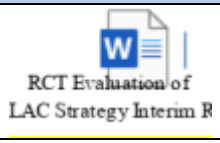
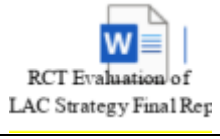
Appendix I

Rhondda Cynon Taf Looked After Children Prevention Strategy 2022-2025

1 Introduction

Supporting children and families to stay together safely and to thrive and providing effective supports for children who need to become looked after are two essential responsibilities and key aims of Children's Services in Rhondda Cynon Taf (RCT). A review of the RCT Looked After Children Strategy (2018-2021) co-produced with the Institute of Public Care (IPC) at Oxford Brookes University identified many strengths within our Children's Services which reflect positively on the commitment, experience and expertise of the staff providing these services.

The work leading up to developing this Strategy can be found here	
1. Rapid Review of Literature and Secondary Data Analysis (interim report)	
2. Summary: what we have learned from the deeper dive of cases and staff / service user interviews (final report)	

The review also identified **4 key areas** in which the service could continue to improve and develop, as outlined in the table below:

Four improvement and development areas	Why do we want to improve in this area?
1. Development of a clear practice model for social workers and allied staff working with families referred to Children's Social Care for support, including to generate better engagement of families who are in 'pre-contemplation' (who have not yet come to the view that they need or want to change).	■ To generate better engagement of families including those in 'pre-contemplation' (who have not yet come to the view that they need or want to change). ■ To enable even more effective relationship-based and successful involvements with families ■ To reduce the need for children to become looked after
2. Development of a specific pathway and set of supports for families referred to Children's Social Care during a pregnancy to enable earlier intervention with parents considered to be very vulnerable before the child is born. Linked with this, improvements to the support available to parents who have had a child removed from their care.	■ To improve the parents' resilience, reduce risk factors and reduce the need for infants to come into care ■ To reduce the likelihood of parents who have had one child removed having subsequent children removed from their care
3. Development of a more coherent and consistent approach to reunifying children home who have spent some time being looked after by the local authority.	■ A more consistent approach will lead to more children being reunified successfully and reduced pressure on the looked after population
4. Strengthening of the support to be offered to children living with extended family - in kinship care and / or with a Special Guardian, including to their carers	■ Reduce the likelihood of a breakdown in these placements ■ Improve outcomes for children in care

A more detailed rationale for these improvements can be found in the Looked After Children Strategy Review Report (March 2021).

It is projected that successful implementation of these improvements will lead not only to better outcomes for children and families but also to medium to long term savings, primarily in the form of:

- Better outcomes for children and families.

- Reductions in the number of children needing to become looked after or who need subsequent statutory interventions.
- Increases in the number of children who can safely ‘exit’ from care, either to return home to birth family members or into a form of long-term kinship care (with a Special Guardianship Order).
- Reductions in the number of placements that break down, either from kinship care or from failed reunifications home.

Including in the context of the Covid Pandemic, which is known to have increased the needs of and in some cases the risks within vulnerable families, failing to continue to develop services also risks the opposite i.e. increases in the number of children needing to become looked after or who cannot safely exit care or who experience the breakdown of a family placement.

In section 2 of this document, a ‘Theory of Change’ has been developed for each of the 4 priority areas, articulating: our basis for change; what we think we need to do to implement change; what the short-term indicators are likely to be of a successful change; and what are the medium to longer term outcomes we are aiming to affect through the change. The 2 latter elements will form the basis of our monitoring arrangements, to enable us to see the impact of our strategy over the next 1-3 years. It is anticipated that the first of the 4 priority areas (developing and implementing a practice model) will involve the greatest amount of collective effort and resources to effect transformational change, but also has the potential for the greatest impact.

2 Four Development Areas, Four Theories of Change

2.1 Area One: Development of a Clear Practice Model

Rationale for Change	What this will involve?	What we expect to see in the short term if successful	What are we aiming for in the medium to longer term?
■ Although the number of children becoming looked after has declined in recent years, there were signs of numbers growing again pre-Pandemic ■ More families are thought to have complex needs and to be under significant strain, including because of the Covid Pandemic ■ Working with families at the edge of care often requires successful engagement with parents who are misusing drugs or alcohol or who have significant mental ill-health or where levels of domestic abuse are high ■ The recent RCT review and evidence from elsewhere in the UK strongly suggests that relationship and strengths-based practice can make a significant difference to parental engagement in positive change ■ Research suggests that having a clear practice model is essential for enabling consistently good quality practice and embedding a relationship-based way of working with families ■ Too high caseloads can negatively effect the implementation of desired practice models	■ A significant change in practice for many social workers, their team managers, senior managers and allied staff (particularly teams providing change programmes) ■ The development of an agreed practice vision and model with staff, with reference to the evidence base about 'what works' when engaging with families who need a social worker ■ Staged implementation with attention to pace (not too fast, not too slow) ■ Continued investment in social worker numbers, particularly non-agency staff, to enable caseloads that will allow for relationship-based as opposed to more 'arms-length' practice with families ■ More consistent and effective use of Family Group Conferencing and other methods to promote the engagement of family members when their child(ren) are on the edge of needing care ■ Whole system support for these ways of working e.g. assessments, reviews, case conferences ■ Senior leader support and modelling of the desired change	■ Development & implementation of the model is undertaken with pace and in collaboration with staff who 'buy into' it ■ Staff can articulate the practice model and are enthusiastic and confident about working in this way ■ Caseloads reduce and staff describe having enough time to engage effectively with families ■ Staff describe being supported to deliver the model including through training and supervision ■ Families describe their engagement with social workers positively ■ Families describe how interventions build on their strengths (as well as addressing risks to the child(ren)) ■ More families engage successfully ■ Colleagues in other agencies understand and support these ways of working ■ Plans, reviews and other documentation reflect the practice model	■ Fewer children need to come into care ■ Families who remain together through an intervention can stay together in the longer term (have developed resilience) including that they do not require repeat statutory plans ■ Children and parents feel better supported including through improved relationships with their social worker ■ Social work practitioner skills develop including in relation to direct work, for example with the child, in collaboration with family support colleagues ■ Absence of 'blockers' in the whole system to these ways of working with families

2.2 Area Two: Development of a Pre-Birth Pathway and Service

Rationale for Change	What this will involve	What we expect to see in the short term if successful	What are we aiming for in the medium to longer term?
■ There are relatively high numbers and proportions of infants (aged under 1 year) becoming looked after ■ Often the parents of these children are care or social care experienced. Some have had another child already removed from their care. Some have a learning disability or difficulty. ■ More has been learned since 2018 (when the last strategy was produced) about 'what works' in reducing the need for infants to come into care and to support improved resilience in these family units ■ For example intensive, 9 month interventions starting as early as possible in pregnancy, strengths based and solutions focused, drawing on a clear evidence-based programme of educative and therapeutic work (recognising the likely past trauma of parents), team around the family ■ Services as currently configured do not have the capacity to provide a good service in this area	■ Re-focusing services on this important area ■ Some additional investment ■ Development of a specific pathway and support tools ■ Work with partner agencies to ensure that key areas of support they can provide are available relatively quickly to families ■ Key workers with the right skills to deliver much of the work themselves ■ Senior leader support over a sufficient period of time to protect the service as it develops ■ Enabling more referrals into the service of very vulnerable (first time) parents early in pregnancy ■ Starting work with parents as early as possible (in pregnancy) rather than relying on assessment only during this period	■ The development of an effective, evidence-based and clearly signposted programme that can accept early referrals of very vulnerable parents around the perinatal period ■ Improved identification of very vulnerable parents at an early stage i.e. in pregnancy ■ Greater and earlier engagement of very vulnerable parents in change work (not just an assessment) ■ Improved understanding amongst social workers and referring professionals of the value and availability of this kind of early work with parents ■ Staff, parents and referring professionals describing feeling confident about the programme ■ All relevant agencies engaged with the programme	Amongst families referred to or known to social services in the perinatal period: ■ Improved child/parent attachment ■ Good / improved parenting skills and capacity ■ Good / improved parenting confidence ■ Reduction in risks to children, for example from domestic abuse, parents' substance misuse, parents' mental health ■ Reduced need for infants to come into care in their 1st year of life ■ Where infants do need to enter care, they achieve permanency quicker ■ Families are more resilient (i.e. need fewer or no child protection referrals)

2.3 Area Three: Improving the coherence of reunification work

Rationale for Change	What this will involve	What we expect to see in the short term if successful	What are we aiming for in the medium to longer term?
■ Not all children who need to come into care can or should return home to birth parents. However, many can do so successfully, with the right support ■ The number of (successful) reunifications of children home to birth families after a period in care has been reducing in RCT in recent years ■ There is evidence of some positive and successful reunifications with good planning and parents well-engaged. This is particularly the case where the child has been taken into care relatively recently, under 6 months ago, or where the child is 'younger-aged' ■ Returns home for older children tend to be stimulated by a looked after placement breakdown and are less well-planned. ■ Overall, reunification practice is inconsistent ■ Staff have suggested that a clear strategy to inform and drive reunification work is lacking and that it is not sufficiently prioritised or practiced within the current system.	■ Development of a clear evidence-based reunification strategy and guidance for staff ■ Development of appropriate incentives within the whole system to re-prioritise this work ■ Consideration and development of best practice for successful reunifications (at different child ages)	■ Staff can consistently describe the reunification strategy and guidance ■ Staff feel able to prioritise this work and are (more) confident in this area of their practice ■ There are appropriate supports available to assist with returns home ■ There are more planned reunifications home, where appropriate and safe to do so	■ More successful reunifications home for younger and older aged children ■ Increased numbers and % of children exiting care through reunification

2.4 Area Four: Strengthening of support to children with a Special Guardianship Order (SGO)

Rationale for Change	What this will involve	What we expect to see in the short term if successful	What are we aiming for in the medium to longer term?

■ The number of children with a SGO were growing steadily in RCT, but appear to have stalled slightly in 2019-20.
■ Acknowledging recent developments to enable SGO carers to receive support, messages from the staff suggest that a greater promotion of and support for SGOs in RCT is required.
■ Most care experienced children and their adoptive parents / carers will require support at some stage(s) of their development, including at key transitions. For example: recent research suggests very high levels of emotional health and wellbeing needs for children with a SGO or in kinship care or adopted compared with the general population.
■ Failing to provide such support risks worse outcomes for children and placement disruptions
■ It has been difficult to retain SGO-specific posts in the past, particularly as social workers in these roles get drawn into frontline practice / assessment only work. It is also generally difficult to recruit to social worker posts currently in RCT
	■ Work with and provide guidance for frontline social work teams to support the consideration of SGO placements as early as possible in work with families, where appropriate
	■ Develop, deliver and publish a core offer (for all SGO carers and families) including with reference to the pre and post-placement period e.g. training, signposting and peer support. With reference to recent WG Guidance, this must now include checking in with SGO carers at least once a year
	■ Develop, deliver and publish a targeted offer of support for SGO families beginning to experience difficulties. This could include therapeutic parenting 'top up' training and support; life story work for the child; psychology consultations
	■ Consider how best to provide these supports with reference to an in-house team (with a balance of social work qualified and unqualified support worker roles and/or other generic supports in the local authority (e.g. in house life journey workers with some capacity for work with SGO children) and commissioned (voluntary sector) supports
		■ Social workers describe feeling confident about exploring SGO options, as appropriate, at an early stage in their work with families
		■ SGO carers are more aware of the support offer available to them
		■ Staff and SGO carers describe how the placement of the child with them is well-supported
		■ Innovations in support are evidence-based and cost-effective
			■ Better outcomes for children placed with special guardians including in relation to their:
			  ■ Emotional health and wellbeing
			  ■ Educational outcomes
			■ Better outcomes for the whole family unit including better family functioning and parenting confidence
			■ Fewer breakdowns from SGO care
			■ More confidence in the SGO 'system' enabling more SGO carers to come forward to care for children

3 Implementation Plan

3.1 Key principles of effective implementation of change within children's services

A key message from many recent evaluations of innovation in this field is that **transformative change is not easy to achieve** either for individuals or for organisations (for example: Bostock et al, 2017; Sheehan et al, 2018), also that it is important not to under-estimate the scale of change or adaptation needed in culture and working practices (Albers et al, 2020) whilst the whole system continues to need to respond effectively to families with very complex needs.

Key principles relating to more successful implementation of social work practice change are as follows:

1. That implementation plans should pay attention to 3 areas:
   - Practice innovation (what happens between workers and families).
   - Effective alignment of service pathways to the desired change, including: assessment, planning and review activity and documentation; and IT supports.
   - How the whole system supports the innovation, for example through: practitioner caseloads sustained at a reasonable level; heavily aligned training and practice supervision arrangements; multi-agency conference arrangements.
2. Effective, consistent leadership of change is required at all levels, including: modelling of the desired practice changes by all including senior leaders; sustained support for the vision for change; and effective, varied communications.
3. Performance management and monitoring arrangements that reflect the priority areas for change.
4. Attention to the pace of the implementation of change – not too fast, not too slow. Transformational change (for priority area one) is likely to take longer, up to 2-3 years.
5. Staged implementation including with reference to:
   a) Exploration – of the rationale for change and proposed change(s) with practitioners and team managers to create a burning platform for effective change and to ensure that there is a common language and framework of understanding. Essentially, they need to be brought on board, expecting always that some practitioners will embrace change quickly, others not.
   b) Design work – based on the local vision for change and the existing evidence base, to develop a practice and practice supervision model that is relationship-based and strengths-based.
   c) Initial launch – including with attention to aligned training and broader supports (e.g. toolkit) for practice; opportunities to celebrate along the way; IT and administration and pathways aligned.
   d) Full implementation / roll out with attention to the same as above.

e) Embedding – attention to sustaining change over a longer period of time.

Also worth considering with reference to Area One are:

- The need for some additional capacity in the system to drive the more detailed design work, and to keep it on track. All relevant staff will also need some ring-fenced capacity to be able to engage in more reflective work around practice development.
- Naming the change which may be useful, with support from staff, for example ‘The RCT Way’ or something similar.
- Consideration of all support services and worker contributions in the new system, for example with reference to ‘who will do what’ in a strengths and relationship-based model? Particularly across assessment, planning, PLO, interventions (with children, parents etc.). Research suggests that it is helpful if frontline social workers undertake some direct work with families, particularly the children, to stay involved.
- Careful design of the training programme alongside the more detailed work on the desired model, including with reference to existing worker skills and skills or experience ‘gaps’. It will need to be ‘rolling’ to accommodate both waves of existing staff and newly recruited staff over time.
- The extent to which the new practice model should be articulated not just to staff, but to partner agencies and children and families.

3.2 Starter Implementation Plan for Area One: Development of a Clear Practice Model

Time frame	Block of Work	Detail
July-October 2021	Exploration - of the rationale for change and proposed change(s) with practitioners and team managers to create the right conditions for effective change and to ensure that there is a common language and framework of understanding. Essentially, they need to be brought on board, expecting always that some will embrace quickly, others not.	▪ Identify additional capacity to lead the change and how staff can be involved. Is a Transformation Board needed? ▪ With all staff groups, at least once and in different ways e.g. written material, oral 'sessions' ▪ Using consistent materials articulating why this work is important and what the early thoughts are about the model ▪ Encouraging of dissenting as well as early adopter voices ▪ Facilitated by someone /people who are relatively senior who are advocates of the change ▪ Senior leader work on the key areas e.g. 'how will we model this ourselves?' + how can we ensure our performance systems monitor the important things?
November – December 2021	Further design work – based on the local vision for change and the existing evidence base, to develop a practice and practice supervision model that is relationship-based and strengths-based.	▪ Some of this work can be done during the stage above ▪ Should be involving of staff groups – could have design groups? E.g. for practice model, supports/toolkit, supervision ▪ It requires consistent leadership and 'checking back' with key stakeholders during the design phase ▪ Worth drawing in other agencies at this stage? ▪ Worth commencing work on the supports (see below) in this stage ▪ Leaders to begin modelling desired behaviours including through all comms ▪ Active comms required at this stage

Time frame	Block of Work	Detail
January – February 2022	Initial launch – including with attention to aligned training and broader supports (e.g. toolkit) for practice; opportunities to celebrate along the way; IT and administration and pathways aligned.	▪ An initial launch could be, for example, in one or more teams ▪ This should be treated as a pilot with reference to hearing practitioner views and adjusting ▪ Some supports will not be fully finalised. Staff should be appraised of this including what supports are being further developed ▪ Pathways and supports e.g. assessment, planning and review tools are likely to be critical potential blockers to a new way of working and therefore need development time
March – December 2022	Full roll out – including with attention to all of the above	▪ Comms, leadership, staff involvement, trouble shooting blockers are all important ▪ Roll out will take longer than you expect – you may need to repeat some training etc. ▪ Performance monitoring arrangements to be articulated during this time including regular (monthly) and irregular (e.g. audit) monitoring and review over time
January 2022 – December 2023 (approx.)	Embedding	▪ Will be needed to sustain change over time ▪ Will need attention to leadership, comms, performance monitoring and blockers being actively addressed

3.3 Starter Implementation Plan for Area Two: Development of a Pre-Birth Pathway and Service

Timeframe	Block of Work	Detail
July – October 2021	Further design of the service	▪ With reference to the key findings from the review and background evidence base paper, also existing service dimensions and pressures ▪ Also with reference to the Theory of Change above, which may need adjusting ▪ A Steering Group of interested leaders + Working Group including practitioners and possibly service users to further consider the design ▪ Formulation of a detailed specification including: referral criteria and pathways; core and broader aspects of the service / model including use of practitioners; key tools for use by key practitioners delivering it; how a 'team around the family' model could be achieved (with reference to likely parent needs e.g. mental health, substance misuse, learning disability, care experienced etc.); costs and anticipated implementation aspects and monitoring arrangements ▪ Consideration of what should be the key, consistently collected measures, e.g. of parent attachment, parenting capacity + how best to do this
November – December 2021	Sign off of the service model	▪ Including with relevant partner agencies
January – February / March 2022	Recruitment and/or redeployment of existing workers into a core team or service	▪ Ongoing comms with other aspects of the service and partners – see below for detail
April 2022	Service goes live	▪ Comms will be needed to inform key partners, particularly community health and front-line social workers, what are the types of parent that the service would like to see – particularly pre-birth. This will be highly

Timeframe	Block of Work	Detail
		significant if pre-birth referrals are desired (as research indicates they should be).
May 2022 – May 2023	Service operational in pilot form	▪ Attention to ongoing support and/or ‘protection’ of the model from other demands ▪ Attention to continuous feedback loops, particularly in relation to (type of) demand ▪ Attention to evaluation of the pilot – setting this up and making sure that key data is collected regularly (e.g. key measures) as well as irregularly (e.g. feedback from service users and partner agencies/referring staff)
January 2023	Review and learn	

3.4 Starter Implementation Plan for Area Three: Improving the Coherence of Reunification Work

Timeframe	Block of Work	Detail
July – October 2021	Review existing reunification strategy and guidance	▪ Including with reference to the findings from this review ▪ Including to identify its fit with the 'best practice' articulated in the review of evidence, and with reference to different aged children ▪ Using a Working Group to drive this work ▪ Reporting on what they find and what strategy / guidance they recommend should be developed or refined as a result ▪ Articulating as precisely as possible how much change is envisaged and in what areas / for what ages of child etc. ▪ Reporting on how ideas about how best to incentivise and support this work in practice
November – December 2021	Develop the new / refreshed strategy and guidance	▪ Including with groups of staff from all relevant aspects of the service ▪ Including with key partner agencies ▪ Develop arrangements for monitoring the change(s) that are desired in detail
January 2022	Launch	▪ Including with 'briefings' for all staff and stakeholders (written and oral, more than one of each)
February 2022 – December 2022	Implementation	▪ Continuous monitoring including regular (data) and irregular (e.g. audits) reporting
January-February 2023	Review and learn	▪ Using regularly collected and some additional data as required
March – December 2023	Embedding	▪ With reference to the findings (above) and ongoing, possibly slightly adapted monitoring arrangements

3.5 Starter Implementation Plan Four: Strengthening Support to Children in Kinship Care including SGOs

Timeframe	Block of Work	Detail
July – September 2021	Finalise the plans to develop SGO support	▪ Development work with social work teams and 'legal' ▪ Development of the core and targeted early help offer for SGO carers and children with reference to the existing Welsh Government guidance / requirements and broader evidence base e.g. Kinship Model ▪ Core SGO Support Team development including how roles / budgets will be utilized (across assessment and support work) to generate more effective support work including exploration of what can be commissioned cost-effectively from specialist providers e.g. online therapeutic training; peer support ▪ How other services and supports can be drawn in appropriately to support SGO carers, e.g. life story work, recognizing that not all generic family support will be appropriate for this group ▪ Recruit at least 1 more worker (potentially 2 more) to enable a team of 2-3 focusing on SGO Development and Support work
October – December 2021	Implementation begins	▪ Begin implementation of the work of the team and identify key monitoring methods
January – December 2022	First full year of implementation	▪ First year of full implementation
January-February 2023	Review and learn	▪ Review first year of full implementation and revise SGO Support Strategy

4 Resources

The areas of the strategy and implementation plan that have implications for (additional) resources are as follows:

Area	What	Approximate resources required
One	Capacity to drive the more detailed work on the practice model design and implementation, and to keep it on track	1 middle manager post for 18-24 months (a currently vacant post may be used for this work)
	Facilitation of senior team modelling and leadership of this agenda	1 external facilitator 0.5 day every 2 months for 18 months = 6 days total inc prep approx. £5K
	Staff training existing training budgets be redirected? It will need significant coordination.	To be considered in the early phases but will include a proportion of existing budget
	Caseloads at a reasonable level	To review in March 2022, no additional costs estimated currently as the problem with regard caseloads is thought to relate to vacant posts (that need filling)
Two	Implementation of a new pre-birth pathway and discreet service for very vulnerable (first time) parents *Note this service should be located within existing intervention services	Based on a similar innovation in a similarly sized local authority area (Calderdale) start up costs (in the first 12-18 month period) are estimated at £300K per year including overheads with ongoing running costs estimated at £210K per year including overheads and inclusive of approximately 3.5 FTE non-social work qualified staff (family support or early years workers), senior worker manager role, supervision, training, and overheads. An RCT business case is in development - Magu

Area	What	Approximate resources required
Three	Small additional costs associated with middle manager time required to develop and promote embedding of the reunification strategy	Approx £20K *Family support services will also be required to support reunifications home in all / almost all cases
Four	At present there is no dedicated resource for SGO support, resources are required to coordinate reviews of support plans and respond to Special Guardians / provide attuned support. Kinship Cymru are providing attuned / sign posting support at present at no cost.	1 FTE business support and SGO support SW. Anticipate commission to kinship Cymru should charitable funding changes impact on service

The three key areas of investment (one, two and four) are projected to lead to cashable savings over time, in terms of:

- **For Area One (practice model and improvement)** a small reduction in the need for children to become looked after or to require a repeat statutory plan. Based on the experience of a recent similar transformation programme in Hampshire, a conservative saving represented by approximately a 12% reduction in the number of children needing to become looked after or requiring repeat statutory assessments or interventions are projected. The recent Covid-related dip and projected 'surge' post-Covid may need to be taken into account by way of baseline against which any change may be measured.
  - A 12% reduction in the number of children requiring to become looked after in RCT, based on 179 children becoming looked after in 2019-2020 (21) and an average cost per child of becoming looked after for an average of 2.21 years of £129,647[1] = **£2,722,587.**
  - A 15% reduction in the number of children requiring at least one subsequent Care and Support Plan based on (recent whole 12 month period no. children per year with a second or further plan). The average cost of a Care and Support Plan for a period of 1 year is £3,402, based only on the case holding social worker costs[2].
- **For Area Two (pre-birth pathway and service for very vulnerable parents)**, a small reduction in the number of children who need to be looked after aged 0-1 year is projected. In addition to this small reduction, we are also projecting that there will be a

[1] Source: New Economy Manchester Unit Cost Database (2019) https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/
[2] Ibid

greater proportion of infants with a Care and Support Plan who require no further statutory intervention in the 12-18 months following an intensive intervention. Relatively conservative reductions are projected based on experience from other similar pilot programmes in the UK showing how intensive early support either assists families to remain safely together in a more sustainable way, or shines an early spotlight on unacceptably risky parenting. However, for those infants who cannot remain living safely with birth parent(s), permanency will be achieved at an earlier stage, with the result that adoption will be a more viable option and savings as a result of that early exit from the care system. This is an area that will require careful monitoring to ensure that, at the very least, the costs of the service are being re-couped in the form of savings through reduced number of infants coming into care and the likelihood of further savings from more resilience in families that do stay together as well as earlier permanency for children who do come into care..

- **For Area Four (Reunification)** a reduction in the number of children who need to remain looked after (through. increased numbers of children able to return home). As above, the costed benefits of only 10 such children successfully reunified would be 10 X average looked after child costs for 2.21 years at £58,664 per year = approximately **£1,296,474.**
- **For Area Four (SGO and kinship care support)** a reduction in the overall number of children looked after based on more children being supported into SGO care. The reduction in costs associated with remaining looked after may be offset to a certain extent by increases in the costs of supporting such SGO and kinship care placements. However, where relatively low-cost preventative supports are pro-actively offered, there is also an assumption that some SGO or kinship carers may be able to cope well without the need for more expensive supports or allowances from the start or at a later stage of the family placement. By providing pro-active, well-targeted support, some placements will be prevented from disrupting. The costed benefits of only 10 such additional new SGO placements or placements prevented from disrupting would be 10 X average looked after child costs for 2.21 years at £58,664 per year = approximately **£1,296,474.**

5 Measurement and evaluation proposals

Success in relation to the implementation of these 4 key development areas should be measured in part by incorporating within our regular performance monitoring arrangements (data collection, staff surveys etc.) the key measures from Theory of Change documents above (from the final 2 columns).

However, it will be important also to have more detailed monitoring of the process of change with reference to the implementation plans above, including to identify at an early stage whether and to what extent progress is ‘off track’. This should be undertaken by a Transformation Programme Board or Group.

Finally, some of the measures of success for this strategy will not be capable of being measured in a very regular way and will require periodic ‘deeper dive’ reviews or evaluation. For example, over and above the number of children entering care, it will be important to understand the extent to which practice is becoming more strengths and relationship-based and whether and how it does in fact lead to a greater proportion of resilient families.