Newcastle City Council's Family Insights Programme

Research report

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Introduction

In 2014, Newcastle City Council (NCC) successfully bid for funding from the Department for Education's (DfE) Children's Social Services Innovation Programme to develop Family Insights – a whole system change of children's social work in Newcastle. From 2015, Family Insights intended to offer families more tailored and evidence-based support to better meet their needs. Developed by NCC, building upon work undertaken in partnership with a strategic consultancy (Social Finance), Family Insights is a major transformation of the way in which social care is organised and delivered in Newcastle.

Ultimately, Family Insights aims to support Social Workers to become agents of change, improving their capacity to support children and families, through:

- introducing needs-based segmented social work units that support Social Workers to specialise in responding to specific types of presenting need, and in efficiently accessing direct intervention and specialist support

- strengthening analytics by improving the collection and analysis of data on children and families, helping to provide social care services with access to more of a nuanced and holistic picture of needs, support and outcomes

- a commitment to teaching and learning, by strengthening the skills of current and future Social Workers, and creating a culture of openness and innovation

DfE commissioned Kantar Public (formerly TNS BMRB) to carry out an independent evaluation of the implementation and impact of Family Insights, between June 2015 and October 2016.

Key findings

Since the launch of the innovation in May 2015, Newcastle has made significant progress in establishing the necessary infrastructure, systems and processes needed to implement Family Insights. It is a whole-scale change, involving a complete re-design of the way in which families are served. As such, the change is still bedding in and it is too early to assess whether Family Insights will lead to the desired outcomes, which include reduced demand at the most intensive tier of social care, reductions in re-referrals, and reductions in children's social care costs. Although there is currently limited evidence of outcomes for children and families, the evaluation highlights some positive findings about the implementation of Family Insights and lessons about its influence on social work practice.

Key findings are:

- in Family Insights, 12% of cases were de-escalated, three-quarters of which (75%) moved from a Child Protection (CP) plan to a Complex Child In Need (CIN) plan. This compared to 21% of cases under the preceding model of social care (again the majority moved from a CP to a CIN plan). The remainder of the de-escalations, under both models of delivery, were from Looked After Children (LAC) to a CIN plan

- twenty-two per cent of Family Insights cases had closed between June 2015 and October 2016, compared to 41% of cases in the baseline. The majority of cases which had closed had most recently been on a CIN plan, and the most common status of closures was No Further Action (NFA)

- fewer cases have experienced a re-referral under the Family Insights model, compared to cases in the baseline (2% compared to 4%). However, it is too early to assess whether this is an attributable or sustainable outcome[1]

- in Family Insights, 50% of Looked After Children (n 87) were returned to their families, compared to 25% under the preceding model. Although this is based on only 87 cases in Family Insights, it suggests that this long-term outcome is better under the Family Insights model

- one outcome Family Insights sought to achieve was cost savings. The financial viability of the programme was confirmed as sound before fast tracking the rollout of Family Insights across social care in Summer 2016. More time is needed to determine the cost savings of the programme once it has bedded in

- there is evidence of increased systemic practice by Social Workers, supported by training, joint working and supervision. There is promising evidence that this is resulting in increased satisfaction from families and reductions in complaints

- however, mobile working, and changes to assessment and the case management system, had limited impact on reducing administrative burdens, and were seen as potential barriers to systemic practice. There is more evidence of impact where reduced caseloads for practitioners were in place

- needs-based segmented social work units have been successfully implemented, and services have been designed around the needs of children and families: the case referral process has been strengthened and staff are confident children and families are being supported by the relevant unit; new Consultant Social Worker and Unit Coordinator roles are established and staff are in post; group supervision is taking place

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[1] It may take time for a re-referral to be made on an individual case, and, as relatively few cases have been closed, this will need further monitoring over the next 6–18 months

- while implementation has been successful and, theoretically, Social Workers should develop specialist expertise in supporting children and families in their units (improving the effectiveness of practice), there is currently limited evidence that segmentation per se will improve outcomes for the families supported. Furthermore, there is an identified risk that practitioners experience burnout or compassion fatigue due to consistently working with families facing similar challenges

- staffing and mechanisms for collecting and communicating insight on best practice have been established and are bedding in. Data was increasingly seen as a tool and an asset among staff, encouraging curiosity – a key aim of Family Insights – and there is the potential for data to directly support segmentation and systemic practice, though it remains too early in the implementation of Family Insights for this to have been evidenced consistently

- a culture of learning is developing in NCC and is closely connected to the other elements of Family Insights, particularly in relation to systemic practice and using analytics to inform practice. This was the most nebulous element of Family Insights, altering in scope over the course of the evaluation. While there is evidence that the new approach directly supports a culture of learning, the original ambition was to influence the instruction of new Social Workers, an ambition that is now being realised – through the development of a regional teaching partnership – but which is still very much in its infancy

- the fast pace of change in implementing Family Insights, coupled with a lack of dedicated communications support, led to challenges in engaging staff in the implementation process. An 'us versus them' (Practitioner, Wave 1) culture was fuelled by perceptions that those involved in the early roll-out of Family Insights were more privileged than wider children's social care services, and caused confusion among partners about the changes implemented. A longer lead-in, with a clearer communications and engagement strategy, may have reduced the time taken to initiate and embed activities.

Summary of implications and recommendations for policy and practice

Under the DfE Children's Social Care Innovation Programme NCC has engaged in some truly radical changes to the management and delivery of children's social care. Segmenting children and families on the basis of presenting needs, strengthening the analytical capabilities of staff to inform decision making, and supporting staff to provide systemic practice are all theoretically appropriate to improve the quality of support offered. NCC are committed to this model of service delivery, to the extent that they fast tracked the roll-out to all children and families in receipt of social care services.

While the model is appropriate in theory, the evidence collected as part of this evaluation does not provide a solid basis on which to judge the effectiveness of Family Insights in improving outcomes for children and families. There are some indications that the model – notably the systemic practice element - has strengthened social work practice, though this has occurred within units with much reduced caseloads. There is an argument to be made that the success of this intervention will rely as much on the effectiveness of the support available from universal and specialist services as it does the effective implementation of Family Insights. Without well-resourced support services to provide early help and step-down support, caseloads within Family Insights have the potential to curtail systemic practice and the ability of practitioners to engage in more pro-active, preventative work.

Family Insights is an innovative approach to the delivery of children's social care and it is our strong recommendation that further independent monitoring and evaluation is undertaken over the next 2-5 years to explore the impact of this innovation. Improved analytical capabilities, the specialisation of Social Workers, and the segmentation of children and families all have the potential to radically influence social work practice.

Overview of the project

Newcastle has, in recent years, undergone a transformation in the ethnic make-up of its population and faces deprivation in 5 key wards and high rates of domestic violence, single parent households, and young families.[2] Newcastle City Council (NCC), which has 78 elected councillors and serves an estimated population of 289,800, is the 40th most deprived local authority in the country.[3] In comparison to councils of a similar size, NCC has high demand across statutory social care (Tier 4), though children's social care in Newcastle was rated 'good with outstanding features' by Ofsted in 2012.[4] As with other local authorities, NCC faced increasing pressures to deliver savings across the council.

It is in this context that NCC successfully made a bid to the Department for Education's (DfE) Innovation Programme to develop Family Insights[5] – a whole system change for children's social work in Newcastle which consists of 4interrelated elements:

1. Social Workers as agents of change – it is expected that moving away from process driven social work practice towards more direct and systemic work with families will enable Social Workers to become agents of change. Activities supporting this element: use of systemic practice and mobile working; redesign of the case management system; refinement of the single assessment

2. segmented social work units – it is expected that segmenting social work teams by the needs and characteristics of families in Newcastle will better address their needs through more tailored, evidence-based support. Activities supporting this element: revision of the case transfer process; development of new ways of working in units; use of reflective group supervision and co-working of cases; introduction of new Consultant Social Worker and Administrative Support posts; stronger relationships with specialist partners

3. strengthened analytics – it is expected that staff and managers will be able to make informed practice decisions using analysis to create insight and an evolving evidence base. Activities supporting this element: development of Management Information dashboards for practitioners; creation of the new post of Unit Analyst; use of Signs of Safety[6] scaling tool to measure the distance a child has travelled

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[2] Electoral review of Newcastle, 'Our council: Fit for the future', Newcastle City Council's Constitutional Committee, 2015, p.6.
[3] Electoral review of Newcastle, 'Our council: Fit for the future', Newcastle City Council's Constitutional Committee, 2015, p.5.
[4] Ofsted. 2012. Inspection of safeguarding and Looked After Children services Newcastle. https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/newcastle_upon_tyne/050 _Safeguarding%20and%20looked%20after%20children%20inspection%20as%20pdf.pdf
[5] The structure of Family Insights at the point of launch in May 2015 can be found in Appendix E.
[6] Signs of Safety is an approach to safeguarding children, and has been used across NCC since 2010, before Family Insights. The introduction of the danger scale to score cases against distance travelled in Family Insights was seen as helping to monitor quality and effectiveness of support provided to families.

through support provided; administration of parent and carer and staff surveys; use of a monthly performance focused meeting called ChildStat

4. self-sustaining learning and teaching organisation – it is expected that the creation of an organisation (and practitioners) that have learning at their heart will improve social work practice. Activities supporting this element: establishment of a culture of learning and sharing within and across teams; creation of better career prospects and professional development (CPD) in Newcastle; an influence on social work practice curriculum in Newcastle; development of a regional teaching partnership[7]

NCC aims to achieve a range of short-medium term outcomes through Family Insights, details of which can be found in the logic model (see Appendix C) – an analytical tool used by the evaluation team to understand changes to service delivery and intended results. Ultimately the work was aiming to achieve the following longer term impacts:

- reduction in demand at Tier 4 level, including a reduction in time spent in LAC, CP and CIN[8]

- reduction in the revolving door of re-referrals, re-assessments and repeat plans (20% of cases were previously identified as re-referrals back in to children's social care[9])

- reduction in children's social care costs

Inspiration for the Family Insights programme

Family Insights was seen by strategic stakeholders in Newcastle as the logical next step to the suite of initiatives and restructures which had already taken place, mostly since 2010. These activities included merging the Looked After Children and Assessment and Monitoring teams and creating Area Teams; development of a Multi-Systemic Therapy team; creation of a Signs of Safety Framework; the introduction of a Single Assessment Framework, and initiating the development of Community Family Hubs. Family Insights also draws further inspiration from:

- the Munro Review of Child Protection[10] – this inspired the development of activities to support Social Workers as agents of change. Newcastle

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[7] The regional teaching partnership element was introduced toward the end of the evaluation in response to Government's programme to improve the quality of education received by social work students
[8] Specialist services for children and families with severe and complex needs, including child protection services, inpatient child and adolescent mental health services.
[9] Newcastle City Council. 2014. Appendix C Family Insights: A new paradigm for Social Work.
[10] Munro, E. 2011. The Munro Review of Child Protection: Final Report.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

acknowledged the challenges around professional practice and clarity of the Social Worker role raised by Munro

- the Hackney Model to reclaim social work[11] – this informed Social Workers as agents of change, the establishment of social work units and the development of NCC as a learning and teaching organisation

- evidence from the United States on integrated care pathways based on different segments[12] that further inspired the establishment of needs-based segmented social work units using concern factor analysis. This literature found successful integrated care systems share 3 traits:

  - focus on segments most likely to have high spending

  - adapt care delivery processes to enable multidisciplinary teams to function effectively

  - put in place core components to support integrated delivery, including accountability and joint decision-making, leadership, information sharing, incentives and service user engagement. A prominent lesson from this literature that underpinned Family Insights was to stratify service users based on their care needs and then carefully tailor the interventions offered to each group

- detailed analysis of the children's social care population in Newcastle undertaken by NCC – the consultancy Social Finance was engaged to review Looked After Children rates in Newcastle, then broadened to involve analysis of the whole social care population. This work revealed clear repeating patterns of child characteristics; referral points used to enter the system, and the subsequent journeys of children through the system. This reinforced the argument for establishing needs-based segmented units – grouping families they were working with by their needs or characteristics. The idea of units was initially considered because of the Hackney Model to reclaim social work. The analysis also demonstrated the need for strengthened analytics

Overview of the design of the segmented units

The segmenting of the children's social care population into groups of children and families with similar needs and characteristics is one of the most innovative elements to

[11] Cross, S. Hubbard, A. Munro, E. 2011. Reclaiming social work: London Borough of Hackney Children and Young People's Services. http://www.safeguardingchildrenea.co.uk/wp-content/uploads/2013/08/Eileen-Munro-Review-of-the-Hackney-Model.pdf

[12] Carter, K. Chalouhi, E. McKenna, S. Richardson, B., 2011. What it takes to make integrated care work. http://www.mckinsey.com/~/media/mckinsey/dotcom/client_service/healthcare%20systems%20and%20services/health%20international/hi11_48%20integratedcare_r4%20md%20edits.ashx

the work taking place in Newcastle. Two segmented units were launched in the Spring of 2015, working in parallel with geographically organised social care teams, though focused on specific presenting needs:

- Unit One focused on physical abuse (actual or likely). To be suitable for transfer there had to be physical abuse issues within the household that were linked to domestic violence issues, alcohol or substance misuse (not sexual abuse)[13]

- Unit Two focused on children aged over 7 years old with 'problematic behaviour'[14]

A further 2 units (focusing on neglect and domestic violence) were launched midway through the evaluation, and a roll-out of the unit approach was underway at the final wave of the evaluation (October 2016)[15]. The majority of evidence for this evaluation relates to the implementation of the first 4 units. Learning from the roll-out of Units One and Two, particularly around the critical importance, prior to going live, of ensuring all staff were in place, trained together and free of legacy caseloads, has fed into the roll-out of Units Three and Four.

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[13] It was estimated that 243 referrals would be received per annum, of which 148 cases would require social work intervention
[14] It was estimated that 195 referrals would be received per annum, of which 102 cases would require social work intervention
[15] A full list of segments is included in Appendix I
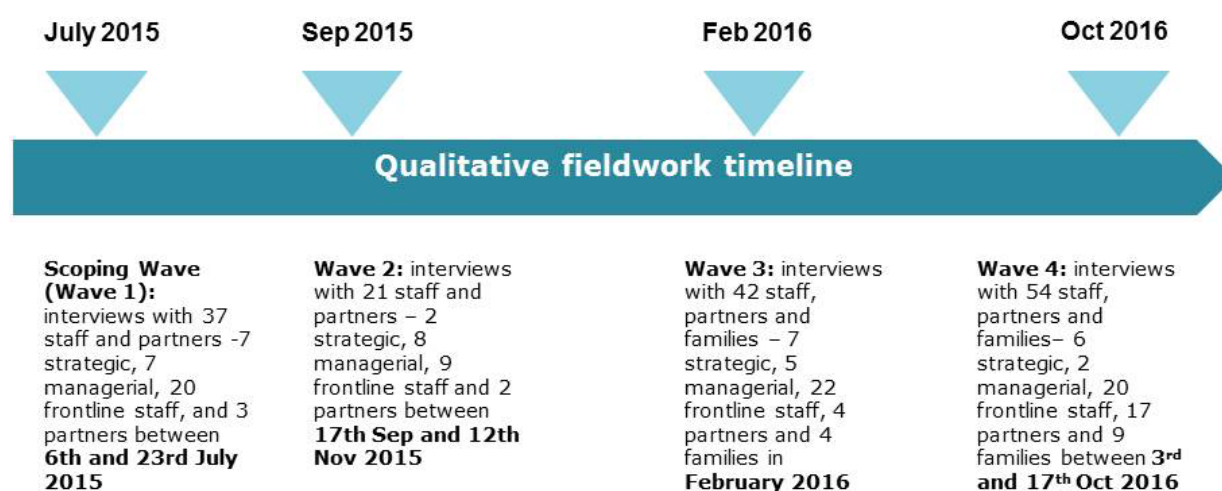
Overview of the evaluation

Evaluation aims

This evaluation aimed to assess the implementation of Family Insights against its intended activities and outputs, and measure early impacts on children, families, staff and wider community partnerships.

Evaluation approach

To achieve the evaluation aims, Kantar Public (formerly TNS BMRB) adopted a mixed method, multi-stage approach involving 4 research activities:[16]

- qualitative interviews were conducted with 149 staff, families and partners across a scoping wave and 3 main waves between July 2015 and October 2016.[17] See Figure 1.

Figure 1 Evaluation approach overview - qualitative activities

July 2015   **Sep 2015**   **Feb 2016**   **Oct 2016**

Qualitative fieldwork timeline

Scoping Wave (Wave 1): interviews with 37 staff and partners -7 strategic, 7 managerial, 20 frontline staff, and 3 partners between **6th and 23rd July 2015**

Wave 2: interviews with 21 staff and partners – 2 strategic, 8 managerial, 9 frontline staff and 2 partners between **17th Sep and 12th Nov 2015**

Wave 3: interviews with 42 staff, partners and families – 7 strategic, 5 managerial, 22 frontline staff, 4 partners and 4 families in **February 2016**

Wave 4: interviews with 54 staff, partners and families– 6 strategic, 2 managerial, 20 frontline staff, 17 partners and 9 families between **3rd and 17th Oct 2016**

- surveys were conducted with children's social work staff and with parents and carers accessing support from children's services. Figure 2, overleaf, summarises the key details of the quantitative surveys[18]

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[16] Further details about the evaluation methodology can be found in Appendix A
[17] Further details can be found in Appendix C and D.
[18] Further details of the design, administration and analysis of the surveys can be found in Appendices A, F and G.

Figure 2: Evaluation approach overview – quantitative surveys

Oct 2015	Nov 2015	July 2016	Sep 2016

Quantitative fieldwork timeline

Staff Survey Wave 1: beginning October 2015 and ending November 2015. 45 responses were received

Service User Survey Wave 1: beginning November 2015 and ending January 2016. 38 responses were achieved.

Service User Survey Wave 1: beginning July 2016 and ending September 2016. 36 responses were achieved.

Staff Survey Wave 2: beginning September 2016 and ending October 2016. 46 responses were received

- analysis of Management Information involved the identification of a number of key metrics where we would expect to see improvements, based on the logic model, as a result of Family Insights. NCC then provided data for each of these metrics for analysis[19]

- historic case matching involved the comparison of cases with similar characteristics from the periods prior to, and following, the launch of Family Insights. The aim of this activity was to determine whether cases had progressed more or less effectively as a result of the new processes and ways of working. Nineteen cases were reviewed[20]

The evaluation was carried out by Kantar Public researchers, working with NCC, and supported by 2 embedded researchers. These embedded researchers were Social Workers in NCC recruited to conduct research activities in situ, enabling a wider scope of evaluation activities than Kantar Public could have achieved on its own, given time and budget limitations.[21]

Key changes to evaluation approach

The evaluation approach went through a number of changes over the course of the evaluation contract to accommodate changing circumstances and requirements of NCC.

- NCC and the evaluation team planned to recruit a fixed-term, full time equivalent (FTE) embedded researcher to conduct research activities for the duration of the evaluation. NCC decided to invest in permanent roles; however, these roles were

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[19] Details of these metrics are included in Appendix H.
[20] The Historic Case Matching approach was changed following completion of the first few cases when it became apparent that accurately matching contemporary cases to historic cases was not possible.
[21] Delays to getting the embedded researchers into post impacted on the scope of the activities they were able to be carried out, described in more detail in the chapter called 'Limitations of the evaluation and future evaluation'.

not filled until mid-2016. This had implications for the evaluation, with research activities put on hold or carried out by Kantar Public (including an additional wave of interviews with staff and partners)

- Kantar Public had originally proposed to develop an approach to Historic Case Matching, and brief the embedded researchers who would take it forward. Difficulties in matching cases, and delays in recruiting the embedded researchers, prompted a revised approach in Summer 2016 to focus on what was practically achievable, whereby the overall number of cases being reviewed was reduced and the focus shifted to analysing contemporary cases.

Key Findings

Since May 2015 considerable progress has been made in establishing the necessary infrastructure, systems and processes needed to implement Family Insights. This section details progress on outcome measures, as well as findings that specifically relate to the constituent parts of Family Insights: Social Workers as agents of change; segmented social work units; strengthened analytics; and a self-sustaining learning and teaching organisation.

Management information available to the evaluation team contained details of case de-escalations and closures for 243 Family Insights cases. This was contrasted with baseline data on 300 cases served by geographically based teams. Key findings include:

- in Family Insights, 12% of cases were de-escalated, three-quarters of which (75%) moved from a Child Protection (CP) plan to a Complex Child In Need (CIN) plan. This compared to 21% of cases under the preceding model of social care (again the majority moved from a CP to a CIN plan). The remainder of de-escalations under both models of delivery were from Looked After Children (LAC) to a CIN plan
- twenty-per cent of Family Insights cases had closed between June 2015 and October 2016, compared to 41% of cases in the baseline. The majority of cases which had closed had most recently been on a CIN plan, and the most common status of closures was No Further Action (NFA)
- fewer cases have experienced a re-referral under the Family Insights model, compared to cases in the baseline (2% compared to 4%). However, it is too early to assess whether this is an attributable or sustainable outcome[22]
- in Family Insights, 50% of Looked After Children (n 87) were returned to their families, compared to 25% under the preceding model. Although this is based on only 87 cases in Family Insights, it suggests that this long-term outcome is better under the Family Insights model

- one outcome Family Insights sought to achieve was cost savings. The financial viability of the programme was confirmed as sound before fast tracking the roll-out of Family Insights across social care in Summer 2016. More time is needed to determine the cost savings of the programme once it has bedded in

This outcome data is not entirely surprising given that Family Insights has only relatively recently been introduced, and the outcomes being measured are those in which you would anticipate seeing tangible and attributable changes only over a period of several years. However, it is also questionable as to whether the new, more intensive and

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[22] It may take time for a re-referral to be made on an individual case, and, as relatively few cases have been closed, this will need further monitoring over the next 6–18 months

preventative, ways of working encouraged by Family Insights will help reduce the time taken to close or de-escalate a case, or to increase the proportion of case closures.

Staff sickness and turnover during the implementation of Family Insights contributed to growing caseloads for remaining practitioners. Staff sickness levels amongst Family Insights units had increased since June 2015, reaching 3% in August 2016. However, this is markedly lower than for the remainder of children's social care, which saw a staff sickness level of 6% for the same period. This movement of staff introduced practical limitations for practitioners' ability to engage with all activities that together make up Family Insights.

Social Workers as agents of change

Supporting Social Workers to engage in more direct work and systemic practice was seen as integral to their becoming agents of change. Overall, while many of the activities underpinning this element were successfully implemented, it is too early in the implementation of Family Insights to assess the impact of time spent working directly with families or on outcomes for families. There is some evidence to support the effectiveness of systemic practice; however, the implementation of mobile working, the refinements to the case management system and the Child Social Care Assessment changes were not yet seen to have reduced the administrative burden on practitioners as much as expected. Growing caseloads and staff turnover may further undermine the sustainability of improvements made to practice.

The following sections discuss the activities that together aimed to support Social Workers to become agents of change, including the lessons learned.

Systemic practice

Systemic practice is an approach to social work that focuses on relationships and interactions in the family and wider systems rather than on individual pathologies. It was widely seen by Family Insights practitioners and managers as the most effective and tangible activity undertaken as part of Family Insights in supporting Social Workers to become agents of change, and supporting more direct, family-centred and holistic work with families.

Supporting practitioners to work systemically

Systemic practice has bedded in over the course of the evaluation, supported by the delivery of an intensive training programme, mechanisms to support systemic practice (for example joint working and supervision), and protected caseloads, for a time-limited period while units established themselves. While some Family Insights practitioners were already working in a systemic way before Family Insights, the formalisation of systemic

practice in NCC, reinforced through these activities, was seen as a useful framework for all practitioners to work with families and is generally viewed as different from how practice was previously carried out:

> '[Systemic practice] creates a model for practitioners to seek to understand families and gives them a framework within which to promote change and I think that's different to what was done before.' (Consultant Social Worker, Wave 4)

As a result of the focus on systemic practice staff reported spending more time with families, enabling them to investigate the wider circumstances and dynamics ('system') influencing the circumstances of a child. This in turn had the potential to support more creative and considered work with families, impacting on the quality of relationships:

> 'Those programmes [domestic violence programmes] aren't always right for people...we're being more creative about our assessments which feed into richer assessments. What the systemic practice has given us is the ability to be more creative with what to do… My relationship with families is much better and richer.' (Consultant Social Worker, Wave 4)

Nearly all of the 20 contemporary cases reviewed as part of HCM demonstrated evidence of systemic practice, therapeutic working, direct working and reflective practice. These included: hypotheses and critical thinking when designing and implementing plans for families; greater use of genograms[23] as a therapeutic tool, and of inquisitive and supportive language with families in group supervision and case discussions:

> 'The quality of intervention [seen in the case file] was inspiring…this is a Social Worker who isn't just meeting basic protection needs of children but doing sophisticated intervention around emotional dynamics…clearly, we can see the level of insight this Worker has of the family.' (Strategic Staff, Wave 4)

While staff were generally positive about systemic practice, there were some dissenting voices, particularly in relation to whether all aspects of social work (including safeguarding activities), lend themselves well to systemic practice. Similarly, to be effective, systemic practice requires input from across the range of agencies that a family

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[23] Genograms are a visual tool in social work practice, used to explore a client's social (such as familial) relationships across time and in gathering information, understanding relationship dynamics and behavioural patterns, promoting the client's self-understanding, conducting assessments, and guiding the practitioner to interventions.

may have contact with. This may present a challenge for practitioners from other services that do not have the capacity or willingness to work in this way:

> 'We're Social Workers; we're not Family Therapists. The idea that we can sit in supervision and be a reflective team, we can't really because our job is safeguarding. We have to focus on that and there is a lot of process around that which has to happen – because we are Social Workers.' (Social Worker, Wave 4)

Use of group supervision and co-working cases

It was expected that group supervision would support Social Workers to become agents of change by enabling a culture of curiosity and knowledge exchange within each of the units. In practice, group supervision was a highly-valued form of peer support and scrutiny that helped practitioners both develop a deeper understanding of their cases, and to sense-check thresholds and interventions. Group supervision (and joint-working of cases) was seen in all of the cases reviewed as part of HCM and there is evidence through these reviews that this helped in the identification of family issues:

> 'Group supervision allows [the unit] as a group to be reflective about each other's cases. That friendly challenge is really helpful.' (Consultant Social Worker, Wave 3)

The way in which group supervision happened in practice varied by unit (for example, agile and exploratory, or more structured to cover recurring themes in each session). It would be beneficial for NCC to explore which models of group supervision were felt to be most effective in supporting practitioners.

In theory, co-working cases should improve continuity of care to families (in case of staff absence) and, potentially, also provide a further level of constructive challenge, supporting more systemic practice. Newly qualified Social Workers co-work cases, which are seen to support their development, and some Social Workers described how co-working cases with family support workers or multi-systemic therapy workers added a fresh perspective on how best to support a family. Families interviewed as part of the evaluation appeared less clear on the benefits of co-working, which may be expected in the short term.

Improvements to service quality

While there is limited quantifiable evidence currently available, partners and families interviewed as part of this evaluation were able to identify improvements to the quality of service which were attributable to the use of systemic practice. This included demonstrably stronger practitioner understanding of family needs, and of changes to practice that were empowering for families.

Families described feeling better supported to make necessary changes where a child had to be removed from the home, and, where care proceedings were ongoing, it was

clear what the next steps were for families to have their child returned to their care. There were examples of families praising the Social Worker's ability to identify existing parental needs that were not identified in previous social work involvement, suggesting the systemic approach, looking beyond the immediate needs of the child, is benefiting families:

> 'If someone told me a year ago I'd be praising social services, I would have thought they were daft... I think it because she listens to you and she has bent over backwards to get us help.' (Family 2, Wave 3)

> 'The Worker articulated [examples of direct work with the child] brilliantly... [they had] an intense understanding of the family... it was fantastic.' (Partner, Health, Wave 4)

Indicative results suggest that fewer families lodged complaints under the Family Insights model, though again it is too early to draw conclusions from this data. Only one complaint has been received under the Family Insights model since its launch in May 2015, (0.2% of total cases), whilst the East and West social work area teams received complaints from 3% and 2% of families respectively during the same time period.

Capacity to work systemically

Systemic practice is necessarily a more labour intensive form of social work as, to be effective, it requires Social Workers to account for a wider array of influences on circumstances and behaviours. Over the course of the evaluation, growing caseloads - due to an increased volume of case referrals into units and staff turnover and sickness- made it difficult for some Family Insight practitioners to protect the time needed to work systemically with families, or indeed to engage in group supervision activities:

> 'It's hard to be therapeutic when you're putting out fires and supporting families of those [Social Workers] who have left.' (Social Worker, Wave 4)

> 'It's got potential...there's some benefits but when caseload is high it becomes another paper exercise...you don't have the time to reflect.' (Social Worker, Wave 4)

While the evaluation could draw on some evidence to indicate increased systemic work (as reported above), for the period of mid-August to mid-September 2016 (the final wave of research), practitioners in Family Insights units spent 27% of their time, on average, engaged in direct work with families. This is consistent with the period before Family Insights, and represents a significant shortfall against the target of 50%. However, it should be noted that training accounted for 22% of time spent in this period, and it may be that prospects for direct working improve in the future.

It will be important for NCC to monitor the influence of caseloads on direct work with families and systemic practice. There is the potential for the systemic ethos to be

undermined by large caseloads, leading to inconsistency in practice both within and between families.

New support roles, mobile working, case management and the single assessment

A further 4 activities were implemented to support systemic practice through reducing administrative burden, and to empower Social Workers as agents of change.

The first activity involved establishing 2 new roles within each of the Units - a Consultant Social Worker and a Unit Coordinator - to support systemic practice and to reduce bureaucracy:

- the Consultant Social Worker role is about leadership rather than management of people or performance, and providing case direction rather than case management. The remit of this role was subject to confusion throughout the evaluation, in part a reflection on their greater involvement in direct case work (due to the volume of caseloads within Units) than had been originally anticipated:

  'It's not clear what's for the Consultant Social Worker to decide and what's for the service manager to decide.' (Social Worker, Wave 3)

- the Unit Coordinator role is about organisation and support, helping practitioners with administrative tasks so they have more time with families. Practitioners viewed the Unit Coordinators as essential to providing business and administrative support to allow Social Workers to do direct work. Coordinators were seen as different from administrative support in other parts of NCC because they are fully integrated into the units, attending group supervision sessions and working closely with Social Workers to understand their cases.

The second activity was the introduction of mobile working. It was expected that equipping practitioners working in Family Insights with smart phones and tablets would support mobile working, enabling more effective use of time when working out of the office (for example completing administrative tasks) and redirecting the time saved towards direct work with families.

Mobile working was seen by staff as a useful tool for practitioners across services that are often working remotely for extended periods of time (for example, practitioners with cases in court proceedings). Note-taking during meetings and using time before and after home visits to draft case notes and respond to emails saved time, and was seen to increase accuracy of information because notes were taken in real-time. Partners, in particular, valued the better quality and more timely meeting minutes resulting from mobile working. Despite these benefits, mobile working was seen as a pleasant option, rather than a tool that directly facilitated Social Workers in becoming agents of change, but also a tool that had the potential to blur the boundaries between work and home,

raising concerns about staff well-being. It is likely that increasing caseloads have, in part, influenced the degree to which benefits from the use of mobile devices have been seen in Newcastle to date.

The third activity were changes to Newcastle's electronic social care record (ESCR), its case management system, which were largely seen to be unsuccessful in increasing productivity and reducing bureaucracy. The ESCR was a complex system to navigate, cumbersome for users and undermined the logging of activities that could provide supporting evidence for Family Insights. For example, the fields in the system did not align with the type of information needed to demonstrate and facilitate the new ways of working introduced by Family Insights (for instance, fields to record reflective time with families). At the time of writing, NCC confirmed it had begun consultation with staff to identify what a good system would look like to support their work, and procurement of a new system would begin.

The fourth activity involved the development of the single assessment (now called the Child Social Care Assessment) to include Signs of Safety and referral information, including concern factors used to determine the appropriate need segment. This was expected to make the assessment more fit for purpose in capturing the needs of families so that unit Social Workers would begin working with a family systemically with sufficient detail on their circumstances. Staff consultations, training and senior communication reinforcing guidance, and the introduction of a new assessment review process supported this activity.

Overall, the harmonisation of the single assessment with the collection of other information was viewed by practitioners as a useful initiative that saved time for those using assessments. It was seen to complement and reinforce systemic thinking among staff – capturing the systems-wide influences acting on a child's experiences. Some staff also felt it helped bring the voice of the child into the assessment process more formally by including a section to capture a child's perspective. Managers reported outcomes from audits and supervision that suggest improvements to the quality of assessments:

> 'You can see how people have drilled down into concern factors and include those in their analysis…the presence of more radial buttons [is] supporting the [documentation of] concern factors.' (Manager, Wave 3)

> 'Having everything in one place is good, having an overall picture of a family helps.' (Social Worker, Wave 3)

Despite these benefits, some staff continued to report that the assessment was a lengthy exercise to complete, requiring too much to be captured in one place. Also, in cases where there is a fast turnaround of assessment and resolution the Child Social Care Assessment is not yet seen as fit for purpose with several areas of information duplication and a concern that the revised assessment was not as effective at integrating different information as needed:

'[It is] really long with too many questions…there's a variance in terms of quality [of assessments].' (Social Worker, Wave 3)

'For 'in and out' jobs where everything is assessed and rectified very quickly we can be writing the brief assessment that involves many buttons and boxes to fill in. It can be a difficult balance – length and need [of the case].' (Manager, Wave 4)

Needs-based segmented social work units

One of the most innovative elements of Family Insights was the segmenting of the children's social care population into groups of children and families with similar needs and characteristics. The expectation was that segmenting service users and establishing social work units that specialised in responding to specific presenting issues would lead to a deeper understanding of client needs; more appropriate partnership working; more tailored services, and improved quality of casework. Ultimately this would reduce the number of re-referrals and escalation rates in CIN and CP.

Overall, it is too early in NCC's transformation journey to confidently assess whether segmented units will achieve the anticipated outcomes for children and families. There is evidence that activities supporting effective working within segmented units have been successfully implemented (new posts in teams, group supervision and engagement with partners), and services have been designed around the needs of children and families. The structures are therefore in place to support future improvements to practice; however, growing caseloads, staff turnover and challenges to effective partnership engagement may undermine the achievement of the intended outcomes of this element if left unaddressed. To fully realise the benefits of segmentation it will be necessary to continue focusing on strengthening specialist skills among staff and in strengthening partnerships with specialist services.

Determining the ways in which segmented units have been implemented within NCC and measuring the success of this element requires an understanding of factors and activities directly underpinning segmentation. These include:

- the process for case assessment and referral into the units
- specific new ways of working within units (including identifying and working with specialist partners)
- the structure of the staffing resource within the units
- quality assurance processes

Each of these is seen to influence the appropriate flow of referrals into the units and the way in which cases are worked.

Segmentation and case referral into units

The fact that children and families always have multiple needs presents a challenge, in terms of interpreting the referral process, when assessing which unit is most appropriate for specific cases. The case referral process into Family Insights – which involves an assessment of need (and thereby segment) by the Initial Referral Service (IRS) – has improved over the course of the evaluation. Initially there was a lack of clarity around the criteria for appropriate case transfer, leading to inappropriate referrals that were subsequently rejected; this caused frustration among staff and delays to families being supported. Having refined the segment-specific referral criteria and delivered training to IRS around identification of need, there is now consensus that the right cases are being referred from IRS into the appropriate units, based on the definition of concern factors. This is further facilitated by weekly case transfer meetings and the co-working of cases between IRS and unit Social Workers prior to the official case transfer meeting, improving continuity of care for families.

The evaluation uncovered some confusion among wider partners (third sector partners, health) in children's services about the referral process – particularly in terms of identification of need and case transfer. These partners questioned whether it was appropriate to separate certain issues (for instance, physical and domestic abuse) which may have presented a challenge to partnership buy-in to the model of segmentation. While this is being overcome - to a certain extent - by weekly case transfer meetings which have involved more partners, given the uniqueness of the model, there are still a variety of questions that are yet to be fully addressed (for instance, how siblings are served) that could significantly impact the efficacy and efficiency of service delivery. It will be important for Newcastle to continue to review and refine the model of service delivery, and ensure consistency in application across units, to support effective referral and response.

Development of specific ways of working tailored for each unit

> '[Segmented units will help practitioners] develop expertise in a specialist area which will be positive for families and other agencies… [specialist training] will help workers get their teeth into [an issue] rather than be spread too thin and a 'jack of all trades'.' (Partner, Health, Wave 3)

The expectation underpinning Family Insights was that services would be designed around the particular needs and characteristics of families, not organisations and processes. While there has been notable success in ensuring the accurate identification and referrals of families into the units, there was limited evidence of tangible changes in the skills and working practices of Social Workers – allied to the specific needs of the children and families supported by their unit.

Segmented units are a standout innovative feature of Family Insights, in particular for partners, many of whom also specialize in particular types of need. Partners noted that specialist professions, such as psychologists, were absent from the Family Insights model and questioned where the specialist knowledge was going to come from. Systemic training was not yet seen by partners or Family Insights staff as providing unit-specific knowledge and skills needed for practitioners to work differently:

> '[Without specialisms] segmentation is just a label above a few people.' (Partner, Newcastle City Council, Wave 4)

Nonetheless, those working within the first units (and later in other units) almost immediately felt that the general work culture was tangibly different, as did partners. It was reported as open, reflective, and collaborative: an environment that encouraged professional autonomy. This culture was seen to be facilitated by honest and supportive group supervision, solution-oriented case review sessions, strong and collaborative unit leadership (with fewer hierarchical barriers), and having a shared vision in relation to Family Insights.

One unanticipated consequence of segmentation is that some practitioners, depending on the specialty of their unit, will only work with families presenting with similar needs (for example, children experiencing physical abuse) that may be particularly challenging. Both partners and practitioners and managers across the units identified this as increasing the risk of compassion fatigue and, beyond supervision, no formalized process of support currently exists to mitigate this risk, which may negatively impact staff retention:

> 'Becoming entrenched in sexual abuse, say, all the time is going to be traumatic…If you are working with 3 or 4 of these families, say, where parents have personality disorders you can be thinking 'is it me or is it them?' (Partner, Newcastle City Council, Wave 4)

Development of relationships with specialist partner agencies

It was expected that the development of new ways of working, tailored to each unit, would result from engagement with specialist partner agencies, as well as from changes in the practices of Social Workers themselves. NCC was building on a strong base in relation to partnership work, and the launch of Family Insights – involving a range of engagement events and communications with partners – successfully captured attention and interest. At a strategic-level there was consensus of the value placed on partnership work, including the implications that new ways of working (for instance, Signs of Safety) had for partners work. Family Insights was seen as a model through which effective partnership work would continue to develop and get stronger:

'[I am] reassured there are competent workers [in Family Insights] who are able to respond to [my] requests and concerns.' (Partner, Education, Wave 4)

Over the course of the evaluation, substantial work was undertaken to map out the range of services where children and families may receive support ('eco-maps'), and in identifying the relative strength of existing relationships and support offers. This spurred the development of links into adult mental health and obstetrics, and in identifying future priorities in CAMHS (Child and Adolescent Mental Health Services) and schools. Burgeoning partnerships have involved the engagement of operational-level partners to attend group supervision sessions, team meetings, case transfer meetings and training. For example, inviting partners to talk to practitioners about domestic violence and mental health was seen as a key mechanism through which to support specialisation and segmentation, and important in developing partnership relationships. Family Insights also supports this through providing access to training for partners and Social Workers, developed around the unit areas of specialisation (for instance, neglect). Prioritising information sharing, awareness raising, capacity and relationship building, across services, is critical if the Family Insight model is to succeed:

'The strengths are you do get to know specific schools…you do work with the same services and get friendly with them.' (Social Worker, Wave 4)

During the final wave of research, once a number of units had bedded in, partners were able to identify specific examples of improvements to service offers (such as the joint development of a pre-birth parenting course). Anecdotally, families also reported improvements in the way in which Social Workers engaged partners in core groups and care team meetings.[24] However, for the majority of Family Insights staff, though there was a willingness to strengthen partner relationships, the pace of change for implementing Family Insights (both for Social Workers and for partner practitioners) presented a very real barrier to this:

'We haven't got anywhere near building the strength of relationships because of everything else [on]…particularly education and mental health services.' (Consultant Social Worker, Wave 4)

'To build those relationships, people have to have time.' (Unit Coordinator, Wave 4)

Within these forums, Family Insights provides both a clear commitment to working collaboratively, and a challenge to partners to continue to develop their own practices (like drawing on Signs of Safety). Despite this commitment, if practitioners within Family Insights and partner agencies are delayed in developing efficient relationships due to

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[24] Meetings are facilitated by Social Workers at four weekly intervals.

capacity issues this presents a very real challenge to the effectiveness of segmentation, and to the quality and consistency of support provided to families.

Strengthened analytics

The third element of Family Insights is strengthening analytics (via improved information sharing and more effective use of management information) to inform decision making. It is expected that a greater use of insights will enable staff to use an outcome-focused and evidence-based approach to social work.

Unit Analysts supporting the use of analytics

Two Unit Analysts were employed to provide specific data analysis expertise to the Units, supporting efforts around segmentation in addition to informing both strategic and operation staff, guiding work with families. Senior managers expected the Analyst posts to support and enable accurate performance management information and build capacity across units to facilitate the identification of themes and patterns that generate intra- and inter-familial insights. Initially, a lack of clarity around their role in supporting practitioners, and subsequent priorities (for example preparation for anticipated Ofsted inspections) limited their direct work with practitioners. Nonetheless, they have added value through both providing insights on effective practices that have supported systemic practice, and segment-specific practices. They have also supported the mainstreaming of analytics, helping practitioners intelligently engage with data to inform their practice. Family Insights practitioners now recognise data as a tool and an asset, directly encouraging curiosity.

Evidence and insights provided by Unit Analysts have directly fed into initiatives that either had led, or are expected to lead, to improved service quality for families, including

- patterns of personality disorders and trauma of parents of children coming into the units were discovered. Parenting courses and interventions previously offered were generally related to the child, or were not specialist, or tailored for the specific needs of parents. Working with a recovery college, the NHS and a mental health lecturer, a new parenting offer was designed and is being delivered

- identification of a father with connections to 2 separate families prompted an Analyst to investigate the father's network across the child care system; conduct targeted case file analysis, and map the network to identify where a child had come into children's social care due to his involvement

- exploration of the educational needs of children in Unit Two identified opportunities for Social Workers to work more effectively with schools, easing the professional anxiety that can lead to premature safeguarding referrals, instead of following internal safeguarding procedures first

While these examples demonstrate some of the added-value that the Analysts have brought to NCC, their focus in performance management has led to a disconnect between their anticipated and actual roles. This has led to some frustration among senior practitioners around a missed opportunity:

> '[The] Unit Analyst has been diverted to doing work elsewhere – I haven't utilised their support…they've been required to do other pieces of work.' (Consultant Social Worker, Wave 4)

Other methods to increase practitioner exposure to data

NCC introduced ChildStat, a monthly performance focused meeting involving 3 elements: case review, performance metrics of different teams, and in-depth case analysis. Overall, ChildStat meetings have been well received and support the intended culture change of encouraging the use of data and statistics to underpin best practice social work. An allied measure was the introduction of caseload management dashboards to push intelligence back to practitioners to facilitate and support better case handling, time management and recording. Again, this was seen to be supportive of effective performance management and accountability, subject to data being accurate.

ChildStat meetings were viewed as having bedded in and presenting a new way of using intelligence to improve service delivery. Feedback has consistently been that, for those attending ChildStat, the content discussed was informative and raised awareness of activities across Family Insight. Strategic input and attendance were seen as critical for understanding trends, and for taking forward actions across the service, and with partners discussed in the meeting:

> '[We've] gotten into a new rhythm that brings together a group of colleagues, [to] look at performance, and get curious about practice through the lens of data. Having [the] Director chair [the meeting] means he is closer to practice.' (Analyst, Wave 4)

However, challenges remain for this new way of strengthening analytics in Newcastle. The preparation required for the meetings to be effective is intensive and considerable. Some staff did highlight they were perhaps not cost-effective, due to the time commitment needed from senior staff, and a more constructive focus, led by Unit Analysts would help with greater use of data insights and clarity of subsequent actions.

Analysts and managers both felt the caseload management dashboards demystified performance for Social Workers. It was used in line management amongst some practitioners to structure discussions and review performance as reflected in the dashboard. Practitioners used it to review caseloads, help manage workload and prioritise tasks. Analysts believed the dashboard also improved data quality and timeliness of records because Social Workers understood that if data was not recorded in

the system then the dashboard became less of a useful resource for them. This was picked up by practitioners: some questioned its value because it could be misleading, showing workers visits with families were out of statutory timescales when they were not, because the information used to determine timescales was not up to date:

> 'I'd be lost without the dashboard now. Sometimes you can become overwhelmed as a worker. The dashboard is a useful way of looking quickly at what you need to do.' (Manager, Wave 4)

The stepped approach to rolling out the dashboard – still the subject of refinement - and the accompanying support by Analysts to engage with the information, were well received by practitioners in units and IRS. As this continues and the dashboard beds further in, it would be productive to continue seeking feedback from Social Workers about how it could be improved so that it is fit for purpose.[25] Practitioners and managers would benefit from additional guidance on which information captured in the dashboard is most useful at specific times on a case. There is the view that a lot of data is being captured, but not used as strategically as it could be, to inform decisions about next steps on cases.

Development of a data warehouse

The data warehouse brought together information on families from multiple sources including the case management system, Capita (education placement, attendance and attainment data) and eCAF (common assessment framework). Analysts and strategic staff viewed the data warehouse as offering the potential for exploring trends across a range of topics (for example, investigating 300 single assessments across 15 schools). It is too early to see the impact of the data warehouse, and more work is needed to integrate data sources and develop practitioner guidance on using it as a resource.

The quality of datasets outside children's social care presents a challenge for the evidence collated in the data warehouse. Potential solutions for this included exploring opportunities to engage external partners in improving the quality of their data capture; information governance and information sharing. Due to staffing changes, at the time of completing the evaluation, the development and use of the warehouse to extract information and inform insights were on hold until a replacement Analyst is found to lead the initiative.

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[25] For example, the dashboard provides a list of statutory visits out of timescale based on the calendar month. However there are cases where the timescale needs to be every other week.

A self-sustaining learning and teaching organisation

The final element of Family Insights – becoming a self-sustaining learning and teaching organisation – was intended to create an environment with learning at its heart. It was expected that this element would improve social work practice by harnessing the potential of learning, feedback and testing.

In reality this was the element least tangible and least understood by staff and partners, which is, in part, because it variously included ambitions around collaboration with higher education institutions; instigation of new social enterprises; improved preventative or lower level support; and contribution to the Social Worker curriculum in Newcastle. In addition, NCC also intended to create feedback loops that deliberately measure and analyse the consequences of decisions (closely related to the development of ChildStat) to understand the circumstances in which particular social work interventions in the segmented units were most effective (once segment-specific practices are established).

Frontline and middle management staff rarely mentioned learning and teaching when asked about their understanding and expectations of Family Insights. Strategic staff demonstrated a clearer understanding of this element and communicated its potential as a mechanism for improving recruitment, but recognised that this particular activity was a work in progress. The aims and activities associated with this element changed over the course of the evaluation, making it challenging to determine the extent to which NCC has achieved their aims. However, activities have commenced to support the development of a culture of learning, the career and professional development offer to staff, and regional teaching partnerships.

Development of a culture of learning

Staff viewed the training offer (for example, general and specialist courses, and presentations from colleagues and partners), and the emphasis on reflection, as a commitment by senior management to establishing an environment of learning. Qualitative interviews and staff surveys revealed that a culture of learning was developing: staff who responded to the second wave of the survey were more likely to agree that 'I get the training and development I need to do my job well' than those who responded in 2015 (84% compared to 64%).[26]

NCC has established a unit for its practitioners in the Frontline programme,[27] a two-year leadership programme for high-potential graduates and career changers to conduct child protection work. Staff viewed this as complementing the Family Insights ethos and ways of working. The local authority is also maintaining its close relationship with Northumbria

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[26] Caution should be taken with these results, as they are based on a small sample size of 45 responses
[27] http://www.thefrontline.org.uk/about-frontline

University and is discussing ways to incorporate systemic practice into pre- and post-qualifying training.

Senior managers saw ChildStat (discussed in detail in the strengthened analytics section above) as contributing to a culture of learning. Detailed discussion of cases, coupled with the insight gained from analysis of management and performance information was seen to paint a rich picture of how effectively the social work system was operating. This was viewed as a key element of learning developed through Family Insights, and demonstrates how the elements of the programme are interconnected and reinforcing.

Regional teaching partnership

The Region (12 local authorities and 5 HEIs) developed and submitted a bid to DfE in May, 2016 to establish a regional teaching partnership. Partners continue to work together on this agenda and NCC was seen as sitting at the centre of this development; its Director of Children's Services is leading this work on behalf of the North East region, chairing the regional teaching partnership board. While this initiative has the potential to lead to changes in the future learning and development of social workers, this is still in its infancy.

Change management of the innovation

Newcastle City Council had been on a significant systems-wide transformation journey of its children's social work services prior to the launch of Family Insights in May 2015. Over the course of the evaluation, considerable progress has been made to put into place the necessary infrastructure, systems and processes needed to implement the elements and associated activities that make up Family Insights. Across the evaluation, staff and partners have commented on the approach NCC has taken to change management. Clear, throughout these views, is the need for better and timelier communication to all those affected by the implementation of the innovation, beyond those directly in the new social work units (for instance, Adult Social Care, children's social work East and West Area Teams, 16+ Team, Youth Offending Team [YOT], corporate parenting remit and Leaving Care Team). The majority of views on change management are not unique to the implementation of Family Insights, yet they are valuable to reflect on as Family Insights is rolled out across the authority and beds in.

Communication of developments

At the start of Family Insights, staff perceived communications about the changes taking place in children's social care to be insufficient. Senior management acknowledged that the delay in getting a Communications Manager in post to communicate about Family Insights contributed to this issue. The very quick turnaround between preparing the bid for the innovation and its launch compounded the issue of limited communications:

'Initial communications were poor and framed the social work pre-Family Insights as being poor. This put many people on the back foot and has made it difficult to take Workers with [Senior Management] on the journey of change they are now rolling out.' (Social Worker, Wave 2)

Presentations, led by the Assistant Director of Family Insights, were delivered to staff and partners to introduce Family Insights and provide a platform for staff and partners to ask questions. There was appetite for more activities like this, tailored to service teams, to provide clarity about roles and responsibilities within and between teams, including how cases would be transferred and what effect the changes might have on their service. Uncertainties of how the innovation would affect day-to-day practice, fuelled by a lack of understanding, created early anxieties around the implementation of Family Insights.

The results from comparing the 2 waves of the staff survey suggest that staff were not kept well informed about the changes being made to children's social care. Between the 2 survey waves, there was a fall in the proportion who agreed that 'my organisation keeps me well informed about changes affecting my work' (64% to 48%) and 'my organisation's policies and procedures are clear and helpful' (78% to 59%). The results also suggest a lack of opportunity to give feedback on the changes, with 40% of those on the second wave agreeing that 'my organisation provides regular opportunities for staff to share their ideas or concerns', compared to 58% at the first wave.[28]

Strategic staff noted the challenges raised across the evaluation in providing ongoing, clear and evidence-based communication on developments, decisions and strategies related to Family Insights. The central communications team had been reduced due to budget cuts, and children's social care and Family Insights did not have a dedicated Communications Officer. Instead, communication came through managers and informal discussions between colleagues. This was thought to have led to inconsistencies in the information that was circulated.

Pace of change

The fast pace of implementation was noted across all staff levels. This impacted people in different ways; for example, for those at strategic level it meant there was less time to effectively communicate with staff about the changes being undertaken, whereas at the frontline it meant there was not enough time to engage with and understand the changes being implemented. Without sufficient time to consult on and review the rationale for different activities feeding into Family Insights, and to review and implement lessons learned from different elements, staff suggested NCC may risk introducing new challenges that might undermine the positive outcomes they are looking to achieve. A

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[28] Caution should be taken with these results, as they are based on a small sample size of 45 respondents.

longer set-up period before launching Family Insights might have helped reduce the length of time taken to overcome teething issues, and bed in new structures, processes and procedures. Early issues included the legacy of caseloads for internally recruited Social Workers to the units; the practicalities of how the responsibilities of Service Mangers and Consultant Social Workers were filled, and how cases were referred into units. This in turn may have helped Family Insights launch on a stronger footing:

> 'Lots was going on, lots of things were changing at the same time while also delivering day-to-day service…it was hard to know what [you needed] to know, what you needed to understand and do.' (Practitioner, Wave 2)

Creating an inclusive journey of change

The pace of change undermined the ability of NCC to engage in extensive consultation and engagement activities with staff; coupled with the communication challenges discussed above, this was seen to fuel an antagonistic culture. Those within Family Insights were seen to have an advantage over wider children's services (for instance, Long Term Area Teams, Front Door, Early Help, and Adult Social Care). This could lead to a degree of resentment and lowering of morale amongst staff not transferred into Family Insights, as well as some disquiet about the sustainability of the intervention:

> 'The excitement of those in the [Family Insight] units was palpable and they talked about all the things they got. My workers were left with tongues hanging out, saying 'really, you get group supervision, you get laptops that work, and you get everything?'' (Manager, Wave 2)

Family Insights was reportedly at the forefront of the minds of the senior management team but, for staff not immediately affected by the changes, there was less substantive engagement. Despite hosting a number of well-attended awareness-raising events for staff and partners, there was relatively limited engagement with, and awareness of, Family Insights by practitioners within wider services and partner agencies. This suggests that wider and more sustained communication may have helped understanding of the new service model:

> 'During the pilot of Family Insights we should have done more to include the wider service in the change underway because services were developing as well [alongside Family Insights].' (Strategic Staff, Wave 4)

Limitations of the evaluation and future evaluation

The evaluation has focused on the implementation of changes in Newcastle City Council because of the timing of the evaluation (that is, whilst NCC is still going through implementation) and the limited impact evidence available. Evidence on outcomes was influenced by too few families being supported by Family Insights for robust analysis, or for time to achieve outcomes, and by limited responses to staff and service user surveys. In addition, many outcomes were seen as requiring longer timescales to demonstrate change and were not measurable in the lifespan of the evaluation.

Further limitations of the findings include:

- staff thought that the organisational change and associated upheaval impacted on their ability to engage with research activities (such as attend interviews, take part in surveys) and, as a result, the response rates (for surveys in particular) are too low to draw firm conclusions. All results included in this report are statistically significant at the 95% confidence level, but extreme caution should still be exercised when extrapolating to the wider staff or service user population

- business systems like the case management system are not designed for capturing and providing the type of information required for the evaluation: it is set up for individual cases. As a result, sometimes the information required for evaluation purposes was not available. In addition, we had an overreliance on NCC staff to access information for HCM and Management Information analysis, introducing delays in what could be included to inform the design of waves of research

Appropriateness of the evaluation approach for Family Insights

Given the implementation timings, the small proportion of service users involved in Family Insights for a sufficient amount of time to identify impacts at the point of evaluation, and the complexity of whole system change, a largely qualitative evaluation approach was appropriate. A lack of a counterfactual for key indicators against statistically similar local authorities undermines the ability to comment on impacts and the extent to which they can be attributed to Family Insights. Given the relatively small number of service users supported through the first 2 units, and the challenges experienced around HCM (detailed below), it may have been appropriate to consider alternative impact measurements that may have evidenced change (for example using the Strengths and Difficulties Questionnaire) or co-producing outcome measures with families to go beyond those indicators identified by NCC. Both would have been challenging to incorporate post hoc and would not have been feasible within the evaluation timescales, but would be relevant to consider for any future innovation

evaluation. Two evaluation approaches were less effective than expected: HCM and the use of embedded researchers. These are discussed below.

Historic Case Matching

The original intention for HCM was to conduct a detailed comparison of up to 80 current cases against a comparator case from the period before Family Insights was in place. Issues with finding a suitable match, exacerbated by the difficulty of navigating and searching for historic cases in the case management system, were not resolved by amending the template used to capture information, or by relaxing the matching criteria Another issue was the length of time that had elapsed for Family Insights cases, which meant that longer-term outcomes could not be seen or compared with historic cases. For this report, only current cases have been reviewed and included. We intend to revisit the methodology in the future to find an alternative way forward.

Embedded researchers

Our evaluation approach intended to use Social Workers as embedded researchers (2 0.5 FTE practitioners) to conduct ethnographic, qualitative research with staff, partners and families, and HCM alongside the Kantar Public evaluation team. The embedded researchers were an asset in broadening the reach of the research team by conducting research activities.[29] They were invaluable in informing the interpretation of findings, drawing on their social work expertise and insider knowledge of the implementation of Family Insights on the ground. There were 3 factors undermining their ability to carry out the research tasks as envisaged at the outset of the evaluation:

1. delays in recruitment to the posts required the evaluation team to carry out the activities of embedded researchers for the first ten months of the evaluation in order to capture the ongoing implementation of Family Insights. When the embedded researchers did join the evaluation team, they commenced their role relatively swiftly, following training and support from Kantar Public

2. the practitioners had managed caseloads – which largely worked effectively – and worked hard to juggle the demands of their social work and researcher roles, but social work tasks reduced their availability to carry out research and produce outputs

3. weekly catch-up calls, and an open line of communication for queries, were useful to support the embedded researchers, yet being physically located in the authority, working alongside the researchers would have been a more efficient and effective

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[29] The embedded researchers conducted interviews with 9 families and 12 partners, and analysed 20 case files.

support approach. The intention was for visits to NCC for client meetings and fieldwork by the evaluation team to also include one-to-one visits and guidance with the embedded researchers. This still happened, but, due to the delay in their start dates, this plan was not fully met

Practical and strategic suggestions for how the embedded researchers could be supported in the future given they are permanent posts include:

- minimise the casework of embedded researchers to protect their time to lead research activities. To effectively design, deliver and communicate research activities they require the .5 FTE hours for which they were recruited to work on research. This would be made more possible with the oversight of a manager focussed specifically on their research roles

- provide clarity in the research priorities in Newcastle and establish clear milestones for them to work towards

- agree regular feedback loops to strategic and operational staff and the format of this communication so all can benefit from the findings of their research

- clarify how the embedded researcher role complements the role of the Analysts and agree how they work together. For example, an Analyst can investigate a trend using management information, and the embedded researcher can carry out interviews with staff, partners and families to uncover the context and drivers and barriers underpinning that trend

Future evaluation of Family Insights

Newcastle City Council has demonstrated its commitment to the innovation of Family Insights by fully rolling out segmented units across the service, and by proceeding with mainstreaming systemic practice through all teams working with families. NCC is committed to continuing to monitor the bedding in of Family Insights and to assess whether it has a lasting positive impact on the children and families it supports. A range of activities are underway, or planned, to enable NCC to continually evaluate the impact of Family Insights on its service users:

- the strategic board chaired by the Director of Children's Service, established to oversee the effectiveness of the innovation, will continue to meet to ensure the ambitions of Family Insights are realised

- the partnership with Social Finance will continue, with further work planned with the IRS team to ensure the application of concern factors is working well and appropriate referrals are made into the units

- the permanent roles of the embedded researchers, and their continuing capacity to undertake qualitative research with families and partners and to feed those

findings back to practitioners, will help to monitor what works well, and less well, as the programme beds in

- surveys with parents and carers will continue, with plans to embed this process into all units so that views and experiences are continuously collected and reviewed, and practice is informed by the voice of service users

- upskilling of key staff, such as the business intelligence team undertaking research methods training, will support the authority to apply academic rigor to their analytical methods as part of their evaluation exercises

Implications and recommendations for policy and practice

This section brings together the evaluation evidence to explore the overall success of implementing the changes funded through the Children's Social Care Innovation programme, the signs of success in achieving short to medium term outcomes and long term impacts. It also explores the learning about what the necessary conditions are for embedding and sustaining Family Insights, and the implications for wider policy.

Evaluative evidence, or lack of, for capacity and sustainability of the innovation

A high degree of commitment at a senior strategic level to fully implement Family Insights, as evidenced by the full roll-out of the model across long-term children's social work, gives weight to the sustainability of Family Insights as a delivery model within Newcastle. As part of the planning for roll-out, NCC has conducted an internal financial review of its services and is confident that Family Insights is financially sustainable for the authority.[30]

We have described above that it will be important for the outcomes of Family Insights to be monitored over time to determine impact on service user outcomes. The evidence collected over the course of this evaluation suggests that the primary building blocks are in place for NCC to sustain the innovation.

Conditions necessary for this innovation to be embedded

Newcastle City Council was innovating from a position of strength: their previous inspection was graded 'good' by Ofsted and they benefited from a stable and committed workforce. Family Insights was established to build on this strength by engaging in radical changes to the management and delivery of children's social care. Segmenting children and families on the basis of presenting needs; strengthening the analytical capabilities of staff to inform decision making, and supporting staff to deliver systemic practice are all theoretically appropriate to improve the quality of support offered. The elements are interdependent, such that the success of Family Insights in consistently reducing the rates of CIN, LAC and CP theoretically requires each of these elements to be in place and to be working as intended.

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[30] This financial review and its conclusions have not been assessed by this evaluation.

Family Insights is still in the process of becoming embedded within Newcastle, and this evaluation provides an early view on what has worked well and less well in early implementation. The evidence on impacts collected as part of this evaluation does not provide a robust basis on which to judge the effectiveness of Family Insights in improving outcomes for children and families. There are some indications that the model has strengthened social work practice, in particular systemic practice, though this has occurred in the units with reduced and protected caseloads. There is an argument to be made that the success of this intervention will rely as much on the effectiveness of the support available from universal and specialist services as it does on the effective implementation of Family Insights. Without well-resourced support services to provide early help and step-down support, caseloads within Family Insights have the potential to curtail systemic practice and the ability of practitioners to engage in more pro-active, preventative work.

While there is clear evidence to suggest that the necessary conditions are in place for Family Insights to be sustained and embedded within Newcastle, there are also factors that could combine to undermine the performance of the model, and its potential impact on children and families:

- growing caseloads can make it difficult for staff to implement changes to practice, particularly around time spent with families and systemic working, and have potential knock-on effects on staff confidence, well-being and satisfaction. Staff turnover can exacerbate this, and also potentially undermine the impact of training and delivery of new ways of working

- there remain some intrinsic design issues within Family Insights that need resolving. For example, the compatibility of systemic practice and the Child Social Care Assessment has been questioned by staff. The specialisation resulting from segmented needs-based units may have a detrimental effect on well-being for Social Workers and other staff, and the emphasis on evidence to inform and improve practice may not always align with the data actually available

- family Insights does not work in isolation, and our findings indicate some issues in the interaction between Family Insights and the wider children's social care system, and between IRS and the social work units, and there are signs that wider statutory and voluntary sector partners do not fully understand elements such as systemic practice

Consideration of future development of innovation and wider application

As a truly innovative approach to the delivery of children's social care, it will take time to demonstrate the impact and longer term sustainability of Family Insights. This innovation is likely to continue to be refined within Newcastle City Council over the course of the

next few years. As the segmented units and new staff roles bed in, as data analytics become more refined, and as partnership working develops, there will likely be changes to the model to improve service delivery. It is recommended that further independent monitoring and evaluation be carried out over the next 2-5 years to explore the impact of innovation before application to other areas.

References

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Newcastle City Council's Constitutional Committee, 201. *Electoral review of Newcastle*. 'Our council: Fit for the future'.

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Appendix 1 – Methodology: Further details

Kantar Public worked in collaboration with a named point of contact at NCC with access to staff diaries, in order to recruit staff for all waves of the research. As part of the recruitment process, staff were sent an information leaflet summarising the evaluation aims and timelines, as well as an overview of what participation would involve, a summary of key discussion areas per wave, and a list of researcher names and contact details. Kantar public researchers travelled to Newcastle for full days at NCC and conducted one-hour long one to one, paired, triad and mini group interviews with a range of staff. Partners were contacted directly by Kantar Public and were invited to take part in the evaluation. They were also sent leaflets containing information about the evaluation and their potential role in it. Partner interviews took place over the telephone and lasted around an hour.

Recruitment of families followed a different approach, with social workers approaching families and sharing information about the evaluation. Social workers gained consent from families to share their contact details with the embedded researchers. However, given the relatively low response rate resulting from this approach, a number of families were identified from the Parent Carer Surveys – short telephone questionnaires conducted by the Unit Co-ordinators.

Researchers used a standardised set of topic guides for qualitative discussions which differed in length and focus to reflect the participant group (for example, strategic, managerial and frontline staff at NCC, partners and families being interviewed). Wave 1 topic guides focussed on participants' experiences of the journey of establishment of Family Insights; Waves 2 and 3 topic guides sought to understand any recent changes experienced by participants since the launch of Family Insights. Wave 4 topic guides focussed on participants' reflections on the overall journey of change, anticipated and actual outcomes, and lessons learned from implementation.

Data was thematically organised and analysed from interview recordings and field notes completed by researchers. This analysis method allows researchers to draw out the diversity of opinions expressed by participants, as well as identify common themes across interviews.

Appendix 2 – Example Topic Guide

Unit Practitioners & Managers

Overview of research aims and objectives

The research aims to:

- map in detail how the Family Insights programme is being implemented, capturing changes to practice over time. We want to know about the process and what changes, if any, participants see.

- understand the links between the implementation of the Programme, service delivery and outcomes for children and families

- provide insight to inform potential design and delivery changes in the Council's approach to support more effective practice in the future (within the Council and potentially in other local authorities)

Interview aims

Each Wave 4 interview with practitioners and managers in Units 1-4 will explore:

- reflections on overall journey of change to statutory children's social care since the previous wave

- whether the anticipated outcomes of the range of activities related to each of the 4 Family Insights elements can be evidenced, and the drivers/barriers to each of these activities

- lessons learned for Newcastle and for the future implementation of a Unit model to children's care management and delivery elsewhere

Guidance for interpretation and use of the topic guide

The following guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored with each participant. It does not include follow-up questions like 'why', 'when', 'how', etc. as participants' contributions will be fully explored in response to what they tell us throughout, in order to understand how and why views and experiences have arisen. The order in which issues are addressed, and the amount of time spent on different themes, will vary between interviews. Whether a 1-1, paired or group discussion, the key areas for discussion are the same.

Long-term social care refers to social work as well as broader services such as IRS, residential and foster care, and adoption. Long-term social work is what FI is now referred to.

Four elements of the Family Insights model to delivering children's social care in Newcastle:

Introduction (2 minutes)

To set the tone of the interview, provide clarity on what is expected of the participant, offer reassurances to minimise concerns and encourage an open and honest discussion, and offer participant a chance to ask questions before the interview starts.

- thanks & introduction: Introduce yourself and Kantar Public

- purpose & length of interview: Undertaking research to evaluate the innovation project, general purpose of interview, fourth and final stage of evaluation, interview lasts up to 60 minutes

- consent to record

-Start recording-

- ethical considerations / reassurances

  - your views will not be used for any purpose other than the evaluation

  - you will not be identified in the evaluation report

  - are you happy to continue on with the interview?

- any questions/concerns before starting?

Background (5 minutes)

- overview of current role in the Trust, compared to previous role (before restructure)

  - job title

  - Unit

  - general responsibilities

  - duration in role

- top 3 features that set FI apart from how social care was delivered in Newcastle previously. This may be in the organisation, management or delivery of services.

Researcher note: Explain that there are a number of activities that contribute to achieving the four elements of Family Insights and these will now be explored in turn with the aim of understanding their changes since we last spoke, and their impacts.

SW as agents of change (15 minutes)

Researcher note: Explain there are a core range of activities underway to help meet the first element of FI – SW as agents of change. These include:

- systemic practice

- mobile working

- CareFirst

- Child Social Care Assessment

We are specifically interested in understanding impact so with these activities in mind, which have been the most effective in helping to improve practice and outcomes for families?

Then use the following as guide, based on the way the participant has prioritised the activities. We will then identify those activities discussed less across participants after the first interviews, and actively probe on the outstanding activities.

- whether and how systemic practice has changed the way they work

- examples and evidence of improvements in systemic practice

- what supports systemic practice

- what challenges systemic practice

- actual/expected impact of systemic practice on quality of service

- whether and how mobile working has changed the way they work

- examples and evidence of improvements in mobile working

- what supports mobile working

- what challenges mobile working

- actual/expected impact of mobile working on quality of service

- whether and how CareFirst/CareMobile has changed the way they work

- examples and evidence of improvements in CareFirst/CareMobile

- what supports CareFirst/CareMobile

- what challenges CareFirst/CareMobile

- actual/expected impact of the CareFirst/CareMobile on quality of service

- whether and how Child Social Care Assessment has changed the way they work

- examples and evidence of improvements in the use of Child Social Care Assessment

- what supports the effective use of Child Social Care Assessment

- what challenges the effective use of Child Social Care Assessment
- actual/expected impact of the Child Social Care Assessment on quality of service

Researcher note: Following discussion of the above activities, explore the impact of the activities with all participants.

- overall, whether/how the activities discussed are helping to bring about outcomes. Spontaneous then probe for the following outcomes:
  - SWs have more time with families
  - systemic, family-centred work delivered by SWs
  - children/family satisfaction with service received
  - step-up/down, including improved total average distance travelled score
  - staff satisfaction with their work
  - staff confidence with working with families

Needs-segmented Units (15 minutes)

Researcher note: Explain there are a range of activities underway to help meet the second element of FI – Needs-segmented Units. These include:

- how cases are transferred to Units
- specific ways of working in each Unit
- joint supervision and co-working cases
- the new posts of Consultant SW and business support
- building relationships with specialist partner agencies.

We are specifically interested in understanding impact so with these activities in mind, which have been the most effective in helping realise the vision for segmentation?

- whether and how case transfer has changed in the Units. Spontaneous then probe:
  - Appropriateness of transfer criteria
  - Efficiency of moving cases in and out of Units
- examples and evidence of improvements in case transfer
- what supports effective case transfer
- what challenges effective case transfer
- actual/expected impact of Unit approach to case transfer on quality of service

- whether and how Units are developing specific new ways of working in their Units. Spontaneous then probe:
  - development of more targeted interventions
  - developments to compassion fatigue reported by Units 1 and 3 in W3
  - Examples and evidence of Unit-specific new ways of working
- what supports new ways of working in Units
- what challenges new ways of working in Units
- actual/expected impact of these new ways of working in Units on quality of service

- whether and how joint supervision and co-working cases have changed how services are delivered to families
- examples and evidence of improvements in joint supervision and co-working cases.
- what supports joint supervision and co-working cases
- what challenges joint supervision and co-working cases
- actual/expected impact of joint supervision and co-working cases on quality of service

- whether and how new Unit positions of Consultant social workers and Business support staff have changed how services are delivered to families
- examples and evidence of improvements in services related to Consultant social workers and Business support staff
- what supports Consultant social workers and Business support staff to carry out their remit
- what challenges Consultant social workers and Business support staff to carry out their remit
- actual/expected impact of these new Unit roles on quality of service

- whether and how Units are identifying and working with specialist partners
- examples and evidence of Units identifying and working with specialist partners
- what supports Units' ability to identify and work with specialist partners
- what challenges Units' ability to identify and work with specialist partners
- actual/expected impact of working with partners on quality of service

Researcher note: Following discussion of the above activities, explore the impact of the activities with all participants.

- overall, whether/how the activities discussed are contributing to outcomes. Spontaneous then probe:
  - reduced caseloads
  - increased specialist staff skills
  - increase in innovative/need-specific interventions designed/applied
  - better contacts and working with specialist partner services
  - improvements in reflective practice
  - reductions in re-referrals, escalation rates etc
  - children/family satisfaction with care, for instance SW more available since case co-worked; value of business support staff
  - children/family have improved hopes/expectations of improvement to their circumstances, for instance joined up partnership working, more time with SW

Strengthened analytics (15 minutes)

Researcher note: Explain there are a range of activities underway to help meet the third element of FI – strengthened analytics. These include:

- use of MI dashboard
- Unit analysts
- signs of safety tool
- parent/carer and staff surveys

We are specifically interested in understanding impact so with these activities in mind, which have been the most effective in helping realise the vision for strengthened analytics?

- whether and how Units are using the MI dashboard in their work
- examples and evidence of Units using the MI dashboard in their work
- what supports Units ability to use the MI dashboard in their work
- what challenges Units ability to use the MI dashboard in
- actual/expected impact of dashboard use on quality of service

- whether and how Unit analysts are supporting practice. Spontaneous then probe:
  - building capacity of SWs to use evidence in their practice
  - analysing and reporting on evidence themselves

- contributing to group supervision (for example, how attendance assists insight generation for across Units)

- examples and evidence of Unit analysts supporting practice. Spontaneous then probe:

  - examples of insight gained from group supervision having informed practice changes

  - examples of their analysis of trends prompting practice changes/decisions

- what supports Unit analysts to support practice

- what challenges Unit analysts to support practice

- actual/expected impact of Unit analysts on quality of service

- whether and how signs of safety tool is changing how SWs work

- examples and evidence of the signs of safety tool changing how SWs work

- what supports the effective use of the signs of safety tool in practice

- what challenges the effective use of the signs of safety tool in practice

- actual/expected impact of the signs of safety tool on quality of service

Explore with Group Managers ONLY

- whether and how Parent/carer survey and staff surveys are changing how services are delivered

- examples and evidence of the surveys changing how services are delivered

- what supports the effective use survey data in practice

- what challenges the effective use of survey data in practice

- actual/expected impact of survey data on quality of practice

- whether and how ChildStat is changing how services are delivered.

- examples and evidence of ChildStat changing how services are delivered

- what supports the effective use of ChildStat in practice. Spontaneous then probe:

  - right type and number of people attending meetings

  - clear focus and actions from meetings

  - data presented in a helpful way to inform discussions

  - champions other than analysts available to put lessons/trends learned into practice

- what challenges the effective use of ChildStat in practice

- actual/expected impact of ChildStat on quality of practice

Explore with ALL practitioners and managers

Researcher note: Following discussion of the above activities, explore the impact of the activities with all participants.

- overall, whether/how the activities discussed are contributing to outcomes. Spontaneous then probe:

  - data warehouse used

  - ChildStat information used

  - MI infrastructure/processes in place

  - use of an outcome focused and evidence based approach to SW

  - improvements in allocation of SW time

  - improvements to Unit referral criteria

  - better understanding of the specific needs of families within units

  - identification of needs/interventions/tools to develop as a result of improved understanding from data

Learning and teaching organisation (5 minutes)

Researcher note: Explain there are a range of activities underway to help meet the fourth element of FI – NCC becoming a learning and teaching organisation. These include:

- development of a culture of learning and sharing work at a case level, unit level and group level

- career and professional development offer to staff

- influencing practice curriculum in Newcastle, including collaboration with local HEIs

- regional teaching partnership (staff unlikely to be aware of this though NCC has made a bid to DfE for support to push forward on this work)

We are specifically interested in understanding impact so with these activities in mind, which have been the most effective in helping realise the vision of Newcastle as a learning and teaching organisation?

- whether and how a culture of learning and sharing within and across teams and services has developed

- examples and evidence of a culture of learning and sharing

- what supports a culture of learning and sharing amongst staff/partners

- what challenges a culture of learning and sharing amongst staff/partners

- actual/expected impact a culture of learning and sharing on practice/services

- whether and how staff benefit from a career and professional development (CPD) offer in Newcastle

- examples and evidence of a CPD offer being delivered

- what supports the delivery of a CPD offer

- what challenges the delivery of a CPD offer

- actual/expected impact of CPD offer on practice/services

- whether and how Newcastle has influenced social work practice curriculum in the area

- examples and evidence of social work practice curriculum being influenced

- what supports the ability of Newcastle to influence SW practice curriculum

- what challenges the ability of Newcastle to influence SW practice curriculum

- actual/expected impact of the changes seen to SW practice curriculum on practice/services

Researcher note: The following batch of questions is low priority

- whether and how a regional teaching partnership has developed in Newcastle

- examples and evidence of a regional teaching partnership

- what supports the delivery of a regional teaching partnership

- what challenges the delivery of a regional teaching partnership

- actual/expected impact of a regional teaching partnership

Researcher note: Following discussion of the above activities, explore the impact of the activities with all participants.

- overall, whether/how the activities discussed are contributing to outcomes. Spontaneous then probe:
  - impacts on regional social work curriculum
  - improvements to staff skills
  - improvements to staff satisfaction due to career progression opportunities
  - improvements to ways of working as a result of cross team working/evidence based working
  - improvements to family/children satisfaction

- improvements to partner relationships with HEIs

Suggestions & Lessons learned (3 minutes)

Section aim: to summarise any suggestions for ways of improving the quality of service children and families receive. Wind down the interview, provide the opportunity for participants to share anything they have yet to, and express gratitude and complete remaining housekeeping tasks.

- key lessons learned in relation to the Unit model of children's social care service delivery in Newcastle
- suggestions for learning that could apply to other local authorities should a similar model be implemented elsewhere
- any further comments or reflections?
- thanks, and final housekeeping

Appendix 3 – Logic Model

Logic model overview

The logic model is a **tool** used by the evaluation team to ensure we understand the Family Insights programme – what the changes being made are and what NCC wants to achieve through these changes.

Ultimately the evaluation seeks to **measure and understand impact** the Family Insights programme has had on families, staff and Children's Services as a whole.

The logic model is used by the evaluation team to help us understand the Family Insights programme and to ensure that the evaluation **measures the right things** in the right way – for both the process evaluation and impact assessment.

The logic model **links what the programme is doing to what it wants to achieve**.

The logic model illustrates the components of the programme under **four categories**:

- **Inputs** – these are the elements being invested (e.g. budget, time, resources) into the programme to facilitate the changes.

- **Activities** – these are the processes and delivery mechanisms being used.

- **Outcomes** – short to medium term changes or benefits.

- **Impacts** – longer term changes or benefits.

For the Family Insights programme, we have consolidated activities and outcomes into the **four key strands** of the programme (social workers as agents of change, needs based segmented social work units, strengthened analytics, NCC as a teaching and learning organisation.

The following slide presents the current understanding of the Family Insights programme via the logic model.

Newcastle City Council
Family Insights Logic Model

inputs → activities → outcomes → impacts
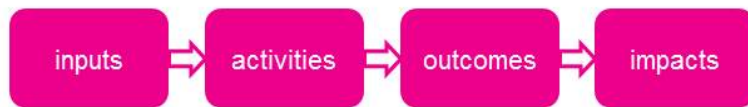
Family Insights design

Between 2015-2017, NCC aims to develop a new Children's Social Care model that offers families a response tailored to meet their needs and that brings about lasting change. The new system seeks to:

- Ensure Social Workers are agents of change
- Establish a needs-based approach via segmented social work units
- Enhance performance through strengthened use of analytics
- Enable NCC to become a teaching and learning organisation

In doing so NCC aims to enable more families to stay safely together and reduce the proportion of families that need direct help from Children's Social Care and other public services. For those families that do need help, the collective response will be tailored to meet their needs, providing the right support first time that promotes lasting change. Across Children's Services, NCC wishes to promote innovation and drive continuous development.

Key assumptions

- Systemic approach theory can be applied within social care
- Innovation Fund resources are sufficient
- Change and impact of activities can be maintained
- Use of MI will influence and improve practice, and staff will contribute to and use MI
- Staff will adapt to change of roles/practice
- It is possible to protect caseloads for SW's
- SWs can and want to become agents of change
- Analysts and business admin staff can become integrated into unit teams
- Partners want to and will work with Newcastle, incl. HEIs, service providers
- Lessons learned from units will filter out to other teams, incl. area teams

Inputs

- Financial investment (DfE Innovation Fund and NCC funding)
- Senior management time and support
- Operational staff time
- Operational staff training
- Strategic consultancy from Social Finance
- Strategic partners (knowledge, support, investment)
- Systems for data warehouse and MI e.g. ChildStat
- Mobile working systems and technology

Activities

Social workers as agents of change
- Mobile working rolled out
- Systemic practice training
- Redesign of CareFirst system
- Redesign of Child and Social Care Assessment

Segmented social work units
- Group supervision and co-working cases
- Unit staff recruited, incl. Consultant SW, Unit Coordinator
- Units developing appropriate (relevant) ways of working
- Identifying and working with specialist partners
- Analytical design and testing of segments, including transfer of cases into units by concern factors

Strengthened analytics
- Development of MI dashboards
- Social Finance delivering training on MI
- Unit analysts recruited and data/analysis capacity building
- Signs of safety tool developed and staff training delivered
- Service user (family) and staff surveys
- Design and development of a data warehouse

Teaching and learning organisation
- Teaching partnerships in development
- Community Family Hubs formalised and working arrangements in development
- Development of Newcastle Curriculum

Change management
- Engagement event with partners hosted
- Communications to staff delivered
- Communications officer recruited
- Learning from the evaluation

Outcomes

Social Workers as agents of change
- Increase direct work with families from 27% to 50%
- Sustained 'systemic' family-centred and holistic activities w/ families delivered by SWs
- Improved total average distance traveled score between the initial and final measurement points

Segmented social work units
- Reduced caseloads
- Increased specialist staff skills
- Better contacts and working with specialist services
- Proportion of unit step down cohort subsequently re-referred to CSC at any point since unit intervention as a percentage of the total number of children supported by the Unit
- Increased reflective practice
- Reductions in the escalation rates in CIN and CP to LAC by 16%
- Reductions in re-referral rates

Strengthened analytics
- Data warehouse used
- Effective infrastructure and processes in place for MI
- Use of an outcome focused and evidence based approach to SW (including feedback from families via service experience surveys)
- Improved allocation of social work time (% on each task)

Teaching and learning organisation
- More effective and efficient collaboration with HEIs
- Increased joint ventures and new social enterprises
- Improved preventative or lower level support
- Fewer children reaching safeguarding threshold
- NCC curriculum
- Staff become critical thinkers

Change management
- Improved understanding of FI aims
- Improved understanding of roles and responsibilities of staff and partners
- Improved buy-in of staff and partners to FI

Together, these outcomes aim to deliver a range of benefits to SWs and benefits to families:
- Reduced staff sickness levels
- Improved workforce satisfaction
- Improved rates with services
- Higher proportion of families responding positively when asked whether care and support made a difference
- Improved response to signs of safety scaling question (used as a distance travelled tool)
- More positive responses about experience (self-reported) to measure progress on aspects of safety/strength
- Improved satisfaction with services at step-down
- improved outcomes specific to each needs-based segment (to be defined and agreed by NCC during scoping) to measure wellbeing

Impacts

- Reduce demand at Tier 4 – NCC expects to see a reduction in time spent in LAC, CP, CIN by 9%;
- Address the 'revolving door' dynamic – NCC expects to reduce the number of families that need repeated assistance from Children's Social Care (20% of current cases are a re-referral), in doing so reducing the amount of work that is repeated or duplicated;
- Reduce service costs – NCC expects to reduce the cost of Children's Social Care as a result of other impacts.

Family Insights
A new paradigm for Social Work

*MI is short hand for Management Information.

Appendix 4 – Achieved Qualitative Sample by Waves
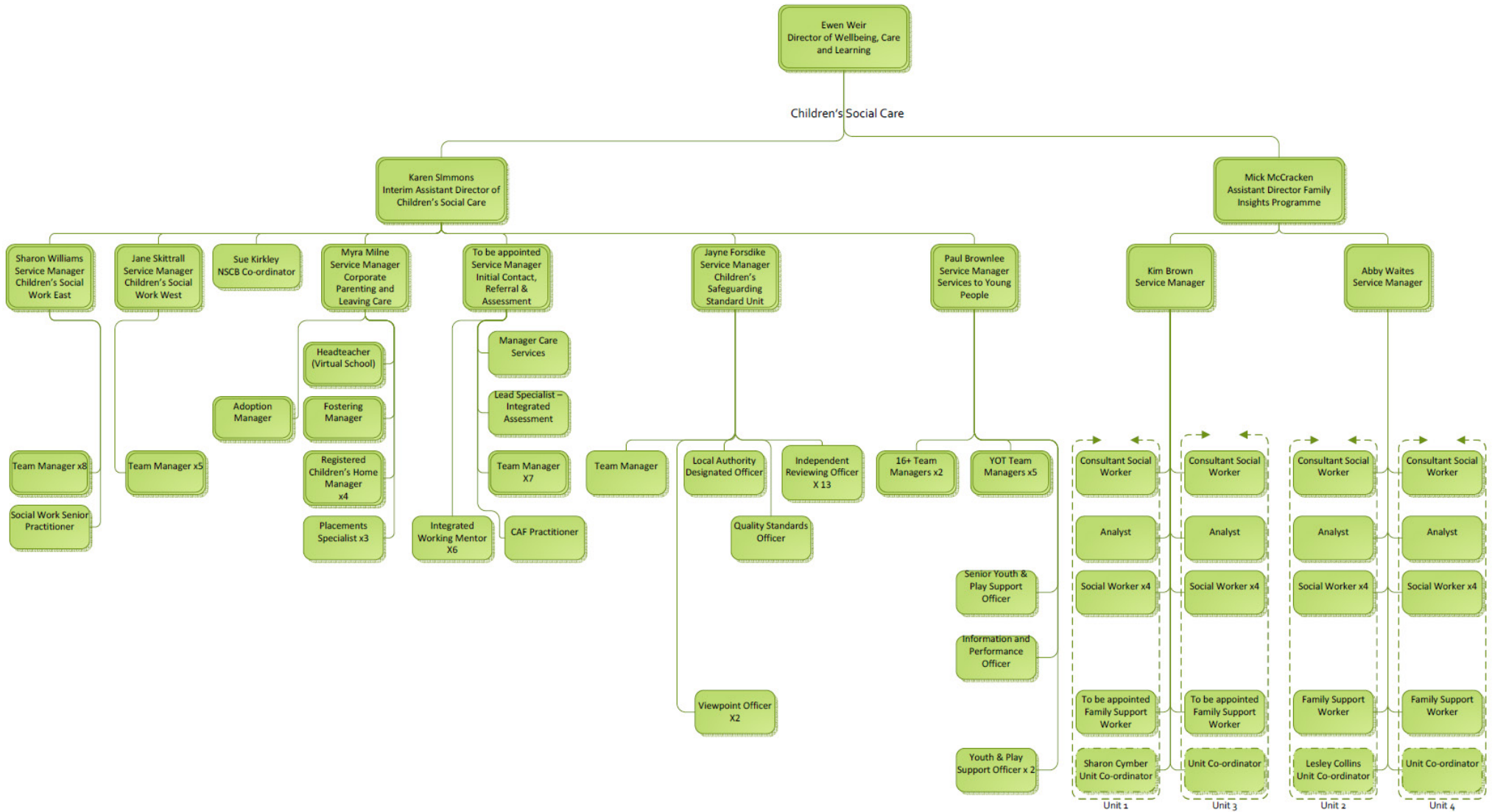
Table 1: Achieved qualitative sample by waves

Role type	Scoping Stage	Wave 1	Wave 2	Wave 3	Wave 4
Strategic/Senior Management*	12	7	9	6	34
Middle Management**	2	3	3	2	10
Frontline Staff***	15	9	17	16	57
Business Admin Support	1	-	2	2	5
Analysts	4	-	3	2	9
Partners	3	2	4	17	26
Families	-	-	4	9	13
TOTAL	37	21	42	54	154

* Strategic/Senior Management = Strategic Board members, Head of Service and Service Manager

**Middle Management = Team Manager

***Frontline Staff = Consultant Social Worker, Family Support Worker, Social Worker, Practitioner and Independent Reviewing Officer

Appendix 5 – Family Insights Service Structure at the point of launch in May 2015

Ewen Weir
Director of Wellbeing, Care and Learning

Children's Social Care

Karen Simmons
Interim Assistant Director of Children's Social Care

Mick McCracken
Assistant Director Family Insights Programme

Sharon Williams
Service Manager Children's Social Work East

Jane Skittrall
Service Manager Children's Social Work West

Sue Kirkley
NSCB Co-ordinator

Myra Milne
Service Manager Corporate Parenting and Leaving Care

To be appointed
Service Manager Initial Contact, Referral & Assessment

Jayne Forsdike
Service Manager Children's Safeguarding Standard Unit

Paul Brownlee
Service Manager Services to Young People

Kim Brown
Service Manager

Abby Waites
Service Manager

Headteacher (Virtual School)

Manager Care Services

Adoption Manager

Fostering Manager

Lead Specialist – Integrated Assessment

Team Manager x8

Team Manager x5

Team Manager X7

Team Manager

Local Authority Designated Officer

Independent Reviewing Officer X 13

16+ Team Managers x2

YOT Team Managers x5

Consultant Social Worker

Consultant Social Worker

Consultant Social Worker

Consultant Social Worker

Social Work Senior Practitioner

Registered Children's Home Manager x4

Analyst

Analyst

Analyst

Analyst

Placements Specialist x3

Integrated Working Mentor X6

CAF Practitioner

Quality Standards Officer

Social Worker x4

Social Worker x4

Social Worker x4

Social Worker x4

Senior Youth & Play Support Officer

Information and Performance Officer

Viewpoint Officer X2

To be appointed Family Support Worker

To be appointed Family Support Worker

Family Support Worker

Family Support Worker

Youth & Play Support Officer x 2

Sharon Cymber Unit Co-ordinator

Unit Co-ordinator

Lesley Collins Unit Co-ordinator

Unit Co-ordinator

Unit 1

Unit 3

Unit 2

Unit 4

Appendix 6 – Staff questionnaire

1. Work satisfaction

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My work gives me a feeling of personal achievement	☐	☐	☐	☐	☐
I feel encouraged to develop better ways of doing things	☐	☐	☐	☐	☐
I enjoy coming to work most days	☐	☐	☐	☐	☐
I think families value the work I do with them	☐	☐	☐	☐	☐
I often feel very stressed by the nature of my work	☐	☐	☐	☐	☐

Any additional comments

2. Time and resources

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I have sufficient time to work effectively with families on my caseload	☐	☐	☐	☐	☐
I can access the expertise of others to support me in my work	☐	☐	☐	☐	☐
I have the right tools and resources to work effectively with families	☐	☐	☐	☐	☐
I often work over my contracted hours to cope with my workload	☐	☐	☐	☐	☐

Any additional comments

3. Peer and management support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I am able to regularly reflect on my work with experienced colleagues	☐	☐	☐	☐	☐
My line manager provides me with regular supervision and feedback	☐	☐	☐	☐	☐

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I receive supervision which helps me do my job better	☐	☐	☐	☐	☐
I feel appreciated by colleagues and managers	☐	☐	☐	☐	☐

Any additional comments	

4. Learning and development

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel I have the knowledge and skills I need to work effectively with families	☐	☐	☐	☐	☐
I get the training and development I need to do my job well	☐	☐	☐	☐	☐
Manager encourages and supports me to develop my skills	☐	☐	☐	☐	☐
I have enough time to undertake learning and development	☐	☐	☐	☐	☐

Any additional comments	

5. Communication and involvement in decision making

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My organisation keeps me well informed about changes affecting my work	☐	☐	☐	☐	☐
If I have an idea or a concern I feel confident about raising it with managers	☐	☐	☐	☐	☐
I feel fully involved in decisions about my day to day work	☐	☐	☐	☐	☐
My organisation provides regular opportunities for staff to share their ideas or concerns	☐	☐	☐	☐	☐

Any additional comments

> [blank box containing the number 59]

6. Organisational support

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
My organisation's policies and procedures are clear and helpful	☐	☐	☐	☐	☐
I feel my organisation supports me in my professional judgement and decision-making	☐	☐	☐	☐	☐
My organisation enables me to access resources on good practice, research and new legislation	☐	☐	☐	☐	☐
My organisation supports effective partnership working with other agencies	☐	☐	☐	☐	☐

Any additional comments

> [blank box]

7. What is your main role?

☐ Un-progressed Social Worker

☐ Progressed Social Worker

☐ Senior Practitioner

☐ Consultant Social Worker

☐ Team Manager

☐ Service Manager

Other (please specify)

8. Which team are you a part of?

☐	IRS	☐	Family Insights unit
☐	East	☐	16+ team
☐	West	☐	Youth Offending Team
☐	Children with Disabilities		

Other (please specify)

9. How long have you worked in Children's Social Care?

☐ Less than one year

☐ Between one and 3 years

☐ Between 4 and 6 years

☐ Between 7 and 10 years

☐ Over 10 years

QB1. In a recent typical week, what proportion of your time do you spend working directly with families?

Please estimate the time if you are unsure. If you do not work directly with families please tick not applicable.

PLEASE SELECT ONE BOX ONLY

☐ Less than 10%

☐ Between 10% and 24%

☐ Between 25% and 49%

☐ Between 50% and 74%

☐ Between 75% and 89%

☐ 90% or more

☐ Not applicable

Appendix 7 – Service User Questionnaire

Questions for Social Workers

We are going to contact this family for the Parent and Carer Survey. Please think about barriers and successes you have with this family as well as other services they have accessed. Answer the questions on the scale of: Strongly disagree (1), Disagree (2), Neither agree nor disagree (3), Agree (4), Strongly Agree (5) or Does not apply (NA). Please also think of a few examples to explain why you think things are going well and/or what you think could be improved.

Social Worker questions	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	
	1	2	3	4	5	NA
Parents make themselves available to me by phone or for meetings						
Parents listen to what I say to them						
Parents tell me the truth						
Parents and I often disagree						
Parents behave aggressively towards me						
Parents put my recommendations into practice						
At the moment, I think this family are going to make sustainable change						
Any other comments:						

Questions for Parents

Please think about the support you, your child and/or other household members have received from your allocated social worker. Answer the questions on the scale of: Strongly disagree (1), Disagree (2), Neither agree nor disagree (3), Agree (4), Strongly Agree (5) or Does not apply (NA). Please also think of a few examples to explain why you think things are going well and/or what you think could be improved.

My family's allocated Social Worker:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
	1	2	3	4	5	NA
I understand why social care are involved with my family.	☐	☐	☐	☐	☐	☐
Helps me to plan how I will deal with things I find difficult.	☐	☐	☐	☐	☐	☐
Provides my family with emotional and practical support.	☐	☐	☐	☐	☐	☐
Gets me in touch with the right services and agencies when I need other types of help.	☐	☐	☐	☐	☐	☐
Spends enough time with me.	☐	☐	☐	☐	☐	☐
Takes my views into account.	☐	☐	☐	☐	☐	☐
Takes my child's views into account.	☐	☐	☐	☐	☐	☐
Keeps me informed about decisions and actions that are taken.	☐	☐	☐	☐	☐	☐
I can talk to our social worker about my problems	☐	☐	☐	☐	☐	☐
Is someone that gets things done	☐	☐	☐	☐	☐	☐
Helps me develop the skills we need to handle challenging situations without the need for social care involvement.	☐	☐	☐	☐	☐	☐
Things have got better since our worker got involved	☐	☐	☐	☐	☐	☐

Other Services

Please think about the support you, your child and/or other household members have received for each service, if any, that you have been referred to by your social worker. Please think of a few examples to explain why you think things are going well and/or what you think could be improved. Answer on the scale of: Strongly disagree (1), Disagree (2), Neither agree nor disagree (3), Agree (4), Strongly Agree (5) or Does not apply (NA).

The service my family is working with:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Does not apply
	1	2	3	4	5	NA
Things have got better since the service got involved	☐	☐	☐	☐	☐	☐
Helps me to put plans in place to deal with things I find difficult.	☐	☐	☐	☐	☐	☐
Provides the support I need when I need it.	☐	☐	☐	☐	☐	☐
Makes me feel relaxed and welcome.	☐	☐	☐	☐	☐	☐
Treats me fairly.	☐	☐	☐	☐	☐	☐
Helps me develop the skills we need to handle challenging situations without the need for the service.	☐	☐	☐	☐	☐	☐
Communicates well with my social worker to make sure I get the help I need.	☐	☐	☐	☐	☐	☐
I understand why the service has been working with me/us.	☐	☐	☐	☐	☐	☐

Appendix 8 – Management Information

The Management Information metrics identified for the evaluation are shown below.

Primary organisational:
1. Allocation of social work time (% on each task)
2. Total average distance travelled score between the initial and final measurement points for all cases closing in the time period of interest
3. Proportion of unit step-down cohort subsequently re-referred to CSC at any point since unit intervention as a percentage of the total number of children supported by the Unit
4. Escalation rates and length of stay (across CiN, CP and LAC) will be used to evaluate the broadest impact of focusing social workers as agents of change, and through the new segmentation.
   a) Reductions in the time spent in CIN, CP and LAC by 9%
   b) Reductions in the escalation rates in CIN and CP to LAC by 16%
   c) Reductions in re-referral rates

Staff measures:
5. Engagement rate with services – baseline staff survey, and distance travelled at Year 1
6. Staff skill levels – as above
7. Staff sickness level –admin data at baseline, and Year 1
8. Workforce satisfaction – baseline staff survey, and distance travelled at Year 1

Primary Family:
9. Proportion of families responding positively when asked whether care and support made a difference
10. Indicators for children, young people, family and carers will include:
    a) Signs of safety scaling question (used as a distance travelled tool)
    b) Experience (self-reported) to measure progress on aspects of safety/strength
    c) Satisfaction with services at step-down (proportion of families responding positively when asked whether care and support made a difference)

Primary partners (longer-run):
11. Longer-term indicators for child/family outcomes, to be designed into the evaluation but collected at 2 and 3 year time points are:
    a) % of C&YP still at home
    b) % of C&YP in school/training/ employment
    c) % of YP with no new criminal charges
12. Proportion of unit cohort achieving EYFSP / KS2 / KS4 - a) active cases and b) post case closure placeholder
13. Proportion of unit cohort in education, employment or training – a) active cases and b) post case closure
14. Proportion of unit cohort with no new charges - a) active cases and b) post case closure placeholder (dependent on Police data sharing)

For a number of measures, such as case closures and the average length of cases, data from before and after Family Insights was available, allowing for a pre and post comparison. However, for a number of other measures, such as signs of safety scoring, data was only available for the duration of the intervention.

Appendix 9 – Needs-segmented social work units in Newcastle

Newcastle City Council segmented the children's social care population into groups of children and families with similar needs and characteristics. Below are the four units live during the evaluation, along with the concern factors used to identify cases within each unit.

Unit 1 - Physical Abuse with parental underlying issues (actual or likely):

- Risk of Actual Physical Abuse or Child Domestic Violence recorded

- At least one of: Parent Mental Health or Parent Drugs or Alcohol

- Without: Sexual Abuse, Sexual Exploitation

Unit 2 - Children aged over 7 years old with problematic behaviour:

- Child aged 7+

- At least one of: Child Mental Health or Child Self Harm or Child Socially Unacceptable Behaviour or Child Drugs or Child Alcohol

- Without: Sexual Abuse, Sexual Exploitation, Physical Abuse, Child Domestic Violence

Unit 3 – Domestic Violence without parental underlying issues:

- Parent Domestic Violence or Other Domestic Violence

- Without: Sexual Abuse, Sexual Exploitation, Physical Abuse, Child Domestic Violence, Child Mental Health, Child Self Harm, Child Socially Unacceptable Behaviour, Child Drugs, Child Alcohol, Parent Mental Health, Parent Drugs, Parent Alcohol

Unit 4 – Neglect:

- Neglect

- Without: Sexual Abuse, Sexual Exploitation, Physical Abuse, Child Domestic Violence, Parent Domestic Violence, Other Domestic Violence, Child Mental Health, Child Self Harm, Child Socially Unacceptable Behaviour, Child Drugs, Child Alcohol, Parent Mental Health, Parent Drugs, Parent Alcohol

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