

Effective Child Protection

Project Evaluation

March 2022

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August 2022

Effective Child Protection Project Evaluation

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1 Executive summary and recommendations

Executive summary

The rationale for this Executive Summary and recommendations are in the appendices.

I was asked to examine whether child protection in Gwynedd is more effective as a consequence of adopting the Effective Child Protection model?

The unequivocal answer to that question is 'Yes'

In the interim evaluation, I noted my surprise at the simplicity and practicality of the Model and the impact on practice. I asked 'why hasn't anyone done this before?' I am increasingly impressed with the thinking behind it and the tenacity to drive this, despite Covid.

The introduction of Effective Child Protection in Gwynedd involved major practice changes. It was supported by senior managers and has worked and continues to thrive. I am confident that it has provided a launch pad for developing skills and practice and that key elements could benefit many local authorities.

The model has 4 elements and refers to Practice Mentoring and the use of reflective practice to embed and reinforce improvements in practice.

Of the four elements, it is 'Change' and 'Measure' that this model brings as new embedded approaches to social work practice.

These are important and simple ideas that social work hasn't, until now, succeeded in turning into practical methods and tools. These make the greatest contribution to the ECP model and its impact on child protection.

The ECP Project is led by an experienced trainer and coach who has thought carefully about how people learn and adapt over time. The use of Practice Mentoring is critical to turning ideas or intentions into changes to front line practice. The Practice Mentor encourages reflection and it is logical that we see such importance placed on these skills.

Recommendations

- Reinforcing the adoption of Change and Measuring Steps as the single areas that makes the most difference.
- Continue to review the 'What Needs to Change' and 'Measurement' to ensure that they maintain an individual focus relating to individual families and their circumstances
- The project has been successful in helping many families to change and care for their children. Continue to develop and review a range of differing methods of encouraging and enabling change.
- Reinforcing and embedding mentoring to assist and reinforce the team manager's role and responsibilities. Mentoring has proved a key element in developing social worker's skills in reflection, communication and involvement of families.
- Developing advice for other local authorities regarding the use of separate components of ECP to fit with their existing system. The key components are 'Change' and 'Measure'. These could fit alongside existing processes.
- Using the Risk 2 'Reason for Decision' analysis in conferences to summarise conclusions.
- Using the grid from Risk 2 in conferences and core groups to enhance communication.
- Using Graded Care Profile and Home Conditions to inform 'Steps' and 'Change' statements.
- Continued promotion of the methods and results. Initially across North Wales and then to a wider audience.

I strongly reinforce the message from my interim report. *'However, it is a tribute to the problem-solving work that has been done to identify a solution, and the persistence to achieve.'*

2 The author of this report

I am a registered social worker having qualified in 1971. My background has predominantly been in child care and I have held social work, management and training posts in local authorities.

I have also lectured on a professional social work course and I am a joint author of *Community Care's Guide to the Children Act 1989*.

Since 1992 I have been a freelance trainer and service developer in both Wales and England. I am the joint author of the *Gwynedd Risk Model* and have a particular interest in the development of child protection that has a practical application for local authorities.



I have introduced the Risk Model into numerous local authority Children's Services Departments and I am familiar with many child protection systems.

I understand the background of the Effective Child Protection project but I have not been involved in its development or implementation. However, I did undertake a part of the interim review into the project based on comparing and contrasting child protection conference reports from pre and post implementation.

3 The Effective Child Protection Project *(adapted from the brief)*

The 'Effective Child Protection' project aims to ensure child protection practice is effective.

Child protection is effective when intervention succeeds in removing the likelihood of significant harm and ensures that the care provided to a child is 'good enough.' This requires change, usually in the behaviour of the parents/carers or in the circumstances of the child.

'Effective Child Protection' shifts child protection to 'focus on change.' This is change that is necessary to reduce the risk of significant harm.

It meets the outcome focus of the 2014 Act in Wales and offers a methodology for outcome measurement. At its core is the skill of collaborative communication with families which aims to develop positive good working relationship and collaboration. This is in contrast to the resistance and conflict that is often caused by traditional child protection practice which focuses on failure and deficiencies in the care provided.

So:

- Conversations that work, don't create resistance to change and keep children safe by becoming better skilled in using 'Motivational Interviewing' or 'Collaborative Communication' to build relationships with families and avoid resistance to change.
- Good and consistent decision making about the thresholds of significant harm by using the 'Risk Model'.
- Identifying the change necessary and the 'change statements' for the 3 key changes to reduce significant harm, and
- Maintaining progress and measuring success by using 'Steps to Change' to monitor progress towards safer outcomes

4 The Context: Staffing Crisis and Covid *(adapted from the brief)*

In late 2020, severe staffing shortages were experienced with a period of several simultaneous maternity absences in one team and staff leaving posts. Some of this was COVID related, some due to other factors including better remuneration and staff benefits in other teams and other authorities. Short terms adjustments were made to re-deploy staff; sometimes against their own wishes.

The crisis continued, as did some of the effects of taking the contingency steps.

It has, added to COVID, symbolised the period from end of 2020 through to early 2022.

It sets the backdrop to the project's work in embedding ECP into practice.

5 Scope of the evaluation *(adapted from the brief)*

The evaluation is a form of analysis and the question that the analysis is trying to answer is:

'Is child protection in Gwynedd more effective as a consequence of the Effective Child Protection approach?'

To produce a **short report** based on a series of short interviews with practitioners and partners, in order to write an analysis of:

- The project's overall success in pursuing its goal
- Are practitioners using some or all of the ECP approaches in their day to day work? (I.e. how well connected is what is happening on front line to what the project is aspiring to achieve?)
- The strengths identified (what appears to be going well?)
- The difficulties (what challenges are there?)
- Encouragements (recommendations) for
 - the overall direction of the project
 - specific areas that need attention
- Expert opinion
 - Expert view of the achievement of the ECP project to date
 - Expert advice to steer future planning.

6 Methodology

Interviews were held with social workers; team managers; representatives of other agencies; conference chairs; service managers; the project manager and the head of service.

All of these took place on line, with each interview taking approximately 1 ½ hours.

A standardised format for the interviews was used. In addition to comments the participants were asked to score progress using a score sheet. This was based on the one used in the project with families to measure targets and progression of change. Score chart ranged from 1 to 10. Broadly these equate to:

- 1 indicates very poor
- 2 indicates not good enough
- 3 -7 indicate increasing stages of improvement
- 8 indicates good enough progress has been made to function well and continue doing so
- 9 indicates major improvement, functioning very well and very likely to continue
- 10 indicates excellent, with changes made, maintained and embedded

Obviously the scores were not scientific but provided an opportunity for workers to scale their views.

Two members of staff from other agencies made themselves available to be interviewed.

The group score sheets and comments are in Appendix C

The interview scores were aggregated and are referenced later in this report.

7 Interviews & Schedule

The interviews took place between the 10th January and the 3rd May 2022.

Numbers and roles

• Child Protection Conference Chairs	3 interviews
• Team Managers	4 interviews
• Retired Conference Chair/Mentor	1 interview
• Social Workers Groups 3 + 4	7 interviews
• Service Managers	2 interviews
• Project Manager	1 interview
• Head of Service	1 interview
• Other agencies	
○ Police	1 interview
○ Substance misuse	1 interview
Total interviews	21

8 Conclusion

The key theme underpinning 'Effective Child Protection' was of clarity. Clarity for families about what needed to change, and clarity in Conferences and Core Groups. It is clear that social workers are focussing on change and preparing the change statement in the initial Case Conference Reports. This sets things up from the start. Because this is integrated into the conference process it is happening most, if not all, of the time. And those workers are making those statements about why care is 'not good enough,' scoring this as 2; and forecasting how things would be if care was 'good enough' in the future. This sets up the Measure element and the use of Steps to Change.

We know that changing practice takes time and persistence. The project sets a standard for how this should be done, and recognises that practice is messy and imperfect. But even a small shift towards the aspired standard; through better focus on change and more thinking about progressive steps; seems to make a big difference to the clarity and effectiveness of practice. Practitioners have explained how this new thinking gets them talking to families more than ever before about change. It is this 'change talk' that we hear about in 'motivational interviewing.'

There are many many parallels between trying to improve or change practice through ECP at an organisational level with the difficulties of change or improving care in child protection at family level. The words messy, compromise, focus, keeping it simple and keeping going comes to mind – and it appears this is true in the project as well.

The two that stood out in implementing the Evaluation were **focus** and **perseverance**.

This clear focus on simple things – mentoring sessions for everyone, formal training, then refreshers reinforced by practice mentoring, ongoing encouragement, changing important processes to support this model and making it as easy as possible. And for perseverance - that keeping going, despite COVID, despite the fact that the service is so pressured that it is difficult to accommodate more of anything.

My experience in assisting local authorities to implement changes is that what is required is:

- That there is a clear practice based model that makes improvements. (In this case massive improvements).
- That the changes required are straightforward and are understood by those who will implement them.
- That staff are supported, listened to, and adaptations are made.
- That there is persistence to keep going, and
- That there is an acceptance that it will take time.

There is clear evidence that these are in place in Gwynedd and are working well.

This evaluation is a form of analysis, and the question that the analysis is trying to answer is as follows:

'Is child protection in Gwynedd more effective as a consequence of the Effective Child Protection approach?'

My observations in all of the preceding sections are conclusive in answering this question positively.

Gwynedd is building on what is already a good practice base with risk having been piloted, adopted and successfully integrated into practice for a number of years.

All of the four key elements of Effective Child Protection are in place, are embedded, and are being successfully used.

Therefore, 'Yes' child protection in Gwynedd is definitely more effective as a consequence of using 'Effective Child Protection'

I strongly reinforce the message from my interim report. 'However, it is a tribute to the problem-solving work that has been done to identify a solution, and the persistence to achieve.'

Appendices

Appendix A - Analysis of the Gwynedd data sets

The Gwynedd data

The first data set identifies that in the period from 2017 to 2022, 100% of children were screened during supervision against the possibility of significant harm having occurred or being likely to occur. This is called Risk 1 or Risk Screening in the Risk Model. It is recorded by Social Workers and Team Manager. This indicates consistent use of Risk 1; the cornerstone of the Risk Model.

The second set of data identifies the proportion of risk assessments presented to Case Conferences between 2017 and 2022 that were considered by conference chairs to indicate quality in decision making. These ranged from 96% in 2017/18, 3 years at 99% with only 2019/20 falling to 97%. This was despite the Covid epidemic and its implications. This is the use of Stage 2 Risk Assessment to inform Social Work Reports to Case Conference. It is recorded by Conference Chairs. This indicates that Risk 2 from the Risk Model is being used effectively to inform decision making prior to, and during, Case Conferences.

The third set of data was developed to help track the implementation of Effective Child Protection and measure its impact on practice. This is recorded by Conference Chairs. Data highlights include:

Initial Conference	20/21 %	21/22 %
<i>The conference identified the change (s) that the child/family needs to make</i>	100	94
<i>The conference identified the 2 and 8 statements for each change</i>	86	75
<i>The conference worked in a collaborative way</i>	78	67
<i>The child/family understand the change(s) that need to happen</i>	75	69
<i>The child/family understand their part in this work</i>	64	62
Review Conference		
<i>The conference identified the change (s) that the child/family needs to make</i>	86	90
<i>The risk of significant harm been reduced since the last conference</i>	68	66
<i>The conference identified the 2 and 8 statements for each change</i>	75	71
<i>The conference worked in a collaborative way</i>	84	87
<i>The child/family understand the change(s) that need to happen</i>	81	86
<i>The child/family understands their part in this work</i>	77	75
<i>The child/family are working on the change as part of the Core Group</i>	76	85
<i>The child/family are fully and effectively included in the Core Group</i>	76	85

Progress Checked in Review Conference

<i>Has the Outcome/'Statement of change'¹ been recorded?</i>	89	98
<i>Score has improved since previous conference - Arfon</i>	66	56
<i>Score has improved since previous conference -Dwyfor</i>	70	82
<i>Score has improved since previous conference - Meirionnydd</i>	55	67

Observations and Conclusion re Data collection and analysis

It is clear from the data above (see appendix D) that progress is being closely monitored within the Safeguarding Unit. In Initial conferences there is a clear and consistent focus on all of the Effective Child Protection processes which accord with procedures in Wales.

In Review conferences this focus is extended and additional comparative data from different areas of Gwynedd is also being collected and reviewed.

These provide evidence that a significant amount of change in processes and practice has taken place and is now completely embedded in the current child protections system.

The figures are very satisfactory, but are still probably lower than would have been achieved if the covid epidemic had not disrupted some practice areas over the last 2 years.

In 2021/22 the 'statement of change' which is the key indicator of what is needed to keep the child safe is identified in over 90% of Case Conferences. For the other key features of Effective Child Protection such as collaboration is consistently applied. Some of the data trends show a deterioration in 2021/22 from the previous year; possibly reflective of the staffing changes and pressures of COVID work. This is impressive and evidences a clear and consistent focus on this key element of Effective Child Protection. I do not intend to comment further on this data set as they evidence a highly competent and professional approach to measuring and maintaining progress in relation to the project.

In relation to the key question: *'Is child protection in Gwynedd more effective as a consequence of the Effective Child Protection approach?'*

Based on this data the answer is confirmed as 'Yes' it is more effective.

Appendix B - Analysis of the Interviews. This includes aggregated scores and comments. Some interview scores spanned 2 choices e.g. 7 to 8. Both are scores are included.

This evaluation is a form of analysis and the question that the analysis is trying to answer is:

'Is child protection in Gwynedd more effective as a consequence of the Effective Child Protection approach?'

Observations:

Yes. In my professional opinion child protection is more effective in Gwynedd because of the use of the ECP model. This is confirmed by the interview data and my professional assessment.

The rationale for this positive judgement includes reference to the median scores and a range of comments.

All of the participants were open and forthcoming about the strengths and difficulties involved in adopting the Effective Child Protection system.

The scores reflected their views and experience of using the system. Although there were some difficulties identified, for social workers and conference chairs these related largely to working virtually with families and in their involvement in child protection conferences. For managers they related largely to managing staffing issues and maintaining services over the last 2 years whilst introducing, adopting and maintaining Effective Child Protection.

Senior managers provided an overview of the introduction and the changes in practice. The Head of Service's overview is included at the end of this section and was not scored.

For staff who had worked in social work for some time and had used the previous system (the majority) there were no indications whatsoever that they wanted to return to the previous model of assessment, child protection conferences and intervention.

Comments that were made about the previous system related to a range of difficulties associated with preparing conference reports, the length of conferences and the task list emanating from them.

Previously, working with families with children subject to child protection would often involve a long task list at the end of conferences that was frequently overwhelming for both families and practitioners. Many of these tasks identified were difficult to measure in terms of the impact on the child or children.

For example, parents being required to attend a ‘Choose to Change’ or an ‘Incredible Years’ programme, or to attend appointments with the substance misuse service. Frequently these did not have a clear outcome relating to the impact of these events taking place on the child being safeguarded, or making the link between the parent’s behaviour and the child’s safety needs being met.

The participants all had a clear grasp of what the new model was trying to achieve and an overall enthusiasm for its introduction which was reflected in the scores and comments.

The context of working in isolation with limited opportunities to give and receive support had impacted on all staff members and was often stressful and tiring.

Aggregated Scores. Some interview scores spanned 2 choices e.g. 7 to 8. Both are included.

Are staff using ‘Collaborative Conversations’ or similar approaches in their practice?

--- 1 2-- 3 4 5 x 1 6 x 7 7 x 9 8 x 6 9 10

The median score is **7.0**

My Observations

Most of the participants have attended training courses on Collaborative Conversations and the scores indicated that they were understood the principles and were using them in practice. Conference chairs and team managers indicated that they could see examples of collaborative conversations in reports and in conferences.

The median score of 7 was satisfactory but comments included the need for further training and mentoring to build on what has been achieved.

My view is that there was ample evidence that the area of collaborative conversations was making a useful contribution to the project.

Staff Comments (sample)

“Conversations are better and power is shared.

A strength based approach is right and can work well.

Going well but building confidence is harder with long term families.

When used appropriately works well with young people who are parents or carers.

Needs to be used in core groups, but this is time consuming

Accepts family for themselves and gives them confidence to open up.

Perseverance with the family is required.

Lots of relationship skills evident even in difficult situations.

Parents reflect this in conference and they feel respected.

*Involvement of children and young people was good.
Good experience as a SW and SSW. Good practice in some core groups e.g. psychological assessment and MH CPN engaging in open and frank discussions.
What has to happen with CP families but not with Care and Support?
The level of engagement needs to be considered. Clarity re outcomes has improved ++
Consideration should be given to introducing ECP into the PLO process”.*

Are staff making good risk assessments?

--- 1 2-- 3 4 5 6 x 2 7 x 11 8 x 7 9 x 1 10

The median score is **7.3**

Observations

The Risk Model has been embedded in Gwynedd for a number of years and it is clear that is used at every conference to establish the base line of significant harm has been met and continues to be met. I refer to the Risk Principles Association of Chief Police Officers (ACPO). Risk decisions should be judged by the quality of the decision making, not by the outcome and they should be consistent. Gwynedd has achieved this by their use of the Risk Model.

My view is that in scoring participants did not take into account that their familiarity with assessing risk. The content of the interviews and the data clearly evidenced that it is embedded and used in Gwynedd.

I think that taking this into account a more accurate score would be 8 or over.

There was clear evidence that the area of Risk Assessments and the establishing of threshold were embedded and this element was working effectively.

There is an inevitable gradual reduction in the use of any system which staff members use and become familiar with. There are systems in place to combat this. Some elements of Risk Assessments could be used more effectively and these have been identified in my conclusion and recommendations.

Staff Comments (sample)

*“Coming straight from qualifying is scary. Evidencing risk with clear guidance guides you.
Talking to each other, which we did at a weekly group, when we were all learning was helpful.
Using Risk 2 as a threshold focussed the report to conference. Risk 1 screening is also used.
Helpful to explain why a young person is at serious risk and what is needed to reduce risk.
Ongoing development of an exploitation tool with Dafydd Paul is helpful.
With experienced staff it is integrated. It is quick and aids focus.
Significant Harm checklist could be used more often.*

*Enables conference to focus on change by establishing a threshold early.
Significant Harm very useful and is used early in conferences giving time for required changes to be discussed. It prevents drift.
Dwyfor and Meirionnydd used this well
Need to keep the bar high. There is an inevitable tendency to degrade.
Rigour and structure is required by TM's to promote and require an evidence base for risk statements. Use of the Risk 2 grid could be better".*

Are staff putting a focus on change and measuring progress?

--- 1 2-- 3 4 5 x 1 6 x 7 7 x 9 8 x 4 9 x 1 10

The median score is **6.9**

Observations

The data from conferences indicates that change conversations are routinely taking place and that steps to change are part of virtually all conferences.

Change conversations and motivational interviewing are acknowledged as happening but elements are regarded by some participants as the hardest part to achieve and evidence. Its consistent use in core groups is proving more difficult.

If the score only related to the use of change and steps in conference, it would be significantly higher. Probably a score of 8 upwards.

The principles of identifying a small number of key areas in which Change is required is completely established and used. The practice of measuring progress through a number of Steps is also established and used and none of those interviewed questioned its validity.

As I commented in my interim report the concept of Child Protection focussing on 'Change' is so obvious that it is hard to see why it hasn't been identified and established previously. In my view this element of the project is in place and embedded. There is clear evidence that this element of ECP is succeeding and is established.

Staff Comments (sample)

*"Using it with LAC and foster carers worked well. The steps to change approach worked. Felt like it increased stability and self esteem.
Using in core groups could be problematic. Hard on-line and probably better in the same room. Schools and Health Visitors understanding and approaches were inconsistent.
Clarity with changes was positive although the amount of paperwork made it harder.
If no change then it is obvious and easy to work with.
If change happens then it is empowering for the families and workers*

Used effectively with the Edge of Care panel with a young person who is a carer.
 The details can sometimes be a problem but the focus on 3 to 5 issues is good.
 Explaining its use with education can be difficult in particular when suspensions involved.
 Steps are very well done in conferences despite being on line.
 Clarity in what needs to change is understood by the families. More focus is apparent.
 Tiredness in conference was an issue, but less so now.
 If core groups work well then reports include recommendations which validates project.
 Change is understood, but not always written well and can be over complicated.
 Very important that it is available as an adjunct to peer support and supervision.
 Access to Wendy (mentor) meant that things could change quickly e.g. documentation changes and amending templates.
 Steps to change is a process. Individual steps measurement is not the critical issue. Rather it is about planning and change talk, that evidence from conferences indicates is taking place.
 Moving from visual prompts into change talk, linked to motivational interviewing, indicates that a more change oriented conversation is happening. Measuring progress using steps is routine.
 Evidence from conferences indicates that this is taking place. Staff are required to consider how to own the steps and use the families own words. Change talk is implicit in this”.

What is the perception of staff of reflective practice and practice mentoring and are these service their developmental needs and the needs of the project?

--- 1 2-- 3 4 5 6 x 3 7 x 5 8 x 3 9 x 2 10 x 1

The median score is **7.3**

Observations

There was widespread enthusiasm for reflective practice. Newly qualified workers found it invaluable and it reinforced their learning and skill development in relation to ECP and other areas of practise.

The first mentor having moved to another post was problematic but the subsequent replacement with a part time mentor helped to fill the gap. Mentoring more experienced workers needs a different approach but this can be negotiated with team managers.

There is evidence that this innovation has made a major contribution to the success of the project. It would be very useful for it to continue and at some point be enhanced.

Staff Comments (sample)

“Mentoring with Sue Adams (mentor) was invaluable. Helped to see the families view and respect it. She helps with different visual ways of engaging young people It reinforced learning about ECP

Hope it continues. Compared to other authorities it really helps.

Mentoring for team managers welcomed

Doesn't interfere with Team Manager supervisory role. Roles are clear.

Morale of team managers is low and the mentoring role can be complex in particular when the manager is very busy. Peer mentoring is less helpful if a mentor does not have CP experience.

Huge step from the social work course to practising which mentoring helps. Confidence can be low and there is a lot to learn which is more difficult if working from home.

In some teams there is a problem between mentoring and supervision which doesn't exist in others. This is improving with Team Managers now asking for help to make progress.

However, mentoring is working, is embedded, and helps with experimenting, developing skills and gaining experience.

Very important that it is available as an adjunct to peer support and supervision.

Organised when Wendy (mentor) was full time. Everyone had 1:1 or groups. 3 sessions required Team manager involvement needs to developed appropriately.

Team mentoring culture needs to be developed.

Practice mentor approach works but reinforcement and development needs to take place and links made to inform and engage Team Managers.

Reflective Practice is innovative and ambitious and is a fundamental change in the way in which social workers engage with families.

Siobahn MacClean (author) and Wendy are developing and producing a range of material based on both of their expertise and the work that has taken place in Gwynedd e.g. a practitioner book relating to Frameworks for Practice for Individuals, Peers, Groups and Team Managers”.

What are staff understanding about what the project is trying to achieve; and how do they perceive it is doing?

How well has the project performed against its goal to make child protection practice effective?

--- 1 2-- 3 4 5 x 1 6 x 2 7 x 9 8 x 8 9 x 3 10 x 1

The median score is **8.6**

Observations

Both the interviews and the scores demonstrate how far Effective Child Protection has come in a short time. My judgement is that the scores underestimate how accepted the processes are and how well they are being implemented.

This is reinforced both by the data collected and how strongly the department and the Head of Service are behind ECP.

Workers are willing to provide numerous examples of the difference that it has made with many families. There were other examples of it not working, but workers were clear that by using ECP they had demonstrated their professional competence and those families had been enabled through 'Collaborative Conversations', clear 'Thresholds,' and identification of the 'Changes' required to safeguard their children.

My overall opinion is that Child Protection in Gwynedd is increasing its effectiveness.

Staff Comments (sample)

"The model makes me feel more professional and better equipped to develop my skills. Conferences were shorter and more focussed. In a multi-agency team there were problems in other agency workers engaging with the model. The clear identification of Significant Harm is important for social work staff and to be able to explain to families and other agencies. Staff have taken on board the principles. Training has been well attended and has helped. Began very well in the pilot areas with the team managers, mentors and conference chairs fully engaged and dedicated to making it work. The structure and processes were embedded and Dafydd Paul joined it all together. Covid obviously slowed everything and presented specific problems. Implications that conferences on-line and assessment and analysis were difficult. However, despite these obstacles, ECP components were embedded and are working. Clear goals that are achievable. Strong evidence of young peoples' involvement. 1 hour conferences are now the norm rather than the long previous ones. It reduces waffle, focus on the main issue. It is analytical and concise. Project doing better than Dafydd thinks it is! Remarkably good, given Covid and staffing issues. Perseverance is essential. Department's Child Protection is more effective and this is embedded. Linked to significant harm and fundamental Human Rights issue i.e. privacy. Given the starting point this is a real achievement. Head of Service and the Cabinet Member support has been great. There is a buy in at all levels in the department".

What's gone well? What strengths have been identified?

How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

--- 1 2-- 3 4 5 6 x 4 7 x 8 8 x 5 9 x 1 10

The median score is **7.2**

Observations

This area is largely covered by the comments in the previous section.

Again I would judge the scores to be lower than the current use made by staff in making ECP work. They assume that it's the new normal, that it is valid and that it is significantly better than the previous system.

Staff Comments (sample)

"Very positive in the transition from University to practising.

Framework for staff increases confidence.

Young people involvement in plans. E.g. missing from home episodes better understood and progress made. Young person wanting to come home and the ECP framework for change and measurement assisted this.

Easy access to Dafydd Paul and ongoing support.

Refresher training to reinforce implementation. Availability of Videos will be useful.

Mentoring. Stagnancy is likely without this.

No surprises to the family in conference and change is occurring.

Outcome measurement in terms of number on register. Higher in 2020 but lower now.

Edge of care ++ in particular if the family continue working with them

*Policy for virtual conferences *** Data post conference ****

Developing experience of SSD and other agency staff

Working group of conference chairs and Dafydd will progress further.

Police Liaison Officer is very helpful, brings consistency and is refreshing and useful as an independent reviewer.

Cohesive and positive group of the conference chairs and Dafydd Paul.

Practice Mentor in post and individual sessions and groups taking place.

It carried on despite obstacles and is embedded at every level in the department".

- **What's been more difficult?**

What challenges are there?

--- 1 2-- 3 4 x 2 5 x 5 6 x 10 7 8 +++ 9 10

The median score is **5.4**

Observations

The low score reflects the relatively low level of difficulties encountered. The main difficulties encountered related to the covid epidemic, and a particularly difficult period when experienced practitioners were leaving for a range of reasons including career enhancement and maternity.

Maintaining a good service whilst introducing Effective Child Protection was acknowledged as a challenge by senior managers and they paid tribute to the hard work and dedication of workers.

Staff Comments (sample)

“Additional recording and other agency involvement

Not as advanced as the team starting ECP 2 years ago but good to be in this tranche.

Long term embedded families - changing their behaviour is hard.

Other agencies not always being clear about the system and wanting to fix everything.

Core groups still a problem. Chairing and minute taking seen as social worker task.

Staff leaving and new staff arriving. Takes time, effort and persistence to embed a new system.

New workers ambition and drive is useful but needs additional time and support which is hard.

Inter agency working is slower because of the explanations needed.

Isolated workers with less access to support/advice and less potential for reflection

Family conflict can be difficult to manage. E.g. difference family members in different room.

Monitoring use in core groups.

Steps to change used as a tool instead of reflecting on what is actually changing.

Assessing at a distance i.e. via video.

Front line staff moving to development posts.

Mentor leaving and not being replaced full time.

Delivering services and driving improvement is hard work”.

What needs to happen next

- **Complete the development of practice resources**
- **Continue with mentoring**
- **Continue with the data collection, monitoring and any modifications identified**
- **Review the use of some elements of the Risk Model**

Staff Comments (sample)

*“Maintain low caseloads when starting in post and continue mentoring.
Continuing training. Continuing support and reinforcement
Reinforce implementation. Availability of Videos will be useful.
Input into other agencies. Other agencies scoring their reports.
Mentoring. Stagnancy likely without this.
Involvement and training of PA’s.
Senior managers to act on the difficulties relating to staffing.
Streamline police report. Summarise police reports into change related focus
Booster training sessions separate from Older People services. Face to face training.
Continue to encourage existing work force and offer support to the many new workers.
Work on the effectiveness of core groups.
Finish information and material development for the North Wales region and Wales.
I.e. Videos – training material – Q & A – Workbook and exercises – Risk course.
Embedding the mentor role as a ongoing feature to support worker development.
Accept that innovative development work such as this will always be incomplete and messy”.*

Interview comments: *This is a summary of the interview with the Head of Service. In lieu of scoring individual elements I decided to that it would be more useful to have a strategic overview of its introduction, work in practice, feedback and what should happen next.*

“The decision to introduce and trial ‘Effective Child Protection’ by the senior management group was based on the experience of the success of ‘The Risk Model’ and the lessons learned from it. Determination, persistence, attention to detail and commitment at all levels being the key elements.

It is now firmly embedded in Gwynedd and in a number of other local authorities in both Wales and England.

Introducing and piloting it was based on a good standard of existing practice and a desire for Gwynedd to continue to innovate and strive for improvement within the Wales Transformation processes.

The decision to keep going with ECP despite covid was important as we didn’t want to lose impetus.

It put a lot of pressure on all of the staff involved but the results are worthwhile”.

Feedback

“Engaging some families in child protection has always been difficult and this is likely to continue with whatever system is in place.

However, there has been positive feedback related to the ability to set clear steps to change and an ability to measure these, even if it didn’t always work.

During involvement with 2 families in the complaints process comments were made by them that, despite the issues, both families were positive about the ‘ladder’ thing i.e. steps to change. They said that “It really helped. There were small things that the social worker, the health visitor and we were going to do. Breaking it into these small steps made it clear.

Child Protection numbers have come down safely during the project”.

Information sharing

“Numerous presentations have taken place and some of the North Wales LA’s are interested. We wanted to describe and distil learning and systems and to share it with other local authorities and across Wales”.

Videos of ECP were used demonstrating its use in practice during these events.

In addition to the Model itself other Local Authorities have been very interested in our use of a Practice Mentor and our development of that new type of post. I can see its benefits for ECP but also much wider. To cover our geography and make sure we had capacity; I'd like to see us have two Practice Mentors in this service".

Next steps - from the Head of Service interview

- Continuing the development of a range of practice resources for staff and other authorities.
- Using the future Transformation Fund to embed the model and its associated support system.
- Establish practice mentoring and the sustainable funding of the ECP mentor post; and explore possibilities to add further capacity in the future.
- 4 new social work posts have been agreed based on the evidence of complexity of cases. The possibility of 3 temporary posts is being explored.

Appendix C



Effective Child Protection – Internal Evaluation

Scope/ Brief

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1 Introduction:

1A Aims

The Effective Child Protection project aims to ensure child protection practice is effective.

Child protection is effective when intervention succeeds in removing the likelihood of significant harm and ensures that the care provided to a child is 'good enough.' This requires change, usually in the behaviour of the parents/carers or in the circumstances of the child.

Effective Child Protection shifts child protection to 'focus on change.' This is change that is necessary to reduce the risk of significant harm.

It meets the outcome focus of the 2014 Act in Wales and offers a methodology for outcome measurement. At its core is the skill of collaborative communication with families which aims to develop positive good working relationship and collaboration. This is in contrast to the resistance and conflict that is often caused by traditional child protection practice which focuses on failure and deficiencies in the care provided.

So:

- Better conversations to keep children safe
- A focus on change
- Measuring progress towards safer outcomes

1B Project plan

The Effective Child Protection project was formally launched in January 2019 with the Practice Mentor in post in March 2019. Originally funded for 2 years, the project has benefitted from a further funding period taking us to March 2022.

The main focus was the introduction of ECP into practice in Gwynedd, progressively through the various teams. This involved formal training and the Practice Mentor 1:1 sessions and Group Mentoring sessions.

Training included Social Care Wales Collaborative Communication training (Rhoda Emlyn Jones), Risk Model training (Bruce Thornton) and Effective Child Protection training (Dafydd Paul).

The roll out in Gwynedd started in Dwyfor and Meirionnydd with the active support of Heidi Rylance, Team Manager. It subsequently expanded to Derwen (Children and Disability), 16+

and Arfon 1 and Arfon 2 Social Work Teams. The later roll out phases became more heavily impacted by COVID.

Child Protection Case Conferences are a gate keeping process in the introduction of ECP. During the project's lifespan the Chair role has changed and impacted to some degree on consistency of approach. In the early stages it primarily included Sue Adams (CP Co-ordinator) until her retirement in September 2020 and thereafter by interim/ consultant Chairs (Non Davies) and Delyth Davies. Since October 2021, Delyth Davies has been able to take her substantive role as CP Co-ordinator and other Chairs are now in post (Llio Williams and Ann Taylor). This will provide a period of greater stability in this role.

Since March 2020, Child Protection Case Conferences went from face to face to virtual Conferences held over MS Teams. It remains that way in January 2022. COVID has caused disruption to both the function of conferences, the nature of face to face child protection practice for social workers and the organisational response of various agencies to their safeguarding duties.

Between January and March 2020 three evaluation commissions were underway. These were planned prior to COVID and to serve as interim evaluations, mid-point at the end of year 1 of the initial 2 year project.

There was some disruption to the evaluation due to COVID, but largely the key message was:

- ECP model was innovative and showing positive impact on practice; encouraged to keep going despite COVID
- ECP Practice Mentoring approach was innovative and was making good application of the fundamentals of coaching and mentoring into this unique application.

The project was managed by Dafydd Paul, Senior Manager (Project Lead), Wendy Roberts (Practice Mentor) and Meinir Owen, (Corporate Project Manager 0.4 FTE).

2 Current circumstances (January 2022)

2A Development

Overall, the project has continued despite COVID. In comparison with many other projects funded regionally, it has continued confidently to meet its various milestones despite COVID; and in the case of developing the Practice Resources, became ever more ambitious.

It has trained and encouraged staff in the use of the ECP frameworks most visibly in their Reports to Case Conferences, in Case Conferences and in the work of Core Groups.

Social Work Reports to Case Conferences – in the structure of Social Work Reports there is an analysis of risk of significant harm and a section to identify ‘what needs to change’ (ideally up to three, no more than five) necessary to reduce risk of significant harm. For each change to identify why care is currently ‘not good enough’ and what ‘good enough’ would look like in the future.

Child Protection Case Conferences – the format of Case Conferences should now (post ECP) include a section at the end where ‘What needs to change,’ ‘not good enough’ and ‘good enough’ are discussed. This creates a negotiated, collaborated outline of the work of the Core Group as basis to develop the CP Plan. This is led and driven by the Chair; who to various degrees has been able to incorporate this into their style/methodology. It comes at the end of conferences, by which stage the Conference has been exhausting and the Chair struggles to maintain this ‘last lap’ momentum.

Core Groups – To keep focus on the change, using ‘Steps to Change’ to map the plan to work on each change in order to achieve ‘good enough’ care. Core Groups should be able to provide future Case Conferences with an update in relation to the changes and the progress (measured) to achieving the desired change.

General - ECP includes several component parts. The progress in relation to each strand is described below:

- **Conversations**

The skills development of Collaborative Communication (CC) is sponsored by Social Care Wales’ national programme; a modified approach based on the principles of Motivational Interviewing (and IFSS Option 2). Staff have been trained and mentoring groups established. Whilst there are anecdotes of CC’s success in the field of child protection, it has been mainly where there was whole system investment by Wales Government in authorities such as NPT during intervention. In Gwynedd most staff have trained and been encouraged to consider this strength based, outcome focussed approach. There is no COVID specific CC approach and the ability of practitioners to make best use of the CC approach during COVID and virtual work, may be less evident. Staff report higher levels of awareness and understanding of the skills associated with working in this way.

- **Threshold**

Practitioners in Gwynedd have been trained to use the Risk Model over several years.

- **Change**

The ‘focus on change’ component is introduced in the Effective Child Protection training course. The matrix of ‘what needs to change,’ the statements of ‘not good enough’ and

'good enough' are introduced in the Social Work Report to Conference and then form the basis of the CP Plan, Steps to Change etc.

- **Measure**

The 'Steps to Change' component is introduced in the Effective Child Protection training course. It will have a similar uptake and integration as the Change element.

In the interim evaluation there was reference to this element requiring more instruction and explanation.

- **Practice Mentoring**

Practice Mentoring was the flagship of the ECP project with the employment of Wendy Roberts as Practice Mentor. She was in post between March 2019 and March 2021, until she moved to a University Lecturer post. She has continued to work with us as a freelance in the production of material for the Practice Resource packs.

In her role as Practice Mentor, she provided 1:1 mentoring sessions with each social worker and ran reflective practice groups. Since she left post, a decision was taken that it was not practical with such a short remaining funding period to re-appoint to such a skilled post.

As contingency, Sue Adams, recently retired CP Co-ordinator took some of the 1:1 Practice Mentoring sessions from later in 2021. Whilst there was initial disruption to our original programme, it has been possible to offer staff 1:1 sessions as 2021 has progressed.

If we are successful in the claim for future funding beyond March 2022, we will appoint a future Practice Mentor to replace the substantive post.

It has been and remains the area where there has been most interest in the ECP project; not in the ECP approach but what the Practice Mentor does and how we use that role. It is regarded as innovative.

- **Reflective Practice**

One area we have invested in over the last 2 years has been in reflective practice training and 1:1 sessions with Siobhan Maclean. This focussed on social workers but in 2021 we have commissioned an intervention with Team Managers. As part of that work, and as part of the ECP Practice Resources a Team Manager Reflective Practice toolkit is being produced. Wendy Roberts and Siobhan Maclean continue to work together in this niche area on behalf of the project.

- **Practice Resources**

Prior to COVID, the ECP project undertook to develop its training material into a virtual platform to reduce the risk of unavailability of Gwynedd practitioners to train other regions in North Wales and beyond, once the project comes to an end. With COVID the business case became more pressing and this work continues.

However, in light of COVID the resources available to produce videos have been in demand elsewhere and with the loss of Wendy Roberts to the project, much of the writing has been left to Dafydd Paul as sole author of the material. This work continues, to provide ECP project resources across all 4 domains (conversations, threshold, change and measure), Practice Mentoring and Reflective Practice.

This is a particularly ambitious extension to the project which has proved to be very demanding. The delivery of these products has drifted for a variety of reasons. The work however continues at a pace.

- **Staffing crisis**

In late 2020, severe staffing shortages were experienced with a period of several simultaneous maternity absences in one team and staff leaving posts. Some of this was COVID related, some due to other factors including better remuneration and staff benefits in other teams and other authorities. Short term adjustments were made to re-deploy staff; sometimes against their own wishes. The crisis continues as does some of the effects of taking the contingency steps at the time. It has, added to COVID, symbolised the period from end of 2020 through to early 2022. It sets the backdrop to the project's work in embedding ECP into practice.

An external consultant has been commissioned to take an independent view of options available to the service to cope with these challenges, currently and to the future.

2B Future plans

This project has been sponsored regionally in order for the learning and resources to be available to the 6 Local Authorities in North Wales; should they want to use them.

Wales Government has launched a future funding option to extend some projects and the ECP project hopes to be supported for a further period of 5 years. There is no confirmation to date.


With the recent announcement of national investigations into the tragic deaths in England; child protection will be once again under the spotlight as it was following the death of Baby Peter. As such, **never has there been a more important time for this work to continue and be supported.**

3 Description of evaluation requested (January 2022)

3.1 The commission is to produce a **short report** based on a series of short interviews with practitioners and partners, in order to write an analysis of:

- the project's overall success in pursuing its goal
- are practitioners using some or all of the ECP approaches in their day to day work (i.e. how well connected is what is happening on front line to what the project is aspiring to achieve?)
- the strengths identified (what appears to be going well?)
- the difficulties (what challenges are there?)
- encouragements (recommendations) for
 - the overall direction of the project
 - specific areas that need attention
- expert opinion
 - expert view of the achievement of the ECP project to date and
 - expert advice to steer future planning.

2.2 Product will be a short report titled 'Effective Child Protection Project Evaluation Report - March 2022'



Dafydd Paul
Senior Manager Safeguarding and Quality (Project Lead)
05/01/2022



Meinir Owen.
Project Manager.
05/01/2022

Appendix D The Review Evaluation Brief

A Schedule of suggested interviews

My suggestion is that there is greater value in these conversations being short and focussed but to be held 1:1 to allow individuals to give their unbridled view and not unduly influenced by others in a group setting. However, some teams have suggested meeting a group of social workers and I think that could also work with a few other agencies.

- Child Protection Chairs
 - Non Davies
 - Delyth Davies
 - Llio Williams
- Team Managers from Children's Social Care
 - Stephanie Dabernig
 - David Lewis
 - David Owen
 - Heidi Rylance
- Selected social workers
 - Derwen Social Work team as group (Julie Bragan, Bethan Williams, Non Pierce, Zoe Roberts-Williams, Llinos Roberts, Alisha Jones)
 - Other names to be confirmed
- Representatives of other agencies involved in Child Protection Case Conferences and/or Core Groups
 - Alex Scrace CPN
 - Dr Sian Owen (Assistance Named Doctor)
 - Lucy Owen (North Wales Police)
 - Angela Owen (EWO)
 - Iola Jones and Anwen Jones (School Nurses)
- Practice Mentors
 - Sue Adams
 - Wendy Roberts
- ECP Project Team (Project Lead and Project Manager)
 - Dafydd Paul and Meinir Owen
- Senior Managers
 - Sharron Carter
 - Aled Gibbard
- Head of Service
 - Marian Parry Hughes

B Suggested outcomes from evaluation

- Analytical short report
- How well has the project performed against its goal to make child protection practice effective?
- How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)
- What strengths have been identified (what appears to be going well?)
- What difficulties have been identified (what challenges are there?)
- What encouragements are there for the future? (recommendations) for
 - the overall direction of the project
 - specific areas that need attention
- What is your expert opinion
 - expert view of the achievement of the ECP project to date and
 - expert advice to steer future planning.

C Suggested themes of semi structured enquiry

Introduction

The Evaluator's role (Bruce Thornton) is to:

- take views from several perspectives about the project and
- to bring these together into a general overview.

The evaluation is a form of analysis and the question that the analysis is trying to answer is:

Is child protection in Gwynedd more effective as a consequence of the Effective Child Protection approach?

Its purpose is to:

- Check how the project is progressing against its purpose/aims (evaluate / analyse)
- To be positive and progressive
- To listen for potential lessons from the voices heard
- To think about the implications of the above and how this may influence its future direction.

The discussion will look at what the project is trying to do overall, look at the four components of ECP, namely collaborative conversations, good risk assessments, a focus on change and measuring progress. It will also talk about reflective practice and practice mentoring.

Possible structure for the **report**

- How well has the project performed against its goal to make child protection practice effective?
- How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)
- What strengths have been identified (what appears to be going well?)
- What difficulties have been identified (what challenges are there?)
- What encouragements are there for the future? (recommendations) for
 - the overall direction of the project
 - specific areas that need attention
- What is your expert opinion
 - expert view of the achievement of the ECP project to date and
 - expert advice to steer future planning.

Possible structure for **interviews**

Your interviews with staff can be structured or less structured according to your preference. Some of the people interviewed will be more and less able to answer fully, depending on their agency, role and familiarity with ECP practice.

However, the conversation could:

- discuss their perceptions of what the project is trying to do overall and how it is progressing
- discuss the four components of ECP, namely collaborative conversations, good risk assessments, a focus on change and measuring progress to understand the person's awareness and experience of these components
- discuss their understanding and experience of reflective practice and practice mentoring.

Generally

- Their perception of what the project is trying to achieve; and how it is doing?
- What's gone well?
- What's been more difficult?
- What needs to happen next?
- What is the likely impact of the recent high-profile child deaths and what is the impact of this on child protection and how does ECP fit into the future challenge for the sector.

Specifically

In the range of interviews, there are specific levels of understanding, familiarity and detail that will be much more relevant to some cohorts than others.

Internal Review Evaluation - Appendix 1

Quality assurance data routinely collected and can be made available as part of the Evaluation

Generally:

At every Initial and Review Case conference, we routinely ask:

“In the opinion of the Chair, was the assessment of risk of significant harm based on a professional methodology (e.g. Risk 2)?”

Quality Assurance data collected for Initial Child Protection Case Conferences

In the opinion of the Chairperson has the conference identified the change(s) that the child/family need(s) to make

In the opinion of the Chairperson has the conference identified the 2 and 8 statements for each change?

In the opinion of the Chairperson had the conference worked in a collaborative way (for example, mutual respect, opportunity for all to contribute, constructive, recognition of family strengths)?

In the opinion of the Chairperson does the family/child understand the change (s) that need to happen

In the opinion of the chairperson does the child/family understand their part in this work

Quality Assurance data collected for Child Protection Review Case Conferences

In the opinion of the Chairperson has the conference identified the change (s) that the child/family needs to make

In the opinion of the Chairperson has the risk of significant harm been reduced since the last conference?

In the opinion of the Chairperson has the conference identified the 2 and 8 statements for each change?

In the opinion of the Chairperson had the conference worked in a collaborative way (for example, mutual respect, opportunity for all to contribute, constructive, recognition of family strengths)?

In the opinion of the chairperson does the child/family understand the change(s) that need to happen?

In the opinion of the chairperson does the child/family understand their part in this work?

In the opinion of the chairperson is the child/family working on the change as part of the Core Group?

In the opinion of the chairperson is the child/family fully and effectively included in the Core Group?

Progress in the Child Protection Plan – against each change as checked in the review conference

Has score improved since previous conference?

Scores (previous conference) and current conference.

Internal Review Evaluation Appendix 2

Interim Evaluation 2020

Interim Evaluation was commissioned towards the end of the first stage of the project in January-March 2020. This involved 3 separate areas of focus.

- 1A - Analysis of Minutes and Reports pre/post project
- 1B - Interviews with practitioners
- 1C - Evaluation of use of mentoring approach

Unfortunately, COVID restrictions impacted on (1B) Non Davies' interviews that had been delayed and the COVID emergency cancelled some of those scheduled interviews until a later date. These became difficult to re-schedule but the project was eager to try to complete the evaluation. When those interviews were actually undertaken the workforce was traumatised and it has been difficult to ascertain the impact of this on the clarity and completeness of the evaluation.

Evaluations 1A and 1C were completed prior to COVID or their nature did not make them as susceptible to its effects.

Within hindsight, Evaluation stream 1B should have been suspended as a consequence of COVID.

1A Bruce Thornton

Brief:

Bruce Thornton is a consultant and trainer and professionally competent to analyse the specific practice issues evident in the case file analysis.

Bruce Thornton was asked to look at a sample of case files for the period prior to; and following the introduction of ECP principles into Child Protection practice. In particular there was focus on Case Conferences where the Minutes of Case Conferences was reviewed and Social Work Reports to Case Conferences. The task was to evaluate whether there was a discernible difference in practice since the implementation of the project.

His findings are clear that practice is fundamentally different even in these early days.

Findings:

All of these cases surveyed appear to have been supervised by the same team manager. It was clear from the records that she supervised the social workers very well, was familiar with the families and actively involved in decisions. There were numerous examples of very good practice by social workers and their manager.

The project mentor had worked with the social worker on many of these cases providing mentoring. This appeared to make a significant contribution to developing the project. To measure effectiveness there needs to be a clear focus on what is trying to be achieved. In many of the early cases (pre-ECP) it was hard to see what this was. The project sets a clear sense of direction and breaks this down into the 4 elements. When these are explained they appear obvious, I and others may wonder why someone had not thought of this before.

However, it is a tribute to the problem-solving work that has been done to identify a solution, and the persistence to achieve it.

Reviewing the 4 elements being tested formed the basis of this enquiry.

The overall conclusions are clear and unequivocal.

- The project works very well and moves child protection conferences and associated practice to a new level of clarity and focus, based on evidence and analysis.
- It encourages conferences, managers and practitioners to further develop their skills in these areas with a view to ensuring children are safeguarded effectively.
- There are further developments and adaptations that will inevitably be required, but the project, even at this stage, is an undoubted success and I recommend that support should be continued.

No technical adjustments were suggested in relation to the development of the approach but Brue Thornton gave a clear message to continue confidently in the development of the model.

1B Non Davies

Brief:

Non Davies is an experienced social worker, consultant and trainer and has provided training and consultancy in the areas of the implementation of the 2014 Act and Wales Safeguarding Procedures.

Non Davies was asked to interview staff using a semi structured interview methodology to come to a conclusion about how well the taught ideas of ECP was penetrating into the mindset and meaning making structures of social workers. Emphasis was put on the words practitioners used to describe work, how they framed practice and made sense of their work. That is to test how the fundamental ideas were influencing practice.

The subtlety and precision of trying to evaluate worker's meaning making was justified when commissioned to ensure there was alignment between project intent and effect. However, with COVID the workforce was traumatised and increasingly crisis focussed and the interviews were more difficult as a consequence.

The evaluation showed that practitioners had a basic understanding of the core component of ECP. This was evident in the meaning making and the way words and concepts were used. However, more attention was required to embed the 'change (change statement) and measure (Steps to Change) elements of the model.

Findings

- Evaluation has been staggered, 3 initial interviews conducted late March during the first week in lockdown, others June / July. Whilst focus on pre-March difficult to limit and opportunity to learn from post COVID period taken
- Emerging realisation impact of COVID including on assessment and CP Conferences etc., difficult to quantify extent to which any challenges to implementation/embedding are attributable to Covid-19 implications.
- Interesting analogy between central concepts of ECP – change and measure are applicable to the evaluation
- Need to ensure and maintain 'Secure Base' for practitioners, (regardless of concepts and frameworks utilised practitioners cannot effectively safeguard unless they feel secure and safe themselves)
- Respondents report that they feel very well supported in relation to the ECP Project and the mixed menu of sources of support dependent on need
- Central role of practitioner confidence in applying concepts in practice particularly in multi-agency setting and key determinant in embarking on new model
- **More confidence needed in application of Change and Measure concepts**
- **Specific training of applying ECP concepts in CP and dual mandate of care and control**
- **Inclusion and Involvement of Child / Young Person**
- Assessment Framework Risk 2 held in high regard in assisting and reinforcing professional judgement e.g. establishing threshold and analysing link between harm and impact, practice of retrospective application of Risk 2 to s.47, use in peer supervision; not substitute but does complement and supplement – role of confidence in this; guidance welcomed e.g. pre-birth
- Own agency and multi-agency shared understanding and ownership is essential - shared training would assist
- Synchronicity of documentation and consistency of CP Conference and Core Group and their central role in setting and monitoring ECP Project expectations
- Cultural realignment with families – difficult to instil in current climate of uncertainty
- Importance of maintaining momentum of project
- Assessments increasingly being conducted virtually – implications:
 - assessing actual / likelihood of significant harm

- pre-birth risk assessment
- parental capacity to change
- additional sources of evidence to ensure triangulation / corroboration – Graded Care Profile, Home Conditions etc...

The evaluation was frustrated by the effects of COVID. No technical adjustments were suggested in relation to the development of the approach; largely as so much was unknown as practice in child protection, individually and in Conferences was unprecedentedly shifting to a virtual platform.

1C Mari Ellis Roberts

Brief:

Mari Ellis Roberts is an experienced executive coach and mentor, coach supervisor and trainer. She is competent in the evaluation of the application of coaching and mentoring within the project; defined as a novel approach of 'Practice Mentoring.'

Mari spoke to the Project Lead and undertook a series of interviews with the Practice Mentor. The purpose of these interviews was to evaluate the account provided by the Practice Mentor of how she was applying herself to this role. There was a focus on the 1:1 and group mentoring sessions.

The Practice Mentoring approach was described as innovative and the mentor was well supported and developing in skills and competence. No technical adjustments were suggested in relation to the development of the approach.

Findings:

It can be argued that there are mixed elements of coaching and mentoring in the style of the practitioner at work. For example, the intervention is about a specific task (child protection) and the development of specific skills, which suggests that coaching is at work here. On the other hand, the intervention is about developing capacity and long-term potential, which implies mentoring. Whatever the style, it has a positive impact and evidence suggests that it is a learner-led process, which is fundamentally important. This is illustrated by the clear agenda being set by the learner from the outset.

Mention must be made of the ground breaking work running alongside this project, Reflective Practice Groups in the field of child protection. The Practice Mentor has clearly benefited greatly from working with groups and practicing using some of the reflective tools such as CLEAR, motivational interviewing, the practice of storytelling. She noted that she had noticed that people really liked these techniques. These experiences have certainly increased the confidence of the Practice Mentor and she is now keen to do a qualification where theory can be integrated with the opportunity to further develop practical skills.

Overall the evidence suggests that the scheme has developed the confidence of the Practice Mentor to try new things. This in turn has enabled her to develop a confident mentor persona to complement her expertise as a senior social worker. As a result, the scheme has created a good asset for use in child protection both within and outside the county. Intentionally or unintentionally, the role of the Mentoring Practitioner, is similar to a change agent. There is certainly scope to use this type of role and to further influence in extending and sharing the scheme beyond the boundaries of Gwynedd Council. In response to the concept that the role allowed for the creation of opportunities for change he stated:

"I'm on the front line with the staff helping people to embed the learning in a practical way. My role as a mentor is one thing, there are many influences. People need to buy in, make time and see value in the project."

Finally, the Practice Mentor was asked to define the important attributes of the role. When considering these you can argue that they also reflect the key skills of a social worker. Work on identifying these could be included in a future mentor training package as there is an important element of raising self-awareness in doing so.

The following were noted:

- Good communication skills
- Proximity (approachability)
- Flexibility
- Enthusiasm and ability to challenge others
- Confidence
- Don't take things personally e.g. someone cancels a meeting
- Interest in people and ability to build relationships

In conclusion, here is an example of an innovative project that was well designed with some structure but was flexible enough to accommodate natural evolution. In addition, with a view to creating mentoring opportunities for child protection practitioners, a website has been developed containing fresh and useful resources and guidance for child protection agencies and practitioners. These are concrete, concrete things that busy practitioners can use to improve the quality of provision.

Appendix E

Interview format and scoring sheet

Individual sheet

Name (optional)

Role

Date

Themes: Perceptions of what the project is trying to do overall and how it is progressing

- **Collaborative conversations**

Please score separately for you and the majority of families you are working with.

Add any comments you want to make

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **Good risk assessments**

Please score separately for you and the majority of families you are working with.

Add any comments you want to make

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **Focus on change and measuring progress to understand the person's awareness and experience of these components**

Please score separately for you and the majority of families you are working with.

Add any comments you want to make

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **Understanding and experience of reflective practice and practice mentoring**

Please score separately for you and the majority of families you are working with.

Add any comments you want to make

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **Your overall perception of what the project is trying to achieve and how it is doing?**

How well has the project performed against its goal to make child protection practice effective?

Only score this for you

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **What's gone well?**

What strengths have been identified?

How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **What's been more difficult?**

What challenges are there?

--- 1 2-- 3 4 5 6 7 8++ 9 10

- **What needs to happen next?**

What encouragements are there for the future? (Recommendations) for

- *the overall direction of the project*
- *specific areas that need attention*

Your answers are confidential and will not be individually identified

- *Scores ---1 and --2 represented a description of 'not good enough' and 8++ represented good enough implementation*

Appendix F (i) Interview comments and scores – Social Workers

Social Workers: Arfon and children with disabilities

Conversation themes

- **collaborative conversations**

Conversations are better and power is shared.

Great idea +++

A strength based approach is right and can work well.

Training was good.

--- 1 2-- 3 4 5 6 7 7 7 8 8 8 +++ 9 10

- **good risk assessments**

Coming straight from qualifying is scary.

Evidencing risk with clear guidance guides you through it.

Talking to each other which we did at a weekly group when we were all learning was helpful.

Using Risk 2 as a threshold focussed the report to conference.

--- 1 2-- 3 4 5 6 7 7 7 7 8 8 +++ 9 10

- **a focus on change and measuring progress to understand the person's awareness and experience of these components**

The training with Dafydd Paul was good. Change and the steps were clearer and visual. This helped with the families and their ownership.

The response of the families helped build a better relationship.

It was easier with new referrals than with existing cases.

Using it with LAC and foster carers worked well. The steps to change approach worked.

Felt like it increased stability and self esteem.

Using in core groups could be problematic. Hard on-line and probably better in the same room.

Schools and Health Visitors understanding and approaches were inconsistent.

Clarity with changes was positive although the amount of paperwork made it hard.

Steps to change worked well with mother but not with father who didn't engage. This was clear and they separated and the court ratified this with an ICO with no contact.

The paperwork in conferences and LAC review was clear and helpful but involved a lot of recording.

Not used much with our families but identifying the changes needed when in CP clarified the issues between parents.

Using the Home Conditions tool to reinforce the changes needed was very helpful and mother maintained the changes.

Helped a lot with the focus on the outcome and the specifics of change.

--- 1 2-- 3 4 5 6 6 7 7 7 8 +++ 9 10

- **their understanding and experience of reflective practice and practice mentoring.**

Mentoring with Sue Adams was invaluable. Helped to see the families view and respect it.

Reinforced learning about ECP

Hope it continues. Compared to other authorities it really helps.

--- 1 2-- 3 4 5 6 6 7 7 7 8 +++ 9 10

Generally

- **Their perception of what the project is trying to achieve; and how it is doing?**
How well has the project performed against its goal to make child protection practice effective?

The model makes me feel more professional and better equipped to develop my skills.

Conferences were shorter and more focussed.

In a multi-agency team there were problems in other agency workers engaging with the model.

They attend a meeting, give their report and don't see it as their job to understand or use ECP.

This seemed to be the same with health and education based staff.

The clear identification of Significant Harm is important for social work staff and to be able to explain to families and other agencies.

--- 1 2-- 3 4 5 6 7 7 7 7 8 8 +++ 9 10

- What's gone well?
What strengths have been identified?
How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

Very positive in the transition from University to practising.

Co-working when newly qualified is very helpful.

--- 1 2-- 3 4 5 6 6 7 7 7 7 8 +++ 9 10

- What's been more difficult?
What challenges are there?

Additional recording

Other agency involvement

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- What needs to happen next?
What encouragements are there for the future? (recommendations) for
 - *the overall direction of the project*
 - *specific areas that need attention*

Maintain low caseloads when starting in post and continue mentoring.

Continue Mentoring.

Continuing training.

- What is the likely impact of the recent high-profile child deaths and what is the impact of this on child protection and how does ECP fit into the future challenge for the sector.

Not relevant to them

Appendix F (ii) Interview comments and scores - 3 Team Managers

Themes

- **collaborative conversations**

*Going well but building confidence harder with long term families e.g. 2nd generation
When used appropriately works well with young people who are parents or carers
HR Can be hard to use and worker needs to be very organised and prepare.
Not always happening but when it is, it works well
Needs to be used in core groups but this is time consuming*

--- 1 2-- 3 4 5 6 7 8+++ 9 9 10

- **good risk assessments**

*Verbal rather than written. Integrated into practice. Analysis summary not usually completed.
Can be seen as something to be done after the SW report to conference
Can be really positive to support ECP rating particularly in up and down progress situations
Risk 1 screening used.
Helpful to explain why a young person is at serious risk and what is needed to reduce risk
Ongoing development of an exploitation tool with Dafydd Paul is helpful
With experienced staff it is integrated. It is quick and aids focus
Significant Harm checklist could be used more often*

--- 1 2-- 3 4 5 6 7 7 7 8 8 +++ 9 10

- **a focus on change and measuring progress to understand the person's awareness and experience of these components**

*If no change then it is obvious and easy to work with.
If change happens then it is empowering for the families and workers
Contrast between 'experienced' families who have had previous involvement versus 'new' families
Used effectively with the Edge of Care panel with a young person who is a carer
Ability of staff in a settled team to stick with the young person ECP helps and keeps engagement. In particular if they are chaotic and putting themselves into risky situations
Very positive with some of the young people, but it can be a difficult group
The details can sometimes be a problem but the focus on 3-5 issues is good.
Core groups takes longer as other agency staff still don't always understand the model
Explaining and use with education can be difficult in particular when suspensions from school are involved.*

--- 1 2-- 3 4 5 6 families 7 7 team 8 +++ 9 10

- **their understanding and experience of reflective practice and practice mentoring.**

Mentoring very useful

Mentoring for team managers welcomed

Doesn't interfere with Team Manager supervisory role. Roles are clear.

Wendy Roberts was crucial as a support

Sue Adams helps with different visual ways of engaging young people

Morale of team managers is low and the mentoring role can be complex in particular when the manager is very busy. Peer mentoring is less helpful if a mentor does not have CP experience.

If the team has a number of experienced staff it would be more useful to have additional support for the team manager from someone with a different role e.g. coaching or another senior practitioner or practice lead. However it has contributed positively

--- 1 2-- 3 4 5 6 Team 7 8 +++ 9 Manager 10

Generally

- **Their perception of what the project is trying to achieve; and how it is doing?**
How well has the project performed against its goal to make child protection practice effective?

Good because of the structures, mentoring and input

Understood as a method but not always integrated into practice because of the client group

Staff have taken on board the principles

Training has been well attended and has helped

--- 1 2-- 3 4 5 6 7 7 8 +++ 9 10

- **What's gone well?**
What strengths have been identified?
How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

Grasping ECP very well

Framework for staff increases confidence ++

Young people involvement in plans. E.g. missing from home episodes better understood and progress made.

YP wanting to come home and the ECP framework for change and measurement assists this.

User friendly – Collaborative conversations

Easy access to Dafydd Paul and ongoing support

Refresher training

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- **What's been more difficult?**
What challenges are there?

Staffing difficulties.

Not as advanced as the team starting ECP 2 years ago but good to be in this tranche.

Long term embedded families - changing their behaviour is hard

Other agencies not always being clear about the system and wanting to fix everything.

Their focus too wide

Core groups still a problem. Chairing and minute taking seen as social worker task.

Team manager attending core groups to assist new workers

Staff leaving and new staff arriving. Takes time, effort and persistence to embed any new system.

New workers ambition and drive is useful but needs additional time and support which is hard to provide.

Inter agency working is slower because of the explanations needed.

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- **What needs to happen next?**
What encouragements are there for the future? (recommendations) for
 - ***the overall direction of the project***
 - ***specific areas that need attention***

Reinforce implementation. Availability of Videos will be useful.

Input into other agencies. Other agencies scoring their reports

Mentoring. Stagnancy likely without this

Continuing support and reinforcement

Involvement and training of PA's

Senior managers to listen and act on the difficulties relating to staffing

- What is the likely impact of the recent high-profile child deaths and what is the impact of this on child protection and how does ECP fit into the future challenge for the sector.

Newly qualified not a problem – unaware of the issue

Parental attitudes to staff e.g. aggression towards staff

Anger from the workers at the news reporting and blame culture in the media

Appendix F (iii) Interview comments and scores – Police Liaison Officer

Conversation themes

- collaborative conversations

Not applicable

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- good risk assessments

Thresholds are clear and used appropriately

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- a focus on change and measuring progress to understand the person's awareness and experience of these components

Steps are very well done in conferences despite being on line

Clarity in what needs to change – understood by the families

More focus is apparent

More efficient

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- their understanding and experience of reflective practice and practice mentoring.

Not applicable

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

Generally

- Their perception of what the project is trying to achieve; and how it is doing?
How well has the project performed against its goal to make child protection practice effective?

Comparison to other North Wales Authorities – They have too much information, not enough focus

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- What's gone well?
What strengths have been identified?
How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

Not applicable

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- What's been more difficult?
What challenges are there?

*Change in workers leads to a lack of consistency and trust
Other agencies e.g. Health and Education sometimes reluctant to be honest/critical
Substance misuse + Mental Health/CPN ++ but sometimes defensive*

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- What needs to happen next?
What encouragements are there for the future? (recommendations) for
 - *the overall direction of the project*
 - *specific areas that need attention*

*Streamline police reports
Summarise police reports into change related focus*

- What is the likely impact of the recent high-profile child deaths and what is the impact of this on child protection and how does ECP fit into the future challenge for the sector.

Any other comments?

On line meetings is seen to be efficient in police hierarchy but although it saves time it's not as effective in assessments and outcomes

Ongoing discussions in weekly meeting of police officers with the same role.

Interest from the other officers in the ECP system

Appendix F (iv) Interview comments and scores – Retired Chair and Mentor

Themes

- collaborative conversations

Use of self, understanding self and self awareness has been developing as has the ability to reflect.

Accept family for themselves and give them confidence to open up.

Perseverance with the family is required.

Lots of relationship skills evident even in difficult situations.

Its methods becoming unconsciously competent.

Ongoing problems in some core groups with other agencies engagement and understanding.

Expectation that the social worker records and chairs the meeting.

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- good risk assessments

Critical element and this is evident in conferences.

Expectation that it will be done but needs monitoring to ensure high standards.

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- a focus on change and measuring progress to understand the person's awareness and experience of these components

It can be easy to overwhelm families and can be hard to engage them in the change process

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- their understanding and experience of reflective practice and practice mentoring.

Different depending on whether workers are new or experienced and in which area they work. Arfon and Dwyfor and Meirionnydd differ for example.

Huge step from the social work course to practising which mentoring helps.

Confidence can be low and there is a lot to learn which is more difficult if working from home.

Some issues re how to engage with families especially non receptive ones.

In some teams there is a problem between mentoring and supervision which doesn't exist in others. This is improving with Team Managers now asking for help to make progress.

However, mentoring is working, is embedded and helps with experimenting, developing skills and gaining experience.

--- 1 2-- 3 4 5 6 7 8+++ 9 10

Generally

- Their perception of what the project is trying to achieve; and how it is doing?
How well has the project performed against its goal to make child protection practice effective?

Began very well in the pilot areas with the team managers, mentors and conference chairs fully engaged and dedicated to making it work.

The structure and processes were embedded and Dafydd Paul joined it all together.

Covid obviously slowed everything and presented specific problems.

Implications with conferences on line and assessment and analysis being difficult.

However despite these obstacles ECP components were embedded and are working.

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- What's gone well?
What strengths have been identified?
How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

Development of training material

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- What's been more difficult?
What challenges are there?

Covid interfered as did staffing problems

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- What needs to happen next?
What encouragements are there for the future? (recommendations) for
 - *the overall direction of the project*
 - *specific areas that need attention*

Clarify development needs of team managers re linking ECP to supervision and mentoring

Appendix F (v) Interview comments and scores – 3 Conference Chairs

Themes

- **collaborative conversations**

Parents reflect this in conferences. Feel respected. Pre-conference conversations took place if not attending.

Involvement of children and young people was good.

Undertook the training. Good experience as a SW and SSW. Good practice in some core groups e.g. psychological assessment and MH CPN engaging / open and frank discussions.

Issues with complexity in a different environment.

Training was useful and is integrated into working practices without workers realising.

Unconscious competence. Experience helps.

--- 1 2-- 3 4 5 6 6 7 7 7 8 +++ 9 10

- **good risk assessments**

Best are explicit and referred but almost all have been completed if less evidence of being explicit. Occasional exceptions but these are picked up by the chair who requests they are done Enables conference to focus on change by establishing threshold early.

Risk 2 used for some deregistration

*R2 use is mixed. Sig Harm used as a concept. Dwyfor and Meirionnydd use as a consistent threshold. **

Not getting the analysis summary at the end of Risk 2 but it is being done.

Significant Harm very useful and is used early in conferences giving time for required changes to be discussed. Prevents drift.

Dwyfor and Meirionnydd used this well

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- **a focus on change and measuring progress to understand the person's awareness and experience of these components**

Programmes for enabling change not available during covid but doesn't prevent it happening.

More explanations available of why change isn't happening.

Note attendance at a programme doesn't equal good outcome.

Conference needs to be viewed as a process not an event.

Tiredness in conference was an issue but less so now.

Core groups operated less well in particular with some agencies. E.g. MH

If core groups work well then reports do include recommendations coming from them which validates project

*Different areas. South and North contrast but the gap is reducing
 + Clarity, Targets, Measurement ++
 Not always getting clear jargon free statements.
 Change is understood, but not always written well and can be over complicated.*

--- 1 2-- 3 4 5 6 7 7 8 +++ 9 10

- **their understanding and experience of reflective practice and practice mentoring.**

*Very important that it is available as an adjunct to peer support and supervision
 Access to Wendy meant that things could change quickly e.g. documentation and amending
 templates
 It was very effective and useful but Post Wendy this has slipped.
 Work required to recover, hopefully through training planned by Conference Chairs, and a new
 appointment*

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

Generally

- Their perception of what the project is trying to achieve; and how it is doing?
*How well has the project performed against its goal to make child protection practice
 effective?*

*Extremely clear goals that are achievable
 Evidence of young peoples' involvement
 It's taking shape.
 Newer younger staff members are more flexible
 In teams where it's not familiar chair takes charge and helps staff to work out issues e.g.
 facilitate at the start of the conference and change steps etc.
 This can be disappointing if this is not followed through in review conferences
 1 hour conferences are now the norm rather than the very long previous ones.
 It reduces waffle, focus on main issue. Analytical and concise.
 Language of forms accepted and used.
 Project doing better than Dafydd thinks it is!*

--- 1 2-- 3 4 5 6 7 8 8 +++ 9 10

- **What's gone well?**
What strengths have been identified?
*How well are practitioners making use of some or all of the ECP approaches in their day to
 day work (is there connection between front line and project ambitions?)*

Documentation to conference +
 No surprises to the family.
 Change is occurring
 Lucy Owen provides consistency when she is available
 Outcome measurement in terms of number on register.
 Higher in 2020 but lower now.
 Children re-registered not known yet
 Edge of care ++ in particular if the family continue working with them
 Post conference data results
 Policy for virtual conferences *** Data post conference ***
 Developing experience of SSD and other agency staff
 It's taking shape.
 Newer younger staff members are better
 In teams where it's not familiar chair takes charge and helps staff to work out issues e.g. facilitate at the start of the conference and change steps etc.
 This can be disappointing if this is not followed through in review conferences
 1 hour conferences are the norm
 Working group of conference chairs and Dafydd will progress further.
 Police 'Lucy Owen' very helpful, brings consistency and is refreshing and useful as an independent viewer.
 Cohesive and positive group of chairs and Dafydd.
 'Teams' enabled focus but not as useful as face to face contact.

--- 1 2-- 3 4 5 6 7 7 8 +++ 9 10

- **What's been more difficult?**
What challenges are there?

Virtual meetings, but some positives in it.
 Isolated workers with less access to support/advice and less potential for reflection
 Family conflict can be difficult to manage. E.G. difference family members in different room or arguing in the same room.
 Plan and review in individual teams
 Use in other agencies e.g. education
 Monitor use in core groups and reviews
 Training in other agencies
 Breaking steps down further in core groups?
 Concentration was difficult at the end of conferences but as they are now around an hour this is resolved. Other agencies still catching up gradually.
 Steps to change used as a tool instead of reflecting on what is actually changing

--- 1 2-- 3 4 5 5 5 6 7 8 +++ 9 10

- **What needs to happen next?**
What encouragements are there for the future? (recommendations) for
 - **the overall direction of the project**
 - **specific areas that need attention**

Continuing support to maintain momentum

Booster training sessions separated from Older People services

Face to face training. Mentoring and reflective practice.

Continue to encourage existing work force and offer support to the many new workers.

Work on the effectiveness of core groups

- What is the likely impact of the recent high-profile child deaths and what is the impact of this on child protection and how does ECP fit into the future challenge for the sector.

Greater focus on the voice of the child

Good that I am in Gwynedd. Feel safe. Courts regard Gwynedd well. De-registration considered at 6 months. Need to ensure that records are up to scratch in date and done well. And are more analytical and concise

Any other comments?

Impressed by the commitment to the work and the project

Privilege of time for the chairs

Appendix F (v) Interview comments and scores - 2 Service Managers and the Project Manager

Themes

- **collaborative conversations**

Collaboration is different with CP families

What has to happen with CP families but not with Care and Support?

The level of engagement needs to be considered

Good progress has been reported with some families

Clarity re outcomes has improved ++

Consideration should be given to introducing ECP into the PLO processes

Influence of ECP can definitely be seen in supervision of team managers

--- 1 2-- 3 4 5 6 77 8+++ 9 10

- **good risk assessments**

Explicit threshold check is the start of every CP conference.

This is tested and reported in the data return from conference by chairs

Use of the Risk 2 grid could be better

Need to keep the bar high. There is an inevitable tendency to degrade.

Rigour and structure is required.

Threshold reason for decision. Data is collected on returns

Short cuts are taken to make the analysis statement

Rigour needed from TM's to promote and require an evidence base for these statements

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- **a focus on change and measuring progress to understand the person's awareness and experience of these components**

Measuring progress – Increase/decrease from the baseline is required at all conferences so implementation is built into the system

Steps to change is a process. Individual steps measurement is not the critical issue. Rather it is about planning and change talk that evidence from conferences indicates that is taking place. Visual notions into change talk linked to motivational interviewing indicates that a more change oriented conversation is happening. Measuring progress using steps. Evidence from conferences indicates that this is taking place. Staff are required to consider how to own the steps and use the families own words. Change talk is implicit in this.

It is also useful in Care and Support packages

--- 1 2-- 3 4 5 6 Implementation 7 8 +++ Understanding 9 10

- **their understanding and experience of reflective practice and practice mentoring.**

Organised when Wendy was there. Everyone had 1:1 or groups. 3 sessions required

Relationship – feedback loop.

Team manager involvement needs to developed appropriately

Team mentoring culture needs to be developed.

Team mentoring implementation

Understanding good. Implementation less so

Cultural change is positive

Practice mentor approach is routine but reinforcement and development needs to take place and links made to inform and engage Team Managers

Reflective Practice is innovative and ambitious and is a fundamental change in the way in which social workers engage with families

Siobhan Maclean & Wendy developing and producing a range of material based on both of their expertise and the work that has taken place in Gwynedd e.g. a practitioner book relating to Frameworks for Practice for Individuals, Peers, Groups and team managers.

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

Generally

- **Their perception of what the project is trying to achieve; and how it is doing?**
How well has the project performed against its goal to make child protection practice effective?

Remarkably good given Covid and staffing issues

Perseverance +++++

Department is more effective and this is embedded

Linked to significant harm and fundamental Human Rights issue i.e. privacy

Given the starting point this is a real achievement

Head of Service and the Cabinet Member support has been great

There is a buy in at all levels in the department

--- 1 2-- 3 4 5 6 7 8 +++ 9 10

- **What's gone well?**
What strengths have been identified?
How well are practitioners making use of some or all of the ECP approaches in their day to day work (is there connection between front line and project ambitions?)

Practice Mentor in post and individual sessions and groups taking place.

It carried on despite obstacles and is embedded at every level in the department

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- **What's been more difficult?**
What challenges are there?

Covid and Staffing issues

Assessing at a distance i.e. via video

Front line staff moving to development posts

Mentor leaving and not being replaced full time

Tunnel vision from some other agencies

Delivering services and driving improvement is hard work

--- 1 2-- 3 4 5 6 7 8+++ 9 10

- **What needs to happen next?**
What encouragements are there for the future? (recommendations) for
 - *the overall direction of the project*
 - *specific areas that need attention*

Finish information and material development for the North Wales region and Wales

I.e. Videos – training material – Q & A – Workbook and exercises – Risk course

Embedding the mentor role as an ongoing feature to support worker development

Accept that innovative development work such as this will always be incomplete and messy

Appendix F (vi) Interview comments: *This is a summary of the interview with the Head of Service.*

In lieu of scoring individual elements I decided that it would be more useful to have a strategic overview of its introduction, work in practice, feedback and what should happen next.

The decision to introduce and trial 'Effective Child Protection' by the senior management group was based on the experience of the success of 'The Risk Model' and the lessons learned from it. Determination, persistence, attention to detail and commitment at all levels being the key elements.

It is now firmly embedded in Gwynedd and in a number of other local authorities in both Wales and England.

Introducing and piloting it was based on a good standard of existing practice and a desire for Gwynedd to continue to innovate and strive for improvement within the Wales Transformation processes.

The decision to keep going with ECP despite covid was important as we didn't want to lose impetus. It put a lot of pressure on all of the staff involved but the results are worthwhile.

Feedback

Engaging some families in child protection has always been difficult and this is likely to continue with whatever system is in place.

However, there has been positive feedback related to the ability to set clear steps to change and an ability to measure these. Even if it didn't always work.

During involvement with 2 families in the complaints process comments were made by them that, despite the issues, both families were positive about the 'ladder' thing i.e. steps to change. They said that "it really helped." "There were small things that the social worker, the health visitor and they were going to do. Breaking it into these small steps made it clear."

Information sharing

Numerous presentations have taken place and some of the North Wales LA's are interested. We wanted to describe and distil learning and systems and to share it with other local authorities and across Wales. Videos of ECP were used demonstrating its use in conferences.

Next steps

Continuing the development of practice resources.

Using the transformation fund hopefully to embed the model and its associated support.

Establish practice mentoring. 2 permanent posts are needed.

4 new posts agreed based on evidence of complexity of cases + 3 temporary posts + potentially 2 trainees.

Child Protection numbers have come down. Possible link with LAC going down, but safely.

Appendix G

Data and Analysis

Data set 1 (Diogelu 1 and 2)

Diogelu 1

Proportion of children discussed in supervision, where consideration was given to risk of significant harm (and the answer recorded)/ *Cyfradd y plant a gafodd eu trafod mewn goruchwyliaeth, lle rhoddwyd ystyriaeth i niwed sylweddol (a'r ateb wedi ei gofnodi)*

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	100%	100%	100%	100%	100%
No	0%	0%	0%	0%	0%

Diogelu 2

Proportion of risk assessments presented to Case Conferences that were considered to indicate quality in decision making / *Cyfradd yr asesiadau risg a gafodd eu cyflwyno i Gynadledau Achos a oedd yn cael eu hystyried yn rhai a oedd yn dangos ansawdd wrth wneud penderfyniadau*

	2017/18	2018/19	2019/20	2020/21	2021/22
Yes	96%	99%	99%	97%	99%
No	4%	1%	1%	3%	1%

Initial Case Conferences	2020/21	2021/22
	Yes	Yes
In the opinion of the Chairperson has the conference identified the change(s) that the child/family need(s) to make?	100%	94%
In the opinion of the Chairperson has the conference identified the 2 and 8 statements for each change?	86%	75%
In the opinion of the Chairperson had the conference worked in a collaborative way (for example, mutual respect, opportunity for all to contribute, constructive, recognition of family strengths)?	78%	67%

In the opinion of the Chairperson does the family/child understand the change (s) that need to happen?	75%	69%
In the opinion of the chairperson does the child/family understand their part in this work?	64%	62%
Review Case Conferences	2020/21	2021/22
	Yes	Yes
In the opinion of the Chairperson has the conference identified the change (s) that the child/family needs to make?	86%	90%
In the opinion of the Chairperson has the risk of significant harm been reduced since the last conference?	68%	66%
In the opinion of the Chairperson has the conference identified the 2 and 8 statements for each change?	75%	71%
In the opinion of the Chairperson had the conference worked in a collaborative way (for example, mutual respect, opportunity for all to contribute, constructive, recognition of family strengths)?	84%	87%
In the opinion of the chairperson does the child/family understand the change(s) that need to happen?	81%	86%
In the opinion of the chairperson does the child/family understand their part in this work?	77%	75%
In the opinion of the chairperson is the child/family working on the change as part of the Core Group?	76%	85%
In the opinion of the chairperson is the child/family fully and effectively included in the Core Group?	76%	85%
Progress checked in Review Case Conferences	2020/21	2021/22
	Yes	Yes

Has the Outcome/'Statement of change' ² been recorded?	89%	98%
Score ³ has improved since previous conference - Arfon	66%	56%
Score has improved since previous conference - Dwyfor	70%	82%
Score has improved since previous conference - Meirionnydd	55%	67%
<i>For information – where the scores have not been filled in the Social Worker's Report to Case Conference</i>		
<i>Blanks (score not filled) - Dwyfor</i>	<i>26%</i>	<i>27%</i>
<i>Blanks (score not filled) - Meirionnydd</i>	<i>22%</i>	<i>6%</i>
<i>Blanks (score not filled) - Arfon</i>	<i>17%</i>	<i>2%</i>

²The 'Statement of change' is what needs to change to keep the child safe.

³ 'Score' is the recording of scores of 2 to 8 in the Report.

ECP Project Evaluation

Data 2020/21 and 2021/22 (to December)

Introduction

The Chair in Case Conferences monitors several key performance matters. Of relevance to the ECP Evaluation there are two key data sets.

Data set 1 (Diogelu 1 and 2)

Data set 2 (ECP Monitoring data)

These have been in place and monitored over several years. We provide therefore the whole year performance figures.

Data set 1 (Diogelu 1 and 2)

Diogelu 1 is collected by getting sheets into the office after supervision from social workers/ managers, confirming which of a caseload were considered for risk screening. The purpose of the data is to encourage compliance. It is a slightly dubious method as we can only collect those received and whilst we do follow up, it proves difficult to get the whole dataset of supervisions in. It results in a slight 'halo bias.' Those who send in the sheet have done the risk screening as well. The out-turn has always been 100%.

Diogelu 2 is collected by Chair in Case Conferences and is their opinion about the quality of the risk assessment. Its purpose was to see effect of the implementation in general of the Risk Model and use of R2 in Case Conference Reports. This has exceeded 95% consistently.

Data set 2 (ECP Monitoring data)

More recently introduced and again part of the Chair's quality assurance role in Case Conferences. They fill in a Monitoring Report⁴ in each Case Conference. There is whole year data for year 1 COVID (2020/21) and performance quarter Q1-Q3 of 2021/22. I think it shows general improvement and consistency.

However, the ECP project has been implemented in stages. Initially, focussed on Meirion/Dwyfor then Derwen (children with disabilities) then 16+. Finally, the two Arfon Teams. Derwen and 16+ do very little CP work in comparison to Meirion/Dwyfor and Arfon. The Arfon teams are interesting, being a mix of lukewarm welcome to the project at the beginning and staffing turmoil in the later period. As such, the project was gearing up to engaging those Teams and gaining momentum as COVID happened.

⁴ Copy of document attached to email.

We've also had the revolving 'CP Chair' effect as Sue Adams retired in Sept 2020 and Non Davies helped us as interim Chair until December 2021. Delyth Davies was appointed but not released from her IRO role fully until recently.

There are two detailed ECP Monitoring spreadsheets available that give a more granular breakdown of that data. In terms of how the project uses the data to manage the performance and implementation, we are very sighted on Diogelu 1 and 2 for several years. ECP Monitoring is less useful as a performance report. The detail leads to many questions. However, the effect of collecting the data is that it constantly draws the attention of the Chairs to what is considered important to be able to report on. Therefore, they will keep this foremost in mind. It enhances more than anything their governance effect on ECP matters in conferences and how they structure the discussions and challenge. That is the intention of the monitoring work; in addition, of course to provide some data for evaluation purposes.

Dafydd Paul

Senior Manager Safeguarding

16/02/2022