

“Summary Report”

Changing Tra x Solution Focused Crisis Intervention Programme Evaluation

Final Report

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Executive Summary

- ❖ The project achieved and surpassed all of its intended targets during the first year of operation using the intensive family preservation model of intervention to prevent many children from becoming registered on the CPR or accommodated long term and to enable children to remain safely at home or be swiftly reunited with their parents
- ❖ Data from the evaluation cohort evidenced a significant reunification rate of 100% for children who had been removed from their parents and then later returned home
- ❖ Evaluation data evidenced an overall success rate of 67% for all families who had managed to retain their children at home or were reunited with them at some point during the intervention
- ❖ The project evidently prevented children's names being placed on or subsequently had children's names removed from the CPR
- ❖ Post intervention many families sustained positive change, remained in contact with the project and were attending reviews of their progress at regular intervals
- ❖ The project is gaining a credible reputation locally as a specialist family preservation service with considerable expertise in the substance use field
- ❖ The project contributes to local and national policy that places emphasis on addressing the needs of the parents and children as individuals, as well as working with the whole family to prevent substance use, reduce risk and get people into treatment – this strategic focus does not overlook the well being of the child
- ❖ The project had cross cutting impacts on Worklessness, the Criminal Justice System, Probation, and a reduction in levels of anti-social behaviour and substance use but achieving more clarity on these impacts is complex due to a paucity of reliable performance data
- ❖ The project actively promotes kinship support and care and as part of this approach also include and encourage family members to fully participate in the intervention to strengthen family ties and promote alternative support for families
- ❖ The intervention period of 4/6 weeks is perceived to be too little time to embed significant family change – the new project length of 10/12 weeks aims to address this
- ❖ Parents indicated improved parenting and positive changes in their levels of confidence and motivation as a consequence of the solution focused approach, learning skills and coping strategies utilised during the intervention
- ❖ A number of issues raised by parents about the increasing need to provide available and accessible services to children and families experiencing the effects of substance use

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- ❖ Many parents described their relief at how approachable, non-judgemental and respectful workers were of both them and their families
- ❖ Considering the threat of action from Children's Social Care all parents were not deterred by this and fully engaged in the intervention to completion stage
- ❖ Parents commented that they often experienced the approach of other service providers as disrespectful, disappointing and less helpful than expected
- ❖ Mainstream social workers were pleasantly surprised at how effective the 'solution focused' and 'strength based' approach was with hard to engage families
- ❖ There is a perception among local service providers that too many children are being swiftly taken away from substance using parents without crucial debate around the thresholds of risk that justify such action
- ❖ Local service providers perceived that this project is a much needed service that provides holistic family support and fills a crucial gap between children's and adult services
- ❖ All families were tremendously satisfied about the service they had received from the project and were unable to suggest further ways to improve the project
- ❖ Mainstream social work philosophies did not necessarily differ from the project's but that different objectives causes a disparity in the perceived ways of working on a different plane
- ❖ Children and parents benefited on many different physical, emotional and psychological levels from the service they received from the project
- ❖ Service indicators point to success with babies and young children, which are the main focus of the intervention for many families referred by Children's Social Care
- ❖ During the first year of operation the project produced nominal performance data on outputs; no outcome data was collected, collated and analysed to test the effectiveness of the service
- ❖ The perspectives of both project staff and social workers suggested differing interpretations on the referral process and use of criteria
- ❖ Internal and external awareness of the project and its purpose in the community was still largely unclear to some agencies
- ❖ There were distinct improvements in the level of networking parents and children actively became involved in through their engagement with the project, which reduced experiences of isolation and exclusion

Summary Report for recommendations for each section of the main report

1. Introduction

The service evaluation was commissioned by Changing Trax Solution Focused Crisis Intervention Pilot (CTSFCI) and conducted by ASSURE at Lancaster University. Since the report was commissioned in September 2007 the service went on to acquire a further six months funding. The service was officially open for business from April 2007. However, the evaluation of the service during its first full year of operation was based on the timescale June 2007 to the end of May 2008, when the first families were referred to the service. The evaluation time was also extended for a further four months to allow the service to accumulate a full 12 months service working with vulnerable families.

The summary of findings and related recommendations are as follows:

6. Results Section

Summary

From the brief analysis of the tracking process, there are a number of significant outcomes indicating that overall the service had an extremely positive impact on 67% of the children who were accommodated then reunified with their parents and are still residing safely at home in their care. Arguably, there is an equally positive outcome for the 33% of children placed with family or local authority care and that this was the *best possible outcome* from the intervention that enabled them to progress from adverse and complex family experiences to safer, happier and healthier lives elsewhere. To identify longer term impact of intervention on families and the extent that positive change has been sustained, and the decisions around outcomes for children permanently accommodated were appropriate, all families need to be tracked at regular intervals to assess the effectiveness of the intervention.

The data also showed that the outcome of 67% for tracked children referred into the project in the group “accommodated then reunited with their parents and since remained at home” was equivalent to the result for ‘non-tracked’ children in the same category across the same time period (see Appendix 1). Also closely resembling each other were the outcomes of tracked (67%) and non-tracked (69%) children post intervention that were still in contact with CTSFCI and living safely at home, which indicated consistency of performance and outcomes both for the families involved in the evaluation cohort and the total of all referred families into the intervention service from June 2007 to May 2008. Comparing the similar results for both tracked and non-tracked families has served to validate the findings of the tracked families that exemplify outcome performance for the total caseload. Doing this has consequently confirmed that little has been lost by allowing for ‘missed data’ and evaluating a smaller caseload to gain a realistic representation of service effectiveness.

The cost effectiveness of CTSFCI was been briefly explored and there were indications that the project was able to significantly contribute to preventing children being removed from their parents thus reducing potential local authority costs involved in accommodating children. That said, these costs were only incurred where children had no kinship care

alternative to local authority care – but CTSFCI has also demonstrated it promotes the child’s best interests at all times and thus it actively promotes kinship care so this is not a surprising outcome. Where kinship care was available and of a high standard, CTSFCI perceived it as integral to children’s ongoing happy and healthy development to maintain this connection with the biological family.

Goal analysis provided substantial evidence of *movement* in relation to parent’s progress and achievement of goals and sustainability of change they had made during the intervention. The findings from goal analysis demonstrated that some goals were perhaps more difficult than others to maintain i.e. maintaining control or abstinence around substance use, and this may have been an indicator of further need for support and guidance in a specific area. Most parents who completed the tracking exercise furthermore indicated healthy improvements in parenting, and personal levels of motivation and confidence as a consequence of their intervention. However, assessing parental achievement of goals and sustainability of change using ‘self assessment’ as the method of extracting data does require further consideration to ensure parents fully understand the process and are able to appropriately record their progress.

Substance Use

RECOMMENDATION

The nature and frequency of *need* around substance use support requires further investigation by the service. Tailored booster sessions could be offered more routinely following review sessions that expose ongoing need in this area. Certainly, lapses and relapses not picked up by the tracking system are also a major concern and are important to consider including in future monitoring plans.

Worklessness and employment

RECOMMENDATION

There is a critical need to engage with regular monitoring of this type of data on Worklessness for parents and where they later become actively employed. Worklessness needs to be prioritised and outcomes in this area measured against local and national benchmarking (The Working Neighbourhoods Fund, 2007). It is also important to track changes in self assessment levels that can indicate readiness to work e.g. ‘confidence’ and ‘self esteem’ and the extent that parents feel emotionally equipped to cope with employment and therefore become actively involved in seeking employment.

Funding and cost effectiveness of the service

RECOMMENDATION

To validate the reliability of financial information, CTSFCI must rapidly engage with the complexities of higher level performance data management to facilitate an accurate representation of the social and economic cost effectiveness of the service.

6.6 Results of 'Personal First Goal Analysis'

Summary

- Some parents showed movement towards their first goal across the three review periods, which could suggest parents may have continued to experience the benefits of intervention which strengthened their capacity to embed change and move rapidly on to the next level to reach this goal.
- Other parents' positions remained unchanged at each review period, which could indicate that families are concentrating on embedding change into family life or they need for further assistance in the form of booster sessions or regular support from a maintenance worker to enable movement towards attaining this goal.
- A number of parents fluctuated at each review period; achieving a slight increase in goal proximity before slipping back at the next review period; all which could indicate, for some, the fragility of recent change and the extent that families can be vulnerable to slippage if changes are not firmly embedded – again, booster sessions or the introduction of a regular maintenance worker could address emerging issues around the need to assist families to sustain change.

Overall, the data for goals obtained from parents self assessment reports demonstrate that there is *movement* to reach the first goal, which could indicate that parents are feeling increasingly confident and hence more motivated to make the changes necessary to achieve their goal(s). Interestingly, 7 parents responded to questions around confidence on the tracking form but only 6 reported that they felt either a little better or a lot better as a result of the intervention. The reasons for change in proximity to the first goal at the end of each review period requires further analysis to establish what motivates parents movement in any direction and is it fluctuating or low levels of confidence that hinders their progress?

Much of the data is case based, which in future could involve drawing correlations between cases. However, before collating data to do this, it is necessary to ensure workers fully understand the basis on which the data is being recorded and how they convey tracking process to families i.e. the reasons for tracking, improving parental understanding about self assessment and how the rating scales works. It is also important to establish differences in parent perceptions of doing badly with one goal and well with another, and the degree that either might influence their perception of progress with other goals - disparity between parents and worker perceptions of goal progress would also need attention.

RECOMMENDATION

Ensure workers fully understand the basis on which evaluation and tracking data is being recorded and how they convey tracking process to families. Monitor differences in parent perceptions of progress with achievements and explore any potential disparity between parents and worker perceptions around goal progression.

6.6.1 Priority goal

RECOMMENDATION

Explore in further detail nature and motivation for progression or decline in goal achievements and the sustainability of change i.e. the importance of specific goals and the way in which each one may be prioritised and accomplished by each parent.

6.7 Data Management and Monitoring Section

Summary

It is clear CTSFCI need to take stronger ownership of the monitoring and data management process by developing a robust system that yields more reliable results. It is imperative to decide how and what data should be collected in future, and for what reason; what elements of data should be included and practically, how it will be managed e.g. this could involve a specialist IT exercise or a task that could be undertaken in-house for the service by either manager or workers in Children's Social Care. Another option would be to contract in services to undertake the data collection and monitoring on an interim basis.

RECOMMENDATION

The challenge for CTSFCI is to improve data monitoring to enable a more accurate representation of its current effectiveness and future service potential. The monitoring process must be developed and strengthened in order to achieve a more transparent system of that allows genuine impacts attributed to service provision to be detected thus justifying its existence as a specialist family intervention project.

RECOMMENDATION

To monitor sustainability of change long term, establish a core group of service users (6/8 individual parents: avoid dropping below 4 for any one session) from the past 12 months and track on a regular basis. This process will feed into a number of key government initiatives about local and national policy around the agenda for Hidden Harm and Every Child Matters, service user inclusion and evidencing effective practice and service delivery outcomes. This should not be promoted as a service user support group but a '*focus group*', which will aim to explore different elements of delivery and experiences, which should feed directly into service development, monitoring and evaluation of the service in future.

7. Perceptions and experiences of parents Section

Summary

Overall, there is sufficient evidence that indicates the families were very impressed by the service they received from CTSFCI and benefited from it on many different levels. Considering a slightly higher number of families chose to participate in the evaluation by completing a questionnaire, their responses and sentiments largely reflected those of the families that were interviewed but in perhaps a little less detail.

The number of families that were available to participate from the first year of business was very small, which has an impact on the degree that the outcomes of such qualitative data can be entirely relied on to fully substantiate CTSFCI at this early stage in its development. That said there is considerable positive feedback from service users, which is a strong indicator that families are benefiting from the intervention in a myriad of similar and different ways. In most cases, parents were also able to report the many ways that they perceived the intervention had positively impacted on their ability to be better parents and that it had in addition helped them to recognise the impact their substance use was having on their children.

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All parents were incredibly complimentary about the CTSFCI service and remarkably, when asked to comment on ways in which the service could be improved service users were quite clear about not being able to offer any suggestions and actually appeared surprised that improvements might be required. What parents did say to this question was a mixture of 'it's a brilliant service', 'nothing, it was perfect for us', and 'it's great, I have nothing to add'.

Families were enormously pleased about the way they were treated by CTSFCI workers and were encouraged by their non-judgmental approach to continue with the intervention. Parents felt that the workers were sensitive to their family needs and managed this well against the obvious pressures of their work load – always being perceived as professional and approaching the family in a very person-way. From the interviews with CTSFCI workers it was also clear that while each individual adopts their own style of communication to facilitate families understanding and trusting them there are some basic core values and conditions that are offered to all families referred to the service. Implicit in this category is also the level respect that families reported experiencing during the intervention that relate to communication styles and skills that helped to set the tone of mutual respect during visits.

The commitment of the workers and service users seemed to bring about families completion of the core intervention – all families are still engaged in the service on a regular basis for review sessions, which is testament to the effectiveness of the intervention and its lasting positive impact after its first year of operation.

What is not clear at this early stage in the operation of CTSFCI is the degree that any of these families have reverted to their original status, particularly, in terms of substance use and increased risk to children's safety.

RECOMMENDATION

The extent that families have sustained positive changes they made during intervention are a priority for monitoring and exploration on a regular basis to test the efficacy of the intervention and the degree that the service has had the intended positive impact and it has generated the anticipated outcomes long term.

7.3.1 Indicators of improved parenting

RECOMMENDATION

Improve the balance the focus between babies, toddlers and older children by involving and engaging the latter, who often act as carers when the family is in crisis but can be marginalised by their age and lack of availability for contact.

RECOMMENDATION

Consider varying contact times with families where there are older children to enable their participation on a more regular basis.

RECOMMENDATION

Achieve a more inclusive approach to older children and explore through workforce training, creative methods of inclusion and ascertain children's and young adult's perspective of the intervention and its impact on family life through the use of more 'age-appropriate' and creative visual aids that can also serve as useful evaluation tools.

8. Social worker and CTSFCI worker perspectives Section

Summary

The emerging themes identified from interviews with mainstream social work and CTSFCI workers have a number of potential implications for CTSFCI practice in terms of improvements and increased intra-agency partnership work. In general, social workers were very impressed with CTSFCI, its workers and outcome evidence that provided some reassurance that family life was beginning to improve under the guidance of CTSFCI.

Interestingly, there were few comments about the quality of the outcomes beyond the initial completion of intervention for social workers but this may be attributed to the fact that during the evaluation mainstream social work underwent a major restructuring process that involved the re-allocation of many cases to different social workers. As a consequence, the majority of the social workers interviewed, although positive about the core intervention, were less aware of the progress their families had made since. That said CTSFCI workers were quite specific in highlighting their concerns about the lack of support families sometimes received from mainstream social work, which had implications for slippage and the potential to relapse.

One of the most prominent points raised during the interviews was the decision-making process around referrals into CTSFCI, which in some cases could also have been affected by a distinct lack of awareness in the social work team about the project. There appeared to be widespread uncertainty about what the criteria was for CTSFCI and how it works in reality. This was an area that requires further attention and improvement to clarify the criteria with social workers with the explicit intention of increasing referral numbers into the project.

Lastly, there was considerable agreement that while mainstream social work did not necessarily operate on a different cultural plane the objectives underpinning general social work around ‘assessing the need to remove a child’ seemed to debatably force staff to engage with the deficit model to justify such action i.e. identifying negative parenting practices to establish a case for removing children from parents. This was in contrast to perceptions of CTSFCI, which social workers proposed worked on the premise of ‘assessing the potential to return the child’ and ‘what needed to happen to facilitate this’ i.e. setting goals to reach targets, which can be achieved by promoting their own strengths – this philosophy is more reminiscent of the ‘strengths based model’.

8.1.1 Focus of intervention

RECOMMENDATION

This strengthens the need for both CTSFCI and Children’s Social Care to work more closely to ensure a balanced focus on children from both agency perspectives. Closer partnership working should also serve to increase intra-agency confidence in CTSFCI that the focus of intervention is appropriately positioned.

8.1.2 Referral patterns

RECOMMENDATION

To increase opportunities to engage and deliver where there is a need; promote early joint working and consultation and inclusion of CTSFCI at the initial response referral point to establish each referral’s suitability for CTSFCI.

RECOMMENDATION

Increase top down information and training about CTSFCI and the *working criteria* that would enable mainstream social workers to easily identify appropriate families for CTSFCI.

8.1.3 Post intervention issues

RECOMMENDATION

A maintenance worker is essential to support and manage slippage post intervention, to identify the need for further booster sessions, and to ease the pressure on staff of responding to the demand for booster sessions while delivering the core intervention.

8.1.4 Social worker beliefs

RECOMMENDATION

Increase joint working with mainstream social work to boost intra-agency confidence in the project during and post intervention and to alleviate concerns around sustainability of family change and the reality of reduced risk(s) to children.

8.1.5 CTSFCI team management

RECOMMEDATION

To avoid *burn out*, explore the possibilities that workers could take a secondment period or enter into a 'staff rotation cycle' with mainstream services. This would allow workers to become involved in training and/or social work at the front end of Children's Social Care, to refresh and gain insight, and skills and experiences to filter back to CTSFCI.

RECOMMENDATION

Prolong training and induction period for newly recruited employees, particularly, where workers are less experienced with drug and alcohol issues and are going out into the field to support with families. It may also be beneficial provide structured training in psychosocial and communication skills, that would underpin the later acquisition of more complex skills that cannot be simply learned through observation.

8.1.6. Benefits of CTSFCI

RECOMMENDATION

The issue of whether a social worker is required to work consistently alongside CTSFCI during the core intervention should be addressed on a *case by case* basis because each family will have a different level of need.

9. Perceptions of local service providers Section

Summary

The feedback offered by service providers was fair, constructive, informative and in many cases extremely positive. In relation to indicators of achievement, most professionals were able to identify each at least 2/3 hard to soft indicators of progress for the parents that they

worked with on a regular basis, which indicated to a degree the impact CTSFCI may have had on its service users – that said service providers were particularly cautious not to discount the impact other services would have had on family outcomes. Although there was some acknowledgement that this service was *special* and *different*, which could possibly lead to more directly attributable outcomes as a consequence of the intervention?

The general consensus was this service was not only gaining credibility but it was perceived to be filling a serious gap in service provision not achievable by any other local service. Importantly, this message highlights the great potential this service has to become an exclusive service deeply embedded within the myriad of community services already available in Newcastle.

Issues for consideration were discussed around how families' *survive* post intervention without the support of a maintenance worker – the implementation of this role was viewed as critical to the sustainability of change long term in conjunction with the booster sessions. However, there were some differences of opinion about whether these booster sessions are effective without the support of a maintenance worker in situ?

A number of key areas were identified for review and improvement around practice protocols, service provider expectations (and this works both ways), communication and partnership work. Of critical importance was the reasons given for reviewing the time period across which the CTSFCI intervention is delivered. For many, the current delivery period of 4/6/ weeks was judged to be too short in which to make significant changes in life and sufficiently embed those into every day live within this tight time scale. While CTSFCI has moved to resolve this issue by recently extending the intervention time to 10/12 weeks, which is a significant change that will no doubt provide dividends, there is still the outstanding issue of no maintenance worker, and without this, the effectiveness of the booster sessions questionable.

9.2 Findings

RECOMMENDATION

Firm up on partnership work at the outset of family work i.e. investigate services already involved with the family and avoid duplication of planning and assessment to ensure family do not become confused about case management.

RECOMMENDATION

Improve service understanding of other service practice protocols and ensure these and those of CTSFCI receive equal consideration in case work

RECOMMENDATION

From research inquiries there is considerable scope for CTSFCI to actively explore the potential help and support other service providers are willing to offer, which could serve to assist the development of strong referral pathways in and out of the service in future.

RECOMMENDATION

To reiterate, improve with targeted training CTSFCI worker knowledge, understanding and experience around substance use to better equip them to manage the complexities of such issues with parents of the service.

9.3 Partnership and promotional work

RECOMMENDATION

Explore potential to engage with other local services to ensure dependence on select services is not created thus, minimising the possible best outcome for the service user and the possibilities of facing barriers to key services due to over subscription and waiting lists.

RECOMMENDATION

Workshops in a neutral environment, promoting open debate and question time about the service combined with a presentation for local practitioners, GPs, Children's Social Care Social Workers etc., to explore issues around perceptions of the service, thresholds, criteria, intervention, outcomes, booster session warning scheme, and exploring other agency needs working in partnership.

RECOMMENDATION

Explore the potential to develop local training partnerships that will benefit project workers in need of further specialist training and experience e.g. treatment services – this could be a reciprocal training arrangement where CTSFCI also provide refresher workshops to other services on a multitude of topics under the headline of family intervention.

10. Other issues for practice Section

10.1 Black minority ethnic groups (BMEs)

RECOMMENDATION

Identify reasons for lack of BME referrals i.e. lack of BME families on Children and Social Care referral caseload, family resistance or reluctance to give permission to refer, or more general service-user perceptions about service provision that are less informed about the

10.2 Cultural issues

RECOMMENDATION

Contract or employ people who are able to converse in different languages. Improve workforce education and knowledge about the real and potential cultural differences and needs of BME and ethnic minority families.

10.3 Gender

RECOMMENDATION

This issue needs unpacking and exploring to make certain that the service delivers the same quality service to both men and women.

10.4 Dual Diagnosis

RECOMMENDATION

CTSFCI need to increase knowledge, experience and involvement around mental health issues within families locally. There is arguably a dearth of specialist services that manage intensive intervention for children registered with parent(s) who are experiencing dual diagnosis.

11. Discussion Section

11.12 Learning and best practice

CONSIDERATION POINTS

There is still much to learn about the benefits and experiences of Intensive Family Preservation Services that underpins the work of CTSFCI. The skills and expertise and techniques of engagement have contributed to bringing about positive outcomes for families. But what is less clear is *which* elements of this model were more useful than others in contributing to success? This question is not easily addressed and more difficult because the many UK IFPS based on the original *Homebuilder's Model* (Forrester *et al* 2007) are variants of the original form – the degree of variance within and between each model would be difficult to breakdown for comparison. Even then, it is worth considering that all of these variant models depend very much on how the whole system operates together rather than simply analysing individual elements of it.

12. Conclusion Section

The results of this evaluation provide substantial support for the continuing need for this project and its ability to bring about positive outcomes for families experiencing adversity specifically as a consequence of parental substance use. It is a service that has experienced a very short life span but one which has already demonstrated significant early successes, huge future potential to preserve vulnerable families *per se*, and specifically a valuable way forward for working with families where parental substance use is placing local children at risk.

Primarily, the project is underpinned by a respected and well utilised theoretic model (IFPS), which is offset by the use of strong methodology and robust techniques of engagement adopted by project workers. Secondly, the multi-agency nature of the project is one of its main strengths to providing ease of access to specialist services for vulnerable families that greatly assists the achievement of positive outcomes for vulnerable families.

Commendably the project has achieved its outcomes for the first year of operation:

- To provide 24/7 intensive support service over a period of 4/6 weeks.
- To prevent accommodation or registration (CPR) of children where possible
- Facilitate the rapid return of children into their parents care where possible
- Achieve positive change to enable children to remain safely at home or be swiftly reunited with their parents

In relation to the sustainability of the project, there is a continuing need for CTSFCI to promote and engage in collaborative intra-agency and inter-agency partnerships and to firmly embed itself between these two camps in order to achieve a continuously high quality service that is able to respond well to service user need. Strengthening partnership work will also offer some protection against the service functioning in isolation.

There is a need to strongly engage with the findings and recommendations presented in this evaluation report in order to realise the full potential of this specialist service in future. This report is designed to be used as a *tool* in conjunction with the recommendation to help guide the project through the first round of vital improvements and into its second year of operation – while it may seem that the report has been critically pitched, this is not to overlook the very beneficial work that the project achieves, it is to ensure that all bases have been covered to assist this innovative and unique project to reach its full potential.

Ongoing evaluation and assessment is also a major part of social work and although this report suggests collecting and collating data for specified areas of the project, it is also pertinent for the project to begin to consider what elements of CTSFCI in partnership with social work strongly contribute to: reducing the numbers of children becoming registered on the CPR or accommodated into kinship care, foster or local authority care.

There is furthermore much to be gained from reflecting on how similar UK based projects have achieved their outcomes and are the formulas of success vastly different what is presented here in terms of quality, efficiency and effectiveness of service intervention?

Next steps....

- Consider the findings of the evaluation report
- Consider the implications and the logistics of implementing recommendations
- Implement key recommendations as soon as possible
- Schedule ‘learning workshop development’ session with ASSURE to address how management and workers can collaborate and contribute to translating the evaluation recommendations into practice