

Pilot Evaluation Summary	
Recipients	Family Safeguarding Teams and families they work with
Estimated number of recipients	9 Family Safeguarding Teams
Number of pilot sites (e.g.local authorities)	One Local Authority (Cambridgeshire County Council)
Date	September 2019
Version	1

## Summary

This protocol sets out the pilot evaluation of the Hertfordshire Family Safeguarding Model in Cambridgeshire as part of the Department for Education's Strengthening Families, Protecting Children (SFPC) programme. The Family Safeguarding Model, developed in Hertfordshire County Council, is a model of system change where specialist adult practitioners are embedded within Family Safeguarding teams of social workers. Teams are trained in Motivational Interviewing, undertake group case discussion, follow a structured solution-focussed intervention programme with families and record and share information using an electronic assessment workbook.

The pilot evaluation aims to test and refine the programme theory as set out in the draft logic model, including the mechanisms of change, contextual facilitators and barriers which affect delivery and change as well as the potential benefits of the intervention. It will look to establish feasibility, evidence of promise and whether the intervention is ready for trial. Data will be collected from leaders and managers, frontline professionals and families involved with family safeguarding teams through interviews, focus groups, observations and surveys. Descriptive analysis of administrative data will also be undertaken.

Cambridgeshire will launch the Family Safeguarding Model around February 2020.



## Project Background

### Strengthening Families, Protecting Children

This evaluation is part of the pilot phase of Strengthening Families, Protecting Children (SFPC), a Department for Education funded programme investing £84 million over five years to support up to 20 local authorities to improve work with families and safely reduce the number of children entering care. SFPC will support selected local authorities to adapt and adopt one of three [children's social care innovation programme](#) projects in their own area.

The three projects are:

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

These projects aim to improve the safety and stability of vulnerable children and to reduce the need for families to access services. This will be achieved through:

- Strengthening local practice systems
- Developing services that build resilience in families
- Facilitating a confident social work ethos that manages risk safely within the home

The programme aims in particular to support Local Authorities with an Ofsted rating of 'requires improvement to be good', and high rates of looked after children compared to their local authority statistical neighbour median over the last 3 years, and/or rising rates of looked after children in each of the last 3 years.

Stepped Wedge Randomised Controlled Trials (RCTs) testing the impact of the three SFPC programmes will be undertaken in selected local authorities. These aim to provide the largest and most robust evaluation to date of whether these programmes achieve their stated aims of improving outcomes for children and families. Pilots of each programme will be undertaken in three 'Trailblazer' local authorities to inform the implementation of these RCTs. This protocol sets out the aims and methods of the pilot evaluation of the Family Safeguarding Model in Trailblazer Cambridgeshire.

### Family Safeguarding Hertfordshire

The Family Safeguarding Model was developed in Hertfordshire with support from the Department for Education's Innovation Programme. The intervention supports a whole-system change to a local authority's child protection approach, focusing on supporting the needs of children and adults in order that children can safely remain within their families.

This involves:

- Establishing multi-disciplinary teams where specialist adult practitioners in domestic abuse, mental health and substance misuse are co-located with social workers under a unified management structure. This enables a multi-disciplinary whole family response through direct assessment and support from specialist adult practitioners as



well as multi-professional group case discussions and sharing of knowledge and skills across disciplines.

- Use of Motivational Interviewing as a framework for practice for all staff. Staff undergo training and ongoing skills development workshops and follow a structured solution-focussed intervention programme with families which aims to work collaboratively with families and increase engagement.
- Using an electronic assessment workbook which provides a single data tool for all professionals and links to the work programme. This increases ease of information sharing between professionals and reduces social worker time spent recording and sharing information.

A draft logic model setting out the contextual facilitators and barriers, interventions, mechanisms and outcomes for the family safeguarding model is available in Appendix 1.

### **Pilot Context**

Cambridgeshire will begin training and recruitment from October 2019 and is expected to launch the Family Safeguarding Model around February 2020. Cambridgeshire is a mixed urban-suburban-rural County Council in the East of England. Estimates mid-2018 indicate a population of 651,482 including just over 136,000 children and young people under the age of 18<sup>1</sup>. The most recent Ofsted inspection of children's social care services in Cambridgeshire in January 2019 gave a judgement of 'requires improvement to be good'.

Most recent estimates indicate that in March 2018 Cambridgeshire had a looked after population of 52 children per 10,000<sup>2</sup>. Although lower than national figures, the proportion of children looked after in Cambridgeshire has increased steadily over the past five years (from 36 children per 10,000 in 2013), and this rate of growth is faster than in the national population. The proportion of children looked after in Cambridgeshire is higher than in Hertfordshire, where the Family Safeguarding model has been developed, and which has seen a steadily decreasing proportion of looked after children since 2010.

Cambridgeshire's children's safeguarding service is currently delivered by 9 teams across 5 district areas. Teams comprise a team manager, a senior practitioner or senior social worker, as well as social workers and children's practitioners. Family Safeguarding will be delivered across the county, with specialist adult practitioners working within all children's safeguarding teams.

Cambridgeshire shares some processes, including a shared integrated front door, with neighbouring unitary authority Peterborough. Peterborough has been delivering Family Safeguarding since 2017.

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<sup>1</sup> ONS (2019) Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland: Mid 2018

<sup>2</sup> Department for Education (2018) Children looked after in England including adoption: 2017 to 2018



## Aims

The purpose of this pilot is to undertake a small scale process evaluation of implementation of the Family Safeguarding Model in 'Trailblazer' local authority Cambridgeshire. This will inform the next phase of SFPC which will involve a stepped wedge randomised controlled trial in a further set of local authorities in England<sup>3</sup>, providing a robust comparison group and the most reliable impact evaluation of Family Safeguarding so far. This will build on findings from the published<sup>4</sup> and ongoing<sup>5</sup> evaluations from Round 1<sup>6</sup> and Round 2<sup>7</sup> of the Children's Social Care Innovation Programme in the local authority in which the model was developed and four subsequent local authorities. This pilot will test feasibility and readiness for trial, to inform consistent and effective replication and evaluation of the programme in other areas, extending understanding about delivery of family safeguarding in the following ways:

- Studying implementation in a further local authority outside of the one in which it was developed (and where delivery will have been informed by learning generated through the Round 2 delivery and evaluation).
- Developing and refining a logic model setting out a detailed understanding of the programme theory including intervention components, mechanisms of change and potential benefits of the intervention.
- Providing an in-depth focus on the early stages of implementation, including change in practice, contextual barriers and facilitators, how well the model is received and any unexpected consequences or negative effects.

The pilot design has been informed by feedback from WWCS's Young Advisors and Stakeholder Advisory Group, details of which are presented in Appendix 2. The research questions and methods for this pilot evaluation are set out below. Findings from the pilot will be published in a report in 2020.

## Research questions

The pilot will test three objectives using the following research questions:

### 1. Evidence of feasibility

- a. Was the intervention implemented as intended (i.e. as set out in the logic model) and in what way does implementation vary (if at all)?
- b. What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?
- c. Is the intervention acceptable to key stakeholders including senior leaders, frontline practitioners and families?

### 2. Evidence of promise

- a. Is there evidence to support the intervention theory of change as set out in the logic model, including the mechanisms by which change is achieved and the facilitators and barriers to change?

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<sup>3</sup> <https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme>

<sup>4</sup> Forrester, D., Lynch, A., Bostock, L., Newlands, F., Preston, B., & Cary, A. (2017) Family Safeguarding Hertfordshire: Evaluation Report. Department for Education: London

<sup>5</sup> <https://www.yorkconsulting.co.uk/case-studies/evaluation-of-the-family-safeguarding-model>

<sup>6</sup> <https://innovationcsc.co.uk/projects/family-safeguarding/>

<sup>7</sup> <https://innovationcsc.co.uk/projects/implement-family-safeguarding-in-other-authorities-and-extend-within-hertfordshire/>



- b. What potential impacts of the intervention do stakeholders identify?
- c. Do there appear to be any unintended consequences or negative effects?

**3. Readiness for trial**

- a. Is there a clear description of the intervention and the contextual facilitators and barriers that would allow it to be implemented and evaluated in other places?
- b. Is the intervention able to be delivered consistently across teams?
- c. Are any changes needed to the theory, materials or procedures before rollout?

The pilot is not designed to provide a counterfactual, or powered to detect impact, so all evidence of potential outcomes will be exploratory only and will not be able to be used to draw conclusions about the effectiveness of the intervention.



## Outcomes

The table below sets out the planned indicators which will be used to answer the proposed research questions. Targets for quantitative indicators aim to be consistent with previous evaluation findings as well as a pragmatic ambition for the model to be delivered to a reasonable and consistent level across teams.

Research question	Indicator	Data Source
<p><b>Evidence of feasibility</b></p> <p><i>Can the intervention be delivered practically and as intended, is it acceptable to those delivering and receiving it, and what are the contextual facilitators and barriers?</i></p>	<p><b>Implementation</b></p> <ul style="list-style-type: none"> <li>Number and characteristics of cases teams have worked with (demographics, CP/CiN status, primary referral reasons, proportion of cases with specialist adult practitioner involvement)?</li> <li>Were teams structured as intended (co-located and with 80% of adult specialist posts filled)?</li> <li>Do group supervision discussions (including all involved professionals) take place monthly in 70% of cases that have specialist adult practitioner involvement?</li> <li>Did 70% of staff undergo initial Motivational Interviewing (MI) training?</li> <li>Did 60% of staff engage in follow-up support for MI following initial training?</li> <li>Did social workers follow the structured intervention programme for 70% of cases?</li> <li>Did 70% of frontline practitioners receive monthly clinical supervision from their own professional background?</li> <li>At what date is the model fully operational (posts are recruited, training is delivered and electronic workbook systems are in use)?</li> <li>Did group case discussions operate as specified?</li> <li>How was follow-up support for MI delivered?</li> <li>Were there adaptations to any components of the model, and what were these?</li> </ul> <p><b>Facilitators and Barriers</b></p> <ul style="list-style-type: none"> <li>What is the vacancy rate, turnover rate and average caseload for social workers pre and post introduction of the Family Safeguarding model?</li> <li>Do 70% of frontline staff perceive there is sufficient buy-in and support from leadership?</li> <li>Do 70% of frontline staff feel they have enough time for direct work and to take full advantage of the model?</li> <li>What is the pre-existing culture, practice model, approach to decision making and infrastructure? What is the perceived compatibility of this context with new practice and how does this differ from the context in the LA where the model was developed?</li> </ul>	<p>Admin Data (supplemented by survey where needed)</p> <p>Observations &amp; Interviews</p> <p>Admin data</p> <p>Survey of staff</p> <p>Interviews and focus groups with staff</p>



	<ul style="list-style-type: none"> <li>• Do staff feel prepared and supported by the information, training and support provided, and are they motivated and confident to make changes to practice?</li> <li>• What is the level of understanding of, engagement with and support for the model from senior leadership, partners and referrers?</li> <li>• What are the reasons for any adaptations to delivery, perceptions of facilitators to successful delivery, and barriers and challenges faced or overcome?</li> <li>• In what ways are case and area characteristics perceived to affect delivery and outcomes?</li> <li>• What sustainability planning is in place?</li> </ul> <p><b>Acceptability</b></p> <ul style="list-style-type: none"> <li>• Is the model well received by 70% of staff?</li> <li>• Are 70% of staff satisfied with how the change process has been managed?</li> <li>• Are 70% of staff satisfied in their jobs and intend to remain in their roles?</li> </ul> <ul style="list-style-type: none"> <li>• Family reported acceptability of the model and their experience of their relationship with the social worker, decision making and the support provided.</li> </ul>	<p>Survey of staff</p> <p>Interviews with staff &amp; families</p>
<p><b>Evidence of promise</b></p> <p><i>What evidence is there that the intervention mechanism operates as expected and that it can have a positive impact on outcomes?</i></p>	<p><b>Mechanism</b></p> <ul style="list-style-type: none"> <li>• What is the understanding and use of MI in practice by social workers?</li> <li>• How do understanding of risk, decision making, care plans, partnership working and support for families operate in practice, is this consistent with the logic model and how does this differ from previous ways of working?</li> <li>• Any differences in how the model operates depending on family characteristics, including interaction between co-occurring parental mental health, substance misuse or domestic violence issues?</li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• Key indicators pre and post introduction of the family safeguarding model (child in need plans, child protection plans, PLO, care proceedings, entry to care, number of days looked after).</li> <li>• To what extent and through what mechanisms the intervention is perceived to affect: <ul style="list-style-type: none"> <li>○ Staff self-reported workload, stress and wellbeing?</li> <li>○ Family engagement and outcomes, including relationships, wellbeing and risk/safety.</li> </ul> </li> <li>• Any perceived unintended or negative effects?</li> </ul>	<p>Observations, Interviews and Surveys</p> <p>Admin Data</p> <p>Interviews with staff and families</p>



<b>Readiness for trial</b> <i>How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?</i>	<ul style="list-style-type: none"><li>• To what extent is the intervention delivered and operating consistently across teams?</li><li>• Revised logic model comprising clear description of the intervention and its mechanisms as well as contextual facilitators and barriers</li><li>• Description of any changes to the theory, materials or procedures that would support rollout</li></ul>	Interviews and Focus Groups with staff supplemented by review of all study findings
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## Methods

### Review of publicly available reports

Publicly available information such as Complaints / Compliments and Ofsted reports will be reviewed to further understand the current context in the local authority.

### Interviews and Focus Groups

Semi-structured individual interviews and focus groups will be undertaken with the following stakeholders:

- Leaders and managers** (directors, heads of services, safeguarding service and team managers - may also include commissioning partners e.g. health and referral agencies)
- Frontline Practitioners** (senior practitioners, social workers, children's practitioners within children's safeguarding teams, specialist adult practitioners)
- Families** (parents or carers and young people from families working with family safeguarding teams delivering the intervention)

These interviews and focus groups will be carried out across three timepoints:

- Baseline:** At the beginning of the pilot i.e. before or at the early stages of change (approx Oct 2019), to understand current practice and readiness for change:
  - Interviews will be carried out with **leaders and managers**
  - Focus groups will be carried out with **practitioners**
- Interim:** Following recruitment and training (approx Jan-Feb 2020) to capture understanding of the model and readiness to deliver:
  - Interviews will be carried out with **managers and practitioners**
- Follow-up:** After approximately three to four months of early implementation (approx April-May 2020), to understand how the intervention has been implemented, facilitators and barriers to change and perceived outcomes:
  - Interviews will be carried out with **leaders and managers, practitioners and families**
  - Focus groups will be carried out to test the revised logic model with **leaders, managers and practitioners**

Individual face to face or telephone interviews with leaders, managers and frontline professionals will be expected to last 45-60 minutes. Individual face to face or telephone interviews with families will be expected to last 30-45 minutes. Interview schedules will be





adapted according to the role of the interviewee. Interviews will be recorded, transcribed and pseudonymised prior to analysis. After the first two to three interviews of each type, the interview schedule will be adapted if necessary.

Focus groups of 4-6 individuals will be expected to last 45-60 minutes, and will each be facilitated by two researchers. Focus groups will be recorded, transcribed and pseudonymised prior to analysis.

### **Observations**

Observations of practice will be undertaken over the course of the project, but will be kept minimal to reduce burden on teams and families or impact on practice. Observations will be as follows:

- A. **Observations of group case discussions** will be carried out over the course of the early implementation period to understand the quality, nature and consistency of delivery.
- B. **Observations of case work** with families will take place before and after implementation of the family safeguarding model to understand ways of working including use of Motivational Interviewing techniques in practice.

### **Admin Data**

Administrative data will be collected for the period prior to introduction and over the course of set up and early implementation to understand whether training and delivery has been undertaken as planned and to monitor change in indicators of promise.

### **Survey**

A short survey of all staff within family safeguarding teams will be undertaken after the initial training (approx Jan-Feb 2020) and approximately three to four months of early implementation (approx April-May 2020) to understand delivery and acceptability of the training and set up as well as delivery and acceptability of changes in practice.

### **Sample recruitment and selection criteria**

The research team will develop study information sheets, a privacy notice and consent forms to be used in the recruitment process. To ensure that data collected is theoretically comprehensive, participants will be sampled purposively, and stratified according to a range of characteristics set out below.

### **Interviews, focus groups and observations with leaders, managers and practitioners**

Leaders, managers, social workers and specialist adult practitioners in all participating teams will be approached to take part in the study. The researcher will work with administrative and management staff in the Local Authority (LA) to identify and contact staff. Information will be provided to staff by email and through team meetings. The researcher will only collect data that is necessary for the evaluation and will aim to reduce burden wherever possible.



Interviews and observations will be stratified to include leaders, managers and practitioners across a range of professions, roles and experience, and from a range of safeguarding teams.

### **Interviews with families**

Parents, carers and young people will be recruited for qualitative interviews. Social workers will be encouraged to approach all families where it is appropriate to do so, explain the study and ask if they would be interested in speaking to a researcher. If the family agree, the researcher will give further details, answer questions, and proceed with informed consent procedures. For young people under 16 a parent or carer will provide consent in addition to the young person's own assent to participate. For families where literacy or language affect understanding of the written research materials, the researcher will be available to explain the materials in person or over the phone.

Families will be stratified to include those assigned to a range of teams, districts and lead social workers, those working with a range of adult specialist practitioner roles (mental health, domestic abuse and substance misuse), and with diverse demographics including ESL and ethnic minority families.



## Data collection schedule

Progress achieving the following data collection milestones will be monitored over the course of the evaluation. The timeline is provisional, dependent on final agreed delivery dates.

Method (Sample Size)	Provisional Timeline	Sample and Stratification
Baseline interviews with leaders and managers (n = 6-8)	Oct 2019	<ul style="list-style-type: none"> <li>Directors, heads of services, service and team managers across children's safeguarding</li> <li>Commissioning partners</li> </ul>
Baseline focus groups with frontline practitioners (2-3 groups of 4-6 people)	Oct 2019	<ul style="list-style-type: none"> <li>Senior practitioners, social workers &amp; children's practitioners (from a range of children's safeguarding teams)</li> </ul>
Interim interviews with managers & frontline practitioners (n = 8-12)	Jan / Feb 2020	<ul style="list-style-type: none"> <li>Service and team managers</li> <li>Senior practitioners, social workers &amp; children's practitioners (from a range of children's safeguarding teams)</li> <li>Specialist adult practitioners (across a range of professions and teams)</li> </ul>
Follow-up interviews with leaders, managers and frontline practitioners (n = 12-16)	Apr / May 2020	<ul style="list-style-type: none"> <li>Heads of service, service and team managers</li> <li>Senior practitioners, social workers &amp; children's practitioners (from a range of children's safeguarding teams)</li> <li>Specialist adult practitioners (across a range of professions and safeguarding teams)</li> </ul>
Follow-up focus groups with leaders, managers and frontline practitioners (2-3 groups of 4-6 people)	Apr / May 2020	
Interviews with families (n = 8-12)	Apr/May 2020	<ul style="list-style-type: none"> <li>Parents, carers &amp; young people (across a range of teams, districts and lead social workers, working with a range of adult specialist practitioners, and with diverse demographics including ESL and ethnic minority families)</li> </ul>
Observations of social worker practice with families pre MI training (n = 8-12)	Oct 2019	<ul style="list-style-type: none"> <li>CP and CiN cases from children's safeguarding teams (across a range of teams, districts and lead social workers, with diverse demographics including ESL and ethnic minority families)</li> <li>For group case supervision and practice post MI training this would also include cases working with a range of adult specialist practitioners.</li> </ul>
Observations of group case supervision (n = 8-12)	Feb / Mar 2020	
Observations of social worker practice with families post MI training (n = 8-12)	Apr / May 2020	
Brief survey of all safeguarding team staff (9 teams)	Jan / Feb 2020 Apr / May 2020	<ul style="list-style-type: none"> <li>All staff in family safeguarding teams</li> </ul>
Admin data (9 teams)	Sept 2019 - May 2020	<ul style="list-style-type: none"> <li>Workforce and case characteristics from all children's safeguarding teams before and after introducing family safeguarding.</li> </ul>



		<ul style="list-style-type: none"><li>• Programme delivery data from all children's safeguarding teams</li></ul>
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## Analysis

### Qualitative data preparation and analysis of interview and observational data

Interviews and focus groups will be recorded, transcribed and pseudonymised prior to analysis.

Qualitative analysis of interview, focus group and observational data will use NVivo software and follow a thematic analysis approach. This will involve data familiarisation, checking accuracy of transcription, labelling the data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions. Analysis will look for patterns, consistencies and inconsistencies across different informants and time points that might be informative for the research questions.

The following steps will be taken to ensure rigor in the analysis and reporting of qualitative data:

- Confidence that the findings are an accurate reflection of participant experience will be ensured through presentation of examples of participant responses using quotes, and triangulation between different informants and data collection methods as well as through testing the revised logic model with focus groups.
- The degree to which findings are transferable to other contexts will be considered through detailed description of contextual factors, and collection of data from a range of informants to gather a range of perspectives.
- Transparent reporting of the research and analysis process will ensure the study methods are clear and repeatable.
- When interpreting findings, consideration will be given to contrasting and inconsistent accounts, as well as findings from previous research using the intervention model.

### Quantitative analysis of survey, administrative and observational data

Quantitative data will be analysed descriptively, in order to present characteristics of delivery and acceptability. The results will be triangulated with the qualitative findings and the revised logic model by looking for consistencies and inconsistencies between the different data sources.



## Ethics

### Ethical approval

Research approval has been obtained through the Cambridgeshire Research Governance Framework Approval Panel.

### Ethical considerations

Ethical Issue	Mitigation
<b>Confidentiality</b>	Confidentiality will be ensured through removal of identifying information before analysis and ensuring no individual, family or team can be identified in the reporting of results.
<b>Risk of harm or distress</b>	<p>Data collection will be undertaken with potentially vulnerable populations on potentially sensitive topics. The likelihood of disclosure of any harm or risk of harm that has not already been disclosed to the safeguarding team families will already be working with is low. Families will be made aware prior to participating that their responses will be anonymised and remain confidential with the exception that any disclosure of harm or risk of harm will need to be reported to the family's social worker for safeguarding purposes.</p> <p>The evaluation focuses primarily on ways of working, and is therefore not expected to lead to any harm or distress. If the sensitive nature of any content of the evaluation does lead to any participant becoming distressed the evaluator will assist them in seeking support through their social worker and remind them of the option to discontinue or withdraw. In the unlikely event that the data collected suggest that the intervention is causing harm, this will be reported to those responsible for programme delivery.</p> <p>All efforts will be made to avoid any visits to family homes by lone researchers, using either phone interviews or two researchers travelling together for face to face visits. If there is an unplanned need for lone researchers to visit families, safety will be ensured through a buddy system by keeping a colleague informed of their location.</p> <p>If there is any indication that the researcher's presence during observation adversely affects any family member or social worker's safeguarding practice, then the researcher will stop the observation.</p>
<b>Informed Consent</b>	All participants will have the opportunity to ask questions, will be asked to give consent to participate and will be made aware that participation is optional. For young people under 16 a parent or carer will provide consent in addition to the young person's own assent to participate.
<b>Right to Withdraw</b>	All participants will be made aware they have the right to discontinue participation or withdraw at any time, including withdrawing their data at any point before aggregated analysis has been completed.

## Data Protection

What Works for Children's Social Care will act as data controller for this study. All data will be handled in accordance with GDPR regulations. Data will be pseudonymised and stored



securely in encrypted files or locked rooms in secure buildings. Data will only be used for the purpose of the stated research aims and only be accessed by members of the research team. Data will be deleted twelve months after final publication of the full SFPC evaluation.

A privacy notice will be provided to participants indicating the legal basis for processing data, what data is being collected and why, who is collecting the data, how data will be handled and stored and who to get in touch with for information or complaints.

## Personnel

This pilot 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 of WWCSC). Pilot evaluation data collection, analysis and reporting will be led by Hannah Collyer (Researcher, WWCSC), supported by Abby Hennessey (Research Assistant) and overseen by Louise Reid (Head of Programmes and Research, WWCSC).

## Risks

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

Risk	Likelihood	Impact	Mitigation
Low engagement of LA staff and families in evaluation	<b>Low</b>	<b>Medium</b>	<p>The study is designed to collect only data that is necessary for the evaluation, and to minimise burden on the local authority and participants by ensuring that interview times and locations are flexible and convenient to participants and that any survey proforma is clear and brief.</p> <p>Although there may be challenges engaging busy frontline staff and families with complex circumstances, involvement of only a proportion of the overall number involved in the intervention is needed to reach recruitment targets. Therefore reaching targets is expected to be achievable. Given their smaller numbers overall, participation will be needed from a reasonable proportion of senior leaders. However, it is expected that these staff members will be easier to engage due to their investment in the programme.</p> <p>The evaluation aims to triangulate between a range of informant sources, therefore a lower response rate among one informant group will not have a major overall impact on the ability of the evaluation to achieve its aims.</p>
Intervention not sufficiently embedded in time to be evaluated	<b>Medium</b>	<b>Medium</b>	<p>Given the complexity of the model being delivered, it is likely to take some time for practice to change and be embedded. Even though the evaluation will capture early implementation rather than longer term embedding there is still likely to be considerable learning from the early stages of engagement and delivery to inform the intervention trial. The stepped wedge evaluation design of the main trial that will follow this pilot also means that it may be possible to gather additional</p>



			data at a later stage in time to inform later stages of the trial which can be incorporated into an addendum to the protocol for the main trial.
Delays caused by changes in leadership, OFSTED inspections, other external events	<b>Medium</b>	<b>Medium</b>	WWCSC will work closely with colleagues at the Local Authority to anticipate where possible, manage and minimise any disruption caused by these factors.
Findings not applicable to other Local Authorities	<b>Low</b>	<b>High</b>	Given the complexity and variance in individual local systems, it is inevitable that there will be some factors unique to the Trailblazer Local Authority. However, the pilot evaluation will include a range of teams working with a diverse group of families. It will aim to highlight contextual factors that may vary across teams and local authorities that seem to make a difference to delivery. This will inform a revised theory of change that will support consistent delivery in future local authorities, albeit with some inevitable adaptations to suit local context.
Model not delivered as intended	<b>Medium</b>	<b>Low</b>	Systemic differences between the Local Authority in which the model was developed and the trailblazer Local Authority may lead to differences in the model in practice. In this instance, the evaluation will still be able to gather valuable understanding of contextual barriers to delivery to inform decisions about whether and how the model might be rolled out in other areas.



## Timeline

*This timeline is indicative only, as it is dependent on final project delivery timescales.*

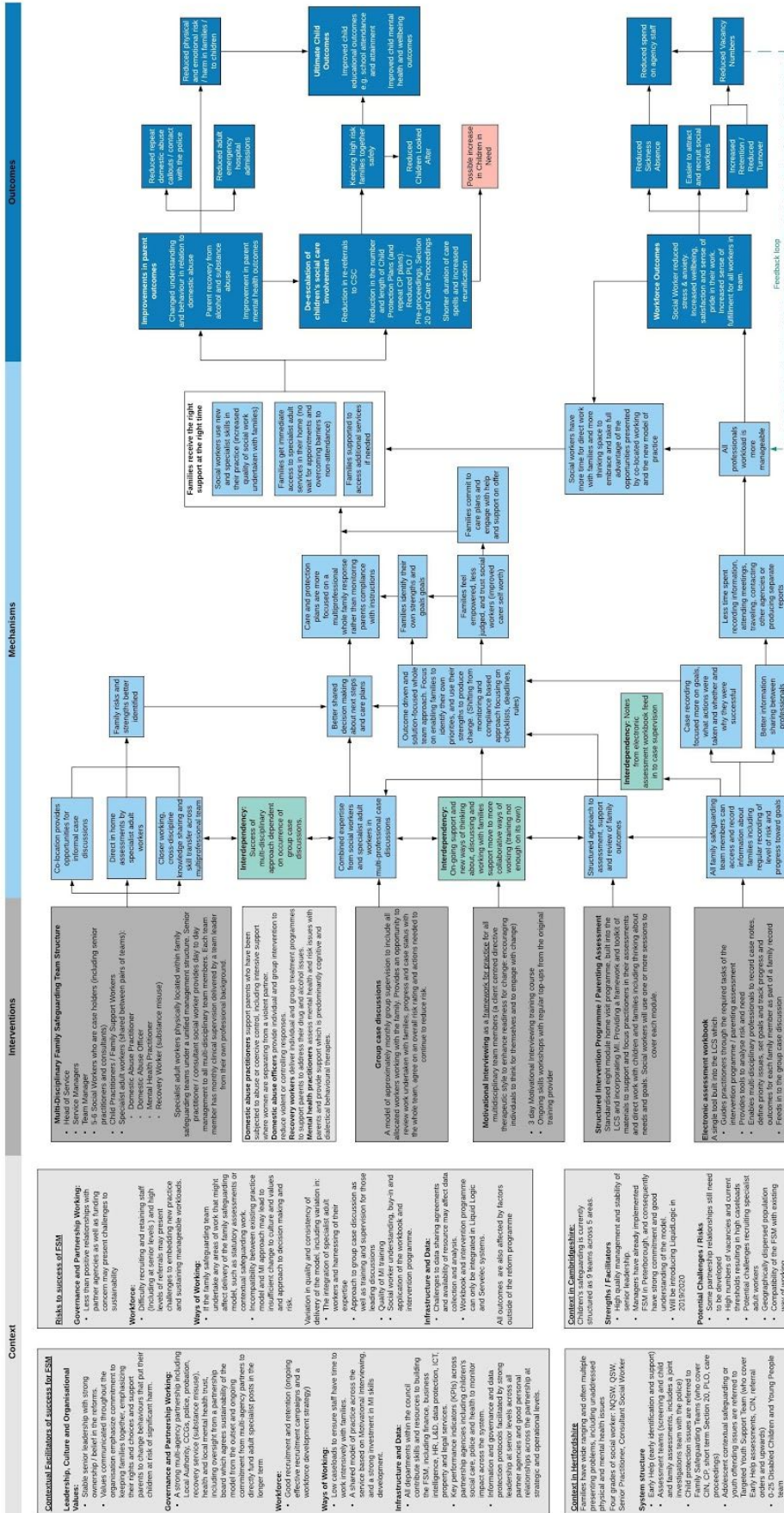
	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20
<b>Cambridgeshire County Council</b>										
Project scoping	X	X	X							
Recruitment & Training			X	X	X	X				
Model operational							X	X	X	X
<b>What Works for Children's Social Care</b>										
Publish pilot protocol			X							
Develop research materials	X	X	X							
Data collection			X	X	X	X	X	X	X	X
Final data analysis and reporting									X	X





# Appendix 1: Draft Logic Model

Logic Model: Family Safeguarding Model





## Appendix 2: Stakeholder Consultation

What Works for Children's Social Care are grateful for the input of our Young Advisors and Stakeholder Advisory Group who we consulted about the three models being delivered through SFPC and our plans for evaluation. Their feedback has informed the pilot evaluation design by highlighting key topics we should include to help understand the models, how they operate and their potential outcomes. This will ensure the pilot evaluation provides useful insight into what is important to measure in the process and impact evaluations of the subsequent stepped wedge trial.

Based on young advisors and stakeholder group feedback, the pilot evaluation will seek to better understand the model mechanisms and outcomes in the following ways:

### Mechanisms

- Our investigation into the experience of young people and families will include asking whether the rationale for decision making is clear, whether support provided is in line with their preferences and preferred outcomes, as well as the role of the child or young person's voice relative to that of the parent.
- The pilot will include considerations of case and area characteristics, and whether these differ from those in developer authorities or have any interaction with how models are delivered or their outcomes.
- Model sustainability will be explored, including consideration of cost savings and planning for maintaining the models after the end of the DfE funding period.
- The pilot will explore the role of the relationship between mental health, substance misuse and domestic violence, and how these problems are supported or prioritized where they co-occur.

### Outcomes

- We will seek views on the perceived strengths, weaknesses and unexpected or adverse mechanisms of administrative outcomes that are being considered as potential ways to evaluate the impact of the models.
- The pilot will explore which more proximal child and family outcomes are perceived to be the most significant to measure (and how these might be measured) when evaluating the models, including which outcomes are important to families as well as how selected outcomes might relate to the age of the children and young people each model supports.
- The concept of 'safety' will be explored, including whether any observed improvements in administrative outcomes such as numbers of children looked after or subject to child protection plans are (as intended) associated with reduced risk in the family home and how this might be measured.
- The pilot will seek to test the proposed logic chain between changes in system function, administrative outcomes and ultimate change in child and family outcomes.
- The pilot will explore which stakeholders or partner agencies' experiences and data are of greatest significance to capture in the main trial.