



Project Crewe Evaluation Summary

Background

Project Crewe (PC) is a pilot model of support for children assessed as being a Child In Need (CIN). It was developed and delivered by Catch22 (C22), in conjunction with Cheshire East council (CEC). The project aims to improve the outcomes for CIN by offering a more personalised and intensive model of support managed and delivered by non-social work qualified staff, 'family practitioners'. Their role is to develop and deliver the CIN plan; working with families to help them build resilience and maintain long term positive change. Family Practitioners use a Solutions Focussed approach with their cases, this is based on Solutions Focused Brief Therapy as well as other feedback tools. The pilot uses a pod structure, where one qualified social work consultant manages four family practitioners.

Aims and objectives

Project Crewe aimed to reduce re-referrals to social care and escalations to child protection and looked after status. It was also hoped that diverting cases from social workers would reduce their caseload, allowing them to focus on the most urgent cases while maintaining confidence that lower risk CIN were still receiving high quality support.

Evaluation

This evaluation is one of the first successfully implemented Randomised Controlled Trial (RCT) in children's social care in England. The evaluation aimed to assess the effectiveness of the PC approach, compared to the business-as-usual CEC approach. This was achieved by employing a mixed method approach, using a quantitative RCT design in conjunction with an in-depth qualitative inquiry. Cases assessed by Cheshire East as eligible for Project Crewe support were randomly allocated to either PC ("treatment") or CEC ("control") from August 2015-March 2016. In total this amounted to 132 families, comprising of 326 CIN. Data for the qualitative work were collected through 48 semi-structured interviews with 33 families, frontline staff and leaders from both Cheshire East and Project Crewe across 2 time periods: November 2015 and April 2016. This enabled the evaluation to capture how the experience and delivery of the intervention evolved or altered for both staff and families. 30 randomly selected cases from CEC and Project Crewe were manually coded against a risk framework and subsequently analysed factors which correlate with increased or reduced likelihood of harm re-occurring in children. CEC will continue to monitor the longer-term re-referral rates and CIN outcomes between the two groups.

Findings

Project Crewe appears to have had some positive impact on CIN outcomes. However, these results were not statistically significant and should be read as positive indications, as opposed to concrete evidence of impact.

- Project Crewe pilot closed more CIN cases than the cases which remained with Cheshire East Council
- Project Crewe appears most effective in closing cases with a previous history of social care
- Although they closed fewer cases, where CEC social workers did close cases, it was quicker than PC

- Early indications suggest Project Crewe decreases risk. It increases protective factors around the CIN more than for those families in the control group.
- Project Crewe suggests that CIN cases can be supported positively by non-social work qualified staff
- Several elements of the Project Crewe model may have been particularly effective:
 - Project Crewe families were visited 3x more frequently and offered personalised flexible support
 - The Solutions Focused Approach (SFA) was valued by Project Crewe families but appeared to be less effective with families in acutely stressful or chaotic situations.
 - Project Crewe has a strong culture of collaboration and support built through the pod structure and supported by the buddy system.
 - Project Crewe created space for social workers to tackle more complex child protection cases.
- Embedding the model has taken time and there have been issues with communication at the referral, handover and escalation stages.

Cost benefits

The data used to draw these estimates is insufficient to support any robust conclusions. As Project Crewe cases were open longer, the illustrative average weekly cost per case to the local authority was £12.92 higher than the average CEC case. However, when accounting for the individual benefit for reducing the number of CIN cases, an illustrative estimate of lifetime earnings and tax revenue of Project Crewe CIN was over £2000 higher per case than CEC. These estimates would be improved with better data.

Implications

- Non-qualified social work practitioners can generate positive outcomes for CIN cases
- Working to resolve parent and carer issues, especially around their self-confidence and practical ability to parent, is fundamental to generating positive outcomes for CIN
- Diverting some low risk CIN caseload from SWs may allow them to better tackle the more complex child protection cases
- Innovative models of social care are difficult to integrate within pre-existing social services. Good communication and collaboration between senior leaders and frontline staff on both sides is essential
- Better data need to be made available to improve monitoring in this sector, linking CIN status with other longer term outcomes such as employment and health
- Randomised Controlled Trials can be implemented effectively in social care evaluations and should be prioritised in future commissioning

This evaluation study was carried out between May 2015 and December 2016 by The Behavioural Insights Team.

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