

Hillingdon Change Project: Devolved Budgets CASCADE, Cardiff University David Westlake, Cindy Corliss and Donald Forrester

Evaluation Summary

Recipients	Children and families
Estimated number of recipients	100 young people
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 Hillingdon Council aims to reduce numbers of s.47 enquiries, child protection plans, instigation of Public Law Outline (PLO) procedures, and 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 frontline 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.

Hillingdon will implement devolved budgets in a new team focussing on adolescents at risk of contextual harm. They intend to use devolved budgets with around 100 young people. This pilot evaluation is designed to identify promising interventions and generate evidence to support decisions about larger scale trials in the future.

We take a Realist approach to the 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 the best outcome for some children will be to enter care; there are concerns that this rise also includes children who 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 by reducing the level of risk.

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 devolving 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 they can be beneficial, we do not know whether this is also the case in the UK. The What Works Centre for Children's Social Care conducted an open call in September 2018. Hillingdon Council were successful in their application to become partners for the programme.

Hillingdon is the second largest London Borough by area and is divided into three localities and twenty-two wards. In the most recent census, 52.2% identified as White British, 25.3% as Asian and 7.3% as Black. Hillingdon is relatively affluent, with no Lower Layer Super Output Areas (LSOAs) in the most deprived decile.

Hillingdon's project aims to help the significant number of young people at moderate to high contextual risk, particularly child sexual exploitation (CSE), criminal exploitation, youth violence and missing episodes. The recently created Vulnerable Adolescents Team will utilise various approaches to assist and empower this group, and identify services and activities to offer them support, allow them to remain safe and at home, and prevent the need for escalation into additional services. This specialist team will work with these young people and allow them to select their own social worker based on staff profiles, which highlight the strengths and skills of the social workers on this team. In conjunction with their chosen social worker, the young person will be able to chair or co-chair meetings and be involved in decision making. Devolved budgets will be implemented in this team.

Pilot Description

Hillingdon will implement devolved budgets in their newly established Vulnerable Adolescents Team (1 team manager, 1 advanced practitioner, 8 senior/social workers and access to key workers) who will work solely with vulnerable adolescents and provide specialist response to the aforementioned at-risk young people.

This pilot evaluation is designed to address the key objectives of the Change Projects: to identify promising interventions and generate evidence to support decisions about larger scale trials in the future. It will run from January 2019 to March 2020, as part of a core programme of research by CASCADE at Cardiff University - the research partner for the What Works Centre for Children's Social Care.

Research questions

The project is a pilot of a new intervention and a feasibility study to explore data collection and the potential for evaluating devolved budgets to scale. The evaluation of the pilot study requires us to understand:

1. 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.
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:

1. Explore and evaluate a range of potential outcome measures for the final trial protocol;
2. Develop an approach to economic evaluation of devolved budgets.

In order to explore and evaluate a range of potential outcome measures for the final trial protocol and assess whether the intervention is ready for trial, the pilot evaluation will address research questions in three key domains:

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?

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 young people?

- To senior leaders, managers and social work practitioners?
- What are the barriers and facilitators for delivery?

3. 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 Hillingdon 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
 - Refinement of logic model and assessment of progress
- Phase 3: November 2019 – February 2020
 - Progress assessment
 - Further refinement of programme theory

Ongoing data collection: Jan 19 – Feb 20

The LA 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 devolved budget, and per family
 - Amount spent
 - How the budget was used
- CSC involvement broken down by:
 - Numbers of s. 47 enquiries, numbers of PLO and care proceedings initiated and numbers entered care, days in care, placement moves
- Care orders rescinded

Phase 1: Initial theory development [January -February 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 model 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 the 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 including other individuals or ways of collecting data may also be appropriate.

Phase 3 – Further data collection to explore progress and short term outcomes for intervention families [November 2019 - January 2020]

The second stage of site visits will involve research into how the intervention is being delivered as it progresses from initial implementation. Drawing on a larger cohort of recipient families than the previous phase, the visits will explore the way budgets are being used and the impact they have had on recipients to date. This will also involve examining how the programme is ‘bedding in’ more generally within the service – including the way it is perceived by practitioners and managers within the authority.

Outcomes

Research question	Indicator	Method
<p>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></p>	<p>Implementation: The extent to which families are included as planned:</p> <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)? 	<p>Administrative data</p> <p>Interviews</p>

	<p>The processes supporting delivery and governance:</p> <ul style="list-style-type: none"> • How decisions are made and who is involved. E.g. Approval about decision making around budgets [Under £500 pounds requires no approval; up to £1000 requires approval from the Advanced practitioner, over £1000 requires approval from the team manager. Further oversight will be provided by Assistant Director] • Approval about the governance and amounts allocated (is the amount too high/low?) 	
<p>Evidence of promise <i>What evidence is there that the intervention can have a positive impact on outcomes?</i></p>	<p>70% of local authority staff (at SW, team manager and senior leader level) consider the intervention acceptable by time 2 data collection</p> <ul style="list-style-type: none"> • 5-point Likert scale negative – positive 	Interviews/ questionnaire
	<p>Perspectives of families/ professionals 70% of each group are positive about the intervention</p> <ul style="list-style-type: none"> • 5-point Likert scale negative - positive 	Interviews/ questionnaire/
<p>Readiness for trial <i>To what extent is the intervention used as anticipated and is the programme sufficiently codified to operate at scale?</i></p>	<p>To what extent is the intervention well defined:</p> <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 <p>The processes supporting delivery and governance:</p>	Focus groups (2-4)

	<ul style="list-style-type: none"> • Is there a (well specified) decision-making process for budgets? 	
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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. Cindy Corliss (CASCADE link researcher for Hillingdon) will work with administrative and management staff in Hillingdon 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
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 initiated • 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 (completed by 10 budget-holding social workers for each budget receiving family)	100 at time 1 (at first budget spend decision) 100 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)	N= 15-20	Nov 2019 – Jan 2020

Analysis

Primary Analysis: 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

Economic analysis

A full economic analysis is not possible because the lack of a comparison group means that we cannot be sure that any benefits identified are caused by the intervention. However, the raw costs of setting up and delivering the intervention will be reported.

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. A data sharing agreement between Cardiff University and Hillingdon Council is being drafted and will be signed before data collection commences.

Personnel

David Westlake will lead the project, with Cindy Corliss 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 that may arise and steps that will be taken to mitigate these.

Risk	Mitigation
Hillingdon colleagues are unable to support research administration or data collection	This is built into the contract between Cardiff and Hillingdon, to aid the effective evaluation of the project. Data collection is designed in such a way to minimise burden on the local authority.
Young People 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 Hillingdon to boost participation if difficulties arise.
Delays caused by changes in leadership, OFSTED inspections, other external events	We will work closely with colleagues in Hillingdon to manage and minimise any disruption caused by these factors.

Timeline

Phase	Timing	Lead
Refine evaluation design	February 2019	CASCADE
Project launch	March 2019	Hillingdon

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

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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 I: Draft logic model

Keeping Families Together Project - Devolved Budgets Project Hillingdon

