

Darlington Change Project: Devolved Budgets for Social Workers

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Evaluation Summary

Recipients	Children, young people and families
Estimated number of recipients	30 - 50 families with children across the age sample from 0-16 years
Number of pilot sites	1 local authority
Date	March 2019
Version	1

Summary

This project is one of the 'Change Projects', a programme of research into changes to services by CASCADE at Cardiff University on behalf of the What Works Centre for Children's Social Care. It aims to identify promising interventions and generate evidence to support decisions about larger scale trials in the future. This project, in partnership with Darlington Council, aims to reduce numbers of s.47 enquiries, child protection plans, instigation of Public Law Outline (PLO) procedures, and the number of children in care. The project intends to achieve this by allocating significant financial support under s.17 of the Children Act 1989. Decision making around the budgets is devolved to social workers and managers, and the funds are designed to be used to find creative solutions to family problems that help children remain at home.

Darlington intend to work with 30-50 families using devolved budgets, with a focus on preventing children and young people entering care. They will devolve budgets to social workers to spend creatively with families where children are deemed vulnerable to enter care within days or weeks. This pilot evaluation is designed to identify promising interventions and generate evidence to support decisions about larger scale trials in the future; in Darlington, we will also specifically be testing the feasibility of randomisation.

We take a Realist approach to design, collection and analysis of data. The focus here is to understand the underlying mechanisms of devolved budgets (what makes it work) and the way that contextual factors can influence these. We will conduct a process evaluation to understand the functioning of the intervention, by examining implementation, mechanisms of impact, and contextual factors. This will identify discrepancies between expected and

observed outcomes and aims to understand how context influences outcomes (Moore et al., 2015).

The Realist design involves a flexible and iterative approach to data collection in order to develop a deep understanding of how an intervention works and issues in implementing it. The evaluation will run from January 2019 to March 2020, when a final report will be published. An interim report will be published in July 2019.

Project Background

There has been an increase in the number of children in care in recent years, and although some children need to be in care, there are concerns that this rise includes children who perhaps do not need to enter care. The project is predicated on the notion that social workers and the families they are working with are best placed to know what might be needed to create real change and keep children safely at home. Significant funds will be devolved to individual social workers and families to help children remain safely at home.

Similar approaches have been used elsewhere to reduce care entry and increase reunification (e.g. Huebner et al., 2012; Shinn et al., 2017; Walker, 2008). A review of the evidence will be published by the What Works Centre for Children's Social Care in 2019. This evidence suggests family budgets can reduce the likelihood of abuse and neglect, and through this the numbers of child placements. Yet much of this research has been conducted in the USA. Although there is some evidence family budgets can be beneficial, we do not know how much the UK context will mediate this. The What Works Centre for Children's Social Care conducted an open call for partners in September 2018, and Darlington Council were successful in their application to the programme.

Darlington Borough Council is a unitary authority with high levels of poverty. Twenty eight percent of children in Darlington are living in poverty after housing costs are considered, increasing to 48% in some wards. In October 2018, Darlington identified a comparatively large number of children and young people in need of specialist children's services (n= 322 in 2018) and the subject of child protection plans (n= 99, 44 per 10,000 children). Numbers of children looked after in Darlington have increased in the last 3 years and are more than 40% higher than the national average. Darlington plan to allocate 30-50 families a budget of up to £10,000 each, devolved to their allocated social worker. They will be selected on the basis of being deemed by a manager to need to enter care within days or weeks, or in the early stages of court proceedings. This group will be spread equally across three age cohorts:

- Approx. 10 families with a child aged 0-4 (up to day before 5th birthday)
- Approx. 10 families with a child aged 5-9 (up to day before 10th birthday)
- Approx. 10 families with a child 10-16 (up to the day before 17th birthday)

Darlington have recently gained funding to provide intensive support for 10-16 year olds on the edge of care via their Keeping Families Together (KFT) service. This group has been identified for additional support due to the evidence which highlights the increased likelihood of them having negative care experiences, a larger number of placements and

poorer educational outcomes (Sinclair, 2007¹). This group will make up the older age range who receive a devolved budget.

Pilot Description

Darlington will implement devolved budgets in order to prevent children and young people entering care. Thirty families will receive a budget devolved to their allocated social worker of up to £10,000 per family. Darlington aim to empower social workers to be proactive and creative with the application of the devolved budget, and in each family workers will be able to draw down up to £1,000 without the requirement for further authorisation. Any spending above this amount will be subject to secondary approval from their line manager. The intervention group will be split equally into three separate age cohorts, based on the age of the oldest child in the family, 0-4 years (n=10), 5-9 years (n=10) and 10-16 years (n=10). The older age group will be drawn from the Keeping Families Together (KFT) team, which is a new team within Darlington set up in 2019.

Darlington envisage devolved budgets being used for a range of purposes, and offered several examples in their bid, including:

1. Tutoring or academic support to increase a young person's confidence to fully engage in education.
2. Financial support to improve home conditions, including tenancy support, cleaning equipment, decoration.
3. Widening the reach of Family Group Conferences by providing the family with a specified budget to meet outcomes on their family plan. This will also include costs towards travel to and from conferences and hiring neutral and welcoming venues to host the conference.
4. Support outside of the family home, this will include holiday/after school clubs, financial support for extended family members to provide temporary accommodation for the children, family time away from the home and financial support for out of school activities.
5. Accessing specialist external therapeutic support which is tailored to the unique needs and circumstance of the child and/or their family.

Research questions

The evaluation of the pilot study requires us to understand:

- I. How and why the project was implemented as it was. This incorporates:
 - a) An understanding of how elements of implementation might be hypothesised to affect the impact on outcomes.
 - b) Barriers and opportunities for rolling out this model more widely.

¹ Sinclair, I., 2007. *The pursuit of permanence: A study of the English care system*. Jessica Kingsley Publishers.

2. Indicators of success – we define quantitatively and qualitatively our criteria for considering the project worthy of further evaluation on a larger scale.

The feasibility study will also include developing an approach to economic evaluation. The study will address research questions in four key domains, which hope to address its overarching purpose: *whether the intervention is ready for trial*:

1. Evidence of promise

- What potential benefits do stakeholders (e.g. social workers, children, and families) identify?
- Do there appear to be any unintended consequences or negative effects?
- Is there evidence to support the intervention logic model or theory of change?

2. Feasibility

- How is the intervention implemented?
- What types of work are undertaken by social workers, how does this differ (or not) from the work they do anyway?
- What are the characteristics of the families involved?
- What training and support is provided for social workers?
- How acceptable is the intervention:
 - To parents / carers?
 - To children and young people?
 - To senior leaders, managers and social work practitioners?
- What are the barriers and facilitators for delivery?

3. Indicative Evidence of Impact

- Are there reductions in the overall rates of s.47 enquiries, PLO starts and care numbers in Darlington, comparing the intervention period with a period of the same duration prior to the intervention?

4. Readiness for trial

- Is there a clear description of the service that would allow it to be implemented and evaluated in other places?
- This would include the features of devolved budgets, the processes and resourcing of the project and any other factors that participants identify as crucial in delivering the Darlington project successfully.

Methods

The pilot will be undertaken in three primary phases, with an additional stream of ongoing monthly data collection from administrative records that feeds into each of the phases:

- Phase 1: January - February 2019
 - Development of logic model for programme theory and implementation
- Phase 2: May - June 2019

- o Refinement of logic model and assessment of progress
- Phase 3: November 2019 – February 2020
 - o Indicative outcomes
 - o Further refinement of programme theory

Ongoing data collection: Jan 19 – Feb 20

Darlington will provide monthly returns on key outcome indicators. These will be used as a light touch review of progress. Analysis will also be used to inform data collection in Phases 2 and 3. Data to be collected each month is:

- Number of families receiving the devolved budget
 - o Amount spent
 - o How the budget was used
- CSC involvement broken down by:
 - o Numbers of s.47 enquiries, numbers of PLO and care proceedings started and numbers entered care, days in care, placement moves
- Care orders rescinded

Phase 1: Initial theory development [Jan-Feb 2019]

An initial logic model has been developed (see Appendix 1). It outlines a programme theory about what needs to happen in order to achieve the intended outcomes for the project. In developing and explicitly articulating the hypothesised causal relationship between inputs, outputs and outcomes within the project, it is the first step towards a programme theory.

The programme theory will include what needs to happen in order to implement the project. The logic model will be developed through meetings with key stakeholders in and across projects. The draft model has been shared with key informants in the LAs and amended and refined considering comments and feedback. By the end of the project the programme theory will provide an “ideal type” description of the project, and a detailed description of the actions that need to happen in order to achieve the ideal project delivery.

Phase 2 – Implementation [June 2019]

During this phase the progress of the project against the logic models developed in phase 1 will be explored. The aim is to develop a further refined logic model using the Realist Context-Mechanism-Outcome (CMO) configuration.

This data will be gathered by:

- Analysing monthly reports
- Formal and informal interviews and observations with those delivering the project, families and other professionals
- 2-4 focus groups involving social workers to develop and elaborate logic models

Data will be collected during two ‘site visit’ weeks, each with a two week break for data analysis and theory development – which will shape data to be collected for the second site visit week. Realist data collection and analysis is driven by the developing theory (in this case the logic model), and therefore it is possible that including other individuals or ways of collecting data may also be appropriate.

Phase 3 – Outcomes assessment [November 2019 - January 2020]

As a part of this project, we are also testing the feasibility of randomisation as a mechanism for allocating cases to receive devolved budgets. In this case, this will be conducted using a locked spreadsheet provided to Darlington Council by the What Works Centre, which will allow allocation to take place at the end of a discussion among professionals as to the eligibility of a case for support through this programme. At the midway point of the project, a decision will be taken as to whether the randomisation ratio should be increased, or randomisation ceased, in order to ensure that the allocated budget is spent.

The complex nature of the intervention and the fact that this is a pilot means great care needs to be taken in drawing conclusions in relation to outcomes. This is because;

- a. we expect and anticipate that the intervention may be developed and refined over the course of piloting – as one of the aims of the project is to develop our understanding of the use of devolved budgets,
- b. the understanding, expertise and networks required to deliver a new service tend to develop over time – and it is therefore common for new ways of working to become more effective over time,
- c. there are usually challenges in implementing new interventions – understanding what these may be and how to overcome them is a key aim of the pilot.

The qualitative research will help us understand the extent to which these factors influence implementation of devolved budgets in Darlington. Nevertheless, we would still be cautious to draw any conclusions and are proposing to conduct exploratory analysis of the quantitative data only for this pilot evaluation.

Outcomes

Research question	Indicator	Method
Evidence of feasibility <i>Can the intervention be delivered practically and are the systems in process to enable the intervention to be easily scaled?</i>	Implementation: The extent to which families are included as planned: <ul style="list-style-type: none">● Number of families successfully included in the intervention– i.e. did the anticipated number of families (+/- 30%) receive resources through the scheme?● Was the scheme implemented as intended (according to logic model)? The processes supporting delivery and governance (5-point Likert scales): <ul style="list-style-type: none">● Approval about decision making around budgets (how decisions are made and who by)	Administrative data Interviews

	<ul style="list-style-type: none"> Approval about the governance and amounts allocated (is the amount too high/low) 	
Evidence of promise <i>What evidence is there that the intervention can have a positive impact on outcomes?</i>	Exploratory analysis of between group differences <ul style="list-style-type: none"> Statistical differences in key outcome variables Small effect (0.1- 0.2) would be considered evidence of promise 	Administrative data
	70% of LA staff (at SW, team manager and senior leader level) consider the intervention acceptable by time 2 data collection <ul style="list-style-type: none"> 5-point Likert scale negative – positive 	Interviews / questionnaire
	Perspectives of families / professionals 70% of each group are positive about the intervention <ul style="list-style-type: none"> 5-point Likert scale negative - positive 	Interviews / questionnaire
Readiness for trial <i>To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?</i>	To what extent is the intervention well defined: <ul style="list-style-type: none"> At the end of the pilot, are details such as levels of spend and thresholds for approval well specified? Through logic model development, has the pilot enabled the identification of a narrower subgroup of families for whom budgets may be more appropriate / helpful? Who (worked with) – how (decisions made) – what (money spent on) are clear in a final logic model that provides a clear description that could be rolled out to other LAs. The processes supporting delivery and governance: <ul style="list-style-type: none"> Is there a (well specified) decision making process for budgets? How feasible is randomisation in practice?	Focus groups (2-4)

	<ul style="list-style-type: none"> ● The pilot study will allow us to explore the feasibility of randomising families, specifically: <ul style="list-style-type: none"> ○ Does random allocation of families to intervention or control groups proceed as planned? ○ How acceptable is this as a method of rationing to practitioners? ○ How acceptable is this as a method of rationing to service managers? 	
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Recruitment

Different forms of recruitment apply to participants depending on their role:

Social workers

Social workers in all participating teams will be approached to take part in the study. Jillian Grey (CASCADE link researcher for Darlington) will work with administrative and management staff in Darlington to identify and contact social workers. Formal interviews and focus groups will typically last around 1 hour, while observations and informal interviews will operate on a more flexible basis.

Children and families

Children and families who participate in observations and interviews will be approached initially by social workers, who will explain the study and ask if they would like to meet with a researcher. The researcher will give further details, answer questions, and proceed with informed consent procedures.

All families who receive a devolved budget will be invited to complete a questionnaire at the point the initial spend is agreed, and again 3 months later. Questionnaires will be given out by social workers, and an information sheet will contain details of the research and how to contact the research team.

Data Collection

In summary, pilot data will be captured through:

Data Collection Method	Sample Size	Collection Timeline
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Administrative data	12 monthly returns detailing numbers of: <ul style="list-style-type: none"> • Care entry • Days in care • s.47 enquiries • CP plans • PLO starts • Reunification • Care orders rescinded 	March 2019 – Feb 2020 (submitted on 1 st of the month to cover preceding month – so first submission date is 01/04/19)
Formal interviews (social workers)	10-15 (SWs and senior staff)	May – June 2019
Formal interviews (social workers)	10-15 (SWs and senior staff)	Nov 2019 – Jan 2020
Informal observations and interviews with social workers	Ethnographic style inquiry focussed on the 10 budget holding social workers and families they work with. Informal discussions with social workers and observations of practice will inform the development of programme theory.	May – June 2019, Nov 2019 – Jan 2020
Questionnaires (social workers)	14	May – June 2019
Questionnaires (families)	30 at time 1 (at first budget spend decision) 30 at time 2 (3 months after first budget spend decision)	March 2019 – Jan 2020
Focus groups (social workers and other professionals)	2-4 (to include social workers and LA staff)	May – June 2019
Observations and interviews (families, children and young people)	N= 15-20	Nov 2019 – Jan 2020

Analysis

Primary Analysis 1: Description of how the budgets are used in practice

Drawing on the full data set, we will describe in detail the ways budgets are implemented and used, how the funds are distributed over time and between different families, and the goals of the intervention for families involved. This will help to clarify:

- a) Processes surrounding delivery, including;
 - a. Approval and governance
 - b. Planning and decision making – e.g. the level of involvement of families/ social workers/ managers
- b) Amounts spent
- c) What budgets are used for
 - a. Categorising types of usage – e.g. practical, therapeutic, etc
- d) Perspectives on the success or otherwise of budgets in specific cases and groups of cases

Exploratory analysis 1: Analysis of between group differences in key outcomes

Randomisation in Darlington is unique among the Change Projects and gives us an opportunity to do some exploratory analysis of between group differences. This will help gather evidence of promise and explore the feasibility of a randomised controlled trial in the future. We will use a range of statistical techniques, including multi-level modelling, to explore these differences. This analysis will focus on two key areas:

1. Balance between groups. This will explore how successful randomisation has been in creating two groups that are relatively equal in terms of key variables of interest.
2. Impact on key outcomes. This will explore any statistical effects that can be observed and will help us understand the size of effects that we might anticipate in future studies.

Cost Evaluation

An economic analysis will be incorporated within the study to test processes for the collection of costs and outcome data associated with the intervention and its comparator. The main aim of the analysis is to understand which costs and outcomes are most relevant for the future trial of devolved budgets and develop an underlying framework of a future economic evaluation.

A cost-consequence analysis (CCA) will be carried out to achieve this. A list of disaggregated costs and a range of outcomes appropriate to the intervention will be identified, measured and valued. The CCA will be carried out from a public sector perspective, capturing the direct costs of implementing the intervention, other costs to social care services and the cost of resource use within the public sector. Data on more than one outcome measure will be collected and reported separately; these will include number of referrals, s.47 investigations, CP plans and PLOs and care proceedings initiated.

Ethics

Ethical approval will be obtained from Cardiff University Research Ethics Committee prior to data collection.

Data Handling

All data will be handled in accordance with GDPR regulations.

Personnel

David Westlake will lead the project, with Jillian Grey providing day-to-day management of the relationship between the evaluation team and the research site. Other members of CASCADE research team will be involved during periods of data collection and analysis.

Risks

This section outlines the risks to the anticipated risks that may arise and steps that will be taken to mitigate against these.

Risk	Mitigation
Darlington colleagues are unable to support research administration or data collection.	This is built into the contract between Cardiff and Darlington, to aid the effective evaluation of the project. Data collection is designed in such a way to minimise burden on the local authority.
Families are unwilling to participate. (Although this would not affect the primary outcomes analysis, which uses administrative data, it would weaken our qualitative understanding of the intervention).	We have extensive experience of recruiting families to research projects in Children’s Social Care, achieving rates of up to 65% in previous studies through a model that is similar to this – involving social workers who introduce the study to families. We are therefore confident that a sufficient number of families will participate, but we will work with Darlington to boost participation if difficulties arise.
Delays caused by changes in leadership, OFSTED inspections, other external events	We will work closely with colleagues in Darlington to manage and minimise any disruption caused by these factors.
Randomisation fails. For various practical reasons, randomisation could fail to be implemented as planned.	<p>Darlington are committed to randomising as a means of allocating the limited resources – as they recognise this is a fair way of rationing. They are also committed to working with the evaluation team to make a success of randomisation and ensure it is done in a way that has value for the analysis. Detailed discussions between members of the leadership teams at CASCADE, WWC and Darlington have already taken place and will continue throughout the pilot period.</p> <p>Moreover, if randomisation does fail, the learning from this would form a key part of the pilot evaluation, and feed into our understanding of the feasibility of this key practical aspect of a future randomised controlled trial. Between group analysis may still be possible, though this would have to be</p>

	interpreted in light of the non-random nature of the comparator group.
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Timeline

Phase	Timing	Lead
Refine evaluation design	February 2019	CASCADE
Project launch	March 2019	Darlington
Phase 1 data collection	May – June 2019	CASCADE
Interim reporting	July 2019	CASCADE
Phase 2 data collection	November 2019 – January 2020	CASCADE
Pilot report	March 2020	CASCADE

References

Moore, G.F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O’Cathain, A., Tinati, T., Wight, D. and Baird, J., 2015. Process evaluation of complex interventions: Medical Research Council guidance. *bmj*, 350, p.h1258.

Huebner, R. A., Robertson, L., Roberts, C., Brock, A. & Geremia, V. 2012. Family Preservation: Cost Avoidance and Child and Family Service Review Outcomes. *Journal of Public Child Welfare*, 6, 206-224.

Shinn, M., Brown, S. R., & Gubits, D, 2017. Can Housing and Service Interventions Reduce Family Separations for Families who Experience Homelessness? *American Journal of Community Psychology*, 60, 79-90.

Walker, J. L. 2008. An Evaluation of the Family Well Being Program at the Windsor-Essex Children’s Aid Society. University of Windsor.

Appendix 1

Keeping Families Together Project - Devolved Budgets Project - Darlington

