

| Pilot Evaluation Summary                       |  |
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| Recipients                                     | Young people aged 12-25 who are in care or on the edge of care and at risk of family or placement breakdown, stepping down from residential care to family based care or transitioning to independent living (and teams supporting these young people)<br><br>Wider cultural change in the Local Authority may also affect young people outside of those working directly with hubs. |
| Estimated number of recipients                 | One hub is estimated to work with up to 150 young people per year  |
| Number of pilot sites (e.g. local authorities) | One Local Authority (Middlesbrough Council)  |
| Date   | December 2019  |
| Version  | 1  |

## Summary

This protocol sets out the pilot evaluation of No Wrong Door in Middlesbrough as part of the Department for Education's Strengthening Families, Protecting Children (SFPC) programme. No Wrong Door, developed in North Yorkshire, establishes hubs which bring together an integrated range of accommodation options, services and outreach to support young people in care or on the edge of care.

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 also look to establish feasibility, evidence of promise and the level of readiness for trial. Data will be collected from leaders and managers, staff and practitioners working directly with children and families, and families involved with the No Wrong Door Hub through interviews, focus groups, observations and surveys. Descriptive analysis of administrative data will also be undertaken.

Middlesbrough expect to launch No Wrong Door in April 2020.

*We would like to acknowledge and thank the staff at North Yorkshire County Council and Middlesbrough Council, Dr Lisa Holmes (previously from the DfE innovation programme round 1 evaluation team at Loughborough University) and the DfE innovation programme round 2 evaluation team at NatCen, as well WWCSs Stakeholder Advisory Group and Young Advisors, for the information and advice provided to us in the development of this protocol.*

## 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 for 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 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 No Wrong Door in Trailblazer Middlesbrough.

### North Yorkshire No Wrong Door

No Wrong Door was developed in North Yorkshire with support from the Department for Education's Innovation Programme. Its delivery in North Yorkshire was evaluated by a team at Loughborough University<sup>1</sup>.

The intervention involves creation of hubs which bring together an integrated range of accommodation options, services and outreach to support young people aged 12-25 who are in care or on the edge of care, at risk of family or placement breakdown, stepping down from residential care to family based care or transitioning to independent living.

The hub staff team includes the following roles:

- A Manager and two Deputy Managers
- Hub Residential and Edge of Care Workers (key workers)
- Portfolio Leads who lead on areas such as education, rebuilding relationships, accommodation and transitions.

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<sup>1</sup> Lushey, C. Hyde-Dryden, G., Holmes, L. and Blackmore, J. (2017) Evaluation of the No Wrong Door Innovation Programme: Research report. Department for Education: London

- A Life Coach (Clinical Psychologist)
- Communication Support Worker (Speech & Language Therapist)
- Police Liaison Officer
- Hub Community Families / Relief Workers
- High Need Supported Lodgings / Relief Workers
- Business Support
- Case Support Worker
- Handy Person
- Police Intelligence Analyst
- Performance Analyst

Support is delivered through outreach to young people in existing family or foster care placements and through supporting young people placed in hub placement options including foster care and supported accommodation. Short or medium term residential placements are also used where needed, to support the long term goal of permanence in a family or community setting.

The integrated team supports the young person throughout their journey to avoid passing them from service to service. All staff are trained in restorative, strengths based approaches. Young people receive a core offer of support to help reduce high risk behaviour, build and restore relationships, support achievement, develop self-esteem, self-worth and resilience as well as to support transitions and appropriate crisis support.

No Wrong Door operates flexibly, bringing young people into the service quickly and supporting a slow transition out. A key non-negotiable of the programme is using residential care as a short term intervention not a long term solution and a significant indicator is that young people are always progressing to permanence within a family or community. Successful delivery of the model is considered to be contingent on a service wide practice model and approach to decision making and risk which is restorative, solution-focussed, relationships and strengths based, as well as significant support from senior leadership.

A draft logic model setting out the contextual facilitators and barriers, interventions, mechanisms and outcomes for No Wrong Door is available in Appendix 1.

## **Pilot Context**

Middlesbrough expect to launch No Wrong Door in April 2020 at the earliest. Middlesbrough is a Unitary Authority in the North East of England. Estimates mid-2018 indicate a population of 140,545 including approximately 27,427 young people aged 12-25. The most recent full Ofsted inspection of children's social care services in 2015 gave a judgement of 'requires improvement to be good'. According to the English Indices of Deprivation<sup>2</sup>, Middlesbrough has the highest proportion of neighbourhoods in the 10% most deprived nationally, with 48.8% falling into this most deprived group, and is the district with the highest proportion of children living in income-deprived households.

Most recent estimates indicate that in March 2018 Middlesbrough had a looked after population of 137 children per 10,000<sup>3</sup>, one of the highest proportions in England (see Figure

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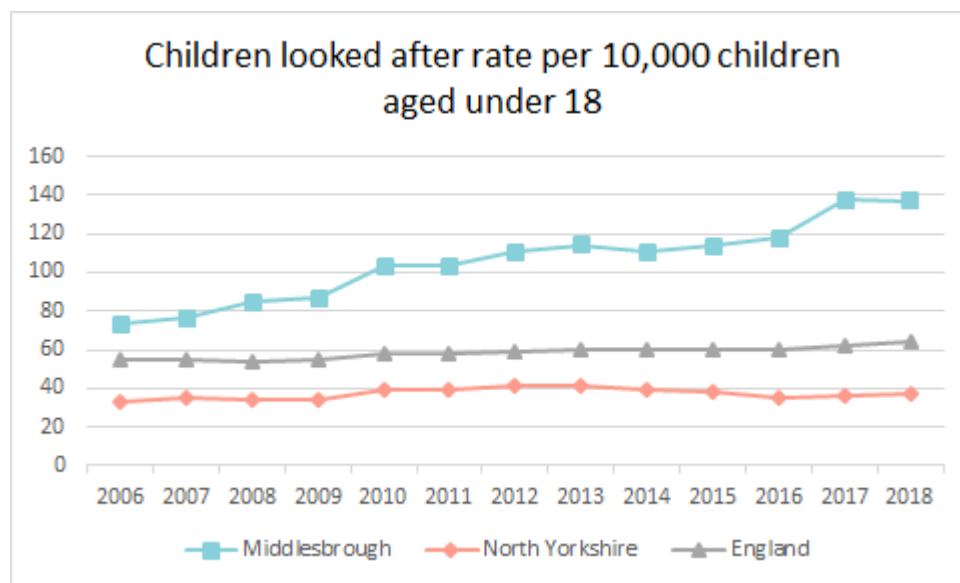
<sup>2</sup> Ministry of Housing, Communities & Local Government (2019) The English Indices of Deprivation 2019

<sup>3</sup> Department for Education (2018) Children looked after in England including adoption: 2017 to 2018

1). This figure has increased from 73 children per 10,000 in 2006<sup>4</sup>. The proportion of children looked after in Middlesbrough is considerably higher than national figures for England (64 children per 10,000) and North Yorkshire where No Wrong Door was developed (37 children per 10,000).

Middlesbrough children’s social care has separate teams for Assessment, Looked after Children (LAC), Child in Need and Child Protection. This differs from North Yorkshire where No Wrong Door was developed, where local teams undertake assessment and there is minimal handover of cases. In Middlesbrough, an Edge of Care Team sit under the Prevention and Partnerships Directorate. The Front door is South Tees Multi-Agency Children’s Hub (MACH) which includes First Contact and Early Help, and is a joint service with Redcar and Cleveland Borough Council established in 2019.

*Figure 1: Children looked after rate per 10,000 children aged under 18 (2006-2018)*



No Wrong Door is being introduced in Middlesbrough alongside a wider edge of care plan in the area, aiming to increase the number of residential beds and reduce the high numbers of young people in external residential placements (i.e. those outside of LA provision including those outside of the Middlesbrough area). No Wrong Door in Middlesbrough will involve the establishment of one hub, which will work with up to 150 young people over the course of each year. The hub will have 4-6 beds and be supported by two foster care and two supported accommodation placements. Middlesbrough currently have three residential homes offering 11 beds (including a new home for children with disabilities) and are in the process of opening a unit for young people aged 16+ made up of 9 beds in separate flats. The local authority plan to open a further two homes of which one will be the No Wrong Door hub - the number of beds yet to be confirmed. Middlesbrough have been embedding Signs of Safety across Children’s Social Care since 2018, a model which is also used in North Yorkshire where No Wrong Door was developed.

### Aims

The purpose of the pilot is to undertake a small scale process evaluation of implementation of No Wrong Door in ‘Trailblazer’ Local Authority Middlesbrough. This will inform the next phase of SFPC which will involve a stepped wedge randomized controlled trial in a further

<sup>4</sup> Department for Education (2018) Children looked after in England including adoption: 2009 to 2010 [LA tables]

set of local authorities in England<sup>5</sup>, providing a robust comparison group and the most reliable impact evaluation of No Wrong Door so far. This evaluation looks to build on the promising findings of the published No Wrong Door evaluation report<sup>6</sup> by evaluating the model in new areas, rather than re-testing it in North Yorkshire. Informed by the findings of the published evaluation, this pilot will test feasibility and the level of 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 local authority outside of the one in which the model was developed.
- 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 WWCSA'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, staff and practitioners working directly with children and families, 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?
- b. Is variation in implementation perceived by stakeholders to relate to outcomes, and which elements of the model are perceived to be central to its effectiveness?
- c. What potential impacts of the intervention do stakeholders identify?
- d. Do there appear to be any unintended consequences or negative effects?

### 3. Level of 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?

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<sup>5</sup> <https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme>

<sup>6</sup> Lushey, C. Hyde-Dryden, G., Holmes, L. and Blackmore, J. (2017) Evaluation of the No Wrong Door Innovation Programme: Research report. Department for Education: London

- 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 level to achieve success.

| 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 hubs work with (basic demographics, CP / CiN / LAC status, SDQ, primary referral reasons, placement at referral/ during hub work / at case closure, amount and type of specialist assessment and support received)?</li> <li>Do young people enter quickly and leave slowly (time from referral to allocation and duration of NWD placement and outreach support)?</li> <li>Were all young people supported by a consistent key worker (number of changes in key worker)? Were cases reviewed monthly?</li> <li>Was the hub team structured as intended (intended placement options available and 80% of posts filled)</li> <li>Were all 80% of staff working in hubs report being trained in a restorative, strengths based approach?</li> <li>Were there adaptations to any components of the model, and what were these (for example any changes in key workers and the reasons for this)?</li> <li>What creative / flexible use of support was offered?</li> <li>Is the model consistently implemented in line with indicators and non-negotiables?</li> </ul> <p><b>Facilitators and Barriers</b></p> <ul style="list-style-type: none"> <li>What are the vacancy, turnover rate and caseloads?</li> <li>Do 70% of staff surveyed perceive there is sufficient buy in and support from leadership?</li> <li>What is the pre-existing practice model and culture around decision making, risk, residential care and permanence? 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? Is practice relational and restorative?</li> <li>Is a restorative and strengths-based practice model and approach to decision making and risk in place across children's services and partners?</li> <li>Do staff feel prepared and supported by the information, training and support provided, and are they motivated and confident to deliver the model?</li> <li>What is the level of understanding of, engagement with and support for the model from senior leadership, other directorates such as finance as well as partners (such as police and health) and teams making hub referrals?</li> </ul> | <p>Hub admin data (child tracker), supplemented by survey data</p> <p>Interviews and Observation</p> <p>Admin data</p> <p>Survey</p> <p>Interviews and focus groups with staff</p> |

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|---|--|---|
|   | <ul style="list-style-type: none"> <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 professionals, 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>• How are restorative and strengths based approaches used in practice?</li> <li>• How well do young people build relationships with staff, specialists (including police) and carers?</li> <li>• Do young people engage with the development of their care and progression plans?</li> <li>• How do referrals, managing risk, decision making, care plans and support for young people / families operate in practice? Is this consistent with the logic model and how does this differ from previous ways of working?</li> <li>• How is information shared and used across partners and within the hubs?</li> <li>• Is variation in implementation perceived to relate to outcomes, and which elements of the model are perceived to be central to its effectiveness?</li> </ul> <p><b>Potential Impact</b></p> <ul style="list-style-type: none"> <li>• Key LA level indicators pre and post introduction of No Wrong Door (Number of children and young people who are looked after, in residential placements, in external residential placements, average number of placement changes, average length of time looked after)</li> <li>• Key hub level indicators at entry and exit to No Wrong Door (missing episodes, offending, education, wellbeing)</li> <li>• To what extent and through what mechanisms the intervention is perceived to affect: <ul style="list-style-type: none"> <li>○ Family engagement and outcomes, including relationships, high risk behaviours, wellbeing, EET, placement stability 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> |



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| <p><b>Level of readiness for trial</b></p> <p><i>How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?</i></p> | <ul style="list-style-type: none"> <li>● The extent to which the intervention is delivered and operates consistently across cases</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> | <p>Interviews and Focus Groups with staff / Review of the above indicators of delivery.</p> |
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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:

- A. **Leaders and managers** (directors, heads of services, service managers, team and hub managers - may also include commissioning partners e.g. health and referral agencies)
- B. **Practitioners** (social workers from across LAC, safeguarding (CiN/CP) and edge of care service, residential and hub workers including specialist staff and foster carers)
- C. **Families** (young people and parents or carers supported by the hub)

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

- A. **Baseline:** At the beginning of the pilot i.e. before or at the early stages of change (February/March 2020), to understand current practice, understanding of the model and readiness for change:
  - a. Interviews will be carried out with leaders and managers as well as foster carers and residential staff
  - b. Focus groups will be carried out with social workers
- B. **Follow-up:** After approximately three to four months of early implementation (July/August 2020), to understand how the intervention has been implemented, facilitators and barriers to change and perceived outcomes
  - a. Interviews will be carried out with leaders and managers, practitioners and families
  - b. Focus groups will be carried out to test the revised logic model with leaders and managers and practitioners

Individual face to face or telephone interviews with leaders, managers and practitioners 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 60-90 minutes, and will each be facilitated by two researchers. Focus groups will be recorded, transcribed and pseudonymised prior to analysis.

## **Observations**

Observations of core hub activities such as referral, team, case review or RAISE meetings will be undertaken. Care will be taken to ensure that observations are unobtrusive and do not affect practice. We anticipate undertaking around 6-8 observations over the course of early implementation.

## **Admin Data**

Administrative data will be collected for the period prior to the introduction of the model, and over the course of set up and early implementation to understand whether recruitment and delivery has been undertaken as planned and monitor change in indicators of promise. Administrative data is expected to include the following:

### *Hub-level delivery data*

- Number of posts of each type of role within the hub team, including vacancies and turnover
- Number of each placement type available at the hub, and how many are filled / vacant
- Caseload across key workers

### *Aggregate case data for Hubs*

- Number of new, open and closed hub cases
- Age, gender, ethnicity and statutory status (e.g. CiN, CPP, LAC) of new cases
- Placement type for new, open and closed hub cases
- Type of specialist support being received by open cases
- Number of changes in key worker
- Frequency of case review
- Time from referral to allocation of new cases, and duration of hub involvement
- Missing episodes, offending, education status and wellbeing (SDQ) of new and closed cases

### *Aggregate LA level case data*

- The number of children and young people who are looked after, in residential placements, in external residential placements
- The average number of placement changes
- Average length of time looked after

## **Survey**

A short survey of all No Wrong Door Hub staff will be undertaken after approximately three to four months of early implementation (July 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**

The researcher will work with administrative and management staff in the Local Authority (LA) to identify and contact staff suitable to participate in the study. Information will be provided to staff about by email and through team meetings. The research 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.

### **Interviews with families**

Parents, carers and young people will be recruited for qualitative interviews. Hub key workers will be encouraged to approach all young people where it is appropriate to do so, explain the study and ask if they would be interested in speaking to a researcher. For those who agree to participate, 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 with a range of characteristics, including those across a range of placement types, working with a range of key workers and professionals within the hubs, and those transitioning into independent living.

## 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, managers, residential workers and foster carers (n = 8-10) | Feb/March 2020           | <ul style="list-style-type: none"> <li>• Directors, heads of services, service, team and hub managers across teams working with young people in care or on the edge of care</li> <li>• Residential workers and foster carers</li> </ul>                                 |
| Baseline focus groups with practitioners (2 groups of 4-6 people)                            | Feb/March 2020           | <ul style="list-style-type: none"> <li>• Social workers working with young people in care and on the edge of care</li> </ul>  |
| Follow-up interviews with leaders, managers and practitioners (n=8-10)                       | July 2020                | <ul style="list-style-type: none"> <li>• Heads of service, service and team managers</li> <li>• Social workers working with cases assigned to hubs, hub workers including specialist staff and foster carers</li> </ul>   |
| Follow-up focus groups with leaders, managers and practitioners (2 groups of 4-6 people)     | July 2020                |   |
| Interviews with families (n = 6-8)   | July 2020                | <ul style="list-style-type: none"> <li>• Young people and parents or carers supported by the hub (across a range of placement types, working with a range of key workers and professionals within the hubs, and those transitioning into independent living)</li> </ul> |
| Observations (n = 6 - 8)   | July 2020                | <ul style="list-style-type: none"> <li>• Core hub activities such as team, referral, case review or RAISE meetings.</li> </ul>  |
| Brief survey of all hub staff  | July 2020                | <ul style="list-style-type: none"> <li>• All hub staff</li> </ul>   |
| Admin data   | March 2020 and July 2020 | <ul style="list-style-type: none"> <li>• Hub level programme delivery data, workforce data and aggregated case characteristics from all children working with hubs.</li> </ul>  |

## 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 transferrable 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. Presentation of these findings will be careful not to infer causality from correlational data.

## Ethics

### Ethical Approval

The proposal has been reviewed and approved by the NWD Trailblazer Strategic Project Board in Middlesbrough.

### 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. Families will already be working closely with NWD Hubs therefore the likelihood of disclosure of any harm or risk of harm that has not already been disclosed is low. Families will be made aware prior to participating that their responses will be pseudonymised 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 hub key worker or 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 or 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 professional 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 practitioners and families with complex circumstances, involvement of only a proportion of the overall number involved with 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 data at a later stage in time to inform later</p>  |

|   |               |               |   |
|---|---------------|---------------|---|
|   |               |               | 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, and 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.   |



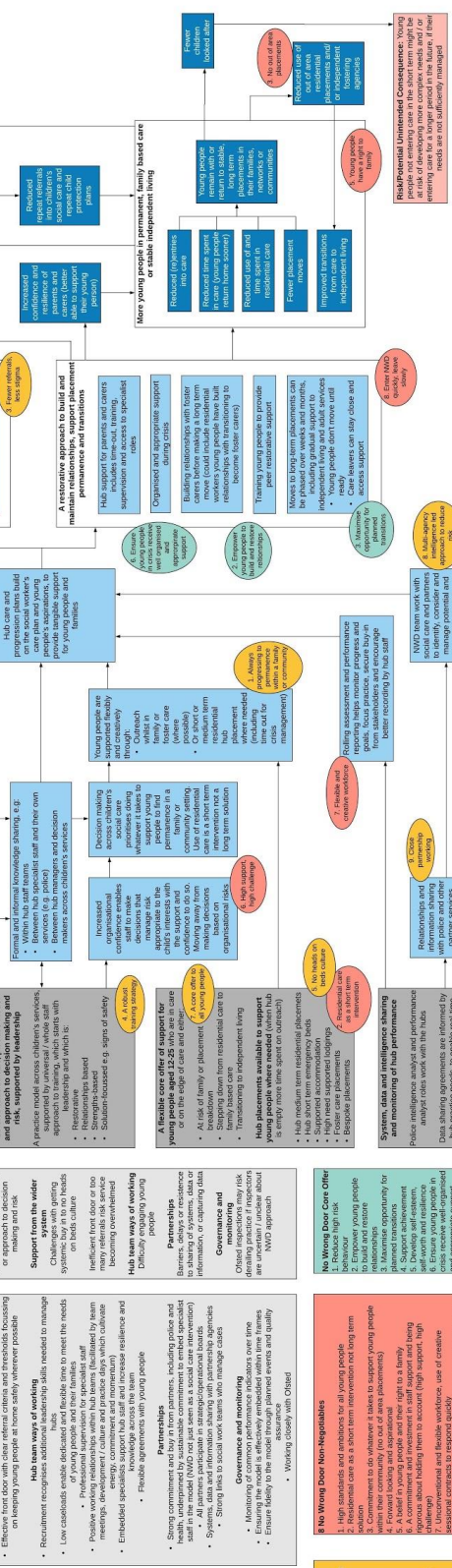
## Timeline

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

|  | Sept 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 |
|--|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Middlesbrough Council</b>                 |         |        |        |        |        |        |        |        |        |        |        |        |
| Project scoping and set up                   | X       | X      |        |        |        |        |        |        |        |        |        |        |
| Recruitment                                  |         |        | X      | X      | X      | X      | X      |        |        |        |        |        |
| Training                                     |         |        |        |        |        | X      | X      | X      |        |        |        |        |
| NWD operational                              |         |        |        |        |        |        |        | X      | 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      |        |
| Final data analysis and reporting            |         |        |        |        |        |        |        |        |        |        | X      | X      |



## Appendix 1: Draft Logic 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 advisor 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 consideration 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 how well foster carers able to / trained to support the young person's emotional and mental health needs, and the quality of support provided for the transition to independent living.

### 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.