

research
in practice

NATIONAL
CHILDREN'S
BUREAU
Part of the family

Newport-Barnardo's Strategic Partnership Evaluation

June 2024

Acknowledgments

Thank you to the young people and parents who shared their experiences and views about the services. We appreciate your honesty and insightful reflections.

Thank you also to the professionals at each of the two case study services and those in the wider partnership who supported the evaluation, alongside their already busy roles.

Additional thanks to Colin Green for his work on the evidence review and for comments on this report.

Authors

This report was written and edited for Research in Practice by **Lorna Trend, Helen Stacey, Conn Doherty, Susannah Bowyer.**

Contact

For all correspondence on this report, please contact evaluation@researchinpractice.org.uk

For further information about Research in Practice, visit our website www.researchinpractice.org.uk

Part of the National Children's Bureau - Registered charity No. 258825. Registered in England and Wales No. 952717

NCB RiP - Registered in England and Wales No. 15336152.
Registered office: National Children's Bureau, 23
Mentmore Terrace, Hackney, London E8 3PN.

A Company Limited by Guarantee. www.ncb.org.uk

Contents

Acknowledgments	2
Authors	2
Contact.....	2
1. Introduction	5
Evaluation aims.....	7
2. Key Findings: Outcomes and impact of the partnership.....	8
Aim 1: To safely reduce the number of children in care, in proceedings or on the child protection register	9
Aim 2: Bridging the gap between universal and specialist service provision to prevent the need for the more intensive interventions	12
Aim 3: Reducing specific risk factors for individual families (and increasing child and family resilience).....	16
Aim 4: Support children and young families to get involved in decision making within Family Support Services	18
Aim 5: Ensure a whole family approach is taken working with parents, carers and family members as well as the child and/or young person	19
Impact of the partnership	19
Case study: Rapid Response	20
Case study: Therapeutic Team	22
3. Key findings: How has the partnership achieved these outcomes?	25
Shared vision and goal.....	25
Sound governance arrangements	27
System and process integration	29
Trusting and personal working relationships	31
Permission to adapt and change	32
Co-investment	37
4. Conclusions and recommendations	38
Recommendations.....	41

research in practice

1. Introduction

In 2011 Newport City Council and Barnardo's Cymru entered into a strategic partnership to provide a range of family support services to children, young people and their families. The partnership was procured by Newport via a formal tender process. The procurement set out goals and expectations – including financial contributions – of a partner, rather than a specification of goods or services as would be typical in more traditional commissioning arrangements. Since this was a new and innovative approach, considerable time was invested in strategic discussions between Barnardo's and Newport to design the partnership arrangement.

The initial partnership agreement was for five years which was extended for a further two years. This was renewed in 2018 for a further five years, and again extended for a further two years.

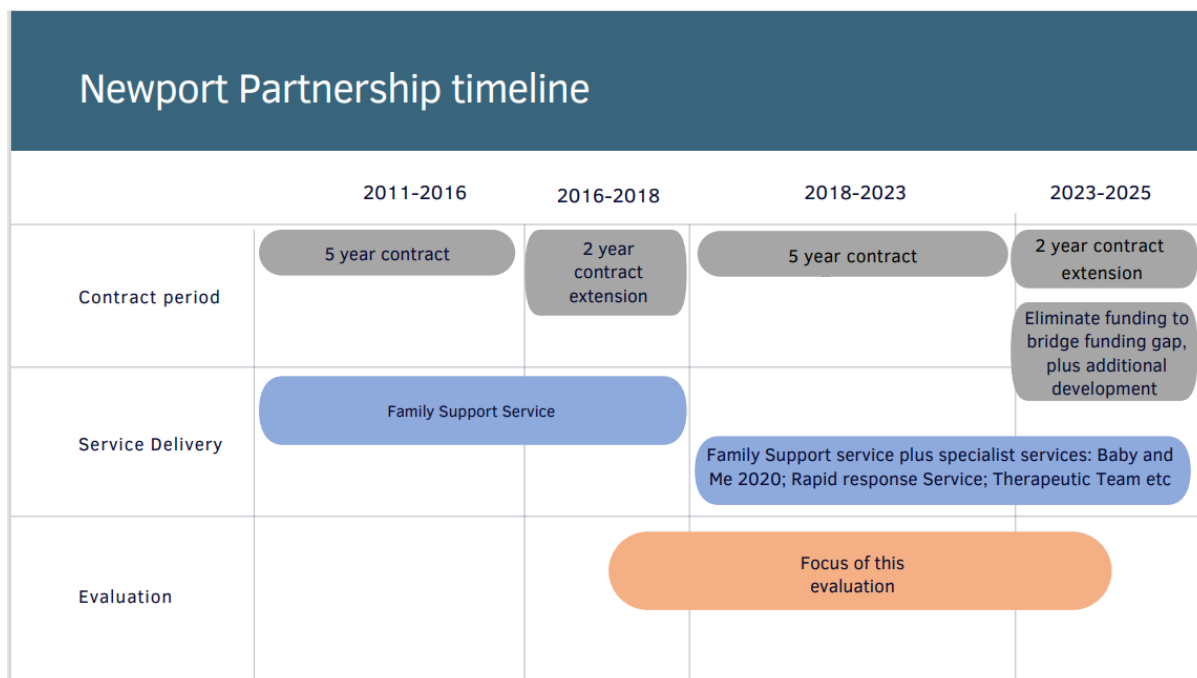
The first phase of the partnership saw the successful delivery of family support services, with an independent evaluation suggesting effective delivery of services to children and their families on the 'edge of care', and lower numbers of children looked after by the local authority¹. Details of how the partnership was established, and lessons learnt were also included in a publication about partnerships and the voluntary sector².

The second partnership agreement in 2018 was preceded by a more challenging period where the partnership was felt to have 'lost their way'. When the partnership was recommissioned there were a number of appointments made into key roles. This report is seeking to understand the lessons from the period of challenge and how the partnership has developed over the past six years.

¹ [The Value of a Partnership Model for delivering Targeted Family Support Summary - IPC Brookes](#)

² [Strategic partnerships with the voluntary sector: Messages from research and practice \(2019\) | Research in Practice](#)

Figure 1: Timeline of the partnership and the focus of this evaluation



The focus on safely reducing the numbers of children in care has been a clear and consistent imperative in documentation from the start of the partnership to the present day. The aims of the partnership as stated in the 2018 Intensive Family Support Service (FSS) contract document:

‘to develop a continuum of integrated family support services for children in need and their families. This service will aim to identify the best outcomes for the children, young people and families. This includes:

- To safely reduce the number of children in care, in proceedings or on the Child Protection Register.
- Bridging the gap between universal and specialist service provision to prevent the need for more intensive interventions.
- Reducing the specific risk factors for individual families by 25% or more (and increasing child and family resilience).’

(Section 6, Service Specification: Newport Partnership Contract 2018)

The current service delivery document within the Partnership contract identifies three overall outcomes for the service as:

- ‘Reducing specific risk factors for individual families (by increasing child and family resilience).
- To encourage and support children and young families to get involved in decision making within Family Support Services.
- To ensure a whole family approach is taken working with parents, carers and family members as well as the child and/or young person.’

(Section 7, Service Delivery: Newport Partnership Contract 2018)

Evaluation aims

Research in Practice was appointed to provide an independent evaluation of the strategic partnership between Newport City Council and Barnardo’s, alongside an evaluation of the strategic partnership between Barnardo’s and Leicestershire County Council. Given that there was an independent evaluation in Newport in 2016, we have focused on the second phase of the strategic partnership from 2018. The evaluation commenced in January 2024 and seeks to explore partnership processes, activities and experiences, and the impact of the strategic partnership on driving innovation and in providing effective, inclusive safeguarding support for children, young people and families in Newport.

Table 1: Summary of evaluation methods

Evaluation summary
Rapid evidence review of literature relating to strategic partnerships.
Desk-based analysis of a range of data (see Appendix section 1 for details).
Orientation conversations with the Assistant Director of Barnardo’s and the Partnership Manager.
A staff survey to gather perspectives of staff across Newport Social Services and Barnardo’s: 51 responses.
Semi-structured interviews with Newport and Barnardo’s strategic leads: Three interviews.
Semi-structured qualitative interviews with Newport partnership staff and service managers: Nine interviews with practitioners and managers from each of the case study teams, and those who work closely with them in social work teams.
Analysis of two case study services: Rapid Response and Therapeutic Teams.
Quantitative analysis of outcome data for the two case study services:

Case status of children at the start and end of the intervention with the service. Rapid Response: 208 children with start and end case status, of 215 who have worked with the service. Therapeutic Team: 114 children with start and end case status of 129 who have worked with the service.
Quantitative analysis of EDI data of service users in case study services.
Semi-structured interviews with young people, parents and carers with experience of the case study services: Nine interviews.
Theory of change review workshop with operational managers from Newport and Barnardo's.

2. Key Findings: Outcomes and impact of the partnership

The partnership has sought to achieve five broad aims outlined above, and the key focus has been to safely reduce the number of children entering care by providing high-quality family support services for children and families on the 'edge of care'. Whilst the scope of this evaluation does not include an economic impact or value for money assessment, interviews with professionals did include comment on numbers of children in care and finances. Documents provided to the evaluation team give information about the financial contributions to the partnership, and publicly available data show rates of children looked after across Wales.

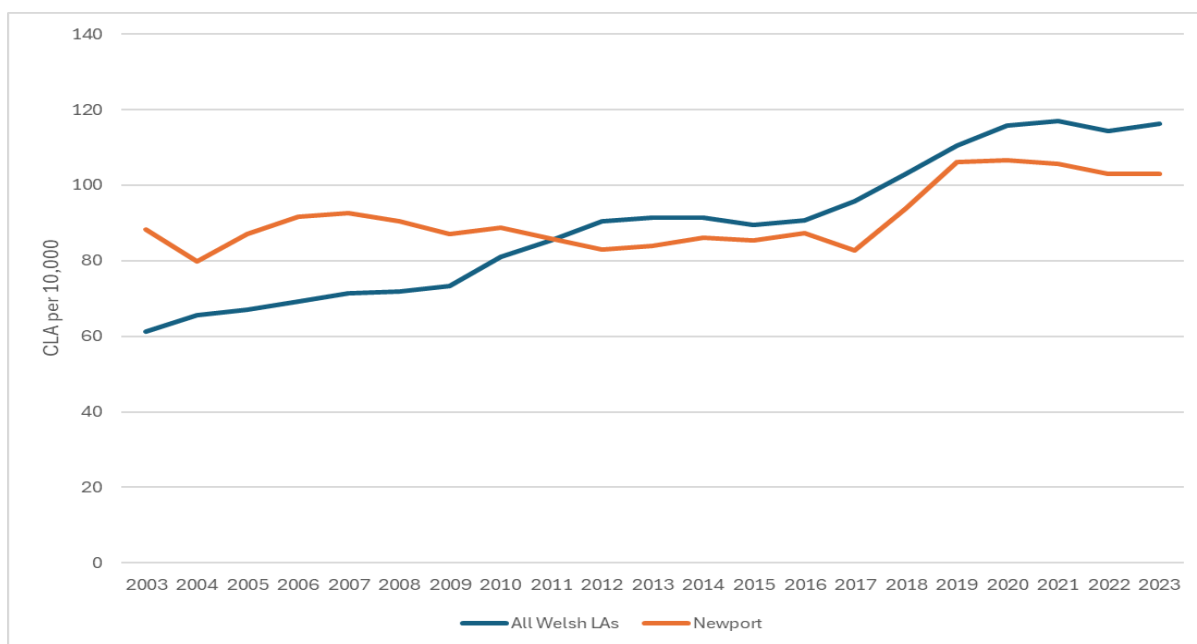
The strategic partnership developed a theory of change document in 2020, but this was not currently used as an active document or shared with the wider leadership team or staff members. As part of this evaluation an initial review workshop took place and there is scope for an updated theory of change document to become a useful means of communication within the partnership and outside stakeholders, to illustrate partnership mechanisms and processes of change.

This section considers each of the aims, reviewing the evidence for each. Short case study summaries for the Rapid Response Team and Therapeutic Team are used to illustrate key findings.

Aim 1: To safely reduce the number of children in care, in proceedings or on the child protection register

There was evidence that the partnership and its services are contributing to reducing children in care or on the child protection register, where safe and appropriate. Publicly available data show the number of children looked after per 10,000 in Newport compared to all Welsh local authorities. There will be many complex factors that influence both the rates of children in care in Newport and across Wales, but it is of note that since the inception of the partnership in 2011 the number of children looked after per 10,000 of population by Newport has remained below the Welsh national average, having been above average prior to the partnership. This is in the context of relatively high levels of deprivation in Newport.

Figure 2: Number of children looked after at March 31 per 10,000 population aged under 18 by year for Newport compared to all Welsh local authorities³



One strategic leader noted that wider outcomes are good, and that rates of very young babies entering care in particular had reduced. They felt that, due to the

³ Data source [Children looked after at 31 March per 10,000 population aged under 18 by local authority and year \(gov.wales\)](https://gov.wales/children-looked-after).

complexity of the system, a causal link could not be fully proven, but that the decline was an 'unequivocal' impact of the Baby and Me partnership service:

'Can we make a direct correlation between the fact that I think we've got the fourth lowest per 10,000 rate of numbers of children looked after [in Wales] despite our demographic? No, I can't make a direct line correlation between those two things. What I can say is that what we have seen over time is a very steady number of children who are looked after. And very recently, we've seen quite a significant decrease. We've got good outcomes for our children in care [...] We've got generally quite high rates of satisfaction with services.

But family support, this [partnership] element, we've got a very high rates of satisfaction from those who access these services, really high, which is really helpful. I think the data on Baby and Me is really interesting because I think the data on that is absolutely unequivocal. Without that intervention we'd have seen a significant number, a significantly higher number, of little babies with us.' [strategic leader]

The evaluation considered whether the partnership in Newport is effectively reaching and meeting the needs of its intended target group. Service data and reflections from staff agreed that services were reaching families where there is a high degree of complexity and need, often with an immediate risk of a child or young person being taken into local authority care. This was described by one of the strategic leaders in the partnership as:

'I do think that as a model, [it is] being able to deliver really high-quality, strength-based family support services aligned to statutory provision. And I suppose one of the things for me has always been that this isn't about an early intervention and prevention service. This is about children who are at risk of becoming looked after, children on the register.

Sometimes the presumption is that Barnardo's works in [a] fluffy space. That isn't the case for this. The majority of this work is children with statutory interventions. And therefore, the merit of having a partnership in that arena I think is strong.' [strategic leader]

Aligned with the positive indicators from the numbers of children looked after, publicly available data for the numbers of children in Newport receiving care and support shows a rate below the average for all Welsh authorities. (Data are only available from 2016, when *Social Services and Well-being (Wales) Act 2014* was introduced.) Again, whilst this is not directly attributable to the strategic partnership,

it provides evidence that during this partnership period rates of children looked after, on the child protection register but not looked after, and those receiving care and support but not on the child protection register nor looked after, have remained below the average for all Welsh local authorities. This in context of higher levels of deprivation compared with other Welsh authorities.

Prior to this Child in Need data between 2010 and 2016 show rates per 10,000 of children recording as requiring Child in Need level support was at or just above the rate for all Welsh authorities. It could be expected that lower rates of children looked after may have resulted in higher Child in Need rates, but during this earlier phase of the partnership it is possible to see that rates remained broadly in line with the average.

Whilst it is not possible to entirely attribute the lower rates of children looked after or more broadly receiving care and support in Newport compared to the average of all Welsh local authorities to the strategic partnership, it does suggest that Newport has successfully made good progress towards their main aim of the partnership.

Figure 3: Number of children in need at March 31 per 10,000 population aged under 18 by year for Newport compared to all Welsh local authorities

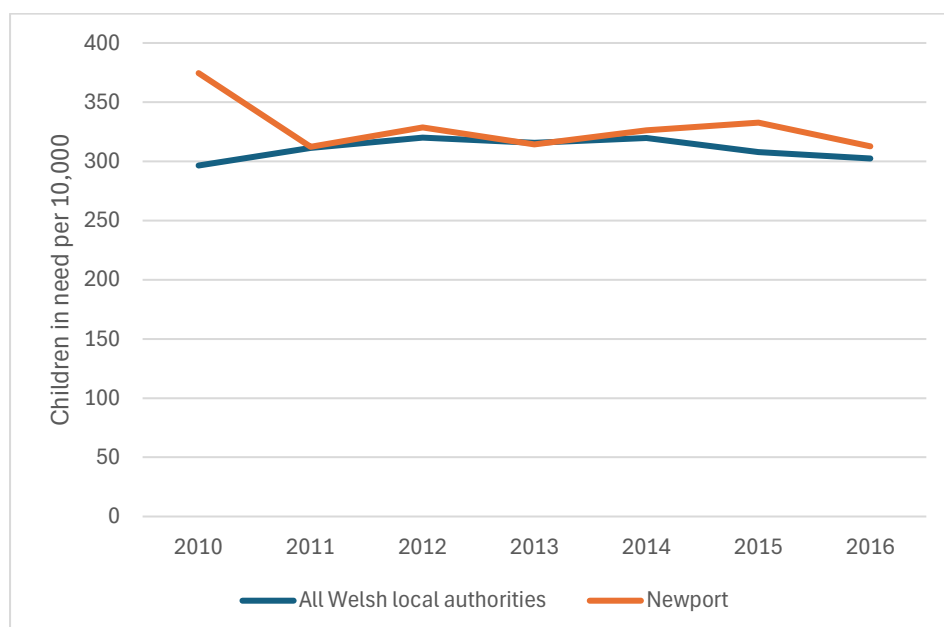
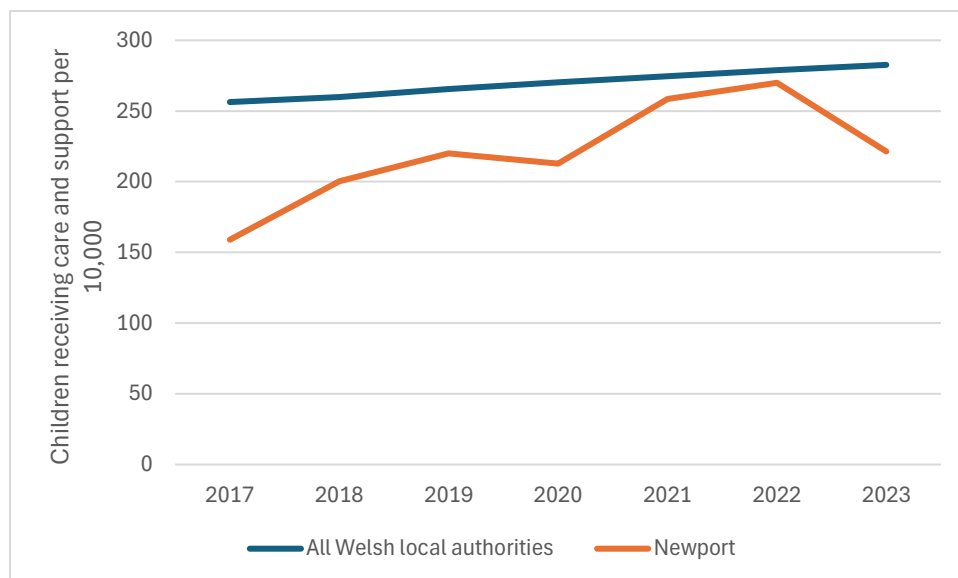


Figure 4: Number of children receiving care and support at March 31 per 10,000 population aged under 18 by year for Newport compared to all Welsh local authorities⁴



Aim 2: Bridging the gap between universal and specialist service provision to prevent the need for the more intensive interventions

Central to the strategic partnership aims is avoiding the need for more intensive interventions by providing support services for children and their families. Progress towards this aim was particularly apparent in the range of therapeutic and mental wellbeing support being delivered by partnership services.

This evaluation has gathered evidence of a range of ways in which partnership services have focused on preventing escalation into specialist services, with bridging support accessible with less waiting time and to those who may not meet high clinical thresholds. Some partnership services have a direct focus on working with children and their families where there is a clear and immediate risk that a child will become looked after, for example, the Rapid Response Team or Baby and Me Team. The high quality and individual tailoring of services was referenced as key to effective

⁴ [Children receiving care and support by local authority and looked after status \(gov.wales\)](https://gov.wales)

prevention. In addition, partnership services have developed to provide in-house specialist expertise and knowledge, services such as the Therapeutic Team.

Case study data from the Rapid Response Team show that 32% of children's case statuses at the beginning and end of work with the team remained stable, 48% de-escalated and 20% escalated. (See Appendix: section 2 for further details.) Given the Rapid Response Team referral criteria that children are at immediate risk of entering the care of the local authority, this is a significant achievement.

Analysis of data from the Therapeutic Team shows that 64% of children working with the team had a case status that remained stable, with 34% de-escalating, and 2% escalating (see Appendix: section 3 for more details). However, there were differences between the changes in case status for Global Majority children compared to white children, and for girls compared to boys. Whilst numbers are small, these differences would warrant further consideration as the services develop to ensure that services effectively meet the needs of all children and address barriers that may arise.

However, it should be noted that there are challenges with analysis of (Welsh Community Care Information System) WCCIS data since a WCCIS ID refers to a whole family and multiple children within the same family can use the services. Therefore some of the demographic information may be inaccurate where characteristics vary within the family. However, this currently provides the best approximation of demographics of the people who have used the service. Caution is therefore advised when interpreting outcome results across gender or ethnicity, since the limited reliability of matching people who have used the service to demographic information as well as the small numbers due to missing data mean the results provide only an indication of trends in the services. With the de-commissioning of WCCIS imminent, consideration of data systems, and in particular the quality of analysis they allow, provides an opportunity to refine the data collected. This would help the partnership better monitor their outcomes and equality of children and their families using services.

In addition to the case study services, an annual report document provided to the evaluation team stated that of the 244 children's cases closed having worked with the Family Support Service (including Family Group Conference, Baby and Me and Rapid Response) during the financial year 2022-23, 230 (94%) had a case status that remained stable or de-escalated, only 14 (6%) escalated.

research in practice

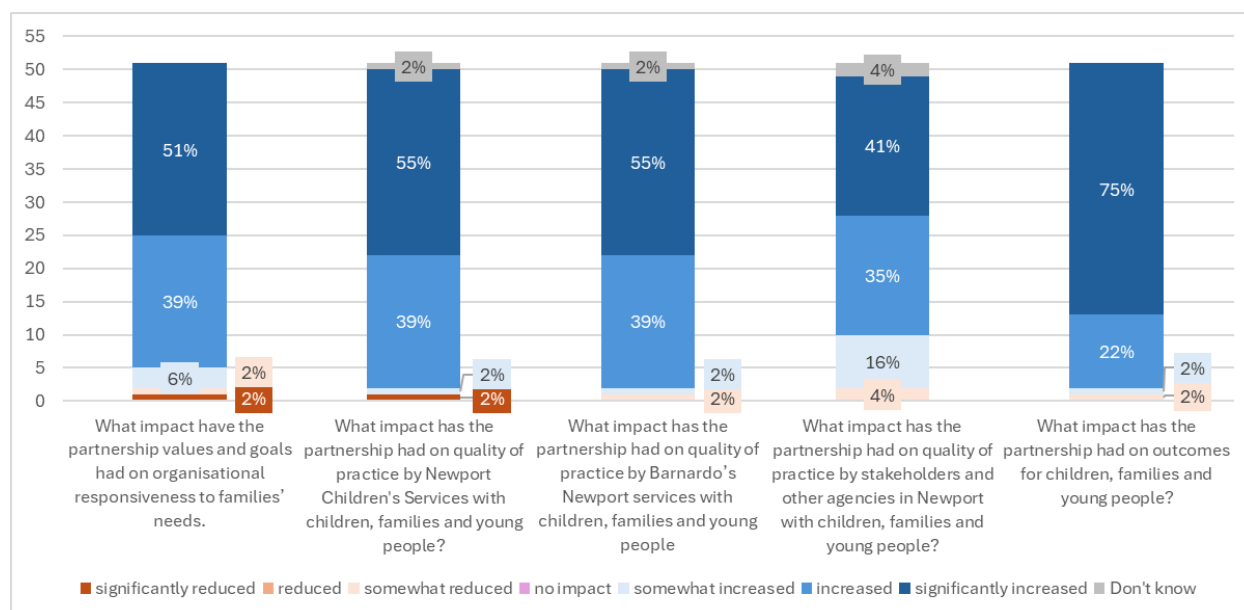
Strategic leaders and managers, and practitioners were unanimously positive about the quality of services provided to children and families, their outcomes, and the value for money afforded by the partnership, alongside many broader benefits.

In our cases studies (see section 2 below) families were overwhelmingly positive about the quality of service they had received from Rapid Response and the Therapeutic Team. Parents and carers shared their experiences of the quality of the service they had received and the difference working with the Rapid Response Team or Therapeutic Team had made for them and their family. One parent/carer explained that they had been at a point where they felt they could no longer care for their child and were 'rock bottom'; however, after practical and therapeutic support from both teams, the parent/carer had additional skills and resilience and things within their family had improved. A parent/carer explained how working with the Therapeutic Team they had developed trusting, flexible communication with a worker and could message that their child was safe, comparing this to previous circumstances where concerns would escalate to child protection levels because of not being able to communicate with professionals. The parent/carer explained they felt safe, and that the difference had been life changing in terms of their confidence, wellbeing, and parenting capacity:

'it made me feel safe. It made me feel safe that I was in good hands. I've worked with a hell of a lot of people, but she's changed my life massively in six months, which I didn't think would happen.' [parent/carer/young person]

Staff survey findings triangulate the perspectives from both professionals and families in interviews, with 96% selecting that the partnership has increased or significantly increased the quality of practice by Barnardo's and Newport Children's services.

Figure 5: Staff perspectives on the impact of the partnership on quality of practice



Evidence collected within the evaluation highlights how partnership services have been created and developed, responding to the needs of children and their families to support families to safely continue to care for their child, and avoid concerns escalating. Examples include Baby and Me working with parents at risk of having a baby removed at birth, the Rapid Response Team supporting families at crisis point to continue to care for their child safely, and the Therapeutic Team providing therapeutic interventions to stabilise a placement. In interviews we heard that expertise and specialist knowledge within these partnership teams avoid escalation for families and the local authority needing to use external providers to buy in specialist services.

In addition to preventing escalation and the need for more intensive services, the partnership has itself developed expertise and knowledge, providing specialist services and working with children and families where there is a high level of need. The development of the innovative Baby and Me service supporting parents where there is a risk that a child will be taken into care has evidenced substantial positive changes for individual families, influenced ways of working with expectant mothers where child protection concerns exist and contributed to the national agenda in this field because of the expertise developed within the partnership (see Independent evaluation of Baby and Me 2022, Research in Practice Change project, and interview evidence from this evaluation). In interviews we heard that the Therapeutic Team are able to offer tailored interventions to almost all children and their families where

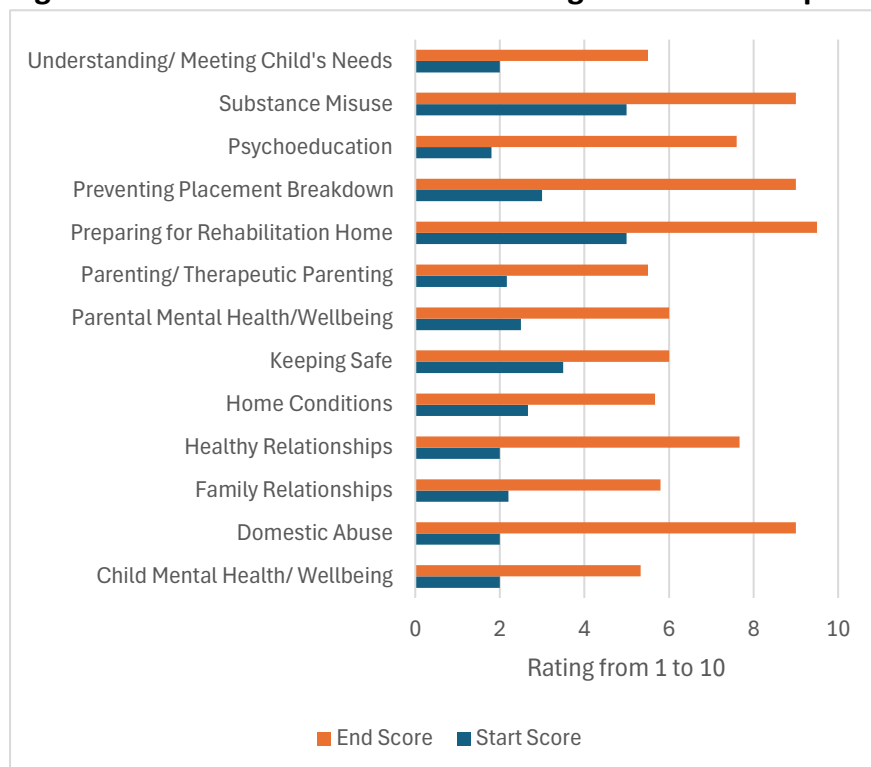
therapeutic work is needed, supporting children and families where the alternative would be long waits for support from CAHMS or the local authority needing to purchase a package of support from external providers, with less flexible and bespoke support, at a substantial cost to the local authority. Similarly, the Rapid Response Team work closely with Exploitation Team to provide specialist support for young people and their families at risk or experiencing exploitation.

Aim 3: Reducing specific risk factors for individual families (and increasing child and family resilience)

Outcomes data shared by the case study teams, interview data and responses from the staff survey indicate that outcomes for individual children and families are positive, with intervention by partnership services contributing to reduced risk factors and increased child and family resilience. Data relating to changes in case status are also relevant here as this suggests that partnership services are helping reduce escalations in children’s social care.

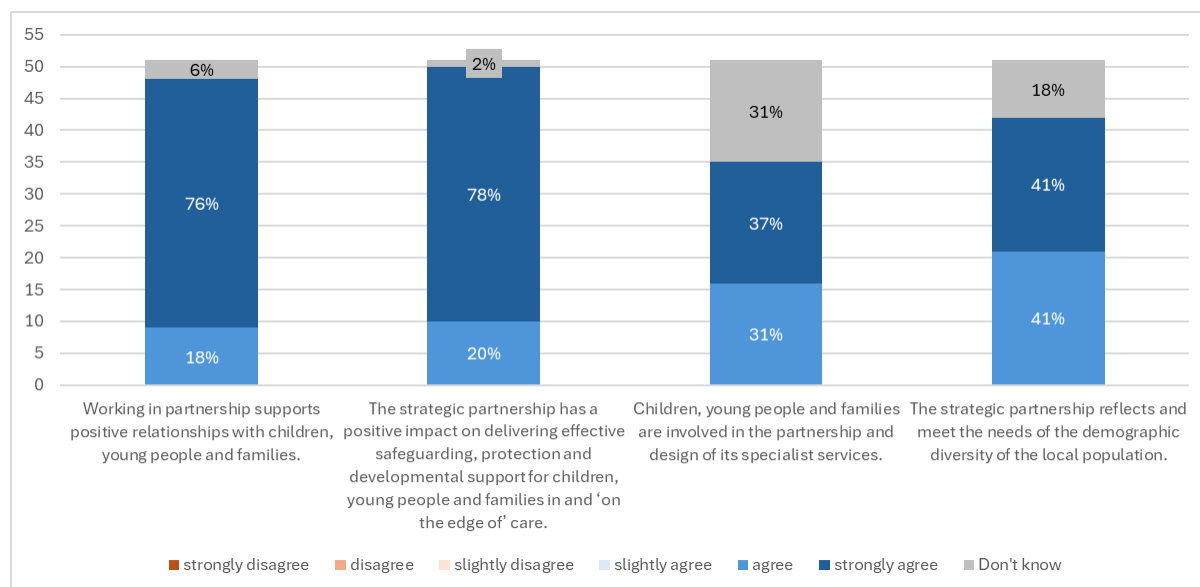
Internal data provided by the partnership about the outcomes for families working with the Therapeutic Team illustrate the improvement. This is taken from ratings in the families support plans, given at the start and end of working with the service.

Figure 6: Outcomes for families working with the Therapeutic Team



Staff also reported that the strategic partnership has a positive impact on delivering effective safeguarding, protection and developmental support for children, young people and their families on the ‘edge of care’.

Figure 7: All staff views on the impact of the partnership on children and families



In interviews we heard overwhelmingly from parents, carers and young people about how the Rapid Responses Team and Therapeutic Team had supported them, resulting in reduced risk factors and increased individual and family resilience. A number of young people had worked alongside the Rapid Response Team and been supported to return to school, and their intervention worker had negotiated a part-time timetable. Parents and carers explained their own mental health and wellbeing improved having worked with Rapid Response and/or the Therapeutic Team. They had built strong supportive relationships with intervention workers who worked in a solution-focused, trauma-informed and strengths-based way (this is discussed in more detail in a later section). This supported parents and carers to create and maintain healthy boundaries at home, keep appointments with other professionals, and take care of their home environment. Parents and carers often referenced having re-connected, or improved connections with family networks as a result of their time working with an intervention worker.

Aim 4: Support children and young families to get involved in decision making within Family Support Services

Our evidence for this aim is focused on the parents and young people who took part in interviews for the evaluation case studies. Almost all parents, carers and young people we spoke with gave examples of how they had been involved in decision-making about their work with either Rapid Response or the Therapeutic Team. This had included setting out what they wanted to achieve, agreeing with the support worker how to work towards those goals alongside what social workers needed to happen. Joint decision-making was felt to build trust between children and their families and professionals. Initially some parents explained that they didn't want the involvement of professionals, but that over time as relationships developed and practical support was offered, they were surprised at the changes that occurred for themselves and their families:

'I can't believe how much has changed.' [Parent/carer/young person]

'I feel like a brand new woman' [Parent/carer/young person]

From strategic leaders through to intervention workers, the importance of collaborative working with families was clear. One intervention worker explained that sometimes the 'big ticket' priorities for families and social workers might be different, and the skill needed to ensure work focuses on both the families and social work priorities.

Professionals also explained that the partnership was creating a group for young people, and another for families to directly contribute to wider partnership decision-making outside of their own specific cases, and this was referenced in partnership documents. As Figure 7 above illustrates, two thirds of staff responded that they either agreed or strongly agreed that children, young people and families are involved in the partnership and design of specialist services, with 31% responding they didn't know. This suggests that the partnership could further strengthen this aspect of the work.

Aim 5: Ensure a whole family approach is taken working with parents, carers and family members as well as the child and/or young person

The Family Support Service Handbook highlights taking a whole family approach as a key value of the FSS, working ‘with’ not doing ‘to’ the family, and acknowledging that ‘FSS will aim to spend time with the family, working alongside statutory services to help bring changes along’ (p. 8). Alongside documentation, in interviews with families and professionals it was evident that a whole family approach was a key aspect of all work.

The whole family support was greatly valued by families. Parents and carers felt that everyone was included when support was provided, and described feeling they were part of a ‘team’ alongside the professionals (including social workers and partnership services). This helped reduce isolation and parents no longer felt they were struggling ‘alone’.

Impact of the partnership

Alongside the data set out above, interviewees reflected that partnership services have made a substantial and overwhelmingly positive difference to the lives of children and families. The partnership was seen to blend strengths from the two organisations, and there was a view that using the same practice model – and running the same services – would be less effective without partnership:

‘But the single biggest thing for me, and I just cannot for the life of me give you a sort of sense of whether or not it would have happened, is that I think it has made a difference to hundreds, if not thousands of families’ lives. That’s a win and in a way, I’m not sure I care whether or not that’s the partnership or, but it’s made a difference to people’s lives, [...]

But could you deliver those interventions if you were just a local authority? I’m not sure you could because I think you would risk losing them in the melee of everything else that goes on within a local authority. [...] I think the model would be less effective without the partnership.’ [strategic leader]

Case study: Rapid Response

Overview of the service approach

From its inception in 2020 the Rapid Response Team has grown to provide intensive crisis support to children and families where there is an immediate risk that a child will enter care. They also provide intensive support to facilitate family reunification where a child is returning home after a period of having been looked after.

Referrals to the Rapid Response Team are made via Newport's Safeguarding Hub, a team of multi-agency professionals co-located within the civic offices, and from other local authority social work teams. Frequent, often daily visits to the family are provided by an assigned Rapid Response intervention worker for around six weeks, tailored to the needs of the family. Work focuses on enabling a child to safely remain at home, where this is possible, and contributes directly to accurate social work assessment.

The practice model is based upon the values of the partnership and is strengths-based, collaborative, trauma-informed, and solution focused. Between January 2020 and July 2023, 215 individual children are documented as attending the service.

What works?

During the four years the Rapid Response Team has been established, a number of essential elements have been identified including:

- The importance of swift and intensive support from a consistent intervention worker for each family. This necessitates small caseloads.
- Intervention workers are co-located within the Safeguarding Hub and share recording systems with the local authority. These factors facilitate close working relationships and effective communication between intervention workers and social workers, providing a high quality of evidence for assessments and court reports.
- Family-centred, strengths-based practice enables strong and trusting relationships to develop between children and families and their intervention worker. In turn this facilitated children and families to identify issues and priorities they most wanted to see change and to address the concerns of social workers.

What difference is this making for children and families?

Strategic leaders, managers and practitioners reported that the work of this team was enabling more children to remain safely with their families or return home safely. Where a child is not able to remain at home or return to family safely, this information is provided swiftly to social workers.

Service data showed that 32% of children's case statuses remained stable, 48% de-escalated, with 20% escalating between the start and end of the period of work with the Rapid Response Team. Given the service works relatively briefly with children at immediate risk of becoming looked after, the volume of de-escalations is notable. Although based on a small number of children, we would note higher levels of escalation and lower levels of de-escalation for Global Majority children, compared to white children which would warrant further consideration and monitoring.

High rates of engagement and satisfaction from children and families were reported in interviews with both professionals and families. Parents, carers and young people, reported increased self-confidence, increased awareness of maintaining healthy relationships and boundaries, and improved self-awareness, describing the changes for them and their families as 'life changing'.

What difference is the partnership making for professionals?

In interviews, professionals described a positive culture of mutual respect for the skills and expertise held across different teams. Social workers appreciated the 'invaluable' knowledge and skills of the Rapid Response Team and the interventions they provide. Intervention workers valued their colleagues' social work expertise and understood the requirements and the pressures of their role.

As a result of the close working relationships, and attendance at key meetings such as Core Group meetings and conferences, the Rapid Response Team felt they had a nuanced understanding of safeguarding and social work statutory requirements, and so felt confident to raise safeguarding concerns.

In interviews we heard that the Rapid Response Team, alongside the wider partnership teams, has a positive impact on quality of evidence and decision-making provided to social workers for assessments and to court. Professionals from the Rapid Response Team expressed pride in their work and felt valued by managers within the partnership.

Professionals across the partnership noted low or lower than average staff turnover, and the local authority noted that these levels of retention meant that they have not needed to rely on agency social workers in this area of service. This is notable in the

context of the [wider workforce challenges](#) in social care across Wales (and indeed the UK).

Challenges

- The only significant challenge was noted to be the uncertainty of future finances and the impact this would have on the future of the partnership.
- Lesser challenges were identified as differences in pay and job security between staff employed by Newport compared with Barnardo's. However, where this was raised, professionals noted the additional creative freedom and job satisfaction as benefits of a non-statutory role.

Case study: Therapeutic Team

Overview of the service approach

The Therapeutic Team was formally established in 2023 after managers identified that a number of families required more deep-rooted therapeutic interventions, and staff were keen to use their specialist therapeutic skills and qualifications in the wider Family Support Service. Using Eliminate funding from Welsh Government the Therapeutic Team was formed⁵. Prior to the service therapeutic input was provided by externally commissioned specialists, which staff found hard to access and was expensive.

The team delivers:

- one-to-one integrative therapy with children and young people, and therapeutic life story work
- more generalised therapeutic support work with children and families
- therapeutic groups for parents/carers such as Parenting After Childhood Trauma (PACT) and Child Parent Relationship Therapy (CPRT).

Work with children and families is offered for at least six months, with flexibility to extend as needed. The team works with children and families where they have

⁵ Eliminate Funding from Welsh Government seeks to eliminate profit from the care of looked after children. Funding was provided to enhance alternative local provision: [Removing profit from the care of children looked after, board discussion January 2023](#)

experienced significant trauma, with the children in or 'on the edge' of care. They may have worked with the Rapid Response Team, or other partnership services.

Referrals are made by social workers to the Therapeutic Team where there is an identified need for specialist therapeutic intervention, and in discussion with the team manager a package of support is offered to children or families. The team are co-located in the civic offices and work closely with the case holding social worker.

The practice model is based upon the values of the partnership and is strengths-based, collaborative, trauma-informed and solution focused.

What works? Successes, challenges and lessons learned

There were essential elements identified for the service and key challenges:

- Where children are not safe at home and become looked after, or families have experienced trauma, they are able to access high quality, swift therapeutic support from this team – which may not be available via CAMHS or NHS services, or there may be a very long wait (particularly where child protection concerns or court cases are ongoing).
- Intervention workers have time to develop strong relationships with children and families within which to apply specialist skills and expertise. Social workers do not have the time to spend working directly with children and families to the same extent.
- Bespoke tailored packages of therapeutic support can be designed and delivered, with ongoing adaption as required including ad hoc support for carers.
- The knowledge and expertise within the team mean that they can support most children and families with therapeutic needs referred from the other partnership services and Newport social care teams. This was noted to be a significant cost saving for the local authority compared to commissioning external specialists.

Challenges and lessons were identified as:

- Delivering therapeutic work within the partnership arrangement with children social care services has required consideration of confidentiality to avoid conflicts between therapeutic confidentiality and safeguarding. Consideration and reflection on this initial challenge have enabled the team to develop an approach where the benefits of being able to work

therapeutically and share with consent information with other professionals have become a key strength of the work.

- Team members noted the challenge of working in a context in which funding decisions are uncertain in the short term. A desire for longer-term commissioning was reflected, whilst there was also understanding of the pressures on local authority budgets.
- Language translation services are available, although it was acknowledged that there are additional challenges when undertaking therapeutic work using translators. Team members were aware of concerns relating to confidentiality and worked with people to agree an approach with which they were comfortable.

What difference is this making for children and families?

Service data shows that of 114 children, the case status remained stable for 64%, de-escalated for 34%, and escalated for 2% after working with the Therapeutic Team. Although based on a small number of children, we would note lower levels of both escalation and de-escalation for Global Majority children, compared to white children which would warrant further consideration and monitoring.

We heard overwhelmingly positive feedback from parents and carers in interviews about the impact of working with the team and the difference this had made for themselves and their child/children. Some parents articulated that the trust developed within the therapeutic relationship was the most important aspect of the work and enabled other changes to occur, including improvements in relationships with their child, establishing boundaries across relationships, improved confidence, aspirations for the future, and self-esteem, and the ability to ask for help if needed.

Intervention workers noted positive outcomes for parents where concerns had been long standing *'people who've been kind of stuck going round and round the system with social services make good progress, come off of Public Law Outlines, [are] de-registered from the child protection services.'* [practitioner]

Parents and carers felt that they were supported and part of a 'team' alongside professionals and not 'alone' addressing their or their children's needs. Similarly group work helped parents and carers to understand that there were others also experiencing challenges.

What difference is the partnership making for professionals?

Working in partnership supports social workers and the intervention workers to share information easily and effectively, including access to case records necessary to understand a child's story ahead of beginning therapy, and swift and smooth referrals. From a social work perspective, the work of the Therapeutic Team and wider partnership was described as 'invaluable' making their work 'do-able'.

Informal and formal shared learning, and the expertise of the Therapeutic Team were reported to support social workers. Examples included sharing tools for direct work as well as pertinent research evidence. This learning culture influenced the wider culture of the partnership.

Interviews with practitioners, managers and strategic leaders highlight a positive working culture. Within the Therapeutic Team staff felt 'lucky' to work in the partnership and referenced the additional job satisfaction that came from working alongside children's social care colleagues.

3. Key findings: How has the partnership achieved these outcomes?

Given the evidence of successes of this strategic partnership towards the five aims, the report now moves on to consider the key factors that have enabled the positive outcomes to be achieved.

Shared vision and goal

Evidence across the evaluation highlights the long-term shared vision and goal between Newport City Council and Barnardo's, and the significance of this in achieving positive outcomes for children and families in Newport, and the staff working with them. The commitment to this shared vision is demonstrated in the long-term commissioning periods (five-year + two-year contracts).

In the staff survey 96% of staff from across the partnership agreed or strongly agreed with the statement 'the values of the partnership are clear to me', with 98% agreeing or strongly agreeing 'I can identify benefits of the partnership for children and families who use our services'. (See Appendix section 4 for analyses of the survey and an additional breakdown by core social work teams and partnership teams). In interviews, practitioners and managers clearly articulated the partnership vision and goals, frequently referring to features including enabling children to safely remain with their families and a practice model of strengths-based, trauma-informed,

collaborative working tailored to the needs of each family. Equally the partnership's documentation, such as the Newport Family Support Service Staff handbook, clearly stated these same partnership aims and values.

In interviews with practitioners and managers the depth of commitment to partnership and its vision and goal was evident. We saw evidence that this translated well into frontline practice and positive experiences of support. Young people and families explained that intervention workers had gone 'above and beyond' and felt that they were part of a team, referencing the support they had around them from a range of partnership services:

'I think [Therapeutic Team member] always communicates with the social workers. Say if the social worker is ever busy – because they can have their hands tied – [Therapeutic Team member]'s always at the phone and she always will answer. She'll email our social worker for me, and she'll help me with things like that. I know that's probably not part of her job, but she goes above and beyond to help. Oh, she's fab. [...] I felt like I was part of a team.'
[parent/carer/young person]

Previous research and evaluations of partnerships suggest that this kind of foundation in shared values and vision are essential for successful partnership working between a voluntary service and local authority⁶. However, despite the degree of alignment in Newport, the partnership has experienced challenging times and decisions. Professionals from both sides of the partnership referred back to a period (around 2017-8) in which a loss of focus on the core aims of the partnership occurred. A strategic leader in Barnardo's explained it this way:

'Actually, what we weren't doing was listening. We weren't listening to the local authority. We weren't listening to the senior managers. We weren't listening to the Newport staff on the ground, and they were saying this is no longer working for us. And we really delved into what wasn't working and it was that our [Barnardo's] staff weren't carrying the same caseload levels, in fact, they were carrying lower caseload levels. And these are family support staff, so should have been carrying higher caseload levels.

We weren't doing the court reporting in a timely manner. For the assessments, we weren't working alongside the teams and really pitching in. I would say, so it'd become more of a [separation]. 'This is what Barnardo's is doing. This is what Newport do.' [strategic leader]

⁶ Ref Research in Practice's literature review p.8

It is notable that the current positive culture within the partnership has been built since this period where relationships were strained and the clarity of focus had been lost as in the example above where the Family Support Service were not working alongside social work teams, and not completing court reports in a timely way. As the quote alludes to, changes were made as a result of a close examination of *'what wasn't working'*. This resulted in both changes to personnel and an improvement plan re-focusing on the core aims and objectives. The theme of how the partnership has used its evidence, information and data is considered in more detail in the section below on innovation and learning.

Sound governance arrangements

Across the evaluation it was clear that sound governance arrangements and the resulting effective leadership have been essential to the strategic partnership meeting its aims, and being viewed as highly successful by staff and the children and families they serve in Newport.

The literature review undertaken as part of the evaluation highlighted that strategic partnerships can be an effective way to tackle complex multi-faceted problems, but they require significant leadership and organisational work and considerable resources and time to put in place and begin to generate benefits⁷. It was clear from documents and the interviews in Newport that care had been taken in planning and establishing the partnership with the long-term nature of the partnership essential to its foundation, and also that sustaining leadership and collaborative working practices required ongoing time and attention.

The partnership contract sets out clearly the aims (set out on p.5 above) of working with children on the 'edge of care' through family support services with a focus on safely preventing children becoming looked after. In interviews, strategic leaders noted that this is broad enough to allow for responsiveness and flexibility in the specific services that come under the partnership's scope. They felt it has allowed innovation within the partnership agreement and one leader linked the success of the partnership, and its ability to innovate, directly to the partnership agreement:

'The managers working together to say 'actually where's the next need emerging? What do we need to do differently? What are we seeing? How do your staff impact on that? How do ours?' And I honestly think that's where the flexibilities come in, it's that communication, it's that evolution that I believe is continuing and has continued at a greater pace in the last two or three years

⁷ Ref Research in Practice's literature review.

research in practice

than it has before...[...].It is because the partnership agreement has a clear purpose, but it's so broad. It's basically any family support service, any service that's potentially going to prevent children from going into care. You can encompass an awful lot within that partnership agreement.' [strategic leader]

Flexibility within the strategic partnership governance arrangements is another theme that comes through strongly in our review of the evidence on this form of working arrangement.

Governance includes two contract review meetings per year for senior leaders across the seven-year contracting period (five and two years). There are also quarterly reviews with the Assistant Director of Barnardo's and Service Managers of Newport Children and Family Services, supported by the Commissioning Team⁸. However, it was clear that more frequent operational meetings were embedded as part of working practices, and informal communication played an important role in building close, positive working relationships within the leadership team. Regular communication and clear leadership and governance were referenced as a means of 'heading off' any problems quickly.

Interviews with strategic leaders and professionals working in the partnership emphasised how strong relationships were contributing to effective long-term partnership working, and how the ongoing partnership also supported strong trusting relationships. This reflects findings such as the importance of relationships at all levels of the partnership, and that leaders needed to model the collaborative, constructive relationships in the broader literature⁹. Unanimously feedback highlighted the pivotal role of the Partnership Manager, employed by Newport City Council, and the Assistant Director, employed by Barnardo's, as essential to the effectiveness of the partnership. Both have worked within the partnership for a considerable time, and clearly understood the requirements and pressures on the local authority, and the challenges of delivering effective services to children and families on the 'edge of care'. A senior leader explained '*When I say Barnardo's I mean [names the postholders in these two roles] They're just so open to everything.*' [operational lead]. It is of note that while both have experience of working for both Newport Children's Services and Barnardo's, the Partnership Manager is currently employed by the local authority. Practitioners, managers and strategic leaders all referenced the central role of these two in every aspect of the current partnership.

⁸ Newport Partnership Addendum 21-22

⁹ [Evidence in the commissioning process and Strategic partnerships with the voluntary sector: Executive Summary \(2019\) | Research in Practice](#)

At a senior level within Newport there was also strong 'institutional memory' locally, with senior leaders having been in post for long periods of time. When new people came into post this implicit knowledge was felt to have been shared well, described as *'the baton is being passed on'* such as with the recent arrival of a new chief executive [strategic leader]. (Similarly, strategic leadership of the partnership from Barnardo's was also longstanding.)

Nevertheless, interviews pointed to a sense that, as operational relationships have developed in the recent phase of the partnership, the strategic connections between Barnardo's Cymru and strategic leaders in Newport had become less significant with less frequent contact between them. In part this was due to the partnership's work being viewed as smooth running and successful. However, the strategic leaders felt it helpful for them to consider how to ensure strategic relationships remain strong and effective in future.

One strategic leader from Newport noted the importance of commitment from cabinet members for the partnership to be effective and impactful. It was noted that both the current and past cabinet members had an interest in the work and would attend events and talk about the partnership and its services.

System and process integration

The depth of integration across systems and processes was evident in interviews with staff and children and their families who had used services. Systems and processes worked smoothly, and it was of note that there was an absence of friction between teams or roles. This is of note as it is commonplace for there to be conflict at the boundary between family support and child protection teams when allocating a families or escalation/de-escalation.

In strategic conversations it was clear that early discussion about how the partnership would work had focused on children and families using partnership services to *'receive a service that was right for them by the people who are right for them'* rather than needing to distinguish which of the two partners was providing the service [strategic leader].

Neither families nor professionals differentiated strongly between 'Newport' or 'Barnardo's'. The depth of integration was evident in conversations with practitioners, managers, and strategic leaders. Reflections on similarities or differences needed to be probed and prompted by our researchers as the integration was very much embedded and normalised. Language frequently used included being *'one team'* [operational lead]; having *'one culture'* [practitioner] and the same

strengths-based, trauma-informed collaborative practice model. Often people were not aware of who was employed by Newport or Barnardo's and a number of staff, including key leaders, had worked for both organisations.

A strategic leader from Barnardo's was able to reflect from their wider perspective across other local authority services that effective and collaborative communication relating to managing thresholds and levels of risk for family support and social work marked the Newport partnership:

*'At every point I would say on the pathway, de-escalation and escalation is managed and it's managed together, whereas everywhere else you're unsure of what, what rules you're playing to or what resource might be available'.
[strategic leader]*

Practical and logistical arrangements also reflected the depth of integration, and themselves facilitated integration. For instance, Barnardo's staff have Newport laptops, use the same recording systems and are co-located in the same offices. The Rapid Response Team sit within the Safeguarding Hub and are integrated within that team. Within partnership services teams some staff are employed by Newport and some by Barnardo's, and equally some Barnardo's staff are managed by Newport team managers. Managers meet as one management team:

'[managers names] and the team are very much part of Newport Children's Services, so they attend the management meetings. So I have a whole team managers meeting where they attend. They can attend focus groups with myself, so I run regular focus groups that they can contribute to. So they're very much embedded within Newport. It's not kind of seen as a separate service, if that makes sense.' [operational lead]

For some teams with both Newport and Barnardo's employees, this sense of being a single team was literal. Determining which partner would employ which team members was described more as a practical matter, rather than a means to delineate responsibilities. The skillset/capacity of existing staff, source of funding or timing of a vacancy had largely determined which partner would become the employer. This was seen as a useful element of flexibility in the partnership, a means to swifter and easier recruitment. Drawbacks were only identified when the researchers prompted for this; these were largely seen to be limited to the experience of hiring managers of mixed teams (who would need to know the HR systems and processes for both organisations).

Identity

Practitioners and managers referenced both a clear sense of belonging within their team and as part of the wider partnership within children's services. One staff member identified closely with their specific team but then continued:

'... and then the family support team, which is similar. But then we've got the wider children's social services, and I think the relationships that we have with the social workers, with the managers within that wider service are so integral to what we deliver and also to how we feel. [...] It feels really seamless [...] and yeah, and I'm happy to be part of that. [operational lead]

Partnership staff introduced themselves to families as being from Newport Family Support, and at a first visit with a family would explain the partnership and information sharing between themselves and children's social care. Partnership staff felt some families were more open to working with them because of being a charity and not being 'social services'. However, it was also clear that professionals needed to ensure that families and children clearly understood the close working relationship so as to avoid challenges when it was necessary to share concerns.

Trusting and personal working relationships

Our literature review underlines the centrality of trust to successful partnership working and 'that such trust is built on a long track record of working together'. In Newport mutual respect and trust across all levels of partnership was a key theme in interviews across the partnership, facilitated by the stability and duration of the partnership. At a leadership level we heard that communication is open, transparent and collaborative, even when there have been fundamental challenges, for example, to finances:

'we're open, we're transparent. We've had to have some really difficult conversations over the last couple of years just in terms of, 'Okay, if the local authority needed to find savings, what could your service look like, which areas would you prioritise?' And we're very much involved in doing that together.'
[strategic leader]

Social workers expressed trust in the Intensive Family Support Service, and the specialist teams within it to complete interventions and keep social workers informed. They emphasised the trust and value they place in the partnership teams:

'there's a lot of trust in the workers. We delegate that work to them, and there's a lot of trust that has to come with that: to know that they will do what we ask of them. And they go, above and beyond, always to provide that

support. And I think it's helpful for the social workers because we don't have the time or resources to do that intervention ourselves, which other local authorities might have to.' [operational lead]

At an operational level, co-location within the Newport Civic Offices was felt to be a key enabler of effective communication and positive relationships. An example was given by an intervention worker of being able to visit a family and then go to the civic office and speak informally to the social worker. A team manager noted that new staff have been able to shadow people within the Safeguarding Hub and that this helped them integrate and to build relationships, gaining a wider perspective and understanding of the roles of others.

Permission to adapt and change

Across the evaluation it was evident that permission to adapt and change enabled innovation and learning to flourish within the partnership, enabling the partnership to respond effectively to the needs of children and their families.

Flexibility and adaptability was a key strength of the partnership noted by strategic leaders, managers and practitioners, as outlined above. The partnership model was felt to encourage innovation because of the space to flex and adapt services within the contract agreement, whilst ensuring the aims of the partnership remained central. When asked about key benefits of partnership one strategic leader said:

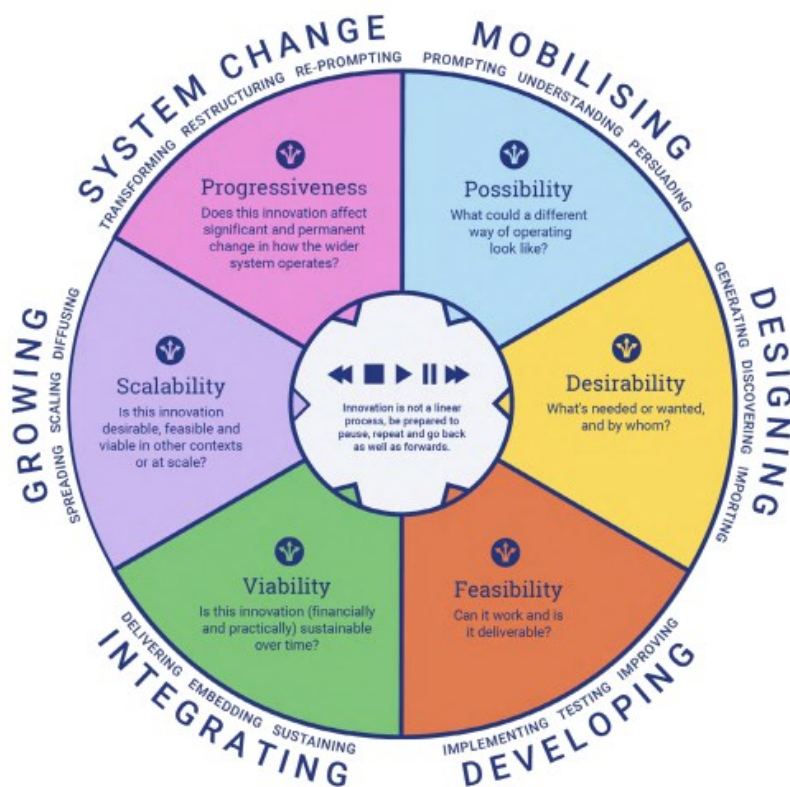
'I think it's their capacity to respond to changes in the need of citizens. So they're able to adapt and be innovative. They may suggest something that could assist us in moving forward and likewise we may say 'well, actually, you know, there's a need for this particular family. Can you respond?'... So for me it's very much that kind of relationship and that they sit in Newport, they're not outside of Newport. They're very much integrated within children's services. It doesn't appear to be a separate service. And I don't think staff see it as a separate service.' [strategic leader]

Recent literature on innovation theory in children's social care reflects the importance of ongoing and iterative learning as part of the process of innovation, and to achieving systems change (The Innovate Project, 2024)¹⁰. Lefevre, Hampson and Goldsmith's (2023) Innovation wheel model illustrates stages of innovation, that includes a number of phases that occur and re-occur, where the order is not necessarily consecutive. The Newport Partnership has developed a way of working

¹⁰ [The Innovate Project | Researching youth, risk and complexity](#)

that enables the consideration of the feasibility, viability and scalability of new aspects of the service, testing and learning potential ways of working or areas of specialism, informed by research evidence and local information, to develop a responsive partnership.

Figure 8: A guiding framework for the stages of innovation in children’s social care¹¹



Innovation led by family-focused quality data and evidence

Where innovative new services have developed within the partnership, such as Baby and Me, Rapid Response and the Therapeutic Team, these have been informed by needs evidenced in local data including qualitative feedback from families, children and professionals, administrative data and the application of research evidence. We heard that, as a result of the difficult period for the partnership and in order to understand the changes that were needed, Barnardo’s began to consider different metrics and measures. This was and continues to be informed by evidence with a focus on children and families and their experiences, looking ahead to inform change.

¹¹ [Stages-of-Innovation-Framework_for-circulation-1.pdf \(theinnovateproject.co.uk\)](https://theinnovateproject.co.uk/Stages-of-Innovation-Framework_for-circulation-1.pdf)

'We had more regular meetings around caseloads, around actual cases and we started to follow service users through journeys. So we did really change the way we work together again probably back to what it was at the start.'

[strategic lead]

In particular Barnardo's were felt to:

- Amplify the voice of children and families, and their experiences and enabled this to inform service development and delivery within the partnership.
- Provide an *'abundance of evidence'* including case studies and feedback from families to support learning and innovation, and influence practice [strategic leader].
- Maintain a key focus on understanding needs of families and providing service that supports needs of local authority/social work teams to meet statutory duties.

Innovation: an agile and swift response

A key motivation in developing the partnership in 2011 was to 'create space and flexibility to develop new services and ways of working'¹² and after a brief period in 2017-8 when leaders referenced that the partnership stopped innovating, this evaluation heard that since 2018 the partnership had responded quickly to emerging need.

Examples of how partnership services were developed to address unmet need include the creation of the Rapid Response Team to support families in crisis, in particular with the focus on adolescents which had previously been a gap. Another was the combined response from managers identifying need for more deep-rooted therapeutic interventions for families (but which were only available via costly external providers) alongside staff requests to utilise their specialist therapeutic skills in direct work with families, which resulted in the creation of the Therapeutic Team. The Baby and Me team was developed to support parents where there is a risk a baby will enter care at birth. The service model was further adapted, when the team identified a gap in existing support for parents while court proceedings were still taking place.

'I think the willingness of the Barnardo's people to flex, so the willingness to pick up and run with things like Baby and Me, like Rapid Response, like the

¹² [Strategic partnerships with the voluntary sector: Messages from research and practice \(2019\) | Research in Practice](#)

changes that have been made in trying to really tackle those issues around therapeutic interventions for children has been really, really welcome. [...] I think the whole history of it has been that the services have been able to flex. I think that's been really important' [Strategic leader]

Both partners felt that the partnership played a key role in driving this innovation: Barnardo's working with Newport to generate ideas and using the charity's grounding in evidence-informed practice to develop joint proposals for services. A strategic leader from Newport referred to Barnardo's as coming to ask '*what can we offer – what can we do?*'.

Innovation that influences wider practice

The development of services such as Baby and Me or the Therapeutic Team, and the specialisms within the Family Support Service was felt to influence wider practice. For example, a strategic leader noted that wider local authority practice with vulnerable expectant mothers was much more proactive as a result of Baby and Me.

A culture of learning and innovation focused on the needs of children and families

Using research and evidence in practice and service development was felt to be key to enabling innovation. From a Newport perspective, professionals referenced that Barnardo's staff had time to consider and review new research or evidence of good practice, and that this was then shared.

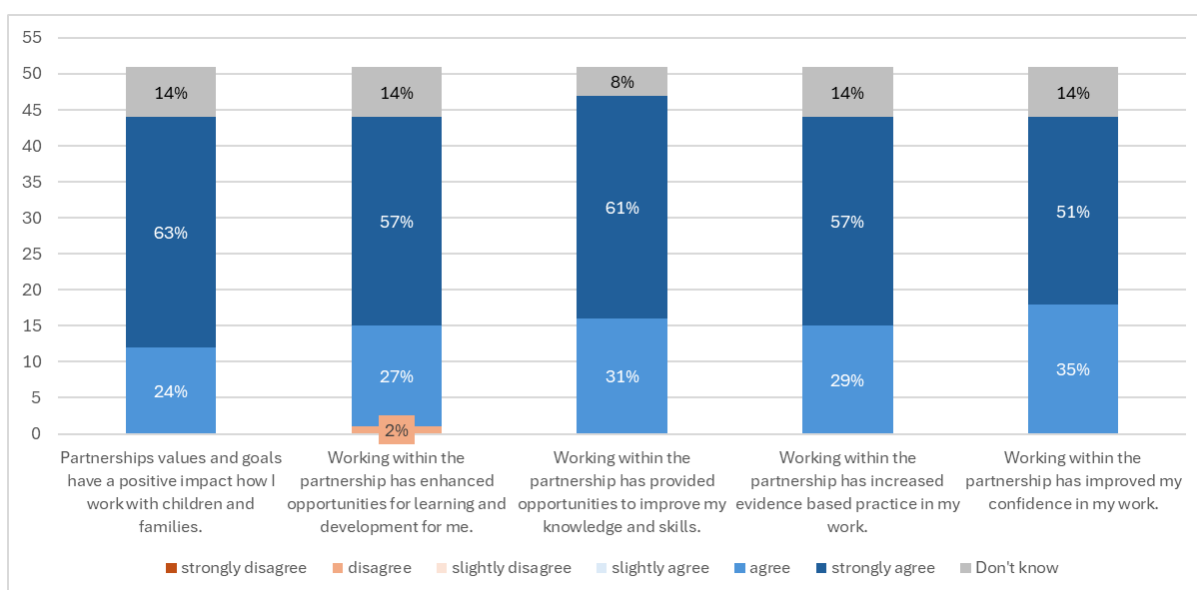
Thematic audits led by Barnardo's were referenced as important mechanisms for ongoing learning and supported the partnership to understand emerging needs and changes in practice that might be required. Again, the experiences of children and families using the services, and their outcomes, were noted to be pivotal to all learning and innovation.

To some extent Barnardo's broader research perspective and wider awareness of national developments was felt to inform the partnership and support the quality of provision and innovation, with potential to develop this further. In addition, a strategic leader from Barnardo's felt there was also scope for them to share learning from the partnership more widely outside of Newport:

'I think we could do more of transferring that learning. I think we tend to keep it within the locality or within the assistant directors and within the children's services managers and the practitioners. So we could share more I think across our family support services and we don't necessarily facilitate that to happen.' [strategic leader]

Interview conversations suggested that there is a symbiotic learning culture across the partnership. Embedding evidence-informed practice, sharing of skills and expertise, and an openness to try new ways of working to address emerging needs were all highlighted. In feedback from the staff survey and in interviews with Rapid Response and Therapeutic Teams it was explained that the teams’ understanding of the social work perspective and processes informs and enhances their contribution to safeguarding work. Social workers noted that the specialisms and expertise of these teams within the partnership family support services enhances their practice with children and families. Staff survey feedback suggested that the partnership provided opportunities for enhanced learning, improved knowledge and skills and facilitated evidence-based practice. (See Appendix section 4 for further details including a breakdown between core social work teams and partnership services).

Figure 9: Staff survey feedback on the impact of the partnership on staff learning and practice



Co-investment

Co-investment into the partnership has been a key element of the effectiveness across the lifetime of the partnership to date, and the ability of the partnership to generate value for money via cost savings and additional income generation, whilst enabling the delivery of high-quality services for children and their families.

The original partnership invitation to tender in 2011 required that any prospective partner would contribute financially a fixed sum of £200,000 that amounted to 20% of the local authority contribution. This is a substantial sum for a charitable partner, and there are likely to be only a few prospective partners that might be able to make this commitment. The partner was also expected to seek additional funding, for example, grants and additional government investment to enhance the services.

Strategic leaders explained that this financial contribution makes a big difference to the broader local authority perspective on how the partnership contract is seen. The funding contribution by Barnardo's is significant for the local authority politically, enabling leaders to make the case that not only does Barnardo's contribute financially but the work of the partnership brings additional savings to the local authority. One strategic leader outlined three key areas of cost avoidance or reduction the 'combined effort' of Newport and Barnardo's brings:

1. Supporting children and young people to safely remain at home in the care of their families.
2. Supporting children and young people to safely be reunified with their families.
3. The development of the therapeutic services that avoid the local authority needing to 'spot purchase' specialist input or externally commission these services, both of which can be very costly.

Barnardo's has been able to take on a role that the local authority cannot in fundraising for additional resources for services. The partnership was able to attract significant additional funding 2023-2025 from the Welsh government's radical reform programme designed to eliminate profit from the care of children looked after¹³, and avoiding substantive cuts to the partnership budget. The Welsh government grant contributes to the costs of the partnership to cover a local authority shortfall in funding and an expansion of the service, until 2025. Looking ahead it is evident that financial pressures are present for both parties. Whilst

¹³ [Removing profit from the care of looked after children: briefing January 2023 \[HTML\] | GOV.WALES](#)

Barnardo's has been able to maintain their contributions to date, it was noted that this is a challenge.

Differing financial contributions highlight the partnership is not an equal partnership, despite the highly collaborative nature of relationships and substantive added value brought by Barnardo's; the local authority is substantially larger in terms of income, partnership contribution and size than Barnardo's. Whilst the nature of relationships and working practice is strengths based there is an imbalance of power, and the literature review highlights this as something that strategic partnerships need to attend to. Strategic leaders noted in interviews that the importance of maintaining key strategic relationships is essential.

The partnership also enables 'in kind' investment from both partners: initial time to set up and develop a strategic partnership and then ongoing commitment to maintain and develop the partnership; mutually beneficial shared formal and informal learning and development for professionals across both organisations.

4. Conclusions and recommendations

The Newport and Barnardo's strategic partnership is a well-established example of successful and collaborative joint working, where significant progress has been made in achieving the stated outcomes of the partnership. Having built upon early strong progress, the partnership successfully navigated a more difficult period in 2017-8, and this evaluation has highlighted key evidence of where the partnership has delivered against its aims and exploring key features of the partnership design and delivery that has led to the successful outcomes to date.

Over the lifetime of the partnership there are positive trends in data relating to the numbers of children looked after in Newport. Initially above the rate for Wales, Newport now has a lower rate for children looked after compared to the rate for all Welsh Authorities. The evidence from the evaluation suggests that the partnership and its services have played a role in this improvement, with signs that effective 'edge of care' services are supporting children on the 'edge of care' to remain at – or return to – the family home where safe to do so. This is all the more notable given the rates of deprivation in Newport. Publicly available data also show that numbers

of children receiving care and support¹⁴ remains below the average for all Welsh local authorities.

The overwhelming perspective of professionals working within the partnership services, alongside social work teams, strategic leaders and children and families has been positive. The partnership is viewed as working effectively to deliver high-quality services to children and their families on the 'edge of care' in Newport preventing escalation, reducing risk factors and increasing family resilience. Support for children and their families is predicated on a whole family approach that works 'with' children and families and encouraging collaboration. Case holding social workers collaborate with the partnership teams and families to evidence the change, or to identify that children are unable to safely remain with their families and can take swift action to safeguard them. The separation of interventions from statutory social work ensures focus on intensive work is maintained, and the partnership collaboratively manages case allocation and thresholds resulting in exceptionally positive relationships across social work and family support teams. Both the partnership design and delivery are viewed as supporting positive outcomes for children and families, and the professionals working alongside them.

This evaluation has evidenced positive outcomes for children and their families with services such as Rapid Response and the Therapeutic Team recording low levels of case escalation. A strengths-based and trauma-informed practice approach is supporting positive relationships with children and families to enable change to occur through direct interventions. Baby and Me was referenced to be preventing very young babies entering care, and the Rapid Response Team to be enabling adolescents in particular to remain safely with their families through intensive support. The Therapeutic Team was noted to be avoiding concerns for children escalating, working therapeutically with children, parents and carers. Young people and their parents/carers whom we spoke with powerfully explained the impact that working with the Therapeutic Team and/or Rapid Response Team had for them.

Key features of the partnership design have enabled these positive outcomes. **Clear shared vision and consistent goals** in the partnership helped maintain a focus on the

¹⁴ Children receiving care and support is a broader measure that includes children looked after, children on the child protection register, and children receiving care and support and not on the child protection register or looked after: [Children Receiving Care and Support Census: on 31 March 2023 \(official statistics in development\) \[HTML\] | GOV.WALES](#)

principle outcome of safely reducing the number of children becoming looked after in Newport.

Sound governance arrangements, and effective leadership were in place for the partnership. Leaders understand the mutual needs of both services, and there is movement of staff between Newport City Council and Barnardo's which helps to sustain and cement a shared culture and institutional knowledge.

This stable partnership base has enabled **strong trusting and personal working relationships** to flourish and substantive **systems and process integration** to take place. Co-location of teams and shared information systems have enabled close, collaborative working and effective communication. There was highly collaborative and multi-disciplinary working across social work and family support teams which provided well-integrated and coordinated support to families.

The partnership has successfully cultivated a culture where there is **permission to adapt and change**; new services are developed and tested in response to the emerging local needs. This has produced flexible and responsive services under the broad umbrella of family support services.

Despite challenging financial circumstances, the partnership has **co-investment** from both organisations. Barnardo's is able to leverage additional income, influence, and added value alongside the substantive cost saving that the partnership was felt to afford to the local authority, for example, by preventing children from becoming looked after by supporting children to safely remain with their families, and by providing therapeutic services within the partnership.

There were two challenges facing the partnership: finances and staffing. The main challenge for both partners was consistently referenced to be financial pressures, for both Barnardo's and Newport, and the impact this may have on their ability to sustain the partnership and the quality of its services. The other concern was ensuring the right mix of skills in key roles and retaining staff. There were risks for retention **where commissioning cycles are shorter**, for example, the two-year extensions, and this was noted to cause uncertainty for staff (both Newport and Barnardo's). In addition, ensuring **the right personnel in specific roles** was also noted to be a challenge in the period when the partnership lost focus. Communication and governance between the partners has been refreshed and strengthened since this time, helping to identify such issues quickly if they arise again.

Recommendations

Progress of the strategic partnership towards its five key aims has been very positive. The evidence strongly suggests that the work of the partnership has helped families to improve their lives and reduced escalations in social care status. The partnership has provided a strong foundation for professionals in social care and family services to work effectively together to support this goal. Therefore, our primary recommendation is the continuation of the factors that have sustained the partnership and been key to the design and delivery of services.

We recommend a small number of other actions:

- Ensure that new data collection systems enable robust analysis of child level outcomes, and can improve recording of ethnicity and other characteristics to support monitoring of equality in access and outcomes from the partnership services.
- Children and families are included in decision-making about their own support. However, there may be additional scope to include them in service design and development.
- Update the partnership Theory of Change and use it to guide decision-making and service development.
- Continue to share learning from the strategic partnership within, and beyond, Newport City Council and Barnardo's.

Research in Practice helps organisations and individuals to access, understand and apply evidence in their work with children, young people, adults and families. By bringing together academic research, practice expertise and the experiences of those engaging with services, we apply this knowledge into a range of resources and learning opportunities.

Contact us

London:

Research in Practice
National Children's Bureau
23 Mentmore Terrace
Hackney
London
E8 3PN

Sheffield:

Research in Practice
The Workstation
15 Paternoster Row
Sheffield
S1 2BX

General enquiries

ask@researchinpractice.org.uk

Evaluation enquiries

evaluation@researchinpractice.org.uk

© Research in Practice 2024

Part of the National Children's Bureau - Registered charity No. 258825. Registered in England and Wales No. 952717. NCB RiP - Registered in England and Wales No. 15336152.

Registered office: National Children's Bureau, 23 Mentmore Terrace, Hackney, London E8 3PN. A Company Limited by Guarantee.

research
in practice

**NATIONAL
CHILDREN'S
BUREAU**
Part of the family