

LEARNING SUMMARY #1

WHOLE FAMILY APPROACHES TO TACKLING DOMESTIC ABUSE

This summary is intended for use by anyone in children's social care looking to lead a whole-family approach to tackling domestic violence and abuse. The summary aims to provide thought-provoking ideas and insights from the DfE's Children's Social Care Innovation Programme, including what we know is working, with reference to the places and people that are trying new approaches. The summary draws on the evaluations of Innovation Programme projects published in 2017; on Programme learning events on complex safeguarding and domestic abuse; and on the on-the-ground experiences of projects.

References to evaluations, key material and reports can be found on the final page, with a full list of links and contact details on the Spring Consortium website www.springconsortium.com

The challenge

Around 20% of young people in the UK have been exposed to domestic violence or abuse, with DVA a factor in 50% of social worker assessments of children in need, over half of serious case reviews and two thirds of child contact applications.

Despite the development of positive work to tackle domestic abuse, the experience of practitioners and families shows that it can be difficult to sustain change and safe long-term outcomes. In part, this is due to difficulties in creating a cohesive and co-ordinated approach across the separate cultures, laws and practitioners of the 'three worlds' of victims and perpetrators; child protection and safeguarding; and child contact.

New approaches

A greater understanding of the different forms domestic abuse can take has developed over recent years, including coercive control, abuse within adolescent relationships and the abuse of parents by adolescents. This has shifted approaches towards working with the whole family, **viewing every family member as one part of a complex picture** and including perpetrators in this picture as far as possible.

These approaches maintain a **focus on sustainable change**, recognising that it is not always in a child's best interest to lose contact with a parent; that separating out the worlds of perpetrator and victim does not always address long-term risks within the family; and, crucially, that it is possible for parenting relationships to improve, even when parents do not stay together. This requires taking a **different perspective on balancing short and long-term risk** and rethinking the support that both parents and children need in order to recognise, understand and break out of damaging family dynamics.

Whole-family approaches to tackling domestic abuse in action

DONCASTER CHILDREN'S SERVICES TRUST

Growing Futures: whole-family interventions for domestic abuse

Research with families in Doncaster in 2015 showed a widespread culture of acceptance of DVA in some communities, in addition to considerable antipathy toward local services. The Growing Futures programme combines **targeted, whole-family support** from Domestic Abuse Navigators with **outreach work to challenge community attitudes**.

In the first 12 months of Growing Futures, 12 Domestic Abuse Navigators (DANs) have worked with 440 family members, including 90 perpetrators. DANs deliver therapeutic interventions, create **trusting relationships between professionals and families**, and act as system enablers to effect **whole-family joint working across relevant agencies**. This is supported by partnerships between the Children's Services Trust and Doncaster Council, police and probation, housing, third sector providers, NHS Trusts and CCGs.

The programme demonstrated decreases in repeat MARAC referrals in its first year and a reduction in cases of looked-after children that feature DVA. It has also resulted in young people launching their own campaign to address community understanding of DVA. Doncaster is supporting the **London Borough of Newham** to implement its NewDay programme, which encompasses systemic practice training for social workers delivering individual, couple and whole-family therapeutic interventions and the expansion of the Virtual School to children in need and on child protection plans.

-15.6%

Decrease in repeat MARAC referrals

-26.3%

Reduction in LAC cases featuring DVA by end of project

CHESHIRE EAST AND CATCH22

Project Crewe: a 'pod' support model for children and families in need

Cheshire East and Catch22 have developed a 'pod' model of support for children in need in Crewe, focusing on families experiencing domestic abuse, mental ill-health and substance abuse. Led by a social work consultant who holds statutory responsibility, qualified practitioners provide day-to-day support **alongside peer mentors and volunteers**. All are trained in solutions-focused, strengths-based interventions, with the family's own approach to addressing risk at the centre of each support plan.

A strong structure of collaboration and support is reinforced by a practitioner buddy system and a **responsive training programme** that allows frontline staff to access the information they need to support families. Around 47% of families worked with in the pilot period had experienced domestic violence, with in-depth training provided to teams to collectively hold the risk inherent in working with these families. The use of volunteers has increased direct contact time, with Project Crew practitioners visiting families almost three times more often than their counterparts in the rest of the county.

An RCT found that the approach has promising indications of efficacy in closing cases, particularly for families with a history of social care support, partly due to the ability of volunteers to rebuild trusted relationships with families. Cheshire East is now rolling out the model to a second team based in **Macclesfield** and is working with **Coventry City Council** to adapt the model to their local context.



Personalised flexible support



HAMPSHIRE AND THE ISLE OF WIGHT

Active Agents for Change: rethinking the system response

In 2015 almost three-quarters of families with a child in need or child protection plan across Hampshire and the Isle of Wight had experienced domestic abuse, with the prevalence of parental substance misuse and mental ill-health at 52% and 46% respectively. In response, the two local authorities have worked together to develop a suite of approaches to whole-family working across early intervention, child protection and looked-after children. **Multi-disciplinary Family Intervention Teams** engage with and support parents dealing with these issues to sustain motivation and change through a range of group work and 1:1 interventions.

In addition, the programme recruited, trained and supported 220 **volunteers to engage young people and families** in four key areas – mentoring young people on the edge of care through building trusted relationships has been particularly successful in conjunction with delivering evidenced based interventions, advocacy, family support and undertaking Return from Missing interviews. On the Isle of Wight volunteers were recruited from an existing volunteer provider, whilst Hampshire undertook a successful community recruitment process that has resulted in over 1400 enquiries.

Highly skilled administrators are used to support social work teams, leading in the first year to **social workers' time spent on direct work with families** increasing from 34% to 58%. A social work surgery pilot offered advice to schools where there was an element of risk or uncertainty about risk to children thus further promoting cross-agency working. Overall the suite of projects has seen engagement levels of families with complex needs increasing from 29% to 70% in Hampshire and 87% on the Isle of Wight.



What do we know about what's working?

Learning from across Innovation Programme projects working to tackle domestic abuse supports the wider evidence base in suggesting that multi-disciplinary working with the whole family improves outcomes for both adults and children, including victims, perpetrators and wider family members.

Creating and supporting multi-disciplinary teams

Successful whole family approaches require multi-disciplinary teams that can tackle issues on multiple fronts and share responsibility and risk across professionals. This includes children's and adults' specialists; a mix of social workers and other professionals; and a focus on underlying issues including mental health and substance abuse. In particular, this requires:

- Direct, flexible and therapeutic work according to each family's and individual's context, with a solid understanding and knowledge of the types and causes of abuse and the ability to challenge system silos.
- Data sharing within and between teams, including qualitative recording of families' experiences of working with professionals.
- Co-located specialists focusing on young people and families in a way that 'goes to them' and offers multiple opportunities to build relationships.
- Multiple channels of engagement to challenge family members to identify, understand and change behaviour. This includes shared responsibility for engaging and challenging perpetrators so that this does not sit solely within the criminal justice system.

Stockport Family's multi-disciplinary teams saw marked improvement in communication and co-operation within the organisation, allowing professionals and families to draw upon the right intervention, specialist knowledge and skills when needed. Adult specialists play a substantial role in **Hertfordshire's Family Safeguarding** approach to stabilise family environments so that children can be brought home from care more swiftly.

Building in ways to learn and spread good, common practice

Successful approaches feature peer-to-peer learning between family practitioners as well as across sectors, including social workers, domestic violence workers, the police, probation and youth justice, mental health and substance misuse specialists, family practitioners, health workers and teachers. Voluntary and community sector knowledge is increased through training and formal learning programmes run by DVA experts, and cross-sector relationships are built when practitioners learn alongside each other.

In **Leeds**, which is trialling Family Group Conferencing in cases of domestic violence, a large-scale training programme has seen 6,000 practitioners trained in restorative practice between 2015 and 2016, from social work, police, health, housing and youth offending, including 800 school staff and 500 staff from the third sector.

Involving family members in interventions to put them in control of change

Giving families who have experienced DVA control of the practices that affect them is a powerful tool in itself. Using models such as Family Group Conferencing, restorative practice and motivational interviewing, families can be supported to better understand the options available to them, the impact of their decisions and the possibilities for change. Empowering families to seek help and effect change for themselves can increase the likelihood of children remaining in the care of birth family networks, by addressing families' problems early and embodying a commitment to 'work with' rather than 'do to' families as far as possible.

In a survey sample of 54 of the 660 families taking part in a Family Group Conference in **Leeds** in 2016, 100% said they felt involved in the process of creating their family plan and that their values had been respected, with 99% feeling the conference had helped them to address their problems.

Measuring what matters

The effects of DVA on young people are far reaching, so the indicators that are measured must be as well. Indicators of factors that will break intergenerational cycles of abuse include school attendance, improved mental health and feelings of confidence. The more complex the case, the more longitudinal support the family will need to sustain a positive change.

Multi-agency working requires measuring outcomes across sectors and at different points of the statutory system. Success in tackling DVA results in decreased reoffending, decreased emergency admittances to hospital, decreased referrals and fewer cases of children in need, child protection and children looked after after featuring DVA.

In addition, there is now an increased drive to use families', particularly young people's, own assessments on how far things have improved as a measure of success. **Newham** describe this as 'using the child's voice as a barometer for change'. Ongoing reflection, digital logbooks and multiple conversations with trusted, consistent key practitioners are successful ways of approaching this.



“We feel involved in the process of creating our family plan”

Other projects and places looking at whole-family approaches to domestic abuse

Hertfordshire Family Safeguarding: 22 co-located, multi-disciplinary teams to tackle domestic abuse, substance misuse and parental mental ill-health, with resultant savings of £2.6m in the first 12 months.

Leeds City Council's Family Valued: embedding Family Group Conferences as an alternative to ICPCs, including in cases of domestic violence.

Royal Borough of Greenwich: a system-wide approach combining interventions that tackle the causes of domestic violence, based on the Science of Compassion.

Durham's Families First: ten integrated, co-located and mixed-skill teams working with the most complex families

Slough Children's Services Trust: implementing the Inspiring Families Programme and Coercion and Control Enquiry Form, two tools for practitioners to assess the dynamics and types of domestic abuse across the whole family.

Stockport Family, led by the council and NHS Trust: an integrated service for complex families including a 'team around the school' approach, leading to a 14% reduction in spend on care placements.



Resources projects have found useful

Innovation Programme materials:

- 'Child sexual exploitation and mental health', Innovation Programme thematic evaluation report by the Rees Centre, July 2017
- Spring Consortium webinar on domestic violence and abuse, June 2017
- Complex Safeguarding Conference, hosted by Wigan and Rochdale, January 2017
- Growing Futures Dissemination Conference, Doncaster December 2016
- Innovation Programme Interim Learning Report, January 2016

Wider research:

- Hester, 'The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence', *British Journal of Social Work*, 41, 2011
- Stark, 'Coercive Control: How men entrap women in personal life', *Oxford University Press*, 2009
- Johnson, 'A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence', *Northeastern University Press*, 2008
- Leeds 'One Minute Guides' to Coercive Control, 'Think Family, Work Family' and Daily Domestic Violence Meetings

Evaluation reports for all projects in the Innovation Programme, contact details for projects mentioned and further learning and research materials can be found at www.springconsortium.com/evidence-learning

Five things to consider when taking a whole family approach to tackling domestic abuse

1

Early intervention is essential in developing trusting relationships with families before crisis occurs. Non-social work practitioners can be best placed to do this, avoiding the culture of fear around engagement with services that can cause families to develop deflection strategies.

2

Practitioners work most effectively when they are able to combine practical, theoretical, therapeutic and systemic knowledge.

3

Co-location of specialists, in places families already know and feel comfortable, enables real multi-disciplinary working.

4

Separate workers for victims and perpetrators and for adults and children, operating within the same team, are crucial for building families' trust and ensuring safety.

5

Underlying issues for perpetrators, such as drug abuse, must be tackled as part of the whole family picture in order to break cycles of disengagement and re-offending.

LEARNING SUMMARY #2

MEETING THE NEEDS OF COMPLEX ADOLESCENTS

This summary is intended for use by anyone in children's social care looking to introduce new practices and approaches to meeting the needs of complex adolescents in and on the edge of care. The summary aims to provide thought-provoking ideas and insights from the DfE's Children's Social Care Innovation Programme, including what we know is working, with reference to the places and people that are trying new approaches. The summary draws on the evaluations of Innovation Programme projects published in 2017; on discussions at Programme learning events on looked-after children; and on the on-the-ground experiences of projects.

References to evaluations, key material and reports can be found on the final page, with a full list of links and contact details on the Spring Consortium website www.springconsortium.com

The challenge

In 2016, almost two-thirds of children in care in England were aged 10 and over. Adolescents coming into care often have different, more diverse and more complex needs than younger children. By age 14, 45% of entries to care are due to acute family stress and/or challenging behaviour, with almost a third of these adolescents having special educational needs and around half experiencing mental and emotional ill-health.

Teenagers in and on the edge of care often have multiple vulnerabilities and develop high-risk behaviours, including involvement in gangs, substance misuse and disengaging from education. In addition, around 16,500 young people in England are estimated to be at risk of CSE.

New approaches

These complex and interlinked vulnerabilities require **comprehensive, whole-person approaches**. This is challenging in systems that have traditionally provided discrete services: a YOT worker for antisocial behaviour; a social worker to support relationships with family; a CAMHS referral for mental health.

At the same time, approaches to working with adolescents must focus on **preparing them for life after care**, balancing a need for structures to keep them safe in the short term with the opportunities to develop independence, forge their own identities, make mistakes, grow and learn. These complex needs and their interdependencies require seeing the young person 'as a whole' and understanding them in the context of their relationships with family, friends and surroundings, both past and future. It requires planning with a focus on adolescents' **long-term ambitions and outcomes into adulthood, as well as short-term risks**. Effective support is comprehensive, personal and supports young people to build the relationships, skills and emotional readiness needed for adulthood.

Work with complex adolescents in action

NORTH YORKSHIRE COUNTY COUNCIL

No Wrong Door: flexible residential support for complex adolescents

North Yorkshire's No Wrong Door aims for **permanence in a family setting for all adolescents**. Under the principles of 'no child is unfosterable' and 'no move until it's the right move', it creates bespoke plans in collaboration with the young person to support stability at home or in care.

Two hubs bring together **personalised accommodation options and bespoke placements** – including residential, fostering and supported lodgings – with a range of services, specialist practitioners and outreach support. Residential beds are used to stabilise situations and **create the space and time needed to make long-term plans**, within an overall aim of keeping young people at home as much as possible. A single team including psychologists, speech therapists, foster carers and residential workers are able to make 'live' interventions, avoiding referrals, and work collaboratively using Signs of Safety to assess risk and restorative practice in interactions with families. The team wraps around young people and stays with them throughout their journey, **providing consistent and trusting relationships**, while supporting the existing positive relationships in their lives.

In the first two years the service supported 355 young people, with 85% remaining out of care. Placement moves have halved, with reductions in breakdowns, time spent in care and the use of residential beds, and just one new placement made out of area. North Yorkshire is supporting other councils, including **Wigan and Bradford**, to learn from and spread the model.

Estimated savings in first 12 months

£160k
to CAMHS

£300k
to speech and language services

£200k
to police

LONDON BOROUGH OF EALING

Brighter Futures: a bespoke practice model to support complex adolescents

Ealing's Brighter Futures programme began with a focus on reshaping support by **devolving decision-making closer to the young person**. Small, multi-skilled teams offering intensive family intervention work alongside a new cohort of **specialty trained advanced foster carers**, specifically recruited to work with the most complex adolescents.

Following the success of the programme, Brighter Futures is being scaled up across the borough to become the ethos and practice underpinning how all children's social care is delivered. At its heart is a **practice model bespoke to Ealing** and designed collaboratively by the Anna Freud Centre, the Dyadic Developmental Network and the South London and Maudsley NHS Trust. Dyadic developmental psychotherapy training for social workers and foster carers is combined with the relational PACE model and daily multi-disciplinary team meetings.

Foster carers report that the training has improved their interactions with their foster children and their ability to prevent situations escalating into crisis. In the first year of the programme, nine young people were stepped down from residential care to foster care, with associated savings of £800,000.

Moving 9 young people out of residential care



SAVED
£800k

BRADFORD METROPOLITAN BOROUGH COUNCIL

Rethinking Social Care for adolescents: combining tried-and-tested models

Bradford's aim is to reinvent care provision for its 900 looked-after children, in particular for late entrants to care aged 15-17, a cohort that includes a high proportion of girls at risk of CSE and boys with offending behaviour. It has become increasingly hard to find foster placements for this age group, with a high rate of subsequent placement breakdown.

Bradford is working closely with North Yorkshire County Council and the Fostering Network to **adapt, adopt and combine two tried-and-tested approaches**. North Yorkshire's No Wrong Door will be adapted to Bradford's very different urban context and be implemented on a larger scale, with eight residential hubs compared to North Yorkshire's two. A senior member of staff from North Yorkshire sits on Bradford's Innovation Programme board to support adaptation to the Bradford context over the next four years. This is combined with the Mockingbird Family Model of fostering to support 'late entry' teenagers by providing **wrap-around peer support in a community setting** for foster carers and young people, learning from the existing Mockingbird sites around the country.

The integrated model will include Signs of Safety and the attachment-based PACE approach to ensure a consistent therapeutic approach across all care settings and to **'re-calibrate' practitioners' and services' attitude to risk** for this cohort.

The partnership working involved in setting up the model has already resulted in a drop in adolescents being placed out of area, as the ethos and ambition of the programme spreads across agencies.

What do we know about what's working?

Learning from across Innovation Programme projects working with complex adolescents supports the wider evidence base in suggesting that there are a number of common aspects to approaches that successfully promote placement stability and reduce risk.

Recruiting for culture in addition to competencies

Successful recruitment to key roles focuses on the critical beliefs and values of candidates as well as skills and qualifications, including:

- A combination of high expectations with empathy for adolescents. Workers describe having the same hopes and fears for children in care as they do for their own children.
- A refusal to believe that any child is 'unlovable' or 'unfosterable': that all adolescents can be successfully placed with a loving family, with the right support.
- A commitment to 'doing the right thing' and a 'whatever it takes' attitude: having the confidence to challenge assumptions and habits ('how we do things round here') when these are not in the interests of the young person.
- Resilience and experience of the adolescent cohort. Work with adolescents can be emotionally and physically exhausting, most acutely for foster carers and residential workers. Local authorities are increasingly looking to practitioners with backgrounds in health, education or youth work for these roles.

Islington's **Doing What Counts and Measuring What Matters** programme has embedded motivational social work at all levels, using values-based tools and scenarios in recruitment, monitoring and evaluation processes that include families in the assessment of practice.

Building strong and skilled multi-disciplinary teams to reduce cross-agency risks

Multidisciplinary, co-located teams (including social workers, youth offending teams and mentors, police, educational psychologists) are paying for themselves by reducing and avoiding costs associated with adolescents going missing; being taken into custody for protection or as a result of

youth offending; or being admitted to A&E. By having access to and implementing the right therapeutic approaches, practitioners can treat the underlying causes of risk taking, enabling adolescents to learn to change their behaviour and keep themselves safe. **North Yorkshire's No Wrong Door** model has seen 32% of young people ceasing or reducing their substance misuse, with missing incidents halved, reductions in criminal activity and improved Strength and Difficulties Questionnaire scores. **South Yorkshire's Empower and Protect** has seen nine out of 14 young people reduce their risk factors, including missing episodes, while increasing protective factors such as school attendance.

The role of police officers, embedded in support teams, is emerging as impactful. Police can be powerful advocates for adolescents in the community and with their colleagues; manage interactions with the justice system; de-escalate situations; keep young people out of custody; and negotiate bail conditions to keep adolescents at home. As part of **Sefton's Community Adolescent Service** police are directly involved in casework from referral and attend home visits.

Creating safe environments that prepare young people for adulthood

Supporting birth families to provide a safe, warm and respectful environment with opportunities to learn and build consistent relationships is as important as direct work with young people. Outcomes can improve when birth families are seen as an asset in adolescents' lives, and families' strengths are acknowledged and supported to grow. For young women affected by CSE, for example, interacting with men in positive nurturing roles in their home setting can be helpful. Whether in birth families, foster families or residential homes, young people do best when there is a family feel to their home, with shared mealtimes, warm, consistent relationships and opportunities to learn.

In **St Christopher's Safe Steps** programme, practice is informed by high-quality training in social pedagogy and trauma-informed approaches, meaning staff can build positive relationships with young women in a homely and safe environment. **Stoke's House Project** co-operative enables young people to learn new skills and take responsibility for their independence, helping engender a sense of ownership and a real say in creating a long-term home.

Tri-borough Alternative Provision provides residential education provision that encompasses life skills, relationship building and communication. A key benefit is the family-type relationships that develop during activities like shared mealtimes, which present opportunities for young people and staff to relate differently to one another.



Measuring what matters

Work with adolescents requires a balance of measures across short-term risks, medium-term needs and long-term ambitions, which might include living independently (as in **The House Project in Stoke**), completing further education or training (as supported by **Ealing's Brighter Futures** Connexions workers), beginning a career or having a family of their own. In some of the most successful Innovation Programme projects, a theory of change has been used to make clear and explicit the rationale for approaches and the impact for adolescents, with progress indicators tracking success over time. In the short term, common indicators include reductions in criminal activity, missing episodes, self-harm and substance misuse. In the medium-term, measures look for signs that adolescents are managing risk themselves and growing key skills. These include the number and quality of positive relationships they are able to form and hold; their ability to create plans for the future; and engagement in learning.

Demonstrating progress in keeping adolescents out of care, improving outcomes and increasing value for money is making it possible to sustain these new approaches. Funding decisions are significantly faster and more positive when convincing evidence of impact is available. Demonstrating how savings accrue across the system is crucial for multi-agency buy-in. **North Yorkshire's No Wrong Door** model, for example, has demonstrated savings in its first year of £160,000 to CAMHS, £300,000 on speech and language services and £200,000 to the police.

Other projects and places looking at supporting complex adolescents

The House Project: a housing co-operative for care leavers that focuses on building ownership, responsibility and agency, piloted by Stoke-on-Trent City Council and now being implemented by Warwickshire, Solihull, Staffordshire, Islington and Cheshire East.

Gloucestershire County Council: developing a multi-agency, LA-wide service for the most vulnerable young people aged 10-25.

London Borough of Enfield's Family Support Hub: setting up three multi-disciplinary teams focussed on re-unification, edge of care and CSE.

Sefton Council's Community Adolescent Service: creating a multi-agency/multi-disciplinary service to address the needs of vulnerable 12-25 year-olds.

Tri-borough Alternative Provision: residential education provision for adolescents on the edge of care.

The London **Mayor's Office for Policing and Crime's** adaptation of the Scandinavian Child House model: a child-centred, multi-agency response to sexual abuse.

Wigan's Achieving Change Together: co-designing social-care responses to CSE with young people.

London Borough of Havering: developing a multi-agency systemic service for 11-24 year olds.

St. Christopher Fellowship's Safe Steps programme: developing a flexible, high-supervision model of accommodation for looked-after girls at risk of sexual exploitation in London.

Durham County Council's Aycliffe secure children's home unit: testing a new model of support for young people who have experience sexual exploitation to move into independent living.

Resources projects have found useful

Innovation Programme materials:

- 'Adolescent service change and the edge of care', Innovation Programme thematic evaluation report by the Rees Centre, July 2017
- Adopting and Adapting Innovation to Improve Outcomes for Looked After Children, event hosted by Bradford and Spring Consortium, July 2017
- Residential Care and Staying Close, event hosted by Spring Consortium, November 2016
- Innovation Programme Interim Learning Report, January 2016

Wider research:

- J. M. Green et al, 'Multidimensional Treatment Foster Care for Adolescents in English care: randomised trial and observational cohort evaluation', *British Journal of Psychiatry*, 204, 2014
- 'Edging Away from Care: how services successfully prevent young people entering care', Ofsted, 2011
- Scott and Skidmore, 'Reducing the risk: Barnardo's support for sexually exploited young people – a two year evaluation', Barnardo's, 2006
- Leeds 'One Minute Guide' to the Mockingbird Family Model

Evaluation reports for all projects in the Innovation Programme, contact details for projects mentioned and further learning and research materials can be found at www.springconsortium.com/evidence-learning

Five things to consider when innovating to meet the needs of complex adolescents

1

Support should balance short- and long-term risks, needs and goals and focus on helping adolescents to become confident and independent adults.

2

Adolescents in care often display risky behaviour because they are attempting to process trauma. Therapeutic approaches that address the causes of trauma, not behaviour management, have the greatest effect on outcomes.

3

All young people can be placed successfully in a family setting with careful planning and the right support for carers. This should be the default goal, while recognising that there may be isolated exceptions. Residential care should be used to support this ambition, rather than as a long-term solution.

4

Multi-disciplinary, co-located teams are necessary to provide the holistic care that adolescents need; coupled with one access point and consistent relationships, for the young person.

5

New approaches to, and understanding of, risk are essential to empower staff to make decisions and for practitioners and systems to see families as part of the solution.

LEARNING SUMMARY #3

IMPLEMENTING SYSTEMIC MODELS OF SOCIAL WORK

This summary is intended for use by anyone in children's social care looking to lead the implementation of whole-system models of social work. The summary aims to provide thought-provoking ideas and insights from the DfE's Children's Social Care Innovation Programme, including what we know is working, with reference to the places and people that are trying new approaches. The summary draws on the evaluations of Innovation Programme projects published in 2017; on Programme learning events on social work practice and systems; and on the on-the-ground experiences of projects.

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The challenge

The challenge for everyone in children's services is how to achieve positive outcomes for children and families in the context of rising demand and reductions in resources.

We know that what makes the difference to young people's lives is the quality of the relationships they have with the carers and practitioners around them; and we know that front-line practice must be supported by coherent and co-ordinated systems, structures, processes and teams. How can local authorities be confident that they are investing in the models that will best enable practitioners to do the most effective direct work with families?

New systemic approaches

Different social work models are based on a range of theories and approaches, including systemic practice, restorative practice and motivational interviewing, and models such as Signs of Safety, PACE and Family Group Conferencing. The approaches with the best evidence of positive impact are based on systemic theoretical models, where children and families are viewed as part of a wider set of systems and relationships.

While different models may be more or less appropriate to local contexts, the evidence shows that there are **key common features that can be adopted by any system**, and that implementing a whole-system approach is in itself beneficial in improving experiences for young people and families. A whole system approach goes beyond the day-to-day work of individual practitioners. It creates **a unifying methodology, language and understanding** that supports multi-disciplinary working and promotes consistency in families' experience. It **empowers professionals to use their own judgement** in the approaches they believe will be the most powerful. And, crucially, it reaches beyond social work, to encompass the wider workforce, young people, families and communities.

Whole-system social work models in action

HARROW COUNCIL

Embedding the Reclaiming Social Work Model

Harrow Council are **embedding the Reclaiming Social Work model first developed in Hackney**. The work focusses on overcoming systemic barriers to practice and includes:

1. The recruitment and development of consultant social workers who lead small, multi-RSW units trained in systemic practice, with shared case-loads and systemic case discussions.
2. Implementation of a Keeping Families Together unit to support families to stay together by targeting teenagers on the edge of care.
3. Reduce the administrative burden inherent within social work teams by streamlining administrative processes. This includes an **RSW unit co-ordinator to free up practitioner time to spend on direct work with families**.

Harrow are supported by Morning Lane Associates who have worked with several Local Authorities to scale the model (including Derbyshire and Hull Councils where the model continues to be developed), in partnership with the Tilda Goldberg Centre for Social Work and the University of Bedfordshire.

Impact evaluation across 5 participating Local Authorities (Harrow, Derbyshire, Hull, Buckinghamshire, and Southwark)

Remained at home

79%

Subsequently received care

21%

Evaluation of the first year of the programme demonstrated that training in systemic practice was significantly associated with greater worker skill, with children and families responding positively to their interactions with practitioners. If the 119 children referred to the service, 79% remained at home. This has contributed to estimated potential cost savings of £1.3 million across the five local authorities.

LEEDS CITY COUNCIL

Family Valued: creating a restorative system

Leeds' Family Valued programme is a package of resources **embedding restorative practice** as the ethos across all services interacting with young people in the city, while developing Family Group Conferencing as a core offer to families in circumstances including domestic violence.

All families who are subject to an Initial Child Protection Conference are now offered a Family Group Conference as an alternative, with 660 conferences held in 2016. Leeds' Restorative Practice team has delivered training to over 6,000 practitioners across the children's workforce and beyond, including the NHS, police, youth offending teams, housing and social work, 800 school staff and 500 staff from the third sector. **Weekly data on progress is displayed visibly across the council** to inspire and motivate staff. In the first year reductions were seen in the number of children looked after, with falls of 13% in child protection plans and children in need. The use of Family Group Conferencing has resulted in estimated savings of £755 per family, as a consequence of reduced average time spent in the social care system (from 34 weeks to 24 weeks).

Since 2010, 25 locality-based 'clusters' – local multi-agency children's services partnerships – have been in place across Leeds. Family Valued identified just six of these as providing 50% of the referrals received by social care. Targeted 'deep dive' training in restorative practice, senior social workers back-filled from their teams to build relationships and stronger cross-service links including schools has seen the number of children in need in these clusters falling at a faster rate than the city average.



HERTFORDSHIRE COUNTY COUNCIL

Family Safeguarding: multi-disciplinary teams to tackle multiple vulnerabilities

Hertfordshire County Council has created 22 **co-located, multi-disciplinary Family Safeguarding Teams** to tackle domestic abuse, substance misuse and parental mental ill-health.

The Family Safeguarding Partnership is part of a whole-system change approach that includes the county council, CCGs, police, probation, recovery service and mental health trust. **Adult specialists** – including social workers, domestic abuse, substance misuse and mental health workers – operate alongside children's specialists under a **unified management structure**, with posts funded by all partners. Teams share motivational interviewing as a core practice, and information sharing is enabled at strategic and operational levels.

In the first 12 months of the programme, 280 staff worked with adults and children in 940 families, 44% of which were experiencing domestic abuse. The programme has seen reductions in the number of children in need and child protection cases, and a reduction of more than half in days spent in care. Family Safeguarding is achieving an estimated annual cost saving for children's services of £2.6m, with additional estimated savings of £107,000 to the police due primarily to decreased incidents of domestic abuse and £200,000 to the NHS due to a 53% reduction in emergency admissions. **Hertfordshire** is now expanding its virtual school to children in need and child protection cases, and bringing CAMHS into the Family Safeguarding partnership. In addition, it is supporting Luton, Peterborough, Bracknell Forest and West Berkshire to adopt the Family Safeguarding approach.

Estimated cost saving to children's services

£2.6m

What do we know about what's working?

Learning from the Innovation Programme supports the wider evidence base in suggesting that shared models of social work may improve the experience of engaging with services for children and families – an important indicator for improved outcomes. There are some core features that sit at the heart of successful social work models.

When they share these features, locally designed models are as likely to improve experiences as proprietary models. [Ealing's Brighter Futures](#) programme created a bespoke practice model and reshaped service delivery for fostering according to the specific needs of complex adolescents, resulting in improved placement stability and significant cost savings.

High intensity and consistent support

Provision of high intensity and consistent support from a key practitioner improves young people's outcomes. Their experience is better when they are able to work with a single adult and build a relationship over time. Young people and their primary relationships need to be placed at the centre of support, with help being organised around the needs of the family, not the convenience or limitations of services.

Focussing on families and using strengths based practice frameworks

Taking a whole family approach means that adult behaviours and needs are seen as important to address alongside those of the child. Many models also take a strengths based approach to working with whole families, where families are seen as part of the solution and not part of the problem, being actively brought in to co-develop solutions with professionals. Relationships are prioritised over transactions, and the strength and qualities of relationships promoted within families must be mirrored in those between families and services, and within practitioner teams.

Multidisciplinary, not just multiagency

Different models require different team composition and emphasise different roles, including social workers, educational psychologists, domestic violence navigators, clinical psychologists and youth workers. Some include the police, probation and youth offending teams, and specialists such as drug and alcohol misuse workers and speech and

language therapists. All these models include genuinely multi-disciplinary working, specifically teams of practitioners from different sectors and services who are co-located and working together day-to-day to support the same children and families. This is different to, but supported by, multi-agency working, with senior commitment to sharing resources and expertise at a strategic level.

In [Stockport](#), physical reorganisation through locality-based working and co-location has supported culture change to establish an aligned, restorative focus. [Hampshire and the Isle of Wight's](#) Family Intervention Teams include specialists in domestic violence, substance misuse and mental health practitioners positioned alongside a trained and dedicated network of volunteers, with substantial increases in family engagement.

Increased time for direct contact

Shared models of social work practice prioritise time spent with children and families. Trained volunteers, alternatively qualified practitioners (for example, those with backgrounds in teaching, nursing or the police) and highly skilled administrators are proving to be effective in freeing up social workers' time, enabling an increase in the intensity and consistency of support to families. In [Hampshire and the Isle of Wight](#), recruiting a skilled administrator resulted in savings of £27,000 and increased social work time with families from 34% to 58%. In [Cheshire East's Project Crewe](#), using qualified family practitioners alongside peer mentors and volunteers has seen a threefold increase in family visits.

Sharing risk and support through Group Case Discussion

Group supervision and group case discussion is helping practitioner teams to make collaborative decisions and share collective responsibility. Through shared learning experiences and the exchange of professional opinion and insight, practice is developed and quality assured. Group supervision across agencies that includes all professionals working with the family, as in [Hertfordshire's Family Safeguarding](#) teams, is particularly powerful. Crucially, these models are not about creating one way of doing things but acknowledging the strengths of different specialisms and developing a shared language, context and understanding.



Measuring what matters

It takes a long time for the effects of social work for children and families to make themselves known. Context and causality are key. Many 'common sense' long-term measures may not, in the short term, be an indicator of good outcomes. Practitioner turnover may increase during the implementation phase, as staff 'self-select' out of the new culture. Caseload may not be a helpful way to think about how social workers spend their time, simply because the most complex cases take much longer. Similarly, cases kept open for longer but satisfactorily resolved are better than cases closed too quickly.

In the short-term, evaluation can most usefully focus on children and families' experience of engaging with services, and practitioners' experiences of their ability and time to work closely with families and each other. Measures such as families' satisfaction with their social worker can be helpful in evaluating the effects of shared models. [Ealing's Brighter Futures](#) model focuses on giving families a role and choice in decision making, resulting in the majority of parents and young people perceiving professionals to be responsive and committed to building effective working relationships.

A whole-system culture of collaboration and learning

Sustainable change requires bold and ambitious leadership and practice at all levels, not just a few dynamic individuals. A comprehensive approach to culture and skills building engages the whole workforce in developing capabilities in (and through) supervision, coaching and performance management. [Islington](#) has overhauled its recruitment and continual assessment processes of practitioners and supervisors, using observations, graded feedback and strict recruitment thresholds against scenario-based competencies including empathy and flexibility. Coaching on live cases and group supervision enhance practice reflection and focus on professional accountability. Every family is interviewed about their experiences of interactions with practitioners, with the data amalgamated across the service to help each team reflect on what's going well and what could be improved. [Newcastle's Family Insights](#) team has developed a bespoke Newcastle Curriculum to instil a culture of teaching and learning, contributing to a 20% increase in staff who feel they get the training they need to do their jobs well.

Other projects and places looking at new models of social work practice

Islington's Doing What Counts and Measuring What Matters: embedding motivational social work and using values-based tools, monitoring, recruitment and evaluation that includes families in the assessment of practice.

West Berkshire's Building Community Together: training 1,000 staff and 400 young people in restorative practice and creating a Tier 2 Emotional Health Academy for young people and families.

Tri-borough's Focus on Practice: systemic practice training for 660 practitioners across three London boroughs, improving staff retention and reducing the number of looked-after children by 10% in one borough.

Newcastle City Council's Family Insights: segmenting social work teams by need, leading to twice as many young people returning to their families from care.

Hampshire and the Isle of Wight's Active Agents for Change: rethinking the system response to early intervention and child protection, including multi-practitioner Family Intervention Teams.

Munro, Turnell and Murphy (MTM): 7,000 social workers trained in the first two years to implement Signs Of Safety across 10 local authorities.

Stockport Family: co-location, restorative practice and partnership working across Stockport, contributing to £1.2m savings for looked after children.

Hertfordshire Family Safeguarding: 22 co-located, multi-disciplinary teams to tackle domestic abuse, substance misuse and parental mental ill-health.



Resources projects have found useful

Innovation Programme materials:

- 'What have we learned about good social work systems and practice?', Innovation Programme thematic evaluation report by the Rees Centre, July 2017
- Whole-service Change Programmes Workshop, hosted by Spring Consortium, January 2017
- Family Group Conferencing workshop, hosted by Spring Consortium, January 2017
- Reimagining the Child Welfare System for the 21st Century, international conference hosted by Leeds, November 2016
- Innovation Programme Interim Learning Report, January 2016

Wider research:

- Brown, 'A Lasting Legacy? Sustaining Innovation in a Social Work Context', *British Journal of Social Work*, 45, 2015
- Mason, 'Social work and the art of relationship: parents' perspectives on an intensive family support project', *Child and Family Social Work*, 17, 2012
- Brown, 'Balancing risk and innovation to improve social work practice', *British Journal of Social Work*, 40, 2010
- Leeds 'One Minute Guides' to Restorative Practice, Family Valued and Child Friendly Leeds

Evaluation reports for all projects in the Innovation Programme, contact details for projects mentioned and further learning and research materials can be found at www.springconsortium.com/evidence-learning

Five things to consider when implementing a new model of social work practice

1

Models of practice that improve experiences for young people and families all share a specific set of core features and principles. Developing or choosing any particular model should therefore focus on the fit with local context and priorities.

2

Training together in a shared model focuses and inspires multi-disciplinary teams, bringing coherence, consistency and a shared understanding, language and view of best practice.

3

Effective multi-disciplinary teams wrap around families to provide expertise and consistent relationships. Alternatively qualified staff, including skilled administrators and trained volunteers, enable social workers to significantly increase direct work with families.

4

Whole-system approaches must spread further than professionals, to include leadership and management styles and, crucially, bring families inside practice norms and ways of working together.

5

Introducing a shared model is a long-term commitment requiring culture change and ongoing investment to sustain. In-depth, ongoing training is crucial but not enough.