FOYLE

Health and Social Services Trust

Foyle Trust
New Beginnings Programme

Evaluation Report

June 2006

Report by:

Child and Family Research and Policy Unit

Research Team

The Child & Family Research and Policy Unit (CFRPU) is a joint initiative between the Health Service Executive West and the Department of Political Science and Sociology at NUI, Galway. The CFRPU undertakes research, evaluation and policy studies in the area of Child and Family Care and Welfare. The research team for this report consisted of Dr. Pat Dolan, Professor Chris Curtin, John Canavan and Bernadine Brady. The Unit's website is www.childandfamilyresearch.ie.

Abbreviations	
WHSSB	Western Health & Social Services Board
DHSSPS	Department of Health, Social Services and Public Safety

Table of Contents

Chapter One

Introduction

Globally, the provision of care and welfare services for children and families in need has become a highly complex and contested area. Linked to the heightened public awareness of child protection issues, and increases in legislative and regulatory activity by the State, expectations of delivery systems are ever increasing. The complex task of protecting children while supporting families and upholding the rights of parents, in a context of scarce public funding, is not easily achieved. At the turn of the century, Foyle Trust found itself struggling with this task. In essence, in a context of severe resource shortages and significant industrial unrest, its social work service was failing to meet its obligations under the Children Order 1995 and, more importantly, failing to adequately meet the needs of children and families presenting to it.

This prompted the Trust to employ a management consultancy firm to diagnose the problems besetting the organisation and make recommendations for their resolution. Subsequently, Foyle Trust established a specific project to drive the implementation of the consultants' 87 recommendations. From this emerged a more fundamental and comprehensive programme of structural, strategic and cultural change in Foyle Trust's services for children and families. Titled 'New Beginnings', the programme aims to meet need more effectively by committing to identify and work with priority need and to do so according to a Family Support orientation. Conscious of the need to monitor and evaluate the impact of a programme of such significance, Foyle Trust requested the Child and Family Research and Policy Unit, via the Department of Political Science and Sociology at the National University of Ireland, Galway to undertake an evaluation of the programme in late 2004. This is the report of the review group.

1.1 Evaluation Terms of Reference and Methodology

Following meetings between Foyle Trust and members of the NUI, Galway research team, it was agreed that an evaluation would proceed focusing on two areas:

1. Clarification of the New Beginnings programme model and a description of its implementation to date.
2. Assessing the impact of New Beginnings to date and issues arising in its implementation, based on the views of key stakeholders and available objective data.

It was recognised that it was beyond the scope of the study to address the impact of the programme on children and families, for reasons to do with the absence of adequate baseline data and the relatively early stage of programme development. Thus, the aim of this report is to provide an early indication to the Trust of the experience of programme implementation and to guide its future direction. For this reason, the research is primarily focused on the input side of the programme.

The evaluation methodology involved a combination of primary and secondary research. The secondary research comprised:

1. Literature review on needs-led and Family Support approaches in care and welfare services for children and families
2. Policy analysis on the specific and wider context framing the operation of New Beginnings
3. Documentary analysis of various New Beginnings programme and associated materials
4. Quantitative analysis focusing on various performance indicators relating to the implementation of and intended outcomes from New Beginnings.

In discussing the general approach to the evaluation's primary data collection, Foyle Trust emphasised its desire that the process would be as inclusive and comprehensive as possible, within the resource constraints. As a consequence, strenuous efforts were made to include as many individuals as possible from within Foyle Trust services for children and families, and as many relevant external agencies and individuals.

Individual and group interviews constituted the main approach to the collection of primary data, which was completed in two field work periods in mid April and mid May 2005. The research team was based at the Creggan Day Centre for the duration of the work. Two 'safety net' methods were also employed to ensure as inclusive a process as possible. First, a brief questionnaire was circulated to all employees of Foyle Trust's services to children and second, all employees were provided with a telephone number for the researchers, who set a full day aside to take calls from anybody who wished to air their views regarding New Beginnings. In total 114 individuals participated in interviews as part of the process, three individuals returned questionnaires and nobody took the option of a telephone interview.[1] Forty-one of the interviews were carried out on an individual basis, with 73 people taking part in focus groups. Together social work managers, social workers and social work assistants accounted for 40 of those participating in interviews. Critical to the implementation of the study methodology was excellent planning and logistical support provided by Foyle Trust staff.

1.2 Report Structure

The report is built around five Chapters. Following this introduction, Chapter Two is in two parts: the first gives a brief overview of Family Support and needs-led approaches - key components in the New Beginnings Model; the second briefly outlines the specific policy context in which the programme is set. Chapter Three is devoted to a description of the theoretical model underpinning the programme

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[1] A full listing of the roles of those participating in the research is provided in **Appendix 1**.

and what it looks like in practice. Chapter Four sets out the subjective views of the experiences of and attitudes towards New Beginnings as held by programme stakeholders. Where possible it also presents objective information drawn from existing performance indicators regarding the implementation of and outcomes from New Beginnings. Based on the previous Chapters, Chapter Five draws a set of core conclusions regarding New Beginnings and makes a series of recommendations as to its future operation and further development.

1.3 Report Orientation

In devising this report, the evaluation team was conscious of the need to present Foyle Trust with a document that was easily read and interpreted. For this reason the report is written in a summary rather than expansive style, with the emphasis on delivering a set of key messages that will assist Foyle Trust in understanding the programme, its impact to date and the directions it needs to take in the future. However, it should be clear that a rigorous process of analysis and distillation underpins all that is contained in this document. This point is particular apposite in relation to Chapter Four wherein the findings from the primary data are presented. Here, the emphasis is on presenting the main thrust of the findings, highlighting key areas of consensus and conflict and presenting a balanced interpretation of what was revealed to the team. The overall orientation in the report will increase its added value as a tool for Foyle Trust going forward.

Chapter Two

Theoretical and Policy Contexts

This Chapter is in two sections, the first outlining theoretical underpinnings of Family Support and needs-led approaches, the second covering the local policy context from which New Beginnings emerged and the wider Northern Ireland policy context within which it operates.

2.1 Theoretical Context

Responding to the maltreatment of children has been a challenge for child protection services for many decades, from the pioneering work of Henry Kempe and colleagues in 1962 on the 'battered child syndrome' right through our comprehensive current understanding of child abuse in all its forms. According to Spratt (2001), a country's responses to the issue of child welfare can be characterised broadly as reflecting either a Family Support or a Child Protection orientation. Gilbert (1997), Hetherington (2002) and Hill et al (2002) argue that countries with a child protection focus, such as England, Canada, Australia and North America tend to be more legalistic and crisis driven in approach, delaying intervention and applying resources at the investigative 'front-end' of the child protection process. By contrast, European countries such as Germany, Denmark, Sweden, Finland, the Netherlands and Belgium have a family service orientation, placing a greater emphasis on prevention and the provision of early support services, working in solidarity with parents within a broader system of universal welfare. Countries such as New Zealand have developed a hybrid system, with elements of both child protection and Family Support orientations (Connolly, 2004).

A broad consensus has emerged that a narrow child protection focus to meeting children's needs does not work (Laming, 2003). In the UK and Ireland (Laming, 2003; Department of Health, 1993; Western Health Board, 1996), a succession of reports on child deaths document evidence of system failure. Reder et al's

(1993) analysis of 35 British child death reports identified flawed inter-agency communication, events being considered as isolated incidents and fragmentation of services as among the factors contributing to ineffective systemic responses to children's needs.

As a consequence of high-profile child deaths, practice has become more risk averse and dependent on procedural mechanisms to standardise practice (Connolly, 2004). Yet research indicates that child abuse and neglect investigations do not adequately address child welfare needs (Thorpe and Bilson, 1998; Buckley, 2004; Spratt, 2001). One key issue identified is that time is spent on assessment at the expense of intervention. Gardner's (2003) research into families' experience of the child protection system in the UK found that, rather than being dissatisfied with social workers or finding them to be intrusive, they wanted more help. Buckley's Irish research (2002, p.175) found that, once 'child abuse' was ruled out, families ceased to be of concern to the child protection services, even though in some cases, serious problems that were likely to impact on the children's welfare in the longer term remained.

Furthermore, whether 'harm' is defined as 'significant' is a matter of judgement and may vary between professionals (Horwarth, 2001), and different services operating in the same locality may take a different view of whether a family needs an intervention. A number of other issues associated with a child protection approach have been identified in the literature. For example, the demands of child protection work on social workers' time has negative impacts on other areas of practice for example, support to children placed in residential care (Clarke, 1998; SSI Report, 2003; Sinclair and Gibbs, 1998). More widely, focusing on child protection runs the risk of losing sight of other child welfare problems. Failures by child protection systems have generated negative publicity regarding child welfare services generally, which in turn has undermined the public confidence in the system. Staff morale has been damaged, with the result that services increasingly find it difficult to employ new staff and retain existing staff (Connolly, 2004).

Based on decades of experience, practitioners, policy-makers and academics are in broad agreement that services are required that both protect the child and support the family (Connolly, 2004), placing child protection within a wider framework of Family Support in a 'needs led' context (Hardiker et al 1991, Rogers, 2003, Cleaver and Walker, 2004, Colligan and Buckley, 2004). A body of literature has emerged over the past decade which stresses that child protection services should be embedded in supportive and family oriented services and close to or part of other universal and early intervention services. Indeed, Tominson (2004) identifies the need to effectively integrate statutory child protection services within a wider Family Support approach as *the* issue confronting child welfare in the 21st century.

Key proponents of Family Support approaches in the UK include Ghate and Hazel (2002), Jack and Jordan (1999) and in the USA, Pecora (1995), Whittaker and Garbarino (1983) and Whittaker (1993; 1997). In general, these researchers argue that vulnerable families are more likely to use universal and early intervention services they perceive as helpful, rather than those perceived as stigmatising. For example, research by MacKinnon-Lewis et al from 2002 endorses community-based, family centred, strength based systems as effective methods of dealing with families experiencing difficulties. MacLeod and Nelson (2000) in a review of 56 programmes found evidence to support the view that an empowerment approach is critical in interventions for vulnerable families. Ghate and Hazel's (2002) research among parents in poor environments in the UK, found that parents want services that allow them to feel 'in control', meet their self-defined needs and build on the existing strengths of parents and their communities.

In terms of the organisation of services to target need at the various levels at which it exists, research suggests that a strategic framework for service delivery should have the capacity to blend a mixture of formal (statutory and voluntary organisations) and informal supports (family, friends, neighbours, communities,

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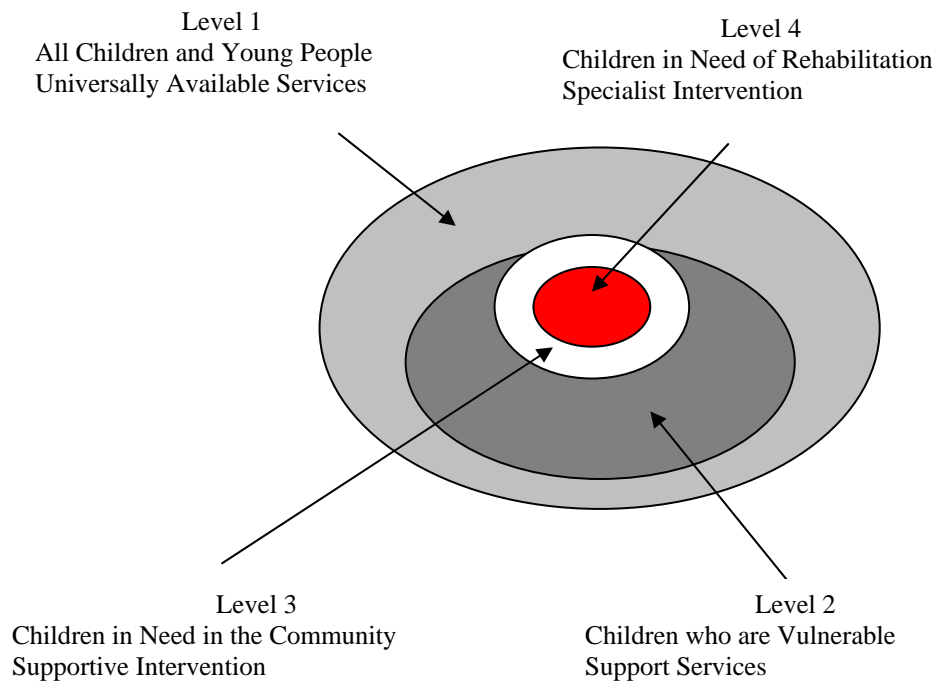
In terms of the organisation of services to target need at the various levels at which it exists, research suggests that a strategic framework for service delivery should have the capacity to blend a mixture of formal (statutory and voluntary organisations) and informal supports (family, friends, neighbours, communities,

churches and other local networks) (Tracy and Whitaker, 1990). Service delivery should be organised in a way that balances between assessment and intervention phases and functions in differing ways that meet need across different dimensions, including geography, age and maturation of children, adversity and demand. Two key factors in ensuring that needs are met in this way are individual professional responsibility (micro level) and a 'joined-up' system approach from national policy to service delivery level (macro level) (Dolan et al, 2006).

Hardiker et al (1991) provide a conceptual framework to locate how services can be delivered, depending on need and problem level (see **Figure 2.1** below). They distinguish the levels as follows:

- o Level 1 - Universal services provide the social and economic infrastructure to secure overall well-being among children, in relation to housing, education, health provision, income support, child care and so on.
- o Level 2 – Services targeted at vulnerable groups and communities include early childhood development, parental education and guidance, intensive pre-school care and education, parent support and drop-in centres.
- o Level 3 – Services at this level target families who are identified as experiencing serious dysfunction, stress and risk of breakdown. Interventions aim to restore family functioning and (re)establish links between parents and children.
- o Level 4 – These services attempt to secure the best options for the family and child in the immediate and longer term, when services from level 1 to 3 do not prevent family breakdown and children are placed in care outside the home.

Figure 2.1 The Hardiker Framework

Level 1
All Children and Young People
Universally Available Services

Level 4
Children in Need of Rehabilitation
Specialist Intervention

Level 3
Children in Need in the Community
Supportive Intervention

Level 2
Children who are Vulnerable
Support Services

Formulated in the context of the development of the Irish National Family Support Strategy, Dolan et al's (2006) set of principles for Family Support usefully summarise key messages from research and theoretical work on Family Support and needs led approaches to the delivery of care and welfare needs. These are outlined in **Box 2.1** below.

Box 2.1 - Family Support Practice Principles

1. Working in partnership is an integral part of Family Support. Partnership includes children, families, professionals and communities.

2. Family Support interventions are needs led and strive for the minimum intervention required.

3. Family support requires a clear focus on the wishes, feelings, safety and well being of children.

4. Family support services reflect a strengths' based perspective which is mindful of resilience as a characteristic of many children and families lives.

5. Family support promotes the view that effective interventions are those that strengthen informal support networks.

6. Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care.

7. Families are encouraged to self-refer and multi-access referral paths will be facilitated.

8. Involvement of service users and providers in the planning, delivery and evaluation of Family Support services is promoted on an ongoing basis.

9. Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities.

10. Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice.

2.2 New Beginnings Policy Context

Family and Child Care services is one of five programmes of care operated by Foyle Trust in the council areas of Derry, Strabane and Limavaddy, on behalf of the Western Health and Social Services Board. The main underpinning legislation for Foyle Trust's work in Family and Child Care services is the Children (Northern Ireland) Order 1995. A comprehensive piece of legislation, it is built on five principles:

❑ Children do best in families

❑ The welfare of the child must come first

❑ Parental responsibility means looking after the welfare of a child

❑ Working in partnership succeeds best for children

❑ Courts will not intervene in family life unless the welfare of the child requires it (Department of Health Social Services and Public Safety, Northern Ireland, 2004).

Under Article 18 of the legislation, Foyle Trust is obliged to safeguard and promote the welfare of children in need in its area, insofar as it is consistent with their welfare to promote their upbringing by their families. As Evans and Ford (2001) highlight, the legislation requires the Trust to deploy resources to achieve a balance between prevention or state intervention where possible, ensuring proper protection of the child and, in extreme circumstances, provision of care outside the family home for the child. Evans and Ford point out that there is a significant level of discretion in respect of the general duty to safeguard and promote the welfare of children who are deemed to be in need. However, the duty to safeguard and promote the welfare of looked after children, to investigate concerns that a child may be suffering from harm and to take reasonable action to safeguard the welfare of such a child are mandatory.

From the start of the process of implementing the Children Order in 1996 until 2000, Foyle Trust encountered severe difficulties in meeting its statutory requirements and consequently serious organisational problems. As a result, the

Western Health and Social Services Board (WHSSB) commissioned a review of the extent to which the Foyle Trust was meeting its full range of statutory functions to desired standards of quality. Consultants Evans and Ford undertook the review and reported in 2001.

The review findings indicated that the Family and Child Care programme had been failing to adequately meet its duties to protect all referred children from significant harm, to adequately meet its duties as a corporate parent and to adequately meet the needs of children in need and their families. The review identified the following issues:

❑ *Case-management:* Stockpiling of cases; cases allocated to social workers without certainty that the work would be done; absence of a standard procedure to prioritise caseloads; variable and inadequate standards of case recording and filing; guidelines in respect of staff supervision not being adhered to; 'out of hours' services not adequate; unacceptable workload pressures on staff; inadequate caseload information and management procedures; inadequate management control in some areas.

❑ *Statutory Duties:* Statutory visits for Looked After Children not carried out as regularly as they should be or not recorded properly; further research required regarding the balance to be struck between working with families within and outside the child protection procedures; comprehensive needs and risk assessments were delayed or incomplete; child protection conferences and reviews were not always held within statutory time-frames; significant delays in the production of case conference and review minutes; some appropriate care order applications may not have been made because of concerns about inadequate placement availability; delays in reports to the courts in respect of private proceedings in approximately 50% of cases.

❏ *Residential Child Care:* Difficulties in residential care due to admission of children above registered numbers, assaults on staff, an increased volume of high-risk young people and inappropriate admissions; staff reported difficulties in relation to sanctions and boundaries; children reported a difficulty in accessing formal complaints procedure and other matters; children sometimes admitted to residential care without a risk or needs assessment or basic information, for example about their address and history; some children inappropriately placed in residential care because of a shortage of foster placements; Trust's responses to the WHSSB Inspection Unit delayed because of inadequate resources.

❏ *Foster Care and Adoption:* Children above registered numbers were admitted to foster care; delays in statutory duties to review foster parents; inadequate supply of foster carers; budgetary constraints for the recruitment and retention of foster carers caused difficulties; inadequate training for foster carers; evidence of 'drift' and a lack of permanency planning.

❏ *Other Issues:* Significant delays in early years registration and inspection; leaving and aftercare services were of a high standard but experienced staff difficulties which led to a waiting list; service provision for children with disabilities was inadequate.

The report called for a clear sense of direction in terms of the allocation of resources according to need, within priority groups.   Among its detailed recommendations was the need for prioritisation of existing resources to statutory duties in respect of children in need who fall in to the categories of children looked after, children in need of protection from significant harm or children with disabilities, before undertaking other activity under discretionary powers.

Immediately subsequent to the Evans and Ford report, in partnership with the Western Health and Social Services Board, Foyle Trust put in place a

comprehensive project to respond to its recommendations. From this, the New Beginnings Project emerged and began implementation in February 2003. While it reflects various ideas from research, policy and practice, the experience of Cambridgeshire Social Services in responding to a similar but more severe organisational crisis a number of years previously, was a key source of thinking underpinning the New Beginnings approach.

An important point about the current context of operation for New Beginnings is that it is dynamic. Thus, alongside the various regulatory requirements of the Children Order, other demands on services have emerged. Thus, the Human Rights Act, 1998, new legislation and regulations on Leaving and Aftercare and increased demands on social workers and managers in relation to registration and post-registration training and learning requirements (Northern Ireland Social Care Council, 2002) all affect how New Beginnings has been played out on a day to day basis.

Chapter Three

New Beginnings Programme Model and Implementation

This Chapter describes the New Beginnings Programme in detail. The first section outlines the core components of the programme model, while the second describes how the model is being implemented in practice, focusing on the new structures, processes and procedures that it has introduced.

3.1 Programme Model

New Beginnings is founded on two basic principles:

❑ Prioritisation in order to meet need

❑ Family Support orientation.

The programme assumes that by operating these principles, Foyle Trust will be more effective in identifying and helping children and families experiencing adversity and ultimately act as a preventive child care service.

Principle One *– Prioritisation in order to meet need*

The programme operates on the core position that those children and families whose needs are greatest receive help as a priority. Underpinning this position is the reality that Foyle Trust faces an ongoing situation where demand for its services exceeds available resources. In order to identify and prioritise need, New Beginning adopts the Hardiker typology outlined in Chapter Two, with level three and level four needs identified as its core priorities.

Principle Two *– Family Support Orientation*

Having prioritised such children and families, the second principle of the New Beginnings is that Foyle Trust's services for children and families will be delivered within a Family Support orientation. Thus, New Beginnings involves a refocusing away from a pure risk response to child protection, towards a more encompassing Family Support approach as outlined in Chapter Two. New Beginnings is founded on the assumption that such an approach will result in meeting the 'whole needs' of children more effectively.

In combination, a needs-led / Family Support approach requires the kind of structural and cultural shifts in service provision exemplified in **Box 3.1** below.

Box 3.1 – Meeting Need with and without a Family Support Orientation

Level of Need	With a Family Support Orientation	Without a Family Support Orientation
Level One – All Children and Young People	- Recognising role and advocating strong policies and services to support all families - High quality universal services in place across health, education, housing, and leisure	Sole focus on organisation statutory responsibilities in relation to the protection of children
Level Two – Children Who are Vulnerable	Stronger emphasis on: - Provision of community based, preventive and supportive services (voluntary and statutory) - Valuing support / prevention equally to risk	- Risk only approach to identification of need - Non-utilisation of natural Family Support networks - Poor / inappropriate use of voluntary services - No support for development / maintenance of voluntary and community based services
Level Three – Children in Need in the Community	Stronger emphasis on: - Managing risk in the community - Meeting the wider set of Family Support needs of children - Utilising available resources in the community	- Emphasis on risk management - Statutory reporting requirements - Care as a higher ranked intervention option
Level Four – Children not living in communities or at significant risk	Stronger emphasis on: - Maintaining links with family members and community - Early returning home - Shared care options	Solely fulfilling statutory requirements regarding care planning and reviewing

3.1.1 Mission and Goals of New Beginnings Programme

The New Beginnings programme model is reflected in a mission statement devised to ensure a common understanding of the function of the programme:

> *Foyle Trust Family and Childcare Service strive to make a positive difference in the lives of children and families assessed as being in need through the provision of effective services.*

In order to make achievement of this mission more concrete, New Beginnings encompasses a set of specific goals including:

- Develop Family Support services
- Reduce the number of unallocated cases
- Ensure assessment of need among cases referred for help
- Reduce the number of looked after children
- Reduce the number on child protection register
- Reduce the demand for residential beds
- Reduce the demand for foster placements
- Provide greater placement choice
- Reduce the demand for leaving/After Care
- Deliver better quality work
- Deliver better outcomes for children and families.

3.1.2 Structural and Cultural Change

Fundamental to the achievement of the goals of New Beginnings are changes in the structure and culture of Foyle Trust's services for children and families. At a structural level, New Beginnings involves a commitment to specialisation in service provision so that service staff specialise in different areas, within the overall task of meeting the care and welfare needs of children and families. This strategy reflects the need to respond to the previously identified shortcomings in the Trust's capacity to meet its core statutory duties. Thus, rather than social

workers having a range of responsibilities including intake, assessment, child protection conferences and looked after children, none of which are being met to an optimal level, New Beginnings involves service restructuring and staff specialisation to ensure that the Trust's responsibilities in each area are being met. The programme assumes two benefits to this approach. Firstly, it ensures that work is completed in specific child care areas and secondly, by allowing workers time to specialise, some skill enhancement should accrue for staff.

At a cultural level, the Family Support orientation embodied in New Beginnings demands a shift in the thinking of staff at all levels in the Trust. Reduced to its essence, this shift involves moving away from a 'risk-only' approach to 'risk-inclusive' Family Support approach. In caricature, pre-New Beginnings practice in dealing with child risk involved immediate response to ensure safety to the exclusion of other presenting issues in a family. Crucial as such action was, this often meant that wider needs of children and families were overlooked or not addressed if identified. New Beginnings requires Foyle Trust staff and management to continue to identify and manage risk but in the context of a wider Family Support approach, in which the whole set of needs of a child and his / her family are seen as their business. As a cultural shift, New Beginnings requires that a Family Support approach is driven and fully supported by the organisation's management level, so that staff are supported and feel that they are supported to work in this way.

The New Beginnings model is represented graphically in **Figure 3.1**:

Figure 3.1 The New Beginnings Model
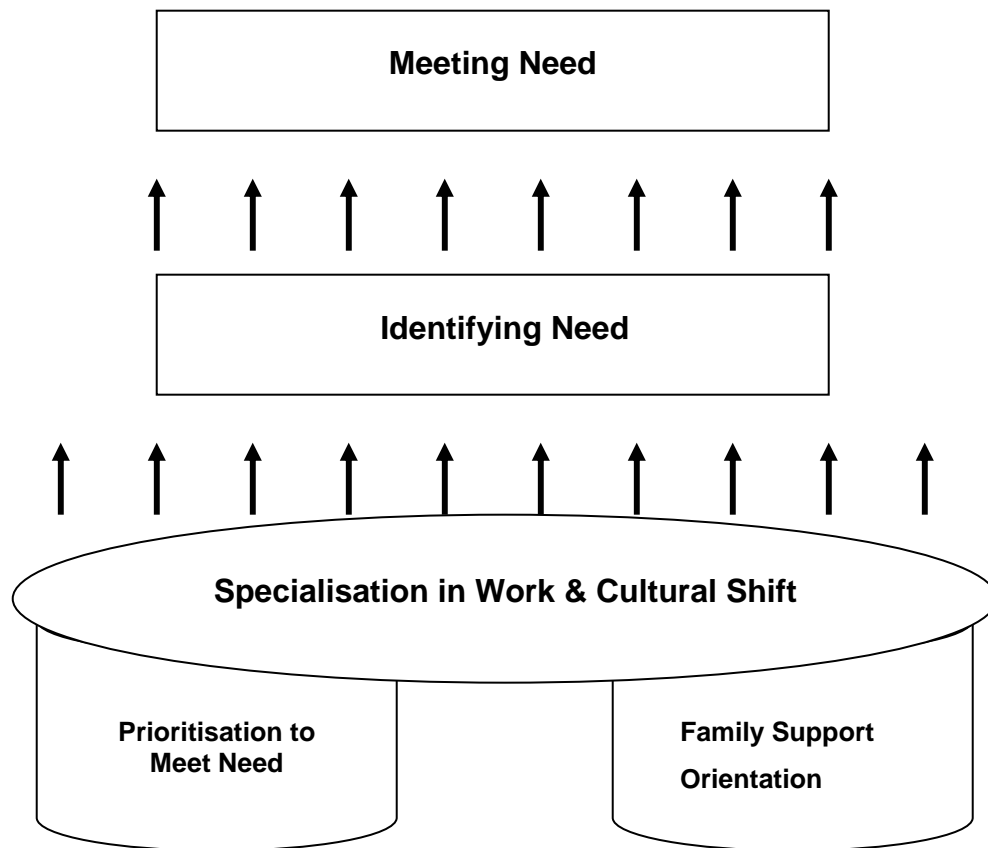
3.2 Implementing New Beginnings

The achievement of the strategic imperatives of the New Beginnings model required service restructuring and the introduction of new processes and procedures. Thus, new systems for case categorisation and weighting were put in place; service provision was significantly reorganised to reflect the need for more specialised services, with three new teams created (Duty and Assessment, Family Intervention, Looked After Children) to replace the previous, locality based generic teams, with associated management restructuring; two new panels were created to oversee the allocation of Family Support and alternative care related resources; and a new Independent Chair role was created. Alongside this activity, a range of training was provided to support the

introduction and bedding in of New Beginnings. These different aspects of the implementation of New Beginnings are described below.

3.2.1 Threshold System

The threshold system is the lynchpin of New Beginnings insofar as it reflects the core idea that in the continuing context of resource constraints, Foyle Trust's responsibility is to work with those in greatest need, expressed in terms of those children and families presenting as level threes and fours in Hardiker et al's model. As such, it is the critical start point of the programme in practice. The threshold model guides decision-making on the categorisation of cases as appropriate for allocation for further investigation and assessment by Foyle Trust, or as requiring less intensive support and intervention by community based non-statutory services (entry or exit from the child care system). The model is embodied in a specific document that offers detailed guidance on case categorisation so that a consistent approach is taken at the point of entry to the system.

3.2.2 Caseload Weighting

The New Beginnings model recognises that in order to meet high level need effectively, the case-loads of front-line social workers have to be manageable. Therefore, a caseload weighting system was put in place, by which each case is weighted according to level of presenting need and estimated intervention required. The system is codified in a written document and is implemented by social work managers. As well as ensuring manageable workloads at individual level, the system should also achieve equity among workers.

3.2.3 Duty and Assessment Team

The Duty and Assessment team is the single point of entry for all inquiries to Foyle Trust's social work services. Having filtered out inappropriate contacts all enquiries receive a Stage 1 assessment which involves gathering as much information as possible at this stage. Following this, the Social Work Manager screens and assesses all enquiries and decides on the appropriate

categorisation of the referral.   When information reveals or suggests deliberate harm, practice reflects the guidance from Co-operating to Safeguard Children (DHSS&PS, 2003) so that children are seen or spoken to within 24 hours.   In practice, Social Workers are usually despatched immediately by the Duty Team Social Work Manager.

At Stage 1 of the assessment, the Social Work Manager may decide that the Threshold Criteria has not been met, but may offer advice, guidance and support or may refer to other community, voluntary, and / or educational sector agencies. All other enquiries receive a Stage 2 initial assessment by a qualified Social Worker where home visits are undertaken, children are seen and spoken to and further information is gathered and analysed.

Following initial assessment, cases are either allocated to the Family Intervention Teams, where they are allocated and assessed further, or referred to other services providers, including community based voluntary agencies.   High-risk cases are fast-tracked into the system; they are categorised immediately and early stage joint working is undertaken carried out by the Duty and Assessment Team Social Worker and Family Intervention Service Social Worker. Underpinning the work of the team is the Threshold model outlined above, which guides the team in ensuring that a responsive, consistent and equitable approach is taken to the presenting need.

Three key influences are reflected in the design and direction of the Duty and Assessment Team. Firstly, Lord Lamings in the Victoria Climbie Inquiry Report (2003) strongly advocated for dedicated Duty and Assessment Teams in the context of protecting children from current or further risk, and that eligibility for interventions by social work and other professionals should only be based on a robust initial assessment. Secondly, the DHSSPS indicated a clear expectation in relation to the investigation of referrals to Social Services with a 'time threshold' of seven days for completion of initial assessment following referral. Finally, the Social Service Inspectorate highlighted that the use of threshold of

intervention should be founded on the fulfilment of prior and full assessment and capacity of staff to deliver in terms of time and scale of work demand.

3.2.4 Family Intervention Team (FIT)

The Family Intervention Team represents the hub of the system. The critical point is that the team works solely with high need cases presenting at levels three and four. Following allocation of these cases from the Duty and Assessment team, the FIT engages in further investigative and intervention activities. While not occurring in the linear fashion indicated below, key areas of the work are:

- Gathering information for decision-making on the need for a case conference
- Short-term intervention where no case conference is required
- Preparation for case conferences
- Meeting children and families' support needs in ongoing cases
- Accessing resources through the Family Support Panel discussed below
- Preparing and presenting to the Children's Resource Panel (discussed below)
- Preparing for entry to care including court work
- Managing transition to care and case hand over to the Looked After Team (discussed below)

Reflecting the programme's commitment to a Family Support way of working, a significant organisational change brought about by New Beginnings was the attachment of Family Workers to the Family Intervention teams. Family Workers work with families in meeting identified needs, providing emotional, instrumental and advice support as necessary.

3.2.5 Looked After Team

The Looked After Team was established to provide a specific, specialised service for children in foster care, relative foster care or in residential care. As with other teams, the rationale for the establishment of the team was to increase the

effectiveness of Foyle Trust's work with children and families, in this case, looked after children. Key foci in the work of the team are:

- Linking with the FIT in the case management of newly Looked After Children
- Engaging in care planning, implementation and review work with this population
- Ensuring the statutory rights of looked after children are met, including visits and reviews
- Therapeutic work with looked after children, e.g. life story book
- Ensuring that contact takes place between looked after children and their families
- Linking with Children's Resource and Family Support Panels as required
- Court related activity as required.

3.2.6 Resource Panel

The resource panel is a structure responsible for decision making on relation to supporting children and young people for whom care is being seriously considered as an option in meeting their needs. The panel, which is chaired by the Programme Manager, meets weekly and allocates residential and foster care places. More significantly, in relation to the Family Support orientation of New Beginnings, it encourages a focus on alternative options to care, by the development of creative Family Support packages to support a child at home, in their community. Underpinning the panel is the pooled skill and experience of its membership. The panel accepts requests for resources from social workers, who then present their case in person. As well as ensuring equity in resource allocation and consistency in resource use patterns vis-à-vis need, the panel also serves to make the notion of corporate responsibility from front-line worker to senior manager very transparent in the work of Foyle Trust.

3.2.7 Family Support Panel

The Family Support Panel is a similar structure to the Children's Resource Panel sharing the aim of ensuring equity and consistency in resource allocation. As the name suggests, this panel focuses on the allocation of Family Support resources, for example, access to a crèche in a day centre. The panel receives written requests from social workers and allocates according to level of need and availability. The Family Support panel is drawn on to meet the needs of children and families at all stages within the child protection system. Like the Children's Resource Panel, a basic value of the panel is in pooling knowledge of available resources and ensuring their allocation according to need.

3.2.8 Independent Chairs

As the name suggests, the establishment of the role of Independent Chair as part of New Beginnings is an attempt to introduce a degree of independence from the child protection system to the role of chairing case conferences and looked after children reviews. It is expected that Independent Chairing will improve the quality and consistency of this part of the work of Foyle Trust. This is so since there are no other agendas bound up in the chairing role, as was the case when service managers had to incorporate this function as part of a wider range of responsibilities. A wider anticipated consequence of the creation of Independent Chairs is a reduction in pressure on service managers formerly involved in the role. A further significant dimension of the Independent Chair role is that it increases the chances of the adoption of a Family Support approach in decision-making processes.

3.2.9 Training

In order to support the introduction and bedding in of New Beginnings, a range of training was provided including the following areas:

- Family Group Conference multi-disciplinary awareness training
- Solution focused therapy
- Resilience building and social network enlistment
- Working with un-cooperative families
- Attachment
- Skills and models for partnership working with families.

Additionally, Learning Sets were established to support first line and middle managers in their roles, providing opportunities for peer support, problem solving and information sharing.

Chapter Four

Stakeholders' Perspectives on New Beginnings

In this Chapter, the findings of fieldwork interviews with the various New Beginnings stakeholders are presented. As stated in Chapter One, while the Chapter is summary in style, a rigorous process of analysis and distillation underpins all that it contains. For ease of presentation, the Chapter is in three sections. The first contains findings on stakeholders' views on the programme overall and its core processes. The second summarises perspectives on the core components of the organisational restructuring accompanying New Beginnings, while the third reflects findings in relation to the views of key programme partners in health visiting, education, the voluntary sector and families. Although the focus is primarily on stakeholders' perspectives, the limited objective information that is available at this point is also provided.

4.1 Overall Programme Principles and Key Processes

Findings are presented below in relation to:

1. Overall View of New Beginnings
2. Family Support Ethos
3. Threshold
4. Caseload Weighting.

4.1.1 Overall View of New Beginnings

In general, there is support for the principles of New Beginnings across the various teams, and in particular, for its Family Support emphasis. Of course, the degree to which New Beginnings has impacted on individual work practices varies considerably, with one's place in the system dictating the degree of any such impacts. Similarly, an individual stakeholder's capacity to view the 'sum of the parts' that is New Beginnings, is dependent on his / her role and location in the system to some degree. Logically, those with management responsibilities for the full organisation are more likely to see the programme in its widest

operation. There was general agreement that New Beginnings went far beyond just organisational change in service delivery and that its Family Support intent was key to the programme. Notably, there were some differences in perspective that reflect length of time working in Foyle Trust and experience of the services prior to the Evans Ford review.

The majority view is that New Beginnings provides a much more coherent child protection and welfare system than that which preceded it. No one disagreed with the principles that underpin New Beginnings and, in general, the issues raised during the fieldwork related to how elements of the New Beginnings programme had the capacity to cope with the demands placed on them. Most people appreciated the fact that New Beginnings provides a strategy to allocate resources, based on evidence of greatest need.

Alongside this positive overall response, interviewees made a range of general comments to the researchers about the programme. Issues emerged around the degree of consultation surrounding the design and introduction of the programme, the role of the voluntary sector and 'specialist' versus 'patch' approach to service-cover. Ongoing contact and collaboration between senior management and staff, which stakeholders saw as effective at the early stages of the programme, was seen to have waned. Staff training, which respondents saw to be well supported thus far, was perceived as crucial to competency building with Foyle Trust services. The need to persist with families where outcomes are not so good, but who need ongoing support, was highlighted, in the wider context of Foyle Trust's desire to secure positive organisational change.

Not surprisingly, the issue of resources emerged on several occasions during the interviews. Importantly, many recognised that resource issues might be interpreted as a weakness of the New Beginnings programme and undermine support and goodwill for the principles of the programme. In addition to the resource problem, interviewees identified the need for ongoing staff development and mentoring for new staff. For existing staff, recognition of commitment and

experience, with a view to their retention was seen to be highly important. Perhaps one of the most important insights from the fieldwork is the recognition that that New Beginnings is still in infancy and that, as such, it is still too early to measure its full impact.

4.1.2 Family Support Ethos

There was unanimous agreement that the core Family Support principle underpinning New Beginnings was well founded. Importantly, there was an understanding that Family Support was not a 'soft' service provided in the community, but equally applicable to child protection and alternative care. However, some argued that concentrating solely on levels three and four ran contrary to the principle of Family Support. Thus, while in New Beginnings, Family Support provision covers managing risk and protection, respondents felt that it needs to go further in terms of engaging in proactive prevention within families and communities. It is notable that the knowledge of and commitment to Family Support as an orientation tended to be higher among the management cohort. At a more general, corporate level, the importance of wider engagement by Foyle Trust with all relevant statutory bodies is seen to be vital to enabling the attainment of Family Support goals embodied in New Beginnings.

- *Objective Information - Family Support Ethos*

The number of looked after children declined steadily between March 2004 and May 2005. This could be interpreted as the start of a downward trend reflecting a greater commitment to non-care options. On the other hand, after declining from March 2002 to March 2004, numbers on the Child Protection register have increased towards their prior levels, since then. A definite positive indicator is the increase in parental participation at child protection conferences with the ratio of full participation to non-attendance increasing each year since 2002. These trends are indicated in the **Graphs** and **Table** below.

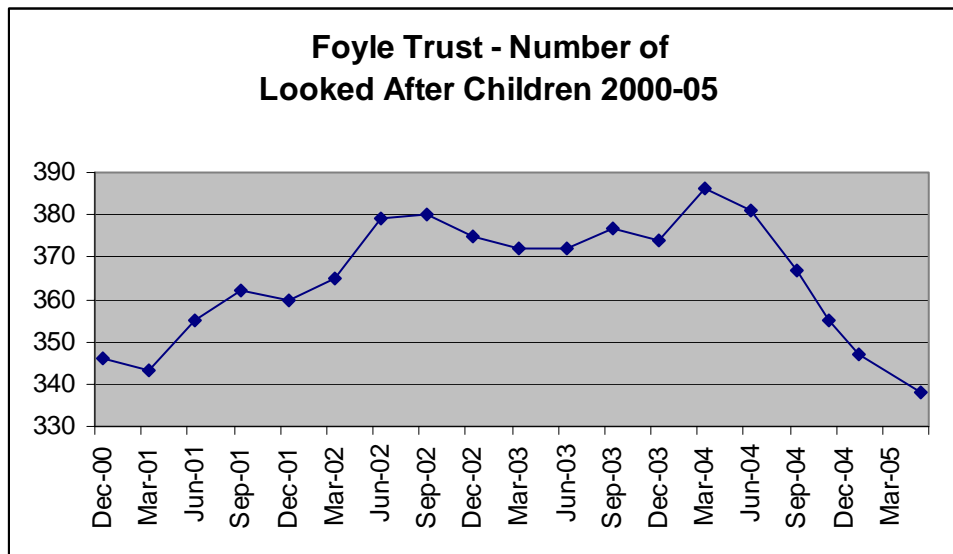**Figure 4.1   Number of Looked After Children**

Foyle Trust - Number of
Looked After Children 2000-05

Figure 4.2   Numbers of Children on Child Protection Register

Foyle Trust - Numbers of Children on
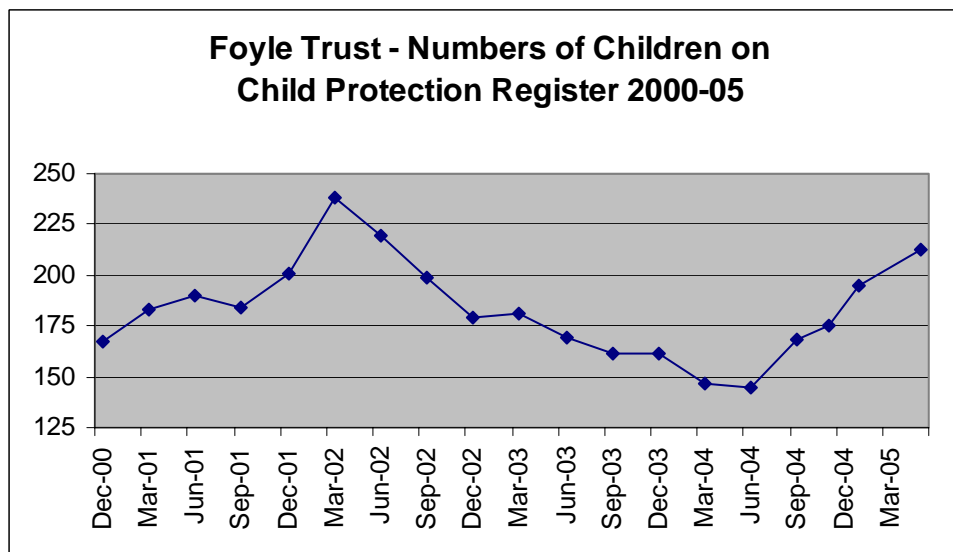Child Protection Register 2000-05

Table 4.1   Parental Participation at Case Conference Meetings

	APR 04 – MAR 05 Number (%)	APR 03 – MAR 04 Number (%)	APR 02 – MAR 03 Number (%)
Full participation	296 (55)	257 (50)	259 (43)
Non-attendance	227 (42)	223 (43)	321 (53)
Ratio of Full participation to Non-attendance	1.30	1.15	0.81

4.1.3 Threshold Model to Identify and Rank Need

Overall there is support for the application of the Hardiker model and an understanding that it forms a key part of the New Beginnings programme. It is clearly recognised that the model provides the criteria whereby cases can be ranked according to level of need and a response strategy put in place geared towards those in most need. It was further recognised that the threshold system represented a major positive advance on the situation that pertained prior to the introduction of New Beginnings. That said, a number of difficulties in applying the threshold system were identified:

- Some concern was expressed about the capacity of the voluntary sector to adequately provide services for those families at level one and in need of early intervention.

- There was also concern that if the needs of some level two cases are not addressed at an early stage, they become level three cases.

- With regard to levels three and four, there was strong concern that the Family Intervention Team did not have adequate capacity or resources to provide Family Support to families in such need.

- There was some concern expressed regarding children and families who receive successful intervention at levels three and / or four and whose needs are then considered as level two. The fears expressed were that an absence of maintenance support for them at this point may result in their re-emerging in crisis and in need of a further service.

- Some interviewees expressed the view that where the threshold is most challenged is among 'out of control' adolescents in the 13–15 years age group who are difficult to place and in need of a hybrid, innovative service intervention, across need levels.

- From a technical point of view, the most commonly mentioned issue regarding the threshold system was the distinction between levels two and three in assessment. For some the distinction is very clear, for others less so.

4.1.4 Caseload Weighting

Overall, the caseload weighting model was perceived as a pragmatic response to the issue of matching family need to the workload capacity of staff. There was general consensus that the model acts as an active and appropriate 'gauge' regarding what is a reasonable amount of work and number of cases to expect staff to take on. However, respondents expressed strong concern regarding specific aspects of the caseload weighting system. From both individual interviews and focus group sources, concern was expressed that individual managers have not used the model consistently. For example, it was perceived that managers vary in how they allocate points to families. This has resulted in some workers feeling 'hard done by' in cases when, in their opinion, they were asked to work above the agreed caseload quota. This is further complicated by the fact that some managers are using the model without proper training.

Moreover, while the caseload weighting model is a practical tool in auditing need and levels of work required, it does not compensate for basic lack of resources to enable staff to intervene. Although not arising from the New Beginnings programme, workers consistently expressed concern that an increased amount of court work was impinging on both the quantity of work they had to do and their available time to do it. Apart from this more specific issue, the reality facing workers in the Family Intervention Team is one of long-standing cases awaiting intervention and increases in the intensity of the problems faced by children and families with whom they work. These factors were perceived as undermining the goodwill of workers who embraced the implementation of the caseload weighting model 'in good faith'. In summary, in addition to the need for accuracy in measuring need within the caseload weighting model and subsequent allocation to staff, interviewees identified as critical having the capacity to deal with the variability of presenting need.

- *Objective Information - Caseload Weighting*

As illustrated in **Table 4.2** below, at June 2005, the excess of points over the available staff resources stood at 304 for the East Bank and 46 for the West Bank reflecting the concerns voiced in relation to the system.

Table 4.2   Caseload Management Figures June 2005

Family Intervention Team	East	West	Total
Unallocated Cases at end June 2005	31	20	51
Caseload management excess	304 points	46 points	350

4.2 Structural Reorganisation

In this section, findings are presented in relation to:

1. Duty and Assessment Team
2. Family Intervention Team
3. Looked After Team
4. Leaving and After Care Team
5. Family Team
6. Children's Resource Panel
7. Family Support Panel
8. Independent Chairs

4.2.1 Duty and Assessment Team

A consistent view was that the Duty and Assessment team works effectively and efficiently and is one of the cornerstones of the New Beginnings programme. Compared to the situation of significant levels of non-assessment and non-allocation of cases prior to New Beginnings, the current situation of assessment with home visiting is perceived to be vastly improved. Overall, there was a view

that the Duty and Assessment team is well organised in terms of management, with clear process and protocols and a consistent approach adopted.

It was also found that the team were using the threshold model in an appropriate and timely way given the nature of the problems of children and families presented to them. Whereas there was a view that it was impossible to offer home visits to all cases in all situations in terms of the assessment process, it was felt that the team were ensuring home visit coverage where and when needed. Nonetheless, the effectiveness of the system could be further enhanced with additional staff. Consistency in assessment was seen to be crucial and, in this regard, interviewees favoured greater collaboration across the teams through the use of unified assessment forms. A descriptive model of the modus operandi of the Duty and Assessment Team was found to be helpful.

- *Objective Information - Duty and Assessment Team*

The fact that there is now a coherent, consistent approach to the management of Contacts by / in relation to families with the services means that the situation is vastly improved relative to that pertaining prior to New Beginnings. Currently, all Contacts receive a risk screening by a social work manager on receipt. As at March 2005, 92 Contacts which had become enquires awaited initial assessment. The comparable figure for March 2004 was 64. **Table 4.3** contains data on Contacts to Foyle Trust's services for children and families which indicates a decline in the proportion of inappropriate Contacts (i.e. for other services).

Table 4.3   Inappropriate Contacts to Foyle Trust

	Twelve Months to 31st March 2005	*Seven Months to 31st March 2004*
Total Number of Contacts to Social Services	1,324	1,125
Number of Inappropriate Contacts	98	121
Inappropriate Contacts as a Proportion of Total Contacts	*7%*	*11%*

Data also indicates an increase in child protection referrals as a proportion of all referrals (30% of all referrals in 2005, an increase of 14% on the comparable 2004 figure). This may be read as indicating a greater focusing of Foyle Trust's resources, in line with New Beginnings' principle of prioritisation.

4.2.2 Family Intervention Team

In the course of the review, it became clear that the greatest difficulties associated with implementing the New Beginnings programme relate to the Family Intervention Team (FIT). This presents the greatest challenge to the programme at this point in time. Amongst the difficulties articulated were the high turnover of staff; the allocation of inexperienced staff to complex child protection cases; the stress level of some workers who are overwhelmed in trying to fulfil their role and, related to this, a high rate of sick leave. A further issue that was consistently identified concerns major understaffing in the FIT relative to others sectors in the New Beginnings programme. Stressed staff and very limited resources are perceived as giving rise to non-allocation of cases within the FIT. Thus, families who have had their problems assessed and await intervention lose out.

It is notable that some staff stated that they chose to work in FIT in the expectation that they would do more direct work with children and families, but found that this did not happen as a consequence of the difficulties just outlined, as well as what they perceived as an unreasonable amount of their time absorbed in court work. While the level of court work is a factor external to New Beginnings, it is clearly affecting the programme's implementation. A number of individuals expressed the view that court work demands, alongside intense involvement in case management, hindered the realisation of the FIT's full potential. Frustration with being endlessly engaged in reactive working rather than proactive practice was shared by many workers.

On a much more positive note, the introduction of family workers into the FIT has been perceived as a very valuable and positive resource which has helped to

enhance the service. It was highlighted that the problems families face require subtle interventions and that, sometimes, the skills required within the FIT need to be nurtured and developed. There was strong emphasis on the need for advanced skills training for staff.

- *Objective Information - Family Intervention Team*

At end June 2005, unallocated cases (referred from Duty and Assessment) stood at 51 in total, suggesting significant staff shortages in the view of the New Beginnings Programme Manager. Also at end June, family workers working as part of the FIT held a caseload of 41 increasing by nine over the previous six months, evidencing an increasing role for these workers within the FIT.

4.2.3 Looked After Team

The successful operation of New Beginnings should ultimately result in fewer children coming into care, their time in care shortened and their life outcomes as a result of placement improved through higher quality care and aftercare. It was generally recognised that, given the relatively recent introduction of New Beginnings, that such positive changes could not yet be reasonably expected to have taken place.

One of the side effects of more discrete and accurate assessment of need resulting from New Beginnings will be further demands on the Looked After Team to meet such needs. Whereas this results in more work, it also brings more benefits to service users in care. A view expressed indicated that, with the development of specialist teams, the task of meeting the needs of young people in the care system was rightfully given greater attention, which has also benefited staff working with them and their families. In general, while the Looked After team is seen to be well established, its role relative to that of the FIT in relation to Looked After Children and young people was still settling down at the time of the research. Issues of concern were expressed at various levels in the Looked After sector and, most particularly, by contact workers. From the perspective of

some foster carers, Family Support is not always the right approach and sometimes care is the only option.

- *Objective Information - Looked After Team*

Although no figures were available at the time of research, Looked After managers and review administrators are clear that there have been improvements in efficiency, for example, in meeting statutory duties regarding holding reviews within timescales.

4.2.4 Leaving and After Care Team

To date, there has not been much of an impact on day-to-day working of this team and the view is that it will be some considerable time before this will be seen. There is support within the Leaving and Aftercare Team for the New Beginnings programme. One suggestion forthcoming, however, in terms of the overall operation of New Beginnings, was that the team take on all statutory duties in relation to older children, thus, simplifying provision for the child and family's point of view and easing the workload in other parts of the system.

4.2.5 Family Team

Within the overall structure of Foyle Trust' services, the Family Services Team was identified as a significant resource that has not been fully tapped into, as New Beginnings has been rolled out. Paradoxically, in the context of a development programme underpinned by Family Support, the place of this team and the best strategy for utilising the skills and experiences it contains, was seen not to have been given adequate attention. Given the pressure on resources across the programme, there are fundamental questions regarding how best to integrate the skills and resources of this team into the wider New Beginnings task of effectively meeting prioritised need.

4.2.6 Children's Resource Panel

Generally, a very positive attitude towards the Children's Resource Panel prevailed among interviewees. It was seen as offering equitable and fair access

to resources based on robust criteria. There was very strong support for the fact that the panel held managers and workers accountable in a transparent, yet fair way. Importantly, the Children's Resource Panel was seen to reflect a more child and family friendly approach to decision making around critical issues in people's lives, in that major decisions are being made on the basis of significant inputs from a wider set of players. Some concern was expressed regarding a slackening in the attendance at panel of some senior managers.

Importantly, quite a number of interviewees indicated that they found the experience of presenting casework to the panel quite intimidating and unnerving. From their perspective, just as they do not expect to be exposed and isolated in a court situation, they need support when attending the panel. In certain situations, workers expressed the view that the full complexity of their work environment was not fully understood by panel members giving rise to unreasonable negative judgement on their work practice (and on themselves).

4.2.7 Family Support Panel

There was agreement that the Family Support Panel was a valuable part of the New Beginnings programme. There was no argument forwarded against the principle of targeting resources to families in greatest need, and all accepted that sharing resources more equitably was a valuable potential outcome. However, a number of issues were raised in relation to the operation of the panel. Some concern was expressed about 'form filling' and bureaucracy, and that the forms themselves did not allow for the subtleties and nuances of certain cases to be highlighted. A minority view was that matching of resources to need for families was occasionally inappropriate or inadequate. A minority also suggested that despite their being an aggregate increase in the available resources as a result of the panel, in some ways these resources were now less accessible because they could only be accessed via the panel.

For some interviewees, the creation of the panel as a formal system had lessened the informal networking and resource sharing between professionals

which had previously been automatically exchanged. For others, there was also a sense of loss of decision-making power, given the need to refer Family Support service requests to the panel. Health visitors expressed concern that they did not see themselves as being allowed refer to the panel. Positively, in terms of the allocation of Family Support resources, the majority view was that the responsiveness of the panel had improved over time.

In respect of the future operation of the panel, a number of areas for improvement were identified. It was suggested that social workers should be allowed to attend panel meetings in order to ensure clarity of the resource request and help ensure a better fit of help to families. The Family Welfare Conference programme was seen by all to be a key resource within the arsenal of supports available to the panel and its future retention and further development as a service was strongly advocated. Administration issues, such as reports being delivered on time and at optimum working times for professionals, need to be addressed.

- *Objective Information - Family Support Panel*

For the first six months of 2005, 87% of referrals to the panel were accepted indicating an openness by the panel to referrals to it.

4.2.8 Independent Chairs

The development of Independent Chairpersons for case conferences and reviews was unanimously accepted as a very beneficial development and a positive aspect of New Beginnings. It was also agreed that their independent status provided a very positive framework for these meetings, insofar as they act as neutral but honest brokers for families and professionals alike. There was a majority view that more Independent Chairs are needed and that, to some extent, Foyle Trust may have underestimated the administrative support needed by this group in order to ensure optimal performance of their service.

In general, Independent Chairs perceived their own role as valuable and as contributing strongly to effective, objective decision-making towards the benefit of children and families in need. Senior management value their contribution to the child welfare service and perceive them as central to quality assuring the child protection system. Whereas a minority view expressed some concern that the chairs may not necessarily fully understand the nuances in certain cases, their role in matching interventions to needs was generally without question. It was noted that, as a result of not managing staff, they were free to look at cases more openly and differently. Conversely, to some extent they are restricted in that they cannot address core management issues that come before them in the course of a conference or case. Concern was expressed regarding non-attendance at case conferences by certain core professionals.

4.2.9 Training / Learning Sets

Overall, New Beginnings was perceived to have been very responsive in relation to responding to staff training needs. Evidence from interviewees and the review report by MacMurray (2005) indicates that that the learning sets are a very effective training forum. Those that experienced the programme reported that they were enthused and felt valued as workers. However, it was recognised that the learning set model needs to be extended to staff across all levels within the organisation. Furthermore, adequate time for staff to participate in the training programme was seen to be essential.

4.3 Other Key Stakeholders' Perspectives

Findings in relation to key programme partners in health visiting, education, the voluntary sector and families are presented in this section.

4.3.1 Health Visitors

Health visitors are a key frontline service with both universal and targeted family service roles – day-in, day-out they interface with a broad range of children and families across every community. In terms of identifying risk and support needs

in families, they are in many ways the first 'port of call' for families. While there was full agreement among Health Visitors that the principles of New Beginnings are sound and that it offers a robust model for working with families, this group was consistently unhappy with the way they had been consulted about the programme development. Some Health Visitors expressed concern at being cut off from social work colleagues as a result of the change from the previous geographically, patch-based staff groups to specialised teams.

Regarding the threshold model, while most agreed with the notion of prioritising need, they also had a twofold concern regarding the framework. First, there was concern that with very limited resources available, most of the funding would go to families at levels three and four and that preventive services for families at one and two would become starved of resources (and particularly so over time). Second, they had some concern that, as they work with families at all four levels as a universal service, their exact 'fit' with a threshold based model was somewhat unclear. Nevertheless, there was also an acceptance that in any case prior to New Beginnings, Foyle Trust social work services were not dealing with cases at levels one and two and that perhaps the demarcation in order to target those most in need has value. A minority expressed concern that, despite the New Beginnings commitment to quality assessment and intervention, there could still be an abundance of unmet need in families. Their hope is that the development of a wider WHSSB Family Support strategy would bring with it better resources necessary to fully implement the principles of New Beginnings.

4.3.2 Education and Youth Services
Overall, among Education and Youth services, there was support for the programme principles and particularly its Family Support ethos. It was perceived as providing a very engaging and respectful approach to families. However, interviewees noted the issue of lack of resources within the FIT team and how this was impacting on service delivery. A view was put forward that New Beginnings represents a focus by Foyle Trust on families in greatest need, which is assumed to be their core business, whilst at the same time assuming that

education services will still be available to provide assistance in areas which is not their core business. (For example, schools are asked to provide information for assessment purposes in cases where there may not be a child protection concern.)

4.3.3 Voluntary Organisations

The unanimous view of the statutory and voluntary sector interviewees was that voluntary organisations have a key role in providing child and family care services and community care services more widely. However, voluntary sector respondents expressed concerns regarding the degree to which the sector was consulted in respect of both the design and initial implementation of New Beginnings. The general view of voluntary organisations is that they should and could have been included more in the process. This is acknowledged by senior management in Foyle Trust, but defended in the context of their urgency to design and commence the programme.

The full implications of the demarcation of families at level two of the Hardiker model as the concern of voluntary organisations is hard to assess at this point in time. However, what is apparent is that there was no dramatic increase in resources to voluntary services in order to cope with what they perceive as additional work arising from the implementation of the threshold model. Furthermore, whereas some saw the link between a Family Support ethos and New Beginnings as logical and robust, a minority were unclear of the connection, citing a lack of awareness of the origins and core functions of the programme.

To some extent, the adoption by Foyle Trust of the threshold model was seen to have led to the creation of a clear niche for voluntary agencies. However, this view was tempered by concerns that without adequate resources to meet need at this level, an increase in level 3 cases may result and consequent further pressure on Foyle Trust staff.   A minority view within the voluntary sector was that, despite the welcome Family Support culture evoked in the New Beginnings programme, in some cases voluntary sector leaders believed that they were not

fully respected as partners and stakeholders, nor was there enough openness to the leadership they offer. In summary, while the majority view is that the New Beginnings is a worthy concept, issues of consultation, clearer partnership arrangements and designated resources are seen to be hampering its implementation within the voluntary sector.

4.3.4 Families

As part of the fieldwork, the researchers made a commitment to involve service-users, if at all possible. Due to time and other resource constraints, this involved one focus group with parents from different parts of the catchment area, including Creggan. While as a programme, New Beginnings was not something they were familiar with, the six parents attending the focus group confirmed key aspects of what they seek from services as:

1. Clear communication
2. Being listened to
3. Respect
4. Concrete support
5. Keeping promises
6. Responding to calls
7. Being aware of what life is like for parents who use services.

Although this data is limited in respect of representativeness and generalisation, the process highlighted for the researchers the significant potential value of service user involvement in the monitoring and ongoing development of New Beginnings, an issue raised in a number of interviews.

4.4 Summary

This Chapter has presented the findings from interviews with stakeholders of the New Beginnings programme in summary form. The main thrust of the findings is general support for the work of New Beginnings, the principles it is founded on

and the structures and processes it has adopted. As with any programme of major organisational change, different stakeholders identified areas of concern, some of which are inherent in the programme and are amenable to fine-tuning, and some of which are external to it and less amenable to intervention by Foyle Trust.

Chapter Five

Conclusions and Recommendations

This Chapter brings together the key messages from the report. In three sections, it firstly revisits the evaluation objectives and what has been achieved in the report. It then moves on to detail a set of key conclusions flowing from the report, before outlining a range of recommendations in relation to the future operation of New Beginnings.

At a wider level it should be acknowledged that New Beginnings works, in that as a programme to help families in need and in the context of children at risk, the model is theoretically sound and 'operationally safe'. Having said so, this statement is made with the caveat that unfortunately no programme of intervention in child welfare can guarantee full safety to young people. What has been found is that the programme not alone complies with guidance procedures laid out in 'Co-operating to Safeguard Children' but more importantly, given the situation at Foyle Trust pre New Beginnings, there is in place a robust model to recognise and respond to existing or future failings in the system.

5.1 Evaluation Objectives

At the outset of this report, the objectives of the evaluation were specified as:

1. Clarification of the New Beginnings programme model and description of its implementation to date.
2. Assessing the impact of New Beginnings to date and issues arising in its implementation, based on the views of key stakeholders and available objective data.

As demonstrated in the report, achieving these objectives has involved a number of tasks:

(i)   Clarifying the New Beginnings model

(ii)   Locating the model in relevant research literature

(iii)   Locating the New Beginnings programme in its policy context

(iv)   Describing the implementation of the model

(v)   Outlining attitudes of programme stakeholders

(vi)   Providing available objective information.

Undertaking these tasks resulted in a range of information being generated and presented in the previous four Chapters. Based on the contents of these Chapters, it is possible to reach some conclusions on New Beginnings.

5.2 Evaluation Conclusions

The main conclusions arising from the evaluation are presented below under the five headings: The Model; Implementation; Attitudes; Objective Information; and Impact.

❑   *The Model*

The main conclusion from the research is that New Beginnings is underpinned by a robust model founded on the twin principles of prioritisation of need and a 'risk inclusive' Family Support approach. Both principles are well grounded in research and policy literature.

❑   *Implementation*

Three key aspects of the implementation of the abstract New Beginnings model are apparent: organisational restructuring encompassing service specialisation; new processes and structures; and a new organisational culture reflecting Family Support principles. The evaluation has found that the organisational restructuring, specialisation and new processes and structures brought about by New Beginnings reflect a coherent and consistent approach to the provision of care and welfare services to children and families. However, there are aspects of the implementation to date which have not been as successful as hoped,

some of which are within Foyle Trust's capacity to change, others less so. In relation to the operation of a Family Support culture throughout the services, the evaluators' view is that obstacles remain to ensuring that it becomes more widely rooted.

❑ *Attitudes*

A key evaluation conclusion is that the vast majority of those participating in the research were strongly in favour of the New Beginnings model, its focus on prioritising need and its commitment to Family Support. Also crucial, however, were two related positions. First, New Beginnings will be undermined if resources are not put in place at key points in the system, the Family Intervention and Duty and Assessment teams, in particular. Second, to properly reflect a Family Support orientation in New Beginnings, Foyle Trust must engage in a process with the voluntary sector leading to proper resourcing of services operating at levels one and two within the Hardiker model.

❑ *Objective Information*

Part of the evaluation involved accessing available information that would help clarify in an objective fashion, the impact of New Beginnings. In reality, it is only possible to make tentative statements about the impact of the programme based on available objective information. This also reflects the relatively early stage in the programme's operation. For the future, a comprehensive performance measurement strategy will be required, flowing directly from clearly stated programme objectives and involving an agreed set of meaningful indicators.

❑ *Impact*

At this stage, it is evident that New Beginnings has strongly impacted on the operation of Foyle Trust's services for children and families, resulting in significant structural and procedural changes, and prompting the start of a major shift in the service culture. The evaluation confirms that Foyle Trust is generally going about its core business in a far more coherent, consistent and robust way than it was prior to the establishment of the programme. As the programme is

still in its relative infancy, the full impact of New Beginnings on improved outcomes for children and families can really only be at best 'speculated on' at this point in time. It is only with data in the form of clear objective measures and feedback from those using the services gathered from a baseline position and in the medium to long term, will this be fully known.

5.3 Evaluation Recommendations

Overall

- Whereas New Beginnings is now ready to be merged as a core system within Foyle Trust Child and Family Care services and this should happen forthwith, the programme will need to be driven by a designated person on an ongoing basis both to further develop the initiative and to act as part of quality assuring its impact.

- We recommend that as part of New Beginnings, Foyle Trust establish a participatory reference group comprising a representative set of service users. The function of this group will be to meet on an ongoing basis to review policy and practice in respect of the New Beginnings Programme generally and more importantly, specifically in relation to how best to meet the needs of children and families.

- Despite the focus at a micro level of working with families, at a more macro ecological level, a community development model needs to be assimilated into the New Beginnings programme, initially on a pilot basis. This will help develop a more holistic child and family care service, housed in a community capacity building framework.

- As New Beginnings is as yet in many ways a fledgling programme and it will be only over a longer time period that its impact will be known, we recommend the establishment of a baseline and a follow up set of quantitative measures of service outcomes, reflecting the draft indicators outlined in **Appendix 2**. A core function of the person with designated responsibility for New Beginnings will be to monitor such progress across

these indicators and this will need to be completed in collaboration within an objective review process.

- As it was found in this study that some key stakeholders in New Beginnings failed to see the wider system in which the programme operated and tended to work on their 'own turf', despite the efforts of management, we believe a more innovative process of staff briefing and consultation would be worthwhile. This would have a twofold benefit. Firstly, it will reduce a 'silo' mentality within the service and, more importantly, it will allow for greater participation by all staff.

- As staff are the key asset within the New Beginnings project, we recommend the introduction of models of support such as mental health days for staff and 'think tanks' for enhancing staff esteem and motivation. In addition, it is incumbent on management to work on staff retention by identifying factors that retain good staff.

- We recommend the introduction of a reflective practice model of self-appraisal (comprising practice standards/ manual to meet standards and supervision processes) for frontline and middle management staff and in particular for members of the Family Intervention Team. It is our view this will reduce issues of staff burnout/freeze in.

- As part of a move towards more intensive levels of direct work with children and families rather than sole case management options, we recommend that a programme of skill bank training be introduced for individual staff and groups/teams.

- At a general level, Foyle Trust needs to build incentives for preventative approaches within its services.

Caseload Weighting

- Whereas the caseload weighting system is a robust model, we recommend an audit at the earliest possible time in relation to issues of consistency and equity. In addition, we recommend re/training for senior

managers across the programme and relevant personnel on weighting and case allocation.

- This auditing process should occur on an ongoing basis.

Family Intervention Team

In addition to the recommendations given earlier, the following should apply:

- Issues of more resources and a greater staff mix need to be advanced, although it is recognised that additional staff resources on their own are not a solution.

- The possibility of developing a team of 'floating' workers to support tension points in the childcare system should be developed as a matter of urgency. In this regard, greater utilisation of the skills of the Family Services Team should be considered.

- In order to ensure staff competence and in the interest of equity, staff should be rotated within their assigned roles, initially on a 6 monthly basis.

- Management procedures within the Family Intervention Team need to be assessed with a view to 'troubleshooting' problems associated with the work.

- The establishment of a time in motion study will help identify how and who best to support in terms of current difficulties.

- All staff should receive time management training.

- At a senior management level, some discussion with the court administrators should occur with a view to minimising the amount of time required by workers to be present in court, to the loss of providing support to families.

- Some greater flexibility in the role and function of Social Work Managers needs to be considered - perhaps by a work audit. More discrete and effective interventions for families could well accrue from a review of the Social Work Manager role.

- Ways of rewarding practitioners who stay within the system should be considered and this should occur across senior practitioner and other levels.

Duty and Assessment Team

In addition to the recommendations given earlier the following should apply:

- Duty and Assessment team members who compile assessment reports should meet with those who receive reports and clarify salient messages and actions.

- A one paragraph summary of key recommendations contained within the full assessment report should be forwarded to the FIT.

- As part of the assessment procedure, there should be use of an incremental or phased intervention plan, which is mindful of resilience building.

- Where the Duty and Assessment team identify an issue which is important, but can be resolved quickly, floating workers from the FIT should collaborate with the Duty and Assessment team to provide a speedy response (using a menu of typical scenarios).

- The Duty and Assessment team should strive to produce better and more comprehensive information on referrals with an enhanced presentation format. This should result in a speedier response rate from Family Intervention Team Managers to get to the nub of issues quicker.

- Specific training and competency issues in respect of staff (non-qualified social worker levels) in the Duty and Assessment Team need to be addressed.

Looked after Children and Leaving and Aftercare Services

- Within the context of developing the New Beginnings programme model a written menu of scenarios and solutions for dealing with young people who are 16 years and over, and particularly those who act out should be developed. Such a programme would include for example, a package of

shared rearing for older adolescents including in and out of care living; social support enlistment from other family and friends to cope with life events; and an intensive local school acceptance support programme/arrangement. Once established, workers can then use the menu as a tool set for action.

- More hybrid versions of care with kin support are needed.

Family Services Team

- As indicated earlier, the skills of the Family Services Team need to be utilised more.
- The Team needs to be located better in the New Beginnings System with immediate effect.

Family Support Panel

In addition to the recommendations given earlier, the following should apply:

- Overall we recognise that there is a need to explore how best to improve workers' experiences of both Family Support and Children's Resource Panels, and that this requires consideration at an early stage.
- We recommend that bureaucracy levels in respect of the Family Support Panel be minimised, that administration of the panel be reduced to one piece of paper seen and acted on by all. This form should also be available in electronic format.
- It is important that the operations of the panel be linked to the emergent Family Support Strategy.
- We recommend that key professionals including social work staff attend the panel.
- We recommend that a slightly more flexible model should prevail, including a move to some form of geographical, automatic access to a Family Support service based on pragmatic approaches. This would

apply where there are sensitive cultural or religious issues for a person using a specific service given its location and existing client group.

Children's Resource Panel

In addition to the recommendations given earlier the following should apply:

- We recommend the introduction of a self-appraisal model built on practice standards – a manual to demonstrate how they are met and a supervised reflective process to mobilise and monitor the model.

- There is capacity to bolster governance of New Beginnings generally but more specifically within the Children's Resource Panel. Thus, issues of governance need to be addressed on a partnership basis where frontline staff are enabled to feel more included.

Health Visitors

- The rationale for, objectives and operation of New Beginnings needs to be discussed more with Health Visitors, and their concerns need to be considered and more robust models of working together initiated. We recommend a minimum of two meetings to overcome this difficulty.

- There is capacity to develop joint working between Health Visitors and New Beginnings staff on specific programmes, or aspects of intervention, in order to break down assumptions and speed interventions by and between staff.

Voluntary Organisations

- Voluntary Organisations need greater resource supports in order to meet the needs of children and families at the primary levels of the Hardiker model. We believe that Foyle Trust at a corporate level and New Beginnings Programme at an operational level have a role as advocates and promoters in this regard. Such actions need to be evidenced and audited.

- Service mapping of need matched to interventions is a basic formula for developing services to children and families. We recommend that

voluntary organisations, who can act as lynchpins in community based service provision, be included in such a process of service development in the coming years.

- We recommend a move away from purchaser provider models of working with voluntary organisations, to a reciprocal model of service provision, involving a comprehensive joint management approach.

- In order to enhance the capacity of services to work with families perceived as borderline between levels two / three, we recommend utilisation of the family service team in collaboration with voluntary organisations.

Independent Chairs

- We recommend the strengthening of Independent Chairs both in terms of additional appointments and ensuring they are afforded more time to work on specific cases as required.

- It is unreasonable to have Independent Chairs working on a long term acting up basis and this needs to be rectified accordingly.

- We recommend that Independent Chairs produce a six monthly outcome chart of 'decision made decisions delivered on' at conference level and circulate widely.

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Appendix 1

Fieldwork Interview Data

Role	Individual Interview	Focus Group Interview	Total Number
Senior Manager	5		5
Service Manager	7		7
Social Work Manager	6	14	20
Social Worker and Social Worker Assistant	10	10	20
Family Workers		8	8
Contact Workers		4	4
Administrators		4	4
Independent Chairs	2		2
Foster Carers		3	3
Parents		6	6
Health Visiting Personnel	2	7	9
Education Sector Personnel	2	9	11
Voluntary Sector Personnel	2	8	10
Other Foyle Trust / WHSSB Personnel	5		5
Total	**41**	**73**	**114**

Appendix 2

Set of Draft Indicators for New Beginnings Evaluation Page 1 of 3

Model Component	Performance Indicator	Time Period	*Rationale*
Threshold system	The categorisation of all cases into Hardiker levels of need.	Over first six months of 2005	Demonstrating implementation of threshold system
	Numbers of referrals from Foyle Trust to voluntary organisations	During the full year periods of 2003 and 2004	Should be steady or increasing giving the filtering out process and the active approach to managing non 3 / 4 cases
Caseload Weighting	Average social worker caseload (mean or median)	At 30 June 2005	Demonstrates the implementation of case load waiting system
	Minimum and maximum social worker caseload	At 30 June 2005	As above
Duty and Assessment Team	Numbers of 'looked at' cases were on the waiting list for initial assessment	30th June 2002 31st December 2004, 31st March 2005, 30th June 2005	Basic comparison with pre-Evans Ford regarding improvement in initial processing of cases (this indicator assumes that all cases get an initial check)
	What proportion of cases allocated to the FIT were referred after previously being referred but exiting prior to or after initial assessment	During the full twelve months of 2004	In general, cases exiting prior to or directly after initial assessment should not end up being accepted into the system after a subsequent referral (if the initial filtering / assessment work is done well)

Model Component	Performance Indicator	Time Period	*Rationale*
Family Intervention	Proportion of cases that have been initially assessed, that have been allocated within the Family Intervention Team	31st December 2004, 31st March 2005, 30th June 2005	This indicator tries to get at waiting lists within the Family Intervention Teams – i.e. cases allocated from Duty and Assessment to Family Intervention Teams but not allocated to social workers
	Average waiting time from entry to FIT to allocation within the team	30th June 2005	Same general point as above
	Caseload of family workers	31st December 2004 and 30 June 2005	This indicator seeks to identify the increasing significance of family workers (and therefore a family support way of working)
	Total cases held by Family Support Workers as proportion of total cases allocated within the Family Intervention Team	31st December 2004 and 30 June 2005	Same point as above but relating it to the cases within the child protection system
	Proportion of cases allocated to Family Intervention Team that get a case conference	During the full year periods of 2003 and 2004	General assumption is that a Family Support way of working will try to avoid the case conference step
	Proportion of cases allocated to Family Intervention Team that go on to the Child Protection Register	During the full year periods of 2003 and 2004	Similar to above, general assumption is that a family support way of working will try to avoid registration if possible
	Proportion of case conference attended by parents and children	During the full year periods of 2003 and 2004	Family Support commitment to partnership should mean greater involvement by parents

Model Component	Performance Indicator	Time Period	*Rationale*
Looked After	Proportion of children in care with reviews up to date	30th June 2004 and 30th June 2005	The creation of the Looked After team should mean more efficiency in meeting statutory duties
	Proportion of foster parents with reviews up to date	30th June 2004 and 30th June 2005	As above
Family Support Panel	Proportion of applications to the panel that were offered a service	First six months of 2005	Indicator of the extent to which the panel delivers resources (even if not always what people look for)
Training	Training received by staff within the Trust by organisational role (management / frontline etc.)	During the full year periods of 2002 and 2004	Indicator of the return to staff and organisation development that the investment of New Beginnings represents