will lead to a re-distribution of resources, and thus enable sustainability of the model approach.

How did the project set out to achieve the intended outcomes?

A summary of the Creating Strong Communities Model is set out in Figure 1.

Figure 1: Creating Strong Communities Model
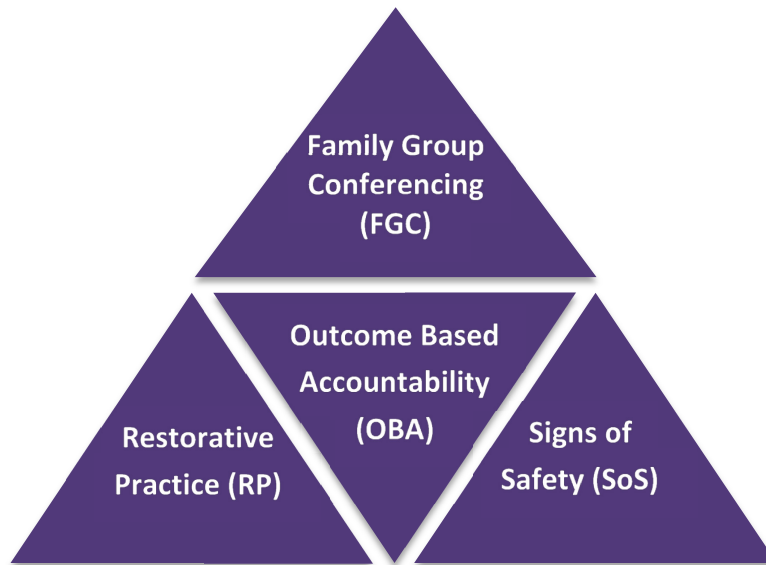
The model combines the following four established tools within community practice intervention in an innovative way, for what is believed to be the first time. This is now referred to as the North-East Lincolnshire Framework for Practice and will form the foundation for 0-19 commissioning.

Outcome Based Accountability (OBA):

OBA is a powerful thinking process, which focuses the whole organisation on outcomes rather than the process. It has a track record[5] in helping to facilitate improvements for children, families and communities. It focuses planning on whole population outcomes as a starting point and works backwards to actions and interventions. Research in England[6] identifies a range of positive outcomes following OBA intervention.

Restorative Practice (RP):

Restorative Practice is an approach which encourages respectful and effective communication. An important area of use for RP is in conflict resolution. RP encourages challenge at the earliest stage with an equal level of support. When implemented

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[5] Friedman, M. (2005). *Trying hard is not good enough*. Trafford on Demand Pub.
[6] Chamberlain, T., Golden, S. and Walker, F. (2010). *Implementing Outcomes-Based Accountability in Children's Services: An Overview of the Process and Impact* (LG Group Research Report). Slough: NFER.

effectively, the evidence base and cost benefit analysis is clear[7]. An additional study in Hull demonstrates the benefits from implementation in schools[8].

Signs of Safety (SoS):

Signs of Safety enables practitioners across different disciplines to work collaboratively and in partnership with families and children, using the same language and methods. Signs of Safety usage has been researched across several countries,[9] including emerging work in England,[10] and communities.

Family Group Conferencing (FGC):

Family Group Conferencing is a mediated form of meeting between family members, with regards to the care and protection of a child or adolescent. It provides an opportunity for the whole family/extended family to help make a family plan about the best way to support the family and take care of their child. In Leeds, use of this approach has already demonstrated significant impact in reducing Child Protection cases, with reported figures contributing to a 40% reduction in Child Protection Plans[11].

Holistic approach

Using the four methodologies, the aim is to focus on outcomes and encourage people to change their own lives. In designing the model, there is a strong belief that the whole programme is greater than the sum of the component parts. To achieve the necessary culture change, there is a need to embed the strengths of all four elements. Each one is an important ingredient, but only by combining them will there be the necessary impetus to make the dramatic shift to improve outcomes for vulnerable children.

Outcomes-based accountability is placed at the heart of the model and provides the outcomes focus. It does so by posing the critical questions how much? How well? What difference?

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[7] Wachtel, T. (2013). *Dreaming of a New Reality: How restorative practices reduce crime and violence, improve relationships and strengthen civil society*. Bethlehem, PA: The Piper's Press.
[8] Macdonald, J. (2012) *'World's First " Restorative City": Hull, UK, Improves Outcomes of All Interventions with Young People, Saves Resources.'* (viewed on 27 March 2017)

[9] Skrypek, M., Idzelis, M. & Pecora, P.J. (2012). *Signs of Safety in Minnesota: Parent perceptions of a Signs of Safety child protection experience*. St. Paul, MN: Wilder Research.
[10] Bunn, A. (2013). *Signs of Safety in England, an NSPCC commissioned report on the Signs of Safety model in child protection*, London: NSPCC. (viewed on 27 March 2017)
[11] Stothart, C. (2014). *Council cuts child protection plans by 40%*. (viewed on 27 March 2017)

Operational context

North East Lincolnshire is a small unitary authority with a population of 159,827. One quarter of the population is under 19. There are 9,174 children who are deemed to be in poverty and 4,112 Children in Need.

The Creating Strong Communities approach has political support from North East Lincolnshire Council leadership. Against a backdrop of significant budget reductions across the council, they have agreed to invest in social care, to enable this innovation to have every chance of success.

North East Lincolnshire is on the verge of major economic and social change. Recent announcements in relation to renewable energy, flood prevention schemes, hotel, retail and other investments will result in new opportunities for the community.

As part of the Creating Strong Communities programme, and to support the ethos and workforce development impacts required, the Children's Workforce Strategy has been refreshed, and the Children's Professionals Capability Framework (PCF) has been developed and implemented. The PCF is now being used as the basis for workforce planning in relation to the 0-19 programme.

There is a strong belief that the model can be used and replicated by organisations and authorities of any size throughout the country. Implicit within the approach is a strong desire to develop practice and build an evidence base, with a view to sharing experiences with other areas in the region and more widely. There is also a plan to maintain and develop a programme with local higher education institutions to ensure that newly qualified social workers have an awareness and understanding of the model and have experienced the tools, particularly Restorative Practice and Signs of Safety.

Evaluation Overview

An evaluation framework was designed to capture the collective impact of the four components of integrated support on practitioner practice, partnership working and outcomes for young people and families. The period of evaluation ran from July 2015 to November 2016.

Evaluation questions

The evaluation questions address the extent to which the new model of support is consistent with the specified areas of change. In particular, the degree to which it has been:

- implemented as planned and consistent with the logic model
- impacting on partner and practitioner working

- impacting on outcomes for young people and families

- cost effective and provides service savings and efficiencies

- successful in meeting specified outcome targets

Evaluation method

At the foundation of the evaluation approach is a detailed performance matrix, which sets out all the criteria against which the Creating Strong Communities programme will be judged. It includes performance indicators, performance measures, baselines and targets. It consists of three types of performance indicator:

- programme performance which is related to programme set up and provision;

- FGC family performance reflecting the individual experiences of families and young people supported (a micro focus);

- area wide performance reflecting the impact on standard local authority socio-economic measures (a macro focus). Each strand is assessed both individually and collectively. Strands one and two are short to medium term and strand three long-term (impact should be quantifiable after three years).

The evaluation programme followed a mixed method specification and involved the following activities:

- consultations with 15 steering group members, and attendance at quarterly steering group meetings

- two Senior Management Team focus groups for the interim and final report

- Signs of Safety practitioner e-survey (baseline [300 targeted, 113 received – 37.7% response rate] and follow up [113 targeted, 44 received – 38.9% response rate])

- Signs of Safety focus groups at baseline and follow up

- Restorative Practice practitioner e-survey (baseline [84 targeted, 59 received – 70% response rate] and follow up [59 targeted, 34 received – 58% response rate])

- Restorative Practice focus groups at baseline and follow up

- Restorative Schools school e-survey (baseline [131 primary pupils, 206 secondary pupils, 113 staff] and follow up [from one school only – 34 pupils, 47 staff])

- two Restorative Schools case studies

- Hull University Restorative Practice case study

- Outcome Based Accountability practitioner e-survey (baseline [126 targeted, 99 received – 79% response rate] and follow up [99 targeted, 65 received – 66% response rate])

- Outcome Based Accountability focus groups at baseline and follow up

- trainer consultation and training observation for all strands

- Family Group Conference Development workshops at baseline and follow up

- Family Group Conferencing family case studies at baseline and follow up, with five families during the initial evaluation period; baseline with five families during the extended evaluation period

- Family Group Conferencing social worker e-survey (baseline – post-FGC [28 completed] and follow up – three-month review [16 completed])

- Family Group Conferencing family survey (baseline – post-FGC [47 families – multiple family members] and follow up – three-month review [19 families – multiple family members])

- Family Group Conferencing cost benefit analysis based on 20 historical and 20 current families

- secondary analysis of macro indicators and shape of family provision (for example, figures for LAC, CIN, CPP, social worker recruitment and retention)

- good practice case studies, including a care home care study, Family Hubs case study, Young People's Support Service (YPSS)/Not in Employment Education or Training (NEET) case study, audit framework case

Variations to Evaluation Methodology

The evaluation method was implemented largely as planned; however, at the request of the client, more attention was focused on good practice case studies. This addressed aspects of project activity in the context of:

- NEET young people

- Family Hubs (see Appendix 2)

- a care home (see Appendix 3)

- audits (see Appendix 4)

- creative arts

The range of FGC assessment was also expanded to include:

- a formative assessment of process, involving an external expert practitioner

- increased family follow up to demonstrate impact and potential cost savings

Essentially, the evaluation approach has been able to:

- assess the process of implementation

- set the baselines in relation to all aspects of performance

- assess the impact of FGC on family outcomes

- conduct a conclusive cost benefit analysis of Family Group Conferencing

- design tools and methods for ongoing evaluation

It was not possible to conduct a planned control group analysis based on Family Hubs, as the model was rolled out authority wide. However, a good-practice case study was produced on Family Hubs, and a historical comparator group was established as part of the Family Group Conferencing cost benefit analysis.

Important Findings

In this section, we review the findings in relation to the four operational strands of the Creating Strong Communities Model; achievement of programme outcomes, and lessons learnt from implementation. This is addressed under the following headings.

- Outcome Based Accountability (OBA)

- Restorative Practice

- Signs of Safety

- Family Group Conferencing

- Achievement of Programme Objectives and Outcomes

- Lessons Learnt

Outcome Based Accountability (OBA)

The Approach

An overview of the OBA Model Approach is set out in Figure 2.

Figure 2: Outcome Based Accountability Model Approach
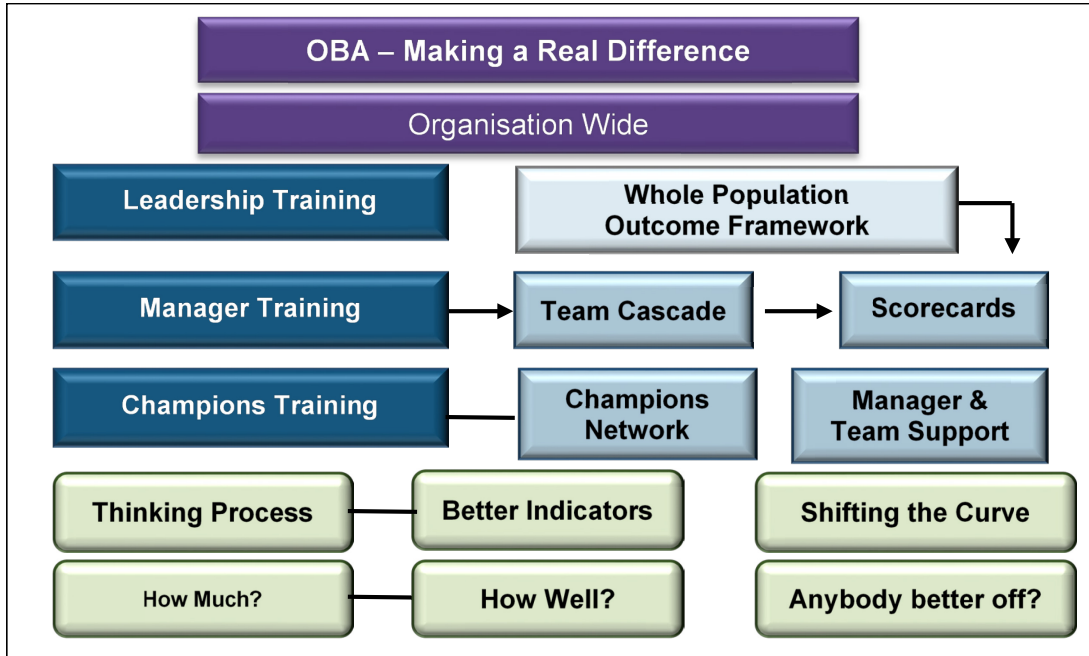
OBA is a conceptual approach to planning services and assessing performance that focuses attention on the results – or outcomes – that the services are intended to achieve. It can become a way of securing strategic and cultural change; moving organisations away from a focus on efficiency and process as the arbiters of value in

their services, and towards making better outcomes the primary purpose of their organisation and its employees. Distinguishing features of the approach are:

- the use of simple and clear language

- the collection and use of relevant data

- the involvement of stakeholders, including service users and the wider community, in achieving better outcomes

Process outcomes included:

- 187 managers trained in the principles and practical application of OBA

- establishment of an OBA Champions' Network, which actively supports and cascades good practice

- a Whole Population Outcomes Framework has been established by the Leadership Team, which sets the template for authority wide practice

- development of OBA Scorecards for operational areas, which link directly to the Whole Population Outcomes Framework

The Outcomes Framework has five high level outcomes (The Big Five) that the council and its partners aspire to achieve to ensure prosperity and wellbeing for the residents of North East Lincolnshire. These five outcomes are for all people in North East Lincolnshire to:

- enjoy and benefit from a strong economy

- feel safe and be safe

- enjoy good health and well being

- benefit from sustainable communities

- fulfil their potential through skills and learning

Overall progress on the outcomes within the OBA framework present a mixed picture; however, it is clear that the vast majority of outcomes are moving in the right direction for the area as a whole. Ward analysis, however, shows that the wards that have historically performed poorly, are still performing poorly. This emphasises the need for a whole-system approach to improving health and wellbeing and confirming the council proposition that dealing with issues in isolation will yield limited benefits.

Although there is evidence of positive movement in outcomes, they are very broad, and there are some concerns from staff regarding the number of indicators sitting underneath each of them. There is a need to ensure that indicators are measurable and that outcomes are specific.

Initial staff response to OBA training has been very positive:

- almost 90% of staff thought that training would help them in their management role[12]

- over 70% of managers thought that the training was comprehensive enough to embed OBA thinking within their service areas[13]

> "I now have a deeper understanding of how OBA contributes to the overall performance and outcomes."[14]

> "The setup of the scorecards and the use of the simple language, how much? how well? so what? story behind baseline…has been useful in terms of getting the team and partners on board and meeting outcomes for the service."[15]

Follow up survey results (October 2016) show a dip in staff understanding and perceptions regarding OBA applications. This was also reflected in the focus groups, with staff noting that there were varying levels of understanding and engagement, and debate around whether the technique was one that the authority can pick the best bits of, or whether it needs to be followed more strictly.

> "At the time of the training, I found it very informative and believed I had a good understanding. However, since the session of training it has not been put into practice, therefore, I would need to refresh myself."

> "I feel I understand the principles but feel that the concept of OBA is not well understood and a lot of people who engage in the work do not necessarily understand the framework as well as they might."

There is a need to reflect on scorecards, with some staff noting that there are varying levels of understanding and an overdevelopment of scorecards in Children's Services. Scorecards need to be used as a tool for learning and to support the development of services.

Achievements Since the March 2016 Assessment

Achievements include:

- twenty percentage point increase to 60% of staff who feel they can implement the OBA model

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[12] York Consulting. (2015). *OBA Practitioner Survey.* Unpublished Report.
[13] York Consulting. (2015). *OBA Practitioner Survey.* Unpublished Report.
[14] York Consulting. (2016). *OBA Practitioner Survey.* Unpublished Report.
[15] York Consulting. (2016). *OBA Practitioner Survey.* Unpublished Report.

- OBA Champions are more confident and pro-active

- a strong feeling that OBA is well embedded in Children's' Services

Priorities for the Future

Priorities include:

- develop an action plan with smart objectives for the continued progression of the OBA model, including the clarification of outcomes and refinement of indicators

- share practice across service areas through workshops, particularly around scorecards and using the model end-to-end

- fine tune, and annually revise, scorecards to sharpen focus and introduce greater brevity

- highlight achievements, as evidenced by 'turning-the-curve' exercises, and examples of how OBA data has been used to commission services

Restorative Practice (RP):

The Approach

An overview of the Restorative Practice model of approach is set out in Figure 3.

Figure 3: Restorative Practice Model Approach
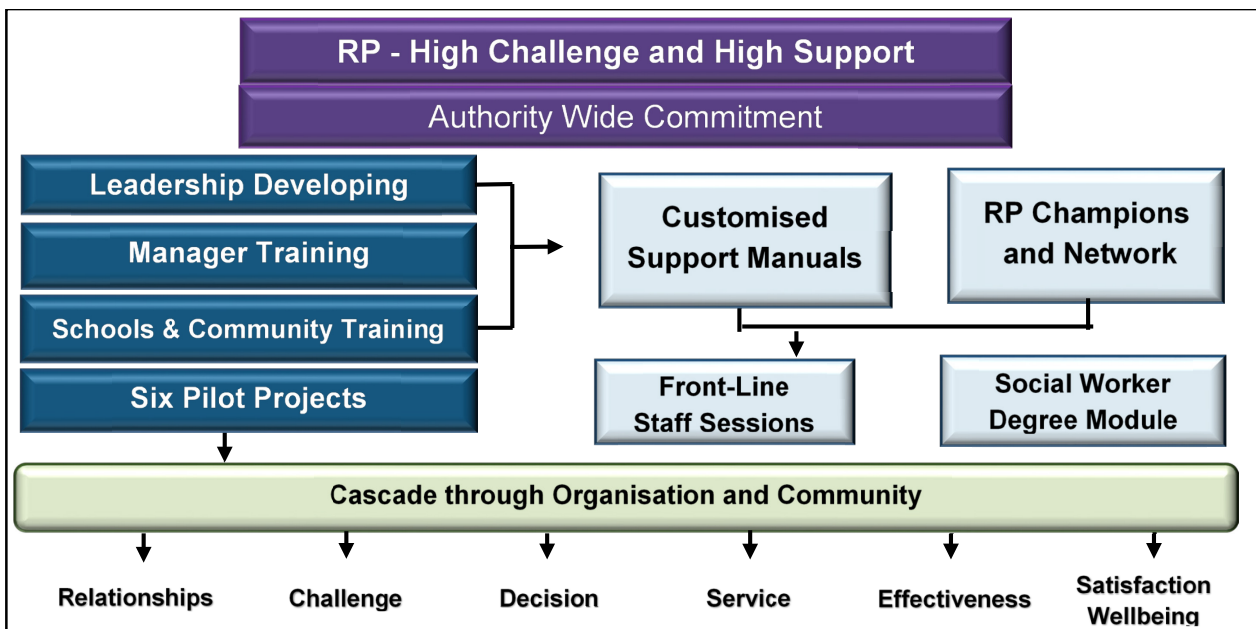
The Restorative Practice model creates a universal communication rationale, rooted in restorative principles and values, applicable in all aspects of service provision, from front line practice, within education and youth justice, and across authority leadership teams. In essence, Restorative Practice consistently builds and maintains respectful social

relationships and builds social responsibility within individuals. A core element of this approach is effective challenge, which should be coupled with effective support: high challenge, high support.

Achievements Since the March 2016 Assessment

According to the staff survey, the proportion of staff believing that RP training has changed the way they managed staff increased from 68% to 74%.

> "I believe that the training has enabled me to see the person first before the task or issue at hand. As a result, I believe that I am a more effective leader."

The survey of staff showed that staff displayed increased confidence in applying Restorative Practice principles.

- 98% had a clear understanding of principles
- 88% of staff indicated they were actively using it to implement change

> "I use it every day to ensure the relationship/communication I have with others is appropriate and comes from the "with" position."

> "The training set out clearly the principles of a restorative way of working and how this could be practically incorporated into your day to day work."

> "It has helped that senior management have fully bought into the approach and champion it across the organisation."

Following from the above, the proportion of staff feeling that they need further training has fallen from one half, to one third.

However, there is evidence of pocketed resistance to Restorative Practice implementation within the authority, which needs to be addressed. Consideration is currently being given to how best to deal with those who are resistant to the approach, as the authority aims to become a fully restorative organisation.

Early indications of impact of the Restorative Schools Programme at this point are too early to evidence. Restorative Practice takes time and commitment to embed fully and effectively – it is not a quick fix. As part of the evaluation programme, clear baseline indicators of impact have been set for each of the participating schools. The programme consisted of four phases of development: introductory training and principles, language and practice; securing and embedding the lead practitioner programme; sustainability; establishing a centre of excellence.

The implementation plans for these schools are now in progress. However, there have been a series of challenges as a number of academies have faced particularly challenging times, and have withdrawn from the restorative programme.

There is evidence of positive movement over the last nine months at the school which completed follow up surveys; a secondary school – more pupils are feeling that bullying and exclusions are on the decline, and more staff are feeling that communication is respectful, and pupils understand the impact of their behaviour. However, there is a long journey ahead, with numerous areas to challenge through the use of Restorative Practice; positively, there is recognition and support of this within the management team at the Academy. The open comments from teachers on the follow up survey highlight the challenges teachers have faced when using the approach with certain pupils, and this could lead to teachers becoming disengaged with the approach, feeling that it isn't working with the pupils with social, emotional and behavioural difficulties. It is important that this is addressed, in terms of support and ongoing training, as consistency is essential.

Case studies were completed at two schools and these offer a more positive picture on the implementation of Restorative Practice, but do echo some of the challenges in terms of consistency across the whole school. The case studies are included at Appendix 7.

At the primary school, in classrooms where staff embrace Restorative Practice, pupils have an improved understanding of their own feelings and the feelings of others, and pupils believe that there has been an improvement in communication.

> "People talk more calmly – instead of shouting, people give their opinion, no one takes charge, everyone joins in as group."[16]

At the secondary school, pastoral staff have fully bought into the approach, and teaching staff are being encouraged to talk to pupils about why they have given them detention. According to pupils, they have an improved understanding of why things have gone wrong, and awareness of the impact of their behaviour on others, which encourages them not to continue with this behaviour in the future.

> "I was bottle flipping in maths. [Name of teacher] came to talk to me about why I'd been sent out. He explained it in a different way to the other teachers. I understood why he said. I didn't continue my behaviour in class because I understood that it was distracting others."[17]

A theme from the case studies is the need to adopt a consistent approach across the whole school. Some staff are finding it challenging to let go of the traditional authoritarian approach, and this is having an impact on pupils.

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[16] York Consulting. (2016). *Primary School Case Study.* Unpublished Report.
[17] York Consulting. (2016) *Secondary School Case Study.* Unpublished Report.

Priorities for the Future

- Consideration needs to be given to how best to develop Restorative Practice in academies across North East Lincolnshire

- Promoting and supporting the recently re-structured Champions Network and thus reducing reliance on external training

- Identifying and dealing with pockets of staff still resistant to adopting the approach

- Supporting the use of restorative meetings as part of the FGC process

Signs of Safety (SoS)

The Approach

An overview of the SoS model is set out in Figure 4.

Figure 4: Signs of Safety Model Approach
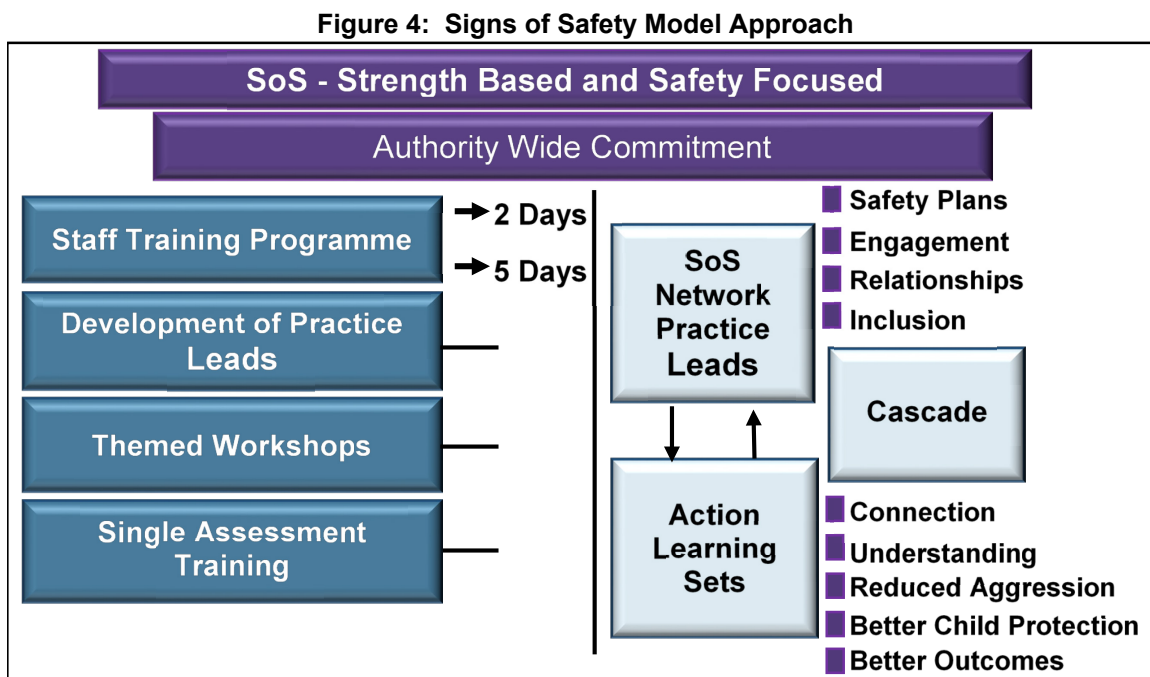
Signs of Safety is a strengths-based and safety-focused approach to social care practice, which is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen a child's and family's situation. The approach is designed to be used throughout the levels of contact with the service.

Signs of Safety is the approach to all work undertaken in North East Lincolnshire Council across the continuum of need, and is being embedded in practice from universal practice, right through to adoption and legal teams, and will support the authority to make solid decisions on practice reform across the continuum of care.

Achievements

Achievements have included:

- 1,339 staff trained

- Signs of Safety Practice Leads group established, and support network developed

- Action Learning sets in place

- Single Assessment Tool designed and launched within the Families First framework

There has been an overwhelmingly positive staff reaction across the majority of services to the benefits of using Signs of Safety with families. Between the initial and follow up survey, there has been an improvement in the use of SoS across a number of areas, such as mapping a case and developing a safety plan, and consequently, confidence has also improved. There has also been improvement in the number finding the SoS framework extremely useful in their decision making regarding the safety and wellbeing of children (baseline: extremely + moderately useful = 74.34%; follow up: extremely + moderately useful = 88.64%). In addition, staff have an improved attitude towards the benefits of SoS for those receiving a service, including a better relationship with the service (baseline: 43.36%; follow up: 63.64%), a better understanding of the departments concerns (baseline: 63.72%; follow up: 70.45%) and more likely to accept family-centred support (baseline: 53.10%; follow up: 65.91%).[18]

There is increasing evidence of outside agencies responding to SoS by adapting their referral procedures, for example, NSPCC. However, there is a need to engage partners more fully in the process, in particular, schools.

There has been a significant improvement in the quality of danger statements, bottom lines and safety goals, particularly of those who have attended the five-day SoS.

However, there is still room for improvement, with some practitioners still referring for a single child (as opposed to considering multiple children in the family), and a lack of people recording on systems in SoS language.

In addition, it is important to reflect on the concerns of Practice Leads, who have reservations about their ability, in terms of both competence and time, to cascade the approach when the external trainer withdraws.

Furthermore, there are some concerns around engagement with SoS from particular services, such as Through Care, Children's Disability, Fostering and Adoption, and, in particular, health services. This was evident in both the SoS survey and focus group, and in the audit case study

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[18] York Consulting. (2015). *Signs of Safety Practitioner Survey*. Unpublished Report.

"The Signs of Safety model is based around a social model. As a health visitor, I have specific knowledge of the links between health and social problems and my role is to improve health outcomes. My concern is that the SoS framework does not always capture this when there are many problems and professionals involved."[19]

"There are some differences in opinion in respect of Signs of Safety within Fostering and Adoption."[20]

Priorities for the Future

- Getting all staff to the competence level of those who have attended five-day training

- Recognising the challenge for social workers and providing them with time and space to take on board what, for them, is a dramatic shift in practice

- Identifying a specific individual to embed SoS in the absence of external trainers, with particular focus on services who may be being left behind

- Translating the verbal use of SoS language to written communication

- Encouraging schools, who are using the approach, to have the confidence to enter into a direct conversation with families

- Consider ways of cascading SoS to Independent Reviewing Officers (IROs) and the court arena

Family Group Conferencing (FGC):

The Approach
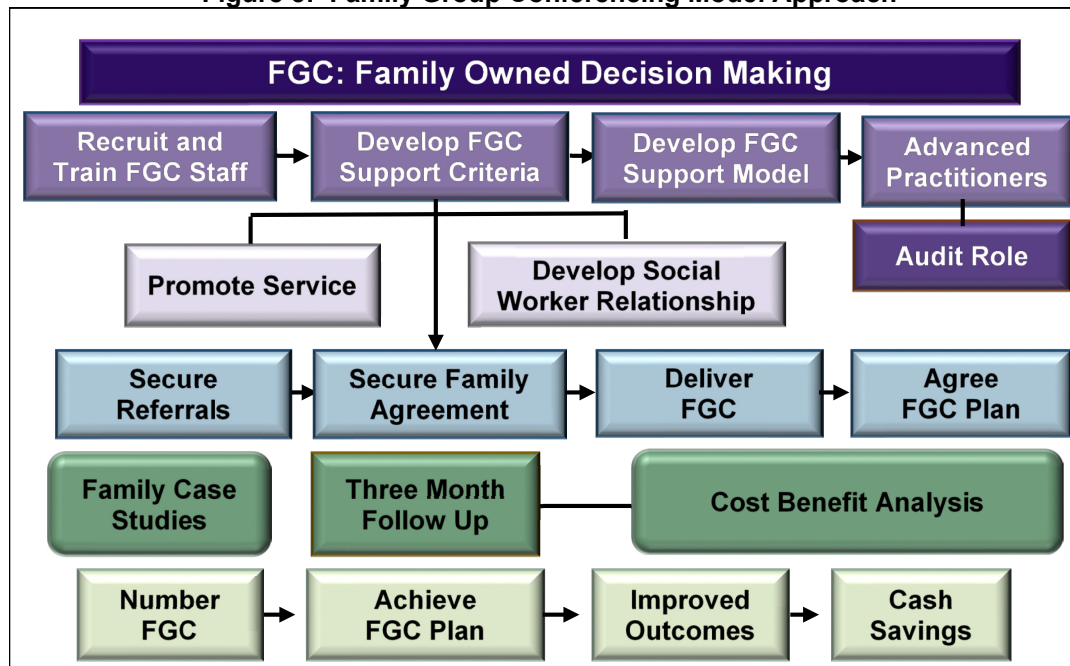
An overview of the FGC model is set out in Figure 5**.**

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[19] York Consulting. (2015). *Signs of Safety Practitioner Survey*. Unpublished Report.
[20] York Consulting. (2016). *Audit Case Study.* Unpublished Report.

Figure 5: Family Group Conferencing Model Approach

FGC is a strengths based model, where the whole family and extended family members can help make decisions about the best way to support the family and take care of their child. It is a formal meeting in which the family of the child and professional practitioners closely work together to make a decision that best meets the needs of the child.

Families eligible to receive FGC included those cases:

- where the CIN plan is not having any impact and consideration is being given to stepping up to Child Protection. This is to offer the family the last opportunity to come together to safeguard their children and access extra family support

- where a strategy meeting has been convened and consideration is being given to the children being placed on a Child Protection (CP) plan. These cases will have previously been on a plan where safety has been achieved and they have come off their plan. FGC would work with the family to ensure safety and prevent the need for a CP plan

- where there is a PLO (Public Law Outline) issue with children on a CP plan and likelihood that the child might be removed from the family home

FGC Service Operation

The FGC team have engaged with a total of 159 families through 65 conferences since the service began in November 2015 and a further 38 are in the pipeline. Twenty-eight conferences were held in the last six months, reflecting increased efficiency of operation.

There have been a number of recent developments in the team, including the development of a duty system, which has reduced the time lag between receiving a referral and allocating the case; and the secondment of the Safeguarding Unit Manager to the team for one day a week. There are discussions taking place around linking the

advocacy service to the FGC service to ensure that the child's voice is always incorporated into the conference.

There were initially problems securing referrals from social care. However, relationships with social workers have significantly improved; partially due to the introduction of the duty system, but mainly based on positive family outcomes secured.

The FGC team is growing in experience and expertise; however, there remain some outstanding practice issues relating to attendance of social workers at the conference, "shuttle" conferences (separate meetings for different family members) and attendance of young children.

Family dropout rates from the conference process are quite high at 44%, as is the time taken to arrange conferences. Both, however, are on declining trajectories.

There has been a total of ten family case studies completed, in addition to a review with the original five case study families. The review is included at Appendix 9, and the five most recent family case studies are included at Appendix 10.

Family Impact

It is estimated that FGC as currently structured, avoids 15 children per year from going into care. Additional benefits are highlighted in the Cost Benefit Analysis.

Family response to FGC support has been very positive. Over 90% of respondents scored a nine or ten for 'did the FGC achieve what you hoped it would for you and your family?'.[21] Comments from the initial survey can be seen below.

> "The meeting was lovely, done very nicely, I felt at ease."
>
> "It has helped the family realise what's what. The questions made it clear we had to sort things out and commit or else!"
>
> "The meeting is for everyone, so you don't feel individual pressure, it's like a weight being taken off your shoulders."
>
> "It's a good thing they do FGC, it has really helped us a lot."

High levels of family satisfaction were also evident at the three-month follow-up point. Over four-fifths (84%) scored a nine or ten for 'has the conference made a positive difference to you and your family?', and over 90% scored a nine or ten for 'would you

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[21] York Consulting. (2016). *Family Group Conferencing Initial Family Survey.* Unpublished Report.

recommend a FGC to other families who are trying to sort out their problems?'.[22] Comments from the follow up survey can be seen below.

> "It has changed our family for the better, so would recommend families to give it a go."

> "It gets people talking who would not have done otherwise. You have to be truthful as it is face-to-face with everyone altogether."

> "It's been a great opportunity to sit back and look at what we need to stop doing before we could do what we should be doing, and that is being Mum and Dad."

Social Worker Perception

Some social workers were cynical initially about the benefits of FGC, but have been impressed by early results. In the initial surveys, the majority of social workers scored the FGC process as good or excellent for engaging people who might not otherwise have been engaged and in helping the family reach an informed, independent decision.[23] Comments from the initial survey can be seen below.

> "The FGC lead made the family feel at ease. It was beneficial for mother to meet the lead FGC on a previous day; to discuss what the meeting entails and the questions likely to be asked."

> "So far, the family's FGC plan is being adhered to and appears to be working. As this is my first experience of FGC I can only say it is positive."

> "FGC gave me another vision about how to work with the families and their children which was very helpful. The result of this case was fantastic, it gave a chance to the child to have a normal and safe future."

Cost Benefit Analysis

Approach

A cost benefit analysis of FGC implementation has been conducted using a Fiscal Return on Investment (FROI) methodology which involved calculating the cost of FGC support and setting it against the observed benefits (adverse outcomes avoided, such as becoming LAC). Benefits were then divided by cost to show the return on investment. For example, an FROI of 5.0 implies a saving of £5 for every £1 spent on support.

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[22] York Consulting. (2016). *Family Group Conferencing Follow Up Family Survey.* Unpublished Report.
[23] York Consulting. (2016). *Family Group Conferencing Initial Social Worker Survey.* Unpublished Report.

The costs take account of the level and duration of FGC involvement required to support the family to an agreed successful outcome. Time spent supporting families is then estimated using a combination of Management Information (MI) for core children's social care costs and the average resource input for an FGC based on consultations with the FGC team. This includes direct work with the family, as well as indirect support (for example, liaising with other services updating MI etc.).

Core costs are defined as periods when a child is subject to a CIN/CP plan or in the care of the local authority. Well-researched national averages of different levels of core CSC support have been used as proxy measures. FGC costs are calculated using the early rates for each professional involved with the process.

The benefits or cost avoidance is calculated for the twelve months immediately after a family leaves support. In the main, benefits relate to children avoiding periods of being looked after and/or been stepped down or closed to CSC as a result of the support. These benefits are clearly identified on MI and can be tracked over time.

The return-on-investment ratio is calculated when the family closes to social care or, in the case where the family remains open to support, the time of reporting. To account for positive outcomes being sustained over the longer-term we weight the benefits observed at time of reporting to reflect the following scenarios:

- closed to support: family require no further support from social care. We assumed positive outcomes are sustained for one year

- open to support: the family require additional support for social care. To reflect ongoing support costs and their likelihood of benefits being sustained over the longer term will reduce the fiscal benefits by 50%

Comparator Group

To establish any changes in family outcomes achieved relative to the status quo, a baseline return on investment was calculated for a historical comparator group. These were families who had received support from the authority and met the FGC referral criteria but had not had an FGC.

Details of the costs, benefits and FROI's for the comparator sample of 20 families is set out in Table 1. Important points to note are as follows:

- the average period of support was 3.6 years

- almost two thirds of cases were still open to support

- the average cost of support was £34,000 or£9,400 per year

- the return on investment was 0.4; a loss of £0.60 for every £1 invested

Table 1: Family Group Conferencing Comparator Group Cost Benefit Analysis

Family	Support period (years)	Support on-going	Number of children supported	Costs	Benefit (adjusted)	FROI
1	4.2	Yes	4	£11,639	£69,312	6.0
2	4.6	Yes	4	£39,204	£69,312	1.8
3	5.4	Yes	3	£162,430	£0	0.0
4	2.3	Yes	4	£35,868	£17,328	0.5
5	5.6	Yes	1	£39,004	£0	0.0
6	3.6	Yes	1	£12,774	£0	0.0
7	3.2	Yes	2	£15,096	£0	0.0
8	5.6	Yes	4	£34,867	£0	0.0
9	2.6	No	5	£43,186	£14,280	0.3
10	3.3	Yes	5	£49,428	£0	0.0
11	0.8	No	3	£7,472	£8,568	1.1
12	4.0	No	3	£23,010	£8,568	0.4
13	2.1	No	3	£19,635	£8,568	0.4
14	1.2	No	1	£2,644	£2,856	1.1
15	4.4	No	3	£12,810	£8,568	0.7
16	5.7	Yes	5	£77,598	£0	0.0
17	1.5	Yes	1	£4,378	£0	0.0
18	6.9	Yes	5	£74,137	£0	0.0
19	3.4	Yes	2	£13,077	£3,324	0.3
20	1.9	No	1	£2,746	£34,656	12.6
Total		13 (65%) open	60	£681,003	£245,340	0.4 (total benefits / total costs)
Average	3.6		3	£34,050	£12,267	0.4
Per child average				£11,350	£4,089	0.4

The analysis reveals a negative return on investment indicating that, for this group of families, the support received has been less effective than planned.

FGC Cost Benefit Assessment

Information has been collected relating to the outcomes of 20 families who have had an FGC as part of the Creating Strong Communities programme. The sample of families consists of our 10 case studies and 10 additional cases provided by the FGC team. In all cases, the initial outcomes have been positive. Details of the cost and benefits for all 20 families are shown in Table 2.

**Table 2: Family Group Conferencing Cost Benefit Analysis**

Family	Support period (years)	Support on-going	Number of children supported	FGC costs	Benefit (adjusted)	FROI (FGC)
1	5.1	Yes	4	£1,233	£70,730	57.4
2	0.6	Due to close	1	£1,233	£3,792	3.1
3	2.1	Yes	4	£1,233	£70,730	57.4
4	0.7	Yes	2	£1,233	£2,354	1.9
5	1.6	Yes	1	£1,233	£17,328	14.1
6	1.8	Due to close	1	£1,233	£2,856	2.3
7	0.1	No	2	£1,233	£75,024	60.8
8	0.2	No	2	£1,233	£8,548	6.9
9	1.5	Yes	3	£1,233	£1,951	1.6
10	1.5	Yes	3	£1,233	£4,681	3.8
11	0.6	Yes	1	£1,233	£1,886	1.5
12	1.8	Yes	1	£1,233	£17,328	14.1
13	2.0	Yes	2	£1,233	£2,354	1.9
14	5.0	No	3	£1,233	£121,006	98.1
15	0.6	No	1	£1,233	£2,856	2.3
16	1.2	No	5	£1,233	£17,116	13.9
17	1.6	No	1	£1,233	£4,885	4.0
18	3.6	No	2	£1,233	£15,269	12.4
19	1.7	Yes	3	£1,233	£0	0.0
20	0.8	Yes	4	£1,233	£8,568	6.9
Total	**34.1**	**55% open to support**	**46**	**£24,660**	**£449,262**	**18.2 (total benefits / total costs)**
Average	**1.7**		**2**	**£1,233**	**£22,463**	**18.2**
Per child average				**£536**	**£9,776**	**18.2**

The analysis reveals the average return on investment, across all cases to be 18.2.

Figure 6 shows the comparative costs and benefits of supporting a child with and without FGC, and linking them to investment decisions. FGC support is shown to the cost of £536, a benefit of £9,776 and a return on investment of 18.2. Non-FGC support has a cost of £11,350, a benefit of £4,089 and a return on investment of 0.4. Each quadrant of the diagram is labelled with a suggested investment decision. The analysis implies a strong investment decision in favour of family group conferencing.

Figure 6: FGC Comparative Analysis and Investment Decision
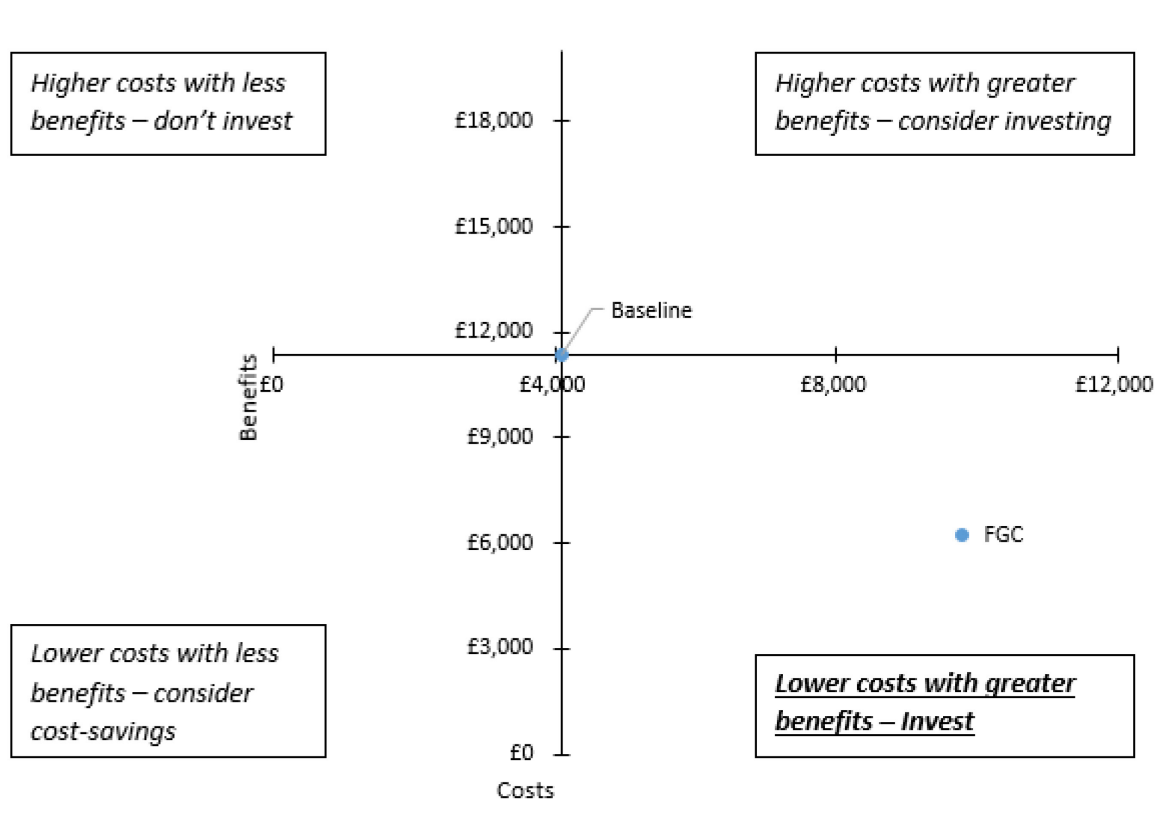
Sustainability

To assess the sustainability of outcomes attributable to FGC, sixth month follow-ups of five case studies were conducted. The analysis, which included interviews with social workers and families and a review of MI, revealed that, in all but one case (where there was only a slight reduction in benefits), outcomes were sustained over the longer-term. The reduction in benefits in one case was offset by another family realising additional outcomes as a direct result of implementing the actions of their family plan.

Annual Impact

The annual return on investment for FGC is estimated by applying the average benefit observed in the sample of 20 cases to the estimated annual throughput of FGC cases and dividing this by the total cost of the service. At current caseloads/rates of referral, the team expect to serve 77 cases in one year. The average benefit for FGC cases was £22,463. The total estimated benefit over one year is £1,729,651. The total annual running cost (including all staff and overheads) of FGC is £252,585. Based on this information, the return on investment of the FGC service is calculated to be 6.8.

Challenges for the future

Areas where further attention and consideration is required include:

- managing an independent service: issues relating to recording information on CCM

- getting social workers to agree to out of hours working: weekend conferences

- reducing shuttle conferences: make them the exception rather than rule

- managing capability: releasing cases after the three month follow up.

Achievement of Programme Objectives and Outcomes

Achievement of objectives

Programme activities have not been running long enough to expect a significant impact on programme outcomes. However, there is evidence of some positive progress, as shown in Table 3, which presents a summary of baselines, targets and indicators.

Table 3: Summary of Indicators, Baselines and Targets

Indicator	Baseline 2013/14	Aim	Target 2017/18	2014/15	2015/16
Number of LAC (at 31 March)	265	Reduce by 23% over 3 years	204	265	295
Number of CIN (at 31 March)	2,366	Reduce by 40% over 3 years	1,420	1,941	2,029
Number of children subject to a CP Plan (at 31 March)	407	Reduce by 40% over 3 years	244	226	221
Referral rate per 10,000 to social care	906	Reduction in the rate of referrals	N/A	582	504

Data available on the central government website.

Important points to note are as follows:

- the number of LAC: at 31 March 2016, the number of LAC had risen from the 2013/14 baseline, suggesting that it is unlikely that the 2017/18 target will be met

- the number of CIN: the number of CIN fell by 18% between the 2013/14 baseline and 2014/15; however, there has been an increase between 2014/15 and 2015/16, suggesting it may not be likely that the 2017/18 target will be met

- children subject to a CP Plan: this has fallen by 46% between the 2013/14 baseline and 2015/16, already out-performing the 2017/18 target

- referral rate to social care: this has fallen by 44% between the 2013/14 baseline and 2015/16, showing significant progress in reducing the referral rate to social care

Structure of Family Support

As a result of Creating Strong Communities activity, there is an expectation that the structure of support provision will change, with more families supported at lower levels. Details of the current and target profiles are set out in Table 4.

Table 4: Levels of Family Support: Current and Target Profiles

Threshold	Jan 2016	Sept 2016 (current)	Jan-17	Jan-18	Jan-19	Jan-20
Universal	38,207	38,207	38,398	38,590	38,783	38,977
Universal plus	1,000	218	222	227	231	236
Vulnerable	2,198	277	280	283	285	288
Complex	1,277	947	824	717	624	543
Severe	497	521	485	451	419	390

The significant decline in the figures in relation to Universal Plus and Vulnerable is due to the move from the Common Assessment Framework, which counted every child, to the Single Assessment. The count is now based at family level, so there could be multiple children in one Single Assessment, which, previously, would have been counted separately. This profile will be monitored closely over the next 12 months.

Lessons Learnt

Details relating to lessons learnt from Creating Strong Communities programme implementation are set out below:

- integrated approach: the integrated nature of the four project elements has had a reinforcing effect. It has not been just another project, but rather a systems change journey that has generated its own momentum. While this was initially difficult to project as a concept, it is now easier to embed as a way of working

- scale of change: an early criticism of the project was that too many changes were being made too quickly. This was necessary to set the foundation of a new framework and has been very successful in establishing a critical mass of confidence and competence in the new way of working

- demonstrating that it works: the success of FGC, SoS and RP has been the fact that staff who use it can see that it works. This has applied particularly to FGC, where some very cynical social workers were converted by the evidence of successful family outcomes. It is the people who close their minds to change who are the problem. They need to be brought on board. Whole-systems change cannot be seen to be optional

- doing it right: the audit framework, recently introduced, has been very successful in identifying both achievements and areas of improvement. This has highlighted significant progress in Family Hubs, model evolution and potential mission creep in FGC and some barriers to engagement in social care

- don't complicate it: while OBA is fully embedded at a senior management and leadership level, its percolation through the workforce has been more problematic. This can be avoided by focussing on asking how much? – how well? – what difference? – rather than the mechanics of the model itself

- managing momentum: workforce training has been central to the change programme. The strategy has been largely to train trainers/managers and cascade down. As part of this process, Champions Networks have been established to support and maintain momentum. They are doing well in the current circumstances but will only be effective long term if given sufficient resources and authority.

- we cannot do this alone: emerging from OBA is the central tenet that area-wide objectives are achieved by all partners, not just one. Some progress has been made to roll elements out to schools, care homes, police etc. While there have been some notable successes, it has, on the whole, proved to be challenging.

Evaluation Constraints and Limitations

In this section, we address what we consider to be the constraints and limitations of the evaluation approach and findings.

Limitations of the evaluation and important findings

Limitations of the evaluation include:

- ongoing implementation: the evaluation has addressed mainly the implementation phase of programme development, due to the timescales of the evaluation period. In this context, most of the findings relate to aspects of process and early impact on practitioners

- evidencing outcomes: insufficient time has elapsed for the full range of anticipated programme outcomes to be evident. There is, however, evidence of positive impact on families supported by FGC and significant cost efficiencies

Appropriateness of the evaluation

Features relating to the appropriateness of the evaluation include:

- part of a management team: the evaluation programme was initially designed based on limited knowledge of programme operation. However, from the outset, the evaluators have effectively worked as part of the management team, driving programme activity. This has enabled the evaluation team to develop a detailed understanding of all aspects of operation and to shape evaluation instruments accordingly. Evaluators have been able to respond to management requests for information and draw attention to emerging areas of potential concern. This has enhanced evaluation credibility and usefulness to programme development, while retaining independence and impartiality

- formative focus: linked to the above, the evaluators were able to undertake a closer examination of emerging operational concerns. For example, they worked closely with the FGC team to understand the reasons behind low referrals and long set up times and help develop solutions. They were also able to bring in a sector expert to help unpick aspects of technical practice. This contributed to model development and ultimately to improved family outcomes. More broadly, the team also established feedback loops within each strand, to share and discuss emerging findings with practitioners

- cost benefit analysis: the evaluators placed a strong emphasis on the cost benefit component, given the invest-to-save emphasis of programme activity. The approach worked well, and has attracted significant local interest. Interim findings

were presented at a local authority scrutiny panel. It has also generated interest in applying a similar methodology to other areas of council activity

- good practice case studies: as part of the analysis, evaluators have prepared a range of good practice case studies which have already been circulated locally within the authority and to partners, to demonstrate the value-added of the approach. The team have also supported the authority to develop PowerPoint materials to disseminate at workshops and conferences

- evaluation strategy and tools: an evaluation strategy has been put in place for ongoing evaluation and staff have been trained in research tools and survey management

Plans for future evaluation

Capacity is in place for evaluation of the wider change programme to continue in-house using the framework now firmly established. Ad hoc support is available from York Consulting should it be required.

Implications and Recommendations for Policy and Practice

Here we consider the implications of evaluation findings for future policy and practice relating to Creating Strong Communities activity.

Evidence of sustainability

Factors influencing sustainability include:

- strong commitment: there is strong senior management commitment to the programme of change which will be critical in sustaining model elements

- part of a wider programme: Creating Strong Communities represents a critical component in a wider change model to support families across the authority called "Families First". The Creating Strong Communities programme has acted as a catalyst for change, and, in the future, will be sustained within it. This integration widens the impact and increases the likelihood of sustainability

- ongoing cascade: the next phase of programme activity involves cascading the new practice that has been developed to increasing numbers of staff and partners. The manner in which this is managed, and the extent to which wider buy-in is secured, will have a strong bearing on longer term sustainability

- staff support: the embedding of support within the workforce through the Champions Network has the potential to act as a strong bottom-up catalyst for change. Change that is embedded regularly within day-to-day culture has a greater likelihood of being sustainable.

- management compliance: from a top-down perspective, it will be essential that managers at all levels keep on message, and support and encourage staff to adopt to change. It will be particularly important to ensure that there are no pockets of non-compliance. Any perception of indulged non-compliance will seriously erode sustainability

- evidence of impact: evidencing and promoting the impact of practice interventions will both inform further practice developments, and, hopefully, highlight the benefits for target outcomes. Initiatives that are observed by all to be working are more likely to be adopted and continued

Future development and wider application

Areas where there is scope for further development locally, and potentially wider application, include:

- Family Group Conferencing: there is an opportunity to develop the current model further by:

  - extending co-ordinator support beyond the Family Group Conference itself to help put in place planned actions

  - extend the practice to early intervention settings through Family Hubs

- social worker training and recruitment: there is an opportunity to cascade good practice currently emerging from the Restorative Practice social worker training pilot at Hull University. There are also opportunities for North East Lincolnshire to build on this model to help establish a regional centre of excellence of social work recruitment

- cost effectiveness: there are opportunities to extend the Fiscal Return on Investment analysis beyond Family Group Conferencing to the full range of family support within North East Lincolnshire. There is also potential to use the FROI tool more widely to other authorities as an invest-to-save model

The framework for practice developed by the Creating Strong Communities Programme has become operational and is being used within Children's Services as the foundation for the next stage of transformational change.   Workforce development has been a major component of the programme, as well as the need to create an organisational legacy. This is now in place with a workforce strategy, professional capability framework and employees trained and ready to support Signs of Safety, Outcome Based Accountability and Restorative Practice, all of which will significantly reduce the reliance on external support.

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Appendix 1: Family Hubs Case Study

Background and Context

Following a period of extensive consultation with Children's Centres and stakeholders in April 2015, Children's Centres were reshaped into 'Family Hubs' in 5 geographical cluster areas. This was part of a whole system and cultural change, aligned with the Creating Strong Communities programme, and an integral part of North East Lincolnshire's Prevention and Early Intervention Strategy 2014-16: Improving Lives, Improving Outcomes.

> *"Our Vision is that North East Lincolnshire will have a multiagency integrated approach where all partners collaborate, coordinate, jointly prioritize and maximize their collective efforts to ensure that children, young people & adults are better able to achieve success, make healthier choices, be resilient, be independent, be good parents & feel that they have voice and influence."* (Families First Prevention and Early Help Strategy 2016 – 2018)[24]

The new approach built on existing good practice within Children's Centres, offering information, advice and guidance, and bringing together services from pre-birth to adulthood (0-19yrs) across the universal and universal plus threshold. It involved a significant shift in both practice and culture: "Our aim is to promote a culture of shared responsibility across Early Help and Universal services, it's a dramatic shift for us." (Head of Service)

There are approximately 55,255 children and young people aged between 0 and 19 in North East Lincolnshire. This case study is based on Cluster Three (West March, Queensway and Riverside), which has 6,961 children and young people (the third highest out of the five hubs). This Case Study is based on discussions with Family Hub staff and partners, as well as observations and attendance at relevant meetings. The purpose of the Case Study was to understand how the Creating Strong Communities programme has impacted on Hub activity.

Family Hubs

The principles that underpin the Family Hubs are:

- integrated services with multi-agency, multi-disciplinary teams in each cluster, who know their community and who to target

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[24] North East Lincolnshire Council (2016) *Families First Prevention and Early Help Strategy 2016 – 2018*. (viewed on 27 March 2017)

- targeted services that are based on local need, with an aim of building resilient families

- multi-agency joint decision-making at weekly allocations in each cluster – deciding how best to support families

The new approach is underpinned by systems development, which include a revised Family Support Pathway and Threshold of Need document, a coordinated step-up and step-down process, a single assessment and a multi-agency allocation meeting chaired by Family Hub Managers: "There was no joint ownership of CAF: this way we are working with them and doing it together" (Family Hub Manager).

The Challenges

Within any process of change there will be challenges. A solution-focused approach has been introduced to support the workforce: "They listen to us and have really supported us through this" (Family Hub Manager). There is an acknowledgment that some staff may leave and have struggled to adopt to the 0 to 19 programme: "It's an overwhelming change" (Family Hub Staff Member). A gap in knowledge regarding working with an older age range and managing a caseload are also challenges: "We are moving out of our comfort zone" (Family Hub Staff Member). The 0 to 19 programme has led to greater use of the buildings by a broader range of agencies, which presents challenges in terms of the practicalities of managing this, and the range of people now in the building.

One of the challenges has been the introduction of the single assessment: "They just used to fill in a CAF form and pass it on" (Family Hub Staff Member). Engaging with partners, supporting them with the completion of the single assessments, and getting the message out to others, has been an important role for Family Hubs. Equally, the development of Signs of Safety and Genograms, which is part of the single assessment, is also a challenge. There are longer term challenges in relation to managing the workloads, capacity issues and tracking and monitoring of cases: "Although we have embraced the changes we really need to look after our front-line practitioners" (Cluster Coordinator).

Successes

One of the successes has been the engagement of partners in the process which has led to stronger integrated working: "Even doctors are taking the messages on board" (Family Hub Manager). The introduction of the allocation meeting (CSAM) to discuss referrals is also a success: "I am hugely impressed at how you discuss and make decisions on each case, it's so important to receive everyone's input" (Local Counsellor). "The meeting has brought many different skills to the meeting, enabling the right support to be provided to the young person" (Local School). Observation at the allocation meeting supports this view, with partners sharing information and expertise to ensure timely and appropriate support for families, with clear timescales for review. Bottom lines, which encapsulate

what the outcome will be for the child or family if no positive change is made, ensure an outcome-focused approach using the SOS framework.

The embedding of other strands of the programme, such as Signs of Safety and Restorative Practice are also making a difference: "There is a common language now right across the board" (Family Hubs Manager). These approaches are also being embedded within the service to support team development: "We are using it in our team meetings and it is giving them a voice" (Family Hubs Manager). There are also identified leads across the management structure to cascade, champion and support these approaches: "I am using the best questions in my work all the time. It just makes sense" (Family Hubs Staff Member). Practitioners are also increasing their knowledge of other services that support older children, and there is a greater sharing of resources across the Hubs: "We are expanding our knowledge and working smarter" (Family Hubs Manager).

There is also emerging evidence that it is making a difference to families: "It's improved relationships with families" (Family Hubs Staff Member). "We are seeing more families already" (Family Hubs Staff Member). Families are also able to access any Family Hub, which is allowing them to attend with friends or relatives. There is more joint working and joint visits, and this is having positive outcomes for families: "Parents are not having to tell their stories again" (Family Hubs Staff Member).

Summary and Conclusions

The four strands of the Creating Stronger Communities have influenced practice within Family Hubs, and therefore, hugely influenced development. There is evidence of use of Outcome Based Accountability as the foundation methodology, through the development of scorecards, and the embedding of Signs of Safety and Restorative Practice. Creating Strong Communities is about a shift in culture and practice, and working with families, helping to encourage resilience; there is real evidence of this within Family Hubs.

There is emerging evidence that Family Hubs are providing effective early help, supporting integrated working and timely responses: "It is brilliant to hear good news stories of families that have received early help actions from the meeting" (Health Visitor). Development of the OBA scorecards will be critical to measuring impact and outcomes. The team have fully embraced the change and adopted restorative approaches to working with partners: "All professionals are invited to attend, we are made to feel welcome and listened to" (Local School). There is strong leadership that is evident throughout the management structure and a workforce that 'is on the same page'. There is still more work to do to embed the single assessment and engagement of wider agencies in the process; however, there is a clear vision and ambition for this service that will support and embed the changes. A comment from one of the managers fully sums up this vision: "We need to support families to take responsibility rather than agencies just doing, that just isn't working is it" (Family Hub Manager). "It's about changing the

mindset and our vision is for collective responsibility that makes it easier for families to get support and get better outcomes" (Cluster Coordinator).

Appendix 2: Care Home Case Study

Embedding OBA, SoS and RP in a Care Home Setting

Introduction

The purpose of this case study is to reflect on how the components of the Creating Strong Communities model have been embedded in a care home in North East Lincolnshire, and to understand what impact this has had. The unit accommodates children who have a learning disability, physical disability, or illness combined with complex needs, for respite and residential care.

About the Care Home

The unit was in a period of steady decline: leadership and direction were lacking, and motivation and staff morale were at an all-time low. The Team Leader was extremely concerned about the state of the unit. The Unit Manager went on long term sick leave in December 2015, and the Team Leader took over as Acting Unit Manager at this point. In mid-December, Ofsted visited the unit, which is usually marked as outstanding across all areas, but, due to the discontent felt by the staff, complaints were made, and the Leadership and Management element of the unit was downgraded. The Acting Unit Manager knew that things needed to change, but was unsure of how to progress:

> "The service hit rock bottom." (Acting Unit Manager)

Training Received

Staff at the unit have received training in Restorative Practice (RP), Signs of Safety (SoS) and Outcomes Based Accountability (OBA).

Restorative Practice

- the Acting Unit Manager and another member of the management team were involved in Restorative Leadership training with Paul Carlile, Director of Training at the Restorative Foundation, across three sessions from October 2015 – January 2016

- following this, two more members from the management team attended

> "I felt instantly inspired." (Acting Unit Manager)

- a workshop was delivered by Paul at the unit to the whole senior team in March 2016, reflecting on communication and challenging bad practice

> "We worked on tackling issues, not tackling people." (Acting Unit Manager)

- Paul delivered a team day to all staff at the unit in April 2016

- there have been subsequent training sessions at the unit with Paul, and there are also individual coaching sessions scheduled for September 2016

Signs of Safety

- the SoS Practice Leads for the unit attended the five day SoS training

- the rest of the leadership team and Link Workers attended the two day SoS at the end of March 2016

- following this, there were in-house workshops delivered to everyone to ensure that the approach was fully understood and embedded

Outcomes Based Accountability

- the Acting Unit Manager and three other managers attended two day OBA training in November 2015

The Impact

Restorative Practice

The Acting Unit Manager spoke openly to Paul Carlile about the issues within the unit, and he listened, and offered solutions. The Acting Unit Manager feels that she was almost given homework, where she had to trail the approaches she'd been taught in real-life situations within the home. The Acting Unit Manager also spoke to Paul about her concerns in terms of stepping into the shoes of the Unit Manager during her absence. Paul reassured her, and she feels that because of restorative approaches, staff now comply out of respect for management, each other and the service as a whole.

> "It improved everything." (Acting Unit Manager)

The messages from the team day rang home with staff and the Acting Unit Manager believes that it has changed relationships between the staff, and how they work with children. One of the Care Officers has made use of the restorative skills she has been taught in numerous situations, including one in which a foster placement was breaking down.

> "I was working with a child who had been fostered. The child's behaviour had got much worse due to contact with his parents being reduced to four times a year rather than weekly. The child spoke to me and told me that his carers didn't want him anymore and that he would be moving, that they no longer loved him. I told him that they still cared about him, but it was his

behaviour that they didn't like. He seemed to take this on board and he is still at the same placement." (Care Officer)

The team day helped everyone to learn how to communicate properly, and staff can see that communication now results in action. Staff had previously voiced concerns, but didn't feel that these were listened to. One of the Care Officers noted that staff would raise issues with management, but months would pass and the problem would persist, and staff would become more stressed and anxious. Staff now go to management with a problem and it is usually dealt with within the day. She feels that children in the unit are more relaxed because staff are less stressed and anxious.

Through the restorative approach, the Acting Unit Manager feels staff are more accepting when practice is challenged, and feel more positive about the discussions. The Acting Unit Manager feels that it is "empowering" to be able to challenge someone in the right way, particularly if they are your line manager. She also commented that people are less critical and personal, and are now challenging each other directly, without the involvement of line management.

> "Staff feel that management want to help them to learn." (Acting Unit Manager)

Sickness in 2015 at the unit cost the council over £100,000, and it is now at one third of that – a saving of over £70,000. The Acting Unit Manager attributes this to staff feeling happier at work, through a more inclusive approach, where staff take ownership. This is evidenced by the fact that many of the documents used are now developed with the input, or solely by, the Care Officers. Reports sent to Ofsted are developed holistically, with a live document added to by all staff, which no one can alter. Their Annual Leave procedure, which previously made it mathematically impossible for everyone to have their Annual Leave approved, has been re-developed by the Care Officers, as has the Team Plan, which maps what the service wants to accomplish over the year and incorporates everyone's ideas. Care Officers are also more involved in shaping the care of the children that they work with and know best, and there is a more flexible approach taken to the swapping and covering of shifts: one of the Care Officers explained that staff now feel that it is worth putting more in because there is more give and take, and more compromise.

> "I have been here seven or eight years; these past few months, I can't explain how much better it is." (Care Officer)

All management and team meetings are now started and concluded with a restorative check-in and check-out. The Acting Unit Manager feels that this makes staff feel more involved and happy. They enjoy coming up with ideas for the check-in, and the meeting is ended on a positive note, reflecting on what they are looking forward to in during the coming week. Management meetings regularly reflect on the next move forward, striving to improve, and also on the nurturing of staff.

Signs of Safety

The management organised a thank you lunch for their staff, to make them feel valued and appreciated, but also to allow them to talk openly about their concerns. They used the SoS framework to develop posters which they put up around the room which staff could write on; the three posters were entitled 'what's going well', 'what are we concerned about', and 'what do we do about it'. Staff walked around and answered the questions. From this activity, management sat down and came up with a list of objectives that they wanted to meet, including being honest, improving communication, listening to staff, and developing fresh ideas.

The Acting Unit Manager and the team decided it was important to build on the skills of the staff that they have, as opposed to training new staff, particularly at a time when resources within the council were tight. Their opinion was that it was possible to spend £300 sending staff on autism training, but they could develop staff who were already very experienced at a fraction of the cost, by using 'Staff Champions'. The Champions Programme involved electing staff members who were particularly experienced and working to best practice in a range of areas, such as autism, report writing, memory books, SoS, OBA, etc. Champions delivered workshops around their specialist area to train and support other staff, in the form of a cascade model.

"Staff loved it." (Acting Unit Manager)

SoS has had a massive impact on the unit, particularly from an administrative point of view. Previously, each file held on a child had a significant amount of paperwork within it, which made it challenging for Care Officers to understand the background of a child they were new to working with, or had less contact with. One of the Care Officers noted that previously, "you would need to look through at least 50 sheets of paper, incorporating day, night and PM sheets, to build up a picture of the child's progress over the last month". She feels that SoS makes it easier for staff to know what to do with a child, particularly if there is an incident, or if a child is having a challenging episode. Previously, this information would have been difficult to access.

"Children's files are easier to review." (Care Officer)

All management and team meetings now follow the SoS format. Team meetings are more child focussed, and none of the side issues are discussed: only 'what's going well', 'what are we concerned about' and 'what do we do' in relation to each individual child. Supervision is also tailored to the SoS format, initially starting with a discussion around welfare, and then reflecting on the three questions, and personal development within this. Parents are provided with questionnaires about the care of their children, which follow the SoS format.

Outcomes Based Accountability

The management team have now produced three 'turning the curve' reports on sickness, morale and working relationships between kitchen staff. The Acting Unit Manager initially felt challenged by some elements of the OBA approach, but has been able to put it in to practice and feels much more comfortable with it now. She feels that the approach encourages people to come up with ideas and to talk about things, and it helps to identify who is there to support you.

> "It breaks the problem down and makes it easier to manage." (Acting Unit Manager)

In March 2016, Ofsted returned to the home and the unit was upgraded to outstanding in all areas.

Plans for the Future

There are some concerns across the unit about the return of the previous Unit Manager, and the Acting Unit Manager taking maternity leave. However, the Acting Unit Manager feels that they are on the right path and need to continue. She feels that previously, new initiatives have come and gone, but Rob Walsh, Chief Executive, and Steve Kay, Director, are demonstrating commitment and leading from the front. The next steps for the unit involve following the Team Plan, developing the Champions Programme, working on SoS, and being restorative.

> "We want to have an open door, never sending staff away, always making time." (Acting Unit Manager)

Appendix 3: Audit Case Study

Background and Context

The Creating Strong Communities model has been designed to fundamentally change the way local practitioners and partners in North East Lincolnshire work together to safeguard vulnerable children. To support the model, North East Lincolnshire have also implemented a Single Assessment framework across all services. As part of a quality assurance process, an Audit Framework has been developed to support and embed good practice across the programme. This case study outlines the early implementation, with a focus on the audits the Advanced Practitioners have undertaken across statutory and early help and prevention services. It is based on meetings and evidence from Advanced Practitioners, Service Managers, audits and summary documents.

The Audit Framework

The Audit Framework has been designed to look at how the Single Assessment and Signs of Safety have been embedded across the full range of services, and also outlines the frequency and accountabilities. The elements within the framework are:

- quality of practice
- child journey
- escalation and de-escalation of cases
- embedding of Signs of Safety
- voice of the child and the family
- recording and monitoring
- quality of assessments

The Audit Framework was developed in January 2016 and implementation of the audits started in March 2016. A schedule has been developed which outlines a timeline for the audits across the year. Comments from managers and professionals suggest the framework is seen as a valuable tool for informing practice development. "The framework is really good, it has really helped us to pull out on what we need to work on" (Family Hub Manager).

Implementation within Early Help and Prevention Services

The Audit Framework has been fully embraced within early help and prevention, and a full cycle of audits across Family Hubs has now been completed. This is reflected in a comment from one of the initial audits: "Family support advisors have seen the audits as positive and have taken on board points mentioned and are keen to further develop their

practice" (Family Hub Manager). This approach is also reflected in discussions with the Advanced Practitioner: "They were open, friendly, supportive and keen to develop their practice in the team."

Feedback from those involved and the summary of audits suggests that Family Hubs are embracing all aspects of the Audit Framework, with some areas for further development. There are some strengths across the Hubs in relation to the following areas:

- the language of SoS is being used across the team, and within supervision and team meetings

- the development of coaching skills across Hubs, which is being supported by the Advanced practitioner

- strong evidence of Restorative Practice

- an ethos and culture that supports shared learning and good practice

It is acknowledged that there is still some practice development required to fully embed all aspects of the Signs of Safety. One example of this is the use of bottom lines and that these are clearly recorded: "We are thinking more of the wording to be used and how we can better understand this to ensure we encourage the family to give their solutions" (Family Hub Manager). In response to this, supervision has been adapted to incorporate bottom lines.

One of the areas for development is for safety goals to be presented more as a service plan, which is also a theme in the audits of statutory service. There is also more work to do on the use of genograms, and including the wider support network in this; and in bringing out the voice of the child – a common theme in statutory services, too.

There are some excellent examples of good practice. For example, use of a clearly defined safety goal which links to the concerns raised in the initial danger statement: "Staff are keen to improve practice and demonstrated a good understanding of mapping and Signs of Safety" (Advanced Practitioner). There is also strong evidence of Restorative Practice across all the Family Hubs, evidenced by comments from the Advanced Practitioner: "It is evident that the team and managers are restorative with each other and with the families they work in."

There is also a consensus from those involved that the culture within the Hubs has always reflected the principles of Restorative Practice and, therefore, it has been easier for staff to adopt these approaches. The audit process reflects this in the positive work that is done to engage and work with families: "The positive relationships within the cluster and with families was evident through the work" (Audit Summary).

The audit process includes gaining the views of families, and there are some excellent examples that demonstrate the quality of the work undertaken, including the positive relationships that workers have built with families: "Mum felt that K really understood the

difficulties she had felt... It had really helped having K as a family advisor in meetings, as mum felt that her opinion had often been dismissed, whereas K was able, really able, to get her worries across and people listened to her" (Parent). The parent was also asked to scale the difference the intervention had made to her family, with zero being no difference and ten being a significant difference; Mum had rated the support as a ten.

Implementation Across Statutory Services

The implementation across statutory services has proved more challenging. It appears that this is due to relationships, workloads of social workers, culture and some confusion about the Audit Framework: "I am not sure what the purpose is. We are frequently audited in our service" (Service Manager). It has also taken time to arrange audits within teams and social workers are often difficult to get hold off. It is recognised by those involved that "it's about building relationships and trust" (Advanced Practitioner). There is also evidence that the workforce has been anxious about the audits and have not fully understood their aims: "If I am honest I was dreading this meeting as I felt I would be put on the spot. However, this is not the case and I will use the work we did with my family" (Social Worker).

Despite the initial challenges, audits have taken place across Community Assessment Support Service (CASS) and Multi-Agency Safeguarding Hub (MASH), Fostering and Adoption, Through Care, and Children's Disabilities. The audits suggest that, as within Hubs, there are examples of good practice, but still some way to go to fully embed within systems, culture and frameworks. Areas for practice development are:

- fully embedding the language of Signs of Safety across all aspects of the work

- incorporating Signs of Safety into Team meetings

- Restorative Practice

- engaging parents and young people in the process.

- ensuring that teams know who the Practice Leads are

- staff not feeling confident to use the tools

There is also evidence that within CASS and MASH, there is strong support for the model and a commitment from managers to embed it in their work. For some teams, such as Fostering and Adoption and Through Care, there is more work to do to embed Signs of Safety. Current audits suggest that there is limited use of Signs of Safety within practice. There are also differences of opinion regarding how, and where, Signs of Safety fits within these services: "There are some differences in opinion in respect of Signs of Safety within Fostering and Adoption" (Audit Summary). This may be related to training and confidence, as very few staff have undertaken the five-day Signs of Safety training. However, there are examples of progress where the Practice Lead is incorporating Signs of Safety into the assessment process, as well as in the training for Foster Carers.

There are some strengths, and a sense that within social work teams, the recent Restorative Practice training has supported practitioners to reflect on how they can use this approach in their work. There is also evidence that the audit process is aiding the development of Signs of Safety within practice: "Thanks for the feedback, which is not given very often. I am on the 5-day training next week so I will be even better with the Signs of Safety" (Social Worker).

There are some strong examples of the impact of Signs of Safety on outcomes for families and that this is making a real difference: "The social worker listened to me and helped me realise what I needed to do to keep my child" (Audit Summary). The parent also commented that she would "definitely ask for help in the future if she needed it."

Practice Development

One of the positives from the audit process has been the development work that has taken place as a result, which includes workshops on the following:

- mapping of cases
- danger statements
- safety goals, including bottom lines
- practice guidance developed for all teams
- peer review and supervision
- practising use of the tools

There is also evidence across the audit process that actions are being followed up and that the audits are contributing to a process of continuous practice development: "There have been some real learning points for us the team have really embraced it all and it's the way forward" (Family Hub Manager).

What Is Working Well?

There is now a full schedule of audits in place across the Family Hubs and for statutory services. There is evidence in Family Hubs that staff are fully engaged and are embracing Signs of Safety. There is also evidence within statutory services that staff are feeling more confident in the use of the approach and using it within everyday practice. Equally, there is a strong commitment across senior managers to progress with the Signs of Safety framework.

One of the common themes is the use of Restorative Practice and that staff are seeing the link with Signs of Safety and working with families: "The audit highlighted the quality of the relationships with the social worker and that this has helped her keep her children" (Audit Summary). The audit process also appears to have acted as a catalyst for a

greater focus on engaging parents in the process and pulling out the child and family voice, which is a feature of Signs of Safety.

There is also evidence that the staff value the audit process and that this is having an impact on their practice: "It has given me a chance to explore my practice and I feel much more confident." "The audit is a good thing as it gave me a fresh pair of eyes." (Social Workers). Staff are very positive about the role of the Advanced Practitioners and their approach to the audits, with the evaluation questionnaires all scoring high or excellent: "D has provided support and direction. I felt valued and listened to. I have found P to be really approachable, he has encouraged me to think about my case in professional way" (North East Lincolnshire Council Evaluation Questionnaires).

The practice development sessions that have been organised to support the implementation of Signs of Safety are also a real strength. Staff value these, which is encouraging an improved focus on coaching and peer support across services.

The work that has been done to engage partners in the process is a real strength. A number of audits have taken place with health visitors and the outcomes are positive. In addition to this, the Multi Agency Audit Guidance that has been developed and the Challenge Days that are being organised to support this, are excellent examples of engaging partners in the process and shared learning: "The challenge days will look at the audit findings and bring all partners together to maximize our multi-agency learning" (LSCB Audit Guidance).

Summary and Conclusions

Although there are still some challenges within some service areas, there is evidence from the audits that Signs of Safety is being well embedded within teams and there are examples of good practice. Further exploration and discussion is needed with those services where staff feel the model doesn't fit, to fully understand those concerns. Recognition also needs to be given to social workers' caseloads and their time constraints to participate in the audit process.

One of the real strengths from the audit process is the practice development sessions, which have been organised following the audits. In addition, the audit process itself is improving practice and viewed as a useful process. Staff value this input, but this is also encouraging an improved focus on coaching and peer support across services, as well as the embedding of Signs of Safety within frameworks, such as supervision: "It is still very new. It is great that we can pick up the phone and get some guidance" (Family Hub Manager).

Training of staff appears to be critical in increasing the workforce's confidence and skills to embed and use the full range of tools within Signs of Safety. Those staff that have attended the full five-day training feel much more confident in their use of the approach

and tools. There may be a need to invest more time in the development of the Practice Leads, encouraging them to be more visible and supporting them in championing the model and coaching the workforce. This is also critical in terms of the cascade model: "A rigorous ongoing developmental process for training and then growing Practice Leads in using and leading Signs of Safety is at the core of its implementation" (Turnell, 2010).[25]

In embracing the principles of Signs of Safety, it is seems appropriate to end the case study with feedback from a parent whose case had been audited as part of the process.

> "Having been contacted about this audit, it feels like everyone is listening and on board and there is real value in getting feedback from families, especially with all the NHS cuts. By listening and talking to parent you could save pounds and pounds" (Parent).

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[25] Turnell, Dr A. (2010). *The Signs of Safety: A Comprehensive Briefing Paper.* (viewed on 27 March 2017)

Appendix 4: Primary and Secondary School Case Studies

Primary School Restorative Practice Case Study

Introduction

York Consulting visited the primary school on Monday 3rd October 2016 to establish the impact that Restorative Practice training is having on the school environment, and identify areas for improvement. The evaluation involved:

- a focus group with four pupils in Year 3

- a focus group with three pupils in Year 6

- consultation with the Year 3 and Year 6 teachers (both experienced in Restorative Practice, having engaged with the model in their previous roles at another school)

The school has also been invited to complete pupil and staff surveys: the data from these will be compared to the data from the baseline surveys that were completed in January 2016.

About the School

The primary school is a larger than average size primary school, with a nursery offering places for of up to 39 children. Almost all pupils are White British. The school converted to an academy on 1 July 2012, and is sponsored by the School Partnership Trust. The academy is governed by an education advisory board which reports to the trust.

The academy serves a community that has very high levels of social and economic deprivation and unemployment, and considers over half of its pupils to be highly vulnerable. More than three in five pupils in the academy are supported by pupil premium funding. This figure is well above the national average. The pupil premium is additional government funding for those pupils who are known to be eligible for free school meals, children from service families, and those children who are looked after by the local authority.

The proportion of disabled pupils, and those with special educational needs supported through school action, is above average. The proportion of pupils supported at school action plus or with a statement of special educational needs is high. The overall proportion of children who have special educational needs in any one year group varies from one third to over one half.

The proportion of pupils who enter or leave the academy in any one year is much higher than usually found and represents over two-fifths of the school roll.

Training in Restorative Practice

The academy is investing in training in Restorative Practice for all school staff. The training programme to date has encompassed:

Phase 1 – An Introduction to the Core Principles – Autumn Term 2015 (Whole Staff Group)

Creating a context of working with, and specific practices of building relationships (Community Circles) and addressing conflict and wrong doing with Restorative conversations.

Phase 2 – Embedding Workshops – Spring and Summer Terms 2016 (Targeted Staff Groups)

Practical workshops to address specific issues and practice development opportunities, for example, Community Building – Restorative conversations.

Phase 3 – Securing Practice – Just Begun (Whole Staff and Targeted Staff Groups)

Workshops to secure thinking and practice with Restorative conversations and meetings to address more challenging behaviour.

Feedback

The pupils talked a lot in general about the school, offering positive feedback about their experiences. They showed a fondness for their teachers, as well as the Principal. They noted a difference between the environment in their teachers' classrooms, in comparison to others. Some of this may be attributed to their teachers extended exposure to Restorative Practice.

The pupils from the Year 3 class talked positively about their metaphorical bucket; a restorative technique which has recently been introduced to them. In this scenario, each child has a metaphorical bucket which is either full, half full or empty, depending on how they are feeling. This is an easy way for children to visualise and communicate how they are feeling to their peers, and take ownership of their feelings. The Year 3 teacher noted that those who describe their bucket as being empty at the start of the day are most likely to be the ones that show challenging behaviour. Each child understands that they can do kind and helpful things for others to help fill up their own bucket.

The children discussed how full their buckets were at the start of the day during their daily restorative circle. The restorative circle gives everyone the opportunity to voice how they feel. The children spoke positively about the use of restorative circles. The Year 6 class also have a restorative circle after assembly, where they think about the positive and kind behaviour they have demonstrated on the previous day. The Year 3 teacher noted that pupils are "starting to listen to each other", and the Year 6 teacher described how many are beginning to ask clarifying questions about the feelings of their peers.

The pupils in the Year 3 class will soon be moving to using restorative circles as an opportunity to examine an individual's behaviour. The Year 3 teacher explained that, if a pupil ends up with the most warnings on the board at the end of a day, their behaviour will be discussed as part of the restorative circle with their peers. The Year 3 teacher has already begun to embed this approach by involving the entire class when dealing with children in the classroom who have been misbehaving. In these situations, the individual who is causing the disruption is removed from the classroom to calm down, and the rest of the pupils come together to discuss how best to deal with the behaviour, in terms of encouraging better behaviour in the classroom in the future, and helping them to refill their bucket through demonstrating kind and helpful behaviour towards others.

The use of Restorative Practice is important in conflict resolution. The pupils in both classes discussed how they have noticed a reduction in bullying (although, they still feel strongly that this is a problem and more could be done), fighting and exclusions, and that although fall-outs still happen, they are dealt with differently by some teachers and pastoral staff. Pastoral staff are beginning to bring pupils together in restorative meetings to discuss their thoughts and feelings on negative incidents in an open way. One of the younger pupils noted that it is an opportunity to "tell them [the perpetrator] how you feel", while one of the older pupils noted that "you are encouraged to talk about what has happened and then focus on the future, instead of the past, and to hug, shake hands, and go your separate ways". Two of the pupils from the Year 6 group also noted how the lunchtime supervisors were working on bringing children together to discuss incidents that had happened at lunchtime; an area for further development is post-incident meetings at break times.

The Year 3 class are also using restorative check-ins and check-outs. The pupils can submit their ideas for a check-in or check-out by putting them on a slip of paper and into a jar, which the teacher then draws from. The Year 3 teacher noted how the discussion topics are becoming deeper and more complex, as restorative practice is being embedded in the classroom. A recent topic was 'if you were a feeling, what would you be?'

The pupils in both classes noted a change in communication over the last few months, with one of the younger pupils stating: "people are not using attitude as much" and one of the older pupils stating: "people talk more calmly – instead of shouting, people give their opinion, no one takes charge, everyone joins in as a group". When exploring this further, the pupil explained that pupils now voice their opinion by saying 'I think that…'. Following this, other pupils can respond respectfully by saying 'I would like to add on; I agree/disagree…' and the pupil that originally voiced their opinion can justify their reasoning. This pupil talked about how conversations are now like "building up with Lego". Everybody can share their ideas.

When asked about people who struggle to communicate, who may be more withdrawn or introverted, the pupils in the Year 6 class talked about the new lollipop stick system. Each

lollipop stick corresponds to a different pupil, and a stick is selected at random during discussions to allow this individual to offer their thoughts and opinions. They were all very positive about this approach.

The Academy has recently introduced consequence and rewards scales (C1-6 and R1-6), with graded consequences and rewards in line with levels of bad or good behaviour. While this has not been introduced because of the exposure to Restorative Practice, both teachers noted how they are trying to work with the model in a restorative way.

Feedback from Staff

When discussing the approach with the Year 3 and Year 6 teachers, they described how they have seen Restorative Practice work in their previous roles, and how they are now seeing a difference in behaviour between their classes and other classes. They feel that because others are also noticing this difference in behaviour, more teachers are buying in. However, the approach does take time to develop, and both teachers described the challenge as about "changing your mindset". One of the issues of having staff with different levels of exposure to Restorative Practice is that children receive mixed messages. A consistent approach is important, and the communication skills developed through Restorative Practice need to infiltrate and embed in all levels of the school staffing team.

The teachers described one of the biggest challenges to be reframing the mindset of the children, who are used to being punished and shown a negative response to bad behaviour. The Year 3 teacher described how children can find it confusing when she asks them why they behaved in a certain way, and she approaches the situation with kindness. For many easy-to-reach pupils, Restorative Practice is just "another thing that they do well". The challenge comes in reaching those who are used to being disciplined, and moving them towards wanting to do the right thing for the right reasons, and not the fear of being told off.

Overall, some comments from the older pupils evidence the positive impact that Restorative Practice training for teachers is having on pupils:

> "I'm happy because everyone is communicating better."

> "We are cheering each other on and congratulating everyone for their efforts."

The Year 3 and Year 6 teachers clearly believe in the value of Restorative Practice, as evidenced by the following comments:

> "Communication and relationships underpin everything, making time for restorative techniques is integral. Children cannot learn unless their mind is in the right place."

"It's paramount in all that you do and all that you say."

"There is less continual low level disruption – the class care about each other more."

"The class genuinely believe that I care about them – and this makes my life easier."

Secondary School Restorative Practice Case Study

Introduction

York Consulting visited a secondary school in November 2016 to establish the impact that Restorative Practice training was having on the school environment, and identify areas for improvement. The programme of research involved:

- a focus group with pastoral staff and the Assistant Principal

- short one-to-one interviews with pupils with behavioural challenges

The school has also been invited to complete pupil and staff surveys; the data from which will be compared with the data from the baseline surveys that were completed in January 2016.

About the School

The secondary school is a smaller than average-sized secondary school. Almost all pupils are White British, and over half the pupils are disadvantaged pupils and are supported through the pupil premium. The pupil premium is additional funding for those pupils who are known to be eligible for free school meals and those children who are looked after by the local authority.

There have been significant changes in staffing and leadership since 2014, with the appointment of the Vice-Principal as Principal and the appointment of a new Vice-Principal and a new Executive Principal.

The school was rated as inadequate by Ofsted in June 2016, with criticisms of poor teaching and the impact on pupil outcomes; the varying quality of teaching and pupils' work across the school; poor use of questioning to check pupils' understanding; and the poor attendance of disadvantaged pupils, and consequently, the increasing gaps in attainment. However, the report does note that "the new principal and governing body have high expectations and have taken decisive actions to improve the school" and that "pupils socialise well together and treat each other and adults with respect".

Training in Restorative Practice

The school is investing in training in Restorative Practice for all school staff. The training programme is as follows:

Training Sept 2015 – July 2016

- three basic introductory sessions on Restorative Practice for all staff
- two follow-up workshops for all staff

- one day observing classroom practice and input to the pastoral team

- introductory training for the pastoral team to run restorative meetings

- a first training session to engage a group of Pupil Leaders

Current Training

- consultancy and support to establish a Restorative Inclusion Unit

- two Restorative Leadership training sessions for middle leaders

Spring Term (Proposed)

- training programme to develop Practice Leads

Feedback

Pastoral staff said that they have a good understanding of the approach, and feel that they are already working in a restorative way, but the training has cemented their understanding and given them more confidence in their ways of working.

Pastoral staff can see the value of Restorative Practice, and firmly believe that the approach has significant benefits for staff, pupils and their parents.

> "It supports young people to understand why you're upset, the reason behind it. It makes them consider the impact their behaviour has on other people."

> "It makes young people feel that they're valued. It makes a difference."

> "With parents, it's making them feel like you're listening and understanding. A lot of parents had a bad school experience and are low ability themselves. They bring their own baggage to the situation."

> "Students are taking responsibility for their actions and understanding impact."

> "It just proves that you care."

> "It opens the channel to discuss why they've done what they've done."

The Assistant Principal described how Restorative Practice is integral to building relationships, and that when a pupil has a good relationship with a teacher, they will behave for them – regardless of whether they like the subject or not: "People like people, not subjects."

Pastoral staff noted that Restorative Practice has been more successful with older year groups because "it sinks in a bit more" and they feel that "the positive interaction leads to

more benefits." The pastoral staff noted that older year groups are "more bothered about being rude to you" when there is a good relationship in place because of the use of restorative techniques. They have found younger year groups to be more of a challenge because of the level of maturity.

Pastoral staff, in conjunction with the Assistant Principal, are influential in embedding Restorative Practice, but there needs to be an improved consistency across teaching staff. There is recognition that some teaching staff are on board, whilst others are not, and a feeling that some teaching staff did not appreciate the commitment Restorative Practice requires. "Some staff thought it would be a magic wand."

Restorative Practice underpins a massive culture change, which requires staff to converse with students who have upset them, and to consider the young person's point of view; this can be particularly difficult when staff are emotionally charged. There is a feeling that staff believe in Restorative Practice when they see the difference it makes – in terms of an improved environment in the classroom, and improved empathy in students – but it is challenging to let go of the desire to react angrily towards a pupil when they have done wrong, and to take a step back and reflect before making a move. One of the pastoral team identified an occasion where she had snapped at a pupil and could see the response she received reflected her reaction, and if she had been more restorative, the outcome would have been more positive. Another of the pastoral team noted that it is about "making staff realise that it is not about letting students off the hook, but that punishment isn't the only tool to use."

Teaching staff are being encouraged to have restorative conversations with students after they have received a correction, so that students can understand what and where things went wrong. This allows students to reflect on their behaviour. However, this is not happening on every occasion. Students are being encouraged to approach teaching staff to discuss their behaviour with them by pastoral staff, and pastoral staff believe that they appreciate this, but there needs to equal input from both ends. The Assistant Principal feels that there is a need for "more staff to be held accountable for not embedding the approach"; this is important, as pocketed resistance has an impact on cascading across the school.

Pastoral staff noted some challenges when they have taken pupils to have restorative conversations with staff, which could be related to a lack of understanding of the approach and highlight a need for further training: "I think some staff feel they are being asked to justify why they made the choice that they did."

In addition, there is a need for teaching staff to take responsibility for improving communication and relationships with parents. The Assistant Principal identified a need for teaching staff to be contacting parents more regularly to discuss any ongoing issues or serious concerns, at the earliest stage. This prevents issues escalating and pastoral staff then having to deal with them. There is a feeling that teaching staff are reluctant to

do this due to a lack of confidence in restorative techniques, which highlights a need for further training.

A success of Restorative Practice in the school has been the use of restorative circles, which have improved pupil confidence. Unfortunately, due to other priorities, the use of restorative circles has been limited, but will be continued with Aspire (a programme for children with behavioural problems) and Alps (a programme for vulnerable children) to support development of social skills.

Feedback from Pupils

Pupils who exhibit challenging behaviour were interviewed one-to-one about Restorative Practice. Although none of the pupils were aware of the term 'restorative', when this was explained to them, they could identify situations where they felt Restorative Practice had been used effectively. However, these comments echo earlier feedback about an inconsistent approach across teaching staff:

> "I was bottle flipping in maths. [Name of teacher] came to talk to me about why I'd been sent out. He explained it in a different way to the other teachers. I understood why he said. I didn't continue my behaviour in class because I understood that it was distracting others." (Student)

> "I was at Aspire for six months. [Name of teacher] did behaviour work with us to make us understand the impact bad behaviour has on us later in life. We had to pretend we owned a garage and we needed to hire a new person. We had a list of candidates. We had to rate the most appropriate candidate based on their behaviour and qualifications. Some people had good qualifications, but had been badly behaved at school. It was hard to choose. He talked about whether we could trust someone who had been messing around at school to not mess around in the garage where it is dangerous." (Student)

> "We sometimes have restorative conversations in corrections. It makes me feel different because I understand what has happened. It makes it better when I can hear other people's opinions." (Student)

> "Last week I was sent out of science with [name of teacher]. She came and explained to me why I was sent out. I went back to [name of teacher] to apologise. When I went to apologise, we had a conversation about why I'd been sent out and how this made her feel and what impact it had had. I think the atmosphere will be alright in the next lesson now – there would have been a grudge otherwise." (Student)

An area for further development, as identified by the Assistant Principal, is the introduction of Pupil Leaders. There has been some initial training, but further training is

required. There is a hope that these students will be able to hold restorative conversations with pupils that have been sent out of the classroom.

In conclusion, pastoral staff are engaging with the Restorative Practice, and the Assistant Principal is heavily involved in embedding the model across the school. It is evident from the pupils that there is value in Restorative Practice, in terms of improving communication and building relationships. However, consistency is important, and this case study highlights the need for further training of some staff. In addition, consideration needs to be given to holding staff accountable when they are not implementing the approach. It is important that this is addressed prior to developing Pupil Leaders, as staff need to be the model for the students at the school.

Appendix 5: Review of Original Case Study Families

Introduction

Between January and March 2016, York Consulting visited five families, their social workers and their Family Group Conference (FGC) coordinators to learn about the families' experiences of the FGC service and gather perceptions from a range of perspectives.

In September 2016, York Consulting attempted to re-visit these families, their social workers and their FGC coordinators to understand how the families have progressed since their conference.

Family A

Family Background

The family were on a CP plan for a substantial period of time with no sustained change noted. It was felt that the children were at continuing risk of significant harm; the initial case conference was 06/08/15. The case was presented at RAM to request PLO and it was advised a referral was made to the FGC service, as the case met the criteria.

Conclusions from Initial Case Study

The discussions and surveys evidenced a shared and common view about the family's experiences of the FGC, which were extremely positive. In terms of family outcomes, the process was perceived as extremely engaging and there was emerging evidence of improved family relationships and that the FGC plan was being implemented. The family clearly articulated a very different approach to traditional social work practice. Discussions suggested that Signs of Safety was being integrated well, although areas for further development included bottom lines and the development of clear plans. One of the issues was timescales for implementation of the FGC following referral.

Review

This case is still open to social work services. The family are no longer subject to PLO, but remain on a CP plan. The case remains difficult and challenging. The social worker feels that there is some disguised compliance and that the mother is not being honest about her relationship with her partner, which is impacting on safety planning. Equally, there are concerns about the mother's increased substance misuse. The social worker acknowledges that there have been many positives from the FGC in relation to a wider network of support for the family and the use of Signs of Safety to support safe planning for the children.

The follow up survey from the social worker is also positive, with aspects of the service rated "excellent". Equally, the rating of harm within Signs of Safety has reduced from an eight to a five. The best thing about the conference is that "the family comes up with their own solutions and plans". In terms of improving FGC, "support and detail of the plans need to be more specific and give clarity".

The FGC coordinator acknowledges that this has been a difficult case and due to this, his engagement has been much longer than normal, which may not be best practice. Equally, he has not always been involved at the CP conferences and it has been hard at times to "understand the decision making". He feels there has been "a lot of improvement in the children's behaviour and that attachments within the family are very strong". He acknowledges the difficulties regarding the mother's involvement with the father and how this impacts on safety planning for the children.

The mother remains very positive about FGC, stating that "the staff are friendly and very supportive". This is also reflected in the survey, with the highest score against all aspects. The family network and support has been invaluable and the mother acknowledges that it has brought the family closer. This is reflected in her comments about the best thing about FGC: "it brings families closer together".

This remains a difficult case; it appears that initial concerns regarding the children's safety remain. There may also be some practice issues to discuss in relation to the role of FGC in longer term cases.

Family B

Family Background

The family came to the attention of social work services in July 2015, when the mother moved from Doncaster to Grimsby with her children, as the father had started drinking again. There had also been allegations of domestic violence and sexual assault, and the mother had received support from Women's Aid. The father has now also moved to Grimsby, but there were ongoing issues regarding the father's contact with the children. The case was Child in Need.

Conclusions from Initial Case Study

It was a challenging case and there was some learning needed in terms of the issues raised with regards to best practice. The family and social worker were positive about FGC and, if the plan was successful, the social worker was going to look to de-escalate to Early Help.

Review

There have been positive outcomes for this case, which has been de-escalated to Early Help; this was one of the intended outcomes. At the review of the plan, the risk had

reduced from a ten to a three in relation to Signs of Safety and is now closed to social work services. The father has accessed support and is now working to the agreed contacts in the plan, which is working well. The mother is positive about the FGC approach and her comments reflect this: "I am glad we had the FGC it has made things better for us".

The social worker's scores on the survey rates all aspects of the FGC as "good" in relation to aspects prior to the conference. In terms of the quality of the plan and the engagement of the family, this has been scored as "acceptable". This may reflect the earlier issues in relation to the confusion with plans following the FGC. It also highlights the importance of the social worker being present at the conference. She comments that the best thing about the approach is "having independent individuals to support families". The aspect that could be most improved is "the layout of the conference".

The FGC coordinator reflected on some learning from this case, in relation to how and what information is shared; the role that social workers play at the conference, and in ensuring clear plans. Despite the challenges, there have been positive outcomes for this family.

In summary, there has been a positive outcome for the family, as well as some learning and development in relation to planning an FGC.

Family C

Family Background

The family first became involved with social work services in January 2014, following a domestic violence incident at home where the son ran to a neighbour's crying, as he thought his mum was dead. There were also concerns about alcohol use and the children were frequently late for school. The son was often excluded. The case was originally managed at Children in Need, but was Child Protection at the time of FGC referral, due to ongoing concerns regarding home conditions and general care of the children.

Conclusions from Initial Case Study

This case was challenging and highlighted areas for further discussion in relation to social workers' attendance at conferences, sharing of information, management of children at FGC and FGC plans. There was evidence, though, of softer outcomes in relation to the work undertaken with children, who clearly valued being involved, and having a voice and they benefited from seeing extended family. Equally, the family survey evidenced that they felt fully involved in the process and that they were listened to.

Review

The outcomes for this case are extremely positive. The case was de-escalated at the last review and is now closed to social work services. The son's attendance at school is much improved and he is more settled; he recently received 'Star of the Week'. The father is now working in his own business and this has resulted in a change of lifestyle for the family and a reduced use of alcohol, which was a concern. The father also sits on the school board of Governors, which he is enjoying. The son is also spending more time with his father in the new business, which is having a positive impact.

Although some of the actions in the plan have not materialised, it has resulted in a stronger network of support for the family. One of the positive outcomes for the son is that he spent time with extended family members over the holidays for the first time. This came out strongly in the wishes and feelings work as part of the FGC. It was also a part of the plan and reflected in feedback from the family: "all families need each other's help and we are now much more in touch".

The follow up survey reflects these outcomes with scores of ten against almost every aspect of the FGC, both from the social worker and the family. A comment from the social worker sums up the strengths of the FGC approach: "it has a positive impact on the family and you can take a back seat and let the family lead and make their own plans". The social worker's comments reflect also some of the challenges in this case: "staff dealt with some difficult issues and the father, who was originally not very engaged, came to the meeting and contributed. The family are now more aware of all the issues and how they can support each other".

The social worker also commented on the need to promote the service more, which may be supported by the shadowing of the team to develop a shared understanding of their role.

The FGC coordinator is pleased with the outcome of the case and sees FGC as a tool for engaging families who may be reluctant at first. The use of Signs of Safety has also been a strength: "Signs of Safety was used to support safety planning and, at the review, concerns had reduced massively".

In summing up, this has been a challenging case with some difficult issues to address; however, despite reluctance to engage initially, the outcomes for the family and their reflections of the process have been extremely positive.

Family D

Family Background

The daughter became involved in social services in July 2015, following concerns about her risk-taking behaviour. The daughter was part of a group that attacked another young person, she was expelled from her school and was in an alternative provision. The

daughter was charged with aggravated burglary and criminal damage. Her mother and step-father have health issues and this impacts on their ability to keep their daugher safe. The case had previously been managed at CAF level, but was Child in Need at the time of referral.

Conclusions from Initial Case Study

There was evidence that there were positive benefits for the daugher through engagement in the process and having a voice. As the mother and step-father were not involved in the FGC, there was some detachment, as they didn't experience the whole process. This warranted further discussion in terms of integrity of the model and how this could be minimised in the preparation stage. The social worker valued the work undertaken with the daughter and recognised the added value of the FGC process.

Review

The case is now closed to social work services. Although an FGC took place, the plan was not followed through by the family. The plan was around building up a stronger network for the daughter, due to her mother and step-father's ill health. Although the daughter's father attended the initial FGC, the contact arrangements that had been planned with the daugher and her father did not materialise. One of the barriers appeared to be travel, as the father lived some distance away and funds to support travel were an issue. On reflection, the social worker felt that if "the parents had been involved it might have made a difference". The mother and step-father backed out of attending the FGC at the last minute. The social worker commented: "the plan is very dependent on the family and there was no ownership".

The daughter has now left school and is undertaking an apprenticeship. Safeguarding concerns have reduced and she is still living at home with her mother and step-father. Young Carers are offering support and the daughter is engaging with the service. More recently, she has been in contact with her father on Facebook. The social worker feels that it is likely she will move into independent living in the longer term.

The social worker's comments within the survey are extremely positive and all scored as "excellent". The best thing about FGC is "the extra time spent with children and getting to know them and an independent voice".

There is very little to feedback from the parents' survey or from their comments, as they did not attend the FGC, and they are in poor health. It has been difficult to gain the daughter's views despite attempts to meet with her.

The FGC coordinator reflects positively on the individual time with the daughter, which was an opportunity to get to know the daughter and "hear the voice of the child". She feels the daughter greatly valued and benefited from this. Although limited, the daughter has established a link with her father.

In summary, there may be some learning here regarding the engagement of family members at the FGC, and around ensuring plans are realistic and achievable. The social worker commented that "the travelling and financial aspect was a barrier". Despite this, the social worker rated the service as "excellent" and commented: "it does work when it's not the social worker and there is some support and independence from another worker".

Family E

Family Background

Children's social work services became involved in December 2015 when the daughter informed her school that her brother (the son) had come into her room during the night and placed his hand over her mouth and nose. The school also disclosed that the son had been using a lighter in school and had tried to set fire to a pupil's hair. Parents were receiving support in managing the son's behaviour through the Triple P programme. The son had a poor relationship with his sister and there was also friction between the son and his father, who had quite a negative view of him. The referral to FGC was to allow the family to look at their relationships and to find more positive ways of dealing with conflict.

Conclusions from Initial Case Study

The process was a positive experience for all concerned and evidence suggested a strong argument for using FGC at a preventative level. The family reported an immediate impact on outcomes for them in terms of "being happier and a weight lifted off our shoulders" and "working together as a family", which improved family relationships and dynamics. One of the challenges was the social worker's attendance at the conference, outside of usual working hours, and advocacy for the children.

Review

The FGC initially had a positive impact, but the case then escalated and remains Child in Need. A strategy meeting was held to discuss Child Protection Plans, but it was felt this would not help the situation, as parents were fully engaged and supportive. The son has been self-harming and there has been some violence in the home towards his parents. A referral has been made to CAMHS and the social worker is also looking for respite care. A close family relative has been diagnosed with cancer and this has also impacted on outcomes.

The social worker remains a strong advocate for FGC and the follow up survey reflects this with strong scores across all aspects of the FGC, and the comment: "this doesn't put me off using FGC again. It is a really positive service". In relation to the recent escalation of issues, the social worker feels that there are much deeper issues, which may relate back to childhood. In this case, the plan was for the family to have family time three times a week, but the social worker commented: "this was overkill and the family were unable to maintain this". On reflection, she commented: "we expect a lot of families". The social

worker felt there was more work to do on making the plans "achievable and real". She reflected on her earlier concerns about children having a sufficient voice when there are dominant parents: "are all children able to fully contribute and how do we support this?"

However, the social worker acknowledged that this was her first FGC and there had been a lot of learning. In future, she would pay more attention to supporting plans that were clear and focused. She has already referred more families and commented: "I think it's an excellent tool for working with families. I can really see its value and would hate to see it go". One of the things the social worker liked most about FGC "was providing families with the tools to resolve their own problems".

The family also remains positive about their experience, despite the current situation. This is reflected in the follow up survey where they have scored all aspects of the FGC process as "excellent" and stated: "it has changed our family for the better, I would recommend any family to give it a go".

The case study highlights the need for quality FGC plans, and to fully support the child's voice. These may be themes for further discussion in terms of practice development. Equally important is that, despite the current outcomes, the family still see it as having had a positive impact and being a positive experience.

Appendix 6: Family Case Studies

Family F

Family Background

The family came to the attention of social work services in January 2016 when the father abandoned the children, leaving no-one with parental responsibility. The children were placed with their paternal grandmother and step-grandfather. A Regulation 24 assessment was completed with the paternal grandmother, which was positive and concluded that this was a safe place for the children to reside.

The father was not engaging with children's social work services, and there were also arguments and feuds between maternal and paternal grandparents, which was one of the reasons for referring to the FGC service. The bottom line in the referral is as follows:

> "Under Regulation 24, the children are only able to be placed for 16 weeks with their paternal grandmother. After this date, the children will have to be returned back to the care of their father or a legal order must have been sought. It is the view of the local authority that, should the father continue to fail to engage with children's services or the assessment is negative, the local authority may be looking at supporting an application to court for a child arrangement order with family members. Viability assessments will be completed on all family members who wish to look after the children prior to this point."

Social Worker Perceptions

The social worker's views and survey responses reflect a positive view. "It was very family-focused and I thought the food and refreshments made the family feel very comfortable." Both initial and follow up surveys rate the service as excellent. The question relating to enabling the family to make an informed and independent decision is rated as acceptable. This perhaps reflects his comments about what could be most improved: "assisting the family to fully understand what they have to do during the conference."

The social worker also spoke positively about the FGC coordinator: "she updated me on a regular basis and I knew what to expect at the conference." He commented on how well she had engaged with family members: "[FGC coordinator name] engaged lots of different family members and worked to the best interest of the child. They were all very engaged." He spoke about the challenges of managing the FGC, as both paternal and maternal grandparents were present, but he thought this was managed well. He thought one of the things that had helped was the joint working between himself and the FGC coordinator. One of the positive outcomes from the FGC was that the father had admitted the extent of his substance misuse to all family members and that appropriate

support was now in place. In addition, strong contact arrangements were put in place, and family members were all clear about where the children would permanently reside.

The social worker spoke about the difficulties of family members "sticking to the plan" and acknowledged that it needed family members to work together. Despite this, in terms of the bottom line, the scaling had gone from a three to a nine at the review, and the children were safe and happy. The father was fully engaged and having contact with the children, as well as accessing support for his own needs.

At the FGC review, clear support plans were made for the family if they needed support following closure of the case. This would be through a lead at the school or the children's centre. All family members were happy with this and it was also confirmed in discussions with the father and his partner. The best thing for the social worker about the FGC was that "it was very child focused."

The social worker commented on the expectation to work after hours to be at an FGC. Although he was fully committed to supporting FGC, he thought this was not acceptable.

FGC Coordinator Perceptions

The FGC coordinator acknowledged that this had been a large FGC, with both sets of grandparents and family friends present. It entailed a lot of work with all members, with a focus on "getting them to work together and see each other's views." Engaging with the father and his partner had been a big part of the role and she commented on how she had "seen a big change in him."

Completing wishes and feelings work with the children had been integral to the whole process. The FGC coordinator had used a spidergram with the children to express their feelings and she had really enjoyed this part of the work. This had been printed out and family members were given copies at the conference. Due to the size of the conference, a second FGC member had supported the conference and this "really helped." The children were taken out of the room for part of the conference, as it was not felt appropriate for them to be present when their father spoke about his substance misuse. The FGC coordinator commented on how this had been a discussion point at one of the team meetings and felt that this was good practice.

The plan had taken some time to agree, and it helped that the social worker was present to support this. Although some family members were disappointed at contact levels, one of the benefits of the FGC approach is that "they all had their chance to speak and put their views forward." The FGC coordinator commented that family members had "listened and supported the plan when they heard what the children's views were." She commented that this had been very powerful. The best part of the FGC for the FGC coordinator was "helping everyone to see each other's perspectives." On reflection, there was nothing she would change and she felt that there was a really positive outcome.

Family Perceptions

The father and his partner were extremely positive about the FGC. The father commented that: *"*we worried what to expect." They spoke about the support they had received from the FGC coordinator and that "[FGC coordinator name] was the best. She supported everyone. We could just ring her if we had any questions.*"* They also spoke positively about the social worker: "[social worker name] is a really good social worker; you don't always get someone who is open and honest and provides you with the info." They spoke highly of how the social worker and the FGC coordinator had worked together. Equally, they liked the "plain language" that was used.

The work that the FGC coordinator had undertaken with the children had also been very helpful. "The children loved it they were really happy and were buzzing." The father reflected that it had made him realise "that everyone wanted the best for the children."

The father really liked the fact that "they would get together and decide as a family", and that he could bring a friend, which had helped him appreciate that "that everyone cares, family and friends." The father also commented on how different this was to previous meetings he had been to which were "much more formal."

Putting the plan together had not been easy, but he really valued having the social worker and FGC coordinator to support them. "The meeting is for everyone so you don't feel individual pressure, it's like a weight off your shoulders." Although not all family members were happy with the contact details, the plan was working and the father and his partner were pleased the case was now closed to social work services. They knew who to go to if they needed further support and were happy about this.

The father and his partner commented on how everything was much more settled. "It's been a long, long road." The father hoped that at some point he would be able to have overnight stays with his children and he was looking forward to this. The surveys reflect a very positive picture with all scores at a ten. "We would like to thank [FGC coordinator name] for her support and in helping us resolve issues through the conference."

Conclusion

The FGC has resulted in some really positive outcomes for all concerned and the case is now closed to social work services. The children are presenting as safe and happy, and relationships with family members are more settled. The relationship between the social worker and the FGC coordinator appears to be a real strength, as does the voice of the child. The father is accessing support and feeling positive about his future with his children; his final comment is reflective of this: *"*it is a good thing that they do FGC, it has really helped us a lot."

Cost Benefit Report

Table 5: Family F Cost Benefit Analysis

Status: Closed	Involvement	Duration	Cost	Outcome	Benefit	Adjusted benefit
Child 1 (11 years old)	CIN	1	£60	Closed to social care	£2,856	£2,856
	LAC	20	£261	Kinship care successful	£34,656	£34,656
Child 2 (7 years old)	CIN	1	£60	Closed to social care	£2,856	£2,856
	LAC	6	£81	Kinship care successful	£34,656	£34,656
Family	FGC		£1,233			
Total			**£1,695**		**£75,024**	**£75,024**
FROI (all costs)	**44.3**					
FROI (FGC costs only)	**60.8**					

Family G

Family Background

At present, the children in this family have been placed into the care of their father due to concerns around neglect, which were raised whilst they were living with their mother, who has a long history of social work involvement. Both mother and father appear to be acting appropriately and following the advice from the courts around contact. All the children love both their parents and have good relationships with both. The family are completing work with the Family Resource Service (FRS) to help develop better relationships and ensure that appropriate boundaries are in place to encourage better behaviour from the children. The children have a good relationship with school and their attendance is very good.

The father and mother have a very volatile relationship and are unable to speak with each other without the conversation turning into an argument. The children are often used as a weapon by their mother to score points and because of this, their father is unwilling to communicate or accept any kind of support from the mother, whether this is clothing for the children or their mother offering to provide items that the children need. This is not having a healthy effect on the children, as they feel they are having to report everything to their mother, as well as to the school and the social worker. The children have all stated at one time or another that they wish their parents would get along and that everyone would be nice to each other.

Social services are supporting the father with his application to gain a child arrangement order, due to the concerns that were raised whilst the children were in the mother's care. If this was to succeed, the father and mother would need to be able to communicate effectively for the sake of the children so that they are not witnessing confrontation between their parents.

Social Worker Perceptions

The survey responses are positive but indicate some areas for improvement. The quality of the service has been rated as "good" by the social worker, and the question relating to enabling the family to take part in independent effective decision making is rated as "fair". This may relate to the challenge of a shuttle conference and the complex issues in this case, which involved the court. From the Signs of Safety aspect, the worry statement went from a three to a ten after the conference, which is a strong indicator of risks reducing. The social worker commented that "changes can occur after the FGC, though, that are nothing to do with the FGC." This perhaps reflects one of the challenges of evaluating the effectiveness of FGC, when there are so many family factors that can influence or support change. For the social worker, one of the best aspects of the FGC is that "it can reach people we don't have time to get to."

FGC Coordinator Perceptions

The children were initially subject to a Child Protection Plan, but this was then de-escalated to CIN and the case is now closed. The FGC coordinator commented on the challenges of working the case and trying to pull both sides together. He fully understood the social worker's concerns regarding the mother, and that it had been additionally difficult, as the maternal grandmother had a stroke during the process. He had been keen to "keep a balanced and neutral view throughout", although he felt that the mother had not always been honest, which hindered the process.

The individual work with children had been really pivotal to the process. He had used visual tools such as happy and sad faces to elicit their wishes and feelings. They strongly indicated "they wanted to live with their dad" and were very clear about "what made them unhappy." This had been really powerful in the FGC when the parents "heard what the children were saying." The work with extended family and grandparents had also been a part of the work and "made a difference in the process." This work was also highly valued by the social worker. Bringing all the sides together to put a plan together had been complex and had impacted on timescales.

The work with the social worker had also been very positive and the FGC coordinator commented that "they had worked well together." The social worker had also spent time with the children and this had been beneficial to the process. Equally, the social worker learnt about the work that FGC undertakes with children and all family members.

The FGC coordinator was really pleased that the social worker was able to attend the conference, as this enabled them to "approve the plan on the day and assist with negotiation." This was also helpful as the FGC was a shuttle conference, as the step-mother had only agreed to the conference on the basis they would not be in the same room as the mother. The FGC coordinator thought it had been a successful outcome, but had concerns about family members not sticking to the plan. He acknowledged the need to "work smarter on timescales and manage the deadweight" and the challenges around managing the interface with FGC within a court process.

Family Perceptions

The step-mother was very positive about the FGC process. The survey reflects this with scores of ten for every aspect of FGC. She spoke positively about the work that FRS had completed with her regarding her parenting as part of the plan: "her work was amazing; social workers can be biased, but she was so up front." Equally, she spoke highly of the way the social worker had supported them: "it was just straight to the point I prefer it like that." She also spoke highly of the FGC coordinator: "I could just offload to him, I would recommend him to anyone."

The step-mother also liked the Signs of Safety model and, in particular, the danger statement. "It said it just how it is in simple language." The step-mother was also pleased

that work had been undertaken to gain the wishes and feelings of the children. *"They really enjoyed it, he played with play dough and all sorts."* The step-mother had only consented to the FGC on the basis they would not be in the same room as the mother. On talking this through she commented that it was the "only way they could have got through the FGC process." The step-mother thought the plan was excellent, but was disappointed that "the mother and her family had not stuck to it." Despite this, she commented that "FGC really does help."

The mother was also interviewed to gain her views on the process and commented that the FGC had been helpful in some ways, as she recognised that she needed to communicate with the father. However, the mother was not happy that they were not in "the same room as the step-mother", as she thought this *"defeated the objective as I thought it was about us all having one discussion."* The mother was really unhappy that the court had given parental responsibility to the father and step-mother and "she was finding this hard." At times, she was very tearful in the discussion and found it difficult to talk. The mother commented that the FGC, and the timings of the court order, didn't help the situation and she thought this *"could be manged better."* She was pleased that wishes and feelings work had been undertaken with the children, but was unsure at this point whether the FGC was going to make a difference.

Conclusion

This FGC has been a complex and challenging one with learning for those involved. One of the areas for learning is timescales and the length of the process. Equally, in terms of practice, the use of shuttle conferences and the interface with the court process. The impact of these factors on families needs to be considered. There is good evidence that Signs of Safety has been well embedded within the process, and that families like the model and the language used. Equally, there have been positive outcomes and the social worker can see the value of the FGC. "This is a good service and it needs to continue in the future."

Cost Benefit Report

Table 6: Family G Cost Benefit Analysis

Status: Open	Involvement	Duration	Cost	Outcome	Benefit	Adjusted benefit
Child 1 (11 years old)	CP	23	£1,343	Stepped down to CIN	£936	£468
	CIN	56	£4,424			
Child 2 (10 years old)	CP	23	£1,343	Stepped down to CIN	£936	£468
	CIN	56	£4,424			
Child 3 (8 years old)	CP	23	£1,343	Stepped down to CIN	£936	£468
	CIN	56	£4,424			
Family	FGC		£1,233	Improved parenting capacity	£1,093	£567
Total			**£18,534**		**£3,901**	**£1,971**
FROI (all costs)	**0.1**					
FROI (FGC costs only)	**1.6**					

Family H

Family Background

The family has been known to Children's services since 2010 and the son is currently on a Child Protection Plan. The mother has had previous children removed from her care due to the father's violent behaviour; however, she has managed to parent the son to a good standard. Her current partner (step-father) has been a positive factor and is a supportive factor. There are constant disputes between the father and step-mother, and the mother and step-father about how to parent the son and this is causing emotional harm.

The Danger Statement states:

"We are worried about the negative communication between parents and step-parents regarding the son and the accusations about how each parent is parenting. This is having a negative impact on consistent parenting across households leading the son to be confused. This is shown in the son's behaviour at school"

Social Worker Perceptions

The social worker has scored the service as **"excellent"** and all the survey responses are scored highly. This includes all aspects of the FGC approach from information about the service to enabling the family to take a full part in the decision making. The social worker also rated the plan as **"excellent"**. The social worker comments from the initial survey reflect that the best part is "the help and support given to the family".

The review of the plan was also very positive; even though a number of family members did not attend the review, both sets of parents were there. The Signs of Safety approach is sewn into the approach and following the second review this had progressed from a five to a seven. The son's wishes and feeling were shared at both reviews and formed a part of the plan regarding his contact with his father.

Following the Child Protection Plan on the 16.06.2016, the case was reduced to Child in Need. The notes reflect the positive progress made: **"this shows a good progression in the case and that you are moving in the right direction."**

There is a comment from the social worker in relation to what can be improved: **"timings need to be shorter."** In this case, it was three months from the point of referral to the FGC taking place.

FGC Coordinator Perceptions

This case was a challenging one for the FGC lead due to the animosity between parents and step-parents. The pre-work had "been really difficult as they were all so angry with each other" (FGC lead). The social worker had attended both conferences, although this

had been difficult at times due to inconsistencies regarding a common message. The FGC lead commented *"*there is still more work to do for social workers to understand the approach."

Although the son had not attended the conference due to his age, his wishes and feelings work were shared, which evidenced the impact that parent's behaviour was having on him and she commented "it was really important to share this at the FGC." She commented that this really helped parents to come together to agree the plan and focus on *"*what was best for their child." She also commented that agreeing the detail of the plan was difficult.

Although at the review not all elements had been stuck to, it was felt by all that progress had been made. Shortly after this the father disengaged and this is reflected in mother's comments about her frustration within the process. The FGC lead commented that the best part was "bringing the family together to develop a plan."

Family Perceptions

The mother was positive about the FGC approach and how she and her partner had been supported to be involved. The step-father commented that "he had felt really involved" in the FGC despite not being the son's father. They had also valued the work to involve other family members. The FGC lead had been really supportive and constantly kept in touch with them. The mother commented that she had "been really approachable." They had also valued the individual work that had been done with the son regarding his wishes and feelings. "He really enjoyed this and I think it was good he was involved in some way". Both the mother and step-father also spoke about the difference it had made having "a family friend at the FGC." They commented on how different this was to Child Protection conferences but how much "they valued it." The mother also commented on the language used in Signs of Safety and liked the fact that "it was very plan and simple."

The survey responses from both parents are also very high and rate the service highly. "It's really helpful for all the family to get together**"** (mother). This is reflected in the scores from the father, too, which are also high. "It's very useful in helping us sort out a plan that works for the family."

The mother spoke positively about the FGC and that they thought it had been "managed really well and professionally." In the longer term, they had felt "frustrated" as the father had not stuck to the plan and some family members did not attend the review. The mother and her partner felt this had impacted on the son's behaviour as he had been looking forward to spending more time with his father.

The case had now been closed which the mother and step-father were happy about. They were now concentrating on looking after the son. They were still positive about the approach and the support they had received. "It's a really good thing that something like this is there for families."

Conclusion

The FGC has been perceived as positive, despite the plan not fully working out. It is clear that, despite this, parents have valued the process and the opportunity to be involved. An important part has been the engagement of family and friends in the process, which has been highly valued.   Despite family members not sticking fully to the plan both parents are positive about the experience and reflected in their comments "it's really helpful, it's a good thing it's there." There is also evidence of Signs of Safety being fully embedded within the approach.

After a long history of engagement with Children's Services the case is now closed. This is perceived as a good outcome, particularly in this case where children have been previously removed. Comments from the social worker highlight one of the strengths in the FGC approach "it helps the family to work things out with an individual person." There are some practice issues to reflect on in terms of the length of the FGC process and how this could be improved.

Cost Benefit Report

Table 7: Family H Cost Benefit Analysis

Status: Closed	Involvement	Duration	Cost	Outcome	Benefit	Adjusted benefit
Child 1 (5years old)	CIN	47	£2,814			
	CP	37	£2,912	Closed to social care	£3,792	£3,792
Family	FGC		£1,233	Improving parenting capacity	£1,093	£1,093
Total			**£6,959**		**£4,885**	**£4,885**
FROI (all costs)	**0.7**					
FROI (FGC costs only)	**4.0**					

Family I

Family Background

The children are on their second Child Protection Plan and have been on the current plan for two years. There was a two-month gap where the case was stepped down to Child in Need. The case was initially opened due to domestic violence, neglect and poor home conditions. The parents are no longer in a relationship and the father has recently been released from prison. The mother has a five-year restraining order against him.

The mother is unable to make adequate changes for the children, and the children's presentation is still of concern. School and nursery attendance is poor and sporadic. There is perceived to be a lack of boundaries and poor routines. The children are exhibiting concerning behaviours and LS is violent towards his mother and other children. Daughter A has significant tantrums and daughter B is very needy of adults and professionals, and constantly seeks affection and attention. Since there are no health or developmental issues, this is attributed to their parenting, and exposure to concerning behaviours.

The social worker is currently preparing the paperwork for an interim care order. The outcome wanted from the FGC is stated as "family members to be assessed for care of the children."

Social Worker Perceptions

The survey responses from the social worker are all high and she has rated the service as "good". The Signs of Safety had been used within the approach and, following the review of the FGC, the scaling had gone from a two to a seven. The positive change is reflected in the review with the mother and family members engaging well with the plan. "The initial plan was talked about and although some of the plan was the same, it was important to continue to do these things to build on the positives that the mother had shown so far."

The social worker also highlights the strengths of the FGC approach: "they have time to find and work with family members." There are also comments about the timings of FGC, which has been a theme throughout the case studies: "difficult to get time back or be paid and this needs addressing."

FGC Coordinator Perceptions

The FGC lead commented that the mother and her family had engaged really well. "I had a really powerful session with the mother and the maternal grandmother, it was a real turning point." She went on to comment that in the session the mother had disclosed her substance misuse and was really honest about this. This enabled the FGC to include this

as part of the planning and from this the mother accessed support for her substance misuse.

The wishes and feelings work undertaken had also been positive and evidenced strong attachments within the family. The paternal grandfather was also very involved and the lead commented "there was a strong family network and it fitted the FGC approach really well."

At the review, the plan was still working well: "everyone was really pleased with the progress; they were talking about closing the case at Christmas." The FGC lead commented on how "the mother responded really well to the positives and things were really improving."

As FGC is not a long-term service, the case was closed shortly after the review. The FGC lead was "really disappointed" to hear that the progress had not been maintained. She spoke about how hard it is not to step into a family support role and that "change doesn't happen overnight it takes time." On reflection, she would have made some contingency plans regarding the 'what if' questions.

She also commented on the pressure on the mother who was responsible for monitoring the plan and whether this is realistic long term. Additionally, she thought that, with the right support the mother could maintain the changes, and there was a gap in services regarding this type of support. The FGC lead also commented on the different styles and cultures within social work and that "we need to understand families more." The best thing about the FGC "was helping to ensure the family support was stronger."

Family Perceptions

The mother spoke positively about the FGC, which is reflected in her survey responses. She has rated the service as "excellent" and all the scores are high in relation to all aspects of the FGC. "It makes you think of all the situations and how you can resolve the problems." Her social worker had recommended FGC and when she met the FGC lead "who explained it to me, I thought it would help." The engagement of family members at the conference was really important. "I liked being able to have my mum and granddad at the conference." The mother also spoke about the support from the FGC lead "[FGC coordinator name] was great. She was always there but honest too."

The mother thought the conference was helpful. "I liked the way everyone had their say." Wishes and feelings work had been completed with the children, which was also shared at the conference. The mother had agreed with the decision that the children should not be present, due to their age. The process had also made the mother get help with her substance misuses and she was "glad this was in the open." The mother thought the plan was very clear and it had "worked really well."

At the FGC review it was acknowledged that the plan was working well and there had been significant change. This is reflected in the survey comments "it has come on loads since the FGC."

Since the review the case has escalated and the social worker has gone for PLO. The mother has moved into a Women's Hostel and decisions will be made at the next case conference. Despite this, the mother remains positive about FGC but feels once the FGC lead pulled out "it's all fallen apart."

Conclusion

Despite the initial positive impact from the FGC, the changes have not been sustained longer term. There may be some learning here regarding the sustaining of plans and the best way to support this. Those involved still view the FGC process as a positive one and ultimately there has to be the motivation to sustain changes. There may be cases, though, where some families need more hand-holding longer term. The FGC provides the support for this to happen. "Social workers can't do what the FGC can do, they simply don't have the caseloads to be able to do this." The referral and outcome outlined on the initial referral may also suggest there is more work to do to embed Signs of Safety and a genuine understanding of the FGC approach.

Cost Benefit Report

Table 8: Family I Cost Benefit Analysis

Status: Open	Involvement	Duration	Cost	Outcome	Benefit	Adjusted benefit
Child 1 (6 years old)	CP	77	£6,072	Attending school	£1,878	£939
Child 2 (4 years old)	CP	77	£6,072	Attending school	£1,878	£939
Child 3 (5 years old)	CP	77	£6,072	Attending school	£1,878	£939
Family	FGC		£1,233	Parents substance misuse	£3,727	£1,864
Total			**£19,449**		**£9,361**	**£4,681**
FROI (all costs)	**0.2**					
FROI (FGC costs only)	**3.8**					

Family J

Family Details	Father A – Birth father to son
	Father B – Birth father to daughter

Family Background

The children are known to CASS due to a referral being made in relation to concerns about the father A's mental health in respect of his disclosures about becoming angry with the son when he cries. In addition, there have been disclosures about a mutually physical and emotional abusive relationship with his ex-partner (the mother). Concerns were raised in respect of the emotional and physical harm that the relationship may be having on the children.

The family are currently open at CIN level and the parents are separated, although their relationship has continued to be abusive and violent at times. Father A admits he is jealous, paranoid and controlling towards the mother. They have been violent towards each other, although father A called the police after the last incident and is now he is stating that he is the victim.

The mother has been asked by the police not to contact father A or she will be served with a harassment order. Father A has been told by the police that he must not go to the address and bang on the windows to upset her. Both parents are seeking legal advice regarding custody of the children.

Father A, in a telephone discussion to the social worker, stated that he was going to end his life. NAVIGO was contacted and father A talked to a crisis team member. Father A was verbally abusive and aggressive and stated that he would end his life. A police officer visited him on a welfare visit and he presented as fine and said he was ok.

The maternal grandmother has been facilitating contact between father A and the son, but this does not run smoothly as she facilitates the contact around her hours of employment. Father A presents as annoyed that the maternal grandmother is not always able to have contact with the son when he wants. Father A does not recognise that her working hours change and that the maternal grandmother also has a family and her own home to run.

The SoS bottom line states:

- if all sources of communication break down between father A (and the family members) this may impact on the son having contact with his father and his paternal grandmother. This could result in contact being withdrawn until the courts make a final decision

- if father A and the mother continue with the acrimonious relationship this may put the son and daughter at risk of emotional harm and could lead the case being elevated to Child Protection

- improvements to be made by 4th August 2016, the next CIN Meeting

Social Worker Perceptions

The social worker did not attend the FGC as she stated she "did not work weekends." The survey responses, though, are extremely positive and she rates the FGC service as "excellent." She also rated other aspects highly, from the information given about FGC to enabling the family to develop an independent plan. She comments in the initial survey "so far the FGC plan is being adhered to, and it appears to be working, so it is very positive." The follow up survey reflects that the scaling had gone from a three to a ten. This reflects significant improvements in terms of safeguarding and alignment of FGC with the Signs of Safety approach. The social worker comments in the survey reflect the positive outcomes: "FGC resulted in the family not going to court."

FGC Coordinator Perceptions.

The FGC lead reflected that this had been a challenging case. This was due to a number of issues including the fact that father A was "really angry at not seeing his child" and the volatile relationship between parents. It had been agreed with the social worker that, due to the hostile relationship between parents, this would be a shuttle conference. Another FGC worker was involved in the conference to manage and support the process.

The FGC lead had spent a lot of time with both parents "helping them to see what was happening and support them to make the connections." She commented that it was a vicious circle as the mother could not see that, when she made it difficult for father A to see his son, he just got more angry and that impacted on his mental health. This escalated the situation even more, which was having a negative impact on the children and the whole situation. The FGC lead also spoke to father A about the engagement of his family at the conference, but he refused to invite them on the basis that "he can sort his own life out." Due to the children's age, wishes and feelings work was not undertaken.

The FGC lead commented that the FGC had gone really well "Once they started working on a plan, father A really calmed down." She commented on how important it was to get all the detail into the plan and for it to be really clear for parents and the maternal grandmother. Both parents have continued to stick to the plan and "relationships have really improved."

Father A is accessing support for his mental health and also now has a job which is a positive factor for him. The FGC lead commented about the social worker not being at the conference and "thought it would have helped if she had been there." She went onto explain that it had to be held on a weekend due to grandparents' working hours. The best part for her was "seeing the parents in the supermarket a few weeks later and they were chatting away like any other couple." She went on to say that, although they were not back together, they were planning a joint activity with the children. The case was closed shortly after this due to reduced risk and positive outcomes.

Family Perceptions

These perceptions are based on the contents of the initial and follow up surveys only. Scores on both the initial and follow-up survey are all excellent with all aspects been rated the highest score of ten. These aspects cover the information given about FGC, the support to fully attend the FGC and being fully able to contribute their views at the conference. "It makes you think about how you can resolve your problems."

Conclusion

This FGC, although challenging, has had a positive outcome, and has not only reduced risks, but resulted in the family not going to court. The outcomes have been sustained and the case is still closed to social work services. A common theme is about working hours for social workers and their role at the FGC, which may need further discussion. Although the social worker was not at the conference she has clearly seen the benefits of the approach and comments:"FGC has enabled the family to help themselves and supported them to hear what each of them are saying and encouraging them to make a plan best for them."

Cost Benefit Report

Table 9: Family J Cost Benefit Analysis

Status: Closed	Involvement	Duration	Cost	Outcome	Benefit	Adjusted benefit
Child 1 (1 years old)	CIN	13	£748	Closed to social care	£2,856	£2,856
Child 2 (3 years old)	CIN	13	£748	Closed to social care	£2,856	£2,856
Family	FGC		£1,233	Reduced domestic violence	£2,836	£2,836
Total			**£2,729**		**£8,548**	**£8,548**
FROI (all costs)	3.1					
FROI (FGC costs only)	6.9					

Any enquiries regarding this publication should be sent to us at: richard.white@education.gov.uk or www.education.gov.uk/contactus