

**Trial Evaluation Protocol: Strengthening Families, Protecting Children –
Family Valued Model - Difference-in-differences analysis**

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Type of Trial	Matched difference-in-differences analysis
Age or Status of Participants	DiD: Children and young people aged 0 - 17, that have been referred to Children's Social Care (further restrictions apply depending on outcome measure)
Number of Participating Local Authorities	5
Number of Children and Families	approx. 100,000, of which half are in a treatment local authority.
Primary Outcome(s)	Likelihood of becoming looked after
Secondary Outcome(s)	Rate of CPPs; days on CPP or CIN plans; likelihood of kinship care for CLA; likelihood of reunification with family for CLA; unauthorised school absence rates.
Contextual Factors	Local authorities had to apply to be part of the Innovation programme. Participation in the programme required an Ofsted rating of "requires improvement to be good" and high rates and/or rising numbers of looked after children over the last three years.

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Background and Problem Statement

Strengthening Families, Protecting Children

This evaluation is part of Strengthening Families, Protecting Children (SFPC), a five-year Department for Education funded programme supporting 18 local authorities to improve work with families and safely reduce the number of children entering care. SFPC will support selected local authorities to adopt and adapt one of three [children's social care innovation programme](#) projects in their own area.

The three models are:

- Leeds Family Valued
- Family Safeguarding Hertfordshire
- North Yorkshire's No Wrong Door

What Works for Children's Social Care (WWCSC) is conducting a four-part evaluation for each model:

- A **pilot evaluation** in one 'Trailblazer' local authority (LA). This local authority is the first in this evaluation to implement the model. The pilot evaluation report is complete and can be found on our website.¹
- This is followed by an **impact evaluation** of the model in five subsequent local authorities, with a stepped wedge cluster Randomised Controlled Trial (RCT) design.
- This is accompanied by an **Implementation and Process Evaluation (IPE)** across these same five local authorities, to understand the delivery during the rollout of the model.
- Given the challenges the COVID-19 pandemic poses to evaluating a stepped-wedge RCT, a **difference-in-differences analysis** will be conducted to provide an additional approach to analysing the programmes' effects and to increase the robustness of the impact evaluation estimates.

This document sets out the protocol for the difference-in-differences evaluation of Family Valued. The trial protocol for the IPE & stepped-wedge RCT can be found [here](#).

Family Valued

Family Valued was developed in Leeds with support from the Department for Education's Innovation Programme. Its delivery in Leeds was evaluated by a consortium of academics and evaluators.²

The intervention supports a whole-scale shift to restorative practice, changing service-wide ways of working with children and families so that support is done 'with' them, not 'to' them. The programme involves:

¹ see:

<https://whatworks-csc.org.uk/research-report/strengthening-families-protecting-children-family-valued-pilot-evaluation-report/>

² Mason, P., Ferguson, H., Morris, K., Munton, T. Sen, R. (2017) Leeds Family Valued: Evaluation Report. Department for Education: London

- Introductory awareness raising, or deep dive training on restorative practice for all levels of staff in children’s services and their partner agencies working with children, families and communities (such as health and education), including training for leadership and management.
- Review and reform of systems and structures in children’s social care to ensure they optimise relationships with partners and restorative practice with families.
- Offer of Family Group Conferences (FGCs) to families, as an alternative to child protection conferences, to reduce entry to care and support reunification.
- Newly-commissioned restorative services to address gaps in provision and act on the outcomes of FGCs.

A draft logic model setting out the contextual facilitators and barriers, interventions, mechanisms and outcomes for the family valued model is available in Appendix A of the IPE and stepped-wedge RCT protocol³. The logic model is based on programme theory and not on prior evidence of impact.

Context

The difference-in-differences (DiD), IPE and RCT parts of the evaluation will be undertaken in the local authorities funded by the Department for Education to introduce Family Valued as part of the Strengthening Families, Protecting Children programme, with the exception of the Trailblazer which is participating in a separate pilot evaluation.

These local authorities started launching FV from April 2020 with the intention of each subsequent authority starting implementation at 4 month intervals. The COVID19 pandemic disrupted this and four local authorities launched at the following dates:

	Operationally Live	3 month follow-up data collected
Warwickshire	July 2021	November 2021
Newcastle	November 2021	February 2022
Coventry	March 2022	July 2022
Solihull	July 2022	N/A
Sefton	November 2022	N/A

At the point of rollout to the first local authority, Children’s Services in these authorities all had an Ofsted judgement of ‘requires improvement to be good’. These authorities have all been selected by the Department for Education to participate in the programme due to having high rates of children looked after compared to their local authority statistical neighbour median over the last 3 years, and/or rising rates of children looked after in each of the last 3 years. In the DiD analysis, we will use the five local authorities named above as our treatment group, and produce a comparison group from other local authorities that follow similar trends over time to these treatment local authorities.

³ <https://whatworks-csc.org.uk/research-project/family-valued-model-trial-evaluation/>

The ongoing impact evaluation of Family Valued by What Works for Children's Social Care uses a Stepped Wedge Cluster Randomised Controlled Trial design to estimate the impacts of Family Valued on children and families. While this design was chosen because of its robustness, the COVID-19 pandemic affects local authorities differently, making them less comparable in an RCT set-up without additional comparator local authorities.

Furthermore, there have been a number of changes to the timings of implementation, and it is likely that more may follow. Specifically, so far there has been a shortening of the gaps between go live dates. Smaller gaps between the go-live dates mean that we have less data points in each stage of the implementation, which makes it harder to clearly attribute changes that occur over time to the implementation of the model.

In addition to this, it seems possible that there may be changes to the order in which local authorities go live. Changes to the order threaten the randomised nature of the design, which can lead to significant differences between local authorities that implemented the model first compared to those that implement at a later stage. This can make it harder to estimate a causal effect of the model.

The difference-in-differences analysis can provide a second lens through which to analyse the impact of the programme, which rests on different assumptions and is thus not reliant on the order of implementation. Additionally, the difference-in-differences analysis will aim to take the differential effect of COVID-19 on different local authorities into account, by choosing comparator local authorities for each of the five local authorities implementing the Family Valued model, where the trends in outcomes before implementation of the model are most similar to the Family Valued local authority. This approach will thus choose comparator local authorities that have had similar developments in their outcomes for children and families before and during the pandemic, to make the groups as comparable as possible. For local authorities that have implemented the model before or during the pandemic, this matching approach will only provide limited improvements since the main effects of COVID-19 might only occur in the period that is not part of the matching dataset.

Impact Evaluation

Aims

Family Valued's delivery in Leeds was evaluated in 2017 by a consortium of academics and evaluators.⁴ However, the original evaluation was conducted using a pre-post design and counterfactuals selected were not based on historical parallel trends in outcomes. The current evaluation uses a triangulation of results from a stepped wedge cluster randomised controlled trial approach and a difference-in-differences analysis to provide a more robust evaluation of the impacts of Family Valued when scaled to five other local authorities and provide an estimate of the impact on children and families on key outcomes.

⁴ Mason, P., Ferguson, H., Morris, K., Munton, T. Sen, R. (2017) Leeds Family Valued: Evaluation Report. Department for Education: London

Research questions

While the Family Valued model is a whole system reform that aims to affect multiple parties engaged with Children's Services, the key measure of the programme's success used in this evaluation is whether it achieves one of its primary goals - namely reducing the number of children looked after. Our population of interest are children (aged 0 - 17) who have been referred to children's social care. We thus assess the following primary research question of interest:

1. What is the impact of Family Valued on the likelihood of children becoming looked after?

Given the multifaceted nature of the model, we also expect to see changes in other important, but secondary outcomes, such as a reduction in the likelihood of children returning to statutory services. For some of these secondary outcomes our population of interest is either expanded, or further restricted, as detailed in the difference-in-differences Design Table below. To provide a more thorough assessment of the model's impacts, we address the following secondary research questions⁵:

2. What is the impact of Family Valued on the likelihood of children starting a child protection plan (CPP)?
3. What is the impact of Family Valued on the time spent on CPP or CIN plans?
4. What is the impact of Family Valued on the likelihood of children looked after entering kinship care?
5. What is the impact of Family Valued on the likelihood of looked after children returning home?
6. What is the impact of Family Valued on the unauthorised school absence rates of children referred to children's social care?

Design

The design of the analysis is a difference-in-differences (DiD) design. The unit of analysis is at the individual level to optimise the power to detect an effect within the constraints of the project.

In a DiD design, we are comparing the change over time in outcomes in the local authorities implementing Family Valued ("treatment group") with the change in outcomes in comparator local authorities ("comparison group"). Each local authority implementing Family Valued will be matched to comparator local authorities that have not implemented Family Valued. More information on the matching procedure is detailed below.

This analysis is intended to complement the stepped wedge RCT analysis conducted by WWCS. The pandemic has affected the Family Valued local authorities to different degrees (e.g. in the form of delays to implementation, moving to remote working, etc.) Since an RCT relies on the assumption of treatment being random, this threatens the robustness of the RCT analysis for several reasons. Firstly, changes to the order of implementations can threaten the randomised element of the stepped wedge design. Secondly, shortening the

⁵ An additional secondary outcome, namely "What is the impact of Family Valued on the likelihood of children having their plan closed and then returning to statutory services?" is only evaluated through the stepped wedge RCT analysis, as the additional DiD analysis will not be able to analyse this outcome due to the reporting timelines of the project.

gaps between local authorities going operationally live reduces our chance of being able to detect the impact of the programme as all five local authorities serve as the comparison group to each other. Thirdly, Covid may impact local authorities in different ways which causes concern for the design due to the small number of sites involved as it can change trends in outcomes over time and affect the degree of comparability between the five local authorities. In order to counteract these risks, a difference-in-differences approach will help by comparing local authorities with similar trends in outcomes before *and* during the pandemic (before the implementation of the Family Valued model in the selected authorities), thus making the comparator groups as similar as possible to the five local authorities implementing Family Valued.

The trial period referred to in the table below and throughout the report takes place from six months prior to the first local authority going Operationally Live and continues until six months after the final local authority goes Operationally Live.

Table 1: Outcome variables definition and measurement

Trial type and number of arms		Difference-in-differences
Unit of analysis		Individual (child/young person)
Primary outcome	variable	Whether or not the child has become looked after
	measure	Coded 1 if the child has become looked after at any point within 18 months of the referral. Coded 0 if the child has not become looked after within this period.
	sample	Children/young people aged 0-17 that have been referred within the trial period.
Secondary outcome 1	variable	Whether or not the child has started a CPP
	measure	Coded 1 if the child begins a CPP within 12 months of being referred, coded 0 if they have not entered a CPP
	sample	Children/young people aged 0-17 that have been referred within the trial period.
Secondary outcome 2	variable	Days on CPPs or CIN Plans
	measure	Discrete variable equal to the number of days that the child has been on CPPs or CIN plans over a period of 18 months from initial referral. Days spent on multiple referrals are counted if applicable.
	sample	Children/young people aged 0-17 that have been referred within the trial period.
Secondary outcome 3	variable	Whether or not the child has been in kinship care
	measure	Coded 1 if the child went into kinship foster care as their first episode of care. Measured at the start of

		the period of care.
	sample	Children/young people aged 0-17 that started a referral within the trial period and became looked after within 18 months of the referral start date.
Secondary outcome 4	variable	Whether or not a child in care has been reunited with its family
	measure	Coded 1 if the looked after child left care and returned home to live with their parents or other person with previous parental responsibility within 18 months of beginning the period of care. Coded 0 if the child did not return to live with their parents or other person with parental responsibility within 18 months.
	sample	Children/young people aged 0-17 who became looked after within the trial period.
Secondary outcome 5	variable	Unauthorised school absence rate
	measure	Continuous variable equal to the percentage of sessions missed due to unauthorised absence out of all the school sessions the child was expected to attend over three terms following the start of the referral.
	sample	Children/young people aged 0-17 that have been referred within the trial period.

We will use administrative, secondary data for the analysis. The administrative data will be requested from the ONS' National Pupil Database (NPD) via the Secure Research Service (SRS).

Matching

Local Authority Level Matching

We match treatment local authorities to control local authorities that most closely resemble them in the prior trends in outcome variables before the implementation of Family Valued. We will then analyse individual-level data from the treatment and control local authorities.

Exclusion Criteria

We select control local authorities from all English local authorities with children's social care services excluding:

- Local authorities also using Family Valued (or due to start using Family Valued as part of the Innovation Programme).
- Local authorities which are likely to experience "contamination" from the local authorities implementing Family Valued as they are partners in the Partners in Practice programme⁶

⁶ Innovation Programme. Partners in Practice.

- Local authorities for which we have fewer than two years of data prior to the implementation of their matched local authorities' implementation of Family Valued.

Matching on parallel trends

The identifying assumption in a DiD analysis is that there are parallel trends in outcomes between the treatment and comparator local authorities that would have continued if not for the implementation of the programme. While this assumption cannot be definitively proven, we can increase the likelihood by choosing as comparator local authorities the authorities whose trends in outcome variables match the treatment local authorities' as closely as possible prior to the introduction of Family Valued. We match on local authority level trends in primary and secondary outcomes for the two years prior to the intervention. Since we have access to very granular data via the ONS, we will match based on quarterly outcomes for the four years prior to the intervention, excluding cases that entered the sample population in the final 18 months prior to implementation⁷. Local authorities will be matched based on the actual outcomes measures that will be used for the full analysis, aggregated to the local authority - quarter level. Quarterly outcomes will provide a higher quality of matching that also more accurately depicts the impact of COVID-19 on the individual local authorities.

We set out to find matches for each local authority for each outcome variable separately. Specifically, we match on the shortest normalised distance between the data for every treatment local authority and its potential comparators. The data is the change in the outcome variable between one quarter and the next (the outcome variable is standardised to take into account changes in the way that it is measured over the quarters) for all quarters in the two years prior to the introduction of Family Valued in the specific treatment local authority. For each treatment local authority, the lowest scoring pairs whose trends are also convincing when inspected visually will be first preference for matching.⁸ We will also test the robustness of the parallel trend assumption using placebo tests which are described in more detail below. Matching will be done with replacement, such that a single comparator could be used as a match for multiple treatment local authorities.

Once identified, the local authority pairs will be subject to further qualitative analysis to assess whether the matched authorities are likely to fulfil the common shocks assumption. According to this assumption, any event that occurs following the programme's implementation should affect each local authority equally (in other words, the parallel trends would continue to hold and deviations from parallel trends can be interpreted as a treatment effect). To test this assumption, we identify shocks that we expect to have repercussions in many local authorities (e.g. substantial serious case reviews that lead to reactions/changes in the entire sector) and assess whether the outcomes⁹ in the local authority pairs appear to respond similarly. Secondly, we will seek to identify shocks that are potentially more

⁷ This is done to avoid confounding pre-intervention trends with potential early treatment effects, as we observe some children over a period of up to 18 months. We run sensitivity analyses on our main analysis to gauge the extent of the under-estimation of treatment.

⁸ We visually inspect the pairs starting with the lowest scoring pair. If we find more than one parallel trend convincing, we will include more than one comparator LA. If none of the pairs are deemed adequate visual matches, then we will exclude the treatment LA from the analysis.

⁹ We will also seek to look at outcomes affected by a common shock that do not form part of the Family Safeguarding research questions. This will enable us to disentangle the effects of a common shock from the effects of the intervention.

idiosyncratic and thus threaten the validity of the parallel trends and common shock assumptions. Finally, we will run sensitivity analysis using only data from when Family Valued was already implemented where we control for the common shock and its interaction with the presence of Family Valued. A significant coefficient of the interaction effect will indicate a potential violation of the common shock assumption. These shocks will have to be large enough and relevant enough to our outcome measures that we can assume they will affect the outcomes for a particular local authority. Examples of such shocks include:

- Introduction of a new (whole-system) practice model
- Serious case reviews with repercussions for the local authority
- Local safeguarding children board reports with consequences for the local authority.

The local authorities identified as the closest match for each outcome for the treatment local authority and where our additional analysis suggests that it is likely that the parallel trends and common shocks assumptions hold will then be considered the control local authorities for the respective outcome. We will analyse their pseudo-anonymised individual-level administrative data of the outcomes accessed via the Office for National Statistics (ONS) from 2017/18 (which is two years before any treatment local authority they are matched to started Family Valued) up until data from the 2023/24 year. If matches are not identified from the 10 closest neighbours, we accept that we cannot conduct the analysis for that treatment local authority and will exclude this local authority for the analysis.

Individual-level Matching

After matching at local authority level, we also match at an individual (child) level within the local authority matched pairs using coarsened exact matching (CEM¹⁰). We do so in order to decrease the imbalance on covariates between the treated and control individuals, allowing the identification of a better causal estimate.

We chose CEM to match at an individual level because it allows analysts to specify ex ante the maximum acceptable imbalance. It also has a number of other desirable properties, for example, it removes the need for an additional process to restrict data to an area of common support, meets the congruence principle, is robust to measurement error, and is computationally fast (important given that the dataset will be large relative to computing power available). CEM works by first temporarily coarsening the control variables based on the user's selection so that the continuous variables are cut into categories (e.g. age as an integer coarsened to 0-5, 5-10, 10-15, 15-18 years) and categorical variables are combined (e.g. school year coarsened to primary school, senior school). All individuals are then assigned to strata with the same coarsened control variables. Strata which do not have at least one treatment and control individual are dropped.

We match on individual-level control variables within the same financial year (if this results in dropping too many observations, we will match on variables within the same time period - pre-treatment or post treatment). For the purpose of CEM, we specify the coarseness of the variables as:

- Gender (included as a binary indicators: 0=Not recorded/unborn, 1= male, 2=female, 3=indeterminate)

¹⁰ Iacus, S., M., King, G. & Porro, G. (2018, April 12). CEM: Software for Coarsened Exact Matching. CRAN. <https://cran.r-project.org/web/packages/cem/vignettes/cem.pdf>

- Age of children at the time of referral (0-3, 4-12, 13+ years)
- Ethnicity (major group¹¹)
- Disability (included as a binary indicator: 0=No, 1= Yes)
- Free school meal eligibility in the last six years or pupil premium eligibility if child is in reception, year 1 or year 2¹² (included as a binary indicator: 0=No, 1= Yes)
- Is child an Unaccompanied Asylum Seeker¹³ (included as a binary indicators, 0=No, 1= Yes)
- Whether or not the child has previously been made the subject of a CP (included as a binary indicator, 0, 1)

We make sure that individuals from each trial local authority are only matched to individuals from their specific comparator local authority (that has been identified as having parallel trends) in the CEM procedure. We only match individuals from the same financial year. If this means that a considerable share of treatment group observations have to be dismissed, we reserve the option to widen this criteria to match only individuals from the same period (before the implementation of Family Valued and after the implementation of Family Valued). Note that the coarseness is only for matching purposes and we describe our operationalisation of covariates for inclusion in the regression below. We report the proportion matched and the multivariate imbalance score which measures imbalance with respect to the joint distribution, including all interactions, of the covariates (Iacus, King and Porro, 2011)¹⁴. We then estimate the difference-in-differences regression weighted by the weights that equalise the number of treated and control individuals within each CEM stratum.

Sample size / MDES calculations

	Values
MDES (Cohen's d)	0.116
MDES (percentage point difference)	0.023
Baseline measures	0.04
Intracluster correlations (ICCs) Local authority	0.01566
Alpha	0.05
Power	0.8

¹¹ The major ethnic groups are: White; Mixed or Multiple ethnic groups; Black, African, Carribean or Black British; Asian or Asian British; Other ethnic group

¹² as all infant school children in government-funded schools are FSM eligible

¹³ UN High Commissioner for Refugees (UNHCR), UNHCR's Engagement with Displaced Youth, March 2013, available at: <https://www.refworld.org/docid/5142d52d2.html> [accessed 14 June 2019] p28

¹⁴ Iacus, Stefano M., Gary King and Giuseppe Porro. 2011. "Multivariate Matching Methods that are Monotonic Imbalance Bounding." Journal of the American Statistical Association 106:345–361. <http://gking.harvard.edu/files/abs/cem-math-abs.shtml>.

One-sided or two-sided?	Two-sided
Level of intervention clustering	Local authority
Number of clusters	5
Average cluster size (children per local authority per year)	5,200
Average cluster size (children per local authority across all time periods)	15,600
Number of years	3
Sample Size (children) Total	78,000

While power calculations ex ante for a DiD analysis have their shortcomings especially in terms of the precision of the calculations, the calculations above highlight a potential risk of being underpowered for this analysis.¹⁵ The main analysis will use a feasible GLS estimation, an approach which has been shown to increase power, to mitigate this risk. The results of the MDES calculations will be taken into account in the triangulation of the results and discussed accordingly in the final report.

Outcome measures

For the trial we will evaluate one primary outcome measure and five secondary outcome measures. Individual level data will be collected directly from five of the local authorities participating in the Family Valued programme, as detailed above. Below we give an explanation and rationale of the outcomes outlined in the Design Table. In the instance of any unintentional inconsistencies, the above table definitions should take precedent in the analysis.

This analysis excludes the measure of returning to statutory services following a CPP or CIN Plan that the stepped wedge RCT evaluates as the required timeframe to observe this outcome will be too long to meet reporting deadlines. This outcome measure will only be reported on in the stepped wedge RCT.

Primary outcome measure

Whether or not the child has become looked after

To answer research question 1, we will analyse whether children (aged 0 - 17 who are referred to Children's Social Care within the trial period) are more or less likely to become looked after within 18 months of starting the referral where Family Valued had been implemented, compared to when it had not been. The outcome measure is a binary variable,

¹⁵ Please note that the power calculations are based on the commonly used approach for clustered difference-in-differences designs, but do not fully take into account the staggered roll-out of the programme. This means that the MDES might potentially be underestimated.

indicating whether or not a child that is in our sample (defined above) has become looked after at any point within 18 months of their first referral in the trial period.¹⁶

Secondary outcome measures

In addition to the primary outcome, we will also seek to evaluate six secondary outcome measures.

Whether or not the child has started a CPP

To answer research question 2, we use a binary outcome measure indicating whether or not a child has begun a CPP within 12 months of being referred to children's social care. Our sample will be the analytical sample, including any child/young person aged 0-17 that has had a referral within the trial period.

We include this outcome measure to capture the effects of Family Valued particularly around the early help and restorative practice elements of the model. These elements and the work together with partners should reduce the need for statutory services in the local authorities that implement Family Valued. Due to the potential for Family Valued to introduce a review of and potential change in assessment thresholds, a reduction in CPPs may not necessarily reflect a reduction in risk within families. Therefore, this measure will have to be evaluated considering the other results to shed light on the mechanisms behind the found effects.

Days on CPPs or CIN Plans

To answer research question 3, we use a discrete variable measuring the number of days that the individual has spent on CPPs or CIN plans over a period of 18 months from the start of the initial referral. Larger values will be censored at 18 months.

If, under the Family Valued model, families make changes and build confidence to overcome challenges more effectively, this should reduce the length of statutory interventions for children. We consider CPP and CIN plan length jointly to take into account changes in thresholds due to Family Group Conferencing as explained above. This also aims to measure on a broader scale whether children are subject to statutory interventions (not including care) for shorter periods of time.

Whether or not the child has been in kinship care

To answer research question 4, we use a binary outcome measure, indicating whether or not a child looked after has been under kinship foster care, as measured at the start of the period of being looked after.¹⁷ Our sample will include any child/young person aged 0-17 who has started a referral within the trial period and subsequently became looked after within 18 months of the referral start date.

This outcome evaluates whether Family Valued increases the likelihood of children to be cared for within their kinship network. Specifically, it is hypothesised that Family Group Conferencing may influence this outcome.

¹⁶ Note that the episode of care does not have to result directly from the initial referral, e.g. a child who had a case that was closed but then returns to children's services and becomes looked after within 24 months of the initial referral date will be coded as 1.

¹⁷ i.e. the first placement of the first episode of care

Whether or not a child in care has been reunited with its family

To answer research question 5, the outcome measure is a binary variable of whether or not a child looked after has returned to live with someone who previously had parental responsibility at the end of its episode of care, as measured 18 months after the start of the period of care. Our sample will be restricted to children/young people aged 0-17 who have become looked after within the trial period. We will further exclude any young people from our sample who turn 18 before the episode of care ends. If the data is available, we will only code cases as returned if the child/young person leaves care to live with parents/family as part of the care plan.

One intended effect of Family Group Conferencing is that families feel greater ownership of plans and are thus more likely to make changes in their behaviour. If families succeed in making long-term changes that reduce the risk in families, this should increase reunification of children looked after with their families.

Unauthorised school absence rate

To answer research question 6, the outcome measure is a continuous variable measuring the percentage of sessions missed by a child within our analytical sample due to unauthorised absence. We will measure the unauthorised school absence rate of the three closest school terms beginning after the start of the period in which the child entered our sample.

Unauthorised school absence rates are a valuable addition to the children's social care outcome measures detailed above as they directly relate to children's opportunities and have important implications for children's long term outcomes. Since there exists no direct link in the logic model between the model and unauthorised school absence rates, this outcome is of an exploratory nature to see whether we can capture part of the potential wider benefits of Family Valued.

Care should be taken in the interpretation of the results of our analysis. Each result (pertaining to a specific outcome measure) will help create a picture of the changes that are taking place because of the intervention. However, in isolation we should be wary of concluding strongly that one direction is good or bad. This is especially true in terms of our measures relating to research question 2. For example, a reduction in the length of statutory interventions could be positive - indicating that children's social care interventions address the family's needs more rapidly. However, it could also be negative - and indicative instead of cases being closed prematurely, with families having unmet needs which could lead them to return to statutory services shortly after closing the case. Thus we will evaluate each analysis in the context of the others that we conduct. We will also interpret the results alongside the findings of the associated implementation and process evaluation, which may shed further light on the factors driving these outcome changes. We will also reflect any remaining ambiguity accordingly in our reports.

Analysis plan

Primary Analysis:

We will estimate the impact of Family Valued Model on the primary outcomes of interest Y_{iat} in the following regression framework:

$$Y_{iat} = \beta_0 + \beta_1 FV_a + \gamma X_{iat} + \rho Z_{at} + \theta Year_t + \delta LA_a + \varepsilon_{iat}$$

Where

- Y_{iat} is a binary indicator that equals 1 if child i in local authority a entered care within 18 months of their first referral in time t in the trial period, and 0 otherwise.¹⁸
- FV_{iat} is a binary indicator that is equal to 1 if the child had its first referral during the trial period after the local authority implemented Family Valued (and 0 if before, or the local authority does not implement Family Valued).¹⁹
- X_{iat} is a vector of individual and household level characteristics that may also influence the outcome, such as age of the child, gender, and free school meal eligibility.
- Z_{at} is a vector of time-varying local authority characteristics, such as the number of children receiving free school meals per local authority
- $Year_t$ are year dummy variables to capture time trends common to all authorities for each financial year.
- LA_a are LA fixed effects to capture average time invariant differences between local authorities
- ε_{iat} are the heteroskedasticity-robust standard errors at time t for individual i , clustered at the level of the local authority (the level at which assignment takes place).

The unit of analysis is at the individual level to optimise the power to detect an effect within the constraints of the project. To account for serial correlation in our data and to increase power, we will use feasible GLS estimates employing a random effects model that accounts for cluster-robust estimates²⁰.

We will judge the statistical significance of the treatment effects applying a significance level of 5%. Due to the small number of clusters, we will employ a robust inference technique and bias corrections suggested by Brewer et al. (2013) that produce correctly sized tests even with few groups. Our sensitivity analysis will consider different evaluation approaches that are discussed in detail below.

¹⁸ Population as described above.

¹⁹ Children can only occur once in our evaluation, i.e. that we consider the first referral.

²⁰ See Cameron & Miller (2015): A Practitioner's Guide to Cluster-Robust Inference. We use a linear regression if the baseline rate of our outcome is between 5 and 95%. If the baseline rate is outside of that range, we employ a logistic regression instead, as this model typically fairs better for binary outcomes with extreme baseline rates. We will consider conditional logit models to overcome the incidental parameters problem.

Covariates

In order to increase the precision of our estimates, we include the following individual-level covariates, gathered at the point of referral²¹ and local authority covariates (where they are available) gathered from the most recent time point preceding the point of referral.

Vector of individual level covariates of the child or young person

- Gender (included as a binary indicators: 0=Not recorded/unborn, 1= male, 2=female, 3=indeterminate, 4=Missing)
- Ethnicity²²
- Age at referral
- Disabled status²³ (included as a binary indicator: 0=No, 1= Yes)
- Eligibility for free school meals (included as a binary indicator: 0=No, 1=Yes, if pupil has ever been recorded as eligible for free school meals on Census day in any Spring Census up to the pupil's current year), Pupil Premium eligibility (for Reception, Year 1 and Year 2)²⁴
- Is child an Unaccompanied Asylum Seeker²⁵ (included as a binary indicators, 0=No, 1= Yes)
- Number of previous child protection plans (where possible to collect)
- The main need for which child started to receive services for this referral (if applicable), as defined in the [CIN census](#) (included as a categorical variable: 0 = Not stated, 1 = Abuse or neglect, 2 = Child's disability/illness, 3 = Parental Disability/illness, 4 = Family in acute stress, 5 = Family dysfunction, 6 = Socially unacceptable, 7 = Low income, 8 = Absent parenting, 9 = cases other than Children in Need).

In addition, we would have wanted to take into account families (e.g. through adding family fixed effects), however we are reasonably confident data will not be available, so we have refrained from including them.

Vector of time-varying local authority level covariates²⁶

²¹ For time varying individual-level covariates, we use the latest entry at or before the start of the referral (e.g. age at referral). For time invariant covariates, we conduct checks to see whether the covariate unexpectedly changes over time, which would suggest data quality issues. For the variables that cover disabled status, free school meal eligibility and unaccompanied asylum seeker, we choose the maximum value, i.e. if there is any indication that the child fulfills one of these statuses, we accept the child as being in this category. For gender and ethnicity, we convert the classification for any child where there is more than one category over time (e.g. child recorded as male in one referral, as female in another referral) as missing. If there are two different values over time but one of them is coded as "Missing", the other value will be used for all entries).

²² In the categories defined in the DfE's CIN census.

²³ Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012.

²⁴ We use Pupil Premium Eligibility for the first three years as every child is eligible for free school meals during this period.

²⁵ UN High Commissioner for Refugees (UNHCR). (2013, March). *UNHCR's Engagement with Displaced Youth*. <https://www.refworld.org/docid/5142d52d2.html>, p28.

²⁶ We will request monthly data on these covariates from the local authorities. In the case that obtaining this more granular data proves impossible, we will use yearly data as a proxy. We will use the most recently available measurement that took place prior to the referral date.

- Proportion of children / young people eligible for Free School Meals (continuous variable based on all children in our sample)
- Proportion of children / young people white British (continuous variable)
- Presence of other Innovation Programmes - if the authority used programmes additional to Family Valued that had similar aims or that induced whole system change (e.g. Signs of Safety) (coded as binary variables)

The data will be sourced from a variety of data sources (Characteristics of Children in Need Tables, LAIT, Ofsted reports, aggregate measures of individual-level data requested from LAs).

Handling missing data

In cases of missing data, we will consider the possible reasons for its missingness and undertake statistical analyses to determine whether there are any patterns relating to other recorded covariates or to the intervention variable. We will drop observations with missing outcome variables, and will drop covariates that are missing at a rate greater than 30%. For covariates with lower levels of missingness, we will conduct multiple imputation where data is missing experimentally at random.

Secondary Analyses

For all binary secondary outcomes, namely whether or not the child has started a CPP, kinship care, and family reunification as defined in the DiD Design Table above, we will use the same regression specification as for the primary outcome.

For the secondary outcomes number of days on CPPs/CIN plans and school attendance we will use a linear probability model. Due to the small number of clusters, we cannot cluster or bootstrap standard errors via any conventional method. However, as above, we will consider whether or not applying a wild bootstrap with a correction for the small number of clusters is appropriate in this instance. In the case of unauthorised school absence rates where we will measure children/young people repeatedly at the end of three terms, we include individual random effects in the regression specification as well as indicator variables for the school term and a variable controlling for the time since the relevant referral. Other specifications remain as specified in the primary analysis.

Due to the high number of secondary outcomes, we will use Hochberg multiple comparison adjustments for the secondary outcomes to reduce the risk of finding significant results by chance.

Sensitivity Analysis

Definition of treatment and comparison group

We adopt a conservative approach in our primary analysis and define any child as part of the comparison group whose local authority had not implemented Family Valued at the start date of the first referral within the trial period. This will most likely underestimate the treatment effect, since children in the comparison group might have been in contact with Family Valued at a later stage of the referral.

To analyse the magnitude of the treatment effect further, we run additional regressions using different treatment and comparison group definitions. We will look at different treatment definitions including:

- Children who spent at least half their time on any open referrals in the trial period when the local authority had implemented Family Valued, i.e. if a child had 64 days of open referrals during the trial period, and had at least 32 of those days after the local authority had implemented Family Valued, they would be coded 1, otherwise coded 0.
- Children who spent at least 4 weeks across any open referrals during the trial period under Family Valued coded as 1, otherwise coded 0.

Differential time effects

We do not consider time effects such as embedding periods in our primary analysis. This is because we only have a limited window of observing post implementation outcomes for the local authorities that implement Family Valued as one of the last wedges to go live. It may be that Family Valued needs some time to be fully embedded and functional. In that case the treatment will show differential time effects depending on the time passed since Family Valued has been implemented in the local authority. The regression specification is:

$$Y_{iat} = \beta_0 + \sum_{m=1}^M (FS_{iat} \cdot T_m) \beta_m + \gamma X_{iat} + \rho Z_{at} + \theta Year_t + \delta LA_a + \varepsilon_{iat}$$

where T_m is a binary indicator that equals one if the observation is from a local authority that has been implementing Family Valued for m periods (with s being the first period after implementation), and otherwise 0. The coefficients on the interaction effect will shed light on whether authorities experience increasing treatment effects the longer they run Family Valued.

We recognise that the estimation of differential time effects will likely be underpowered due to splitting the treatment effect into separate, time-dependent effects. Nevertheless, we consider this analysis as potentially providing a richer picture of the effects of Family Valued.

Decomposition

Since the go-live date of the Family Valued model differs by local authority, the “treatment timing” is staggered. In such staggered settings, the treatment estimate has a risk of bias if there is a heterogeneity in treatment effects over time. Heterogeneous treatment effects over time are likely in our setting, since local authorities will still increase implementation and get used to new ways of working after the go-live date. This can potentially lead to a larger effect of Family Valued on outcomes the longer the model has been implemented. To account for this risk of bias, we will run an additional sensitivity analysis using a decomposition put forward by Goodman-Bacon (2018) and will consider approaches such as the one put forward by Callaway and Sant’Anna (2020) if the decomposition suggests a significant risk of bias.

Regression specifications

In the event that the data distribution suggests a different model would be more suitable, we will run and report these models in addition. Specifically, this will include (but not be limited to) considering hurdle models when evaluating the impact on days on CPPs/CIN plans.

Since we expect the number of censored data points in the time spent on CPP/CIN plans outcome measure to be reasonably small, we use a linear probability model in our main regression specification for research question 3. If the data turns out to be more heavily censored, we will consider employing a tobit model instead. Similarly, we will use a logit model to check the robustness of our regression on unauthorised school absence rates.

Inclusion of trailblazer local authority

As Family Valued was also implemented in the 'trailblazer' local authority Darlington, we will include Darlington as a treatment local authority in the sensitivity analysis and will evaluate how the main results change when adding this local authority to the treatment group. Adding an additional treatment LA will increase power, but might potentially overestimate the treatment effect. Trailblazer local authorities were selected to implement the model ahead of the remaining LAs whose implementation dates were randomised. As this different selection process might be correlated with underlying differences in the LAs, especially in terms of readiness to implement the model, we refrain from including the trailblazer in the stepped wedge RCT analysis as it would not meet the underlying assumption of randomised implementation dates.

Introduction of an embedding period

As elements of the Family Valued model are already introduced in a phased way before the official go-live date, which is marked by the completion of the restorative theory to practice training, we will conduct further sensitivity checks to see whether accounting for these implementation steps through an embedding period will affect the treatment effect estimate. To do so, children who entered the sample population between the start of or expansion of the Family Group Conference service (depending on whether one existed previously), and the completion of the restorative theory to practice training will be excluded from the analysis. This will exclude children from the sample who would have been in the control group but who might have already had some exposure to elements of the Family Valued model.

Triangulation of results

Since we will conduct an analysis exploiting the stepped wedge design of the implementation as well as a DiD analysis, results will have to be triangulated to reach a conclusion of the impact evaluation of Family Valued. In the case that both evaluations align it will provide robust evidence of the potential impact of Family Valued. In such a case, we will reach an average estimate of the impact of Family Valued by pooling the two treatment effects to arrive at a single coherent estimate.

If however, the results diverge, care will have to be taken to draw adequate conclusions. We are conducting two types of analysis simultaneously and both have methodological challenges and limitations which will be affected by the roll-out of the programme and the ability to find suitable matches. If the assumptions underlying each quantitative method only hold for one of the approaches, we will rely primarily on these results to assess the models' impact. If the assumptions hold for both approaches, we will try to identify what accounts for the observed differences in results and will take these considerations into account when drawing conclusions.

Cost Benefit Analysis

Overall approach

We will evaluate the financial benefits and direct costs to local authorities of implementing the programme. We recognise that there may be other (social) benefits of the programme (e.g. to children who did not come into care) but this will not be the focus of our analysis. We will look at the costs and benefits over the entire observation period and will consider benefits based on our impact evaluation and actual costs, excluding any prerequisites. To quantify the benefits of the Family Valued programme, we will consider the cost savings for a local authority through fewer children coming into care. This will be based on a triangulation of literature and best practices. We will report a benefit cost ratio and the net present social value of the programme.

Benefits

Our main analysis focuses on the effects of Family Valued on children's social care outcomes. We will triangulate the found treatment effect for the primary outcome from the DiD and stepped-wedge RCT analysis as detailed in the previous section.

The main focus of this analysis will be on any savings or costs realised through a change in the number of children that become looked after (the primary outcome). This will be informed by the coefficient of our primary analysis and average cost estimates per looked after child. Monetised benefits will be calculated as follows:

Total un-monetised benefit per LA = average treatment effect²⁷ x average number of children in the sample per year per local authority

Total monetised benefit/LA=

$$\sum_{i=0}^5 \text{Total unmonetised benefit} * \text{£benefit/person} * \text{discount factor}_i$$

The discount factor will deflate benefits to their corresponding value in the base year. The benefit per person will be determined by triangulating existing research on the savings associated with a child not going into care. This will be based on the weighted average cost of a child going into care by placement type.

We will only compute benefits of the programme if the point estimate of the corresponding regression is statistically significant. Note that this will focus on the savings realised by the (average) number of cases where children that were involved with statutory services did or did not go on to become looked after due to Family Valued. We will also gauge cost savings in other areas of children's social care measured by the secondary outcomes in our main analysis should the effect estimates be statistically significant.

There are a range of benefits that we will not monetise but that we will take into consideration when discussing the cost effectiveness of the intervention. These include effects on staff workload and wellbeing, outcomes for the wider family network and improved relationships. These benefits will be discussed taking into consideration the findings of the implementation and process evaluation in particular.

Cost components

²⁷ This is the treatment effect coefficient of the main regression in the primary analysis.

To estimate the actual costs of the programme, we will share an online survey with designated leads at all participating local authorities. We will measure the categories below, and where possible identify whether these are prerequisites, start-up (one-off) costs or recurring costs. Where possible we will also identify whether there is overlapping use or prolonged life use of any goods. We will seek to establish actual rather than intended costs, by collecting this data from people involved in the study. However, where this data is not forthcoming, we will need to rely on the forecast or anticipated costs.

The cost data will include:

1. Personnel cost for the implementation of the programme, i.e. how much local authority staff time is used for delivery of the programme that required backfilling positions or hiring additional staff, and for which staff roles - time required * average salary for this staff role
2. Training costs (both personnel costs²⁸ and any fees/license costs incurred)
3. Programme costs, e.g. fees and costs for programme components
4. Facilities, equipment and materials e.g. resources, printed materials, office supplies, computers, software, premises costs
5. Potential unintended consequences (e.g. an increase in the number of children on child protection plans, based on the findings of the full analysis) as identified in the logic model
6. Other programme inputs or hidden costs

Similar to the monetised benefits, costs will be deflated to the value in the base year. Personnel costs will be estimated by multiplying the number of hours by a typical hourly wage for an employee at the local authority in that role. The final cost estimate will be the sum of all costs listed above, discounted with respect to when they were incurred, averaged across all five local authorities.

We will seek to establish an overall cost of the programme and put the overall cost in context to the provided funding. We will seek to establish actual rather than intended costs, by collecting data directly from people involved in the study. However, where this data is not forthcoming, we will need to rely on the forecast or anticipated costs. This will be based on total cost to local authorities if they were to implement the intervention independently of funding and evaluation.

Timeline

Activity	Timeframe ²⁹
First LA implements Family Valued	July 2021
Final LA implements Family Valued	November 2022 ³⁰
Observation period for the final participants from the population sample ends	November 2024
Data collected via ONS ³¹	March 2026

²⁸ E.g. hiring a trainer or hiring agency staff to cover the staff on training.

²⁹ The time frame has been updated to reflect actual implementation timings. These differ to the originally planned go-live dates.

³⁰ Estimated date, subject to changes due to the implications of COVID-19

³¹ The DfE's individual-level statistics on the CIN and CLA census become available to researchers with a one year lag, e.g. the statistics on children in need from the April 2020-March 2021 year will be available from March 2022 onwards.

Analysis (DiD) and triangulation of results between all three strands of analysis	2026/27
Reporting	2027

Ethics & Participation

We maximise the benefit of the evaluation by providing an additional lens to understand the impact, in particular getting closer to a causal estimate of the impact of Family Valued, which is informative for local authority decision-making as to whether or not to invest in Family Valued. We believe the risk of harm is very low. The data used is administrative data which is collected / created in the course of day to day children’s social work, and no further collection of data is required. The analysis does not involve innovative technology, denial of service, large-scale profiling, biometric data, genetic data, data matching, invisible processing, tracking or targeting of individuals for marketing purposes. The outputs will be presented as summary statistics and will be checked for statistical disclosure.

The low risk of harm mostly comes from the possibility of harm if the individual were identified (very unlikely) following a data breach (also very unlikely). We mitigate the risk of a data breach by using the ONS’ secure research service (SRS). Data will be stored on the ONS’ systems. Access to the data will be limited to the project team at WWCS; all researchers have undergone rigorous data protection training. It is very unlikely that the data requested will enable re-identification because we only ask for the data necessary to undertake the analysis and this contains no “instant identifiers” (e.g. name, address etc) or “meaningful identifiers” (which would allow matching to other datasets with more information).

The trial protocol has undergone an ethics review by a member of WWCS’s Evaluation Advisory Board.

Registration

The trial will be pre-registered on OSF (Open Science Framework, <https://osf.io/>) run by the Centre for Open Science (<https://cos.io/>).

Data protection

1. Purpose for processing

The purpose of processing the data is to evaluate the impact of the Family Valued model of social work practice. Our main analysis looks at how introducing the model has an impact on the likelihood of children being taken into care, we also consider other related outcomes.

The main benefit of the processing is that it will add to the evidence base around whether Family Valued “works” and assist local authorities in understanding whether they should invest in it. This aligns with WWCS’s mission to: generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children’s social care and the outcomes it generates for children and families. The intended effects on individuals are downstream to improved social care.

Data that is used will already be part of the usual processes of collection in children’s social care (or education) for the council. We limit ourselves to asking for administrative data that has to be recorded for statutory returns. No further data will be collected.

More details

- Transfer of the pseudonymised individual-level data from the local authority to What Works for Children’s Social Care via a secure transfer channel (e.g. Egress). The sharing will be governed by a data sharing agreement and data will not be shared with third parties.
- Data cleaning and merging
- Data validation
- Data analysis (including descriptive statistics and regression analysis)
- Data presentation and reporting (including summary and regression tables, and graphs - small numbers will be suppressed to avoid statistical disclosure).
- Data will be stored on an encrypted hard drive which will be locked in an electronic safe. Access will only be granted to research team members.

Data will be deleted securely 5 years after the final project report is published. Although the data is sensitive, since the data is pseudonymised prior to transfer, we do not anticipate there to be processing of a high risk nature in terms of negative impact to the individual or breaches of personal sensitive data.

More details can be found in each of the trial protocols available on WWCS’s website.

2. Relationships of parties

The Family Valued Model was developed in **Leeds** with support from the **Department for Education’s Innovation Programme**. Its delivery in Leeds was evaluated by a consortium of academics and evaluators. **WWCS** was awarded the contract to evaluate the Intervention.

The DfE is funding the evaluation and research of the Intervention upon implementation. The categories of personal data and the methodology for capture and use of personal data to produce an evaluation report shall be determined by **WWCS**.

Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton) are the delivery partner for the Intervention program within their local authority.

For the purposes of facilitating the capture of personal data and smooth running of the evaluation **WWCSC** shall liaise with **Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton)**.

3. Categories of Data Subject(s) and Personal Data

Category	Number per Category
<input checked="" type="checkbox"/> Children (aged under 13)	= Approximately 50,000 data subjects
<input checked="" type="checkbox"/> Children (aged 13 and over)	= Approximately 50,000 data subjects
<input type="checkbox"/> Teachers	= 0
<input checked="" type="checkbox"/> Parents / Legal Guardian(s)	= Approx. 25 data subjects
<input checked="" type="checkbox"/> Carers	= Approx. 25 data subjects
<input checked="" type="checkbox"/> Social Workers	= Approx. 50 data subjects
<input checked="" type="checkbox"/> Allied Professionals	= Approx. 50 data subjects
<input type="checkbox"/> Other - Please specify/add:	

Data Categories

Highlighted = Child's Data

Non-highlighted = Non-Child's Data

(Choose both if applicable)

- Name
- Home address
- Email address
- Phone number
- Date of birth
- Age
- Passport information
- Photographs
- Social Worker Case Files
- Social Worker ID
- Interview Answers
- Interview Recordings
- Unspecified Disclosures
- Emotional Difficulties
- Parental Emotional Difficulties
- Behavioral Difficulties
- English Additional Language
- CIN, CPP or CLA Status
- Child's Social Worker's Name
- Borough / Council
- Pseudonymised Data
- Driver's license number
- National insurance number
- Information about dependents
- Records of correspondence
- Job title
- Employee ID number
- Compensation / salary information
- Occupational health information
- CCTV surveillance footage
- Online or offline monitoring or tracking
- Location data
- Call recordings
- Log-in details / passwords
- Other - Please specify/add:

GDPR Special Categories

- Medical or health information
- Racial or ethnic origin
- Sexual orientation
- Sex life
- Biometric Data (e.g., fingerprints, facial recognition)
- Genetic Data
- Religion / Beliefs
- Political opinion
- Trade Union Membership

Equality Act - Protected Characteristics

- Sex
- Age
- Disability
- Special Educational Needs
- Instances of harm
- Sex life
- Gender reassignment
- Pregnancy and maternity

Sensitive Category Data

- Criminal record or offence information
- Proceedings for any offence committed or alleged
- Bank, payment card or tax information
- Other - Please specify/add: Ethnicity of children

School Information

- Name of School
- Attendance
- Placement Information
- Exclusions
- Punctuality
- Eligibility for Free School Meal
- Academic Achievement
- Other - Please specify/add:

4. Method of collection and transfer

Method of Collection

- Live in-person interview(s)
- Live virtual interview(s)
- (Interview(s) Recorded)
- Online survey (completed by child)
- Online survey (completed by adult on behalf of child)
- Online survey (completed by adult)

- Paper-based survey
- Written notes
- Sharing of Case Files/Notes
- Sharing of Administrative Data file(s) by one party to another
- Live in-person observation
- Live virtual observation
- Recorded observation(s)
- Observation document(s)
- Accessed via another party's Internet-based Information Management Tool/System
- Other - Please specify/add:

Method of Transfer

- Secure/Encrypted Email
- SFTP File Transfer
- Access given to an Internet-based Information Management Tool/System
- Limited access given to a secure Google Drive Folder
- Limited access given to a secure MS SharePoint Folder
- Limited access given to a secure MS Teams Site
- Other - Please specify/add:

5. Type(s) of dataset

Survey(s)

- Baseline
- Interim
- Longitudinal
- Endline

Administrative Data

- Baseline
- Interim
- Longitudinal
- Endline

Other

- Case Files
- Other - Please specify/add:

Qualitative - Interview(s)

- Baseline
- Interim
- Longitudinal
- Endline (possibility these will not happen)

Qualitative - Focus Group(s)

- Baseline
- Interim
- Longitudinal
- Endline (possibility these will not happen)

Qualitative - Observation(s)

- Baseline

- Interim
- Longitudinal
- Endline (possibility these will not happen)

6. Data Sharing requirements

The Department for Education (DfE) shares data with **What Works for Children’s Social Care** when WWCS’s ONS accredited researchers access the ONS Secure Research Service (SRS) database. **DfE** do not allow any data to be removed from the SRS and there is a separate application for access document the DfE require for their accountability to provide access to data rather than using a Data Sharing Agreement.

Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton) sharing data with **What Works for Children’s Social Care** for the purpose of making contact with the data subjects to arrange interviews and send invitations. The Local Authorities will also share individual-level, pseudonymised data with **WWCS** for analysis.

For the alleviation of doubt:

Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton) shall be an independent controllers for the duration of the evaluation unless they should liaise with **WWCS** and jointly determine and/or facilitate the methodology of capture and transfer of personal data for the purposes of the evaluation. In that circumstance **Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton)** shall be Joint Controller(s) with **WWCS** for those activities.

*For the purpose of adding the individual-level, administrative data captured from the evaluation to a Data Archive, upon completion of the evaluation **WWCS** shall become the sole data controller for all data captured within and associated with the evaluation of the Intervention and the evaluation report.*

7. List of processing activities

1. To improve the evidence base in children’s social care and to conduct research in this area, which will benefit children and young people, local authorities - in particular senior leaders who make decisions about practice models - as well as the Department for Education in future funding decisions.
2. We use the information to understand what the impact of the Family Valued model of social work practice affects children and young people, and their families, and add to the evidence base around whether Family Valued “works” and assist local authorities in understanding whether they should invest in it.
3. The data we process includes special category data, specifically the ethnicity of the children and young people, and their disability status. This is because processing this special category data will help ensure our research is as accurate and informative as possible.
4. To be pseudonymised so data can be put into an archive database for it to inform further research and secondary studies for the betterment of society. (At this point the data could no longer be deleted).

8. Data Protection Lawful basis for processing

GDPR Article 6.1

GDPR Article 9.2

(Choose all that apply)

- (a) Consent
- (b) Contract
- (c) Legal obligation
- (d) Vital interests
- (e) Public task
- (f) Legitimate interests

(Processing of Special Categories of Personal Data and Protected Characteristics - choose all that apply)

- (a) Explicit Consent
- (b) Employment, social security and social protection (if authorised by law)
- (c) Vital interests
- (d) Not-for-profit bodies
- (e) Made public by the data subject
- (f) Legal claims or judicial acts
- (g) Reasons of substantial public interest (with a basis in law)
- (h) Health or social care (with a basis in law)
- (i) Public health (with a basis in law)
- (j) Archiving, research and statistics (with a basis in law)

(if choosing (b), (h), (i) or (j) this shall be in accordance with the conditions of the UK [Data Protection Act 2018 Schedule 1 Part 1](#))

(If choosing (g) this must be in accordance with the conditions of the [Data Protection Act 2018 Schedule 1 Part 2](#) and outlined in section 7)

Explanation of Lawful Basis

Ethical practices within research require informed consent to be gathered for the data subject's participation in the evaluation of the effectiveness of the Intervention and for research to be conducted using their personal data.

For the avoidance of doubt, informed ethical consent shall be regarded as a sufficient safeguard for the processing of personal data including the capture and storage of personal data up to the point analysis of the data is being conducted. Once analysis is being conducted, depending on the dataset in use, a data subject is unable to withdraw consent insomuch as this would detrimentally affect the analysis process intrinsic to the research being conducted therefore reliance on consent as the legal basis for personal data processing is not appropriate.

Where ethical consent has been withdrawn by a data subject, where possible and dependent on the stage of the research process, each party agrees to discontinue the processing of the data subject's personal data and either fully delete, partially delete, pseudonymise or anonymise all identifiers associated to the data.

In this circumstance the lawful basis for processing that was communicated to data subjects was GDPR Article 6.1(f) "Legitimate Interest of the Data Controller". WWCS processes personal data for the benefit of society which is therefore admissible for this activity and only after the research has concluded will the lawful basis for processing become GDPR Article 6.1(e) and GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&(c) for special

category data including data considered to be a protected characteristic under the UK Equality Act 2010.

What Works for Children's Social Care (WWCSC) is acting upon the instructions from the DfE in accordance with Annex K of the Grant Offer Letter to WWCSC, where it is stated that WWCSC acting as a Processor on behalf of the DfE as Data Controller, and the subject matter of the processing "is needed in order that the Processor WWCSC can effectively deliver the grant to provide a service to the Children's Social Care sector".

WWCSC is therefore acting under the authority vested upon it by the DfE as its funder which appropriately corresponds to WWCSC conducting its research under Article 6.1(e) of the UK GDPR:

"Processing is necessary for the performance of a task carried out in the public interest."

Upon completion of the evaluation and associated research the lawful basis WWCSC, as sole independent controller, shall rely on, for the purpose of archiving and any subsequent secondary analysis of the data, GDPR Article 6.1(e), and GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&(c) for special category data including data considered to be a protected characteristic under the UK Equality Act 2010.

Data archived within the WWCSC instance of the Office for National Statistics Secure Research Service ("ONS SRS") for the purposes of secondary research on the data within this evaluation shall be non-identifiable data and governed under the UK Digital Economy Act 2017 and the UK Statistics and Registration Service Act 2007.

9. Handling of Data Subject Rights

- If a Data Subject makes a request to exercise rights under the Data Protection Laws ("**Rights Request**") to either WWCSC and/or DfE, the organisation that receives that Rights Request ("**Receiving Party**") shall notify the other within 5 Business Days of receiving the Rights Request.
- Each organisation agrees to carry out any searches and investigations in relation to those systems and records under its control, which may be required in order to enable the organisations to comply with the Rights Request.
- The other organisation provides the Receiving Party with a copy of all personal data arising from the searches undertaken at least 10 Business Days prior to the deadline for responding to the data subject.
- The Receiving Party reviews the information arising from its own searches and the information provided to it by the other organisation(s) and determines how to comply with the Rights Request and shall draft a response to the requesting data subject ("**Draft Response**").
- The Receiving Party notifies the other organisation(s) of any steps or actions it needs to take in order to comply with the Rights Request and sends a Draft Response to the other organisations prior to the deadline for responding to the data subject.
- The other organisation(s) provide comments on the Draft Response and confirm agreement to the Draft Response prior to the deadline for responding to the data subject.
- The Receiving Party shall send the Draft Response to the requesting Data Subject on or in advance of the deadline for responding to the Data Subject.

10. Data protection contact(s) for data subjects

Organisation: WWCS
Job title: Data Protection Officer
Name: James Robson
Email Address: dpo@whatworks-csc.org.uk

Organisational Contact

Organisation: WWCS
Job title: Director of Research
Name: Aoife O'Higgins
Email Address: aoife.ohiggins@whatworks-csc.org.uk

11. Accuracy

WWCS shall be responsible for ensuring that the Personal Data collected is accurate and appropriately kept up to date.

12. Security Provisions

WWCS implement appropriate technical and organisational measures to ensure a level of security appropriate to the risk, taking into account the state of the art, the costs of implementation and the nature, scope, context and purposes of processing as well as the risk and varying likelihood and severity for the rights and freedoms of natural persons.

WWCS, where possible, reduce or eliminate the identifiability of Personal Data including but not limited to the deletion, pseudonymisation and anonymisation of such data throughout the research.

WWCS has conducted a Data Protection Impact Assessment (DPIA) for the research being conducted. The outcome of this is the risk to the rights and freedoms of data subjects due to the processing of their data for the research is low.

13. Handling of data incidents and data breaches

- If WWCS and/or DfE become aware of a Personal Data Breach they notify each other within 24 hours of becoming aware of the Personal Data Breach and share relevant information with each other to mitigate the breach.
- The organisation that suffered the Personal Data Breach, whether itself or via a processor that it engaged, immediately uses its best endeavours to end the Personal Data Breach and to mitigate the impact of the Personal Data Breach on data subjects.
- WWCS and/or DfE will then work together to establish the level of risk to data subjects which also determines if the Personal data Breach must be reported to the UK Information Commissioner's Office, and if the level of risk is high, report the Personal Data Breach to the affected data subjects.
- Any data incident or Personal data Breach is logged in a breach register which will be held by all organisations as required by the GDPR.

14. Supervisory authority for project

The supervisory authority/Data Protection Authority for the processing of personal data as part of this research is the Information Commissioner's Office (ICO) in the UK.

15. Who has access to the data

Only What Works for Children's Social Care researchers working on this evaluation will have access to the data.

During the collection of personal data and subsequent research, access to Personal Data and Shared Personal Data will be managed by What Works for Children's Social Care.

Upon completion of the research WWCS shall securely transfer the Personal Data and Shared Personal Data to WWCS's Data Archive.

Please name the individuals within WWCS who will have access to the data once it has been collected:

1. Hannah Collyer
2. Eva Schoenwald
3. Janae Goodridge-Downer
4. Amar Alam
5. Abby Hennessey
6. Allysa Eden
7. Eve Smyth
8. Jessie Gwyther
9. David Rodriguez
10. Oana Gurau

16. Provision of data privacy notice(s)

The organisation that collects Personal Data and any Personal Data that will be shared with any other organisation for the purposes of the research project is known as the "Collecting Party". An organisation is a Collecting Party when they are collecting personal data directly from a data subject or data subjects, or from a third party who is supplying the personal data to that organisation specifically for the research project.

The Collecting Party is responsible for making sure data subjects are provided a Data Protection Notice (DPN) setting out all of the information required under Article 13 or 14 of the GDPR. Article 13 requires a DPN to be provided to data subjects when the data is collected directly from a data subject(s) and Article 14 requires that a DPN is provided to data subjects when the data is not collected directly from data subjects.

A copy of the Data Privacy Notice is available on the WWCS website.

Explanation of provision of a Data Privacy Notice:

For this evaluation What Works for Children's Social Care shall be the Collecting Party/organisation who will provide the Data Privacy Notice to data subjects.

Data Subjects participating in the research shall receive a copy of the data privacy notice from WWCS via email before interviews take place and access is given to a privacy notice as a hyperlink at the beginning of each survey. Where WWCS does not have the contact details of data subjects WWCS will publish the Privacy Notice on its website. This is in line with the requirements of Article 14 of the UK GDPR

17. Retention Period

All data will be processed for the duration of the research project and each organisation minimises Personal Data where it is no longer required. Each organisation only holds Personal Data for a defined retention period outlined in an agreement with them and is responsible for their own secure destruction of the Personal Data they hold. Each organisation requires the other(s) give at least 30 days' prior written notice if they intend to delete any Personal Data before a defined retention period. Each organisation has agreed to notify WWCS in writing of the confirmation of destruction/deletion of Personal Data processed for the project and has agreed to evidence destruction/deletion to other Parties upon request at the end of the defined retention period.

Defined Retention Period and Destruction

Retention Period:

The delivery of the final report is scheduled for 2026.

WWCS/All parties recognise there is a possibility for the scheduled date of final report delivery to change. Should this happen this will be reflected in a Grant Variation Letter between the parties subject to this agreement. The new agreed date of delivery of the final report will be the point at which the timeframe for when deletion begins.

What Works for Children's Social Care confirms it shall delete all Personal Data and Shared Personal Data 5 years after the delivery of the final report. The agreed date for What Works for Children's Social Care's deletion of all evaluation and research data shall be Autumn 2033.

Where **Local Authorities (Warwickshire, Newcastle, Coventry, Solihull and Sefton)** are independent controllers, they shall determine their own retention period for the data it collects in accordance with any statutory or professional retention periods applicable in that Party's respective country and/or industry.

WWCS shall become the sole independent controller of the data collected for the evaluation that will be placed into the Data Archive.

Where WWCS has become sole controller of the data it shall anonymise all personal data in preparation for indefinite retention as part of its archiving process into a **WWCS** secure server location or the **WWCS** archiving instance within the ONS SRS database for further research to be conducted for the benefit of society as a whole. All data held on the ONS SRS is subject to rigorous quality assurance, de-identification and access certification processes in accordance with the requirements of the Digital Economy Act 2017.

Methodology for Monitoring Destruction/Deletion:

WWCS confirms data deletion dates will be recorded by its Data Protection Officer. The data deletion date will be saved in the **WWCS** Data Protection Framework.

Methodology of Destruction/Deletion:

WWCS confirms data will be securely deleted using the most up to date technology at the time of deletion.

If you would like further information or explanation about this please contact us at dpo@whatworks-csc.org.uk.

18. Data Processors

Where an organisation engages a third-party to process any personal data for the project, that third party is known as a “Data Processor” and each organisation has agreed to enter into a Data Processing Agreement (DPA) with each third-party. The DPA incorporates all the provisions required under [Article 28](#) of the GDPR. Each organisation remains fully liable for the acts and omissions of the third-party processor(s). Each organisation is also responsible for being able to provide copies of DPAs upon request to any other organisation involved in the project.

19. Data Location

Data Location(s)

- United Kingdom (UK)
- European Economic Area (EEA)
- [Name country outside UK/EEA]

[If outside UK/EEA please confirm appropriate safeguard transfer:

- Adequacy
- Transfer Risk Assessment (TRA) & International Data Transfer Agreement (IDTA)
- EU Standard Contractual Clauses + UK Transfers Addendum
- Binding Corporate Rules Location = (TBC)]

Data Access Location(s)

- United Kingdom (UK)
- European Economic Area (EEA)
- [Name country outside UK/EEA]

[If outside UK/EEA please confirm appropriate safeguard transfer:

- Adequacy
- Transfer Risk Assessment (TRA) & International Data Transfer Agreement (IDTA)
- EU Standard Contractual Clauses + UK Transfers Addendum
- Binding Corporate Rules Location = (TBC)]

20. Data Protection ID (internal reference)

#2006

21. Archiving

WWCSC seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children’s social care sector. It achieves this objective by supporting and/or funding social care intervention programmes in order to conduct real-world evidence-based research on the effectiveness of the intervention programmes it supports.

The data archive continues WWCSC’s service to the Social Care sector as is its remit from the funding it receives from the UK Department for Education. Creating an accessible data archive means the data collected from our evaluations can be used to conduct re-analysis, additional new analysis, including meta-analysis and the ability to merge and use the data

for new research to be conducted within the aim of having a positive social impact to society as a whole.

Research data from a large proportion of the evaluations WWCS either conducts or commissions, is stored in perpetuity, to be accessed (on formal request and subsequent WWCS approval) by researchers. Researchers may or may not be employed or commissioned by WWCS.

WWCS has conducted Data Protection Impact Assessment (DPIA) on its Data Archive and sought outside consultation from the Information Commissioner's Office, the Department for Education and the Office for National Statistics who also house the data. The outcome of the DPIA is that the capture and use of data within the Data Archive and for future research is of low risk to data subjects.

Should the data for this project be appropriate for the Data Archive it will have been indicated earlier in this document. The nature of the processing is for transfer to a secure Data Archive, the indefinite storage within a secure Data Archive location and the subsequent re-use of data for research purposes based on ethical and ONS and separate WWCS approval for the access and re-use of the data.

The WWCS Data Archive is stored in the Office for National Statistics' (ONS) Secure Research Service (SRS). The ONS acts as a processor for WWCS when storing the WWCS Data Archive in the SRS. WWCS has entered into a legally binding Data Processor Agreement with the ONS, which will comply with the requirements of Article 28 of the UK GDPR.

The SRS data location is in the UK and the source of the data for the archive will be a combination of WWCS and external evaluation partners funded and commissioned by WWCS which are also located in the UK. The retention of the data in the Data Archive is indefinite. There is no sharing of data outside the SRS due to the security protections and methodology for accredited subsequent access which is highly regulated by the ONS through their "5 safes" framework.

The data in the SRS is of a highly sensitive nature as it will relate to children in the social care environment, parents, teachers, social workers and related third party representatives, and, depending on the context of the research the data relates to, could contain special categories of data including but not limited to ethnicity, health, religion, sexual orientation and/or parental background and abuses that may have been suffered.

No data in the SRS will be directly identifiable to any data subject to which it relates through a process of decoupling, reducing where possible, de-identifying, pseudonymisation and/or anonymising data where possible. The nature of the de-identification process will have similarities for each dataset, although may also have differences so that each dataset remains usable but the data in the SRS remaining not directly identifiable.

22. Definitions:

Data Controller means the natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data.

Joint Controller means where two or more controllers jointly determine the purposes and means of processing. They shall in a transparent manner determine their respective responsibilities for compliance with the obligations of the GDPR.

Independent Controller means each controller shall determine the purposes and means of processing of the personal data being processed independent of each other and each have their own data controller responsibilities for the processing of that data.

Data Processor means the natural or a legal person, public authority, agency or other body which processes personal data on behalf of a Data Controller.

Personal Data means any information relating to an identified or identifiable natural person ('data subject').

Shared Personal Data means any Personal Data captured that shall be shared with other parties named in this agreement. Shared Personal Data may not, in all circumstances, mean all Personal Data collected for the Agreed Purpose.

Data Subject means a natural person who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

Processing means any operation or set of operations which is performed on personal data or on sets of personal data.

Recipient means a natural or legal person, public authority, agency or another body, to which the personal data are disclosed, whether a third party or not.

Data Protection Laws means all applicable data protection and privacy legislation, regulations and guidance including the UK General Data Protection Regulation ("GDPR") and the Data Protection Act 2018 and the Privacy and Electronic Communications (EC Directive) Regulations 2003; and any guidance or codes of practice issued by the ICO from time to time (all as amended, updated or re-enacted).

Joint Controller Arrangement ("JCA"): means an arrangement between two or more controllers who jointly determine the purposes and means of processing. The JCA shall in a transparent manner determine each controller's respective responsibilities for compliance with the obligations of the GDPR.

Personal Data Breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, Personal Data transmitted, stored or otherwise processed.

Receiving Party or Parties means the party or parties who receive data shared for a specific purpose by another Party, the Sharing Party. The Receiving Party or Parties become the Controller or joint Controllers of the data.

Sharing Party means the Party sharing data they are the Controller of with one or more parties, the Receiving Party or Parties.

Data Archive: means the storage location used by WWCS to retain de-identified, pseudonymised and/or anonymised evaluation data for use in subsequent research projects by WWCS and/or external researchers. The WWCS Data Archive location is the Office for National Statistics (ONS) Secure Research Service (SRS) based in the UK accredited under the Digital Economy Act 2017 (further information can be found on our website).

Trial/Research Protocol means a document that describes the objectives, design, methodology, statistical considerations and aspects related to the evaluation.

Personnel

The evaluation is funded by the Department for Education and will be undertaken by What Works for Children's Social Care (WWCSC). The Principal Investigator is Michael Sanders (Executive Director, WWCSC). Data collection, analysis and reporting will be led by David Rodriguez (Research Associate, WWCSC) and overseen by Eva Schoenwald (Senior researcher, WWCSC).