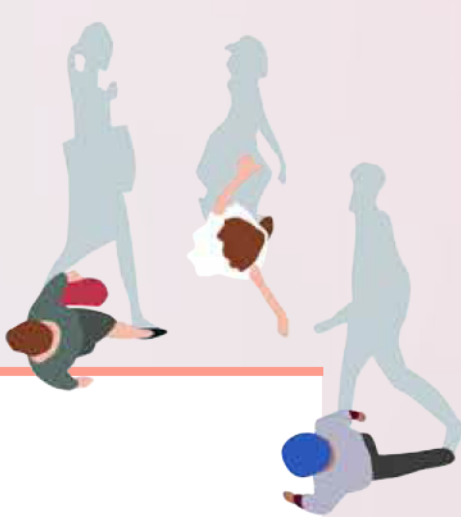




What Works for
**Children's
Social Care**



STRENGTHENING FAMILIES, PROTECTING CHILDREN: NO WRONG DOOR

**PILOT EVALUATION REPORT
MIDDLESBROUGH**

November 2021





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About What Works for Children's Social Care

What Works for Children's Social Care (WWCS) seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

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ACRONYMS AND ABBREVIATIONS

ASYE: Assessed and Supported Year in Employment

CiN: Child in Need

CLA : Child / Children Looked After

CP: Child Protection

CSC: Children's Social Care

DfE: Department for Education

FFF: Futures for Families (local name given to the NWD model in Middlesbrough)

FTE: Full Time Equivalent

IPE: Implementation and Process Evaluation

IRO: Independent Reviewing Officer

LA: Local Authority

NEET: Not in Education, Employment or Training

NWD: No Wrong Door

PLO: Public Law Outline

RAISE: Risk, Analysis, Intervention, Solution, Evaluation

RCT: Randomised Controlled Trial

SDQ: Strengths and Difficulties Questionnaire

SFPC: Strengthening Families, Protecting Children

WWCSC: What Works for Children's Social Care

YOS: Youth Offending Service



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EXECUTIVE SUMMARY

Introduction

This report presents findings from a pilot evaluation of the No Wrong Door (NWD) model in Middlesbrough. This was commissioned by the Department for Education as part of the Strengthening Families, Protecting Children (SFPC) programme. SFPC involves scaling of three models of social work practice (No Wrong Door, Family Valued, and Family Safeguarding) which aim to enable more children to stay at home in safe and stable family environments.

NWD was developed by North Yorkshire County Council with support from the Department for Education's Children's Social Care Innovation Programme. The NWD model in North Yorkshire aims to support young people aged 12 - 25 who are in care or on the edge of care, promoting stability and permanency within their families or local communities. The NWD model in North Yorkshire involves:

- The creation of hubs which provide a range of services, outreach and accommodation options to young people who are in care or on the edge of care.
- An integrated multidisciplinary team which includes residential and outreach key workers, portfolio leads, a life coach (clinical psychologist), a communication support worker (speech and language therapist), a police liaison officer and police intelligence analyst, a performance and intelligence analyst, foster carers and supported lodgings workers.

- Staff use strengths-based and restorative approaches, and practice is informed by principles called Distinguishers, Non-Negotiables and Provocations which promote a core offer of flexible and creative support, high aspirations for young people, and use of residential care as a short term intervention not long term solution, promoting permanence for young people within their families or communities.

Middlesbrough began recruitment in Autumn 2019 and launched the NWD model (known locally as Futures for Families) in September 2020 to work with children and young people aged 11-18. An Ofsted judgment of 'inadequate' in January 2020, and the national lockdown of social and economic activity in response to the Covid-19 pandemic in the UK, had implications for implementation of NWD in Middlesbrough, which was delayed by approximately five months.

Research questions

This pilot aimed to provide early insights into the rollout of NWD in a new area by answering three key research questions.

1. **Evidence of Feasibility** i.e. Can the intervention be delivered as intended, is it well received by those delivering and receiving it, and what are the contextual facilitators and barriers?
2. **Evidence of Promise** i.e. What evidence is there that the intervention mechanism operates as expected and that it can have a positive impact on outcomes?



3. **Readiness for Trial** i.e. How consistently can the intervention be delivered and is the programme sufficiently codified to operate at scale?

This pilot is not designed to consider the impact of NWD on outcomes. This will be considered in the next phase of the evaluation (Schoenwald et al., 2020).

Methods

Data collected between February 2020 and June 2021 included interviews, focus groups and a survey of staff working in Middlesbrough's FFF service. We also carried out interviews with young people and their parents and carers, observations of practice, and collected administrative data about intervention delivery.

Key findings

Evidence of Feasibility

Was the intervention implemented as intended?

Middlesbrough's FFF service successfully recruited most intended staff, with only two out of thirty posts vacant after three months. The consistency of key workers, the offer of both outreach support and placements in the service, and having at least monthly case reviews were all in line with the NWD model. Support offered and placements were flexible according to the individual's needs. The proportion of staff who had completed restorative practice training was slightly below the expected 80%, (68% at the time of the launch and 74% three months later), although solution focused training had been completed by 80% and 90% of staff respectively.

Although local adaptations were made, practice was largely consistent with

North Yorkshire County Council's NWD Distinguishers, Non-Negotiables and Provocations. There were some instances where these were harder to achieve, such as challenges finding a suitable foster care placement for a young person, and attendance of all appropriate multi-agency professionals at RAISE (Risk, Analysis, Intervention, Solution, Evaluation) meetings.

Is the intervention well received by staff and families?

Staff in Middlesbrough's FFF service were largely positive about the NWD model and the training they had received. Families reported positive relationships with FFF staff, and described that support was intensive, responsive and flexible to their needs. Some families noted this was support they had not received in the past when they had needed it.

What are the contextual barriers and facilitators?

Most FFF staff reported sufficient buy-in from leadership for the NWD model, and the FFF service had begun to influence wider practice in children's social care. Staff reported having enough time and feeling confident using the NWD model. However, managing the competing demands within the service was also a challenge, including balancing support for young people in FFF placements with outreach work. Other challenges included clarity over referral criteria for the FFF service, and difficulty recruiting FFF foster carers. Close working with social workers was reported to be important, but being separate from social work teams was thought to help building relationships with families. Having opportunities to bond as a team and regular reminders of the Provocations and Non-Negotiables were reported to be helpful to support practice.



Evidence of Promise

Is there evidence to support the theory of change as set out in the logic model?

The support provided through Middlesbrough's FFF service was largely in line with what was expected. Key workers supported young people in a range of ways including daily routines, addressing risk, engagement in education, and parenting support. Support from the multidisciplinary staff team was also flexible and available out of hours where needed. Information sharing was generally reported to be good. Risk management processes included intelligence provided by the police analyst role, and the use of multidisciplinary RAISE (Risk, Analysis, Intervention, Solution, Evaluation) meetings.

Staff in Middlesbrough's FFF service worked restoratively with families through building relationships, making decisions together and listening to the young person's voice, although some staff reported confusion over whether Signs of Safety should still be used. This highlights the importance of clear guidance on integrating the NWD model with existing or previous practice models.

What elements of the model are perceived to be central to effectiveness?

Having a skilled in-house multidisciplinary team offering support to families faster than it would be accessed through usual service was considered central to the model. Another key element was the intensive, flexible and responsive nature of the service with professionals seeing young people regularly, responding quickly and being available out of usual working hours. Listening to the young person's voice and understanding their needs was also a key component.

What potential impacts of the intervention do stakeholders identify?

Staff and families identified a number of potential benefits of the NWD model. These included reducing risk and increasing safety for young people, reducing and preventing entry to care, improving reunification, reducing use of external residential care and out of area placements. Potential benefits for education and wellbeing were also noted.

Do there appear to be any unintended consequences or negative effects?

Two potential unintended consequences were identified. Firstly, it was reported that there was some uncertainty about how the NWD model fitted with the support offered by other outreach teams within children's services in Middlesbrough, but that careful communication had been in place to manage this. Secondly, it was reported some young people may experience instability through the FFF service. For example, due to the temporary nature of FFF placements, change in other residents at the hub, or by having an abrupt ending to support from the hub.

Readiness for Trial

Is there a clear description of the intervention that would allow it to be implemented and evaluated in other places?

The initial logic model at the outset of this pilot evaluation was largely supported by the pilot findings. A revised logic model which includes additional mechanisms identified in this pilot evaluation is presented in Appendix D, outlining the intervention and the facilitators and barriers to implementation. This provides a clear description of the intervention that can be used to inform future implementation and evaluation.



Can the intervention be delivered consistently across teams?

Some social workers reported differences in the support provided for young people with different needs. In particular, some staff reported that young people in care received a shorter period of intervention from the FFF service than young people who were on the edge of care received.

Are any changes needed to the theory, materials or procedures before rollout?

Our findings suggest that it is possible to deliver NWD in a new local authority. The conclusions in this report highlight a number of factors that are important to ensure successful rollout of NWD. Staff we spoke to also mentioned factors that could be considered in further developing the model. These include offering NWD services that have more capacity, closer joint working between supervising social workers and NWD services, and clarity around the criteria for young people who can stay in NWD placements for both NWD staff and for referring practitioners.

Discussion

This evaluation captures the early stages of implementation of the No Wrong Door model in Middlesbrough, and is therefore unable to capture the longer term embedding of the model into children's services more widely. Nevertheless, there is some promising evidence that parts of the NWD model, such as the deep dive approach, and the Non-Negotiables, Distinguishers and Provocations are beginning to be used beyond No Wrong Door by wider children's social care teams. Other factors affecting delivery in Middlesbrough included the national lockdown of social and economic activity

due to COVID-19, the Ofsted judgement of 'inadequate' in January 2020 and also shortages in foster carers with suitable experience. Some staff reported feeling that this Ofsted judgement created the conditions to allow something new to come in and that the model thus landed well with staff. Alongside the NWD model, Middlesbrough have also implemented other strategies as part of their improvement journey, to achieve aims such as reducing their use of out of area placements. All these factors should be taken into account when interpreting the findings of this pilot evaluation, and should be taken into consideration in any future assessment of the impact of NWD in a given authority.





Conclusions and Recommendations

The recommendations below are based on what worked well in Middlesbrough, as well as ways in which delivery could be further improved. When introducing NWD and embedding the model in a new area, local decision makers should:

- Ensure staffing capacity to respond to the needs of young people who are in placements and those who require outreach support.
- Provide comprehensive training and guidance for referring practitioners, such as an e-learning package and refresher support, as needed. Ensure that multi-agency partners receive appropriate guidance on the NWD model and are encouraged to attend RAISE meetings.
- Be provided with guidance for achieving a consistent approach to practice across children's services and how any existing practice models should be used in conjunction with the model.

- Ensure a sufficient supply of foster carers suitable to care for teenagers, to enable young people to be supported to move into stable family based placements.
- Ensure regular opportunities to revisit the NWD approach, including opportunities for the multidisciplinary team to build relationships and work together, as well as training for later starters.

As a pilot evaluation, findings can be used to understand how NWD is delivered in a new area, but are not designed to answer questions about the impact of NWD on outcomes. The next step to build on these findings is an impact evaluation being led by What Works for Children's Social Care (WWCSC).¹ This is being undertaken in four local authorities which are introducing NWD between 2020 and 2022. All four local authorities have now begun delivering a NWD service. This evaluation will follow these authorities over time to consider the impact of NWD on the likelihood of children being looked after as well as how the intervention is being delivered to further improve understanding of the model.

¹ This stepped-wedge cluster randomised controlled trial (RCT) and Difference in Differences analysis is set out in our trial protocol (Schoenwald et al, 2020)



INTRODUCTION

Project background

This report presents a pilot evaluation of the No Wrong Door (NWD) model. NWD establishes hubs which bring together an integrated range of accommodation options, services and outreach, under a single management umbrella, to support young people in care or on the edge of care. This model was developed by North Yorkshire County Council as part of the Department for Education's Children's Social Care Innovation Programme (Lushey et al, 2017).

This evaluation is part of the Department for Education's Strengthening Families, Protecting Children (SFPC) programme. SFPC involves the scaling of three distinct models of social work practice. These aim to enable more children to stay at home in safe and stable family environments, by strengthening local practice to meet children and young people's needs, building resilience in families and enabling social workers to manage risk more confidently. These three models are Family Valued (Mason et al., 2017), Family Safeguarding (Forrester et al., 2017) and No Wrong Door (Lushey et al., 2017). The SFPC programme is being delivered through a phased rollout in 17 participating local authorities, beginning in 2019.

The total number of children looked after in the UK has increased every year since 2010 (NSPCC, 2021). In March 2020, the number of children looked after by local authorities in England rose to 80,080, equivalent to a rate of 67 per 10,000 children - up from

65 in 2019 and 64 in 2018 (Department for Education, 2021a). Despite this, the number of children who started to be looked after decreased from 31,770 in 2019 to 30,970 in 2020 (Department for Education, 2021a). A sector-led review of the care crisis (Family Rights Group, 2018) suggests change should focus on relationship building within children's social care and the family justice system, within and between families, practitioners and agencies. A systematic scoping review (What Works for Children's Social Care, 2018) asking what works to safely reduce the number of children in statutory care emphasized the importance of practice and structural changes. Exploratory analyses of the rates of children looked after in English authorities (2012 - 2017) identified participation in the DfE's Children's Social Care Innovation Programme as one of three factors associated with a decrease in the rates of children in care (Department for Education, 2021b).

No Wrong Door (NWD)

No Wrong Door (NWD) is a multidisciplinary service embedded within children's social care to which professionals can make referrals. NWD requires alignment of the wider children's services to be able to operate effectively. Key components of the NWD model in North Yorkshire County Council include:

- The creation of one or more NWD hubs which deliver a range of services, outreach and accommodation options



to support young people aged 12-25 who are edging towards care, on the edge of care, or in care, including those at risk of family or placement breakdown, stepping down from residential care to family based care, or transitioning to independent living.

- Support provided through **NWD placements as well as outreach** work to young people living at home with their family or who are in non-NWD foster care or residential placements.
- Services are provided by an **integrated multidisciplinary team** which includes residential and outreach key workers, portfolio leads, a life coach (clinical psychologist, a communication support worker (speech and language therapist), a police liaison officer, police intelligence analyst, performance and intelligence analyst, foster carers and supported lodgings workers.
- Staff use **strengths-based and restorative** approaches to develop and deliver a support package in partnership with young people based on their needs, strengths and aspirations, supporting them to reach their full potential.
- Practice in NWD is informed by a set of **ten Distinguishers, eight Non-Negotiables and four Provocations** which are a set of principles and core values informing practice. Examples of these include 'Always progressing to permanence within a family or community' and 'Bring young people into NWD quickly but move them out slowly.' These promote a core offer of flexible and creative support, high aspirations for young people, and use of residential care as a short term intervention not long term solution, **promoting**

permanence for young people within their families or communities. The full set of NWD Distinguishers, Non-Negotiables and Provocations, as well as local Provocations established in Middlesbrough are available in Appendix C.

- Guidance about the NWD service is provided to social work teams supporting children and young people in care or on the edge of care. This guidance supports **social work teams to make referrals to the NWD service for support and to practice in a way that is consistent with the NWD Distinguishers, Non-Negotiables and Provocations**. The NWD service works in partnership with social workers and other multi-agency partners when delivering support to young people and their families.

A revised logic model setting out the assumptions and contextual factors, interventions, mechanisms and outcomes for the NWD model, based on the findings of this pilot evaluation, is available in Appendix D.

Previous evaluation

Findings from a previous evaluation of NWD are based largely on pre-post data, with some comparison to a matched cohort, but cannot conclusively attribute impact to the NWD model. This evaluation of NWD in North Yorkshire (Lushey et al, 2017) reported an increase of young people ceasing to be looked after, decreased placement moves, and fewer days spent in care placements, as well as lower out of area placements relative to national averages. While not conclusive evidence of impact, these findings suggest evidence of promise for the NWD model.



Pilot context

Pilot local authority

Local authorities eligible for SFPC were those with an Ofsted rating of 'requires improvement to be good' at the point of application, high rates of children looked after compared to their local authority statistical neighbour median over the last three years, or rising rates of children looked after in each of the last three years. These were identified and selected by the Department for Education in partnership with North Yorkshire County Council following a rigorous process, covering assessments of need, suitability and commitment to making a whole system change. Middlesbrough was selected to be the first local authority to receive NWD under SFPC. Recruitment of management roles began in Autumn 2019, recruitment and training of other staff took place in 2020, and Middlesbrough launched the NWD model, known locally as Futures for Families (FFF), in September 2020. Rollout of NWD followed an expression of interest process followed by a proposal to the Department for Education SFPC programme board which set out the planned phases of delivery.

Middlesbrough is a Unitary Authority in the North East of England. According to the English Indices of Deprivation (Ministry of Housing, Communities and Local Government, 2019), Middlesbrough has the highest proportion of neighbourhoods in the 10% most deprived nationally, with 48.8% falling into this most deprived group. Additionally, Middlesbrough is the district with the highest proportion of children living in income-deprived households. In March 2020, Middlesbrough's rate of children looked after was 189 children per 10,000, one of the highest proportions in England (Department for Education, 2021a). The proportion of children looked after in

Middlesbrough is considerably higher than national figures and has increased from 73 children per 10,000 in 2006 (Department for Education, 2010).

The most recent Ofsted inspection of children's social care services in Middlesbrough gave an overall judgment of 'inadequate' in January 2020. This rating led to the appointment of a commissioner to undertake a review and make recommendations for the local authority. This process led to a delay in the implementation of No Wrong Door in Middlesbrough, however ultimately the commissioner concluded that implementation of No Wrong Door should continue as planned.

Middlesbrough children's social care services are delivered through separate teams for assessment: children looked after (CLA), child in need and child protection. This differs from North Yorkshire where NWD was developed, where local teams undertake assessment and handover of young people's cases between teams is minimised. In Middlesbrough, an edge of care team sits under the children's care directorate. Middlesbrough have been embedding Signs of Safety across children's social care since 2018, a model which is also used in North Yorkshire where NWD was developed.

NWD is being introduced in Middlesbrough alongside a wider edge of care plan in the area. One of the aims of Middlesbrough's edge of care plan was 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). NWD also aimed to benefit young people in care and on the edge of care, and impact on the wider social care system. Building on North Yorkshire



County Council's approach, a local set of Provocations and Non-Negotiables were developed for the Futures for Families service. Examples of these locally tailored statements include 'As a parent, would I be happy with this for my child?', and 'The voice of the child at the centre of their journey!' The full list of the North Yorkshire County Council Distinguishers, Non-Negotiables and Provocations as well as the tailored Middlesbrough Provocations and Non-Negotiables are available in Appendix C. NWD in Middlesbrough was designed for young people aged 11-18, slightly different to the 12-25 age range in North Yorkshire where the model was developed.

Before NWD was introduced, Middlesbrough had four residential homes. These were a

three bed and a four bed residential unit, a four bed unit for children and young people with disabilities, and a short break provision offering respite for children with disabilities. Another two bed provision, and a semi-independent living unit with nine self-contained flats for 16 and 17 year-olds was also due to open. Residential provision was largely Outstanding or Good, although one recent Ofsted inspection had downgraded to Requires Improvement prior to NWD being introduced.

Throughout this report, we refer to 'NWD' when discussing North Yorkshire County Council's No Wrong Door model, and 'FFF' when discussing Middlesbrough's Futures for Families service.



Covid-19

The roll-out of the NWD model in Middlesbrough was impacted by the national lockdown of social and economic activity which was introduced on 23rd March 2020 in response to the Coronavirus pandemic. This lockdown affected how social workers, other professionals and safeguarding partners were able to practice. Schools were closed to all but children of critical workers and vulnerable children (Department for Education, 2021c). While statutory work continued as required, many other services were provided only virtually or not at all, and guidelines and restrictions were in place affecting direct work. Families experienced health, employment, financial, social and emotional challenges. These changes may have simultaneously affected the level of need but also the identification of need in children and families. The roll out of the NWD model in Middlesbrough was delayed by several months during this period, and there were changes in the ways of working such as some training and meetings being conducted virtually rather than face-to-face. Although the launch of Middlesbrough's Futures for Families hub was delayed to September 2020, during this period FFF staff who had already been recruited began providing support during this time to help reduce the number of young people entering care and to support placement stability..

Evaluation by WWCS

The pilot evaluation, which is the focus of this report, is the first of a three-part evaluation. For each of the three models in SFPC, WWCS are undertaking:

1. A pilot evaluation in one 'Trailblazer' local authority (LA). This is the focus of this report.²
2. An impact evaluation in four or five subsequent LAs (depending on the model).³ This stepped wedge cluster Randomised Controlled Trial (RCT) and Difference in Differences approach aims to build on previous evaluations of NWD by providing a robust comparison group and a reliable impact evaluation of NWD.⁴
3. An Implementation and Process Evaluation (IPE) across these same four or five local authorities, to understand the delivery during the rollout of the model.



² Pilot evaluation protocol (Sanders et al., 2019)

³ Trailblazer local authorities are not included in the impact evaluation of SFPC

⁴ Trial and Implementation and Process evaluation protocol (Schoenwald et al., 2020)



METHODS

Research questions

This pilot evaluation aimed to build on previous evaluations of NWD. It sought to provide early insights into the rollout of the model, in a LA outside of the one in which it was developed, develop and refine a logic model setting out a detailed understanding of the programme theory, provide an in-depth focus on the early stages of implementation, and inform the next phase of the evaluation (Schoenwald et al, 2020). The pilot sought to test three objectives:

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 (well received by) key stakeholders including senior leaders, staff and practitioners working directly with children and families, and families?

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?

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?
- b. Is the intervention able to be delivered consistently across teams?
- c. Are any changes needed to the theory, materials or procedures before rollout?

As a pilot evaluation, findings can be used to understand how NWD is delivered in a new area, but are not designed to answer questions about the impact of NWD on outcomes. This will be considered in the next phase of the evaluation (Schoenwald et al, 2019).

Research design

This pilot evaluation employs a mixed-method approach, including both qualitative and quantitative data collection and analysis. The full research design and methods are presented in the pilot protocol (Sanders et al, 2019).



Table 1. Data collected in this pilot evaluation

	Baseline (Feb 2020)	Follow-up (March - June 2021)
Interviews with leaders and managers	7	6
Focus groups with leaders and managers	N/A	1 (4 attendees)
Focus groups with frontline practitioners	2 (4 attendees in each)	2 (4 attendees in each)
Interviews with foster carers	3	2
Interviews with residential workers	3	N/A
Interviews with family members	N/A	5
Total number of individuals in interviews and focus groups	21 staff	20 staff
5 family members	N/A	43
Observations of practice	N/A	4
Survey of staff	N/A	16
Admin data Period	July - September 2020	October - December 2020

Data Collection

Between February 2020 and June 2021 we undertook a series of data collection in Middlesbrough, spanning two distinct timeframes. Baseline data collection (February 2020) was completed before the national lockdown. Evaluation activities planned at follow up were affected. Due to delivery delays, the timing of follow-up data collection was delayed (from July 2020 to March 2021) to allow for a delayed implementation of NWD in Middlesbrough. Furthermore, all data collection activity at follow up was required to be undertaken virtually.

Baseline data was collected in person in February 2020 during the early stages of implementation and before the FFF service was opened. Seven interviews were conducted with leaders and managers with oversight for services intended to deliver or refer to the NWD model. Interviews were also conducted with three residential workers and three foster carers. Two focus groups were undertaken, one with two social workers and the other with four social workers that worked within child protection and child in need, children looked after, and fostering teams.

Follow up data was collected virtually between March 2021 to June 2021 after a



sustained period of early implementation. Three phone interviews were undertaken with young people who were being supported by the FFF service. Phone interviews were also conducted with two parents and two foster carers (one FFF foster carer who supports young people through short placements as part of the FFF model, and one mainstream foster carer who was supporting a young person FFF was providing outreach support for). Six video interviews were conducted with senior leaders and managers with oversight for services delivering or referring to FFF, including the FFF manager and a deputy manager. Three virtual focus groups were undertaken, one with FFF portfolio leads and resource workers, one with social workers working with young people being supported by FFF, and one with four heads of service. Four virtual observations were undertaken. These covered a team meeting, two Risk, Analysis, Intervention, Solution, Evaluation (RAISE) meetings and a group supervision. The survey was completed by 16 respondents, between 25th May and 4th June 2021. Respondents were five senior resource workers, four resource workers, the communication support worker, life coach, police liaison officer and police analyst, performance and intelligence analyst, the deputy hub manager and a business support worker. Resource workers who responded reported being responsible for both hub and outreach work. All senior resource workers were portfolio leads (for Risk Management, Health and Activities, Education and Parenting).⁵

Sample recruitment and selection criteria

Participants were sampled purposively to cover a range of characteristics. We

engaged with staff across a range of roles within the FFF service. We also spoke to staff from across a range of social work teams who refer young people to the FFF service. Families invited to take part in interviews were those who had worked with FFF either through outreach or placement. Participants received study information sheets, and written or recorded consent was obtained. For young people under 16 a parent or carer was asked to provide consent in addition to the young person's own assent to participate. A comprehensive overview of the sample recruitment and selection criteria is presented in the pilot protocol (Sanders et al, 2019).

Data management and processing

Interviews and focus groups followed semi-structured topic guides, and were audio recorded. Recordings were transcribed and pseudonymised prior to analysis using NVivo 12. The survey was distributed using Qualtrics.

Analysis

Qualitative data from interviews, focus groups, observations and open text survey questions were analysed using Thematic Analysis. We followed a mixed deductive-inductive and iterative approach - initially developing the codebook based on the overarching research questions, however allowing for inductive development of codes based on the data collected. Thematic Analysis involved labelling data with descriptive codes and developing themes which describe patterns across the data to answer the pre-specified research questions. We looked for patterns, consistencies and inconsistencies across different informants and time points to

⁵ One did not specify Portfolio



help us answer the research questions. To enhance trustworthiness of the qualitative findings we triangulated across different respondents and with different methods of data collection. We followed a transparent approach to analysis and reporting as set out in our protocol (Sanders et al., 2019). Interpretation of findings considered contrasting and inconsistent accounts, and consideration of contextual factors.

Quantitative survey and administrative data were analysed descriptively, to present characteristics of delivery and acceptability

(how the model is received by staff and families). The number of respondents for each survey question varies due to some missed questions or incomplete surveys. The results were triangulated together with the qualitative findings, looking for consistencies and inconsistencies between the different data sources. Survey and administrative data are presented in tables in Appendix A, and summarised in the next section. A revised logic model is presented in Appendix D based on the findings of this pilot evaluation.





FINDINGS

Findings for each of the research questions are presented below. For each sub-question (i.e. 1a - 3c as set out in the methods section above), we first present a summary of findings for that research question. This summary is followed by more detailed findings for each indicator we set out to measure for that question. These indicators, including any specified thresholds, were set out in our pilot protocol (Sanders et al., 2019).

Evidence of Feasibility

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)?

Summary of Findings

In its first three months after September 2020 when the service opened, Middlesbrough's FFF service supported 44 young people through outreach, and seven young people in NWD placements. The average age of young people who were currently being supported (in December 2020) was 14, and the majority of these young people being supported by the service were looked after (57%). The service was well staffed, with only two vacancies remaining out of 30 posts three months after the launch. These vacancies were resource worker roles, and all specialist roles had been filled. The range of intended placement options was also available.

As intended by the NWD model, young people worked with the same assigned key worker throughout the time they were

being supported, and young people's cases were reviewed at least monthly. Creative and flexible support offered by the service included tailoring support to individual's needs, and flexibility in placement length where needed. The proportion of FFF staff who had completed restorative practice training was slightly below the expected 80% (68% at the time of the launch and 74% three months later), although solution focused training had been delivered to 80% and 90% of staff respectively.

Due to COVID-19 some training, staff meetings and work with families had taken place virtually during the evaluation period, and local adaptations had been made to the NWD Provocations and Non-Negotiables. We identified a number of ways in which practice was consistent with North Yorkshire County Council's NWD Distinguishers, Non-Negotiables and Provocations. Some challenges with these included finding a suitable foster care placement for one young person, or involving all appropriate professionals in multi-agency RAISE (Risk, Analysis, Intervention, Solution, Evaluation) meetings.

Indicators

How many young people has the service worked with, and what are their characteristics?

Table 2 in Appendix A, and Figure 1 below, shows that when Middlesbrough's FFF service opened in September 2020, there were 14 young people being supported by outreach and no young people in NWD placements. In December 2020, three



Figure 1: Young people being supported by Middlesbrough's FFF service

Young people being supported by No Wrong Door

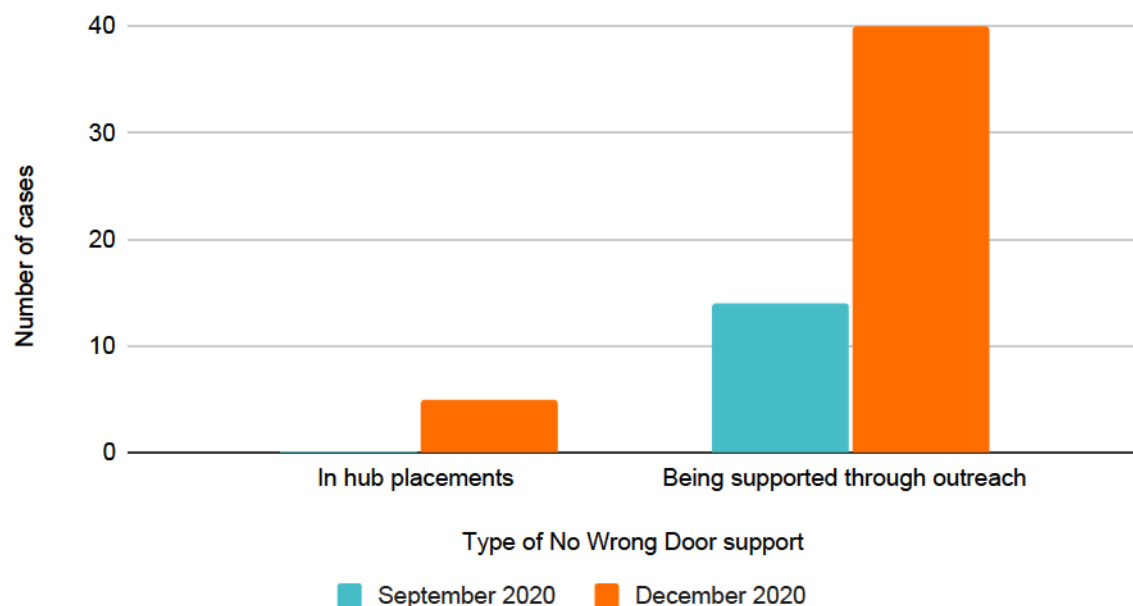
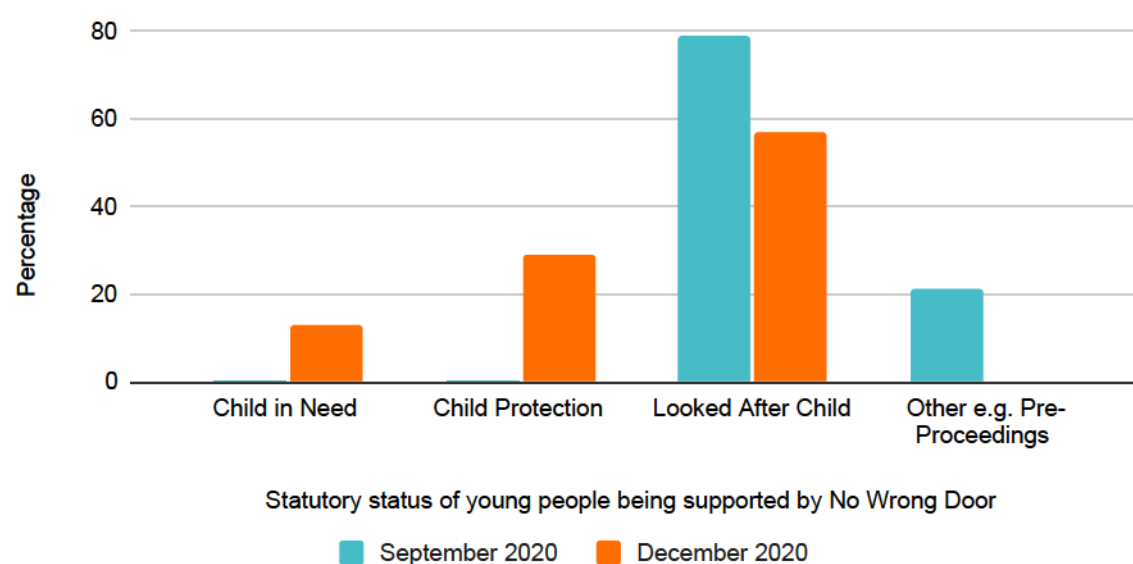


Figure 2: Statutory status of young people being supported by Middlesbrough's FFF service

Statutory status of young people being supported by No Wrong Door





months after the service opened, there were 40 young people being supported by outreach and five young people in NWD placements (three full time and two respite).

The average age of young people at both time points was 14 (range 11-17). In September 2020, 50% of young people being supported by Middlesbrough's FFF service were male, and 86% of young people were White British. By December 2020, 58% of young people were male and 84% of young people were White British. Young people who were being supported by FFF and were not White British were recorded as being 'Asian / Asian British', 'Black / Black British', 'Gypsy / Roma', 'Mixed' or 'Other Ethnic Group'.

Table 2 in Appendix A, and Figure 2 below show that the majority of young people being supported by the service were Looked After (79% in September 2020 and 57% by December 2020). In September 2020, the young people who were not Looked After did not have Child in Need or Child Protection Plans in place (for example they were in pre-proceedings). By December

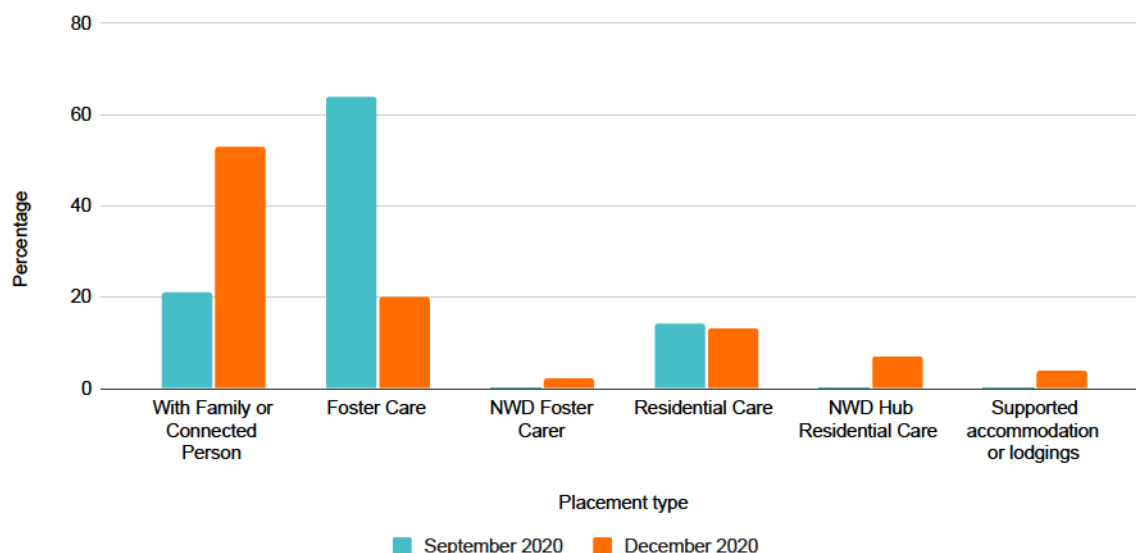
2020, of the young people who were not Looked After, 13% were Child in Need and 28% were Child Protection.

The NWD model provides support to young people through NWD placements, but also provides outreach support to young people living with their families or who are in non-NWD foster care or residential placements. In September 2020 when the service first opened, the majority of young people being supported by FFF were in foster care (64%). A further 21% were living with family or a connected person, and 14% were placed in residential care. By December 2020, the majority of young people being supported by Middlesbrough's FFF service (53%) were living with family or a connected person. A further 22% were living in foster care (of which 2% were in NWD foster care and the rest were in non-NWD placements), 20% were in residential care, (of which 7% in NWD residential care and the rest were in non-NWD placements), and 4% were in supported accommodation or supported lodgings.



Figure 3: Placement type of young people being supported by Middlesbrough's FFF service

Placement type of young people being supported by No Wrong Door



By December, 24% of young people being supported by Middlesbrough's FFF service had received support from the police liaison officer, 22% had received support from the communication support worker, and 16% had received support from the life coach.

Do young people enter the service quickly and leave slowly?

Young people being supported by FFF in December 2020 had waited an average of 23 days between referral and receiving support from FFF, and an average of 16 days between being allocated to FFF and receiving support from the service.

The average number of days FFF had been involved with the six young people whose cases had closed was 78 days (ranging from 11 to 179). This was longer than the period that Middlesbrough's FFF hub was open for, because some young people were

supported through outreach before the hub opened its doors.

Were all young people supported by the same assigned key worker throughout the time they were working with FFF (i.e. number of changes in key worker)?

According to administrative data in December 2020, no young people either being supported by Middlesbrough's FFF service at the time, or who had been supported by and subsequently closed had had any changes in their key worker. All staff surveyed also agreed or strongly agreed that young people are supported by a consistent key worker.

Were young people's cases reviewed monthly?

It was reported in the administrative data that the six young people who had been supported by and subsequently closed to



Middlesbrough's FFF service by December 2020 had their cases reviewed weekly whilst they were being supported by the service. Middlesbrough report that case reviews are completed a minimum of once a month, either by the key worker or during the group supervision.

The survey in May 2021 found that resource workers and senior resource workers who responded reported that the cases of the young people they worked with were reviewed monthly, while specialist roles reported that the cases of the young people they worked with were reviewed weekly.

Was Middlesbrough's FFF service team structured as intended, with intended placement options available and 80% of posts filled?

Placements available

When the service launched in September 2020 there were six NWD/ FFF residential care placements available. These were four short-stay and two emergency bed placements. A supported accommodation worker was also in post. By December 2020, there was also one NWD/ FFF foster carer placement available, which is referred to as a hub community family within the model

Please note: We assume that the supported accommodation worker, referred to above, in post in September 2020, also had the role of FFF foster carer / hub community family. A later interview informed that the FFF foster carer/ hub community family could provide both foster care and supported lodgings to young people through the FFF service.

Recruitment of NWD staff

There were no substantial issues reported with recruitment of NWD staff. Findings (Figure 4) showed that the service was well

staffed in September 2020 when it opened, with 25 of 30 posts (83%) filled (vacant posts were the police analyst, one of seven senior resource worker posts, the casual resource worker (foster carer), as well as the housekeeper and domestic posts). By December 2020, three months after the launch, only two vacancies (of 30 posts) remained, which were a senior resource worker and a casual resource worker (foster carer) post, also known as a hub community family.

The three Middlesbrough manager positions, described below, will be employed by North Yorkshire until the SFPC project end date for Middlesbrough, afterwards moving to be employed by Middlesbrough. This is under a Service Level Agreement (SLA) arrangement. North Yorkshire provided inductions as well as both formal and informal supervision to the three management positions and led the recruitment of these posts.

A brief description of Middlesbrough's FFF staff roles are below:

- One FFF service manager oversees the service. This role includes facilitating deep dive meetings and team meetings. There are also two deputy operations managers - an edge of care manager overseeing outreach work and a hub manager overseeing the support for young people who are placed at the hub. These roles are currently North Yorkshire County Council posts.
- Resource workers undertake both outreach and work with young people in NWD placements, and can be assigned as key workers for young people. Casual resource workers also support with work in the hub. Some of the casual resource workers also offer placements as foster carers or supported lodgings.



Figure 4: Recruitment by NWD launch date (September 2020)

Recruitment by No Wrong Door launch (Sept 2020)



- Senior resource workers hold roles as portfolio leads, overseeing specific areas such as risk management, health and activities, education, and parenting.
- The multidisciplinary team also includes a life coach (clinical psychologist), communication support worker (speech and language therapist), police liaison officer who works with young people, and a police analyst whose role involves information sharing between the police and FFF. A performance and intelligence analyst is also in place who monitors the performance of Middlesbrough's FFF service. Housekeeper and domestic roles also support the functioning of the service.
- A specialist FFF foster carer (also known as a hub community family within the model) cares for up to two young people aged 14+ at a time. This is through fostering or by providing supported lodgings, usually for three months only. During this time, the specialist foster carer and the team at FFF works with the young person and their family to support the young person in their next steps to a permanent placement. This staff member is also intended to be available to work as a casual resource worker in the hub.



General support and recruitment

North Yorkshire County Council provided Middlesbrough with intensive on-going support pre and post commencement of the NWD model. This spans general support with inducting FFF staff, for example, shadowing at one of the North Yorkshire County Council NWD Hubs. North Yorkshire County Council have also shared relevant materials for policies and procedures. North Yorkshire County Council led the recruitment of management posts and supported the recruitment of senior residential posts (portfolio leads) and other staff positions in Middlesbrough. North Yorkshire County Council provides both formal and informal supervision to the three management posts (whilst these remain North Yorkshire County Council posts).

Stakeholder mapping and support

North Yorkshire County Council supported Middlesbrough with mapping out key internal and external stakeholders who would benefit from knowing about the FFF service in Middlesbrough, and delivered presentations to these teams.

Communities of Practice

North Yorkshire County Council founded and facilitated Communities of Practice (COP) as a learning and support network, chaired by North Yorkshire County Council, for each NWD role. The COP were not operational initially when Middlesbrough went live with the NWD model, in September 2020, rather they were developed when the following three LAs participating in the wider trial (between April - June 2021) had also gone live.

Were 80% of staff working in Middlesbrough's FFF service trained in a restorative, strengths-based approach?

Training received

Required training varied depending on staff role. This included training in the NWD model, restorative practice and training in solution focused intervention. Staff also received training in a range of more specific topics including attachment theory, mental health awareness, trauma impact and recovery and parental conflict. The full list of required training is available in Appendix B.

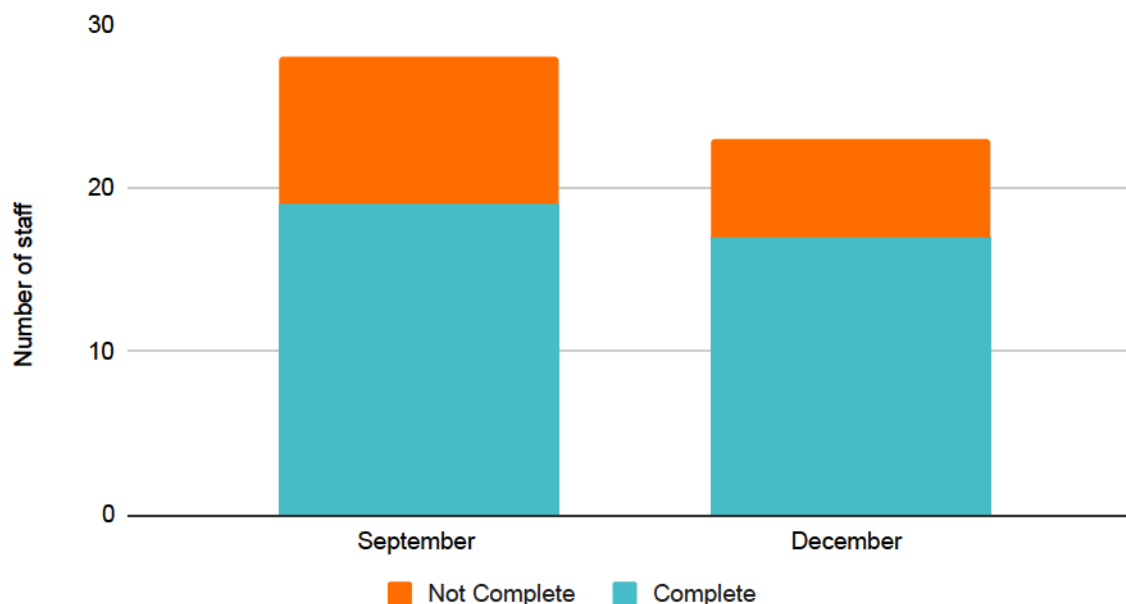
Figure 5 shows that in September 2020, when the service first opened, administrative data indicated that 68% of required staff (19 of 28 for whom it was required) had completed restorative practice training. 80% of staff (20 of 25 required staff) had completed solution focused training. The NWD module had been completed by 12 FFF staff by this point.

By December, administrative data indicated that 74% of staff (17 of 23 required staff) had completed restorative practice training, and 90% of staff (18 of 20 required staff) had completed solution focus training. The NWD training had been completed by 70% of staff (16 of 23 required staff). The difference in staff figures between the two time points is due to staff turnover.



Figure 5: Restorative practice training completed by required staff

Restorative Practice training completed by required staff



FFF staff experiences of the training received

Staff shared positive views about the training and reported that it was well delivered and informative.

Staff who had joined the service later reported they did not receive the same induction training in restorative practice, although staff at North Yorkshire reported an agile and flexible offer of continued support and training in restorative practice and other key areas is intended to be provided to those who join the service at a later date. One staff member noted that they still had a lot to learn about working in children's social care, suggesting there may be additional training needs for staff members who are or have been employed outside of the children's social care context.

Were there adaptations to any components of the model, and what were these?

Working remotely

The meetings we observed at follow-up were all virtual meetings, or hybrid meetings with some staff attending in person and some joining remotely. This was due to practical constraints whereby researchers were only able to attend meetings that involved the option to join virtually. This suggests that some meetings taking place in the service, but not necessarily all meetings, included staff joining virtually.

Local adaptations

One senior leader reported that initially there was a rigid adherence to the North Yorkshire County Council NWD model, however in time this became more flexible and some local adaptations were made. Some of the Non-Negotiables



and Provocations, as well as paperwork and processes, were locally tailored in partnership with North Yorkshire County Council to fit with the local context and priorities in Middlesbrough.

The age range eligible for the service was also adapted in Middlesbrough to 11-18, slightly different to the 12-25 age range in North Yorkshire where the model was developed.

What creative or flexible use of support was offered?

Follow-up interviews identified that there was some flexibility in the length of time young people could stay with the specialist foster carer/ hub community family, depending on need and availability of alternative placements.

Follow-up focus groups and interviews identified that support provided for young people was flexible and tailored to individuals' needs, with staff able to be creative. For example, support might just be for the young person, or for the whole family, or it might be separate initially and then joint later on. Other tailored support included staff regularly taking young people out to do activities together, or offering personalised, practical support, for example: helping a young person struggling with personal hygiene.

"It's about looking at our role and using our skills to meet the needs of the young people the best way that we can do it." [FFF staff member, follow-up focus group]

Is the model consistently implemented in line with Distinguishers, Non-Negotiables and Provocations?

Practice within the NWD model is informed by a set of ten Distinguishers, eight Non-Negotiables and four Provocations. These are a set of principles and core values informing practice which promote a core offer of flexible and creative support, high aspirations for young people, and promoting permanence for young people within their families or family based placements. When introducing their FFF service, Middlesbrough used North Yorkshire County Council's NWD Distinguishers, but developed locally tailored Provocations and Non-Negotiables in partnership with North Yorkshire County Council to align with local context and priorities in Middlesbrough. The North Yorkshire County Council NWD Distinguishers, Non-Negotiables and Provocations, as well as Middlesbrough's locally tailored Provocations and Non-Negotiables are available in Appendix C.

The section below summarises in more detail where we observed practice that was and was not consistent with these principles.

Training and support for staff

Consistent with the NWD Distinguisher 'robust training strategy', staff reported having received a comprehensive training package to support delivery of the NWD model, and regular development days and opportunities to reflect on training.

Consistent with the NWD Non-Negotiable, 'a commitment and investment in staff support and being rigorous about holding them to account (high support, high challenge)', staff reported that the FFF service manager regularly took the team through the Non-Negotiables and Provocations in team meetings to support adherence to these principles.



Partnership working and multi-agency approach to risk

In line with the NWD Distinguisher 'close partnership working', the meetings we observed were all multi-professional meetings between multidisciplinary FFF staff or with multi-agency partners including social workers and representatives from education and health (such as teachers or the school nurse). FFF staff in focus groups highlighted the benefits of having the life coach (clinical psychologist) and the communication support worker (speech and language therapist) within the service. For example, this enabled staff to receive advice and guidance and families to receive direct work from these professionals. Further, having these roles in-house overcame waiting lists in external services. FFF staff also worked closely with children's social care staff as well as external partners such as schools.

Consistent with the NWD Distinguisher 'multi-agency intelligence led approach to reduce risk', in focus groups staff reported that having the expertise of the police analyst to inform a children's social care approach to frequent missing episodes was beneficial. The RAISE meetings we observed provided opportunities for direct discussion and information sharing between agencies in order to identify and respond to risks. However, it was noted in a couple of instances that it could be challenging to get attendance from all involved professionals.

"So for example, they've done brilliant RAISE meetings and now they're not so brilliant because some of the partners aren't getting round the table. So some have even been cancelled, postponed I would say rather than cancelled. So there's just a bit of sharpness that has to come back."

[Senior leader, follow-up interview]

Stable, local, family based placements

Consistent with the NWD Distinguisher 'always progressing to permanence within a family or community', we observed discussions about achieving stable long term placements for young people. We also noted practice consistent with the NWD Non-Negotiable 'residential care as a short term intervention not long term solution'. This included using NWD placements to offer respite or short term placements, and supporting young people to return home or to foster care placements where they then receive outreach support.

In some instances young people were moved from out of authority placements into NWD placements, which is in line with the NWD Non-Negotiable 'commitment to do whatever it takes to support young people within their community (no out of area placements)'.

However, in one observation staff discussed whether or not a young person was safe to stay in the local authority, and in another instance staff discussed a young person remaining in a current residential care placement where no suitable foster care placement was available. Although this was also not in line with the Non-Negotiable 'residential care as a short term intervention not long term solution', it was in line with the wishes of the young person. This suggests for local authorities new to the model, where there is inconsistency between the different NWD principles, some can end up being prioritised over others.

"[Young person] is doing very well at the care home. He verbally tells everyone at the care home how much he likes it there."
[Follow-up observation]



North Yorkshire recommends that a hierarchy should be avoided, and all principles should work alongside each other to get the best outcomes, meaning that where one is not met, there should be efforts made to achieve it.

High standards and aspirations for young people

Examples of the NWD Non-Negotiable, 'forward looking and aspirational' as well as the Provocations 'what kind of adult do we want them to be at 25, 35, 50?' included staff encouraging and supporting young people's education attendance and achievement.

In line with the NWD Distinguisher, 'young people's aspirations drive practice,' staff reported listening to the voice and aspirations of the young person to drive practice.

"As far as aspirations, as I said, one of the young people isn't happy in education. I'm going to go down there and make sure she is, and we talk about their aspirations all the time and career advice and where their future is."
[Senior leader, follow-up interview]

Consistent with the NWD Non-Negotiable 'high standards and ambitions for all young people' and the Provocation 'would this be good enough for my child?' staff reported thinking about what they would want for their own children, and supporting social workers to be more outcome focused in their referrals.

Key worker consistency

Consistent with the NWD Distinguisher 'high stickability of the key worker,' young people and parents reported that there was consistency in their key workers. However, it was also mentioned by some respondents

that in some instances this consistency had been affected by staff turnover or staff not always being available for young people or social workers to reach, for example, on their days off.

"The key worker said I'm here for you, I'm going to support you. You're moving to [foster carer] and then moving from here, and then she moved on from her job, which was quite a let-down for the young person."
[Foster carer, follow-up interview]

We also observed discussions about ensuring not too many professionals were involved with a young person, and about how to introduce specialist involvement in a way that it would be well received by the young person, consistent with the NWD Distinguisher 'fewer referrals, less stigma'

"Staff Member 1: [Young person] has a very negative perception of professionals so not sure if seeing another will be beneficial especially if he thinks he does not need a speech and language therapist.

Staff Member 2: But it's how you present it to him. Present the speech and language therapist to him in a way that he can relate to." [Follow-up observation]

Enter quickly and leave slowly

In line with the NWD Non-Negotiable 'bring young people into NWD quickly, but move them out slowly,' staff in focus groups described instances where Middlesbrough's FFF service was being used to respond to crises, and that it offered support for young people for however long they need it. However, inconsistent with this, one social worker in a focus group also mentioned an instance where a young person's case was closed abruptly when the care plan



changed, and another mentioned that when young people were in crisis their cases weren't always opened sufficiently quickly by the service, suggesting that it was hard to meet this criteria in all instances.

"Like I say, when you're in that crisis situation and fighting fires left, right and centre and just trying everything to get support in place, it can feel like a little bit of a battle to get the referral and get the referral accepted."
[Social worker, follow-up focus group]

What are the contextual barriers and facilitators for delivery of the intervention, and are these accurately captured in the logic model?

Summary of Findings

The number of children looked after in Middlesbrough before introducing the NWD model was high, including high use of out of area placements. The Ofsted judgement of 'inadequate' was seen by some as having created the conditions to allow something new to come in, and staff being ready for a change.

Most staff reported feeling confident using the model and staff reported having sufficient time to take advantage of the model. Despite this, staff reported difficulties at times managing the intense nature of the work and competing demands within the service including balancing support for young people in NWD placements with outreach work. Consistent with the logic model, having opportunities to bond as a team and regular reminders of the Provocations and Non-Negotiables were reported at follow-up to be factors which helped practice.

Most staff reported sufficient buy-in from leadership, and reported influences of NWD on wider practice, including the spreading of the Provocations, Non-Negotiables, and use of deep dives, into the wider children's social care context.

Consistent with the logic model, good links with social work teams were reported to be helpful. However, the somewhat independent nature of Middlesbrough's FFF service (from children's social care) was also thought to be helpful in facilitating engagement with families. Linked to this, clarity over referral criteria and differentiating between outreach services in Middlesbrough was another challenge identified by staff we spoke to at follow-up.

Indicators

What are the vacancy, staff turnover rate and caseloads?

The vacancy rate was 17% when the NWD model launched in Middlesbrough in September 2020 (5 of 30 posts vacant), dropping to 7% (2 of 30 posts vacant) by December 2020.

The average caseload for the 15 key workers in post in September 2020 was 1.07 (with a range of one to two young people per key worker). These were all young people being supported by outreach as no young people had yet been placed in a NWD placement. By December 2020, the average caseload for the 16 key workers in post was 2.93 (with a range of one to five young people per key worker).

Do 70% of staff surveyed perceive there is sufficient buy in and support from leadership?

According to the survey, 15 of 16 respondents (94%) agreed or strongly agreed that there was sufficient buy-in from leadership for the NWD model.



What is the pre-existing practice model and culture around decision making, risk, residential care and permanence?

Workforce context before No Wrong Door

Staff reported some workforce instability in children's social care prior to the NWD model being introduced in Middlesbrough through recent changes in leadership. However, this was reported to have become more stable over time. Staff reported that the vision and values communicated by leadership were that child outcomes were central, and there was an emphasis on good quality, creative, and preventative practice.

Prior to introducing the NWD model in Middlesbrough, most staff in children's services that we spoke to reported feeling supported and that there was regular training available to support practice. Some staff reported uncertainty after the 'inadequate' Ofsted rating, and workload pressures and workforce instability sometimes affected staff training uptake, or the amount of support assistants and team managers were able to provide.

Instability for some children and young people where social workers left, were sick, or where there were transitions between teams was perceived to affect relationship building between the young person and their social worker.

Pre-existing culture around decision-making

At baseline, staff shared that management and legal representatives supported social worker decision making through panels. This process was thought to help share accountability, however some social workers reported wanting more involvement in this decision making process.

"We're the ones' doing the work with the family and know what's going on. So I was told I'm not allowed to go on the panel about my case. My manager went for me. I don't agree with that."
[Social worker, baseline focus group].

Family members interviewed also described experiencing delays in decision-making from children's social care in the past, for example where social workers needed to speak with their managers first.

Pre-existing support for children in care or on the edge of care

One of the key aims of the NWD model is to keep young people within the local authority rather than place them externally. The number of children looked after in out of area placements in Middlesbrough before the NWD model was introduced was high. However, given the size of the local authority, some out of area placements were still perceived to be close by geographically. For example, an out of area placement in a neighbouring town could be just two or three miles from Middlesbrough's FFF hub. On the other hand, if needed, a placement could be over 80 miles away from the North Yorkshire hub and still be within the local authority, although North Yorkshire highlight that the focus of the NWD model is to maintain young people within their family or community, which would take precedence against moving them further distances within a larger authority. High numbers of children looked after in out of area placements in Middlesbrough before the NWD model was introduced was in part attributed to limited availability of in-house foster care placements suitable for teenagers relative to the number of children and young people needing placements.



Before the NWD model was introduced, the Family Group Conference Team offered support with care plan changes or reunification. An Interventions Team offered short term and bespoke support to parents, children and young people to prevent family breakdown or support return home. Staff noted however that this service had limited capacity and a waiting list.

Placement stability was generally reported to be good before the NWD model was introduced in Middlesbrough. Foster carers and residential workers reported positive experiences of flexible and tailored multi-agency support for children and young people, through services such as education, the virtual school, and CAMHS. Staff in children's social care also reported positive relationships with multi-agency partners and voluntary sector organisations such as Barnardo's, who offered support for children and young people. Middlesbrough also had a newly commissioned Mental Health Practitioner for the Leaving Care Service.

However, some staff noted a lack of readily available multi-agency support, and that services that were available were over-stretched at times. Specialist, creative and meaningful long term support for adolescents in particular, including preventative support, was reported to be limited.

Is (pre-existing) practice relational and restorative?

At baseline, social workers and residential workers reported having been trained in relational or restorative approaches in the past, including restorative practice or Strengthening Practice. Family Group Conference was another element of practice being used before the NWD model was introduced that was restorative.

Staff in children's social care, including residential workers, also described receiving training in Signs of Safety before the NWD model was introduced.

Do staff feel prepared and supported by the information, training and support provided, and are they motivated and confident to deliver the model?

It was noted in follow-up focus groups that FFF staff had developed lots of new skills, and that the NWD model was well embedded in their practice. According to the survey, 14 of 16 respondents (88%) agreed or strongly agreed that they felt confident using the NWD model.

The survey found that 8 of 12 staff (75%) working directly with young people agreed or strongly agreed that they had enough time for direct work with the young people they worked with. However, only 7 of 11 staff (63%) of those who said it applied to their role agreed or strongly agreed that they had enough time for direct work with the parents or carers allocated to them. Further, only 9 of 16 respondents (56%) felt that they had enough time to take full advantage of the NWD model.

What is the level of understanding of, engagement with and support for the model from senior leadership, partners (such as police and health) and teams making hub referrals?

There appeared to be a high level of support for the NWD model from senior management and leadership in Middlesbrough, and good relationships and communication between the FFF service manager and the heads of services and senior leadership in children's social care.



Some staff reported challenges for social workers differentiating between the different outreach services available in Middlesbrough, including FFF, and which service to refer to in different situations. This was thought to be influenced in part by staff turnover in social work teams, although an e-learning module was available for new staff to introduce the model.

Efforts were in place to align the NWD model and the children's social care practice model, and staff reported some use of the Non-Negotiables and Provocations, as well as the NWD deep dive approach in children's social care teams.

"...we've been able to use that deep dive approach to do deep dive audits of children in the wider service, using the skills and experience, and using the kind of questioning and language that comes with the Non-Negotiables and the Provocations. Which has been really helpful in terms of helping staff understand children's journeys..." – [Senior leader, follow-up interview]

Middlesbrough's FFF service was reported to be working closely with education partners. Staff in follow-up focus groups also noted that the FFF service was becoming increasingly well known among multi-agency partners, such as police and youth offending services, and that this was facilitated with partnership boards. Multi-agency partners were also reported to be engaging in deep dives which enabled good reflective discussions.

What are the reasons for any adaptations to delivery, perceptions of facilitators to successful delivery, and barriers and challenges faced or overcome?

As well as the effects of COVID-19, other barriers and challenges faced included clarity over referral criteria for Middlesbrough's FFF service, difficulty recruiting FFF foster carers, the intense nature of FFF and competing demands, and compatibility between young people placed. Supporting integration of the multidisciplinary team and their delivery of the NWD model was a facilitator to model success. Being a service that was not delivered by social workers was felt to be beneficial, but maintaining relationships with social workers was still considered important. More detail on each of these factors is presented below.

COVID-19

It was noted that Covid had delayed implementation and affected how quickly the service could start taking referrals or working with young people who had been referred. Starting a new role during a pandemic was also raised as a challenge. Some social workers reported instances where it was difficult for staff to work face to face with young people and families due to COVID-19, or where parents or carers were not engaged with accessing the support available.

Clarity over referral criteria for Middlesbrough's FFF service

A key challenge for Middlesbrough's FFF service was ensuring the right referrals from social workers. Further, some FFF staff expressed that some of the young people who are placed in NWD placements did not necessarily fit with the NWD model, although their responses suggested some uncertainty about what were the right cases for NWD.



*“...we seem to be getting residential cases in emergencies for extended periods of time that would normally not be a part of NWD due to not meeting the criteria.”
[FFF staff member, follow-up]*

Ensuring the referral form requests appropriate detail about why the service is needed, and having phone conversations with social workers about referrals helped facilitate the appropriateness and quality of referrals made to the FFF service.

Difficulty recruiting NWD foster carers

Another reported challenge has been the recruitment of FFF foster carers, also known as hub community families. Possible reasons suggested for this included the COVID-19 pandemic, an unclear marketing strategy, and foster carers not knowing fully what the (NWD/FFF) role will entail. Further, other possible reasons include potential uncertainty around who the foster carers will be caring for and the level of need, as well as local conditions within the local authority.

Intense nature of Middlesbrough's FFF service and competing demands

The capacity of the service relative to the high level of need in Middlesbrough was seen by staff as a potential challenge. Some staff reported that there have been waiting lists to receive support from FFF, with a need to prioritise who needs to receive support first using a Red-Amber-Green (RAG) rating system. Some staff reported feeling that additional NWD hubs would be beneficial to meet this need.

Competing demands between outreach and the residential side of the NWD model were also noted by some FFF staff, senior leaders and referring social workers. The

time-intensive work to support high-need young people, including missing episodes and incidents going into the night, was also perceived to cause pressure and stress to staff at times.

*“I’m aware of one situation where, because of the young person that they had [in] residency in the hub at that time. Another young person couldn’t get as much outreach support as they might have done because of the demands of caring for that young person who was in the hub.”
[Senior leader, follow-up interview]*

A factor, thought to be useful in the FFF staff recruitment process, and a potential mitigation for this challenge in delivering the NWD model, was that the service manager for FFF was allowed to over-recruit to staff positions.

Compatibility between young people placed

Compatibility between young people within the hub, and suitability of the available FFF foster care placements was a challenge in some instances. One occasion was described where there was incompatibility with a young person placed in the care of the FFF foster carer, with a subsequent disruption to that placement. The high needs of some young people placed in NWD placements was also reported to be unsettling at times for other young people already in residential FFF placements.

Supporting multidisciplinary practice

The opportunity to bond as a team, for example through regular check-ins and staff coming together for development days, was seen as a way to support practice. However building relationships was reported to have been a challenge under COVID-19,



particularly for multidisciplinary staff from backgrounds outside of children's social care. However, once staff could work in person from the hub again, this was reported to be improving and staff were beginning to get a better understanding of each other's roles.

Other enabling factors to support practice included a flexible and responsive approach to training, having the opportunity to implement skills in practice, and having regular reminders of the Provocations and Non-Negotiables in supervisions as well as team meetings.

Shared learning between the FFF deputy managers (i.e. the hub and outreach manager) was also felt to be important because their roles are supposed to interlink, each overseeing half of the service's offer. So far, opportunities for this were felt to have been limited.

Links between NWD and social workers

Staff in follow-up focus groups reported that the FFF service being delivered by staff who are not social workers was beneficial. However, it was also reported that it was useful to be working closely with social workers, to ensure referrals made were appropriate and that the NWD intervention was aligned with social work practice.

In what ways are young people's characteristics and area characteristics perceived to affect delivery and outcomes?

NWD as part of an improvement journey

At baseline, staff identified high levels of need in the local area, and noted challenges of introducing a new model in the context of the Ofsted judgement of inadequate. However, at follow-up some staff felt that their inadequate Ofsted rating

and implementing NWD as part of their improvement journey actually created the conditions for staff to be ready for something new, and so the model landed well. One staff member commented that given the unique circumstances, that other areas may not yield the same results when implementing NWD.

"I really think it's great, but I don't think that you could carbon copy what we've got in Middlesbrough and have the same results. I think we just needed it so bad at that time, which is why it's landed well, it's working well, it's had really good results." – [Senior leader, follow-up interview]

Senior staff at follow-up also reported there's been a lot of change in terms of management in children's social care in addition to changes to the principal social worker. It was also noted that recent changes in senior leadership, and a recently commissioned social work team to support permanence may also have contributed to outcomes for children and young people in Middlesbrough.

Local authority size

Some staff noted that Middlesbrough was a small local authority. While in a larger local authority, such as North Yorkshire, a young person could be moved to a new placement sufficiently far from an area where they were at risk and remain within the country, that was harder to do in Middlesbrough.

Young people's characteristics

Some staff in follow-up focus groups reported feeling that young people's cases which were considered to be of higher urgency or complexity were prioritised at times. For example, support for young people on the edge of care, was felt by social workers to be prioritised at times over



supporting young people already in care, given the time-sensitivity of preventing entry to care.

*“We come from a position where our children are already in care, and you are coming from a position where they’re on the edge of care and in crisis at home. So actually they’re more at risk”
[Social worker, follow-up focus group].*

In contrast, other social workers noted that it could be hard at times for FFF staff to make time for outreach work when they were working intensively with young people placed in the hub who had high needs. It was also noted by some social workers in a follow-up focus group that the compatibility of young people in the hub was an important consideration for whether or not certain young people could be placed there.

A couple of staff in follow-up focus groups noted that preventative support not currently offered could benefit young people below the age group currently served by Middlesbrough’s FFF service.

What sustainability planning is in place?

The key component of sustainability planning which was identified in the follow-up focus group held with heads of service, was the steps being taken to align the children’s social care practice model, policies and guidance with the NWD approach. Senior leaders reported plans to refine the development plan and practice framework as part of the ongoing improvement journey. This was expected to facilitate a clear and consistent approach across children’s services.

Senior leaders reported that although there are no firm plans yet in terms of financing Middlesbrough’s FFF service in the future, there is a strong commitment to continuing the project, and they are in the process of budget planning for the next three years and looking into how they mainstream the project and offer it to a broader cohort. It was noted that reducing spend on external residential placements was a key factor expected to support sustainability of the NWD model, and that increasing the capacity and reach of the FFF service was under consideration.

Is the intervention acceptable to (well received by) key stakeholders including senior leaders, staff and practitioners working directly with children and families, and families?

Summary of Findings

At follow-up, most FFF staff reported feeling positive about their experience so far and satisfied with the training and information provided. Some family members shared that they had strong relationships with FFF staff and reported experiencing intensive and responsive support from Middlesbrough’s FFF service. FFF staff were reported to work hard to build relationships with families, and being able to take young people out on activities appears to be a key part of relationship building. FFF staff feel they have had a positive response from families. Family members described support from FFF as addressing needs which have been left unmet for years. However, parents expressed that they would have preferred the support earlier, rather than it taking a major incident to happen before receiving it. Some staff reported that the model may be further improved by reviewing the criteria for hub placements and also the duration of placement with the NWD foster carers.



Indicators

Is the model well received by 70% of staff?

According to the follow-up survey with FFF staff, 13 of 16 respondents (81%) reported that their experience so far had been positive or very positive, and 100% of respondents were satisfied or very satisfied with the information and training provided in relation to NWD.

The FFF team was also generally well regarded by wider staff outside the service, including social workers. Although social workers commented on challenges maintaining the pace of the outreach work and ensuring stability within the team, they also shared experiences of some positive work completed by the service.

Are 70% of staff satisfied in their jobs and intend to remain in their roles?

According to the survey, 13 of 16 respondents (81%) agreed or strongly agreed that they felt satisfied in their job, and 15 of 16 respondents (94%) reported that they were likely or very likely to stay in the FFF team for the next 12 months.

Family views (acceptability) of the model, their experience of the support provided, and how well staff built relationships with young people

Families reported experiencing intensive and responsive support from the FFF service. Families reported that the support provided by key workers was consistent, timely and responsive to their needs.

"She's fantastic [key worker] and like sometimes my own social worker, she was in and out and sometimes I needed her to be down sorting things in my house and she wouldn't come. [Key worker] would come."
[Parent, follow-up interview]

This support was described as addressing needs which have been left unmet for years, such as enabling timely access to therapeutic support, for example. Some parents described how they had been wanting support sooner, how parents should be listened to earlier on, and how it took major incidents for their families to receive support.

The families we spoke with spoke positively about their relationships with the life coach, key workers, and the communication support worker. One FFF staff member also shared that the NWD approach allows them to develop meaningful relationships with children and families.

Parents reported feeling that their children have developed positive relationships with staff at FFF. This was considered important where young people had previously had a lack of trust in adults.

"Well [young person] can talk to her so there must be something there because [young person] doesn't talk to anybody. [Young person] tells [key worker] more things than [young person] actually tells me." -
[Parent, follow-up interview]

These experiences were in contrast to reports from some parents and young people we spoke with who had experienced instances of instability or inconsistent communication from social workers in the past. It was noted by a FFF staff



member, in a follow-up focus group, that the independent nature of the FFF service, perceived as being separate from children's social care, is something that has helped to facilitate families' engagement.

However, discussions amongst staff in follow-up focus groups, and in meetings we observed, indicated that there had been mixed experiences of relationship building. Some young people were reported to take longer to build those relationships with FFF staff, and in some instances issues such as staff changes or disruption to regular visits due to factors such as COVID-19 were felt to be barriers to engagement from certain young people.

"He engaged well with the outreach worker at the initial visit. Was really keen, and again I think there was a gap in revisiting that young person. Again you know, a three week gap, so he lost interest."
[Social worker, follow-up focus group]

2. Evidence of promise

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?

Summary of Findings

Observations, focus groups and interviews identified examples of staff working restoratively with young people and families. This involved building trusting relationships, making decisions together with family members and reflecting the young person's voice in decision making and practice. Staff also used strengths-based and reflective practice. However, there was also some evidence of continued use of elements of

Signs of Safety, as well as confusion over whether Signs of Safety should still be used. This suggests the importance of clear guidance on integrating NWD with existing or previous practice models.

Support for young people and families included a range of placements and support in the hub, as well as outreach. Young people and parents were supported by key workers with daily routines, addressing risk and for issues such as education or parenting. Support was also flexible and available out of hours where needed, and included the multidisciplinary staff team as well as other services such as the Virtual School. The majority of staff (63%) reported that young people engaged with the development of their NWD/FFF plan, although not all young people we spoke to were clear about their plan or goals. Processes for risk management included intelligence provided by the police analyst role, and the use of multidisciplinary RAISE (Risk, Analysis, Intervention, Solution, Evaluation) meetings. Information sharing within the FFF service, with social workers and with partner agencies was generally reported to be good.

Indicators

How are restorative and strengths-based approaches used in practice?

Restorative practice

We noted use of restorative practice in Middlesbrough's FFF service through interviews and observations at follow-up. For example, staff described working collaboratively alongside children and families, building trusting relationships, using language which was more restorative, and providing support in line with their preferences and needs. 'Doing with' (rather than 'to') families was demonstrated where



we observed staff discussing working together with parents to make decisions about a young person's healthcare, or maintain boundaries for a young person. We also noted through interviews and focus groups that listening to the young person's voice was a central part of the work done in FFF.

Strengths-based and reflective practice

Staff discussed family or young person strengths across all the meetings we observed. Staff in focus groups also reported working in a strengths-based way, with families but also with staff. This was done by considering staff skills and strengths when allocating young people's cases or planning support.

FFF staff in follow-up focus groups reported using reflective supervision, thinking about where they are with their young people, what went well, what didn't go well and what next steps they might be able to try. We also observed use of reflective practice, for example discussion about family or family member's experiences and needs, or explanations for certain behaviours, to help inform intervention.

Continuing use of Signs of Safety

It was noted by some staff that children's social care teams in Middlesbrough have moved away from the Signs of Safety practice model towards using restorative practice and the NWD Non-Negotiables and Provocations. However, some staff interviewed expressed confusion around the practice model, with some saying this is currently in use, others saying in partial use, and others saying this is not in use anymore. Follow-up interviews and observations indicated that some staff in Middlesbrough, within FFF as well as across children's

services, did continue to use certain elements of Signs of Safety. For example, each professional was asked to provide a scaling score, a key component in Signs of Safety practice, in both RAISE meetings we observed.

Do young people engage with the development of their care and progression plans?

Engagement of young people with the development of their NWD/FFF plan was reported by 10 of 16 staff responding to the survey (63%). However, young people may not consistently be clear or fully involved in developing their plans or goals. One young person commented, in relation to their goals:

"Yeah, I've seen a paper somewhere. I can't remember half the stuff."
[Young person, follow-up interview].

How do referrals, managing risk, decision making, care plans and support for young people and families operate in practice? Is this consistent with the logic model and how does this differ from previous ways of working?

Referral pathways

Respondents in follow-up focus groups and interviews reported that referrals to the FFF service often came from the social worker but also from other services such as schools, the virtual school and Youth Offending Service (YOS). Referrals to Middlesbrough's FFF service were for a range of reasons, including preventing entry to care as well as supporting young people to return from residential care to live with their family or in foster care.



Support for young people and families

Each young person in the service had a Safety Support Plan which incorporated the Non-Negotiables and Provocations being worked towards and identified the team members providing support. Deep Dives were used for some young people, where a group of professionals reviewed the whole case history for a young person in order to better understand the young person, their perspective, history and experiences, and to learn from that history to inform a plan for support and intervention.

Resource workers in the FFF service spent time building relationships with young people, supporting young people to develop daily routines, and to engage in activities and sports. FFF staff also supported young people with engaging in education, and had conversations with them about behaviour or addressing risk. FFF staff also supported parents or carers to implement daily routines and coping strategies. The multidisciplinary specialists supported other staff in the FFF service as well as providing support for young people directly. Support was also provided by other services such as support from the virtual school.

Decision making and risk management

The FFF service offered a fast and flexible response to crises out of hours on evenings and weekends, such as families at risk of placement breakdown, or young people going missing. FFF staff were also trained to use de-escalation and diffusion techniques when needed.

“We are able to support them sometimes in crisis. It could be things were going fine, then one night you receive a phone call from family and things are breaking down. But they do pick up the phone and ring you rather than police, where previously they might just contact the police.”
[FFF staff member, follow-up focus group]

The police roles were reported to use intelligence to help with understanding and monitoring levels of risk for young people, providing information about risks to support bespoke support such as missing plans.

“Where children go missing, the police analyst is supporting really bespoke missing plans with some really good quality missing plans, where we are identifying locations, associates, that is supporting a kind of management of risk for children who are on the edge of care or are in care.”
[Senior leader, follow-up interview]

Staff discussed risks in the meetings we observed. RAISE meetings were focused around identifying and managing risk, sharing information, and informing the young person's plan. Other types of team meetings provided opportunities for a more proactive approach to anticipating risk, such as development of skills to respond to challenging or potentially risky behaviour, and proactive planning to mitigate anticipated risks.

Difference from previous ways of working

Outreach work was a new skill for some staff in FFF who had previously worked only in residential roles. It was also reported that the preventative and respite work the service was able to provide filled a gap in previous service provision, and that working more intensively and flexibly with families than existing services were able to do provided the opportunity to build relationships, get to know families' needs better and offer more support. This included support



outside of usual working hours. Having a multidisciplinary team, including in-house access to a life coach (clinical psychologist) and communication support worker (speech and language therapist) was also a change. This change made these services more accessible and immediate for families.

“When you become involved with a family, and you come in saying you want to help them, but then the interventions that you need for them, you’re stuck on a waiting list. By the time that you get to the front of the queue you’ve generally lost that family because the support hasn’t been there.”

FFF staff member, follow-up focus group]

How is information shared and used across partners and within Middlesbrough’s FFF service?

We observed examples of close team working and information sharing within the multidisciplinary FFF service, as well as information sharing with social workers and with multi-agency partners. It was also reported that FFF staff worked closely with social workers, independent reviewing officers (IROs) and anyone else involved with a young person’s care. Close working relationships were also reported between the FFF head of service and other heads of service within children’s social care, as well as the director of children’s social care. There were also instances reported of good working relationships and communication with the virtual school head, who took part in deep dives and communicated regularly with the FFF service manager, as well as good working relationships and communication with partner agencies.

“Going back to the deep dives. They’re multi-agency as well. So I think operationally, there’s really good reflective discussions that happen in those meetings where people all leave with a shared vision of what needs to happen, and it’s not just children’s social care [who have] taken on responsibilities for the next steps.”

[Service manager, follow-up focus group]

a: 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?

The skilled in-house multidisciplinary team was identified as central to the model’s effectiveness. This team offered support to families faster than it would be accessed through usual service. Another key element was the intensive, flexible and responsive nature of the service with professionals seeing young people regularly, responding quickly and being available out of usual working hours. Finally, listening to the young person’s voice and understanding their needs was reported as a further key element of the NWD model.

A skilled in-house multidisciplinary team offering timely support

The in-house multidisciplinary team, and their level of skill and training, was a key component of the model reported in focus groups and interviews at follow-up. This enabled support for young people and families to be informed by professionals with a range of different expertise. This led to more timely support for staff and families across areas of need such as mental health and speech and language in a way that was not possible in usual services.



"I've been begging social workers for years to help me with my mental health and with [young person]'s and all I get is 'we'll put you on a list', you know, to see a psychologist, and I'd be still waiting. But [key worker], she got someone there straightaway to assess me and [young person], and [I've] finally been diagnosed with something now, and [key worker]'s the one who got us the therapist."
[Parent, follow-up interview]

An intensive, flexible and responsive service

Staff highlighted the intensive and flexible nature of the support the FFF service was able to offer for young people, parents and carers. Young people and parents we spoke to reported regular contact and communication with the key workers from FFF, and with other professionals such as the life coach. Staff reported that this intensive and flexible approach was beneficial for building relationships, getting to know young people and families, understanding need and achieving progress more quickly than other services might be able to.

"Because we're so intensely involved, that constant one person and a whole team behind you, we do learn quite a bit. That's why we can quickly, with everyone's efforts, move things forward quite quickly for the family, and understand the needs and what they need, and put intervention in place."
[FFF staff member, follow-up focus group].

The 24/7 nature of the FFF service, being accessible to young people, parents and carers outside of usual working hours, and responding quickly to crises on evenings

and weekends, was also reported to be a unique feature and a valued component of the service.

Listening to the young person's voice and understanding need

Using referrals, deep dives and working closely with families to understand their needs, particularly listening to the young person's voice, was also reported as a key component of NWD in follow-up focus groups. In line with this, when asked what has been the best thing about working with the life coach or their key worker, one young person shared that they felt listened to by staff at FFF.

"...staff haven't [previously] listened and took things on board. Whereas in here you know they've taken things on board and follow-up of what they've said they were going to do".
[Young person, follow-up interview]

b. What potential impacts of the intervention do stakeholders identify?

Summary of Findings

Stakeholders in interviews, focus groups and observations identified that potential impacts of NWD include reducing risk and increasing safety for young people, reducing and preventing entry to care, improving reunification, reducing use of external residential care and out of area placements. There are also perceived cost savings of reducing the number of high cost external residential placements. Further, the model is thought to improve education and wellbeing. Through a multidisciplinary team, the model is thought to support holistic understanding of young people, and FFF staff are also thought to positively contribute to improving the quality of children's social care plans, assessments and meetings.



One potential unintended consequence of introducing the NWD model was uncertainty from staff in other outreach services about what their own roles should be. This was mitigated by clear communication across Children's Services. Another potential unintended consequence for some young people was the disruption of transitioning out of the FFF service when they moved to another placement or the support from the service ended. We did not collect data on how prevalent these issues might be, but they highlight areas to be mindful of when implementing the model.

Administrative data is also presented which shows a number of indicators over the three months before and after NWD was introduced in Middlesbrough. This includes the numbers of children looked after, including numbers of residential and external placements, as well as the number of placement changes and duration looked after. However, due to the short time frame of evaluation, absence of a control group, and the influence of the COVID-19 pandemic, it is important to note that this should not be used as evidence of whether the model has had an impact.

Indicators

Key LA level indicators pre and post introduction of NWD

Table 12 in Appendix A and Figures 6 and 7 show key LA level indicators pre and post introduction of NWD. These findings show some changes in these areas of children's social care intervention over time. However, these should not be taken to indicate evidence of impact of the model. This evaluation has not included a comparison group and is not designed to measure impact. It is also only observing these indicators over a short six month period of time, during which the intervention was implemented for just three months. Further, the introduction of the model also

took place at the same time as the global COVID-19 pandemic, which is also likely to have affected intervention and outcomes for children and young people. In summary, findings show that:

- The number of children looked after was 642 three months before the FFF service launched (June 2020). This had increased to 699 when the FFF service launched (September 2020) and decreased again to 660 three months later.
- The number of children and young people in residential placements was 74 three months before the FFF service launched (June 2020). This had increased to 80 when the FFF service launched (September 2020) and decreased again to 73 three months later.
- The number of children and young people in external residential placements was 64 three months before the FFF service launched (June 2020). This had increased to 70 when the FFF service launched (September 2020) and decreased again to 62 three months later.
- The average number of placement changes of children looked after in the last twelve months was 1.4 three months before the FFF service launched (June 2020). This remained stable when the FFF service launched (September 2020) and increased slightly to 1.5 three months later.
- The average duration children were looked after was 143 days three months before the FFF service launched (June 2020). This remained stable at 142 days when the FFF service launched (September 2020), but had increased to 236 days three months later.



Figure 6: Residential Placements Before and After the FFF service

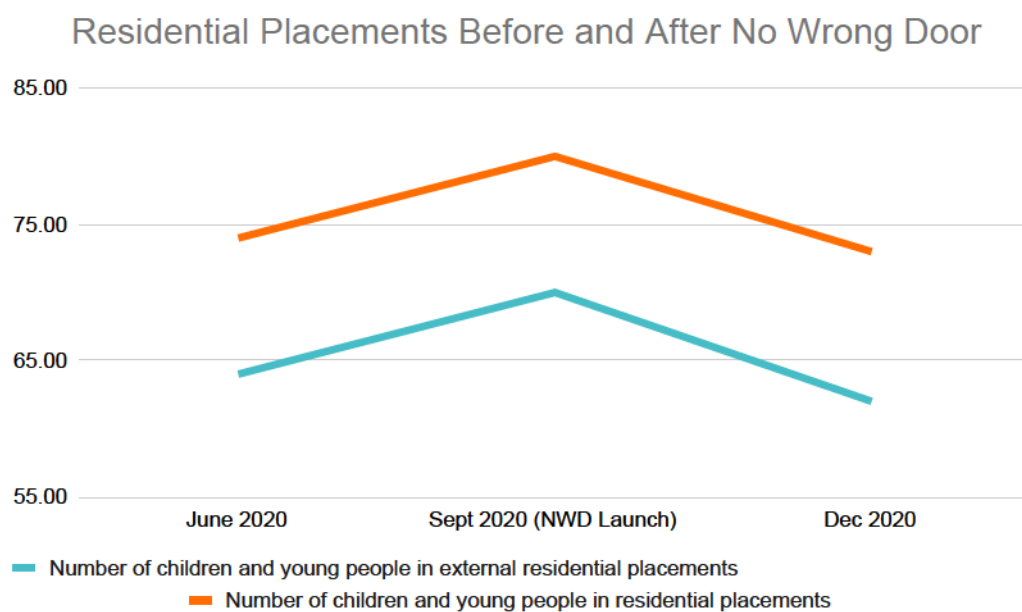
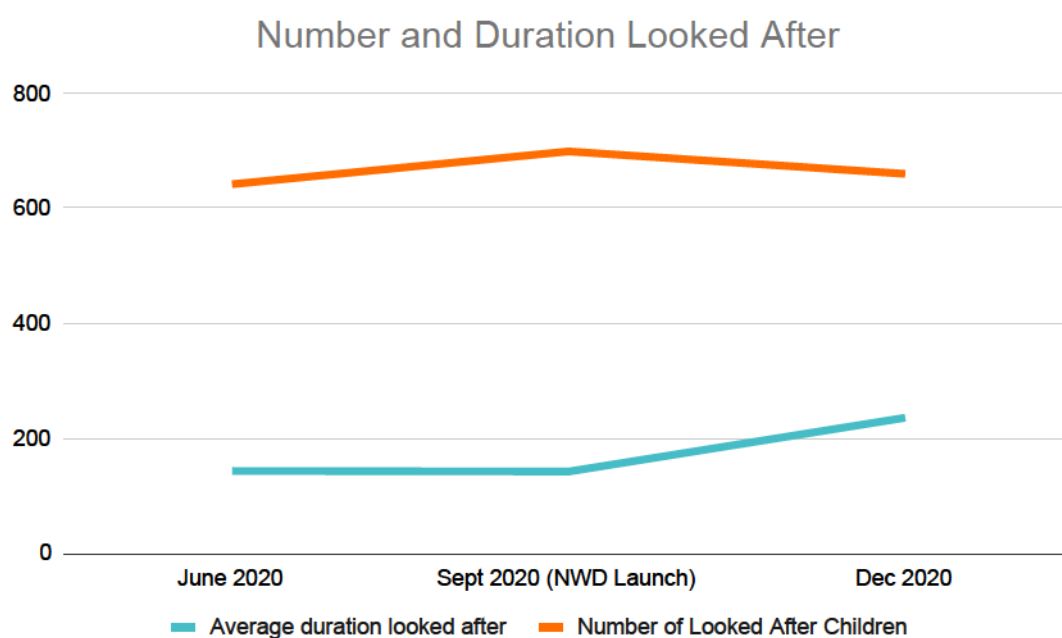


Figure 7: Number and Duration Looked After





Key NWD service level indicators at entry and exit to the FFF service

Data on key indicators at entry and exit to the FFF service were only available for the six young people who were supported by and subsequently closed to the FFF service. These are therefore based on a very small number and so have been reported here qualitatively rather than quantitatively to avoid being misinterpreted. Findings show that some young people who had been looked after were no longer open to children's social care when they stopped working with the FFF service. Engagement in education, employment or training remained relatively stable between entry to and exit from the FFF service, with a mixture of young people who were in full time education, alternative provision or not in education, employment or training (NEET). Missing episodes were available for the twelve months prior to accessing the FFF service, and during the young person's support period with the FFF service, and so were not directly comparable. Strengths and Difficulties Questionnaires (SDQs), which is a brief behavioural screening questionnaire, were only available for two young people at entry to the FFF service, and were not available for any of the six young people at exit from the FFF service. These findings give us an idea about the characteristics of young people supported by the FFF service, but should not be taken to indicate evidence of impact of the model, as they are based on a small number of young people over a short period of time, and there is no comparison group.

To what extent and through what mechanisms is the intervention perceived to affect family engagement and outcomes?

The survey found that 15 of 16 respondents (94%) agreed or strongly agreed that

the FFF service had improved outcomes for young people and families in Middlesbrough, and 100% of respondents agreed or strongly agreed that NWD improves young person and family engagement with children's social care. Interpretation of these findings should take into consideration that this is perceived change, is not measured at the individual level, and has not been compared to a comparison group. Findings from interviews and focus groups in relation to perceived outcomes from the NWD model are summarised below.

Reduces risk or increases safety

Staff reported that working with young people and their families was perceived to prevent escalation, build relationships, and reduce risk, or risky behaviours such as substance misuse, evidenced in some cases by de-escalation of support needed.

Children looked after

Many FFF and children's social care staff reported that the service was contributing to a reduction in children looked after in Middlesbrough through children not coming into care, although it was acknowledged that FFF was not the only factor likely to have influenced this. Several staff also described how FFF's work with young people can lead to transitions home. Benefits for family relationships were also noted. One parent shared that they noticed a change in their child's behaviour, suggesting increased communication between them. Another parent interviewed shared how the support from FFF has led to them feeling more able to care for their child.



“When you’ve got social work and things helping you, because I was so bad with [young person] I just wanted [young person] put in care to shock [them] more or less. But we’re getting through it now, [young person] has calmed a lot.” - [Parent, follow-up interview]

A substantial shift in use of out of area placements in Middlesbrough was also noted. However, supporting return from external residential care was achieved in partnership with the Innovate Team, who would assess the appropriateness for a child or young person to move out of external residential care, before the FFF service would look at how to support that young person.

“...I know there is a drive about bringing children back home because that’s where they should be and it’s the Innovation Team that’s worked alongside that. But I would say that the Future for Families have been instrumental in that. They have supported that initiative.” [Senior leader, follow-up interview]

While emphasising that placement changes were made based on the best interests of children, a senior leader shared that there were substantial cost savings also resulting from reducing the use of external residential placements.

Other outcomes for children and young people

Observations and interviews identified that the FFF service is thought to be improving a range of other outcomes for children and young people. This included the wellbeing of parents and young people as well as school attendance and engagement in education.

“[Young person] wasn’t getting school work whatsoever, but now [they’ve] got a

home tutor, which I’m sure that was all down to [key worker] really, and [young person]’s quite happy doing the home tutoring.” - [Parent, follow-up interview]

Improves quality of plans, assessments, and meetings

In addition to creating perceived impact beyond the FFF service i.e. into the wider service of children’s social care, some staff have commented how the NWD approach supports a holistic understanding of young people, and that FFF staff can contribute to improving the quality of children’s social care plans, assessments, and meetings. For example:

“They’re contributing positively to that multi-agency aspect of Care Plans because of the resource they bring from police and from SALT (speech and language therapy), and from psychology.” - [Senior leader, follow-up interview]

c. Do there appear to be any unintended consequences or negative effects?

Impact on staff in other outreach services

One unintended consequence was that some staff in other outreach services across children’s services felt unsure about their role, given the introduction of the NWD model. A senior member of staff reported that this was managed carefully with clear communication and this issue continues to be given consideration going forward, i.e. how to differentiate between the different outreach teams.

Instability for young people

Another unintended consequence identified by some staff was in relation to stability for young people. For example, a senior leader reported that where young people were settled in NWD placements it could be a



challenge in some cases to move them on. At baseline, staff identified that it would be important to communicate the temporary nature of the NWD residential placements to avoid it feeling like a further disruption to young people. Another staff member at follow-up commented on the instability experienced when there are changes in the young people a young person lives with in the hub. In another example, a social worker reported that there had been instances of abrupt endings to support provided by Middlesbrough's FFF service, which had not been received well by young people.

"For mine it's been quite an abrupt end for these kids who have already had quite a lot of rejection." [Social worker, follow-up focus group].

3. 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?

A revised logic model is presented in Appendix D outlining the intervention and its facilitators and barriers. This is simplified and adapted from the version presented in the pilot evaluation protocol (Sanders et al., 2019). The initial logic model developed at the outset of this pilot evaluation was largely supported by the findings in this report. However, there were certain elements that have been added based on these pilot findings.

Assumptions and contextual factors

Most contextual factors were already captured in the logic model. We added additional assumptions and contextual factors to emphasize the importance of receiving appropriate referrals, having

sufficient resource to meet local need (including a balance between outreach and hub roles) and clarity over how to integrate with local practice models such as Signs of Safety.

Intervention

The intervention itself was largely captured as described in the logic model. We added a note that some areas may tailor components such as the NWD Provocations to their local context.

Mechanisms

The logic model already captured one of the key mechanisms we observed, which was the skilled, in-house multidisciplinary team leading to more timely support and fewer referrals. In the logic model, where working with partners to identify and manage risks was already mentioned, we added that this includes holding RAISE meetings attended by multi-agency professionals. We also added that NWD care and progression plans can be informed by deep dives where these have taken place. While the flexible nature of support was already captured, we added the role of the intensive nature of the offer and ability to respond quickly and out of hours. Where the logic model already mentioned young people engaging with their care and progression plans, we emphasized the importance of listening to the young person's voice and staff developing a more holistic understanding of their needs.

Outcomes

This evaluation was not designed to test whether outcomes were achieved, but the potential outcomes identified in this pilot evaluation were largely already captured in the logic model. We added reference to the unintended consequences we identified which were not currently captured. The



unintended consequence we had originally included in the logic model, related to young people not entering care in the short term being at risk of developing more complex needs and entering care later if not sufficiently managed. This was not raised as a concern by staff and families we spoke to in this pilot evaluation, suggesting that Middlesbrough's FFF service was perceived to be providing the right support to keep these young peoples' needs met. This should continue to be monitored in future evaluation.

b. Is the intervention able to be delivered consistently across teams?

Social workers in follow-up focus groups identified that the support FFF offered differed at times depending on which young people they worked with. A social worker who worked with young people on the edge of care reported feeling that young people were offered support for as long as it was needed, whereas social workers who worked with young people who were in long term care reported that in some instances support ended more quickly for the young people they worked with.

c. Are any changes needed to the theory, materials or procedures before rollout?

Several staff have advocated for increasing capacity within Middlesbrough's FFF service, for example, through more posts and funding and the creation of another FFF hub or multiple hubs. It was also mentioned, by a senior manager, that an occupational therapist could be a good addition to the team to complement the communication support worker and the life coach. It was also important to create clarity around the criteria for young people who can stay in NWD placements, and those who can receive outreach support, so staff have a good understanding of who should

be referred and can make best use of the model. The length of placement with the NWD foster carer was also felt to be short in nature, e.g. three to four months, and some respondents noted that a longer placement may allow for further relationship building and work to take place. Also, there could be closer joint working between children's social care and the FFF service.

"...Middlesbrough's Social Services, Future for Families, supported lodgings. They all need to be making sure that they are all working together all the time. They do try, but sometimes the left hand doesn't tell the right hand what it's doing." [Foster carer, follow-up interview]





DISCUSSION

Discussion of Findings

Findings suggest that many elements of the No Wrong Door model are feasible to implement in a new local authority, even in the context of a global pandemic. Elements that were harder to implement included finding suitable foster care placements in some instances, and attendance of all appropriate multi-agency professionals at RAISE meetings. The model is also well received by staff and families, particularly the intensive and timely 24/7 support offered by a highly skilled multidisciplinary team. However, there is still further work to be done around clarifying the remit of the service for referring professionals, and balancing support for young people in hub placements with outreach support.

Although this evaluation is not designed to test impact, a range of potential benefits for children and families are identified, including preventing entry to care and reducing out of area placements. However, Middlesbrough employed several strategies to reduce their high numbers of children looked after and those who are in out of area placements, alongside implementing the NWD model. Therefore, future research must take into account all the strategies employed to support families living safely together and thus evaluate the model in its wider context.

Any conclusions drawn from this pilot evaluation should keep in mind the context in which NWD in Middlesbrough was being implemented and evaluated. This includes an overall 'inadequate' judgement from Ofsted in January 2020 which affected

timelines for introducing NWD. Some staff felt that this Ofsted judgement created the conditions to allow something new to come in and that the model therefore landed well with staff. This may have facilitated delivery in a way that may not occur in other areas without this context. Delivery of the NWD model in Middlesbrough was also affected by the COVID-19 pandemic.

It is also important to note that this pilot evaluation is only able to capture the early stages of implementation, and cannot provide evidence on the longer term embedding of the NWD model. Nevertheless, there is some promising evidence that parts of the NWD model, for example the deep dive approach, and use of the Non-Negotiables, Provocations, and Distinguishers, have spread beyond the FFF service in Middlesbrough to wider children's social care teams. This evaluation does not include continued changes in Middlesbrough subsequent to the collection of data for this pilot evaluation. Implementation was also affected by factors including shortages in foster carers with suitable experience.

Although the context for each local authority introducing NWD will differ, findings from this pilot evaluation may be useful to inform refinement of training, materials and support provided by the intervention developer, as well as informing plans and activities undertaken by the local authorities who are introducing NWD themselves.

Refining support available from the intervention developer and adopting local authority, as well as overcoming



local and national barriers to successful implementation of NWD as intended by the model developers, will ensure that any impact evaluation is an evaluation of the true model, rather than a partial version of it. This would enable accurate conclusions to be drawn about the effectiveness of NWD. If the model is found to be effective, being able to deliver the model in a way that changes practice as intended will also be important to achieve optimal outcomes for children and families.

Quantitative evaluation would be needed to establish whether the mechanisms identified in this pilot evaluation are actually happening more in NWD than in practice as usual, as well as whether they are leading to actual impacts in the range of potential child and family outcomes that the model was reported to be likely to achieve.

Limitations

Usual Social Work practice, as well as delivery of NWD were affected by the COVID-19 pandemic. This affects how much the findings from this pilot evaluation can be generalised in the future, although it is likely that the COVID-19 pandemic will continue to affect children, families and Social Work practice for some time to come.

A formal rating of fidelity to NWD was out of scope of this evaluation, and findings are based on a small number of observations. This means concrete conclusions about whether the components of NWD are being fully implemented cannot be drawn.

Interpretation of findings should also consider that staff who chose to respond to the survey may not be representative of all staff in the FFF service. Although survey data was anonymous, responses may also have been affected by desirability effects,

such as reporting using a certain approach that they are expected to be using. Without a formal observation it is not possible to conclude whether or how much staff are actually using the intended approach, or the quality of implementation.

This evaluation aims to report on feasibility and promise of NWD in a new area, and gain understanding of its mechanisms. It is not able to and should not be used to draw conclusions about the impact of NWD. The stepped-wedge randomised controlled trial of NWD being undertaken by WWCS as part of the Department for Education's Strengthening Families, Protecting Children programme is the next step in this evaluation process (Schoenwald et al., 2020). This project, now underway, aims to draw conclusions about the impact of NWD relative to a robust comparison.

While this evaluation aimed to inform the next phase of the NWD evaluation, delays in implementation and evaluation, including those linked to COVID-19, have meant that by the time this report is published, all local authorities in the SFPC programme will have begun implementing NWD. Findings from this pilot evaluation are still useful to inform the longer term embedding of NWD in these local authorities, as well as the next phase of evaluation. For example, through informing key elements to consider in the ongoing implementation and process evaluation. They are also of benefit to inform other authorities that may consider introducing NWD outside of the SFPC programme.



Conclusions and Recommendations

Based on findings of what worked well in Middlesbrough, as well as ways in which delivery could be improved, the following processes should receive particular attention when introducing and embedding NWD in a new area, to ensure successful implementation:

- Staffing of NWD teams should ensure capacity to respond to the needs of young people who are in placements and those who require outreach support. Staff should also have time to build meaningful and consistent relationships with families they work with and offer a slow withdrawal of support to avoid further disruption for young people. Dedicated staff for each type of role, or over-resourcing the service, may be ways to enable this. How consistency can be maintained when staff are not on shift should also be considered. Local authorities with a high level of need may need to consider investing in multiple NWD hubs or using the NWD approach across their wider residential offer.
- To support appropriate and sufficiently detailed referrals to the service, referring practitioners should be provided with comprehensive training and guidance, for example an e-learning package and refresher support as needed. This should ensure they have a good understanding of the NWD approach, the support it offers, who is suitable for the service, and how it differs from other local service provision. To facilitate the multi-agency approach to managing risk, services should also ensure that multi-agency partners receive appropriate guidance on the NWD model and are encouraged to attend RAISE meetings.
- To facilitate NWD to operate as intended, guidance for embedding the NWD Provocations, Distinguishers, and Non-Negotiables and achieving a consistent approach to practice across children's services should be available. This should include guidance on whether and how any existing practice models such as Signs of Safety should be used in conjunction with the model. This should ensure a consistent approach to decision making and support across children's social care, and continuity of support for children who are moving on from the NWD service. Any local adaptations to the Provocations, Distinguishers, and Non-Negotiables should be developed in partnership with North Yorkshire County Council to ensure these are in line with the NWD model.
- A sufficient supply of foster carers suitable to care for teenagers is important to enable young people to be supported to move into stable family based placements. This may be supported by early recruitment of the NWD specialist foster carer roles, also known as hub community families, and local authority wide recruitment and training of mainstream foster carers.
- Regular opportunities to revisit the NWD approach, and for the team to bond together are important to ensure the multidisciplinary NWD team are sufficiently well trained and supported. Later starters should also receive the training package, particularly training in restorative practice. Training needs of staff who may not have a background in children's social care should be considered.



Directions for Future Research

Findings from this pilot evaluation can be used to understand how NWD is delivered in a new area, but cannot answer questions about the impact of NWD on outcomes. The next step to build on these findings is the stepped-wedge cluster randomised controlled trial (RCT), supplemented by a Difference-in Differences analysis, being led by WWCSC (Schoenwald et al., 2020). This is being undertaken in four local authorities who are introducing NWD between 2020 and 2022. All four local authorities have now begun delivering a NWD service. This evaluation will follow these local authorities over time to consider the impact of NWD on the likelihood of children being looked after. Secondary outcomes this evaluation will also be measuring are the number of days in care, the number of placement changes, and likelihood of being not in education, employment or training (NEET). This impact evaluation will be accompanied by an Implementation and Process Evaluation (IPE) seeking to measure implementation to help understand and explain any identified intervention effects (or lack thereof) in the concurrent stepped-wedge cluster randomised controlled trial, and continue to improve understanding of the model.

This next stage will take into account key learning from this pilot evaluation about the availability of data and what components and mechanisms to measure. For example, the next phase of the evaluation should consider what local adaptations are made such as to the Provocations, and how NWD and existing local practice models are integrated. The Implementation and Process Evaluation should also seek to measure whether risks and challenges identified in this pilot, such as the effects of COVID-19 availability of foster care placements, and clarity over referrals to the

NWD service, are overcome in the local authorities participating in the trial. This will have important implications for interpreting the impact findings and whether an effect, or absence of effect, might be attributed to differential implementation rather than the NWD model as specified. It will also be possible to consider whether mechanisms operate similarly in different local authority contexts, and whether components of NWD were already in place before the model was introduced. Future evaluation should also monitor for any potential unintended consequences of the model identified in the original logic model and within this pilot.

Future research may also consider further testing of the logic model. This may include whether the mechanisms of NWD can be measured quantitatively and establishing the key active ingredients and mediators of the model.





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APPENDICES

Appendix A: Tables

Table 2: Characteristics of young people being supported by NWD

	NWD launch (07/09/2020)	Three months after NWD launch (07/12/2020)
Young people in NWD placements	0	5 (3 full time, 2 respite)
Young people being supported by outreach	14	40
Average age	14.07	14.42
Male	7 (50%)	26 (58)%
Female	7 (50%)	19 (42)%
White British	12 (86%)	38 (84%)
Not White British ⁷	2 (14%)	7 (16%)
Average number of changes in key worker	0	0
Average frequency of young people's case review by NWD staff	N/A	At least monthly
Average number of days from referral to NWD to opening young person's case	N/A	Referral to intervention - 23 ⁸ Allocation to intervention - 16
Statutory status		
Child in Need	0	6 (13%)
Child Protection	0	13 (28%)
Looked After Child	11 (79%)	26 (57%)
Other e.g. Pre-Proceedings	3 (21%)	0

7 Cell sizes too small to report more detailed breakdown (includes Asian / Asian British, Black / Black British, Gypsy / Roma, Mixed and Other Ethnic Group)

8 Most of the young people that have come into the NWD placements start as an outreach case and progress to requiring support through placements, in these instances they are not logged as an additional referral for the NWD service.



Placement type		
With Family or Connected Person	3 (21%)	24 (53%)
Foster Care	9 (64%)	9 (20%)
Residential Care	2 (14%)	6 (13%)
NWD Hub Residential Care	0	3 (7%)
NWD Foster Carer	0	1 (2%)
Supported accommodation or lodgings	0	2 (4%)
Type of (direct) specialist support being received		
Life Coach	0	7 (16%)
Communication Support Worker	1 (7%)	10 (22%)
Police Liaison Officer	0	11 (24%)

Table 3: Experience of NWD

	How would you rate your experience of NWD (Futures for Families) so far?
Very positive	2 (13%)
Positive	11 (69%)
Neither positive nor negative	3 (19%)
Negative	0
Very Negative	0
Total	16

Table 4: Satisfaction with training

	How satisfied or dissatisfied do you feel by the information and training on NWD (Futures for Families)?
Very positive	7 (44%)
Positive	9 (56%)
Neither positive nor negative	0
Negative	0
Very Negative	0
Total	16



Table 5: Job satisfaction, buy in and confidence

	I feel satisfied in my job	I think there is sufficient buy in from leadership for NWD (Futures for Families)	I feel confident using the NWD (Futures for Families) model
Strongly agree	4 (25%)	4 (25%)	4 (25%)
Agree	9 (56%)	11 (69%)	10 (63%)
Neither agree nor disagree	2 (13%)	1 (6%)	2 (13%)
Disagree	1 (6%)	0	0
Strongly disagree	0	0	0
Total	16	16	16

Table 6: Staff time for NWD and work with parents or carers

	I have enough time to take full advantage of the NWD (Futures for Families) model	I have enough time for direct work with the young people allocated to me	I have enough time for direct work with the parents / carers allocated to me
Strongly agree	0	1 (8%)	1 (9%)
Agree	9 (56%)	8 (67%)	6 (54%)
Neither agree nor disagree	3 (19%)	2 (17%)	3 (27%)
Disagree	4 (25%)	1 (8%)	1 (9%)
Strongly disagree	0	0	0
Total	16	12	11



Table 7: Attending restorative training

	I have been trained in a restorative, strengths-based approach
Yes, I attended all training	7 (58%)
Yes, I attended some training	4 (33%)
I'm not sure I received it	1 (8%)
No	0
Total	12

Table 8: Young person engagement with plans

	I have been trained in a restorative, strengths-based approach
Strongly agree	0
Agree	10 (63%)
Neither agree nor disagree	6 (38%)
Disagree	0
Strongly disagree	0
Total	16

Table 9: Perceived outcomes

	NWD (Futures for Families) ...	
	NWD launch (07/09/2020)	Three months after NWD launch (07/12/2020)
Young people in NWD placements	5 (31%)	4 (25%)
Young people being supported by outreach	10 (63%)	12 (75%)
Average age	1 (6%)	0
Male	0	0
Female	0	0
White British	16	16



Table 10: Case review frequency

	How often are the cases you hold reviewed?
Once a week	3
Once a month	9
Total	12

Table 11: Likelihood to stay in current role

	How likely are you to stay in the NWD (Futures for Families) team in the next 12 months?
Very likely	9
Likely	6
Neither likely nor unlikely	1
Unlikely	0
Very unlikely	0
Total	16

Table 12: LA level indicators pre and post introduction of NWD

	Three months before NWD launch (June 2020)	NWD launch (Sept 2020)	Three months after NWD launch (Dec 2020)
Number of Looked After Children	642	699	660
Number of children and young people in residential placements ⁹	74	80	73
Number of children and young people in external residential placements	64	70	62
Average number of placement changes of Children Looked After in the last twelve months	1.4	1.4	1.47
Average duration looked after	143	142	235.55

9 Not including Secure Residential or Mother and Baby Residential placements



Appendix B: Required training for staff¹⁰

Adverse Childhood Experiences (ACE) training	Level 3 Diploma for Residential Childcare (England) and the Level 5 Diploma in Leadership and Management for Residential Childcare (England)
Anti-bullying	Ligature knives
Attachment theory	Medication
Autism awareness	Medication observations
Child Criminal Exploitation (CCE)	Mental health awareness
Child development	Modern slavery
Child sexual exploitation	Moving and handling
Communicating with young people	Neglect
Communication support	NWD
Complaints	Non-Violent Resistance (NVR)
Control of Substances Hazardous to Health (COSHH)	Online radicalisation
County lines	PLACE (Playfulness, Acceptance, Curiosity and Empathy)
DBT Inform Skills (Dialectical Behavioural Therapy)	PACE (Police and Criminal Evidence Act)
DDP (Dyadic Developmental Psychotherapy)	PACE (Parents Against Child Exploitation)
Deprivation of Liberty (DOLs)	Parental conflict
Epilepsy	Personal safety
Equality and diversity	Prevent (Cleveland Police)
Family network training	Protecting Rights in Care Environments (PRICE)
FGM	Report writing
Fire awareness	Restorative practice
First aid	Safeguarding
Food hygiene	Self-harm
Gaming and gambling	Social Care Common Inspections Framework (SCCIF)
GDPR	Solihull (parenting)
General risk assessment	Solution focused
Health and safety	Talking teens
Honor based violence	Trauma impact and recovery
Infection control	
Learning disability awareness	



Appendix C: NWD Distinguishers, Provocations and Non-Negotiables

North Yorkshire County Council's Ten NWD Distinguishers

The observable practices, features, behaviours and practical elements of the operating model that make NWD distinctively different from traditional services & ensure NWD stays true to its vision & aims.

1. Always progressing to permanence within a family or community
2. High stickability of the key worker
3. Fewer referrals, less stigma
4. Robust training strategy (e.g. restorative practice and therapeutic support)
5. No heads on beds culture
6. No appointment assessments
7. A core offer to all young people
8. Multi-agency intelligence led approach to reduce risk
9. Close partnership working
10. Young people's aspirations drive practice

North Yorkshire County Council's Eight NWD Non-Negotiables

Essential values, principles and ways of working together without which a model ceases to be faithful to the NWD approach

1. High standards and ambitions for all young people
2. Residential care as a short term intervention not long term solution
3. Commitment to do whatever it takes to support young people within their community (no out of area placements)
4. Forward looking and aspirational
5. A belief in young people and their right to a family
6. A commitment and investment in staff support and being rigorous about holding them to account (high support, high challenge)
7. Unconventional and flexible workforce, use of creative sessional contracts to respond quickly
8. Bring young people into NWD quickly but move them out slowly



North Yorkshire County Council's Four Provocations of No Wrong Door

1. Would this be good enough for my child?
2. Are we managing risk for the child or for the organisation?
3. What kind of adult do we want them to be at 25? 35? 50?
4. Is there a shared approach to parenting?

Middlesbrough's locally tailored Provocations

- As a parent, would I be happy with this for my child?
- Where do we see the young person in 6 months, 1 year, 2 years?
- Would we say this, to the child?
- Are we managing the risk for the child or for us?

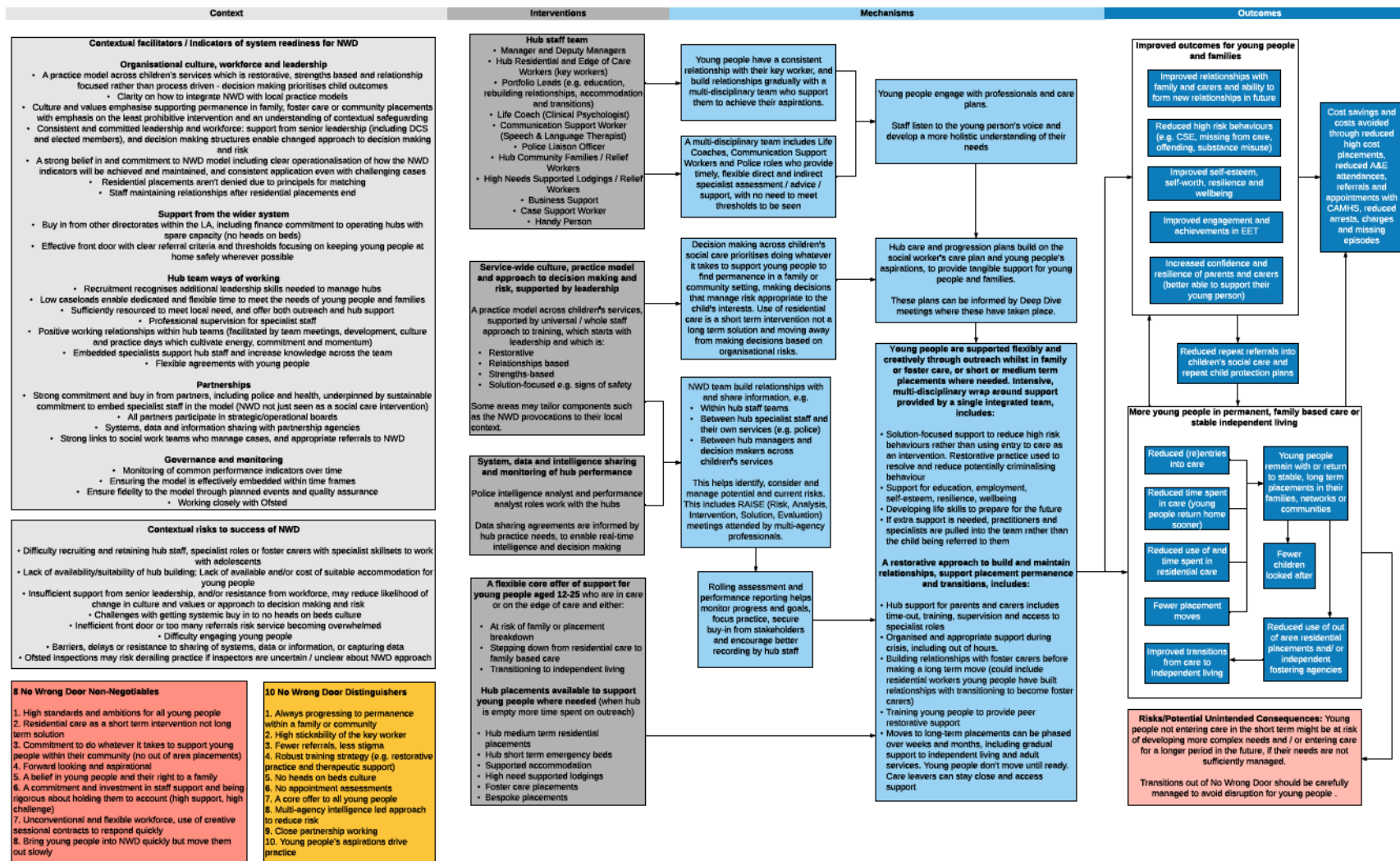
Middlesbrough's locally tailored Non-Negotiables

- Working with partners, sharing the risk and supporting each other to take risks!
- Having those difficult conversations!
- Working together to meet the needs and outcomes of young people!
- Having the right staff members with attitude and skills in place to make that difference!
- The voice of the child at the centre of their journey!
- A whole family approach!
- Team around the child training strategy!
- Always working to permanence for the child!
- Every child can be fostered!



Appendix D: Revised Logic Model

Logic Model North Yorkshire No Wrong Door





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