The use of research evidence regarding 'what works' in local authority child protection systems and practice

An analysis of five local authorities

Produced by Research in Practice, as part of a wider project on improving the effectiveness of the child protection system, commissioned by the Early Intervention Foundation (EIF) in collaboration with the Local Government Association (LGA) and supported by the NSPCC, Research in Practice and the University of Oxford.

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Executive Summary

Introduction

This research paper was produced as part of a wider project on improving the effectiveness of the child protection system, commissioned by the Early Intervention Foundation (EIF) in collaboration with the Local Government Association (LGA) and supported by the NSPCC, Research in Practice and the University of Oxford. The project had five strands, all of which are published as separate research papers. An overview report, published by EIF and the LGA, brings together the key findings, lessons and recommendations from this wider programme of research.[1]

The research project overall seeks to identify:

- the evidence base for effective systems, interventions and practice in child protection and work with vulnerable children
- how local authorities engage with and use that evidence in designing local systems, commissioning interventions and supporting social work practice
- information about costs and benefits of specific interventions as they are implemented in practice
- an overview of demand for child protection services and the extent to which this demand is being met in local authorities across England.

This strand of the project sought to provide an overview of:

- the support and interventions received by children and families who have been assessed as needing a social care response
- the extent to which practice and systems are believed to be based on or informed by evidence of effectiveness.

This report is the result of fieldwork exploring these issues with five local authorities. The local authorities were selected to reflect different locations, sizes and structures of authority as well as political leadership. Interviews were conducted with the Lead Member, commissioning lead and practice lead in each authority and a focus group with practitioners in each authority was also conducted.

Key findings

The research identified a wide variety of structures, services and approaches in place in the five authorities. Some authorities were using services and approaches identified in Strand 1 of this project as having evidence of effectiveness, but there were also a number of locally developed and innovative approaches being used. The diagrams in 'Appendix A' depict the different arrangements in each authority.

Local authorities are making decisions about how to keep children safe based on a range of knowledge sources and in the face of many complex factors. Research evidence is one of the tools that local authorities use to design and deliver effective services to vulnerable children and families. The extent to which research evidence is used varies between and within local authorities, and is itself influenced by a range of other factors.

[1] This paper and others in the series can be accessed via the EIF website, at http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview

Evidence, in all its forms, influences the tactics that local authorities choose to achieve their strategic aims, including:

- selecting the services and interventions provided, and building a business case for investment in particular approaches
- the design of structures through which interventions and services are provided
- influencing the direct work that practitioners do with children and families.

Strategic drivers

The local authorities in the study had all introduced new services and ways of working over recent years, as might be expected given the ever-changing context in which local authority children's services operate. These efforts, and the underpinning thinking, were driven by numerous factors including the expectation of national policymakers and inspection and the need to make savings now and in the longer-term.

In addition to responding to national requirements, the commissioning and practice decisions in all the participating local authorities were informed by an understanding of local challenges and priorities. This information was seen as an important strand of evidence. Local authorities used local data, inspection findings and feedback from practitioners and families to identify local needs and set priorities for improving the services available.

Four out of the five authorities had adopted an overarching set of principles or service philosophy based on both values and evidence to help guide the decisions about what services to provide and how. This overarching approach helped authorities to clarify the role of the core social work teams, secure the contribution of other agencies, and provide consistency in approach across teams and across agencies. The influence of these principles was articulated in many ways, casting an interesting light on the way research evidence exists alongside and interacts with wider understandings.

These local drivers had led to variety in the services and approaches adopted in each of the authorities. This variation includes what services were commissioned, who delivers services and how (for example, whether core social work teams do direct work with families or refer to specialist services), and the extent to which social work practitioners work alongside practitioners from other agencies.

The services and interventions provided by local authorities

Participants were asked to describe the services available to provide support in common types of cases. This revealed some variation in the services available, and how far they were thought to be effective at meeting these needs.

When compared to the list of interventions and services identified in Strand 1 of this project *Improving the Effectiveness of the Child Protection System* (Schrader-McMillan and Barlow, 2017), all the local authorities were using one or more of the approaches listed. Those available in more than one local authority include Family Group Conferencing, Multi-Systemic Therapy, Family Nurse Partnership, intensive family support for families in crisis and therapeutic support for children who have experienced sexual abuse.

Reported barriers to providing effective services included:

- **a lack of resources:** all authorities could identify services that practitioners felt were effective but were no longer available due to budget cuts
- **a lack of capacity:** where services were available but lacked sufficient capacity and children were held on waiting lists or referrals were declined
- **strict referral criteria:** particularly, but not exclusively, reported in relation to evidence-based programmes where it was felt that families who needed support were not eligible for the service available.

How research evidence is used

Research evidence is just *one of many* sources of information and expertise that social workers, commissioners and managers draw on in order to design and deliver services to vulnerable children and their families. Local authorities draw on quantitative research and qualitative research. They use different forms of research on effectiveness, drawing on evaluations of interventions to meet specific needs as well as qualitative evidence about ways of working with vulnerable families to shape services, train staff and work directly with families.

Evidence-based programmes (manualised programmes with a robust research base) were seen as most valuable when programmes:

- were designed to meet needs identified as a priority locally
- had staffing and capacity requirements that could be met by the local workforce
- had supporting information about costs and benefits that could be used to support a business case.

Those authorities that had chosen such evidence-based programmes as part of a wider strategy largely reported good experiences:

- Commissioners and practitioners reported good outcomes for children and families, and practitioners felt that, in some cases, these programmes could achieve better outcomes than standard social work practice due to the lower caseloads and the intensive support that this facilitated.
- Some practitioners involved in delivering these programmes reported changing their wider practice with children and families as a result, though this was challenging to maintain outside of the context of the formal programme.
- In some cases, commissioners could identify costs avoided as a result of combining evidence-based programmes with wider system change, though – due to rising demand - the costs avoided did not always translate into concrete savings.

Challenges associated with commissioning evidence programmes were identified as:

- the upfront costs of implementation, which were not always understood or factored into planning - or could act as a disincentive where they were
- securing the capacity to deliver programmes consistently at the scale demanded by local need
- ensuring sufficient referrals into the service to secure the desired throughput and financial benefits.

Some of the authorities had overcome these challenges by:

- Producing a business case showing the medium-term benefits to justify/offset the initial outlay of establishing the service, though for some authorities this was a barrier that they could not overcome, even with evidence of benefits in the medium term, due to the need to make urgent savings.
- Working closely with the voluntary sector to increase capacity for delivery, in particular to expand the use of Family Group Conferencing.
- Incorporating the introduction of the programme into a wider process of culture change around direct practice.

Evidence-*informed* services, based on key messages from research but not always supported by experimental evaluation, also played an important role. Such interventions were reported as being used where evidence-based programmes were not available or were considered not suitable to meet local needs; for example, in relation to neglect, domestic violence or child sexual exploitation. Adaptation of existing programmes, or practice from other authorities was reported by some to be a key means by which child protection services were able to be informed by evidence. Commissioners and practice leads drew on lessons from evidence-based programmes, evaluations of practice in their own authority and elsewhere and qualitative evidence about ways of working that are valued by children and families.

Examples of these evidence-informed intervention/services included:

- A service for families where neglect was a concern that drew on multi-agency resources to provide intensive and holistic support, including practical support at home. The team around the family provided consistency of relationships and prevented drift by ensuring that even when a social worker was not available, services could still be planned and delivered.
- A service for families experiencing domestic violence or child sexual exploitation informed by research into the relationship and similarities between these two phenomena in terms of unwillingness to disclose, the need for intensive support and work to improve victims' self-esteem and a sense of control over their lives.

Some authorities designed local programmes or services influenced/informed by the evidence of effectiveness of evidence-based programmes, but without committing to the full model licensed by providers. It was acknowledged by some that this approach brought a degree of uncertainty, and that it may be an imperfect solution. Others felt that adaptation was essential and even preferable, however. Examples of interventions/services of this kind included:

- Edge of care services working with adolescents that include service provision at evenings and weekends and access to psychological support for both the young person and the family.
- Family meetings to discuss future plans for the child facilitated by the family's social worker (rather than an independent facilitator).

These authorities had sometimes found it challenging to ensure that these services had the capacity to work with the number of children and young people who could benefit. Staff delivering the service were diverted to meet other demands, such as working with children who were already looked after, or to manage rising caseloads in the core social work service.

Direct practice with children and families is influenced by research evidence, but participants were clear that this research evidence was considered alongside practice wisdom and the experiences of children and families. Within core social work teams, social workers and practice leads drew predominantly on qualitative research to inform their work with children and families. Practitioners accessed this research through:

- online research summaries and briefings
- training sessions and masterclasses, often led by academics who had produced the research
- supervision sessions with managers and more experienced practitioners
- sharing new research among colleagues and at team meetings
- accessing expert knowledge from other teams and agencies, including the voluntary sector projects.

Barriers to using research included practitioners not having:

- **time** (and/or explicit permission) to seek out research and to keep up to date with new research findings
- **confidence** that research was robust and would stand up to challenge in the courts
- **opportunities** to discuss and apply the research in order for it to become embedded in their practice.

Research, it was reported, informed the assessment and planning process that social workers undertook with children and families. Research evidence helped practitioners to understand the level and nature of risks of harm to children, and some authorities used assessment tools designed to support the application of evidence and professional judgement in making these decisions. However, of equal, if not more, importance than using research about risks, was understanding the lived experience of children and their families and the complexities and nuance of the challenges that these families face. More than once during the project, participants emphasised the centrality of professional wisdom and of knowing the children and families, noting that research was not necessarily considered to be of greater weight than these other sources of knowledge.

Research was described as influencing the therapeutic work that social workers provided to children and families, by providing them with ideas about the potential causes of family difficulties and ways of addressing those difficulties through direct work. Given the varied caseloads managed by core social work teams, practitioners often sought research to support them in managing needs that they had not come across before, or had not dealt with for some time. However, the extent to which social workers could identify specific pieces of research that they used in this way was limited.

As noted above, research was not used in isolation. Practitioners did not feel that research evidence could provide them with ‘all the answers’ about how to work with a particular family. They combined their knowledge of research with their own professional expertise and experience, and their knowledge of the individual family.

They used their professional expertise to:

- build the relationships that were necessary to overcome barriers to engagement with more specialist services.

- devise innovative approaches or adapt existing approaches to suit the needs of particular families.
- listen to children to understand their experiences and communicate these experiences to parents to stimulate change.

This approach, however, left some (for example, newly qualified social workers) unsure about what techniques and approaches they could use in particular circumstances. There remains a need to help these practitioners understand how to access knowledge, and how to recognise high quality evidence amongst less robust material available.

The local authorities **supported the workforce to use evidence** by:

- trying, with varying degrees of success, to reduce caseloads to free up time to do direct work with families
- providing access to research summaries and resources
- offering access to training that gave practitioners the opportunity to discuss current research with academics and their peers. This approach was felt to be more effective at embedding understanding of research than reading research in isolation.

Evidence also informs **system design**, the way in which different programmes and services are organised to ensure clear pathways for children and families. Commissioners and practice leads also considered research when designing the structures of local systems. Messages from research that were thought to be particularly pertinent in this regard included:

- the importance of relationships between practitioners and families, resulting in efforts to reduce the number of changes in worker that families experience as the level of risk changes
- the multi-dimensional nature of many families' problems, resulting in efforts to increase collaboration between practitioners with different skills and experience
- the different support needs of different age groups, leading to dedicated teams and services working with this age group.

Much direct work with children and families was reported as being carried out by practitioners from other disciplines, such as family support workers, youth workers and psychologists. These non-social work practitioners often did substantial amounts of direct work with children, young people and families and were seen as being very skilled at building relationships and bringing about change.

Specialist teams provided expertise in working with families with particular needs; for example, domestic violence, CSE or specialist parenting assessments. These teams were reported to be more able to access and interpret research relating to their specialist work because their work was more focused on a specific area of practice; their caseloads were often limited and they received specialist training which incorporated the most recent research. However, local authorities sometimes found it challenging to ensure that this research and understanding was disseminated to the wider workforce. This became problematic when the specialist teams declined referrals due to capacity or referral criteria, or when the specialist teams were no longer available due to funding cuts.

Conclusion

It is clear from this research that there is significant variation in the types of services and approaches being used in the five authorities participating in the study. This variation stems from differences in the local context, including different priorities and local needs, different philosophies of practice and consequent definitions of the role of social work, and varying attitudes to the use of evidence (between and within authorities). In terms of designing their approach, the authorities participating in the study can be loosely divided into two groups:

- Those driven by data on local needs to develop specific approaches to meet those identified needs (LA2 and LA5).
- Those authorities driven by a clear philosophy of social work practice leading them to develop general social work expertise to meet the needs of children and families at a range of levels of need (LA1, LA3 and LA4).

This is certainly not to say that the authorities were not also undertaking the approach of the other group, but rather that they appeared to be emphasising one approach over the other.

Within this variation, however, there were some striking similarities. For example, all the authorities were using some form of family decision-making process to help families participate in making plans for the support they would be offered, signaling a commitment to 'working with', rather than 'doing to' families. All the authorities were thinking about how the expertise of non-social work practitioners could be used to further benefit families, while freeing social workers for core tasks, including forming high-quality relationships and undertaking analysis of the family's difficulties and strengths.

Evidence was used throughout the process of designing, commissioning and delivering services and support to families, but formal academic research was only *one piece of the puzzle*. For some, research evidence about what works and the associated cost-benefit data helped to justify investment in a particular programme. Where the cost-benefit data and/or evidence of effectiveness was weaker, local authorities had to take a risk that services which were developed along the lines of sound principles or theory would enable them to achieve the desired results. Authorities identified limitations in how far evidence could answer the challenging questions posed by resource constraints and the changing needs profile of families and communities. Evidence was not felt to be a panacea that could be applied to reduce demand and improve outcomes. Using research in commissioning requires professional skill and understanding of what evidence can and cannot offer in terms of 'what works', and understanding of implementation is a crucial part of the knowledge base needed to inform effective commissioning.

Authorities were not allowing the limitations of available research evidence to hold them back from thinking about how best to meet families' needs. Instead they were trialling evidence-informed programmes, 'evidence-inspired' approaches and innovative services in an attempt to find out what worked for the families they worked with. Authorities drew on a range of other evidence: local research and needs analysis; past experience of what had (and had not) worked in their authority; and learning from other authorities and the practice wisdom of practice leaders and social workers when devising new approaches to working with families. They also reported listening to feedback from families using services, and from other agencies, to determine how they could change the system to provide better experiences for families and enable good social work practice.

The explicit use of evidence was arguably stronger (or more clearly articulated) in the commissioning and system design process than in direct social work practice – though this needs further exploration. This is perhaps because the drive for efficiency and value for money leads managers to look for evidence to justify investment and the use of evidence is therefore more explicit and visible. Research evidence provided key principles to guide social workers' actions, and specific research evidence was reported to be used particularly in assessing risks and strengths and understanding family dynamics. More broadly, evidence was reported as implicitly informing practice and philosophies – for example, in emphasising the importance of listening to children and families and developing strong relationships in order to bring about change. What happened within those relationships was less explicitly influenced by research; the experiences and wishes of families and accrued practice wisdom through years of experience were seen as equally important re research evidence (and, by some, possibly more important) in determining 'what works' with vulnerable families. In the face of perceived evidence gaps and finite service provision, practitioners adapted lessons from research to meet the needs of individual families, working creatively and experimentally to try to address complex needs.

National policymakers and organisations seeking to support local authorities using research need to go beyond making the results of research accessible. Discourse around 'what works' needs to reflect the complexity of the ever-evolving evidence base and of local authority systems. Prescribed programmes, no matter how strong the evidence of their effectiveness, are one part of a system-wide response to need. Similarly, research evidence more broadly defined is just one element of information that authorities must draw on in their decision-making. The significance of reduced resources cannot be underestimated. Efforts to use other sources of knowledge – such as children's experiences – are valuable, and should be understood as part of the wider evidence base, albeit a less robust source. Local authorities need support to develop their understanding of how to apply research evidence in practice to their own local systems and context, and how to go beyond the commissioning of an individual evidence-based programme to integrating the messages from research into system design, workforce development and social work practice. Improving the research-literacy and evaluation capacity of local authorities is likely to be an important means of augmenting the evidence base.

Implications

The conclusions of this study have implications for the whole system for supporting the development of better child protection systems and practice, and in particular for promoting the use of evidence about what works within these systems. Communicating the conclusions of research evidence needs to be done in a way that acknowledges the complexity of real world child protection systems and practice and the use of professional judgement and expertise in applying research in this context.

The study has shown that the use of research evidence is not restricted to frontline practitioners, but spread throughout the system, used by commissioners and practice leads to develop effective practice with vulnerable children and families. This requires both managers and practitioners to have knowledge of the most recent research and the ability to critically examine available research not only for robustness but for applicability and relevance.

Given the pressures on the time of managers and practitioners, efforts must be made to communicate this knowledge and teach these skills in ways that

maximise impact on day-to-day practice. This is not just a question of making research accessible or providing one-off training sessions, but of giving staff the time to think and reflect on what they have learned and how it can be applied locally.

Implications for different parts of the system

National support to develop the sector's capacity to use research evidence is an important part of augmenting the knowledge base. This involves helping local authorities and partners to develop skills, resource evaluation activity as well as role-modelling thoughtful evidence-generation and impact evaluation.

Policymakers and those engaged in promoting the use of evidence need to ensure that the discourse regarding 'what works' reflects the complexities and realities of contemporary practice and service delivery.

Strategic leaders need to establish a clear vision for support for vulnerable children and their families, including:

- establishing the aims of the services
- setting out priorities based on an analysis of local need
- identifying the principles that should guide service provision.

This vision will guide commissioners and practice leads in performing their roles to ensure a clear and consistent approach to service provision.

Strategic leaders, commissioners and practice leads should seek to design the services, including influencing external services, into a coherent system. This process of system design should draw on:

- local and academic evidence about effectiveness
- the experience of children and families
- feedback from practitioners and partners
- understanding of the evidence relating to implementation.

Beyond knowledge of the interventions and approaches with the most robust evidence base, important considerations when designing systems include:

- the readiness of the system (including workforce) to implement evidence-based interventions and services
- children and families having the opportunity to build relationships with individual practitioners and these relationships being sustained over time
- practitioners having the time and skills to develop these relationships
- there being a variety of services and approaches available for practitioners to choose from, based on their knowledge of the child and family
- there being opportunities for knowledge to be shared across the system, not restricted to silos
- practitioners in partner agencies being able to contribute their specific expertise to supporting families' needs.

*Commissioner*s should ensure that commissioning decisions are informed by:

- the evidence for effectiveness of individual services wherever available
- careful consideration of how adaptation will affect programme fidelity
- a robust view of the distribution of resources across different services

- a clear understanding of implementation costs, workforce development implications and supporting processes (eg, through developing a comprehensive business case)
- a clear and shared understanding of how performance monitoring and outcome measures will be used to assess the service's contribution to children's safety and welfare.

Practice leaders should focus on developing and supporting the workforce to ensure that practitioners have opportunities to:

- develop expertise in specific evidence-based and evidence-informed approaches to practice through training, mentoring and coaching
- apply knowledge from research in direct work with children and families, beyond assessing risks
- learn about available research through interactive and discursive methods, including team-based learning and supervision
- discuss their use of research with supervisors and peers
- obtain expert advice and consult with practitioners from other agencies and disciplines to inform their work with children and families.

The use of research evidence regarding 'what works' in local authority child protection systems and practice.

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1. Introduction

This research paper was produced as part of a wider project on improving the effectiveness of the child protection system, commissioned by the Early Intervention Foundation (EIF) in collaboration with the Local Government Association (LGA) and supported by the NSPCC, Research in Practice and the University of Oxford. The project had five strands, all of which are published as separate research papers. An overview report, published by EIF and the LGA, brings together the key findings, lessons and recommendations from this wider programme of research.[2]

The research project overall seeks to identify:

- the evidence base for effective systems, interventions and practice in child protection and work with vulnerable children
- how local authorities engage with and use that evidence in designing local systems, commissioning interventions and supporting social work practice
- information about costs and benefits of specific interventions as they are implemented in practice
- an overview of demand for child protection services and the extent to which this demand is being met in local authorities across England.

This strand of the project sought to examine the use of research evidence regarding 'what works' in local authority child protection systems, services and practice. This report is the result of fieldwork exploring these issues with five local authorities.

This project was informed by an earlier review of existing evidence regarding where and how local authorities are delivering practices, interventions and systems deemed likely to work. The rapid review of existing literature identified a number of gaps in knowledge and made some recommendations for how understanding might be improved. The report from this review is available at http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview.

This piece of work was also informed by Strand 1 of the project *Improving the Effectiveness of the Child Protection System*, a rapid review of the literature (Schrader-McMillan and Barlow, 2017) identifying effective interventions, programmes and practices.

This project aims to answer a number of questions about what local authorities do to help and protect children and families through children's social care:

- What services and approaches are available to children and families needing help and protection?
- Do practitioners, managers, commissioners and elected representatives working in local authorities think that the services available are a) effective and b) based on evidence of 'what works'?
- What are the barriers and enablers to providing services and practices that are based on evidence of 'what works'?
- To what extent, and in what ways, is research evidence used in commissioning, system design and practice with children needing help and protection?

[2] This paper and others in the series can be accessed via the EIF website, at http://www.eif.org.uk/publication/improving-the-effectiveness-of-the-child-protection-system-overview

- To what extent, and in what ways, are business cases developed when applying specific evidence-based/evidence-informed interventions?
- Have business cases for the delivery of specific evidence-informed interventions resulted in the expected costs and outcomes?

1.1. About the research

Strand 2a of this project reviewed existing evidence about current local authority systems, interventions and practice and concluded that there is significant diversity in the services and interventions used by local authorities, only very partial evidence of what any one local authority is providing and little evidence about the rationale for providing one service rather than another. This study was designed to develop a more detailed picture of systems and practice in a small number of authorities and to explore how local authorities use research evidence to inform decision-making about which services to provide and to which families.

This report sets out findings from interviews and focus groups with Lead Members, commissioners, practice leads and practitioners from five local authorities in England. By interviewing managers and practitioners, the study explores both the strategic choices made by commissioners and the tactical decisions made by frontline staff in individual cases, ie, both which services and approaches are made available within the system through commissioning, and how practitioners decide which of those services and approaches to use with the families they work with.

Telephone interviews were conducted with all participants, including the focus groups. Lead Members from each authority participated. The terms 'practice lead' and 'commissioner', were not used consistently in local authorities and the participants put forward were at different levels of seniority and had different levels of involvement in the details of commissioning, system design and the quality of practice, as shown in Table 1. The officer participants were selected by senior managers within the authority.

Table 1: Interview and focus group participants in each local authority

LA	Commissioner	Practice Lead	Focus Group
1	DCS	AD	Family support workers
2	DCS	AD (PSW role held by AD)	Representatives from two social work teams, including team managers
3	Lead Commissioner	AD (PSW role held by AD)	Representatives from a single social work team including team manager and NQSWs
4	Lead Commissioner	PSW	Mixed group including Child Protection Conference Chairs, advanced practitioners and frontline social workers
5	Lead Commissioner	AD and PSW together	Representatives from one social work team, including team manager and NQSWs

Participants were asked about the services and approaches used in their authority, how far they thought these were effective and based on evidence of effectiveness and the rationale for using these approaches. In order to gather more detail about what services are available for different groups, participants were:

- provided with pen pictures of common case scenarios and asked to describe how the authority would respond to the needs described
- prompted to discuss the availability and application of some of the interventions identified as effective (see Strand 1 by Schrader-McMillan and Barlow, 2016)

Transcripts of the interviews and focus groups were analysed thematically, guided by themes identified in Strands 1 and 2a and other research about commissioning and social work leadership and management. More detail about the methodology used is provided at 'Appendix B'.

Local authorities were selected to reflect the different sizes, structures and political composition of local authorities in England and from different regions of the country. Only a small number of local authorities were included to allow for in-depth investigation within a short timeframe. Though efforts were made to involve local authorities in different contexts, the sample is not representative of all authorities and the findings do not give a national picture. Notably, at the time of undertaking the research, all the authorities that agreed to take part had either been rated 'good' in their most recent inspection, or had not yet been inspected under the Ofsted Single Inspection Framework.

The scope of this project was focused on local authority practice and systems, whilst recognising that much child protection activity relies on the work of wider partners.

As far as possible, participants' own terms are used to describe what local authorities were doing and why. However, there is a lack of consistency in how participants used different terminology to describe local authority activity and the rationale for their decisions. The terms 'programme', 'service', 'project', 'intervention', 'approach' and 'team' were all used to describe support available to children and families, but were not used consistently, within or between authorities. Similarly, 'research', 'evidence', 'evidence-based' and 'evidence-informed' were all used to describe the rationale for a particular activity, but again participants were not always using the same definition of these terms.

The qualitative data collected through the interviews and focus groups was very rich and covered a lot of ground, some not directly relevant to the research questions posed. While attempts have been made to ensure that all the common themes raised are mentioned in the final report, it was not possible to fully reflect in detail on all points raised.

Strand 1 offers an overview of interventions and approaches that have evidence demonstrating their effectiveness. In this piece of work, however, the authors make no assumptions or assertions regarding the effectiveness of approaches, services or programmes reported by authorities, nor the fidelity with which they are implemented. Rather, the purpose is to explore how authorities use evidence.

1.2. The structure of this report

This report presents the findings from the research thematically, setting out the similarities and differences in approaches to using research evidence in

commissioning, practice, structures and systems in each of the authorities involved in the research.

Related evidence collated in Strand 1 of this project is referred to where possible. Brief descriptions of the activities of each authority within the theme are provided. This is followed by a discussion of the attitudes and experiences that influence how far the research evidence influences what local authorities do in their work with children and families.

An overview of the services and systems in each authority is provided in diagrammatic form in 'Appendix A'. These diagrams outline the approaches to assessment and direct work mentioned by any of the participants in the study. They are *not* comprehensive descriptions of all the services provided in that authority as this was not possible within the time available for producing this research and without adding undue burden for participants. The diagrams have, however, been verified as accurate as far as they can be by commissioners and practice leads in each authority.

1.3. Research about 'what works' with vulnerable children

As highlighted in Strand 1, *research evidence on the effectiveness of an intervention… with particular types of child and family problems, provides a starting point, rather than the final word, for effective and safe practice.* (Woods, 2011: 53, quoted in Schrader-McMillan and Barlow, 2016).

Academic research into 'what works' with vulnerable children and families comes in a number of forms, including:

- **Quantitative evaluations of effectiveness:** Used to identify 'what works', these evaluations are designed to conclude whether outcomes are improved, measurably, as a direct result of intervention. This approach is most applicable to discrete programmes or services delivered in a consistent way to a specific group of children. Quantitative evaluations provide more rigorous evidence of effectiveness than other types of evaluation[3].
- **Cohort studies:** These studies are useful, for example, in identifying common risk factors for poorer outcomes, including the risk of significant harm. These studies can help to assess whether children need a social care response to address risk and meet their needs.
- **Qualitative evaluations:** These studies often look at the practices and processes that are used with vulnerable children. They can be used to explore why particular approaches are successful or not, identify enabling factors and barriers to delivery and report on the experiences of children, families and professionals. These studies are used both to understand the implementation of evidence-based programmes in more depth and to understand how children, families and practitioners experience circumstances and practice.

Strand 1 of this project draws on reviews and compilations of both quantitative and qualitative research to identify programmes, services and support that have some evidence for their effectiveness. The Strand 1 report further highlights the gaps in robust research evidence for meeting specific needs of families receiving social work interventions in England, in particular services for both victims and

[3] See the Early Intervention Evidence Standards: http://www.eif.org.uk/eif-evidence-standards/

perpetrators of domestic violence and services for families in which there is neglect. In such circumstances, social workers, managers and commissioners must draw on other forms of evidence to inform their work.

There is a substantial body of work discussing and debating how far research does and should influence social work practice (see, for example, the debate between Webb, 2001 and Sheldon, 2001). As well as the three types of formal academic evidence referred to above, social work practitioners, managers and commissioners also draw on other forms of evidence and knowledge to inform their day-to-day decision-making and work with children and families. These include:

- the views and experiences of those receiving support, and particularly the wishes and feelings of individual children
- practice expertise and wisdom derived from practitioners' experience of social work practice
- knowledge of the local context and of the particular children and families with whom they work (Pawson et al, 2003).

The combination of formal evidence with service user feedback and practice experience is often referred to as **evidence-informed practice** (see, for example, Bowyer, 2012; Barlow and Scott, 2010; Shlonsky and Wagner, 2005). See Figure 1 for an illustration of this:

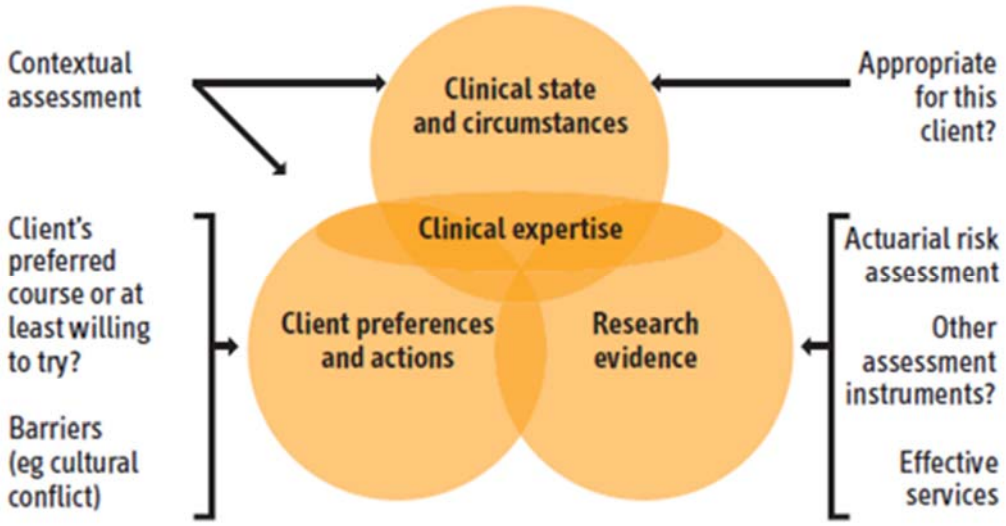

Figure 1: Evidence-informed practice. Adapted from Barlow and Scott (2010); adapted from Shlonsky and Wagner (2005)

1.4. The services and activities covered in this report

This research focuses on what services and approaches are used with vulnerable children and their families to reduce risk, build on protective factors and improve outcomes. As identified in Strand 1 and 2a of this report, these services include social work assessment of needs, strengths and risks and any subsequent support provided in order to help children to stay living with their families and to prevent the need for the child to become looked after.

This scope of this research does not include how referrals to children's social care are managed *prior* to assessment, nor does it consider the process for taking a child into care when a social work assessment identifies a risk of significant harm that requires the child to enter care because the risk cannot be reduced to manageable levels through social work intervention with the family.

Work with children and families can take a number of forms, ranging from the fulfillment of statutory functions such as assessment and planning to the application of one or more formal and discrete programmes. This research endeavours to capture the full range of activity.

Programmes and services: Defined as *a discrete, organised package of practices or services – often accompanied by implementation manuals, training and technical support.* Evidence-based programmes are those *that have been tested through rigorous experimental evaluation and found to be effective at improving specified child outcomes*. (Social Research Unit, 2016: 10) Examples identified in Strand 1 include the Incredible Years parenting programme, and Parents Under Pressure.

It is important to understand that not all 'programmes' are evidence-based. For example, while not a licensed and well-specified programme, short-term 'respite care' for adolescents where there is a risk of family breakdown may be provided as a discrete and organised package of support. Furthermore, not all evidence-based programmes within child protection services are delivered by practitioners with social work qualifications; for example, parenting programmes and Family Nurse Partnership are often delivered by family support workers and/or health visitors.

Practices and approaches: Techniques for bringing about change in families that are not organised into a discrete programme. These are often incorporated by practitioners in their core work with vulnerable children and their families. Some practices and approaches have more evidence of effectiveness than others. Examples from Strand 1 of approaches with a strong evidence base include video feedback and motivational interviewing. Even less defined are those wider approaches that are based on/influenced by research but have little if any experimental evaluation and may vary significantly in how the term is applied; for example, 'strengths-based practice'.

As with programmes, some of the practices identified in Strand 1 may not be delivered by social workers. In particular, a number of approaches focus on the use of psychological techniques that may be delivered by Child and Adolescent Mental Health Services (CAMHS); for example, trauma-focused cognitive behavioural therapy and psychotherapy. Other practices, such as home visiting or parent training programmes may be delivered by health visitors or early help workers who have received appropriate additional training.

As well as named practices like these, the review of evidence in Strand 1 also highlights the importance of the skills and behaviours of individual practitioners - for example, their ability to build an effective relationship with the family and to sustain the 'quality of dialogue' with families and other practitioners.

Processes: Approaches used in assessment and decision-making that help to identify risks and needs and contribute to parents' motivation to change their parenting practices. Current statutory guidance requires assessment and planning for children in need or at risk to be provided by qualified social workers.

Again, not all assessment tools or checklists are supported by evidence. Various assessment tools are identified in Strand 1 as having strong evidence that they help to accurately identify risks, such as the FRAMEA tool for identifying emotional abuse. However, some forms of harm such as child sexual exploitation (CSE) lack evidence-based assessment tools, and recent research has highlighted the danger of using checklists that are not based on evidence to assess risk of CSE (Brown et al, 2016).

Even when supported by evidence, assessment tools do not ensure accurate identification of needs and risks on their own. As well as formal tools, Strand 1 highlighted the need for practitioners to be able to apply theoretical understanding to make sense of what is happening in a family and practice skills at engaging and communicating with children and family members.

Some tools and approaches support the 'quality of dialogue' between practitioners and families, which is identified as a core principle of effective practice in Strand 1. An example of an evidence-informed process supporting this dialogue is the Family Decision Making Model, but it should be noted that very few of these 'process tools' were identified as having a strong evidence base.

Programmes, practices and processes do not happen in isolation. The systems and structures along with the support of partners all enable effective practitioner activity. Strand 1 of this project identifies several organisational activities that contribute to the effectiveness of social work practice.

Workforce development

In order for social workers to develop the skills and confidence to apply specific programmes, practices and processes, they need:

- access to supervision focused on reflection, rather than only performance management, to support professional judgement
- access to training and ongoing coaching and mentoring to embed the use of specific approaches in practice
- broader skills development in communicating with children and families, understanding theoretical models, and training to develop knowledge of child development and the nature of the social work role
- effective retention strategies to build resilience in the workforce and to maintain a stable workforce, thus supporting relationships with children and families
- an organisational culture that supports reflection and learning, rather than blame.

System design

The findings of Strand 1 echo many of the recommendations of the *Munro Review of Child Protection* (2011) in relation to how organisations shape what practitioners do with children and families, including:

- providing sufficient time and capacity to be able to engage with children and families and build relationships
- ensuring the availability of specialist services to work alongside social workers to meet specific needs in an *intensive, structured and time-limited* way
- establishing systems that support ongoing or episodic support after specialist services end and the ability to step up and step down the intensity of support as required

- organisational structures and partnerships that support multi-agency working.

Research into the implementation of evidence-based programmes provides similar messages. In order to ensure that programmes are delivered with 'fidelity' – that is, that the service consistently delivers the programme as designed and evaluated – these programmes are supported by a range of management and quality assurance activities, including establishing an organisational culture that values and enables the use of evidence (Wiggins et al, 2012). Evidence-based programmes licensed by external providers require much of this activity as a condition of the licence and the systems for training, monitoring and embedding these programmes are well developed. The same considerations will be relevant to introducing new locally designed and developed programmes and practices, or adapting programmes to local circumstances.

Providing evidence-based programmes or evidence-informed practice and processes with vulnerable children and families is therefore not the sole responsibility of frontline practitioners. Leaders, commissioners and practice leads all play essential roles in supporting implementation and consistency. External factors, the availability of resources, the regulatory and inspection system, and social and economic context all affect the organisation's ability to use research evidence effectively to improve outcomes for vulnerable children and families. The different factors affecting how far research evidence is used in practice is outlined in Figure 2 below.

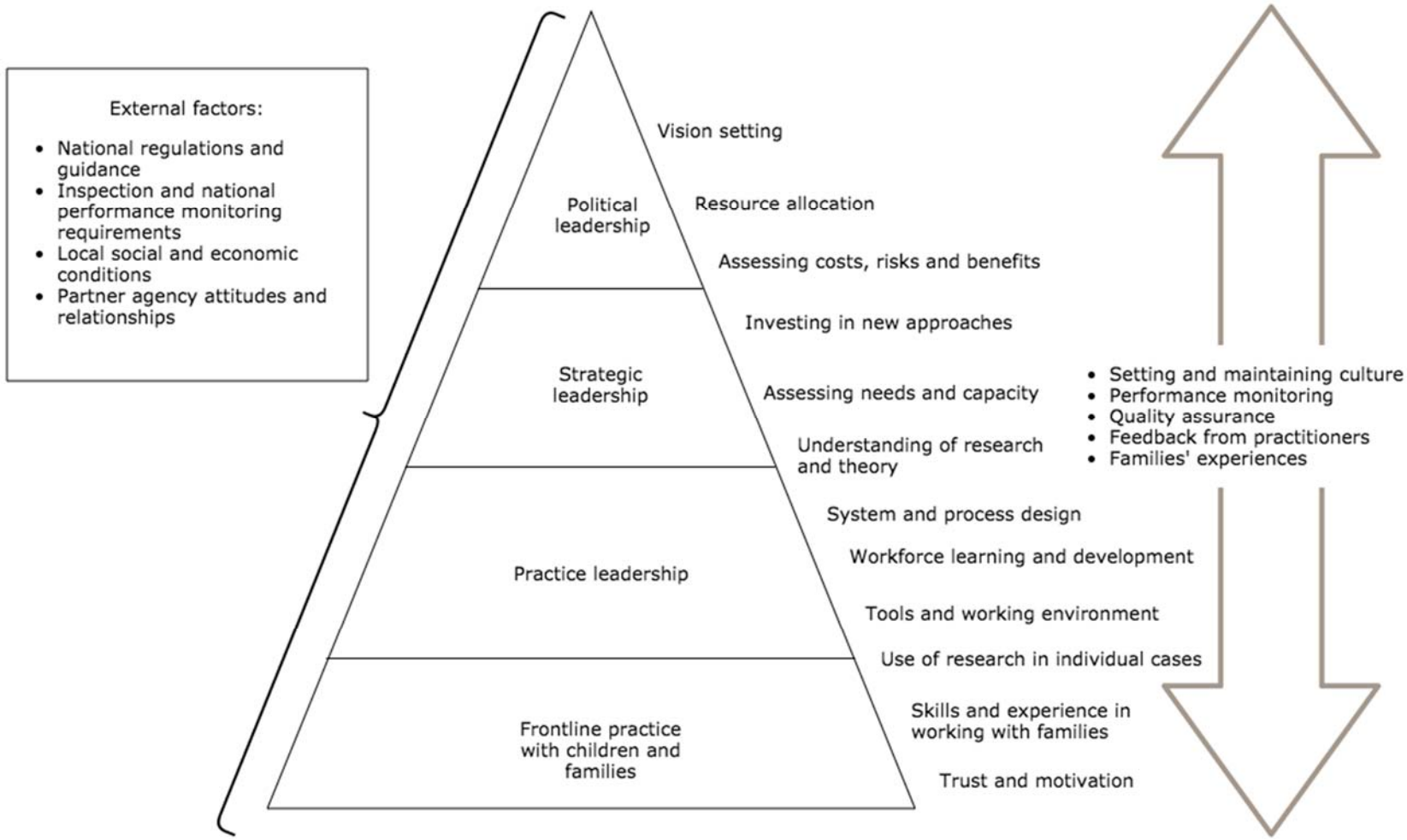

Figure 2: Roles in using evidence to design and deliver services and support to vulnerable children (Godar, 2016)

2. Establishing a vision and culture to support effective social work practice

The use of research evidence does not happen in a vacuum. Before looking to the research evidence about **how** to improve services, authorities established **what** they were trying to achieve and **for whom**. This includes identifying:

- the vision and ambitions for children in the local area
- the values of the organisation or partnership
- the priorities for allocating resources.

Throughout the research, participants at all levels opined very clearly that what mattered was having a strong vision for the future of services, underpinned by principles and values that guided the whole system of services for children and families. This is important to recognise not only because it shapes the context in which evidence is used (or is not used) but because the vision and values inform both commissioning decisions and decisions about an overarching approach to social work practice. These values are a driving influence behind what local authorities deliver and commission, and the extent to which the vision or principles relate to evidence varies.

In light of severe resource constraints and the expectation that resources would continue to be reduced, strategic leaders (both political and professional) felt it was vital to be clear about what the organisation can and cannot do, and to prioritise the use of resources based on these decisions. It is unsurprising that resources, or lack thereof, were noted as another highly influential driver behind decision-making. Resource constraints affected efforts to improve the child protection system in two primary ways:

- The need to make immediate short-term savings was seen to be eroding existing services with some services being stretched beyond capacity, reducing the quality of the service provided.
- Recognition of the longer-term reduction in resources led authorities to think about how to do things differently, and more sustainably, with fewer resources.

The short-term considerations were causing authorities to consider the evidence base for existing services so that cuts were focused on services having the least impact, while looking to commission services and systems with a stronger evidence base to reduce spending in the longer-term. Those authorities that had received additional short-term resources through the Department for Education's Innovation Programme saw this as instrumental in giving the 'breathing space' to redesign services.

2.1. Whole-system thinking

Here we see that the use of research evidence extends far beyond the application of specific interventions, but instead is part of a system-wide approach.

Relating perhaps to both vision and resource pressures, authorities were taking a whole-system approach to spending and strategy. Although the focus of this research was on services for children in need under section 17 and those with child protection plans, no participant at any level restricted their discussion to these issues. In fact, they felt that it was unhelpful to view social work as *an island of expertise*, rather than part of a wider system from universal services to those for children who are looked after.

Local authorities were considering the role of social work within the wider system; both how social workers are freed up to work with the most vulnerable children through the contribution of other practitioners, and how other practitioners and agencies can be supported to address needs and risk with families that do not necessarily require a social work response.

Common aims that influenced strategic decision-making were noted across all authorities participating in the research. These included blurring the boundaries between the services offered to children at different levels of need, smoothing transitions and providing the 'right help at the right time'. Related to this was a focus on providing specialist support whenever it was required upon the child's journey, and doing this by engaging multi-agency partners in dialogue about aims and values rather than relying only on traditional procurement activity.

Seeing social work as part of a wider partnership approach to supporting families, rather than as a separate service, has implications for the types of evidence that are used to identify 'what works'. Social work is by no means the only discipline with access to an evidence base, and many of the programmes and practices found to be supported by evidence can be (and, in some cases, should be) delivered by practitioners in other agencies. When considering introducing new services or ways of working, local authorities need to consider what evidence partner agencies use and respect:

'Have we got the support of, or can we get the support of, the wider partnerships so we have clarity about [an] approach which is not simply located in one bit of the system?... health colleagues, police colleagues… early years, what does their evidence base tell us?' (Commissioner, LA1)

2.2. Establishing a shared vision and approach to practice

This whole-system thinking was supported by the establishment of a vision for children and families in the local area, whether or not they were considered vulnerable.

One of the key activities for political and corporate leaders was to establish a clear vision for how the council and its partners approached difficult decisions about priorities and spending. In one authority the corporate vision of a 'child-friendly city' extended beyond children's services. Often the task for Lead Members, Directors of Children's Services (DCS) and practice leads was to translate the council-wide vision into one that resonated with practitioners working with families – so in one authority the corporate and partnership vision

to ensure 'No one left behind' was expressed within children's services as 'No child left behind'. Participants did not talk about using evidence to develop these vision statements, but rather they expressed values and aspirations.

In some cases the vision was underpinned by a more detailed set of principles specific to working with children and families, which influenced the approach to practice. The five participating local authorities were taking different approaches to establishing the guiding principles of work with children and families, and the role of social work practice within that, and were at different stages in embedding these principles. Two main overarching approaches were identified:

Restorative practice: The key principle guiding the restorative approach is a focus on relationships within families, between practitioners and families, and between practitioners in different agencies. Furthermore, the belief that good relationships are founded on dialogue in which the expertise of all parties is valued, and where the expectation is of resolution rather than escalation.

Two of the authorities (LA3 and LA4) were using an explicitly restorative approach, but for different lengths of time: one authority had been using the approach for 3 years, one for 18 months. LA5 was in the process of considering which system-wide approach to use, with a preference for a restorative approach.

Systemic practice: The key features of this approach is the paramountcy of understanding the root causes of family difficulties, through exploring different perspectives on the presenting issue and the influence of the interaction of different 'systems' on the child and family. This requires skills in communicating with families and involving them in discussions about what is happening, the contribution of multiple professional disciplines to understanding family dynamics, and opportunities for practitioners to reflect on the different perspectives to decide on a course of action. LA1 had begun to introduce a systemic approach in the last year.

No formal model: LA2 did not use a specific approach or model. In this authority the practice lead spoke about their confidence in the professionalism of social workers, and that this allowed them to draw from a range of approaches as required. However, they also recognised that the increase in newly qualified and less experienced workers may mean that it may be helpful to develop a consistent approach in the future.

'We don't stick to one particular model and trust our workers to be professional enough to adapt their approach to each family depending on what's needed, however, we also recognise that we are also getting a younger workforce coming in and we do need to train people in a sort of more cohesive approach.' (Practice lead, LA2)

LA5, the authority now moving towards a restorative model, described its previous approach as a *bit of a biscuit tin*, in which the authority had picked out bits of different approaches and changed track a number of times. The social worker focus group in this authority agreed that it had found this a little unsettling at times and hoped that restorative practice would become embedded and that managers would persist with the approach to provide some stability.

Authorities adopting a particular overarching approach to practice felt that these decisions were justified by a wide range of evidence, including research evidence. The authority using a systemic approach pointed to informal evidence from other local authorities that it could help improve the quality of services. Those using the restorative approach pointed to international evidence that they believed

demonstrated that this approach could be effective in improving outcomes for children and families.

'The research says… that it is 70% relationships and it is only a small percentage [of] all the other bits of things that you can do with the family'. (Social worker, LA4)

However, this evidence did not mean that the authority was convinced that this would inevitably lead to short-term cost savings:

'The whole idea was philosophically the right way to go, but also the intention was to reduce the number of interventions and/or children on protection plans by 20%, that was the intention, but whether that comes to fruition or not I don't know.' (Lead Member, LA3)

Both the systemic and restorative authorities highlighted their belief, broadly supported by the findings in Strand 1, that involving families in decision-making was a well-evidenced approach in improving outcomes. Given the challenges of evaluating such general approaches, some responses were relatively emphatic:

'Definitely the method of giving some power to the family is quite proven to change even quite hard-to-reach families.' (Practice lead, LA1)

However, as noted, these approaches were not chosen based solely on research evidence. Other factors included:

- **acceptability of the approach** to practitioners, not only social workers but early help practitioners and other agencies and the effect of an acceptable model of practice on retention
- **feedback from children and families -** for example, disliking having to tell their story repeatedly to different practitioners
- **local experience and fit with existing services** - for example, the success of Family Group Conferencing[4] over many years in one authority led it to develop the systemic approach as a way of expanding those principles to wider working with families.

2.3. How does the vision and philosophy affect the support provided?

The vision and culture affected the services and practice offered to children and families in a number of ways. Local authorities did not see these overarching approaches as dictating what services or interventions were provided, but rather that they acted as a guide to commissioning and practice via a shared set of principles.

'We have very strong principles of service that inform everything we do… it is about working to key principles but there are a range of methods in the detail that you can use.' (Practice lead, LA1)

[4] A family group conference is a process led by family members to plan and make decisions for a child who is at risk. (See http://www.frg.org.uk/involving-families/family-group-conferences)

And similarly:

'*[Restorative practice] is the philosophical base on which we want to hook a lot of the evidence and research based practice that we are keen to embed within [the LA] – it doesn't trump other approaches, but it is compatible*.' (Practice lead, LA3)

Firstly, the vision influenced which services were commissioned and how they were commissioned. Services were commissioned that were felt to align with the values and approach to working with families that had been adopted by the authority. Both the systemic and restorative approaches emphasise the need to work *with* families, rather than act *on* or *for* them. It is therefore not surprising that four out of five of the authorities were using Family Group Conferencing (FGC) in one form or another (it is worth acknowledging that different authorities may apply this practice in slightly different ways; it was beyond the scope of this project to explore or comment on fidelity to the FGC approach). Another example is that, having adopted the restorative approach with a focus on relationships, LA3 was working with a consortium of voluntary organisations to provide services to prevent domestic abuse and support those experiencing it. The alliance uses the language of 'positive relationships', rather than a deficit model, in order to reflect the commitment to strengths-based practice. The nature of the consortium as an alliance, with the authority as an equal partner, was felt to reflect the commitment to constructive and healthy relationships with other agencies based on dialogue and respect for different forms of expertise. A fuller discussion of the services that local authorities provide can be found in Section 3. The use of research evidence in the commissioning process.

Secondly, the vision influences social work practice when working directly with children and families. The overarching approach to practice was reported to act as a guide for local authorities in identifying the role of social work within the wider system of services. It steered authorities to consider the social work function to be richer than fulfilling statutory responsibilities to assess and monitor risk and undertake planning. Where the emphasis was on relationships, as in the restorative approach, then social workers were required to be *experts in working directly with children and families*, getting to know them and understanding their lived experience. Within the systemic approach, the focus is on analysis and reflection, understanding different perspectives on the challenges that families face. A shared approach to practice across the system was said to provide consistency for partner agencies and for families. A common set of principles was thought to be particularly valuable in providing consistent expectations for newly qualified social workers and other professionals, and so particularly important for authorities struggling to recruit and retain staff.

'Everybody has the same principles. There is a commonality which is more professionally based than just filling out the same form.' (Practice lead, LA1)

Participants reported that the vision and approach to practice form an explicit commitment to a way of working that helped practitioners to focus on what the authority felt was important. Practitioners felt that the commitment to a 'child-friendly city' was *giving permission* to practitioners to take the time to listen to children and to work restoratively with families in the face of reduced resources. More detail about how social workers use research evidence in practice can be found in Section 5. The use of research evidence in social work practice.

Thirdly, the vision and approach affected the way that social workers were supported. Local authority leaders and managers recognised that changing approaches to practice on the ground was challenging, and that practitioners

needed to be reassured that they would be supported to change their practice and manage resulting risks and/or uncertainties. In order to embed the vision and culture, leaders and managers sought to model the behaviour that they expected social workers and other practitioners to demonstrate with children and families: listening, recognising strengths and co-constructing solutions. Leaders and managers in these authorities said they made efforts to celebrate good practice and promote social work as a profession. Some authorities held social worker celebration events to highlight individuals who had made a significant contribution, and these were valued by practitioners – not least in countering the sometimes negative narrative in the media.

Fourthly, the vision and approach to practice informed the design of the systems and structures in which social workers and other practitioners operate. In the authorities championing a restorative approach, the relationship between practitioners and families was reported to be paramount. In LA3, this has resulted in changing the structure of social work teams and ways of working with universal and targeted services to support these relationships. This is explored further in Section 7.1. Using structures to promote relationships with families.

'We need to make sure that the way that we organise ourselves is not about organisational needs, or what feels more comfortable, but that we stretch and push ourselves to provide services that are more in line with what children and families need.' (Practice lead, LA3)

More detail on how local authorities are using research to redesign systems can be found in Section 7. The use of research evidence in designing systems.

Finally, the vision and explicit approach to practice helped to bring together partner agencies around a shared way of working with children and families and thus influenced the services and support offered through those other agencies. It was felt to be important that families experienced a consistent approach from all the agencies working with them. In LA5, it was reported that the consultation process around introducing a model of practice had already led to better engagement and enthusiasm from other agencies, even if their understanding of restorative practice was currently limited. One example of the restorative approach influencing multi-agency commissioning is the design of an adult substance misuse service that includes an element of family support for substance users who are parents, with a social worker seconded from the local authority in LA4. This service also leads on the delivery of the Family Drug and Alcohol Court which is seen as core to the restorative approach adopted by the authority.

The aim for several of these authorities was for a shared vision across the partnership to lead, over time, to a shared culture of problem-solving with families, rather than a culture of referring on; of listening to children and young people; and a culture of co-operation and mutual respect for each other's professional competence and expertise. This approach acknowledges that while different professional disciplines may share an overarching vision, they have different skill sets, and draw on different bodies of evidence, to guide their practice with children and families, and that this variety was an asset, rather than an obstacle. Multi-agency commitment to a single vision and set of outcomes allowed for *professional discussion with the people who are bringing different clinical perspectives, risks and identifications, and possible interventions*. (Commissioner, LA1)

One effect of adopting an overarching set of principles for working with families was, some felt, that it highlighted where the national system appeared to

contradict those principles. Some social workers identified elements of the national system (see below), or rather the application of these elements, that did not necessarily align with their approach to practice. An overarching philosophy of practice gave them the language to explain why some features of the national system made them uncomfortable and to think about how these national systems might be adapted. This could be because they *perceived* the procedure that they were expected to follow was adversarial for families, rather than working *with* them; for example:

- **Child protection and court processes were seen as adversarial and counter to restorative principles.** Social workers operating in a restorative framework were very interested in exploring different approaches to child protection conferences and court processes, through Family Group Conferencing, in place of a child protection conference, and expanding the use of the informal discussions with the judiciary that feature in the Family Drug and Alcohol Court.
- **An emphasis on time-limited interventions was felt to impede working with families.** Family support workers in the authority championing systemic approaches felt that their work with the most vulnerable families, ie, those with a child protection plan, was sometimes limited by the expectation that the intervention would be complete within a few months, whereas the longer timeframe applied to early help cases was more productive, as it allowed for a stronger relationship to be established.
- **Time limits on assessment were felt to be a barrier to family-led planning.** One authority had received authorisation from government for increased flexibility around timescales to support the development of the use of Family Group Conferencing at the assessment stage. This, it was felt, allowed the authority more time to explain the family conference process to families and make sure the right family members could be involved.

On a different note, parts of the wider national discourse were identified as being at odds with the local philosophy:

- **National negative rhetoric about social work and vulnerable families.** Criticism of social workers and threats of criminalisation for professional neglect were perceived by some participants as making social work more difficult, demoralising the workforce and leading families to cite news reports about poor practice and 'child-snatching' as reasons for not engaging with the support being offered.

3. The use of research evidence in the commissioning process

Commissioning is the process through which local authorities make decisions about the allocation of the available resources in order to achieve the desired outcomes. The process involves four stages:

1. understanding local needs, reviewing current provision and identifying gaps
2. planning solutions through the identification, assessment and selection of options for new provision
3. putting in place services and the associated enabling changes to the workforce and wider systems

4. monitoring and reviewing the implementation of the changes and adapting the approach as necessary (Commissioning Support Programme, 2010).

In this sense, the use of evidence about 'what works' related to building a local evidence base of what is needed, using evidence to inform what was commissioned and then monitoring whether provision was working. Evidence about which interventions work, for whom and in what circumstances is crucial to this process, but is only *one piece of the puzzle* according to participants.

3.1. What services are being provided?

Strand 1 of this project summarises the evidence for programmes and services that are relevant to families in the child protection system.

In the small sample of local authorities in this study, local authorities had commissioned, either in-house or externally, some of the services referred to in Strand 1 of this project.

- Family Group Conferencing or similar approaches were in place in four out of five authorities.
- The Family Drug and Alcohol Court was being used in three authorities.
- The Family Nurse Partnership was used in two authorities and had been recently decommissioned in another. Health visitors specialising in attachment and bonding were also available in some authorities.
- Intensive family support services for young people on the edge of care were in place in three authorities. In some cases, this included access to targeted youth support and access to residential care for short 'respite care' support.
- One authority was using Multi-Systemic Therapy; one was using Functional Family Therapy, a similar approach to MST identified by the Early Intervention Foundation Guidebook as having strong evidence.
- Therapeutic mental health services for victims of sexual abuse provided by CAMHS or directly by social workers.

A list of services mentioned in the focus groups and interviews in each authority is provided at 'Appendix A'.

Participants spoke of an array of other services provided within the local authority or by other agencies and community organisations. Reflecting the earlier point that local areas hold varied perceptions of what constitutes 'effective', participants reported that other services - not just those listed in Strand 1 - had been effective in individual cases and had a good reputation locally.

These services/approaches included:

- family support workers or volunteers providing emotional or practical support or parenting skill training outside of formal parenting programmes (LA1, LA2, LA5)
- services working with specific groups; for example, the Roma community, where trust established over time had helped to engage this sometimes reticent group (LA4)
- positive activities and male role models provided by a charity for young men involved in crime and anti-social behaviour (LA5).

When faced with this range of services, both those that have a strong evidence base and those that are believed to be effective based on local experience, social

workers had to make decisions about which service was the most appropriate for the family they were working with. Factors affecting this decision included:

- **awareness:** knowing, or being able to find out, what services are available
- **the family's own views:** learning what the family felt would help them to address the problems they were facing
- **access:** understanding the referral criteria and process and ensuring that the family met the criteria
- **reputation:** assurance that the service was effective, but also that families found the process acceptable
- **co-operation:** feeling comfortable that the service would provide feedback on referrals and the family's progress once they were engaged with the service.

Managers' advice, discussions with colleagues and contacts in the community were all used by social workers to find out what services were available and whether they were suitable. In LA4, the organisation provided regular updates and briefings on the services available and these were highly valued by the practitioners. Nonetheless, in every focus group, there were times when participants were unsure about what services were available, or who would qualify, what approach these services used or whether they were thought to be effective. For example, in a discussion about services available to support a new mother struggling with attachment, one group discussed the eligibility criteria for Family Nurse Partnership in their authority and were not sure of how the age or former care status of the mother might affect whether she received the service.

Forming the relationship with, and getting to know and understand, the family in order to refer appropriately to other services, was seen by many social workers as the core direct work that they undertook with families. Knowing a family well could help the social worker or early help worker choose between available services to undertake more direct work. These decisions included, for example, determining which of a number of parenting programmes might be most effective, based on the family's history and capacity, and choosing one-on-one work rather than a group-based service, or a therapy-based approach rather than a task-based one, if parents were thought to be more likely to engage in one rather than another.

This flexibility, however, relied on a range of services being available to refer on to, or the practitioner being confident in delivering support in more than one way. Otherwise, the family received the form of support that was available. Some social workers expressed concern that the variety of services available for them to choose from had reduced as a result of budget cuts, and now families had to 'fit into' whatever services remained.

3.2. Understanding local needs and services

The commissioners participating in this study underlined the critical importance of understanding local needs to guide the commissioning process. They described undertaking local research and analysis to understand the local population of families needing help and protection and the experience these families had of services.

'*… the first thing we would start with is the question of the need of the population, we start with what are the needs of the population*, *what does that*

profile look like, how are we currently intervening. So we would start, and always do start, with that understanding.' (Commissioner, LA1)

Authorities used locally commissioned research to identify priorities for action, which could then guide interrogation of national research about how to effectively meet those needs. Responses might be the commissioning of a specific programme or service, the development of the knowledge and skills of frontline practitioners or changes to the system and structures through which support is provided.

LA1, LA4 and LA5 had tried to establish a firmer understanding of the reasons why children were entering care, in order to better target services aiming to prevent care entry, by undertaking an analysis of the ages and needs of 100 children entering care the previous year. In LA5 this highlighted two groups driving the increase in numbers of looked after children: very young children suffering from neglect and adolescents facing family breakdown. This information informed the commissioning of specialist services for these groups.

'*If we look at what was driving our increasing numbers of children in care, it wasn't as simple as it's this group and it's that group, it had different drivers in different age groups, and sort of different problems that we were trying to solve*.' (Commissioner, LA5)

LA1 drew on case audits, data, local serious case reviews and practitioner feedback to identify the need to improve the authority's response to vulnerable infants with young parents, and the risk of shaken baby syndrome. This local research is often guided by hypotheses generated from academic research into the causes of rising demand, as well as Serious Case Reviews and qualitative research about the quality of service provision and practice. The result was working with practitioners from different agencies to develop their skills at working with these families and identifying risk, rather than commissioning a specific service.

In LA3, investigating the experience of children and families coming into contact with children's social care revealed dissatisfaction with repeated changes in social worker and the difficulties that professionals had in working constructively with families. This led to a widespread system redesign to reduce changes in professionals (as described below in Section 7.1. Using structures to promote relationships with families). The authority can now point to feedback from families that shows that they value the new approach – among others, a mother whose children had been removed, who went on to thank the social workers for their persistence, empathy, and honesty, over a sustained period.

However, data and feedback are not the only drivers for commissioning. LA2 explained how the national (and, we might infer, subsequently local) political attention on child sexual exploitation, and the focus of this attention on the authority had led to significant resources being spent on developing responses to this group. Whilst it was recognised that improving the local response to CSE was a critically important endeavour, it was also acknowledged that it was not without its risk. In this instance, for example, the numbers of CSE-affected children and young people were understood to be much smaller than those suffering neglect, and the response to neglect was not sufficiently effective. The authority had found it difficult to balance the need to respond to CSE and improve responses to neglect. Without in any way underplaying the significance of CSE, these kinds of commissioning decisions prompted some challenging reflections:

'We are probably dealing with a couple of hundred youngsters who are either the victims of sexual exploitation or at risk of sexual exploitation. We are probably dealing with a couple of thousand youngsters where we have known neglect, that puts at risk the wellbeing and welfare of a large group of young people, but because of the political imperatives we've got, because of the profile it has, neglect will always play second place to something like CSE.' (Commissioner, LA2)

3.3. Using evidence to make savings

In the context of significantly reduced resources, local authorities must use the understanding they gain from the needs analysis and review of the effectiveness of current services to also decide what *not* to do, in order to fund services to meet the needs identified.

LA1 had adopted an outcome-based commissioning strategy, which they felt had helped them to make difficult decisions about what services to stop providing in order to release resources to invest in new services that would contribute to their priority outcomes.

'We've taken an approach called outcome based budgeting which means that rather than saying, 'here are the savings target[s] that have to be met', we've looked at the things we need to invest in in order to achieve the outcomes we want to achieve, and therefore the things which we may have been doing for a long time, that we might like, we may have to stop doing.' (Commissioner, LA1)

LA2 has decided to stop providing universal children's centre services, focusing instead on targeting resources at families most in need. This decision was influenced by a perceived lack of local or national evidence that children's centres directly reduced demand for children's social care services. Commissioners and elected Members felt that, given the immediate need to balance the budget, spending on universal children's centre services unfortunately could not be justified without this evidence. The Lead Member recognised that the lack of evidence for impact of children's centres on referrals was *not* evidence of a lack of impact, but without firm evidence that they were contributing to reducing demand to social care, the authority could not support the expenditure to continue to provide a universal service. The authority reported that they had tried to work with the children's centres to find this evidence but this was impossible to do retrospectively. The Lead Member acknowledged the risk of this approach in that the authority could possibly find that children's centres had in fact been reducing referrals and that there could be even more demand for social care services now that this universal layer of provision had been removed.

3.4. Using evidence to commission new services

The understanding of local need and gaps in services informs the identification, assessment and selection of alternative approaches, whether that be the purchase of an external service, developing in-house provision or a wider redesign of systems.

Authorities reported drawing on research of effectiveness, where it was available, in order to select the right option for meeting identified needs and improving the quality of service provision. Where there is robust evidence for the desired benefits and associated cost-benefit analysis, this gave commissioners a degree

of confidence that the selected service will make a positive contribution to outcomes for families.

'I mean the great thing about the family and adult court mode, is that the cost benefit analysis and the work around that has been excellent so it's very easy for us to be able to understand savings that we might generate by having families being successful and engaging with that programme.' (Commissioner, LA4)

Such evidence cannot be assumed to be irrefutable, however, and authorities are alert to the inherent uncertainties and the importance of understanding local circumstances. The commissioner in one authority reported that the crucial step was developing *a really good understanding of the problem you are trying to solve*. Without this understanding, they added, *You end up deploying stuff, with unrealistic expectations about what that is going to solve, in terms of savings across the board or even outcomes, because you are trying to solve the wrong problem*. (Commissioner, LA5)

The cost-benefit analysis, participants explained, needs to be based on a strong understanding of local costs within the current system. Factors that one authority took into account when commissioning Functional Family Therapy included:

- an understanding of drivers of adolescent entry into care, including the presence of substance misuse in many cases and therefore the need for an intervention that works with young people using substances
- an understanding of the costs of the child protection system, and costs to other agencies in the current system; for example, the costs in staff time
- the costs related to the current journey of the young person through the system; for example, the number of re-referrals that each young person might be expected to experience.

Conversely, research evidence can lead commissioners to determine that a particular programme is *not* the right choice, based on the needs of the population. For example, in one authority, analysis of local data found that very little of the demand for care services came from repeat removals from the same family, so it was decided that a local Pause[5] programme would not be the best use of resources. This example also underlines the need to understand what other services are being provided nearby and to have mechanisms in place to enable cross-boundary collaboration – in this case, the authority has the option to spot-purchase places on the Pause programme in a neighbouring authority.

'Very interesting evidence base, useful programme, we've looked at that alongside our wider work, and made a decision actually not to go down that particular route, we couldn't, [we] needed to retain focus, we couldn't invest in that particular area at that time.' (Commissioner, LA1)

3.5. Implementing evidence-based approaches

Once an intervention or service has been selected, it needs to be implemented as part of the wider system of services and support for children and families. Social worker awareness of the service, understanding of its referral criteria and a belief in its effectiveness for the families that they work with were all described as crucial to secure the predicted benefits in terms of savings and reduced demand.

[5] Pause works with women who have experienced, or are at risk of experiencing, repeat removals of children from their care. See http://www.pause.org.uk/

Embedding these services can take time, and the predicted cost-benefit analysis in any business case should take account of this *warming up period*.

'If nobody is going to refer to it, and [social workers] continue to behave in a way that says 'actually I am worried about this young person and my way of making them safe is to remove them and put them in care', yeah … it [the intervention] has fallen on its backside straight away.' (Commissioner, LA5)

Social workers in general did value the evidence-based services that were commissioned or provided by the authority, with positive comments being made about the effectiveness of Family Group Conferencing, Functioning Family Therapy, Multi-Systemic Therapy and video feedback for parents. Social workers drew on their own experience to judge effectiveness and could identify families that they worked with for whom these approaches had made a significant impact – again illustrating that research evidence was seen as just one component in the 'what works' landscape.

As well as thinking about effectiveness, social workers were concerned that individual interventions needed to fit with the lifestyles and capacity of families. This included:

- being available at times and places that encouraged engagement
- having capacity within the service to meet needs as they arose, rather than families being placed on a waiting list
- being flexible about whether the work was done in groups or one-to-one sessions.

Multi-Systemic Therapy

Social workers valued the contribution that Multi-Systemic Therapy could make to supporting families with adolescents with challenging behaviour and where family relationships were on the verge of breaking down. They highlighted the availability of workers 'around the clock' and the perceived intensity of the service as providing something that the core social work teams could not provide. Practitioners felt that the way MST practitioners worked with families to develop a tailored plan fitted within the wider restorative approach used in many authorities.

The two authorities (LA1 and LA4) using the same evidence-based programme, Multi-Systemic Therapy, viewed its place in their system quite differently. In one local authority, it was used to *nip problems in the bud* whereas in the other it was seen as useful *when you have exhausted all other possibilities, and if that doesn't work then you are into care proceedings*.

Family Group Conferencing

Family Group Conferencing was highlighted as an intervention that social workers would use more if the capacity to provide the conferences existed. Participating local authorities had used a range of strategies to secure sufficient capacity to provide Family Group Conferencing to as many families as possible, with one providing training and incentives to voluntary agencies to provide the service and to increase capacity as demand increased, while another had introduced 'family meetings', along the same lines as a formal Family Group Conference but chaired and led by the social worker or lead professional already working with the family.

There was a balance being struck between offering the full Family Group Conferencing service (for which the evidence is strongest), and ensuring that as

many families as possible are encouraged to participate in decision-making through using less formal approaches (for which the evidence is less strong, though the principles are supported by evidence). Some practitioners highlighted the importance of having an independent service chairing the Family Group Conference, as happens in the formal tested model, in order to ensure the resultant plan was family-led and not overly influenced by social workers' analysis of the family's difficulties. They felt that conferences that were modified to be run by lead professionals or social workers were less effective. The independence of the family meeting co-ordinator is seen as a fundamental characteristic of family group decision-making (Morris and Connolly, 2012), and the impact of reducing this independence should be subject to further evaluation.

Parenting programmes

Various parenting programmes were in use in the five authorities, including some of those listed in the evidence review in Strand 1, but also including a number of programmes not specifically designed for families experiencing abuse or neglect. Examples mentioned include Incredible Years, Triple P, Mellow Parenting, Strengthening Families and Strengthening Communities.

These programmes were often part of the authorities' early help offer, but were available for social workers to refer on to when they felt that families could benefit. In fact, these were one of the most commonly referenced services or programmes mentioned by social workers in the focus groups. Social workers reported that they had seen parents make great progress following attendance at various parenting programmes and that families liked them.

'Once you can persuade your parents to go to a group we have had some really good outcomes, with parents being able to talk to us about what they have learnt and being able to link that to how they parent their own children.' (Social worker, LA2).

However, they were not always reported to be effective: one social worker spoke about referring a family to a parenting programme, and discovering that the family had attended the same course several times in the past.

The LA1 focus group included family support workers who delivered parenting programmes. Interestingly, these practitioners were the most confident of all the practitioners involved in this research project in saying that they used evidence-based programmes, that they adapted specific programmes to meet the needs of the family and that they were confident that their approaches were effective. They delivered these programmes to families as part of a child in need plan or child protection plan when requested by social workers, as well as to families experiencing a lower level of need.

'I feel that the parenting programmes, when social workers use them well and choose the right families at the right time, they are very, very effective in supporting families including those with CiN and CP plans. It can lead to change within the family.' (Family support worker, LA1)

Therapeutic mental health support

Social work teams engaged in child protection worked with child and adolescent mental health services (CAMHS) to provide or access therapeutic services for children and young people who had been victims of abuse, particularly sexual abuse. This was often perceived to be problematic due to the pressures of demand that the CAMHS were under. In authorities where the links to CAMHS

were not well established, practitioners expressed concern about misunderstandings about the roles and approaches of social work and mental health teams. Social workers in these authorities cited difficulties in working with mental health services for a number of reasons, including:

- disagreement about the cause of the child's difficulties, whether it was a psychological problem or one caused by the family environment
- psychologists perceiving a lack of stability in the family home, thus lacking the foundations required to begin therapy
- families and professionals holding too high expectations for what mental health services can achieve.

'*I think there is a gap where there is not a specific mental health issue and they [CAMHS] are saying it is result of the family environment - where do you go then? So I think that is a definitely a gap*.' (Social worker, LA2)

In two authorities, there was a clear expectation that the social worker would work closely with a clinical psychologist to support a child to manage the impact of sexual abuse. It was felt that the social worker could deliver a therapeutic intervention of this sort with guidance if they felt confident to do so. The aim of this approach is to avoid a potentially traumatised child having to wait to receive support, go to a 'strange place' for therapy, or form a new relationship with a new practitioner. The distinction between a programme or service and techniques and approaches used in day-to-day practice thus became blurred to meet the needs of the child.

In other authorities, however, children would be referred to the CAMHS service for them to deliver the support. The child *would have to fit into the (CAMHS) box. So he would have to be willing to attend the Choice appointment, and then he would have to be willing to go to the office and he would have to be willing to sit and talk about what his problems in life are…* (Social worker, LA5)

Social workers did not feel that this rigid, service-orientated way of working was an effective way of engaging with a child facing these sorts of problems.

4. Developing innovative services

4.1. Using evidence to design new services

The previous section described local authority activity to implement existing evidence-based programmes. However, an *off-the-shelf* evidence-based programme was not always felt by participants to be the most appropriate given local needs. For some identified local needs, there is so far a lack of interventions which have been shown to have impact or deliver improvements. Local commissioners were aware of the same gaps in the evidence as identified in Strand 1; for example, limited evidence for reducing neglect, domestic violence and child sexual exploitation.

Understanding the co-existent needs in local families is important when selecting programmes at the commissioning stage. One of the challenges identified with *off-the-shelf* evidence-based programmes was that the specific referral criteria required (and critical to evidence impact against specific needs and characteristics) could result in many families being ineligible to receive the service. There were various examples offered:

- Domestic violence or substance misuse being present in the family can make them ineligible for therapeutic programmes with adolescents.
- Parental learning disabilities can mean ineligibility for many domestic violence programmes.
- Many domestic violence programmes require the survivor to end the abusive relationship. Without doing this, they are ineligible for many types of support.

In these circumstances, local authorities reported drawing on a range of sources of inspiration for designing innovative responses to local need, including academic research but also learning from activity in other local authorities.

Neglect

LA2, in seeking effective interventions for neglect, reviewed the available literature and designed a multi-agency intervention involving schools, health, family support workers and social workers to provide intensive direct work and links to universal services. Practitioners and the practice lead reported positive experiences for families, though no resources had been allocated for formal evaluation.

'*It was a really intense piece of work for those that were involved and certainly not just the social workers but everyone who was involved and it really did demonstrate that intensive hands on approach obviously does work in neglect cases*.' (Social worker, LA2)

The pilot had ceased due to funding pressures, though the learning from the project is being used to redesign the structure of core social work teams to allow them to continue some elements of the work – social workers are being moved into more numerous, smaller locality teams to help them build connections with practitioners in other agencies, including schools, and early help practitioners are being brought from the children's centres into social work teams to help provide intensive practical support at home.

Adolescents on the edge of care

Three of the authorities (LA2, LA3 and LA5) have been seeking to develop and improve services to prevent adolescents coming into care, where this has been identified as a priority through analysis of local data. In doing so, they have drawn ideas from the academic literature which highlights the different needs of this age group, and learning from other authorities - particularly the need for strong relationships, positive role models, alternative activities and psychological support. In order to provide these services, some local authorities have developed specialist teams to provide support when young people need it, often at weekends or evenings, and, in doing so, have drawn on resources from elsewhere in their local system:

- Youth workers and practitioners with experience working in residential homes were seen as having the right skills to deliver these interventions, alongside mental health practitioners including psychologists.
- Authorities have recognised that the needs of adolescents on the edge of care are often very similar to young people who are looked after and have sought to make connections between services for young people in care and their peers living at home. For some this was allowing them to make best use of the skills of practitioners in residential and foster care to offer intensive support in the community and 'short breaks' or 'respite' at times of crisis.

Commissioners and practice leads in LA1 and LA4 both stated that they were aware that specialist services for adolescents on the edge of care were underdeveloped in their authorities and that this would be a priority for the near future.

Domestic violence

The review of evidence in Strand 1 of this project identified a lack of evidence for services working with fathers in general, and in particular with fathers who were perpetrators of domestic violence. Local authorities in this study were very aware that a significant proportion of families needing a social care response are experiencing domestic violence. As a result, local authorities described developing and accessing a range of services to prevent or manage domestic violence from both the victim's and the perpetrator's point of view.

'There are a lot of services for domestic violence [here], those working with the perpetrators and victims, but they are quite restrictive in their criteria and the parents have to go to them, have to work within their model and fit in rather than being flexible and adapting to different circumstances.' (Social worker, LA4)

Where families did not fit the criteria, responsibility for providing support fell to social workers who varied in their level of confidence and knowledge about how to address the issue.

LA1 was in the process of examining its local evidence for effective practice with families experiencing domestic violence to inform a corporate domestic violence strategy, by looking at data on outcomes from various alternative pathways currently in place. They had commissioned a programme for fathers with a history of domestic violence, Caring Dads, alongside developing social workers' expertise in taking a 'behavioural approach' to supporting families experiencing domestic violence within core social work teams.

LA3 had taken a combined approach of working with community organisations with lower risk cases to develop positive relationships alongside a specialist service delivered by social workers in the local authority. The joint domestic abuse and child sexual exploitation team provides an interesting example of developing a service that is informed by research: practice leaders noted the similarities in research findings about the dynamics of child sexual exploitation and domestic violence in relation to coercion and control, and the links between previous experience of sexual abuse and exploitation and increased vulnerability to further abuse and domestic violence. Workers in the domestic abuse and child sexual exploitation team develop and share expertise in working with families where violence and coercion are factors.

4.2. Learning from other authorities to develop new services

When developing innovative responses, local authorities look at what other authorities are doing and share ideas across networks. Participants highlighted regional and national networks and conferences as key sources of ideas and dialogue with other authorities. The Department for Education Innovation Programme has, many felt, served to highlight and promote new approaches, and local authorities are drawing on this learning through formal and informal contact with participating authorities. Innovation was also reported as happening outside of the Innovation Programme, of course. The sharing of such innovations was

described by one Lead Member as *water cooler conversations* held at conferences and similar environments.

In LA4, commissioners and practice leads had not only looked at English local authorities but looked internationally to learn about how restorative approaches were being used elsewhere. Closer to home, links with neighbouring authorities were reported to be invaluable, and authorities are keen to learn from their neighbours' experiences, particularly where the socioeconomic circumstances are similar.

'I'll be interested tomorrow for example to better understand what my colleagues in [a neighbouring authority] are doing, because …. from my conversation with the DCS I think we have a very similar vision that we are seeking to achieve, and I know they have done some work in neighbourhoods that I'd like to learn from, and where possible to do some more of that in [LA3] from that learning.' (Commissioner, LA3)

That said, local authorities also expressed caution about approaches that are relatively new and so far unsupported by strong evidence of effectiveness, despite the 'hype' perceived to be surrounding some of the Innovation Programme projects. Commissioners are aware that positive coverage in the media, or case studies in the grey literature, are not the same as robust evidence of effectiveness. Although keen to learn from others' experiences, or adopt some of these new ideas, authorities are conscious that this does not provide the same level of reassurance regarding return on investment as some of the evidence-based programmes.

As well as evidence of outcomes, local authorities are keen to understand from authorities engaged in innovation about the experience of implementing the approach and how the workforce has responded. For some, understanding the implications of a particular approach required a site visit and talking directly to frontline practitioners. Certainly, learning from other authorities takes time and resources, which are at a premium in a demand-led service:

'[*Finding] the actual headspace capacity to then look beyond [day-to-day work] and look, this is what areas are doing in, let's trial that and deliver that here, it's quite a big ask…'* (Commissioner, LA3)

As well as understanding any evaluations of effectiveness, local authorities need to understand how the innovative approach translates to the local context. Whereas robust evaluations of evidence-based programmes explain whether the evaluation took place across multiple sites, and any variations found in different contexts, when looking at local innovations, local authorities need to consider these questions themselves; for example:

- If an innovative approach has been trialled in a small unitary authority, large counties need to consider how increased travel times and the distance between families might affect implementation.
- If the authority has adopted a particular approach to practice, guided by specific principles or theories, then it is important that any new services complement these principles.

5. The use of research evidence in social work practice

Children and families who are referred to children's social care come into contact with local authority social workers before they experience any of the programmes

or services discussed so far. It is important to ask, therefore, how far the direct practice of local authority social workers is informed by evidence. This direct work encompasses assessment and interventions by social workers aiming to enable a family to achieve changes in their circumstances and/or behaviour where there are concerns about the welfare of the children.

All the social workers participating in this research expressed that they understood the value of research evidence in informing their practice. Nonetheless, it was striking that in almost all of the focus groups, when initially asked about how they used research in their practice with children and families, practitioners thought that this meant reading a specific article, or briefing, about an aspect of practice and applying it to a particular case that they are working on. Social workers felt that their capacity to make use of research in a more systematic way, or in a manner that developed practice and services, was limited. This was primarily as a result of time and caseloads:

'What I hear social workers saying around the table is that I don't have the time to give the time to my families that I want to give them, so I question whether that then has an impact on people's time to be able to go off and read about a new subject that they have not dealt with before.' (Social worker, LA3)

Whilst for some practitioners this presentation of evidence being used in quite a limited way may be true, for others it seems that evidence was being used in ways that were perhaps more subtly embedded. Team managers and advanced practitioners were more likely to point out that the overarching approach to practice, and methods of working with families and communicating with children, *were* informed by social work theories and/or research. Where this perspective was offered by more senior members of the focus group, other practitioners recognised that this was the case, and began to identify principles from research that underpinned their approach to working with children. Some supervisors felt that the use of research was implicit, and suggested this might be a necessary means of helping practitioners to not be put off.

'*I supervise social workers and everything that they do is underpinned by research. I think it is there, but maybe it is not so explicit in our day to day practice and when we talk about research, people panic and think "Oh, I need to go away and do that"*.' (Social worker, LA3)

This is not to say that research evidence necessarily underpins all social work activity. It was clear that some practitioners did not consciously use research, nor did they recognise that some of their core principles and practices were derived from research. Even where practice was in fact consistent with research findings, this cannot be said to be research-driven social work practice.

This confusion is perhaps a result of the distinction that some social workers made between different types of academic writings on social work. Within each focus group and the practice lead interviews, a range of different types of research were mentioned by participants. The interviewers did not explicitly make these distinctions in the questions; they emerged from the answers provided to a general question about types of research. Each type provoked quite different responses from practitioners, suggesting some lessons for those disseminating research findings to influence practice.

- **Quantitative research on effectiveness,** which is the basis for those interventions often referred to as evidence-based interventions, but also influence wider social work activity. This evidence was seen as being contained within a programme – if the programme was evidence-based,

some practitioners felt assured and perhaps did not feel the need to concern themselves with the detail of the evidence base.

All the programmes we deliver are evidence-based. So there is a lot of research which has gone into that. (Family support worker, LA1)

- **Quantitative research identifying risk factors** associated with harm. This evidence was seen as crucial to assessments and court work, as well as talking to parents about why particular behaviours were a cause for concern to social workers. This was most familiar to the practitioners involved in this project.

'*You can say this child is exhibiting this, there are possible links to this, and to me that is how you quote your research*.' (Social worker, LA4)

- **Qualitative research on how social workers perform their work**, such as communicating with children, building relationships and performing home visits, which are more descriptive. Social workers felt that this body of work was helpful in prompting them to reflect on their practice and how they behaved as social workers – often this was simply seen as 'good practice' and the evidence underpinning this was not always obvious to participants.

'*If I have a person that... really knows the subject and really gets their hands dirty and gets involved with practice sometimes... then it resonates with me and I think "Wow, I need to use a bit of that in practice"*.' (Practice lead, LA4)

- **Theoretical constructs** such as attachment theory, which social workers use to understand family dynamics and children's needs, which may or may not have been subject to empirical research. Discussions of attachment theory in particular revealed differences in understanding about the use of theory. Some social workers were keen to draw on these theories as evidence in court proceedings, while others were more cautious, due to concerns about the lack of empirical evidence.

'*It is a theory, it is not research - and I think knowing the difference between the two is really important*.' (Social worker, LA4)

Some social workers expressed concern about the relevance of much research to their day-to-day practice. Some felt that academics conducted research in isolation, rather than rooting it in the practice experience of social workers. This meant that the results did not take into account the complexity of needs of many children and families, nor the systems in which social work happens. They called for closer collaboration between researchers and practitioners to make the outputs of research more relevant and accessible.

'*I think there needs to be some recognition that we have our own very useful knowledge base that can inform other researchers and research... I think that academics need to be more proactive in coming to us and asking us how are you working with that and actually starting research from us … rather than them saying 'have you seen this interesting study that we have done', well it probably is really interesting but it has been done possibly in isolation*.' (Social worker, LA4)

This suggests that when communicating research to practitioners, it is important to include information about the aims of the research (whether it sought to quantify or describe effective practice, or describe the nature of children's needs)

and the methods (qualitative or quantitative). It may also be beneficial to support academics in directly discussing their research with practitioners, as the knowledge and expertise of the researcher, particularly in qualitative research, affected practitioners' judgements about the relevance and robustness of the findings.

Some of the local authorities had plans to try and engage academics in answering the key questions that the local authority wanted research to answer. In LA2, as part of the local Teaching Partnership, the authority was submitting research questions for consideration by potential Masters and Doctorate students to investigate as part of their studies. In LA4, the practice lead took the initiative to invite academics with relevant research interests to come into the authority to evaluate practice.

5.1. Assessing risks, needs and strengths

Assessments were seen as being at the heart of the social work role: gathering information about risks to the child, the family's strengths and the impact of both on the child in order to reach a decision about the child's safety circumstances and the appropriate action to be taken.

Strand 1 highlights the need for social workers to have good conceptual models to help analyse information and a sound knowledge base that includes awareness of research evidence. These provide the foundation for professional judgement on the level of risk, protective factors and subsequent action. As noted in the introduction, checklists and assessment tools are not always evidence-based; Strand 1 of this project highlighted very few assessment tools and checklists that are supported by evidence.

Three of the authorities used the Signs of Safety assessment tools. The tools were felt to be useful to guide analysis of strengths and risks within the family. LA1 was advocating consistently using the Signs of Safety assessment tools as part of the implementation of systemic social work. In LA2, this relied on individual social workers having undergone training in the approach a number of years previously, and the practice lead was waiting for outputs from the Innovation Programme project before committing to further training. LA4 used the Signs of Safety assessment tools as 'part of the toolbox' alongside a range of other assessment tools. LA5 had considered using Signs of Safety across early help and social work, but had rejected it as *too social-worky* when they were looking for an approach to practice that could be used consistently at all levels of need – they were therefore not using Signs of Safety at all.

In addition - or as an alternative to - a general assessment tool, a range of assessment tools are used in specific circumstances. All the authorities had some kind of risk assessment tool for child sexual exploitation, for example, and some explicitly mentioned the Graded Care Profile as a tool used to identify and describe neglect and the HOME Inventory tool was mentioned by some practitioners.[6] In LA4, the practice lead felt sufficiently confident in the social workers' skills that no tools were mandated at any point; rather, social workers had access to a suite of assessment tools to apply according to their judgement and guided by strong supervision and management. In LA2 and LA3, social workers felt that specialist teams within the authority had access to additional evidence-based assessment tools not available to frontline duty teams, and felt

[6] Assessment tools specifically mentioned in each authority by any of the participants are listed in the structure and service maps at 'Appendix A'.

that duty teams would benefit from training in the use of such tools. At times this resulted in those workers searching the internet for whatever tools they could find to help them identify and assess risks in unfamiliar circumstances.

Beyond using standardised assessment tools, social workers drew on a range of research evidence to support assessments and analysis of risks of harm. Particular aspects of research about risk mentioned repeatedly by social workers include the impact of domestic violence and of adult substance misuse on children and their development. Alongside this, research into child development and behaviours was found to be useful in supporting analysis about whether the child's development had been impaired, or their behaviour affected by their family environment.

Being able to cite research in assessment and analysis, justifying a recommendation to escalate (or, just as importantly, not to escalate) a case gave social workers and managers confidence that their decisions would stand up to scrutiny.

'I wanted to make sure that our work moving forward is as research based as possible so we can really evidence exactly what we have done and try and promote that change and if not we have the evidence to put it before the court if necessary.' (Team manager, LA3)

However, some social workers are less willing to cite research directly. For some this is due to a lack of confidence that they fully understand the research, *I never really list it, I skirt around it, it is a bit scary.* Another was concerned that research pointing to one conclusion could often be contradicted by other research. Citing research in a court context opens up the possibility of cross-examination, which some social workers sought to avoid. Instead, these social workers suggested that it was their role to *name the behaviour* and present the potential impact on child development based on their professional experience and expertise, drawing on others' professional knowledge when appropriate. There was some blurring of boundaries between research knowledge and practice wisdom.

'*If you know the research well, that's fine, but we should also be able to stand there [in court] and say I am a qualified professional social worker I have a very good understanding of child development and I understand the impact of this, this and this*.' (Social worker, LA4)

5.2. Direct work and therapeutic approaches

Strand 1 identified a number of approaches that have some evidence of effectiveness at bringing about change in parenting behaviour and reduce the occurrence of abuse and neglect. These include motivational interviewing, video feedback and cognitive behavioural therapies (in some circumstances).

Many of the social workers appeared to find it challenging to put names to the approaches that they used with families. While some practitioners had received training in particular approach; for example, motivational interviewing, this was seen as informing the overall quality of the dialogue with families. Practitioners did not see particular approaches as being paramount or used in isolation. They described using play, dialogue and empathy to encourage parents to reflect on their behaviour and the impact on their children.

'Family relationship models working with parents and using therapeutic work with the parents to work with the child, I forget the name of it, all those kinds of approaches are things that you will find bits and pieces of.' (Practice lead, LA4)

Interestingly, social workers reported being less influenced by research when planning and undertaking direct work with families than when undertaking assessment. A number of participants were less clear that research could help them decide *what to do*, beyond reinforcing the principles of *working with families, not to or for them*, or focusing on relationships.

Some social workers, practice leads and commissioners seemed to think that this kind of research, focused on direct work, was not readily available. This is an important point for those producing and disseminating research to reflect on.

Research isn't often used to direct your practice, that research is often used at the assessment stage and looking at needs and risks but when it gets to what do we do about it, then there is a gap. (Social worker, LA3)

Practice leads acknowledged the difficulty in supporting social workers to use evidence in their direct work. Again, this was in part due to a perceived lack of evidence for what that direct work should look like, *which is what we hope that will come out of the national what works database that is being developed.* (Practice lead, LA2).

Where there is evidence, and where social workers are offered training to develop their skills, the challenge can be in translating and embedding those approaches in practice. Shining a light on the oft-debated issue of fidelity versus context, social workers and practice leads felt that it was important to be able to adapt research evidence to work with individual families and that this was a core part of the social work role. The same practice lead who called for more information about evidence for effective direct work also sounded a note of caution about how far research evidence can and should dictate what social workers do with children and families:

'*I think the skill of social work is identifying where the gaps in social need are and in a contemporary way looking at different ways of working with families and with young people to try and resolve that which isn't always held within a research base, an evidence-based practice approach*.' (Practice lead, LA2)

In some respects, practitioners and practice leads felt that their practice principles (of person-centred professional judgement, for example) ran counter to using prescribed approaches or services - and they seemed on occasion to equate research with such prescription:

'*I think it is always good to think about your theory but it is always a personal basis thinking about your families and what will work with them*.' (Social worker, LA2)

'*I do worry about a single typical model or way of working [with families]… what I always say when I am asked about things like that, is "What do the needs of the family demand from us? What type of approach do they demand from us?"* '(Practice lead, LA4)

For those that do wish to use research more effectively in direct work, there are some barriers. As with the commissioning of services, in some areas of social work practice, there is a lack of robust evidence to guide social workers' approaches with families. LA4 responded to a perceived gap in evidence by

seeking to examine local practice in relation to working with fathers, a gap identified in Strand 1. A local research project had been introduced to review the existing evidence from the UK and abroad, examining local practice to identify barriers to engaging men with services and developing new approaches to address those barriers. The focus group pointed to this work as an example of 'practice-led evidence' (as opposed to evidence-based practice) and could point to changes in their practice as a result. For example, when fathers are assessed as presenting risk, when previously the response would have been to ask the father to leave the house, working restoratively encouraged them to acknowledge the parental relationship.

'If I tell [the father] that [he is] not supposed to be here, the minute I leave [he is] back in that door, and [LA4] gets that. They get that safety is not created like that.' (Social worker, LA4)

In the perceived absence of formal research evidence, other social workers were trying creative approaches to engage parents in change; for example, using a large piece of paper to describe the characteristics of different parenting styles, or buying a pack of cards from the internet that they felt might be helpful in engaging children or parents in changing their behaviour. In some cases, this rather ad hoc approach was not viewed by social workers as problematic; knowing how to play with children, model behaviour to parents and engage both parent and child in difficult conversations was seen as part of their accrued practice wisdom. Others clearly felt more lost, and sought advice and ideas from any source. One or two less experienced social workers talked about *just googling for ideas* and *downloading stuff off the internet*, and trying it out with families, concluding, *I don't know how effective it is but I like doing it*. Similarly, a social worker in a different authority faced with a family with significant domestic violence, but for whom the worker found no other service was available, described trying to understand what direct work could be done with the family by ordering books off the internet and discussing possible approaches with colleagues. There was little indication that they felt that some sources of information might offer stronger evidence of effectiveness than others. Without wishing to detract from the social workers' clear resourcefulness and desire to learn, these scenarios should prompt practice leaders, researchers and others to consider with some urgency how practitioners can be better helped to engage with evidence and recognise that not all knowledge is equally robust.

This perceived lack of evidence-informed resources and approaches to direct work left some social workers experiencing a lack of confidence when faced with the professional expertise in direct therapeutic work from practitioners in other agencies, and a tendency to *fall into 'where can we refer into?'* Efforts by local authorities to design systems that include specialist teams responding to particular needs, and facilitating social worker access to advice and consultation, is clearly crucial in ensuring that evidence does influence the services that children and families receive. This is discussed further in 'Section 7. The use of research evidence in designing systems'.

6. Supporting social workers to use evidence-informed approaches

6.1. Freeing up social worker time

Social workers having adequate time to spend with children and families is a necessary first step in applying evidence-based or evidence-informed practice to improve outcomes. A lack of time to spend with families could impede practitioners' abilities to understand the families' circumstances, establish a relationship with them and enable changes in the family environment.

All the local authorities involved in this project were keen to move away from a system/systems which prioritised the assessment and monitoring of families, without providing resources and support to help families to achieve change. Equally, they aspired to a system which enabled social workers to focus on tasks that helped to avoid cases being escalated into care proceedings or accommodation.

Caseloads were seen by all participants as the primary barrier to social workers being able to apply their professional skills and deliver effective approaches to parents and children.

'When you have 25 other cases on your case load it is harder to do relationship-based practice, you haven't got the time really, so you end up doing service level referring off and task based stuff.' (Social worker, LA3)

In one authority, attempts to reduce caseloads through additional investment had not been as successful as anticipated due to the effects of introducing the new way of working. In part, additional capacity had led to additional work being undertaken – *the more capacity you have the more you take on*. In addition, thresholds had reportedly been lowered while the new way of working was embedded leading to increased activity. This was seen as a natural response to uncertainty about how the new system was operating that would be resolved over time as practitioner confidence increased that the system was appropriate and safe.

'Y*ou would expect that in the early stages of our programme bringing in new staff who are new at the front door… [and] there is still some work for us to do around making sure that the right cases are held by social workers*.' (Practice lead, LA3)

Finally, not unexpectedly, the new way of working had made some staff accustomed to the previous system feel sufficiently uncomfortable that they had left the authority. The authority had focused on recruiting newly qualified social workers and training them in the new way of working from the start of their career.

However, caseloads were not the only barrier to building relationships and doing direct work with families. In one authority, where the practice lead explained that caseloads had been reduced (though social workers in that authority still felt they were too high), the practice lead identified a need to develop skills and confidence among social workers:

'I think when people had higher caseloads… you weren't able to do the in-depth work with families and levels of visiting and levels of contact… I think over time people became a bit de-skilled. Now caseloads are reducing, our expectations about direct work and interventions are increasing. And what we have had to do

is to develop our training programme alongside that… because there is no point in having expectations if people don't have the skills to do that.' (Practice lead, LA5)

Reducing caseloads – often seen as a key solution – therefore sometimes prompts new, sometimes challenging, debate around what social workers must *do* to best support children and families, and the skills they need to undertake this work.

6.2. Increasing social workers' knowledge and use of research evidence

Reflecting some of the challenges, perceived or otherwise, mentioned in the previous section, local authorities were making efforts to support social workers' knowledge of research evidence in order to influence their practice.

In general, social workers were happy to access research through online portals offering research summaries, and practice leads felt that these portals provided good value for money and helped social workers to feel confident that the research they were using was robust and up-to-date. Social workers often scanned bulletins with recent research and saved relevant articles for use at a future date, or used tools and resources to support decision-making.

However, for some, this approach was too static and/or isolated. Some felt they benefited more from learning about research through training and team-based discussions, particularly where they promoted debate and conversations about how research might be applied in particular cases. This discussion with colleagues helped to reduce the likelihood that a social worker would *read a bit of isolated research, use it a few times and forget it*. (Social worker, LA4)

The quality of training and how much social workers learnt from the training provided varied considerably. Some participants felt that training aimed at a multi-agency audience or provided as part of annual refresher courses was found to be boring and uninspiring. Given the high demands on social workers' time, training that did not add to their professional knowledge was felt to be *a bit insulting really*. However, all of the authorities had begun to provide 'masterclasses' or tailored workshops, in which leading academics and experts, seen to be "*at the top of the class",* came and spoke directly to social workers about research and the implications for practice. This approach, it was felt, both ensured social workers were accessing high-quality, up-to-date research and also contributed to the culture in which social workers felt valued as professionals.

'[The masterclass programme has been] quite a good way of generating a bit of passion, energy. So it's like we have these well-known people coming to little [LA5]. So that's been quite good and people have felt quite valued with that.' (Practice lead, LA5)

Supervision was also seen as a crucial point for introducing research to support analysis and planning for direct work. Newly qualified social workers in particular valued the opportunity to be challenged on their use of research and to get help identifying further research that could help them think more deeply about their cases. In LA3 and LA4, advanced practitioners based within each team offered support in accessing and interpreting research, as well as a broader focus on the quality of practice. In the participating authorities, these colleagues did not hold cases (except in an emergency) but instead were available for consultation and supervision when case-holders needed it. Practitioners valued the different forms of supervision that they were offered, and the different insights that they gained

from reflective discussions with groups, with external psychologists and with team managers.

Reflective group case discussions are a core part of the systemic approach. They are used in LA1 to get different perspectives and interpretations of the things that social workers have observed. Family support workers in one focus group found them useful, and the practice lead felt that this approach helped to develop the practitioners' own understanding of the case, rather than relying solely on guidance from a manager.

'We have peer supervision where you pick a case and talk about it and there are a lot of different opinions about it. And the fact that your peers are so skilled in many, many ways that you might not be… that exchange of views is happening quite a lot.' (Family support worker, LA1)

In other authorities, social workers explained that the extent to which supervision was a vehicle for promoting and supporting research use varied significantly, depending largely on the personal interest and confidence of the supervisor regarding research.

The focus of workforce development was, it was largely reported, on social worker skills in working with families, rather than implementing specific research. To this end, some local authorities had introduced local case discussions and reviews. These events encouraged social workers to reflect on what approaches they use with families, whether they had worked, what needed to change and to share their experiences with other practitioners.

7. The use of research evidence in designing systems

In discussions with commissioners, practice leads and practitioners it was clear that local authorities were looking to evidence to inform more than just the commissioning of individual interventions or specific approaches used by social workers but also to guide consideration of how the system as a whole responds to the needs of vulnerable children and families.

In terms of aims, local authorities were particularly seeking to design systems of services that:

- reduce referrals and re-referrals
- reduce the number of children entering care
- promoted resilience amongst children and families.

There is some evidence available to guide local authorities in designing systems that achieve these aims and many of the core messages are highlighted in Strand 1 of this project.

Encouragingly, local authorities' aims for system redesign echoed the messages from Strand 1, including:

- stable and supportive relationships
- timely and proportionate support
- access to expert help and advice
- improved step-up and step-down processes between early help, community social work and care
- improved involvement of other agencies.

Responding to issues noted above regarding the role of relationships, system design activity therefore sought to focus on increasing the amount and quality of direct work with families by:

- giving social workers the time and opportunity to develop strong relationships with families
- increasing access to expertise in working with families with particular needs
- bringing in other practitioners to do direct work while the case is overseen by a social worker.

While there is evidence for what local systems should achieve, there is less evidence for the most effective way of accomplishing those aims. There is a lack of rigorous evaluation of structures, particularly any evidence for the impact on child outcomes. Strand 1 of this project suggests that these structures should be analysed for how far they support the 'quality of dialogue' and quality of relationships between practitioners and families and between practitioners from different agencies.

Examples of innovative structures that require further evaluation cited in Strand 1 include:

- Community-based models of practice designed to create better integration between child protection services.
- Neighbourhood family centres, combining drop-in support and parenting training with 'targeted' outreach services
- Co-working in a team around the child and family's case
- A single worker with a very small caseload and 24-hour availability of supervision/consultation
- Combining an 'as long as needed' key worker outreach service with a drop-in facility.

Local authorities in our study were exploring a number of these structures and their experiences are reported in the following section.

It was clear that this way of thinking about systems did not come easily to some commissioning teams. Colleagues sometimes found it challenging, for example, to devise successful bids to the first round of the Department for Education Innovation Programme where systems thinking was required. For others, however, the Innovation Programme provided an opportunity to accelerate reform that had been developing over many years and was embedded in a commitment to testing and refining ideas on an ongoing basis. This prompts useful reflection on how commissioning professionals can be well supported to engage with evidence regarding not just programmes, but also systems and implementation.

For organisations seeking to encourage the use of evidence about what works, providing training and development to support the ability to think about the whole system, map the journey of the child, and redesign structures to fit with the vision and principles identified by strategic leaders may be a useful approach to building capacity.

7.1. Using structures to promote relationships with families

In LA3, the commissioner and practice lead made explicit links between the overarching philosophy/approach to working with families and the structures that

had been put in place to deliver that approach. With relationships deemed to be central to effective work with families, the structures must support practitioners at every level to build and sustain relationships for long periods of time.

As a result, 'hand-offs', points at which children and families are passed from one worker to the next, can be minimised. For example:

- Social workers manage cases from the front door through the care system and up to the point that permanence options are secured, where applicable.
- Targeted services, including substance misuse services, mental health support and family support workers, are embedded in schools. When cases escalate to social care, these practitioners continue to work with the social worker and the family to provide support, and continue to do so when social care withdraws.
- To reduce referrals to specialist services, social workers can access consultation and advice from specialist practitioners in order to deliver specialist support themselves, building on their existing relationship with families.

This was by no means an inevitable response to adopting restorative practice. The other authority where this approach was well-developed (LA4) had made few structural changes. The focus here was on the quality of the conversations that practitioners at all levels have with families.

LA5 reported taking a much more experimental approach to team structure, trialling a number of different approaches in different parts of the authority. The commissioner and practice lead believe that different structures may work most effectively in different parts of the local area and are keen to test what works, where and for whom.

- The 'child's journey' approach described above has been trialled, with the process being run in parallel with a more traditional approach of a separate referral and assessment team handing over to a long-term casework team elsewhere in the authority. The former has proved more popular with practitioners and with families, and *very initial* outcome data suggest that the continued relationship promotes changes that improve the safety of children.
- The same authority is also trialling a multi-agency pod structure in the most deprived part of the authority, and recently reconsidered plans to develop age-based structures with different teams for children under the age of 11 and older children and young people. This age-based structure was intended to reflect the specific needs and support required for different age groups, but was reconsidered to avoid hindering whole-family working and creating a 'them and us' culture between teams.

LA1 has taken different steps to reducing the number of teams working with each family. The referral and assessment team has been removed, and the Multi-Agency Safeguarding Hub now does more investigation of contacts and referrals in order to decide whether the case should be referred to the Brief Intervention Team for time-limited work or to the more intensive service for higher risk cases.

'*… you cannot have someone go in and have this very detailed conversation, agree a whole load of things and then say we are passing this over to a different worker who then comes along and has a different conversation*.' (Practice lead, LA1)

7.2. Developing specialist teams

Strand 1 identified the importance of the availability of specialist services to work alongside social workers to meet specific needs in an *intensive, structured and time-limited* way. As noted in previous sections, many authorities were aiming to achieve just that.

All the authorities had sought to enable social workers to do more direct work by developing in-house specialist teams. These teams are more likely to be using specific evidence-based or evidence-informed approaches because they have the time to work intensively with families, opportunities to develop the skills and confidence to use the approach and access to supervision and training.

'We can't all be experts in everything… however, what I want our workforce to be is experts in working with children and families and where there are specific and challenging issues then they have someone to talk to, they have someone to consult.' (Practice lead, LA3)

These services may be delivering evidence-based programmes such as Multi-Systemic Therapy or Functioning Family Therapy, leading on delivery of Family Group Conferencing or focusing on working intensively with families with particular needs, such as the domestic violence and child sexual exploitation team in LA3 or the specialist child sexual exploitation team in LA2. These specialist teams may be designed to respond not just to identified needs amongst families but also to address development needs of the workforce. For example, in one authority a specialist parenting assessment team has been developed, in response to feedback from the judiciary about the quality of analysis in assessments reaching court.

Social workers in our focus groups recognised the benefits of these teams and valued their expertise. They said they found the consultation process helped them to develop as practitioners. One social worker was impressed at the skills and knowledge displayed by a specialist team that she had approached for advice and reported feeling much more confident in managing the issue herself as a result. Another had undertaken a joint piece of work with a voluntary sector partner specialising in work with young people exhibiting harmful sexual behaviour.

'They helped get a perspective on some of that sexualised behaviour, where it might come from, how you need to go on probe a bit deeper into the family's history and ways of thinking and values.' (Social worker, LA3)

Outside of specialist teams, social workers could sometimes access specialist advice through multi-agency panels or practitioner advice lines (LA1 and LA5), but in other authorities, access to this advice was more ad hoc, offered by practitioners in other services when the family did not meet the criteria for referral or the service did not have the capacity to accept the case (LA2).

However, practitioners did express some misgivings. Some social workers felt that the reduced caseloads were the key to the successful direct work with families in specialist teams, and that if caseloads in *frontline teams* could be reduced, they too would be able to have a similar positive impact. Protected caseloads also reduced the number of families that the specialist teams could work with, thus waiting times to access the service could be high and this was a cause of concern particularly when families are at a time of crisis. The separation of this intensive and/or specialist work from the wider system could sometimes lead to a lack of feedback from the specialist team to the lead social worker about whether a referral would be accepted, or the progress the child or family was

making as a result of the service. Finally, while they found consultations useful, social workers were concerned that expertise and access to research was held *in pockets* within the authority and not always as widely distributed as it could be.

Conversely, where cuts to budgets had led to the reduction in specialist services provided by the council, partners or the voluntary sector, social workers were concerned that they were being expected to work with cases where they lacked expertise, or without the supporting logistic support associated with a specialist team or intervention. The result, they feared, could be that social workers would be *jack of all trades and master of none*.

For example, one social worker who had previously had experience in delivering a programme for domestic violence survivors was concerned that, with the ending of that programme, frontline social workers were trying to continue the work without the required structure and support. It was feared that managers might think that because staff had been trained in the approach they could continue to apply it in their core social work role, but this may well not be the case:

'We can do the work one-to-one but there is a significant difference in doing the work one-to-one and doing it in groups because we know that the outcomes will be different… because the experience is different for families and… there just isn't the capacity to run them as groups.' (Social worker, LA2)

Again, implementation of evidence-based programmes is relevant here. Practitioners trained in these interventions require ongoing supervision and support mechanisms if the intervention is to be delivered as designed. This presents some dilemma to authorities seeking to achieve results with reduced resources.

7.3. The contribution of non-social work practitioners

As well as specialist social work teams, many local authorities are increasingly developing and embedding the contribution of non-social work staff in providing skills and capacity in direct work. These staff often come from early help services or from the residential care sector. These support workers can either be embedded in social work teams, as is planned in LA2, or are called in to contribute to a child in need or child protection plan as required.

When speaking to practitioners and practice leads about the services available to support children receiving support from social care, it became clear that social workers highly valued the expertise that family support workers, youth workers, health visitors and children's centre staff provided in working with the parents and children in families in need or involved in child protection work.

'There is so much experience out in the early intervention teams, with all the courses that they do, the parenting support, etc, there is an awful lot, a big opportunity to share those skills'. (Social worker, LA2)

These practitioners were able to offer a range of services, including:

- access to parenting programmes with a relatively strong evidence base, such as Webster-Stratton programme or Triple P
- practical support in the home, such as help getting the children to school and support with domestic tasks
- skills at building relationships with families and young people.

In LA2, which was proposing to shift resources away from universal services to targeted help, plans are well developed to establish 'Family Resource Centres', hubs based in local areas with teams of social workers, family support workers and early help practitioners. The proposal was informed by the multi-agency neglect pilot mentioned previously, which had provided anecdotal evidence that intensive home support made a significant impact on families' ability to provide adequate care for their children. The new approach to delivering social work services alongside early help sought to extend those principles to all families.

Early help workers often have existing relationships with families, particularly when these workers are/were embedded in schools or other universal services, and this makes them well placed to continue to work with families beyond the child protection intervention. Close working arrangements between early help and social work services were seen as essential to build on these relationships, rather than sever them when cases required statutory social work intervention. Maintaining existing relationships with early help workers when risks escalate is seen as crucial to bringing about sustainable change:

'*Stepping in and stepping out rather than stepping up and stepping down… bringing people into the team, rather than passing that team on, is the model that we are embracing*.' (Practice lead, LA3).

Some of the local authorities identified the statutory guidance requiring social work involvement with children assessed as in need under section 17 as being a little problematic at times. This was felt to be due to the stigma attached to working with social workers, and the challenge for families in building a new relationship.

'*The* Children Act *says the social worker must do the assessment. That may not be helpful immediately in a family, if actually that becomes too threatening*.' (Practice lead, LA1)

However, respondents were clear that there were times when the *clarity* that a social worker can provide is essential; for example, when assessing parental capacity to change and ensuring higher risk cases were closely monitored. Reassuring early help workers that social workers would *get involved when necessary* was crucial in building wide support for system reform.

- In LA3, social work expertise is available to early help services through linking social workers to specific schools for initial advice, and by appointing senior social workers with responsibility for overseeing cases where social workers are 'stepping out' to provide reassurance to the incoming lead professional.
- In LA5, a social worker is embedded within the early help team, chairs 'team around the child' meetings and identifies the most appropriate lead professional. However, social workers in this authority noted that other agencies were resistant to taking on the lead professional role.

'*I don't know whether it is managing the risk or just not wanting to manage the services… When I speak to teachers or health visitors their roles have changed so much so that they say they do a lot of social work like we used to do before the paperwork. They say they are doing a lot of the social work task*.' (Social worker, LA5)

At the other end of the spectrum, local authorities are striving to work intensively with families on the edge of care, and drawing on the skills of workers in residential homes and foster carers in order to deliver support when families need

it. Edge of care services offer valuable capacity to build relationships with young people. Similar to the role of early help practitioners, intensive support workers from a non-social work background were described as being able to build relationships with young people where sometimes social workers might be challenged.

'It was a really positive relationship that [the young person] was able to form with somebody who wasn't necessarily a 'social worker' who could have some of those difficult conversations. Sometimes just being a social worker is a barrier for young people, because for all sorts of reasons they have ideas about who we are and what we are, and they [the intensive support worker] didn't have that same stigma and that was really positive.' (Social worker, LA3)

However, as with early help, there was some concern that placing responsibility on practitioners other than the social worker to form the primary relationship could lead to problems, including:

- ambiguity about who was 'holding the case' and was accountable for the ongoing assessment of risk and need
- miscommunication about case transfer in and out of the service, so that families could fall through the gaps
- raising expectations of young people and their families about the amount of support social workers outside of specialist teams could provide once the case had been transferred back to core social work teams – for example, that 24/7 telephone support would no longer be available once the young person had left the edge of care or CSE team.

7.4. Securing multi-agency engagement

There was recognition across all of the participating authorities that engaging with partners in providing support to vulnerable families is vital, *because most of what you do you need everybody else and we won't be effective just on our own as a social work service*. (Practice lead, LA1).

How multi-agency collaboration is secured varies between authorities. This was felt to reflect the ambiguity of the research evidence about how best to secure co-operation, even if the evidence for the benefits of co-operation are documented in research literature. There was little evidence identified regarding the impact of structural integration on children's outcomes, as this colleague described:

'I think that the jury is out about whether the fully integrated teams actually deliver particularly in the statutory world exactly what we need.' (Practice lead, LA3)

In LA1, a commitment to in-house service delivery, a small authority area and a culture of close inter-agency working is seen as the foundation of co-operation. Panels and management groups consider individual cases to make sure that agencies are contributing their expertise to case management and support. In LA3, shared management of health and social care has been at the heart of establishing multi-agency working, while the teams themselves are not integrated; health and social care practitioners are based in localities and so can build strong relationships with each other.

In LA2 and LA5, where relationships between agencies were still becoming embedded, small pilot schemes had helped to demonstrate the impact of multi-

agency working and were starting to lead to more widespread plans to form multi-agency teams. In LA5, understanding the local context and the complexity of families' needs was a key driver for establishing a multi-agency 'pod' structure in an urban area, where there were much higher rates of referrals, child protection activity, neglect and adult problems affecting care for the children.

As discussed, engagement with child and adolescent mental health services were reported to be difficult in some authorities. In these authorities, managers and practitioners made efforts to make connections with their counterparts in other agencies, but social workers, commissioners and practice leads spoke of the confusion arising from changes in structures in other agencies and the potential risk of children *falling through the gaps*.

'[The CAMHS team] say 'We are going to do a, b and c' but then you will find that the CAMHS worker left two months ago and nobody picked up the case and only through chasing everything up that you realise the team aren't who you think they are anymore.' [Social worker, LA2]

In LA1 and LA3, more positively, CAMHS practitioners were embedded throughout the system of services for families, with a presence in schools as well as in social work teams, and relationships were felt to be good. Co-location of social work and mental health practitioners helped to develop mutual understanding of the other discipline's evidence base and methods.

8. Evaluating business cases for investment in new ways of working

As demonstrated throughout this research, local authorities are looking across the system to see where investment will bring improvements in outcomes and long-term savings, combining a mixture of services and approaches into a coherent package of support to meet local needs. In doing so, they need to be able to source funding to invest in new approaches, justify this investment through predicting how the chosen approaches could save money in the longer-term and then monitor and adjust their approach to ensure that those savings are achieved. Local authorities were at different stages of this journey, but this section reflects on experiences to date of developing and adapting new services and support.

8.1. Identifying sources of investment

Authorities were responding in different ways to the pressures exerted by reduced resources and expectations of more cuts to come. Any attempt to introduce a new approach or service needed to provide a rationale for why it would lead to some sort of savings in the long term. In some cases research evidence of effectiveness was part – but not the *only* component - of this argument.

The first source of funding was reported to be almost always the local authority budget. Here Lead Members played a crucial role in securing additional resources, or at least protecting the department from further cuts. Lead Members identified the need for cross-party support to bolster their arguments for children's social care to be adequately resourced. However, Lead Members were clear that they were not *experts in research* or in what was happening in other authorities, and relied on officers to provide the rationale for any change.

In LA2, the required savings were perceived as a definite barrier to purchasing an expensive evidence-based programme. Redesigning in-house services was seen as preferable because it allowed for the redeployment of existing resources and workforce capacity. The scale of savings needed cannot be underestimated as a factor in determining how to deliver 'what works'.

'*It was something like a million pounds we wanted to put into that over a 12 month period, which we did by moving staff from one part of the organisation to another, there was no growth as such*.' (Commissioner, LA2)

For most authorities, the solution to reduced resources was much closer working with other agencies to share budgets and knowledge about what works in order to focus on the outcomes that all agencies wanted to achieve.

'*I mean it sounds ironic: how can we do a better job of improving outcomes, when actually you've got less money, well the way you go about it is integrate your budget with health, so that was the business case….'* (Commissioner, LA3)

Lead Members were crucial here too, in securing co-operation from partner agencies to contribute to new projects, the pooling of resources and co-operation at the front line.

In terms of enabling investment, the Department for Education Innovation Programme has enabled some authorities to build on local practice and innovation to restructure their whole system for providing social work services. Two authorities in this study in part attributed their significant system redesign to the 'breathing space' afforded by this funding.

8.2. Estimating savings

In LA4, significant investment had enabled the expansion of Family Group Conferencing across the authority. The business case for investing in this approach rested on reducing repeat presentations to children's social care and the escalation of cases to more intensive interventions. Because the authority was planning to use the Family Group Conferencing approach in new contexts; for example, as part of the child protection conference or in early help cases, and to address a wide range of needs, it was felt that it was difficult to predict outcomes and therefore savings with any accuracy. Rather the argument was based on the belief that working with families, rather than doing to them, would result in a better quality of service and be more effective, without quantifying the expected impact.

In LA5, the commissioning team and strategic leaders were firmly focused on saving money through investing in new programmes and ways of working, based on a close analysis of demand for services. They had commissioned Functional Family Therapy to work with adolescents, developed a small-scale multi-agency team to address issues of neglect relating to substance misuse and parental mental health problems in one area, as well as undertaking significant workforce development to improve the stability of the workforce and reduce spending on agency staff.

New interventions are delivered in the context of changing circumstances and continuing rising demand for care services. Responding to this complexity, at least one commissioner was compelled to make estimates of costs *avoided*, rather than concrete savings achieved. This approach is arguably far more realistic, but demands confident leadership.

Given the complexity of the problems facing most children in need of help and protection, predictions of savings did not rely on a single intervention, but on a number of interventions being introduced simultaneously and on wider system and workforce reform; for example, reducing the turnover of staff. This is seen as a way of balancing the risk of a single intervention not delivering the expected results:

'There is cost avoidance in terms of avoiding children coming into care and…repeat work so children having a child protection plan for a second or subsequent time, it costs us a lot of money… I reckon that repeat work, is costing us over a million pounds a year.' (Commissioner, LA5)

Cost-benefit estimates for individual interventions were not sufficient to make a strong business case; this information needed to be assimilated with other data about costs and benefits throughout the system of services for children and families. Interventions are not provided in isolation:

'You have to understand the systemic impact rather, than simply looking at it mechanistically: 'if we do 20 more of these, we will save 5' - the system is more complex than that.' (Commissioner, LA1)

8.3. Measuring success

In LA5, where a business case had been drawn up based on multiple interventions, the combined investment was seen to have had an overall positive impact on expenditure through reduced staff costs (estimated savings of £67,000 per year), reduced demand for repeat work and stabilising the number of looked after children. Importantly, however, any potential savings were consumed by the need to meet continued rising demand.

LA3, which had undertaken system-wide change spanning early help and social work, took a much broader approach to measuring success, using not only data on numbers of looked after children (which had fallen) but also results from the Early Years Foundation Stage Profile and numbers of young people not in education, employment and training. The commissioner in this authority highlighted the difficulty in attributing changes in data to activity by the local authority or its partners and the influence of external factors on outcomes. Some authorities were also using other qualitative indicators of improvement, such as feedback from families and practitioners (in one authority, gathered through 'embedded researchers') to try and triangulate different forms of evidence to identify impact.

The authority introducing widespread Family Group Conferencing had close links to a number of academics, who had been commissioned to evaluate the approaches that had been introduced. This was in part funded by the Innovation Programme. These evaluations were not yet available at the time of interview. The commissioner pointed to data and qualitative evidence that the Family Group Conferencing approach was engaging families earlier and that families liked the approach.

'There's growing confidence that we're on the right track with things, and that's based on... data, but also from feedback from parents and we are getting much more positive feedback from parents engaging in Family Group Conferencing than we were from other types of arrangements.' (Commissioner, LA4)

A formal business case was not always felt to be necessary. In LA1, the commissioner pointed to a change in cost profile as a successful result of an overall approach of being *needs-led, outcomes-focused and evidence-based* and being *responsive where we see particular issues emerging*. Despite no formal business case setting out costs and expected benefits, resources had been shifted away from the care system, as looked after children numbers fell dramatically, and into early help and family support as more families received interventions at this level. This was not the result of any one change, but the cumulative effect of a number of small changes across the system. Furthermore, the authority had adapted to circumstances as they arose.

These examples clearly demonstrate that business cases engage with far more than simply an assessment of the effectiveness and cost benefits of a programme or individual intervention.

8.4. Adapting the business case

While the local authorities involved in this project were broadly optimistic (and in some cases relatively confident) that their new approaches were working, they were all preparing to adapt their approach in light of the need to make further savings. This need was prompted by a number of identified issues:

- predicted ongoing reductions in local authority budgets
- pressure on the budgets of other agencies, particularly in authorities that had joint commissioning arrangements with health partners
- the end of short-term funding (eg, from the Innovation Programme).

Local authorities were considering what would need to be done in order to deliver services within a smaller cost envelope. Strategies included planning to reduce staff headcount, closer working with health where this was not yet in place, closer working with other authorities, and working with communities to provide universal services that could no longer be funded. Those authorities that had not yet received funding from the Innovation Programme had all submitted bids in the current round and were waiting to hear if they had been successful.

As well as the need to make significant savings, authorities implementing innovative ways of working or new services were also adapting their approach as new evidence emerges. Again, 'evidence' does not only mean research evidence concerning 'what works'.

LA3 prioritises collecting qualitative feedback from families and practitioners and providing context for data collected. As noted above 'practitioner-researchers' are embedded in social work teams to gather data and help to provide insights as the project develops. Commissioners have found this helpful in understanding progress and in identifying barriers to further improvements.

'We are really keen on this concept of design by doing, trialling something, learning what has worked, getting those colleagues together, looking at what we have learnt, what worked and what we lacked and what we would do differently and then redesigning, tweaking maybe.' (Practice lead, LA3)

In LA5, where data analysis provided a robust basis for selecting individual interventions, ongoing analysis continues to highlight unmet needs; for example, the low proportion of adults with mental health needs who were engaged with mental health services in families known to social care.

'Often, certainly for me, we will achieve certain outcomes but now we've got more outcomes that we want to address it raises a lot more questions that now I want to solve.' (Commissioner, LA5)

For another, analysis and evaluation can be more challenging, leaving authorities unsure as to the impact on outcomes.

'We've committed ourselves to working in a different way, we've committed huge amounts of resources to do it. But we don't actually have the capacity in the organisation to... set up a small project team of 2 or 3 people that will track this and will look at it and tell us if it's working or not… We don't put in place any sophisticated way of actually determining whether it's a success or not.' (Commissioner, LA2)

This lack of data and limited capacity to evaluate effectiveness leaves locally designed services open to criticism and to being cut as resources reduce. It is easy to criticise authorities for not always doing 'what works' but the reality is hugely complex. With significantly reduced resources to deliver services, it is little wonder that some areas struggle to resource the data collection and analysis required to improve the evidence base.

9. Conclusions

It is clear from our research that there is significant variation in the types of services and approaches being used in the five authorities participating in the study. This variation stems from differences in the local context, including different priorities and local needs, different philosophies of practice and consequent definitions of the role of social work, and varying attitudes to the use of evidence (between and within authorities). The authorities participating in the study can be loosely divided into two groups:

- Those driven by data on local needs to develop specific approaches to meet those identified needs (LA2 and LA5)
- Those authorities driven by a clear philosophy of social work practice leading them to develop general social work expertise to meet the needs of all children and families (LA1, LA3 and LA4).

Within this variation, however, there were some striking similarities. All the authorities were using some form of family decision-making process to help families participate in making plans for the support they would be offered, signalling a commitment to 'working with', rather than 'doing to' families. All the authorities were thinking about how the expertise of non-social work practitioners could be used to offer more support to families, while freeing social workers for core tasks, such as forming high-quality relationships and undertaking analysis of the family's difficulties and strengths.

Evidence was used throughout the process of designing, commissioning and delivering services and support to families, but formal academic research was only *one piece of the puzzle*. For some, research evidence about what works and the associated cost-benefit data helped to justify investment in a particular programme. Where the cost-benefit data and/or evidence of effectiveness was weaker, local authorities had to take a risk that services which were developed along the lines of sound principles or theory would enable them to achieve the desired results. Authorities identified limitations as to how far evidence could answer the challenging questions posed by resource constraints and the changing needs profile of families and communities. Evidence was not a panacea that could

be applied to reduce demand and improve outcomes. Using research in commissioning requires professional skill and understanding of what evidence can and cannot offer in terms of 'what works' and understanding of implementation is a crucial part of the knowledge base needed to inform effective commissioning.

Authorities were not letting the limitations of available research evidence hold them back from thinking about how best to meet families' needs. Instead they were trialling evidence-informed programmes, 'evidence-inspired' approaches and innovative services in an attempt to find out what worked for the families they work with. Authorities drew on a range of other evidence: local research and needs analysis; past experience of what had (and had not) worked in their authority; learning from other authorities and the practice wisdom of practice leaders and social workers when devising new approaches to working with families. They also reported listening to feedback from families using services, and from other agencies, to determine how they could change the system to provide better experiences for families and enable good social work practice.

The explicit use of evidence was arguably stronger in the commissioning and system design process than in direct social work practice – though this needs further exploration. This is perhaps because the drive for value for money and increased quality of practice leads managers to look for evidence to justify investment and the use of evidence is therefore more explicit and visible. Research evidence provided key principles to guide social workers' actions, and specific research evidence was reported to be used particularly in assessing risks and strengths and understanding family dynamics. More broadly, evidence was reported as implicitly informing practice and philosophies – for example, in emphasising the importance of listening to children and families and developing strong relationships in order to bring about change. What happened within those relationships was less explicitly influenced by research; the experiences and wishes of families and accrued practice wisdom through years of experience were seen as equally important re research evidence (and, by some, possibly more important) in determining 'what works' with vulnerable families. In the face of perceived evidence gaps and finite service provision, practitioners adapted lessons from research to meet the needs of individual families, working creatively and experimentally to try to address complex needs.

National policymakers and organisations seeking to support local authorities using research need to go beyond making the results of research accessible. Discourse around 'what works' needs to reflect the complexity of the ever-evolving evidence base and of local authority systems. Prescribed programmes, no matter how strong the evidence of their effectiveness, are one part of a system-wide response to need. Similarly, research evidence more broadly defined is just one element of information that authorities must draw on in their decision-making. The significance of reduced resources cannot be underestimated. Efforts to use other sources of knowledge – such as children's experiences – are valuable, and should be understood as part of the wider evidence base, albeit a less robust source. Local authorities need support to develop their understanding of how to apply research evidence in practice to their own local systems and context, and how to go beyond the commissioning of an individual evidence-based programme to integrating the messages from research into system design, workforce development and social work practice. Improving the research-literacy and evaluation capacity of local authorities is likely to be an important means of augmenting the evidence base.

10. Implications

The conclusions of this study have implications for the whole system for supporting the development of better child protection systems and practice, and in particular for promoting the use of evidence about what works within these systems. Communicating the conclusions of research evidence needs to acknowledge the complexity of real world child protection systems and practice and the use of professional judgement and expertise in applying research in this context.

The study has shown that the use of research evidence is not restricted to frontline practitioners, but spread throughout the system, used by commissioners and practice leads to develop effective practice with vulnerable children and families. This requires both managers and practitioners to have knowledge of the most recent research and the ability to critically examine available research not only for robustness but for applicability and relevance.

Given the pressures on the time of managers and practitioners, the wider system needs to consider how best to communicate this knowledge and teach these skills to have the most impact on ways of working on a day-to-day basis. This is not just a question of making research accessible or providing one-off training sessions, but of giving staff the time to think and reflect on what they have learned and how it can be applied locally, through commissioning, system design and in practice with children and families.

10.1. Implications for different parts of the system

National support to develop the sector's capacity to use research evidence is an important part of augmenting the knowledge base. This involves helping local authorities and partners to develop skills, resource evaluation activity as well as role-modelling thoughtful evidence-generation and impact evaluation.

Policymakers and those engaged in promoting the use of evidence need to ensure that the discourse regarding 'what works' reflects the complexities and realities described in this report.

Strategic leaders need to establish a clear vision for services for vulnerable children and their families, including:

- establishing the aims of the services
- setting out priorities based on an analysis of local need
- identifying the principles that should guide service provision.

This vision will guide commissioners and practice leads in performing their roles to ensure a clear and consistent approach to service provision.

Strategic leaders, commissioners and practice leads should seek to design the services, including in-house and external services, into a coherent system. This process of system design should draw on:

- local and academic evidence about effectiveness
- the experience of children and families
- feedback from practitioners and partners
- understanding the evidence relating to implementation.

Important considerations when designing systems include:

- the readiness of the system (including workforce) to implement evidence-based interventions and services
- children and families having the opportunity to build relationships with individual practitioners and these relationships being sustained over time
- practitioners having the time and skills to develop these relationships
- there being a variety of services and approaches available for practitioners to choose from, based on their knowledge of the child and family
- there being opportunities for knowledge to be shared across the system, not restricted to silos
- practitioners in partner agencies being able to contribute their specific expertise to supporting families' needs.

*Commissioner*s should ensure that commissioning decisions are informed by:

- the evidence for effectiveness of individual services wherever available
- careful consideration of how adaptation will affect programme fidelity
- a robust view of the distribution of resources across different services
- a clear understanding of implementation costs, workforce development implications and supporting processes (eg, through developing a business case)
- a clear and shared understanding of how performance monitoring and outcome measures will be used to assess the service's contribution to children's safety and welfare.

Practice leaders should focus on developing and supporting the workforce to ensure that practitioners have opportunities to:

- be supported to develop expertise in specific evidence-based and evidence-informed approaches to practice through training, mentoring and coaching
- apply knowledge from research in direct work with children and families, beyond assessing risks
- learn about available research through interactive and discursive methods, including team-based learning and supervision
- discuss their use of research with supervisors and peers
- obtain expert advice and consult with practitioners from other agencies and disciplines to inform their work with children and families.

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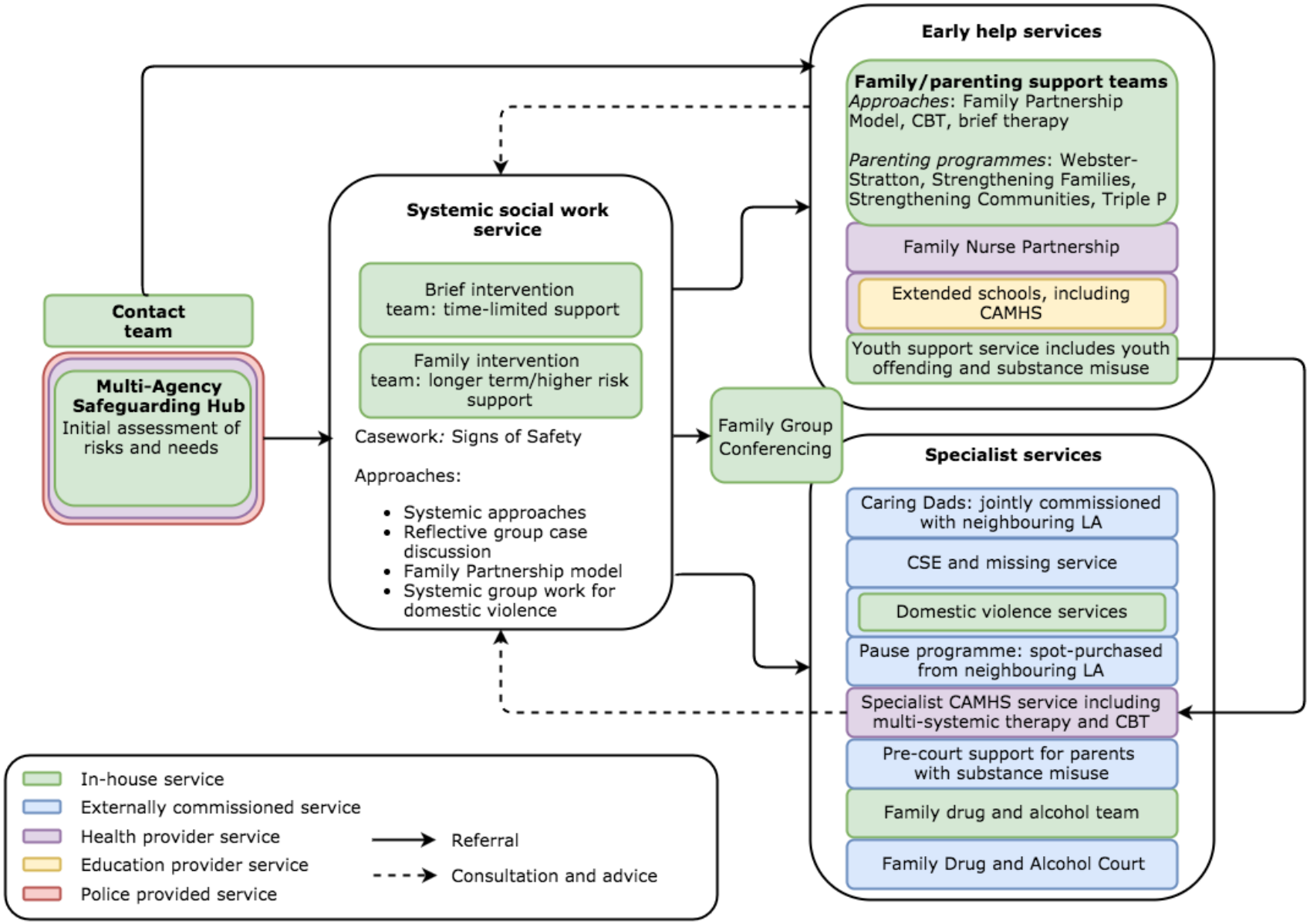
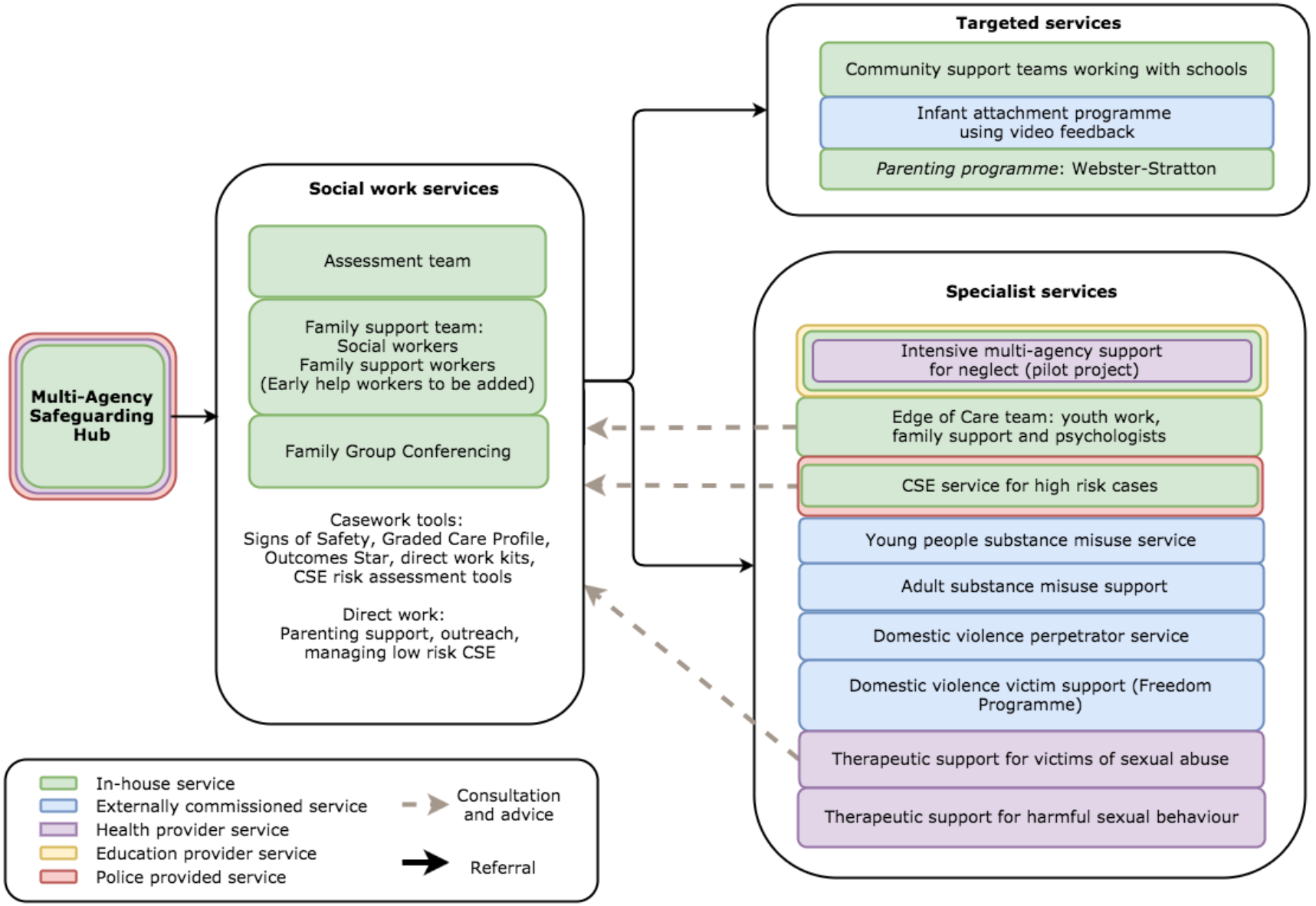
Appendix A: Team structures and services in participating authorities

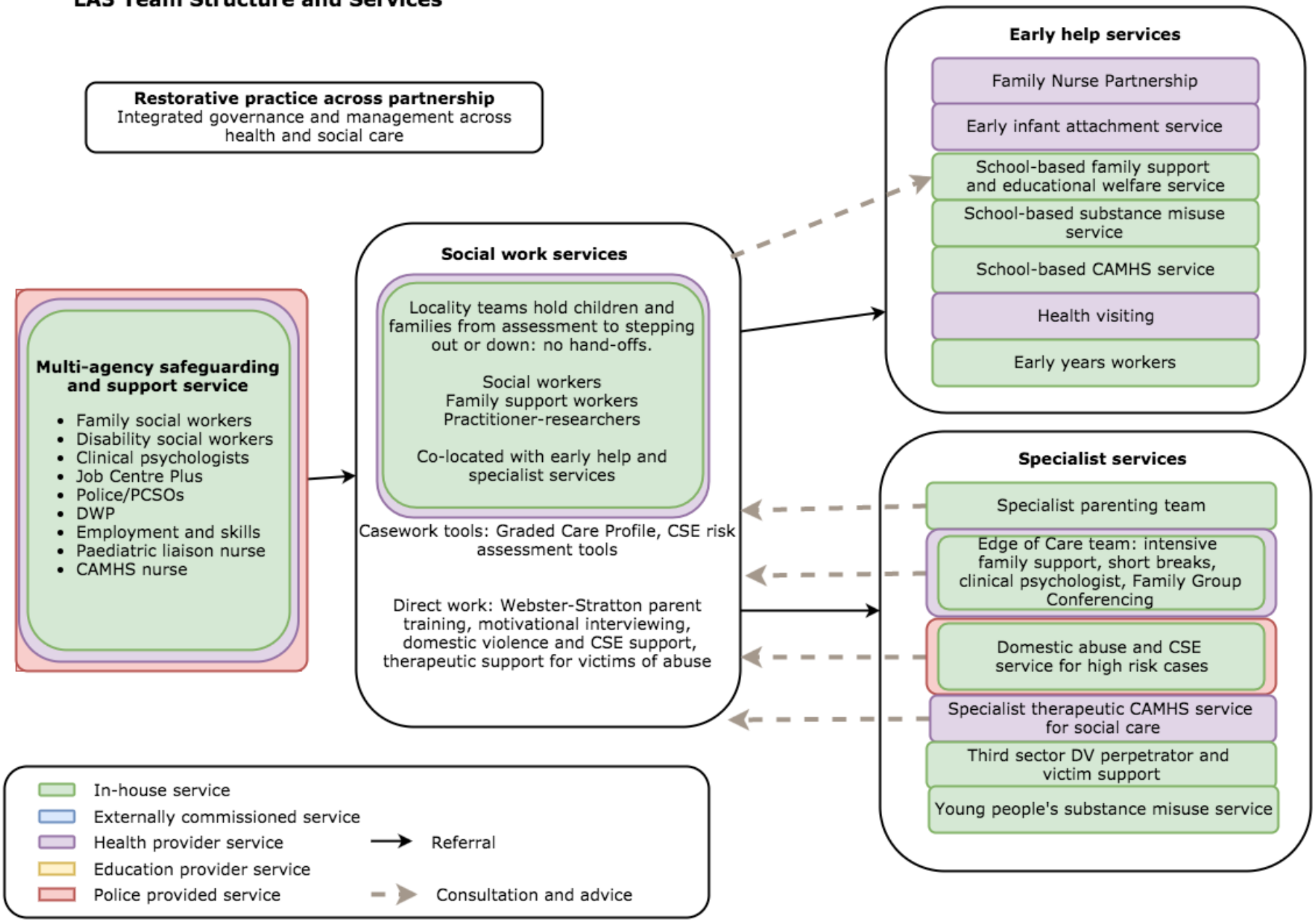
LA1 Team Structure and Services



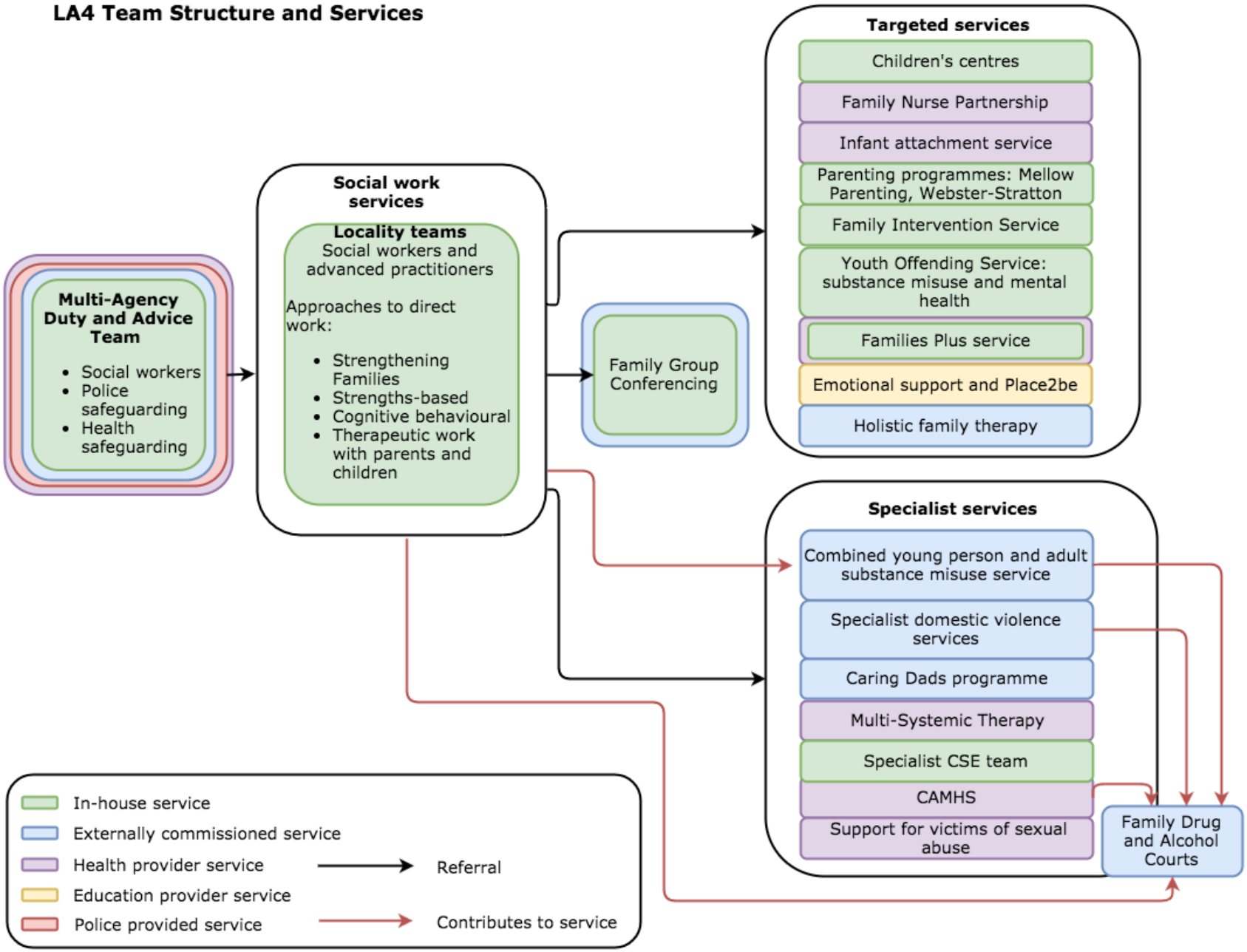
LA2 Team Structure and Services



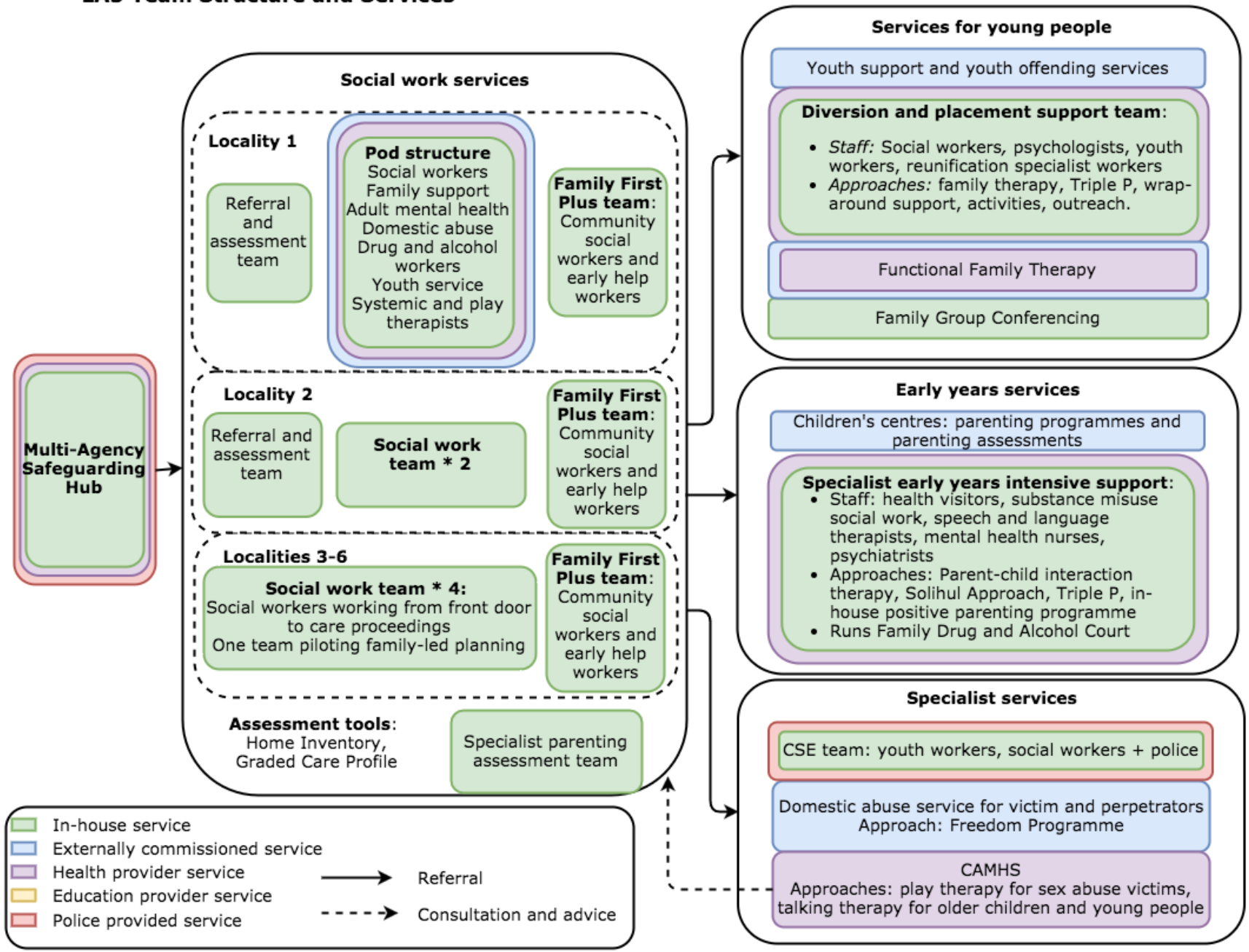
LA3 Team Structure and Services



LA4 Team Structure and Services



LA5 Team Structure and Services



Appendix B: Methods

Authorities

Five authorities were selected to participate in the study. The authorities were selected to provide a spread of geography, political composition, size and authority type.

- Geography:
    - 1 * London borough
    - 1 * North West
    - 1 * Yorkshire and Humber
    - 1 * South West
    - 1 * South East
- Authority type:
    - 1 * London borough
    - 2 * urban unitary councils
    - 2 * county council
- Political leadership:
    - 2 * Labour
    - 1 * Conservative
    - 2 * No overall control

Initially, it was intended to select authorities with a mixture of Ofsted judgements. However, none of the authorities approached with 'requires improvement' grades were willing to participate. As a result all the authorities either had a good rating under the Single Inspection Framework (2) or were yet to be inspected under that framework but were rated good in their most recent inspection (prior to 2012) (3).

In order to explore the motivations for commissioning specific evidence-based programmes, or for taking an innovative approach, authorities were purposively sampled to include both authorities using one of the evidence- based programmes overseen by the National Implementation Service (3) and those involved in the Department for Education Innovation Programme (3). Two authorities were in both categories, and one in neither.

Participants

The rapid evidence review about local authority practice (Godar, 2017) and the brief literature review undertaken for this study highlight the multiple levels at which evidence can influence services for children and families:

- political leadership
- commissioning
- practice leadership
- frontline practitioners.

To reflect these findings, the researchers spoke to the Lead Member, a commissioner, a practice lead and a group of frontline practitioners in each authority. Due to the range of structures in place in different local authorities, Directors of Children's Services were asked to identify the most relevant member

of staff for the commissioner and practice lead interviews. Participants are set out below:

LA	Commissioner	Practice Lead	Focus Group
1	DCS	AD	Family support workers
2	DCS	AD (PSW role held by AD)	Representatives from two social work teams, including team managers
3	Lead Commissioner	AD (PSW role held by AD)	Representatives from a single social work team including team manager and NQSWs
4	Lead Commissioner	PSW	Mixed group including Child Protection Conference Chairs, advanced practitioners and frontline social workers
5	Lead Commissioner	AD and PSW together	Representatives from one social work team, including team manager and NQSWs

Authorities were asked to invite between five and ten frontline practitioners involved in providing support for children in need and those on child protection plans to participate in a focus group. Participants in the focus groups included Child Protection Chairs, team managers, advanced practitioners, experienced social workers and newly qualified social workers. In one authority, the participants were all family support workers in early help, rather than child protection social workers. This gave an interesting alternative perspective.

The purpose of a focus group is to generate discussion among participants and reveal a range of views and different perspectives. As such it is not always possible to report the responses of individuals within the group. This is made more difficult when, as in this case, the focus groups are mainly run by telephone. Where the speaker could be identified, and their job role was known, this is noted after direct quotes in this report.

Question design

Questions for the interviews and the focus groups were designed in order to a) elicit discussion about the services available in that authority, including those approaches identified in Strand 1 as having evidence of effectiveness, and b) reflect themes from the literature about the use of research evidence in decision-making at a strategic and practitioner level. Participants were given the opportunity to talk about other influences on their decision-making, as well as research evidence to provide context for their use of research.

Practice leads and practitioners were provided with brief pen pictures of cases in advance of the interview and focus group. These pen pictures described the child or young person's age, their needs and the needs of their parents and siblings. Participants were asked what would happen to these children and young people within the system and the services that could be provided. Practice leads and practitioners were also asked specifically about interventions and approaches identified in Strand 1 as having a string of research evidence and whether these approaches were being used in the authority or commissioned service.

Commissioners were asked for specific examples of services for which a business case had been prepared and these examples were then used to explore the process for drawing up a business case, and to consider what progress had been made in implementing the business case to date and the emerging impact.

Lead Members were asked more general questions about challenges, investment, questions about sources of information and ideas, and their role in overseeing the implementation of new ways of working.

The questions and pen pictures were reviewed by a group of principal social workers and by the Local Government Association in advance of the interviews and focus groups. The pen pictures were reported to be a good representation of the types of cases presenting to children's social services.

Analysis

Interviews and focus groups were recorded and transcripts made. The transcripts were analysed thematically using a framework developed from the literature review. Emerging themes were added to the list and the transcripts reanalysed to ensure that themes important to participants were reflected in the final report.

In addition, a list of services and approaches mentioned by all participants within each authority was drawn up, and the transcripts were searched again for discussion of how and by whom these services were provided and how social workers could access these services for the families they work with. The results of this analysis informed the drawing of the diagrams contained in 'Appendix A'.