

Final report | Confidential

SSIA

# Outcomes project – final evaluation report

June 2013

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## Executive summary

### The outcomes project

In February 2012, the Social Services Improvement Agency (SSIA) commissioned Outcomes UK<sup>1</sup> to deliver training and coaching aimed at promoting the use of outcomes-measures in care planning and care management among frontline social workers across four local authorities in Wales (*Children's Safeguarding: Supporting Operational Improvement in Children's Services – Programme 2*). The training programme was delivered in the autumn of 2012, with coaching support provided until the spring of 2013.

### The project evaluation

Cordis Bright was chosen to deliver an independent evaluation of the training project. The evaluation's main aims were to:

- Establish whether and how the training and coaching has improved practitioners' understanding of outcomes, their appropriate measurement, and how this has been implemented in practice.
- Identify barriers to outcomes-focused ways of working, and to provide recommendations on how these challenges may be overcome
- Provide information on the impact the use of outcomes-measures has had on the well-being of children and families.

The evaluation methodology consisted of two distinct fieldwork stages, adopting a 'before' and 'after' approach to the training, to assess any change in knowledge, understanding and practice in relation to outcomes-based ways of working in general, and Results Based Accountability (RBA) in particular. This report presents the findings of the second wave of data collection, which consisted of 22 qualitative interviews with practitioners and managers, and a review of relevant documentation, and took place once both the training and coaching had been delivered.

### Findings

#### Strengths of the project

Participants identified the following as strengths of the project:

- All participants reported an increased level of understanding of outcomes and how to use these in practice. The review of case

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<sup>1</sup> Please note that Outcomes UK underwent a name change to Core Assets Consultancy and Resourcing in February 2013.

files also showed that social workers' grasp of how to use and define outcomes correctly had improved. This should be seen as a considerable achievement contributing towards a move away from needs or service-led practice.

- Participants thought that the format, length and structure of the training and coaching were suitable to meet their needs, and ensured a good balance of learning and individual support.
- The expertise and skills of the Outcomes UK/Core Assets team was rated highly by participants, contributing to the learning achieved.
- The coaching element was highly valued amongst participants, in terms of structure, flexibility, intensity and 1:1 attention. This enabled theoretical concepts and learning to be applied in practice, and was seen as essential in working towards implementing an outcomes-based approach.
- *The Killer Questions* and *Turning the Curve* exercise were viewed as helpful tools which were inclusive, simple and yet powerful. Families for which these had been used effectively had provided very positive feedback to social workers.
- Outcomes-based changes in structures and meetings were potentially transformative for service-users, as social workers reported that the outcomes developed were much more appropriate than those developed by needs-led care plans.
- Participants reported that meeting colleagues from other local authorities had been a very positive experience.
- Many practitioners taking part in the training and coaching reported feeling empowered, as the focus on outcomes meant that they were able to work more meaningfully towards improving the lives of children and families.
- A number of social workers commented that they thought that being able to develop their own tools (with support from Outcomes UK) had been highly valuable, as this meant they could address their local needs and priorities.

#### Limitations of the project

In relation to what worked less well or was considered a limitation of the project, participants discussed the following:

- There was a lack of clarity of purpose of the training, with an initial emphasis on RBA in general, when the application related mainly to care

planning and care management, leading some participants to comment that the project had been 'over-sold'.

- Initial training day was seen to be too abstract and high-level, and not sufficiently focused on practice. In addition, some tools (e.g. quadrant) were not understood by many participants.
- All practitioners cited ICS as a barrier in implementing the changes to their practice and in its current structure across all pilot sites, any practice changes (e.g. to tools, templates) were currently not being absorbed into ICS, but being documented alongside it. However, it should be noted that this was beyond the control of Outcomes UK delivering the training.
- There were varying levels of progress in terms of actual implementation of outcomes-based approaches into tools and structures in practice, both within and between pilot sites. For example, some social workers taking part were not case holding, and had thus not used outcomes-based approaches in their care planning, review and management. These varying levels of implementation reflected differing levels of buy-in across local authorities.
- Some practitioners felt that there may be greater time and resource implications of implementing RBA (in the short-term at least).
- The project and the approach would have benefited from buy-in from internal and external partners, and a greater degree of awareness and support from line- and senior managers. Efforts were made to increase buy-in and cooperation from partners, however this was beyond the control of the colleagues delivering the coaching and training, and was to be expected given that this was a pilot project with a small number of participants from each local authority.

### Recommendations going forward

The majority of social workers interviewed for this evaluation recommended a future roll-out of the training and coaching. Based on the findings from the final wave of data collection, Cordis Bright is putting forward the following recommendations with respect to how any future roll-out of a similar project is conducted:

- In Cordis Bright's view, the approach of using outcomes as the starting point of the care planning (and subsequent review and care management) process is a relatively small adjustment, but one that has great potential to be transformative for service users and social workers alike. The evaluation showed that the training and coaching was effective at getting social workers to focus on an outcomes-led approach. Therefore, we would recommend that the programme is delivered more widely across Wales, taking into account the other recommendations laid out in this report.

- Overall, the length and format of training delivery should be maintained, i.e. a two day training programme with on-site coaching worked well for most participants. If training were to take place with larger numbers of social workers within a local authority, this could be delivered flexibly.
- Ensure that there is clarity about the purpose of the training and that specifically it will be focusing on *care-planning* and subsequent *care management* being more outcomes-focused.
- Initial training for frontline practitioners should focus more on practice, with the theoretical/ organisational-level discussed in less detail. It would be beneficial if the training used clear children's social care practice examples.
- The training should ensure all participants have fundamental understanding of outcomes (versus needs and outcomes measures). The current training did cover this area, but we would recommend that the emphasis on this is strengthened even further.
- In order to use IT effectively and ensure systematic record keeping, ICS should be modified to accommodate changes being made to templates/tools. This may require authorisation from a higher level.
- Training should focus on case-holding social workers initially (although social workers who do not hold cases themselves would benefit from the training as well).
- For future roll-out, it should be ensured that higher level strategic managers are appropriately briefed and that line managers are also trained to ensure the approach cascades through the organisation and that different stakeholders each have sufficient knowledge about the programme in order to quality-assure.
- Some level of briefing/information provision for partner agencies and professionals would need to be built into the process, in order to ensure that they are aware of the benefits and the aims of outcomes-based care planning.
- We would recommend that a clear focus on identifying risk factors is integrated into the training.



## 2 Introduction

In February 2012, the Social Services Improvement Agency (SSIA) commissioned Outcomes UK<sup>2</sup> to deliver training and coaching to frontline children's social work practitioners in four local authorities across Wales. The training was intended to focus on improving and embedding the use of an outcomes-based approach (including the use of outcomes measures) to planning for Children in Need, Child Protection and Looked After Children cases, with the intention of improving practice and ultimately leading to better outcomes for children and families. The training programme was delivered from in the autumn of 2012, with the coaching and support continuing until the spring of 2013.

Cordis Bright was chosen to deliver an independent evaluation of the training project. The evaluation's main aims are to:

- Establish whether and how the training has improved practitioners' understanding of outcomes and their appropriate measurement, and how this has been implemented in practice.
- Identify barriers to outcomes-focused ways of working, and to provide recommendations on how these challenges may be overcome
- Provide information on the impact the use of outcomes-measures has had on the well-being of children and families.

Cordis Bright undertook an initial round of 32 qualitative interviews and review of documentation during July and August 2012 in order to create a baseline picture of the extent to which outcomes-focused ways of working were embedded prior to the training taking place. This led to a baseline report which provided an overview of the findings of the initial round of research (see below for further details on the evaluation methodology), and was explicitly formative in its nature, so that it could inform the training and coaching sessions to be delivered by identifying training needs, priorities and potential barriers, going forward.

The second and final round of data collection took place in April 2013 once all the training and coaching had been delivered, and allowing for some time for practitioners to begin implementing their training. A total of 13 participants (social workers) were interviewed across the four pilot sites, as well as 9 line managers and senior managers, and the colleagues that delivered the coaching and training. Documentation produced as a result of the training and coaching was also reviewed. The final report focuses on the experiences of the practitioners that took part in the project, and examines whether, and if so how, it has impacted on their practice, concluding with recommendations going forward, based on the identified strengths of the training and areas for development.

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<sup>2</sup> Please note that Outcomes UK underwent a name change to Core Assets Consultancy and Resourcing in February 2013.

Please note that interviewees were guaranteed confidentiality, and thus this report does not make reference to individual social workers, managers or local authorities.

## Methodology

The methodology consisted of two distinct fieldwork stages, adopting a 'before' and 'after' approach to assess any change in knowledge, understanding and practice in relation to outcomes-based ways of working and their implementation into children's social care practice.

The first stage of data collection took place at the start of the project to gain a clearer picture of participating Local Authorities' and practitioners' levels of understanding and usage of outcomes-based approaches, *before* any training or coaching had taken place.

The second and final stage of data collection took place in April 2013, after the Outcomes UK training had been delivered to assess both the perceived usefulness of the training and coaching from attendees, whether (and if so how) it had made any demonstrable difference to their individual practice, and any recommendations for any future roll-out of a similar programme of training to children's social care practitioners.

### 2.1.1 Initial stage to establish baseline

The initial stage of fieldwork was carried out between July and August 2012 to collect baseline data in respect of participants' levels of knowledge, understanding and usage of outcomes-based approaches before embarking on any training. All four pilot Local Authorities were visited and interviews took place with:

- All 16 frontline social workers to be involved in the training (4 per Local Authority). Most practitioners also provided at least one example of a working Plan or Review document (e.g. Looked-After Child Review, Child Protection/Child in Need Plan) to give us some indication of their current demonstrable usage of outcomes in their practice.
- 9 Team Managers to gain views of those who were generally directly line-managing the professionals to be trained.
- 7 senior-level strategic managers, to gain more global insight into where each Local Authority was at with respect to outcomes-based approaches and the role they envisaged for the training and coaching support in relation to wider social work practice in the authority.

The baseline report detailed the findings of this initial fieldwork stage, summarising key themes from practitioners and managers across all 4 pilot sites.

### 2.1.2 Follow-up stage

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The second stage of fieldwork took place in April 2013, once the Outcomes UK training had taken place and coaching had been delivered, and after allowing some time so that participating practitioners had had sufficient opportunity to implement new ways of working into their practice. At this point, where possible, semi-structured qualitative interviews were repeated with the same sample of participants to assess their opinions on participating in the training and support, whether (and if so, how) it had affected their practice, and what the benefits of these changes may have been. Whilst it was anticipated that the follow-up stage of research would attempt to engage with children and families who had been involved in any newly implemented ways of working, due to practical limitations in gaining access to this group of participants, it was not possible to ascertain their views on an outcomes-focused way of working.

Altogether, the final stage of data collection involved:

- 3 telephone interviews with colleagues from Outcomes UK/Core Assets who delivered the training
- 13 frontline social workers (out of the original 16) who took part in the training (11 face to face interview, 2 telephone interviews). Most practitioners that we interviewed at this second stage also provided at least one example of a working Plan or Review document to give us some indication of how they had implemented their training into adapting tools that they used with their clients/families.
- 3 Team Managers (interviewed face to face) to gain views of those who were generally directly line-managing the professionals who were trained.
- 6 senior-level strategic managers (5 face to face interviews and one telephone interview), who provided information on how a wider outcomes-focused approach could be implemented within their local authority, and main areas in which improvements were needed within their local authority.

### 2.1.3 Profile of social workers taking part

The profile of participating frontline social workers was diverse, both in terms of role and levels of experience, but also in relation to the teams in which they worked.

- Job titles ranged from Social Worker to Senior Practitioner and Consultant Social Worker, reflecting the wide range of experience and years qualified of the prospective trainees.
- Some practitioners were in locality-based teams and therefore carried out the full spectrum of children's social work (e.g. Looked-After duties, Child Protection, Child in Need, proceedings work).
- Others were based in service-specific teams such as Family Support/Intervention (mostly Child Protection and Child in Need work);

Children with Disabilities; Initial Assessment. As such, they also differed in terms of the length of time they worked with their clients.

#### 2.14 Limitations of the overall evaluative approach

There are a number of caveats to set out in relation to the methodology of the final stage of data collection, which should contextualise any findings reported here in relation to the evaluation:

- It should be noted that the training and coaching programme which was the focus of this evaluation was designed to be a pilot, and that participation was limited to four social workers per local authority. Some of the limitations of the training and coaching are directly related to the small scale nature of the project and the fact that new ways of delivering outcomes-based approaches needed to be developed. Therefore, we would not necessarily anticipate these issues being replicated if the programme were rolled out more widely.
- Several (three) of the originally identified (and interviewed) participants who were due to take part in the full training programme could not be interviewed at the second stage due to a number of reasons (e.g. moved on to a different role; career break; decided not to participate in the training programme). As such, the number of interviewees who could be consulted at this second stage does not fully reflect our original cohort of training participants in the initial stage of data collection.
- As reported in the initial baseline report, participants in the training programme came from a variety of teams and roles, and thus the findings reported here need to be read in a wider context that the training and coaching participants received, translated into different working contexts for each of them, with teams at various levels of current understanding and usage of outcomes-based approaches.
- Some of the original participants of the training programme did not have individual case responsibility, and thus could not directly implement learning into live practice with service users. This was because their role may have changed over the duration of the project, however some were not case-holders at the start of the programme. Thus there is a limitation in terms of the potential direct implementation of the training to the level of reaching service users and families, given the roles of the some of the participants.

## 3 Findings: strengths of the project

This section provides an overview of the main findings of the final stage of data collection in relation to what participants felt worked well and how this was implemented into their practice.

### Strengths in the training and coaching phase of the project

#### 3.1.1 Expertise and skills of training and coaching team

Participants who undertook the training days felt that the team of facilitators were friendly, approachable and demonstrated expertise in the area of outcomes-based approaches. Because of this, participants generally felt confident about the knowledge-base, experience and skills of the facilitators in successfully being able to deliver the programme.

#### 3.1.2 Format and structure of the training and support delivered

In relation to participants' expectations of the structure and delivery of the training, which they were consulted on in the first wave of data collection, the training generally was delivered in a way that they had requested and was seen as very useful, with a mixture of group and interactive sessions, 1:1 delivery, and flexibility in availability of mentors post-training to check they were 'on track'. This suggests that future training should also follow this flexible format of delivery.

#### 3.1.3 Exposure to colleagues from other authorities

Practitioners welcomed the opportunity to meet other social workers from different teams and authorities and gain insight about alternative ways of working. This could aid discussion and development of practice, although some also felt that during the specific parts of training which concentrated on planning local tools, it would have been helpful to have been working with colleagues from their own local authority rather than with social workers from other areas.

#### 3.1.4 Coaching element of the project

Many training participants felt that the coaching sessions offered after the initial training days were extremely beneficial in translating their newly acquired knowledge into practice development that led to a greater focus on outcomes. They welcomed the opportunity to discuss their views on how the training could be embedded into practice, both at the level of the local authority in group sessions, but also at the level of individual practice in 1:1 sessions.

Those practitioners that brought draft tools or resources to their coaching sessions found these 1:1 sessions extremely helpful as they provided the opportunity to practically apply learning gleaned through the training days directly into their individual practice, and they could exchange ideas about how these tools could be developed further to maximise practical effectiveness with service users.

Other participants discussed the coaching to be useful, even without an actual amended tool/plan to refer to, as it informed their thinking to then go and apply outcomes-based principles in order to amend existing plans and documents that they used in their practice.

Overall, participants were highly appreciative of the coaching element of the project, felt that it was very helpful in terms of moving them on from re-inforcing their learning to practical implementation of what had been learnt, and that critically, it enabled practitioners to plan both on an individual- and authority-level in terms of adapting any tools and resources going forward. This was felt to be essential given the initial training days included all four pilot sites and therefore offered fewer opportunities for individual-/authority-level planning.

### 3.1.5 Specific tools

Participants discussed the various tools that were introduced during the training days and relative merits of these in terms of being able to implement them into their practice.

#### *Killer Questions*

The *Killer Questions* were mentioned by many participants as offering a helpful framework to contextualise their work and forward-planning in relation to a case.

In particular, the question, '*What would good look like?*' was stated to be a very helpful starting point in thinking about priorities on a case, and enabling all within the network to engage in decision-making and care-planning in a way which was simple, but focused. Participants felt that in particular this was a question which could be incorporated into their practice with relative ease, and offer a powerful way in which to refocus the network's efforts in relation to a particular case. In addition, participants frequently mentioned that for those families that engaged in the process the questions brought a much greater deal of clarity.

#### *Turning the Curve*

Some participants felt that the 'Turning the Curve' was a helpful concept in relation to moving them on in cases that had otherwise become 'stuck' or were felt not to be progressing. Again, for those that used it, this tool was felt to be helpful in moving a case forward, and focusing effort and energy so that it would lead to the maximisation of a particular outcome.

### Strengths in the implementation phase of the project

#### 3.2.1 Refocusing on outcomes

Many participants commented that the project had led them to a recalibration of their starting point with respect to a case (i.e. starting with an outcome, rather than a need or a resource-driven objective). In this respect, the project has been effective in putting outcomes to the forefront of practitioners' thinking and facilitating a constant interrogation of their existing practice with respect to

whether or not it is outcomes-focused and whether these outcomes are being measured.

Apart from social workers reporting higher levels of confidence with outcomes themselves, in the case files examined for this evaluation the general usage of outcomes had improved considerably compared to the baseline round of interviews. As before, there were varying levels of confidence and accuracy in using outcomes, but as participants had come from different starting points this was to be expected.

This findings highlights that the coaching and training did have the desired effect in those cases in which it was applied effectively (see section on limitations on practical implementation). It should be noted that participants generally did not see this as a radically new way of dealing with cases. Rather, the focus on outcomes was more of a recalibration of existing efforts which had the potential to have great effect.

### 3.2.2 Experiences of service users

For those practitioners that used adapted tools which incorporated outcomes-based approaches in explicit work with children and families, there was a strong feeling that this was potentially transformative for service users. Practitioners talked about families, and in particular parents that experienced meetings such as Core Group meetings and Child Protection Conferences in a new way, and that they contributed more meaningfully, but also understood better what was being asked of them from the professional network, and critically to what end (i.e. in relation to improving outcomes). It was felt that the language used through these modified tools and approaches allowed practice to become more inclusive for service users, enabled them to critically engage with the network, and become a more empowered part of the network to bring about positive change. Practitioners mentioned families explicitly commenting on these changes and how positive they were for them, even though it had taken some families time to adjust to a situation in where they were being asked to contribute (rather than have interventions prescribed). Although the number of cases where these approaches had been implemented was still low (and outcomes could not be quantified), in these cases the training and coaching sessions had had the intended effect.

There were some practitioners who felt that not all families/service users were appropriate for using more outcomes-based ways of working and that there were occasions, where greater efforts to involve them in articulating outcomes to work towards were not successful. However, we believe that this conflates some of the mechanisms used to develop outcomes/outcomes measures (i.e. working jointly with families) with outcomes-based care planning per se: while it will not always be possible to use e.g. the *killer questions* together with the family, this does not mean that it is impossible to put outcomes at the centre of the care planning process.



### 3.2.3 Empowering for social workers

Social workers who modified their practice and approaches to their cases in relation to outcomes-based ways of working said that it was empowering for them and helped them to focus more clearly on priorities for the case, especially in more complex cases which may have been felt to be 'stuck' in terms of progress.

In this way, the approaches learned and the tools that were adopted into workers' practice helped them redefine ways forwards in their casework. A number of social workers reported that they felt that the outcomes-based approach enabled them to do things for which they had become social workers in the first place, and work much more meaningfully with families and children.

### 3.2.4 Implementation of tools

#### *Killer Questions*<sup>3</sup>

The killer question, '*What would good look like?*' offered a jargon-free way of engaging families to participate in care-planning in a meaningful way. This also extended to other practitioners within the professional network and it was felt that this question enabled all stakeholders to contribute in a way that cut to the core of prioritisation in relation to outcomes, but that also enabled planning to be targeted at the situation of the individual family/child. It was felt to be a powerful but simple way to engage a range of stakeholders to more usefully work together on a case.

A number of practitioners said they either explicitly (i.e. in meetings) or implicitly (in supervision or in critical reflection) used this question in thinking about their cases and how they could move forward. Other killer questions were also referred to as helpful, such as questions around how progress would be measured. However, '*What would good look like?*' was quoted by all social workers to have been the most useful, and as being almost a 'guiding principle' for the work to follow.

#### *Turning the Curve*

As outlined earlier, the concept of 'turning the curve' was felt to be a helpful one in regaining impetus on cases that were at risk of stagnating, and this is something which participants brought up before embarking on the training - that they hoped the approaches used might be helpful in such cases (e.g. cases of long-term chronic neglect). This method to focus discussions was used in professionals meetings and supervisions to think more usefully about a case and where it was going.

While applying this exercise took some effort in order to ensure that families understood what was being asked of them, the collaborative nature of the exercise had led to real improvements in some of the cases (e.g. a mother

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<sup>3</sup> Please see Appendix 2 for '*killer questions*'

realising what the impact of her actions had on her children). However, it should be noted that only a minority of the social workers had used the Turning the Curve exercise at the time of the second round of interviews for this evaluation.

### *Development of tools*

Some participants felt that the timing of when explicit tools and resources were introduced to them (in the latter part of the training schedule) was helpful in that it enabled them to tailor approaches to their own authorities and teams, rather than superimposing existing tools onto their practice which may have been less successful in terms of future implementation. The interviews with colleagues from Outcomes UK delivering the coaching and training showed that this developmental approach had been deliberately chosen, as it allowed tools to be tailored to local needs. In addition, prior to the training, social workers had expressed a preference not to be simply given new tools to use (however, please see section 4.1.4 for the limitations of this approach).

### *Coaching support*

Participants felt that the structure of coaching support and the informality and flexibility it offered (e.g. email/telephone contact) was useful in fine-tuning their modified tools/templates and putting them into practice. This structure of the coaching enabled a 'mentoring' approach whereby facilitators were on-hand if any issues arose that participants wanted to discuss further, in addition to their face-to-face sessions.

While the training had introduced the tools and concepts behind the outcomes-based care planning approach, the coaching sessions offered the opportunity to test these in practice.

## 3.2.5 Case study

The following case study from one of the local authorities taking part in the programme illustrates the use of outcomes as a starting point in the care planning, management process and review process and highlights how some of the tools were used.

### **Background: Family A**

Child M aged four years

Child C aged one and a half

Issues were in relation to domestic abuse, alcohol use of both parents, mental health of both parents and child M's behaviour, which was difficult to manage. The outcomes focussed approach was implemented at the first initial core group following from the Initial Child Protection Case Conference. As a starting point, an overall outcome was agreed between local authority, partner agencies and parents, which was for the children to have a safe stable environment to live in and for the parents' relationship to be positive.

### Answering the 'killer questions'?

We then asked what 'what would good look like' if we were to reach this outcome:

- No arguing or fighting, no shouting no intimidation in the home
- For mum and dad to use alcohol safely/sensibly
- For mum's and dad's mental health to be stable
- For mum to continue working/employment
- The children not to experience frequent moves (have a stable home)
- To be happy individually and as a family
- For M to not hit out at her mother
- M to have Good school attendance/be happy at school
- No criminal activity
- Good role modelling by mum and dad

These were used as our list of measures. We then prioritised the most important measures we felt as a group we needed to work on. These were dad's mental health, parents' alcohol use and domestic abuse. We used the turning the curve exercise to help parents gauge where they were at with regards to the measures. They scored themselves accordingly on a scale of 0 (being 'not very good') and 10 (being 'good') (their scores were low).

We then asked the question what would happen if we did nothing? Parents were able to identify clearly at this point that if they continued to use alcohol the domestic abuse was likely to get worse and this would then have a negative impact on the children e.g. they would be frightened, worried, and M's behaviour would deteriorate even further. They were also able to identify that if dad's mental health deteriorated this would impact further on the domestic abuse and have negative effects on his care of the children in terms of his physical care to



them and emotional availability.

Parents and the group then came up with a list of practical ideas they could use to increase their scores. These included:

- Parents drinking alcohol to a sensible level.
- Dad taking his medication regularly.
- Dad attending all of his appointments with mental health.
- Dad leaving the house if he is feeling agitated and mum to let him leave and calm down.
- Dad supporting mum in her behaviour management of M both giving her the same message.

### Measuring progress

We then talked about how we would measure progress and change. This was agreed as:

- Self-reports from parents on how they were doing on the measures.
- Reports from the mental health services on number of appointments kept and stability of dad's mental health.
- Reports from the school on M's behaviour.
- Number of calls made to the police.

Overall the parents have engaged well with the plan and it has progressed positively. There have been no reported incidents of D.V. from the police. Parents report a sensible use of alcohol – we have no evidence to suggest otherwise. Parents report no D.V although have been honest in reporting 2 incidents where dad has hit out at objects. No behaviour issues reported by the school. Positive reports from the parents on M's behaviour. Reports from Mental Health that dad has kept all of his appointments, is taking his medication and mental health is stable.

### Using the grid

We then used the Grid to review the plan:

How much have we done ?

- Social worker has completed 15 visits to the family home, referred to mental health, referred to pattern changing and Barnado's.
- Mental health social worker has undertaken 4 visits to the home, reviewed dad's medication, assisted him to visits to the G.P. and Psychiatrist and referred dad to pathways.
- Health visitor has visited the family twice and discussed behaviour management

How well have we done it?

- Parents feel that they have been listened to 100%
- The children have been seen and spoken to on all C.P. visits
- The child protection plan has been completed successfully
- Social services liaised with Mental Health in order to speed up their intervention with dad.
- Parents feel that they have been respected

Is anyone better off?

- Children have not witnessed any domestic abuse
- Children experience a positive atmosphere at home
- Parents have changed their behaviours
- Children experience good role modelling at home
- M's behaviour is more manageable and she does not hit out
- Children receive consistent parenting from dad



## 4 Findings: Areas for improvement

This chapter focuses on the elements of the project which participants felt were possible areas for further development, or limitations in terms of implementing outcomes-focused approaches into their current practice.

### Training and coaching element of the project

#### 4.1.1 Purpose of training not sufficiently clear

There was a feeling from participants that there was a lack of sufficient clarity from the outset about the purpose of the training, and specifically, how this would most likely impact on their practice. In this sense, participants knew that they were going to receive training about outcomes-based approaches and RBA more widely, but were unsure both going into the training and during its delivery what the exact focus of the project was, in relation to their direct day-to-day practice. From the review of documentation as well as the interviews with practitioners, the subsequent impact of this project has been most acute in the care-planning element of practice (regardless of team/service), with the outcomes that were developed subsequently framing the review and care management process. However, participants reported that this was not clear to them from the outset and they were therefore unclear about which parts of their practice would be most affected by the training and coaching.

Given these findings, there was a sense from some practitioners that the training had not quite met their expectations (that they had before embarking on the project) in relation to its content. When this was unpicked, practitioners discussed that beforehand, some of the communication they had received about the training had portrayed what they were about to learn as a very different way of managing cases, with a transformative impact and almost 'a revelation' (participant's quote during an interview). In this respect, some participants felt that their learning as part of the training and coaching phase had been more limited in scope - many of the concepts and approaches they learned about were not new to them, and that the tools and changes they were being encouraged to make in their practice were not as transformative as they had envisaged. This also differed in relation to the individual workers and teams, dependant on how successfully they were already utilising elements of outcomes-based approaches in their work.

#### 4.1.2 Initial training day too abstract and high-level

Overall, there was a sense from a number of participants who took part in the training that the initial day concentrated too heavily on Results-based Accountability (RBA) as an approach more widely (dealing with concepts such as population accountability), and this was felt to be too abstract, and business- and organisational-level oriented, in contrast to the audience of participants who were mainly frontline social workers.

Participants felt that whilst it was useful to know about the approach more broadly, and its original use in organisational-level change, this section of the

training could have been condensed down, and that instead, more information could have been given in relation to examples which reflected frontline practice in children's social care. It was felt that this would have been instrumental in making explicit the links between the approach in its overarching form, and how this translated to the practice of an individual frontline practitioner, given that this understanding was the crux of being able to usefully implement these approaches later on in the project.

In addition, some participants felt there were not enough tangible examples that related to frontline practice in children's social care.

#### 4.1.3 Some tools were not understood

Several practitioners commented on confusion in understanding one of the tools (the 'quadrant'). This was a tool that many practitioners said they grappled with, even when it was re-visited in the coaching and mentoring sessions. As such, it was reported not to be used by many practitioners in the implementation phase of the project.

#### 4.1.4 Development of tools

In contrast to earlier findings in the last chapter, some participants found the timing of the introduction of tools and resources a barrier to their successful implementation. These interviewees commented that they would have liked to have seen these at an earlier stage in the training days to enable them to see tangible resources with clear implications for their own practice, and that a delay in this had contributed to difficulties in them being able to make the links between the training and their practice. For some participants then, there was a feeling that these tools should have been introduced earlier on in the training schedule.

What this issue highlights is that, contrary to what social workers said prior to the training, some social workers were keen to use pre-determined tools in their practice, rather than having to develop this themselves, as this would mean they could spend more time using the tools during the project (rather than investing time to adapt it to fit local needs).

### Implementation phase of project

#### 4.2.1 Level of implementation across the authorities

At the time of consultation in the final stage of fieldwork across all four pilot sites, there were varying levels of implementation, both across and within local authorities of the training participants had received. This was for a number of reasons that were in the main beyond the control of the trainers and coaches and thus not related to the delivery of the project itself and contributed to limiting the extent to which the training was directly implemented into frontline practice.

These included:

- Original participants changing roles within the local authority so that they were no longer case-holding.
- Participants leaving local authority employment to pursue other roles or for a career break.
- Original identified participants to take part in the training not having an existing caseload.
- The amount of time taken to successfully plan modifications to existing tools and plans, make these changes and put them into practice meant that many participants said that they were only in the very early stages of implementing outcomes-based approaches into their practice in a coherent way. Given this, there may be an issue about the timing of the coaching support offered as part of the project as some participants stated that they had not yet reached a stage where they could implement these changes into practice.

It is worth noting though that the training and coaching that was delivered was relatively small scale in its nature (with only four social workers per local authority), and that senior managers reported that the focus on outcomes would continue, which suggests that the relatively low levels of implementation may be related to the timing of the research undertaken, i.e. that it may be possible that implementation will advance further in the coming months.

#### 4.2.2 Appropriateness of using outcomes-based approaches with all families?

Some participants felt that some of the approaches and tools developed were not always successful with families, as some families or service users were not willing to engage or to contribute to what they saw as their own priorities. There is a question then around whether practitioners feel that their modified tools and plans can be rolled out to all their cases, or whether some are more amenable to these approaches than others. However, it should be stated that regardless of whether families are willing to participate in an outcomes-based approach, this does not negate the value of the professional doing so. Therefore, in Cordis Bright's view this comment from a minority of social workers should be treated with caution.

#### 4.2.3 Outcomes-based approaches can be more time-intensive

Some practitioners that were successfully implementing these approaches with service users in terms of amended structures of meetings, reports, reviews and plans commented that the approach could take longer to implement, and meetings could take longer to chair, given the more consultative model and observations that service users were contributing more meaningfully to their reviews. However, it was also felt that in the long-run, this approach would streamline interventions more effectively to families' key priorities and thus could save time and/or resources over an extended period of time. There may be time and resource implications going forward (both in the short-term and long-term) in terms of implementing these approaches and tools across an entire caseload for

an individual practitioner and what this may mean for their workload and this will need to be explored in more detail.

While this may have taken longer, participants also mentioned that they felt that the additional time and resources invested at the outset would mean the case became easier to manage later on. It was too early to draw any conclusions at this stage but it may be worth exploring this issue further.

#### 4.2.4 Compatibility with existing IT systems

As was reported in the baseline report, anticipated issues around whether existing IT systems (namely ICS) could support and incorporate any modified tools or templates which became more outcomes-focused were largely borne out, and practitioners all cited ICS as a barrier in being able to implement the changes they had designed. Largely, these changes were being implemented *in spite of* ICS, rather than *facilitated* by it. In some authorities, new plan and review templates were drawn up using Microsoft Word and attached onto the system, negating the need to complete existing templates in ICS. However, this decision needed buy-in from higher strategic-level managers in order to prevent negative scrutiny in relation to what may appear to be incomplete documentation in ICS (e.g. for performance management purposes). In other authorities, practitioners were being made to complete two templates – their existing ICS one, and the new modified one, which considerably added to their workload.

Going forward, given the relatively small sample size of participants in each local authority undertaking this training project, interviewees were unclear what the implications to their ICS systems would be, if any at all, as a result of this programme. Whilst some were very pessimistic about the capacity of ICS to adapt and incorporate a more outcomes-driven structure to templates and documents, others felt that with minor adjustments, existing systems could cope with the changes being made, as long as this was given the appropriate clearances at a higher strategic managerial level.

#### 4.2.5 Buy-in from internal and external partners

Participants who were successfully making changes in their practice, talked about the challenges that this presented in terms of ensuring that others in the professional network were supportive of any such developments.

Practitioners who were taking part in looked-after child reviews or child protection conferences, both chaired by independent experienced social workers commented that the success of any changes they had made in approach was critically determined by the extent that chairs accepted this methodology and understood its aims. In this respect it was felt that practitioners could be limited in making changes for families and service users if other stakeholders (especially those wielding high levels of power in respect to case decisions) had not also been trained in these approaches.

For other professionals within the network who came from external agencies, there was still the sense that unless they too were briefed and trained in outcomes-based approaches, the success of implementation could potentially be



limited. For some practitioners, they had already faced challenges from other professionals in seeing the merits of an outcomes-based approach and critically, seeing adequate justification in changing the existing structures and templates being used.

In this context, it is again worth highlighting the pilot nature of the project, as it is likely that involvement of partners and senior managers would be significantly higher if a wider roll-out were to occur throughout a local authority.

#### 4.2.6 Awareness and support of senior managers

In terms of line- and senior managers, it was also felt that to ensure a consistent and continued focus on outcomes-based care planning, as well as for successful quality assurance of work going forward, that they too would need a comprehensive understanding of outcomes-based approaches in order to successfully ensure its implementation and robust scrutiny in the long-term.

At the highest level, the commitment and investment towards systems-level changes to practice needs to be imparted via clear and consistent messages to staff, although this does not necessitate senior-most managers being trained to the same level of detail as practitioners – a tailored approach to briefing the full the range of stakeholders therefore needs to take place to ensure each has the relevant information for them to contribute to wider changes in practice.

#### 4.2.7 Quality assurance

Given the different levels of implementation that both individual workers and authorities are at with respect to adopting outcomes-based approaches, there is a potential issue around quality assuring any tools that are modified or produced going forward, and that these include suitable outcomes measures which capture progress in a case successfully. Whilst much work and discussion had gone into adapting the templates and tools that were reviewed as part of the final wave of data collection, our impression was that some of these were not completely robust in successfully articulating outcomes measures and critically, *how* progress against these are captured, despite varying levels of confidence from the practitioners who presented them. Given this, local authorities need to ensure that there is adequate quality assurance from senior practitioners/managers to ensure that practice tools and templates are being modified in a robust manner.



## Appendix 1

Below, we have included the briefing document to local authorities that sets out the framework for the project, including inputs and timing.

### **SSIA OUTCOMES PROJECT – LOCAL AUTHORITY BRIEFING DOCUMENT**

*Supporting Social Workers to improve outcomes for children, young people and their families*

#### **1. Purpose of the Work**

- To support Social Worker to move away from being process or “tick box” driven to focus more on quality and achieving better outcomes for children and families (“making a difference”)
- To develop and deliver a practice based Outcomes Framework with supporting tools linked to Results Based Accountability (RBA)
- To train and coach social workers in the effective use of the above methods and ways of capturing evidence of outcomes for children (measures)
- To conduct an independent evaluation of the work to measure impact
- To build on the experience of the IFSS projects
- To engage with partners and LSCB's
- To inform the development of an national outcomes framework

*Funded by the SSIA, Outcomes UK and Cordis Bright are working with four pioneer Local Authorities (Caerphilly, RCT, Merthyr Tydfil and Flintshire) to test an exciting new way of working.*

#### **3. Outcomes Framework and Delivery Plan**

To keep the Outcomes Framework focussed and realistic for social work staff it will centre on:

- Understanding RBA and its relevance to social work practice – starting in the right place
- Driving practice away from outputs and process towards quality and outcomes
- Practically using the methods to measure impact and improved outcomes for children and young people. Specifically this will include:
  - Use of the quadrants and “Report Cards” – performance accountability
  - Importance of common language and outcome focussed questioning – engaging and listening to children and families, negotiating outcome objectives

- How to apply the “Turning the Curve” thinking and exercise with families and key partners to develop more outcome focussed plans (practice tool)
- How to use soft and hard data to better understand whether an intervention has made a difference (the “Story”). Including customer satisfaction ratings and trends, reflecting on practice and what works, learning to do better.
- Generating generic outcome focussed “killer” performance measures to feed national outcomes work

### Outline Delivery Plan with Pioneer Local Authorities

PHASES	ACTIVITY & TIMELINE
<b>1. Baseline Evaluation</b>	<ul style="list-style-type: none"> <li>● Assess current use of outcomes driven practice etc.</li> <li>● June-July</li> </ul>
<b>2. Project Briefing Workshop (3 Days)</b>	<ul style="list-style-type: none"> <li>● Have half day briefing workshop (x2) with selected Social Workers, managers and key partners</li> <li>● Focus Group with parents</li> <li>● September</li> </ul>
<b>3. Training on Outcomes Framework and Tools (5 Days)</b>	<ul style="list-style-type: none"> <li>● Half days or two full day workshops with Social Workers on the above Outcomes Framework and supporting tools</li> <li>● September-October</li> </ul>
<b>4. Implementation and Coaching (16 Days)</b>	<ul style="list-style-type: none"> <li>● Dedicated half day sessions with each LA to further practice using methods. Would include Social Workers and their Team Managers. 4 days in total</li> <li>● Selection of cases. We are suggesting that we have staggered start. One case to practice on and then further 2.</li> <li>● On site coaching of Social Workers to troubleshoot difficulties and maintain momentum and focus. 12 days in total. Will include 4 sessions per Social Worker – combination of one to one and group work. Complicated due to geography of 4 LA's.</li> <li>● October-March</li> </ul>
<b>5. Follow-up Evaluation</b>	<ul style="list-style-type: none"> <li>● Assess impact of work</li> <li>● April</li> </ul>
<b>6. Review and Final Report (3 Days)</b>	<ul style="list-style-type: none"> <li>● Final report on key findings and recommendations</li> <li>● May</li> </ul>

## Appendix 2

### Making a difference action plan, including 5 'killer questions'

#### SSIA OUTCOMES PROJECT

#### MAKING A DIFFERENCE ACTION PLAN

*The following questions have been designed to support outcomes thinking and planning work with children, families and partners involved in the project. Remember an outcome is a condition of wellbeing for the child e.g. "safe and secure", "happy and confident", "achieving at school".*

1. What is the overall outcome for the child we are trying to achieve? What does "good" look like?
2. How will we know we have got there? What are the key success measures linked to the overall outcome?
3. How are we doing on the most important measures? What is helping and hindering progress?
4. What could work to make a difference (best ideas)?
5. Who are the key people who could help?
6. What do we propose to do together – 4 point action plan (simple, clear and specific), including low cost or no cost ideas? How will we capture evidence and "stories" of impact?

#### **Children and Family Measures**

*Ask following questions of children and parents to support planning and review work (capture evidence of quality and impact):*

*Rating Scale:*

1	2	3	4	5
<i>Very poor</i>	<i>Poor</i>	<i>OK</i>	<i>Good</i>	<i>Very Good</i>

1. What is the main difficulty you would like help with? Please rate difficulty (1-5)
2. What could make the biggest difference to your life?
3. How well do you feel treated by your social worker (quality of the service you have received)? Please rate (1-5)?
4. Has the help you have received from your social worker made any difference? Please rate (1-5)



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