



Social Care Innovations in Hampshire and the Isle of Wight Evaluation Summary

Background

The Innovation Programme in Hampshire and the Isle of Wight has included a number of strands:

- highly skilled administrators or 'PAs' aiming to support social work teams to release their time for more direct work with families
- Family Intervention Teams (FIT) including specialist domestic abuse, substance misuse and mental health practitioners
- a network of volunteers including family support workers, youth mentors and others aiming to provide significant added value to statutory work with vulnerable children and families
- a new offer for young people on the edge of care and their families including a key worker, structured activities programme, and volunteer mentor support
- a new multi-agency service to reach out to victims or potential victims of child sexual exploitation (the Willow Team)
- Social Work Surgeries to support early help services

Objective

The overall objective of the Programme was to create the right conditions and capacity for professionals to work as effectively as possible with vulnerable children and families and safely reduce demand for remedial or repeat interventions.

Evaluation

The evaluation took a mixed method approach, including: rapid research reviews for each 'strand'; detailed analysis of over 160 case files; interviews with 35 families; longitudinal interviews with 48 team managers, social workers and administrators; broader stakeholder interviews and questionnaires; secondary analysis of performance and cost data collected by the host authorities relating to the programme strands.

Key Findings

- PAs have enabled a decrease in social worker time spent on administrative tasks (from 36% to 14%) and an increase in the time they are spending with families (from 34% to 58%). The cost of having a PA is estimated at £4,408 and a conservative estimate of the savings is £9,000 per social worker.
- The FIT pilot has already led to significantly improved levels of initial engagement of families with support for toxic trio issues from 29% to 70% in Hampshire and 87% in Isle of Wight. Early signs are that better child and family outcomes for families involved with a FIT are also associated with:
 - single, rather than multiple, FIT workers directly involved with the family
 - strongly structured, regular and evidence-based sessions

- worker acting as a bridge into their own or other services, where a more specialist intervention is indicated, and pro-active chasing of these referrals
- a willingness to work with both parents, as indicated and if safe, including on broader parent wellbeing and family functioning

FIT workers appear to be more effective with families when they have experience and skills in supporting parents to develop internal motivation to change; and are able to work confidently with both parents on broader family support issues, rather than just their narrow area of specialism.

- Most (65%) of the 110 young people on the edge of care engaged well with the Innovation Programme, only 8% failed to engage at all.
- 12 out of the 110 cohort of young people who started the Edge Programme during October 2015 to June 2016 (11%) subsequently entered care compared to an 80% increase across all ages during that time.
- Young people who engaged with either a volunteer and/or an activities programme appeared to have better outcomes in education, employment or training. More effective interventions overall appear to be characterised by:
 - a relatively tight team (for example: social worker, edge worker and volunteer mentor)
 - good early engagement with the family to build trust followed by well-timed, intensive, evidence-informed work with the young person and parent(s)
 - young people encouraged and supported successfully into an activities programme
 - support to parents to address parenting and broader family issues

The unit cost of a typical edge of care intervention is £3,273.40.

- Many team managers and social workers have moved from being highly sceptical about the use(fulness) of volunteers for families with a statutory plan, to using volunteers more regularly and with more confidence. Early indications are that:
 - volunteer mentors can provide highly effective support to young people on the edge of care as part of a broader plan, including through patient, persistent engagement and regular sessions involving a combination of activities, talking, and role modelling
 - having volunteers available to do return from missing interviews has enabled Hampshire to undertake almost double the number of interviews (118) compared with the period pre-pilot of 61
 - volunteers delivered an average of 3 'substantive' interventions (family support, mentoring or advocacy) resulting in a unit cost of approximately £396 per intervention
- In a short period of time the Willow Team has achieved a high profile with local agencies. There is widespread support for a dedicated multi-disciplinary team providing a range of services, and many (89%) of the 19 key stakeholders value particularly highly the quality of advice and consultation support. Over time, persistence and a broader evidence base may be required for work with higher risk young people.
- The Social Work Surgery pilot has only been realised in one locality area and has involved family support worker advice about thresholds in 2 schools. The model as tested hasn't yet led to a reduction in referrals to social care and is not considered cost effective on a larger scale.

This evaluation study was carried out between June 2015 and November 2016 by the Institute of Public Care at Oxford Brookes University. Some follow up findings will be available in 2018.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications