Stockport Family Evaluation Summary

Background
Stockport Family is a whole system change for children’s services in Stockport, combining children’s social care teams with Stockport’s Integrated Children’s Service (ICS)\(^1\). Stockport Family consists of 3 interrelated elements:

- the adoption of a restorative approach to help families identify solutions for themselves instead of social care professionals making decisions about them
- the creation of new structures and systems, including reorganising children’s services into 3 separate locality-based teams
- the enhancement of partnership working

Aims and objectives
Stockport Family aimed to transform children’s services in Stockport. Its overall objectives were to improve outcomes for children and families, reduce number of family breakdowns, and make cost savings.

Evaluation
The evaluation aimed to assess the implementation of Stockport Family’s intended activities and explore early outcomes amongst families, staff and wider partners. The Kantar Public (formerly TNS BMRB) evaluation team was supported by embedded researchers based at Manchester Metropolitan University and practitioner researchers at Stockport Council. These practitioner researchers were staff with a background in children’s services (an Independent Reviewing Officer; a Senior Practitioner Social Worker; and a Health Visitor), who were internally recruited into this role for the evaluation.

The evaluation took a mixed method approach. Evaluation activities between July 2015 and December 2016 included: qualitative interviews with 156 staff, 16 partners and 20 families; 2 waves of surveys with staff (112 in wave 1, response rate 23%; 106 in wave 2, response rate 18%) and families (34 in wave 1; 106 in wave 2\(^2\)); analysis of administrative data; and a review of case notes by the practitioner researchers. In 2016 Kantar Public used a contribution analysis process to assess Stockport Family’s performance against the logic model.

Findings
Over the course of the evaluation Stockport Council successfully implemented all of its intended activities broadly in line with the programme’s planned timeline. The scope and scale of these changes were substantial, involving a structural and physical reorganisation through locality-based working and co-location; and an attempt to change the overall culture of the organisation to establish an aligned, restorative focus. One consequence of the scale of the change ongoing within Stockport was that the programme was still early in its implementation and it was too soon to draw conclusions about the longer term impacts of the new model.

There were a number of positive findings:

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\(^1\) ICS was a new structure introduced in 2013/14 that brought together core services for children and families in Stockport.

\(^2\) Due to the methodology it is not possible to identify response rate for the service user surveys. Further detail in report.
• Data provided by Stockport shows they are currently forecast to achieve a reduction of just over £1.2 million in the cost of LAC in 2016/2017 compared with actual spend in 2013/14. This amounts to a 14% reduction. Cost savings to date have been achieved by reducing high cost LAC placements through the work of the Stockport Families First (Edge of Care) service, which has been designed to provide wraparound intensive care to keep families together, and through a change in the management of Section 20 cases.

• Substantial steps had been taken towards embedding restorative practice within Stockport Family. There were also examples of this leading to changes in practice: for example, staff making use of new restorative tools such as the Early Help Assessment developed by staff within Stockport.

• Co-location and the restructuring of teams around the 3 localities in Stockport had resulted in improved communication and co-operation within Stockport, allowing professionals and families to draw upon the right intervention, specialist knowledge and skills when needed.

• There was strong buy-in from partners at a strategic level and, in particular, actions had been taken to encourage a closer relationship with schools: for example, creation of the Team around the School (TAS) programme and introduction of named workers linked to each school in Stockport.

• Families surveyed and those interviewed in qualitative research were generally very positive about the service received from Stockport’s children’s services. Some gave examples where social workers had involved them in decisions regarding their care plans and suitable interventions, although it was not clear whether these experiences arose from changes in practice.

• Although there was limited evidence of the impact of Stockport Family on core practice and service user outcomes, the research provided evidence suggesting that the logic underpinning the programme design has the potential to be effective given time. There were positive signs that the programme’s activities had begun to produce some of the short term outcomes anticipated during the design of the innovation.

However, some staff, particularly within social work teams, reported that high workloads could be a barrier to additional direct and restorative work with families. There were also some families who talked about less positive experiences, for example, of repeating their story, or lacking opportunities to voice their views, which suggests restorative practice was not yet fully embedded.

**Recommendations**

The success of Stockport Family will ultimately rely on the capacity of services within Stockport Family to work collaboratively and holistically, to a shared restorative ethos. It is the recommendation of the evaluation team that this intervention will require further monitoring and evaluation to accurately establish impact.

Stockport’s agile working approaches (a way of rapidly prototyping, testing and adapting new products, systems or ways of working on an ongoing basis) offer high-potential methods for public sector innovation programmes, in particular of the type supported by the Innovation Programme. Further work is needed to understand the potential, working practices, and challenges of design-by-doing and agile working in public sector innovation.

**Changes made in services in response to evaluation findings**

A business case has been approved that proposes changes to the Front Door (the point at which children are referred to social care) to address the issues that emerged during the evaluation.

This evaluation study was carried out between May 2015 and March 2017 by Kantar Public (formerly TNS BMRB) and embedded researchers at Manchester Metropolitan University.

*The DFE’s Children’s Social Care Innovation Programme funded this project and its independent evaluation. Coordination 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*