

THE PROJECT AT A GLANCE



FAMILY SAFEGUARDING

Bringing together all the professionals we need under one roof to protect children

CHALLENGE

Without access to specialist help, children's social workers alone cannot address the risk of harm to children from parental mental health, domestic abuse and substance misuse. Children's social workers don't have enough training or expertise in these areas and need to refer parents on to other agencies, where they may not meet eligibility thresholds and may be reluctant to attend appointments.

INNOVATION

We created 22 co-located, multi-disciplinary Family Safeguarding Teams (FSTs) including adult specialists who provide direct help for the issues that place their children at risk. We changed our focus from 'monitoring compliance' to the engagement of families and producing change through Motivational Interviewing. FSTs use an electronic 'Workbook' that enables information sharing and reduces the recording burden on social workers.

PARTNERS

The innovation was founded on, and overseen by, a strong multi-agency partnership including the County Council, CCGs, police, probation, Recovery Service and the local mental health trust. Adult specialist posts across our 22 safeguarding teams are funded and employed directly by these organisations.

OUR INNOVATION (HERTFORDSHIRE)

We have redesigned our child protection services to high risk families by bringing together children's social workers with specialists in adult mental health, domestic abuse and substance misuse. Our integrated support has helped to reduce the numbers of children coming into care and costs across public services.



CO-LOCATING MULTI-DISCIPLINARY TEAMS

We have brought together social workers, domestic abuse, substance misuse and mental health specialists into 22 co-located teams under a unified management structure. Information sharing between agencies means social workers can offer families the right support at the right time, in order to help them reduce the risks to their children.

FOCUSING ON FAMILIES' ABILITIES

Motivational Interviewing is a proven method of practice for increasing the engagement of service users with their workers. It is a core tool of the Family Safeguarding Teams, with 280 staff across all disciplines receiving training and participating in skills development workshops.

SIMPLIFYING RECORDING PROCESSES

We have developed the 'Workbook' – a new interface to our Integrated Care System (ICS) that drastically reduces the time that Social Workers spend recording information, and which enables all Family Safeguarding Team members to share and access information about families.

TARGETED LOCAL AND NATIONAL PARTNERSHIPS

We intend to extend the model to include a wider mix of professionals, including educational and child mental health specialists. In addition, we are working with other local authorities who are interested in adopting our model.

WHAT WE'VE LEARNED

Creating a culture that staff want to be part of

Staff are overwhelmingly positive about the new model. This has resulted in lower social worker turnover, fewer vacancies and reduced spend on agency staff. Attracting and recruiting social workers to work for us has been noticeably easier.

Change at the right pace

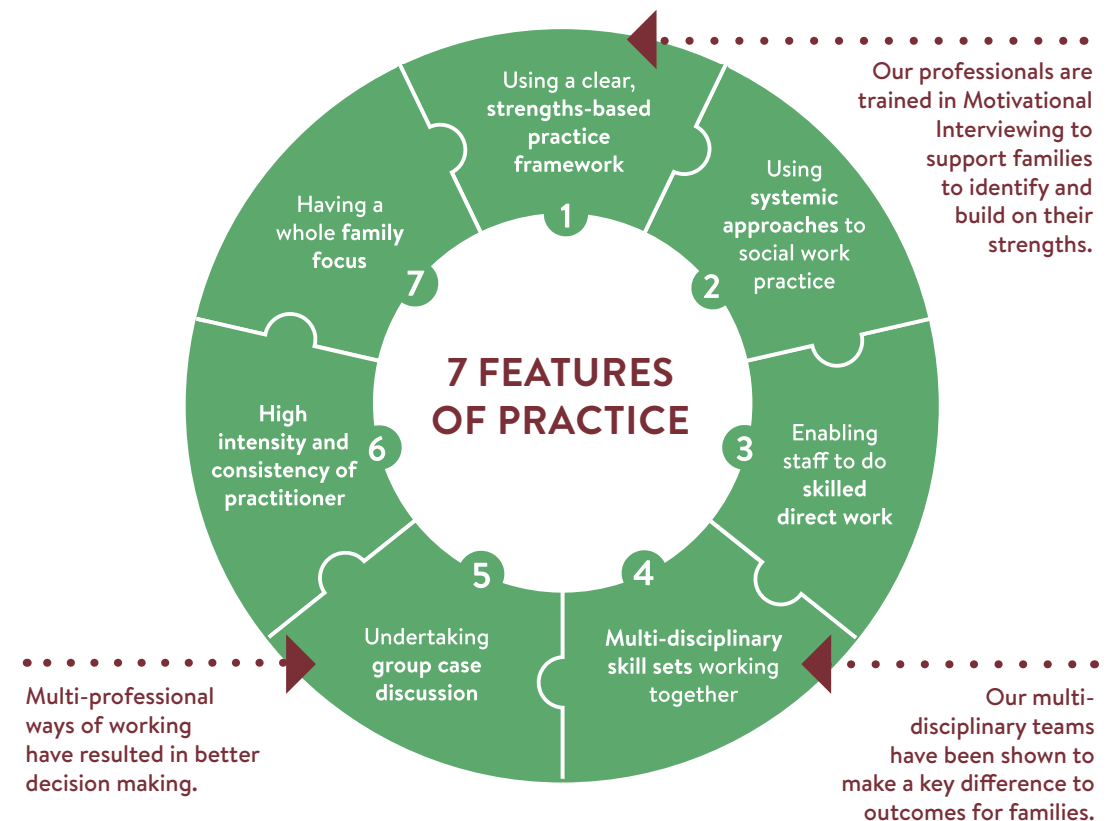
The implementation to date has been incredibly fast-paced given the nature of what we set out to do and the scale on which we have done it, across such a large county as Hertfordshire. Strong leadership (including cross-party member support), good project management and a workforce development strategy were all important factors in this success.

Making change happen within existing contexts

We have also learned how hard it is to change our culture and social work staff find it difficult to practice motivationally within an unchanged adversarial legal framework. Recruitment of mental health specialists has been and remains more challenging due to national shortages of professionals across all disciplines.

Strong leadership to set norms around data sharing

Agreeing information sharing protocols was inevitably challenging, in particular in relation to matching and collating sensitive information at a family level. Strong leadership at senior levels across all partner agencies has been important to resolving these issues, as have good personal relationships across the partnership at strategic and operational levels.



OUR IMPACT



280
staff worked with adults and children in

940
families of which

44%
were experiencing domestic abuse.

"Working with the pair of them, I would give them 10/10 ... they've really pushed me forward. And I have pushed myself forward at the same time because they've let me do it my own way."

(Feedback from father)

The intervention reduced:

CHILD IN NEED CASES
-9%

CHILD PROTECTION PLAN CASES
-29%

The average number of days children spent in care more than halved

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

THE PROJECT AT A GLANCE



FAMILY VALUED

Taking a restorative practice approach to put the family back at the heart of children's social care

CHALLENGE

Leeds has a clear aim: to reduce the number of children unnecessarily coming into care. Our challenge is to create safe, high-quality packages of support to extended family and kinship carers, working alongside families to prevent children being taken into care.

INNOVATION

We are embedding restorative practice across all council services, offering a common theory of practice for the whole workforce, as well as developing Family Group Conferencing as a core offer to families in a wide range of circumstances. Our aim is to create the conditions in which families can mend relationships and make change for themselves.

PARTNERS

Family Valued is a cross-agency partnership led by Leeds City Council and includes:

- West Yorkshire Police
- Local NHS and other health services
- Local schools
- Drug and alcohol services
- Leeds Safeguarding Children Board
- Domestic violence services
- Housing
- Probation
- Family Judge for West Yorkshire
- The Leeds Health and Wellbeing Board
- Leeds Community Safety Partnership
- Leeds Children's Trust Board

OUR INNOVATION (LEEDS CITY COUNCIL)

We have embedded restorative practices within social care systems and children's services. This included developing Family Group Conferencing as a core offer for families and intensive work on domestic violence prevention and pre-birth assessment.

USING FAMILY GROUP CONFERENCING AND RESTORATIVE PRACTICE

We are using Family Group Conferencing (FGC) at scale, exploring ways of extending the offer to families affected by domestic violence and commissioning additional support services according to what families say they need. All families who are subject to an Initial Child Protection Conference are now offered an FGC.

A WORKING CULTURE OF HIGH SUPPORT AND HIGH CHALLENGE

Leeds has a 75,000 strong workforce involved in lives of children in some way. The new approach to working with families is reflected in new ways of working with one another. Through large-scale training programmes, restorative practice is being embedded as the core ethos of working in Leeds.

AN 'OBSESSIVE' FOCUS ON THE THINGS THAT MATTER

Leeds began by setting one clear aim: reducing the number of children unnecessarily coming into care. Everything stems from this. We use Outcomes Based Accountability to track our progress towards our goals for children and families, and make this data visible to everyone.

A CLEAR VISION FROM A CROSS-AGENCY LEADERSHIP TEAM

The Leeds leadership team has set a clear and strong vision that means everyone understands what we are trying to achieve together. This extends across the cross-agency partnership and includes managers at the most senior level and our elected members.

WHAT WE'VE LEARNED

Building momentum around culture change

Early findings from the evaluation show reported evidence of momentum-building around restorative practice, suggesting culture and practice change. Feedback from training sessions is overwhelmingly positive. FGC principles are seen by a wide group of stakeholders as having wider application to a range of family-based decision-making models.

Supporting social workers

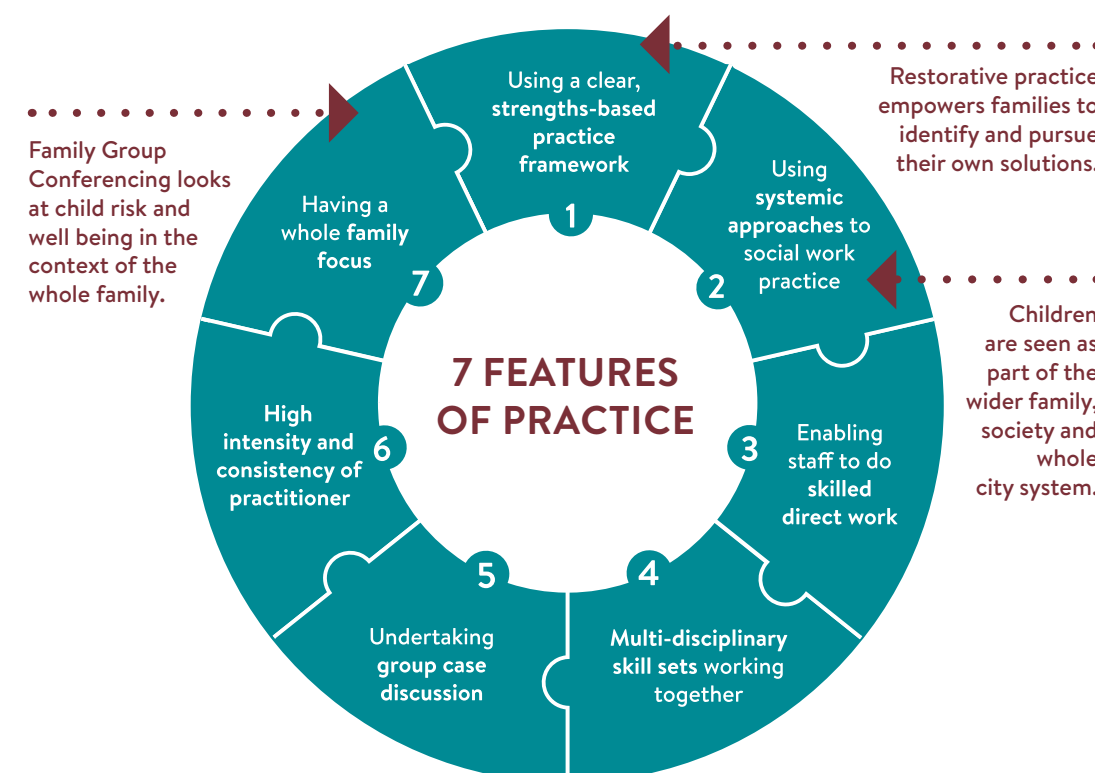
A radical change to practice can be unsettling if it feels as if your professional competence is challenged. The model requires social workers to relinquish some control, as they were previously the only people who could refer to FGC. It's been important to give safety to social workers to operate in the knowledge that they will be supported by managers.

Communication crucial to learning

In addition to clarity of communication from the leadership, we have found that continuous communication and engagement over time is important in ensuring all partners are on board with the process as it develops and that learning is shared.

A need to join up data

The daily meeting has required intelligence sharing and has massively opened up an understanding of the knowledge that sits in services across the city. It evidenced a lack of co-ordination between services, with a victim of domestic violence typically experiencing up to ten calls from a range of services.



OUR IMPACT

10k

PRACTITIONERS
across the children's workforce and beyond trained in restorative practice

CHILD
IN NEED

CHILD
PROTECTION
PLANS

13%
REDUCTION IN
THE FIRST YEAR



Estimated savings
following Family Group Conferencing, as a consequence of reduced average time spent in the social care system (from 34 weeks to 24 weeks)



"We feel involved in the process of creating our family plan"

"You get your views heard and everyone gets their chance to put their point across and everyone gets listened to. It was really, really, positive for us all."

(Mother, Case Study Two, Leeds Family Valued Evaluation Report)

THE PROJECT AT A GLANCE



STOCKPORT FAMILY MODEL

Whole system, whole family,
partnership working underpinned
by restorative practice across
Stockport, contributing to £1.2m
savings for looked after children

CHALLENGE

Traditional children's social care systems can fail to differentiate adequately between 'struggling' and 'harmful' families. This can mean that some families are subjected to costly and unnecessary interventions. Relationships between organisations and families can be adversarial and unproductive, resulting in multiple 'hand-offs'.

INNOVATION

We adopted a restorative approach to help families identify solutions for themselves, instead of professionals making decisions about them. We were organised within a locality structure to deliver whole family services, taking out transfer points and with a focus on the journey of the child.

PARTNERS

Enhanced partnership working is fundamental to the Stockport Family model, moving from co-location to integration and developing a 'your goal is my goal' approach.

OUR INNOVATION (STOCKPORT METROPOLITAN BOROUGH COUNCIL)

We have integrated social workers with the wider children's workforce, including health colleagues, and located these teams in the heart of communities, linked closely with schools. This new Stockport Family model is underpinned by restorative practice, helping families to deal with conflict and challenge and repair relationships.



CREATING AND SUPPORTING MULTI-DISCIPLINARY TEAMS

Physical reorganisation through locality-based working and co-location has supported culture change with an aligned, restorative focus. Children's social care does not exist in a vacuum; outcomes for children will improve if there is alignment between the actions of family and community and all those agencies that touch their lives.

INTRODUCING RESTORATIVE PRACTICE

Our family principles are based on restorative approaches that speak directly to practitioners and their leaders in a range of agencies. This provides a common language which becomes the basis for improved inter-agency practice and the development of solutions-focused action. This approach supports strength based assessments and interventions enabling families to take ownership of decisions made.

WORKING WITH LOCAL SCHOOLS

The team around the school model links colleagues from Stockport Family and partners to all of Stockport's schools. Schools have welcomed this approach and report positive feedback on the model. There is emerging encouraging evidence that the model can reduce upstream demand.

CHANGING STRUCTURES AND PROCESSES

We have integrated children's social care into the wider delivery of services to children, including those delivered by health colleagues. This model has established a shared outcome framework and is underpinned by a distributed leadership structure and culture that is 'crazy about the child'.

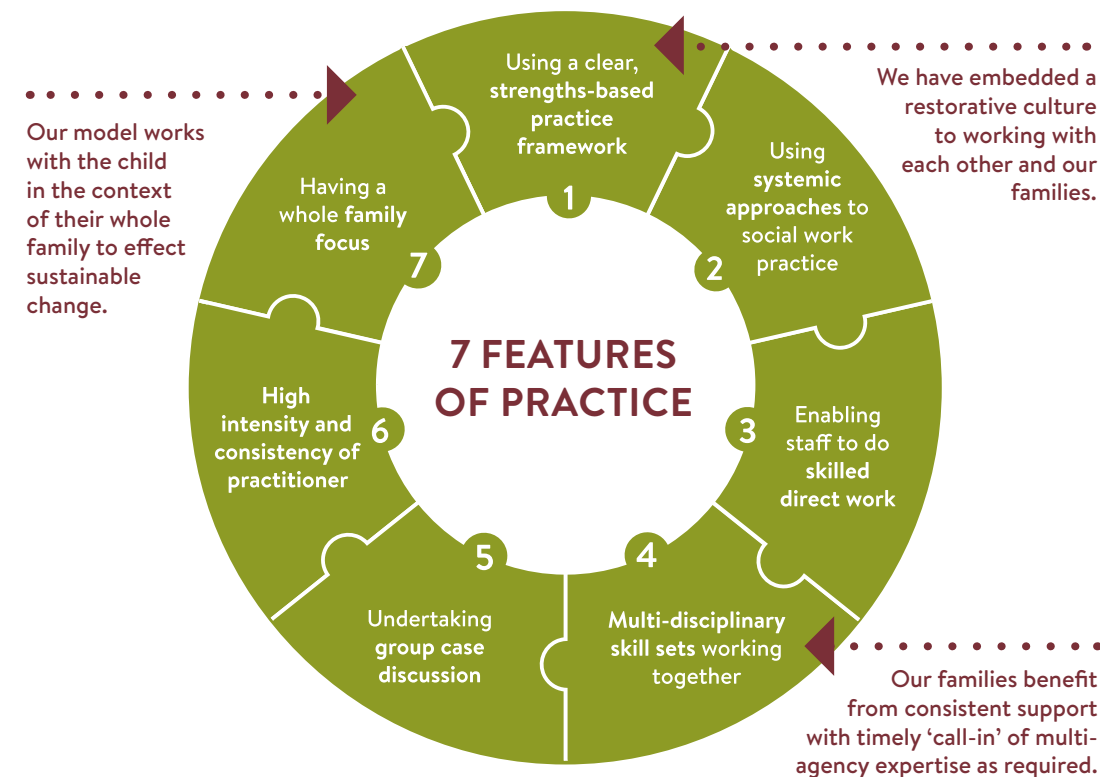
WHAT WE'VE LEARNED

We have spearheaded an ambitious programme of cultural and structural transformation with a clear strategic vision. The leadership team of Stockport Family has developed an approach to service improvement which blends skilled project management and value-based service design to create the conditions in which practitioners thrive.

The approach to the transformation has changed the way we do change. Conversations and collaboration is valued over processes to achieve change at pace. The 'Your goal is my goal', shared outcomes approach has gained traction in the wider public service reform agenda.

Embedding a relationship based model supports whole staff groups across partnerships to constructively address challenges. The relational/restorative work with families is resulting in positive changes, protecting children from harm and avoiding escalation.

Relationships with anchor institutions within communities are fundamental to the delivery of services to children and families. Linking early help activity to health visits and school settings supports community driven early intervention.



OUR IMPACT

Services for children have improved at every stage of the child's journey. Good social work practice is now in place across all children's services in Stockport... Social work practice is consistently strong. Workers know children well, and effective partnership working and a wide range of services, including an extensive range of early-help support, are available to help and protect children.

Ofsted 2017

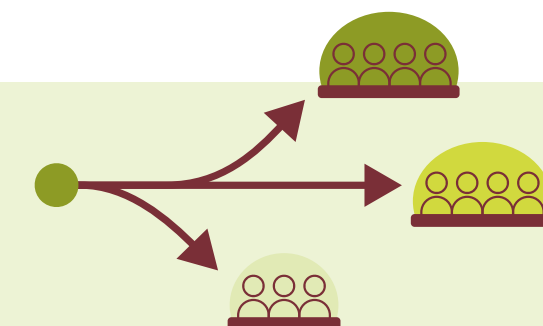
PROJECTED COST SAVINGS

to Stockport Family
model's looked after
children budget in
2016/17

£1.2m

"Our experience has been fantastic, very supportive. They help me to bring the best out in my child... like skills and learning new approaches. As a mum you just go on doing what you think is best but knowing the special skills that they teach me - that's been a great help."

Family interview



Co-location and restructuring of teams around 3 localities in Stockport resulted in
**IMPROVED COMMUNICATION
AND CO-OPERATION**

allowing professionals and families to draw upon the right intervention, specialist knowledge and skills when needed

THE PROJECT AT A GLANCE



BRIGHTER FUTURES

Building consistent relationships around children to support them to get to where they want to be

CHALLENGE

Our traditional model of social work delivers standard results for very high unit cost. We know that what children and young people want is choice about the decisions that affect them: a consistent lead worker through their journey and adulthood; and to live locally with and near the people they trust. Our staff and foster carers share a high aspiration for young people, but our current model does not allow us to deliver this.

INNOVATION

The Brighter Futures programme is focused on building effective, consistent relationships with young people, families, communities and carers to bring about sustained change. We want to get better at supporting young people and families where there is a risk of breakdown, and to ensure that where children and young people are looked after by Ealing they can be placed with foster carers locally.

PARTNERS

Brighter Futures is a cross-agency partnership led by the London Borough of Ealing and including:

- West London Mental Health NHS Trust
- Ealing Clinical Commissioning Group

OUR INNOVATION (LONDON BOROUGH OF EALING)

We have reshaped the way we work with young people in and on the edge of care. The Brighter Futures model enables workers to build effective, consistent relationships with young people, families, communities and carers to bring about sustained change.

DEVOLVING POWER AND DECISION MAKING

We are testing a range of tools that give staff greater autonomy to make decisions and pull together a package of support for the children they know best. Each young person has an input in choosing who they want to help them on that journey.

RESHAPING THE WHOLE WORKFORCE

Two new types of multi-disciplinary team have been created. The multi-agency support teams (MAST) work with families and young people at risk of becoming looked after. The Connect teams work with those young people who are already looked after. Both teams work in partnership with families.

CREATING A NEW COHORT OF ADVANCED FOSTER CARERS

We started with the aim of raising the bar of foster provision, and creating a better foster carer journey. We have provided intensive support to some of our foster carers to be 'fostering plus' carers, who are able to look after some of our most vulnerable young people.

A LEADERSHIP TEAM OF PARTNERS ACROSS THE SYSTEM

We are working in partnership across the system so decisions are made by the right people, in the right place, at the right time. All partner leads are clear that systems and organisations should follow practice.

WHAT WE'VE LEARNED

Shared casework results in better support for professionals and young people alike

Reduced caseloads and increased administrative support have created time to dedicate to young people. The regular group supervision enables discussion of issues or cases, improving the quality of decisions and ability for professionals such as youth workers to take action.

Creating a new team identity

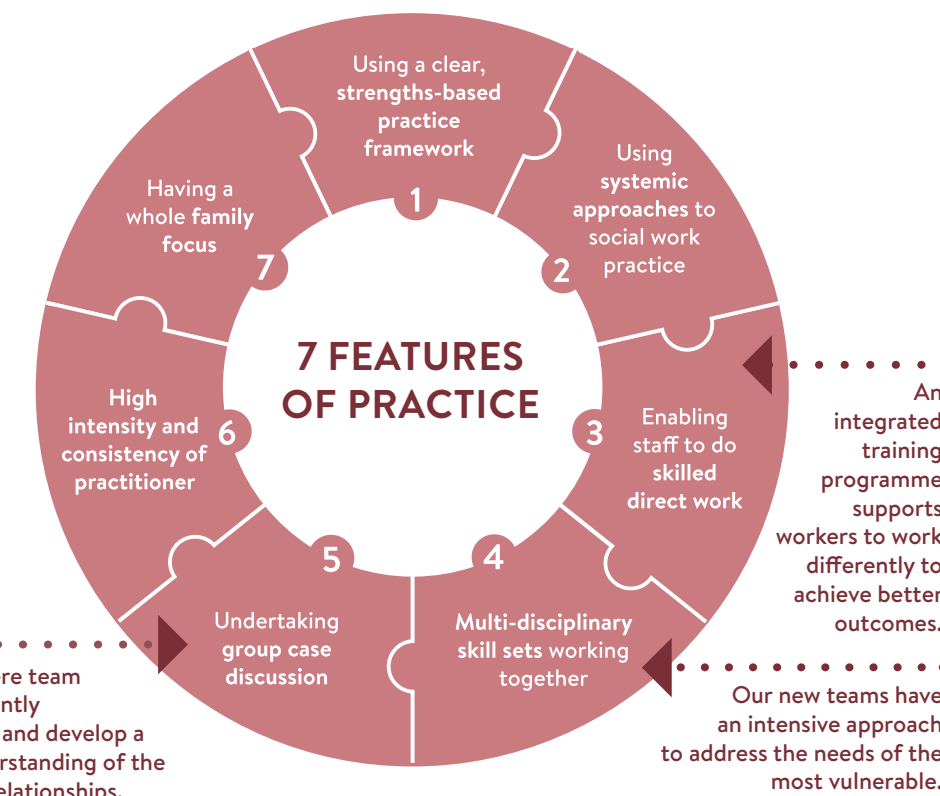
The new model has created a culture where there is energy, enthusiasm and shared learning. Leaders and team members seek and consider multiple perspectives and views on work with children, families and young people and how the team is working together. An openness to and respect for knowledge and expertise from within and outside the team leads to more productive outcomes.

The value of the Dyadic Developmental Programme

The Dyadic Developmental Programme has allowed workers to develop a shared language of PACE (Playfulness, Acceptance, Curiosity and Empathy), which has been shared with foster carers. Staff and foster carers are able to use the tools learnt through DDP to suit a specific situation.

Giving flexibility to team leaders

A core framework was developed for what each team could look like but the teams themselves were allowed flexibility. Now that the teams are bedded in, each works in a slightly different way. If things aren't working, the team can change it quickly.



OUR IMPACT

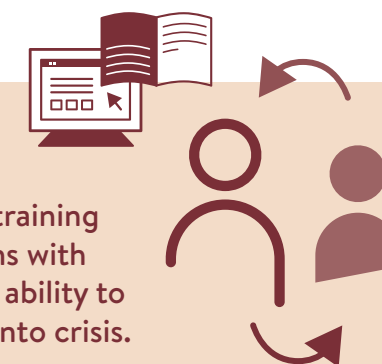
9 young people moved out of residential placements during the pilot



...with associated cost avoidance of around

£800k

Foster carers report that the training has improved their interactions with their foster children and their ability to prevent situations escalating into crisis.



"The support I am getting helps me to achieve new things that I wouldn't do before."

Young person

THE PROJECT AT A GLANCE



CREATING STRONGER COMMUNITIES

A fundamental change to the way local practitioners and partners work together to safeguard vulnerable children

CHALLENGE

North East Lincolnshire has seen a rise in the number of children identified as being 'in need', with a significant rise in the number of looked after children and child protection plans in recent years. A high proportion of these cases were repeat referrals and this has put substantial strain on services in the region.

INNOVATION

The innovation brought together four established tools within social work and community practice: outcomes based accountability, restorative practices, Signs of Safety and Family Group Conferencing. This shift enabled practitioners to accurately identify risk and focus practice on conflict resolution at the earliest stage. Furthermore, it ensured there was mediated support for families and children, with a focus on outcomes, rather than processes, at the centre of support.

PARTNERS

- Humberside Police
- Schools
- Health
- Voluntary Action NE Lincolnshire
- NSPCC
- Hull University
- Paul Carlile, Carlile Education, ENABLE

OUR INNOVATION (NORTH EAST LINCOLNSHIRE COUNCIL)

We created an innovative approach to social care called the 'Creating Stronger Communities' model, fundamentally changing the way local practitioners and partners work together to safeguard children.



WHAT WE'VE LEARNED

Leadership at all levels and across agencies

If we had to give only one essential factor in ensuring success, it would be to model the behaviour from the top. This is critical. Our Chief Executive ensured this happened, by rolling out Restorative Leadership to all managers and implementing Outcomes Based Accountability (OBA) across the council, this has ensured that everyone understands the principles, uses the same simple and understandable language, and importantly, are achieving real and sustained improvements.

Whole system buy in

In order to achieve improved outcomes at 'whole population level' the whole system needs to be engaged. It is not just the Council that is responsible for the outcomes of children and families, every agency has a part to play. All partner agencies have been engaged from the start (this is key). We all own the changes that need to be made across the system. Key partners have been trained in OBA, Restorative Practice and Signs of Safety. Creating Strong Communities was instrumental in the development of an NELC Outcomes Framework which has given absolute clarity to staff, citizens and our partners on what our priorities are.

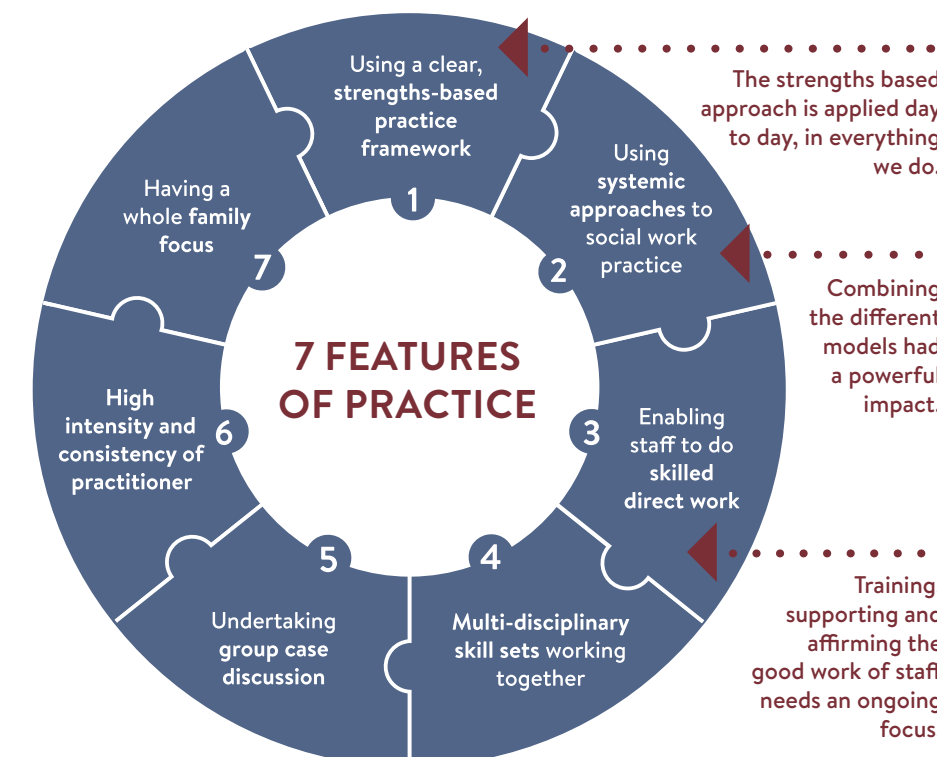
Workforce development

This programme is the foundation of a huge workforce development plan which is underway in NELC. 0-19 aims to change how the children's workforce integrate to deliver services for the future in this area. Restorative practice is a different way of working. We 'do with' rather than 'doing for' or 'doing to'. This is a huge culture change, but it really makes a difference. Families are engaged from the start and understand the changes they need to make – they own the responsibility.

Partner agencies, managers and practitioners need to be part of the whole system changes that are being made. Engaging them early so they understand the model was what made a difference. Extensive training was rolled out, led from the top and maintained. It takes time to embed – culture change doesn't happen overnight.

Celebrating and affirming success

It's really important to shout about the successes that have been achieved – and keep doing it. It keeps everybody engaged and motivated and helps to bring more partners along that had perhaps struggled. We made a film, produced newsletters, showcased at events etc. It reminds everyone how important their role is in achieving real and sustained change.



OUR IMPACT

COST SAVING ACROSS 20 FAMILY GROUP CONFERENCES
There is evidence of a saving of £18.20 for every £1 spent



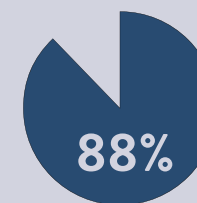
REDUCTION IN:

THE NUMBER OF CHILDREN ON CHILD PROTECTION PLANS	RE-REFERRALS TO SOCIAL CARE	CHILD IN NEED CASES
-50%	-75%	-18%

"I am glad we had the FGC it has made things better for us."

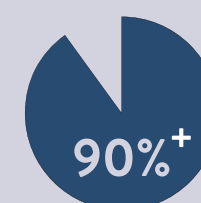
Family Group Conferencing service user

Actively use restorative practice to implement change.



OF STAFF TRAINED

Indicated that the application of signs of safety generated clear benefits in the way they worked with families.





Coram

Coram-i

Data-led support and tools to enable earlier permanence and improved outcomes for looked after children

Challenge

Local authorities are struggling to deliver timely permanence (a return to birth family, adoption, special guardianship or long term foster placement) for looked after children. The number of children in care in England has risen over the last five years, but social care budgets in LAs have not increased and LAs need to find new ways of working to deliver more for less.

Innovation

Coram has provided permanency support to many LAs over recent years, making significant performance improvements in LA adoption services. Our approach is data-led, analysing performance data to identify problems; and practice-based, drawing on our wealth of experience to deliver solutions to address these problems. This is directly delivering improved performance and outcomes for looked after children.

Partners Involved

Our Innovation Programme project delivered Improvement Pilot projects with Buckinghamshire County Council and Northamptonshire County Council. We also worked with the Centre for Child and Family Research (CCFR) at Loughborough University to develop an Adoption Module for the Cost Calculator for Children’s Services.

Our Innovation

November 2016

What we’re doing

Tackling problems at a case level as a team



Building on our experience of working with local authorities such as Kent and Cambridgeshire, we are working with Buckinghamshire and Northamptonshire to diagnose and solve issues across their permanence systems and processes by bringing teams together.

Using data to identify case issues; solving them with practice-based experience

We have developed a data-led approach that uses the analysis of performance data to identify problems.

We deploy multi-professional teams of practitioners, consultants and analysts to tackle problems at a case level, determining whether the problems are isolated or systemic. It is this ‘bottom-up’ approach that we believe makes our offering unique and provides us with insight into the systemic challenges that are facing children’s services in England.

Bringing coherence to team decision-making

The care system within a local authority is complex and often lacks coherence, with several teams and organisations working on various processes independently. Our practice-based support has directly delivered improved outcomes for children, in particular reducing the time they spend in care. We also work to ensure that children with the most complex needs to achieve permanence at a younger age by focusing on identifying the most effective family finding techniques for such children. Our work in Kent reduced the average time spent in care by almost 250 days. As a result of our work together, Kent avoided £2.4m expenditure over four years.

What’s changed

Web tools to manage day-to-day performance



Our web-based tool allows local authorities to manage day-to-day permanence performance. Coupled with the new Adoption module for the Cost Calculator for Children’s Services, this gives LAs an overview of both the impact and cost of their services.

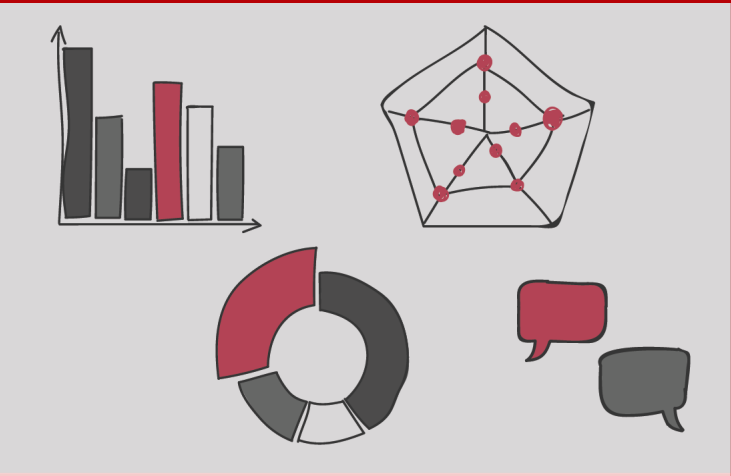
Real-time performance information to improve practice

The various Integrated Children’s Systems that local authorities currently use in social care do not provide information in a useful format, meaning that performance is reviewed in retrospect when it is too late to make difference to a particular child’s journey. Our tools address this gap by analysing existing adoption data to provide meaningful information. In addition, we have developed the new adoption module for the Cost Calculator for Children’s Services with Loughborough University. This allows LAs to quantify the opportunities for cost savings through improved adoption performance, to analyse the different drivers for the costs of adoption and see how costs will be impacted by potential changes to their processes.

Using existing data in new ways

Not all LAs are effectively using the data they have; when it is used it is primarily to report on historical performance rather than to manage active cases. Our tools present existing data in ways that help managers understand the performance of their teams and the service as a whole. This ensures that time is not wasted on debating whether there is a problem, but instead on dealing with it so that a child or carer’s journey is not delayed. Senior managers are often surprised by what a diagnostic analysis uncovers, such as active cases at risk of missing deadlines.

Data-led assessment of adoption performance



New diagnostic tools analyse local authority data to provide a low-cost assessment of performance of adoption services and Special Guardianship Orders. The aim is to identify areas in need of improvement to increase the speed and volume of placements.

Informing decision-making at a council level

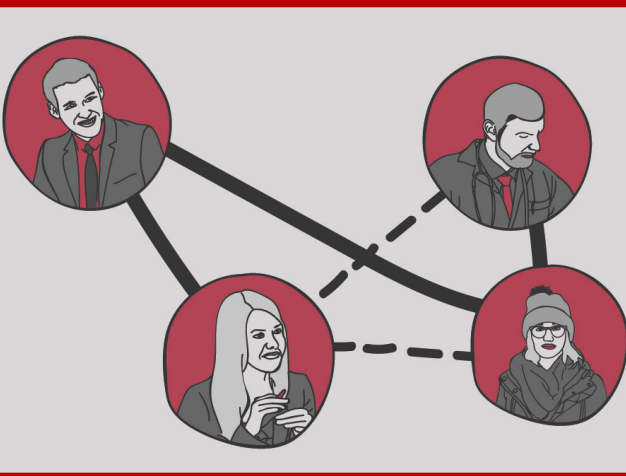
Each local authority receives a report highlighting:

- the profile of children with adoption plans;
- timescales and potential drift in children’s adoption journeys, focusing on the five stages of the adoption process;
- detailed analysis of the ten shortest and the ten longest adoption journeys experienced by children adopted;
- permanency outcomes for under-fives entering care who remain in care two years later, including moves, legal status, health needs and changes to permanency plans; and
- the adopter’s journey and timescale from initial contact, application, assessment, approval to placement.

The analysis also provides indicators of the resource efficiency of the adoption service by reporting the unit cost of placing children for adoption and the productivity rate of staff in relation to the number of children placed for adoption and adopters recruited. The diagnostic tool for SGOs analyses the types of children granted SGOs compared to Adoption Orders, timescales in securing SGOs and the level of supported needed post-SGO.

“[Coram are] open, honest, passionate and creative in trying to think of solutions to how we could try and help children to make sure their future permanence is achieved as soon as possible.”
Local authority Service Manager

Growing and disseminating the evidence base



We have created a Permanence Improvement Academy to grow and disseminate the evidence base of our data-led and practice-based approach to permanence. This peer-to-peer network also allows local authorities to share best practice.

Disseminating the model and finding common ground

Our academy approach seeks to spread innovative approaches to achieving permanency. Its aim is to inform future policy development while making more efficient use of resources in children’s services, reducing national costs. We have learned that many agencies share the same barriers and issues, and so a national approach to tackling those is needed. Key themes include how to develop alternative delivery models of provision outside a local authority; the regionalisation of adoption agencies; what constitutes an ‘acceptable’ level of risk; and how to ensure the adoption sector as a whole has the data it needs to be proactive in meeting the needs of children. In addition to peer learning events we share papers, reports, blogs and videos on the Coram-i website.

Applying to local and national contexts

Understanding the true costs of adoption is becoming even more important as we work to establish Regional Adoption Agencies. The Cost Calculator has been working with a number of RAA projects to help determine the actual spend on adoption, particularly that which is not explicitly associated with this area, such as corporate overheads and changes to processes, practice and structures. It can also be used to assess the economic impact of RAAs as they evolve, comparing models and approaches across the country.



London Borough of Ealing

Brighter Futures

Building consistent relationships around adolescents to support them to get to where they want to be

Challenge

Our traditional model of social work delivers standard results for very high unit cost. We know that what young people want is choice about the decisions that affect them; a consistent lead worker through their journey to adulthood; and to live locally with and near the people they trust. Our staff and foster carers share a high aspiration for young people, but our current model does not allow us to deliver this.

Innovation

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Partners Involved

Brighter Futures is a cross-agency partnership led by the London Borough of Ealing and including:

- West London Mental Health NHS Trust
- Ealing Clinical Commissioning Group Allied Partners
- South London and Maudsley NHS Trust
- Anna Freud Centre for Children and Families
- Dyadic Development Network
- iMpower Consulting

Our Innovation

November 2016

What we’re doing

Devolving power and decision-making closer to the child and their key worker



Ealing is testing a range of tools that give staff greater autonomy to make decisions and pull together a package of support for the children they know best. Each young person is at the centre of developing their own plan, and has an input in choosing who they want to help them on that journey.

Reshaping the whole workforce to be flexible, dynamic advocates for children and families



Two new types of multidisciplinary team have been created. The multi-agency support teams (MAST) work with families and young people at risk of becoming looked after. The Connect teams work with those young people who are already looked after. Both teams work in real partnership with families wherever they are on the risk spectrum.

Creating a new cohort of advanced foster carers



We started with the aim of raising the bar of foster provision, being more ambitious in the development and abilities of its foster carers and creating a better foster carer journey. We want to attract and retain the very best foster carers, and support them as intensively as possible to look after some of our most vulnerable young people.

A leadership team of partners from across the system



We are working in partnership across the system so decisions are made by the right people, in the right place, at the right time. The message from all partners is clear and consistent: this is what we know will work for young people and families, and we are committed to making it work. All partner leads are clear that systems and organisations should follow practice.

What’s changed

Listening to young people

Brighter Futures is an intensive engagement model that focuses on effectively listening and engaging with our adolescents, their families/carers and communities. It does this through enabling our workforce to build strong relationships and use those successful relationships to bring about change. Research into the needs and wishes of young people in care highlighted the importance of three factors, as described by young people themselves:

- having choice and control in the decisions that affect them;
- living locally, ideally with their birth family but, if not, in family placements with people with whom they can make strong and permanent connections; and
- having one lead worker who stays with them throughout their journey into adulthood.

A consistent key worker and flexible package of support

Teenagers and families have more choice about their consistent key worker, who may or may not be a social worker. Social workers and foster carers are able to draw on a range of new tools including 24-hour support helplines; extending the role of peer mentors; developing new efficient referral pathways; and more leisure activities. Personal budgets for young people allow them to access a range of new support, including education, training and employment opportunities.

Providing help and support when it is needed

Both the MAST and Connect teams include a range of professionals including fostering support workers, youth workers, youth justice workers and social workers. Teachers are also embedded in the teams, with a role of finding educational placements and building a relationship with each child to help them find the best next-step for them. Including youth workers, who more traditionally work in the evening and at weekends, is helping the teams to move towards round-the-clock support.

A bespoke joint training offer

All members of the team, including foster carers, have taken part in a compulsory, Brighter Futures Integrated training programme. Ealing commissioned leaders in their field from the Anna Freud Centre using: a mentalisation approach for teams working with young people; The Annex Project and the Dyadic Developmental network to provide Dyadic Development Programme Level 1 and Nurturing Attachments programmes; and the South London and Maudsley NHS Trust to provide the Family Partnership Model and the Helping Families Programme. Together these models delivered a comprehensive and holistic learning programme that has focused on how to work in a different way with families to achieve better outcomes.

Designing a new offer for foster carers

Our foster carers share our aspiration for young people, but our current model does not allow them to deliver it. They tell us that we don’t always support them well enough and that with more support they would be able to understand and help young people better.

We have created a new offer, Fostering Plus, designed to train and support carers to look after the most complex young people. These carers are treated as part of the multidisciplinary team around the child, and are trained in the same approaches alongside social workers. This enhances their understanding and management of the impact of early childhood trauma and attachment, focusing on building trust with young people.

Recruiting a new cohort of foster carers

In addition to increasing the pool of foster carers, we have recruited especially for the Fostering Plus level. We originally recruited externally for these roles but did not receive any suitable applications. Following discussion with our existing pool of carers we realised that many of them would be fantastic but lacked some of the skills, resilience and - crucially - the confidence needed. Due to the complex nature of the work, Fostering Plus carers are offered an enhanced training package and a financial reward.

A clear vision for the future

The Brighter Futures model has five clear aims:

- to prevent placement and family breakdown;
- to reduce the number of children and young people who become looked after;
- to bring back to Ealing young people who are currently looked after in high-cost out-of-care placements;
- to increase consistency of support; and
- to promote the empowerment of teenagers and families.

Seeing the system from the child’s point of view

We have used an activity with a powerful visual metaphor to demonstrate this vision. A staff member representing a child stands in the centre of the room, and every service who interacts with the child is invited to hand them a balloon. When every service has done this the ‘child’ is entirely hidden from view by balloons.

The new Connect team is represented by just one balloon, demonstrating how its simplicity allows everyone - including the child - a clear view of what’s happening.

What we’ve learned

Brighter Futures

Building consistent relationships around adolescents to support them to get to where they want to be

“What we’ve really learned is the power and importance of being hopeful.”

Dorothy Duffy, Programme Lead, Brighter Futures

Creating a new team identity

The new model has created energy and enthusiasm for returning to real social work. There’s a concerns about a loss of professional identity: what’s the role of the social worker when everyone is delivering an intervention? Knowing that we are all sharing and learning from one another is hugely important. The teams have worked hard to tackle worries by talking them through in daily meetings.

It’s crucial that there is trust within the team so everyone feels supported and safe in discussing anxiety, risk and asking for help. This is especially true for youth workers who are not usually part of these teams and can now bring issues quickly to a social worker or clinical psychologist.

Shared casework results in better support for professionals and young people alike

Reduced caseloads and increased administrative support have created time to dedicate to young people. Teams feel safer and supported, with an increased level of confidence in developing relationships. The regular group supervision enables discussion of issues or cases improving the quality of decisions and ability for professionals such as youth workers to take action.

In addition, because every member of the team is involved in discussions around every child, each is able to respond to urgent issues or questions from children, families and foster carers. This has already resulted in families saying they feel better supported and more confident in their ability to access help.

A detailed understanding of the challenge

Over half of our young people are placed a long way from home, and in residential care. We don’t have enough local placements and too many young people are in out-of-borough care and residential care.

This impacts negatively on these young people and their families and makes it difficult for us to meet their support and development needs. Detailed analysis has shown that, with the right family interventions and support, we could have prevented 15-30% of young people coming into care.

The value of the Dyadic Development Programme

The Dyadic Developmental Programme has allowed workers to develop a shared language of PACE (Playfulness, Acceptance, Curiosity and Empathy) and Family Partnership, which has been shared with foster carers. Staff and foster carers are able to use the tools learnt through DDP and the integrated programme to adapt a technique to suit a specific situation.

A number of children have moved from distant high cost residential placements to local, supported foster placements, with our new Fostering Plus carers. The wrap-around support provided has created stability for these placements and improved outcomes for these children.

Giving flexibility to team leaders

A core framework was developed for what each MAST and Connect team could look like but the teams themselves were allowed to flex and learn about what they were doing and what would be different. Now that the teams are bedded in, each works in a slightly different way. If things aren’t working, the team can change it quickly. It’s important not to assign blame if things don’t work the first time.

New teams need new kinds of support and supervision

The MAST and Connect teams are overseen by a social worker operations manager and each team has a social worker team manager, clinical psychologist, family support worker and youth connexions worker. They are assisted by practice support officers who handle admin and logistics, and share a youth mentor and education specialist.

Daily meetings allow the whole team to discuss the young people, families and foster carers they will be interacting with that day, to discuss plans, interventions and support needed, and to learn from each other in real time.

This is coupled with a weekly three-hour supervision meeting of the team’s casework, enabled by the reduction in overall caseloads by more than half, with a maximum number of seven complex cases per team member.

Personal stories

Foster carer perspectives

“Support group gives us a chance to meet other carers, share experiences, share problems, meet other social workers and have insight into department workings.”

“I’ve been fostering with Ealing for the last three years and it’s one of the best I’ve done. I love to be part of this amazing family. Ealing supported me throughout my journey and I’m blessed to be with Ealing.”

Staff perspectives

“I really value the support of the team, and working with experienced people from different professional backgrounds. The model encourages a very thoughtful approach to our work.”

“For me, group supervision provides a structured opportunity to reflect on goals, purpose and effectiveness of interventions with children and carers. It supports me to build meaningful relationships with my children and carers.”

Young people’s perspectives

“I was angry all the time. I used to take it out on the people close to me and my loved ones. The things what changed was me going back in school. My anger’s calmed down a lot.”

“The support that I am getting, helps me to achieve new things that I wouldn’t do before.”

“It was so hectic. Drama. Problems on top of problems. Physical abuse between me and my parents. Harming myself. I just had enough. I couldn’t take it.”

“My relationship with my parents changed. Calm, much more calmer.”

“The one thing that I think I found most helpful from MAST is finding out who I truly am, and where I want to be in life.”



Hertfordshire County Council

Family Safeguarding

Tackling the toxic trio through motivational practice enabled by an innovative recording tool

Challenge

Without access to specialist help, children’s social workers alone cannot address the risk of harm to children from the ‘toxic trio’: parental mental health, domestic abuse and substance misuse. Children’s social workers don’t have enough training or expertise in these areas and need to refer parents on to other agencies, where they may not meet eligibility thresholds and may be reluctant to attend appointments.

Innovation

We created 22 co-located, multi-disciplinary Family Safeguarding Teams (FSTs) including adult specialists who provide direct help for the toxic trio issues that place their children at risk. We changed our focus from ‘monitoring compliance’ to the engagement of families and producing change through Motivational Interviewing. FSTs use an electronic ‘Workbook’ that enables information sharing and reduces the recording burden on social workers.

Partners Involved

The innovation was founded on, and overseen by, a strong multi-agency partnership including the County Council, CCGs, police, probation, Recovery Service and the local mental health trust. Adult specialist posts across our 22 safeguarding teams are funded and employed directly by these organisations.

Our Innovation

July 2017

Co-locating multi-disciplinary teams to provide joined-up support



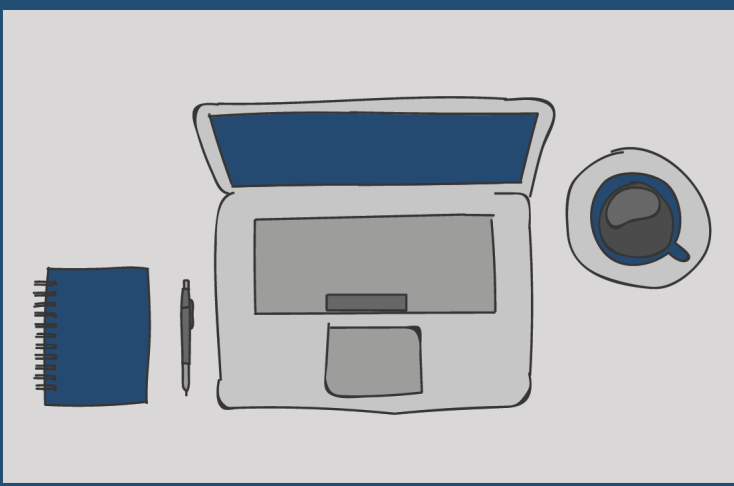
We have brought together social workers, domestic abuse, substance misuse and mental health specialists into 22 co-located teams under a unified management structure. Information sharing between agencies means social workers can offer the right support at the right time to families, to help them reduce the risks to their children.

Focusing on families’ abilities and supporting them to make change happen



Motivational Interviewing is a proven method of practice for increasing the engagement of service users with their workers. It is a core tool of the Family Safeguarding Teams, with 280 staff across all disciplines receiving training and participating in skills development workshops.

Simplifying recording processes to share information and free up social worker time



We have developed the ‘Workbook’ – a new interface to our Integrated Care System that dramatically reduces the time that Social Workers spend recording information, and which enables all Family Safeguarding Team members to share and access information about families.

Targeted local and national partnerships to improve and expand the model



We intend to extend the model to include a wider mix of professionals, including educational and child mental health specialists to improve their life chances and health. In addition, we are working with other local authorities who are interested in adopting our model.

Tackling the toxic trio

Before Family Safeguarding, social workers would visit families alone. The adversarial system encourages families to deny their problems due to fear we might remove their children. Social workers lacked the detailed knowledge to assess the extent of risks from parental mental health, substance misuse and domestic abuse and we lacked access to specialist services to help parents, due to threshold issues and because our parents are reluctant to attend appointments/acknowledge they need help.

Under the new model, social workers visit families alongside adult specialists. Specialist help to adults can be assessed and provided there and then. Domestic abuse specialists provide support to the victim, including referral for refuges where women are separating from a violent partner. They also provide individual and group treatment programmes for the perpetrator. Substance misuse workers undertake drug screening and testing, prescribe medication and lead individual and group programmes to support parents to address their drug and alcohol issues. Mental health practitioners and psychologists assess and arrange for medication as required. They also provide assertive outreach and therapeutic support, often in conjunction with other specialists within the teams, to patients who have avoided addressing their issues in the past.

The shift to focusing on outcomes

Previously, social workers were generally process-driven and task-focused, following activities laid out in Child Protection or Child in Need plans. Relationships with families had a tendency to be adversarial. Case supervision would involve a meeting between the social worker and their manager, which would often involve little more than summarising what was happening the case. Before and after the meeting, the social worker would have to spend additional time contacting other agencies to gather information and discussing next steps. Now, case supervision includes all the professionals working with the family and is outcome-driven and solution-focused, with an emphasis of helping the family to utilise their strengths.

Tools and protocols to support practice

We have developed a parenting assessment and intervention programme and a toolkit of materials for direct work with parents and children. Adult specialists in the teams have also designed their individual and group work intervention programmes. In monthly reflective casework supervisions, the FST team manager will review progress and next steps with the whole team. This is a much more constructive and less time-consuming approach. Each team member has monthly clinical supervision, delivered by a team leader from their own professional background.

Defining priority issues and tracking progress towards goals

As the Munro review highlighted, social workers spend large amounts of time recording information; time that could better be spent working directly with families. The same information would often need to be entered multiple times. Sharing information across agencies can be time-consuming and difficult.

The Workbook template guides the FSTs through the tasks they are expected to undertake with families over time. It evidences parental capacity to change, and incorporates tools to analyse risk and need. It helps define priority issues, and enables staff to set and track progress towards goals for each family member. The single tool for all professionals, combined with co-located working, has drastically reduced the amount of time spent on recording, travelling, meetings and writing separate reports. The Workbook provides a succinct record of the case, and has proved helpful in reducing the time spent preparing for care proceedings.

We plan to further utilise technology in the future, by providing staff with tablets so that they can work on the move and we are developing a portal so children and families can input directly onto their own records and evidence their views of their goals and progress.

Building confidence in the model

We are delighted with the progress we have made to date. The reductions in child protection and looked after children numbers have given us the confidence to extend the model further. The workbook has helped reduce bureaucracy and release capacity in our teams. This, coupled with our new practice and methods, together with the closer working and knowledge sharing across disciplines has created enthusiasm among staff to make the Family Safeguarding model even better.

Converting good plans into positive action

Since the project began we have seen dramatic improvements for both young people and adults. We have reduced our children on CPPs by 49% and our children in care by 10%, and reduced care proceedings by 19%. School attendance has improved by 36%. We have dramatically reduced repeat domestic abuse call outs (by 67%), reduced adult emergency hospital admissions for our families by 53% and improved recovery from alcohol abuse. Our work has been praised by Cafcass and the courts and, most importantly, feedback from families has been very positive.

All of this has contributed to a £3.6m reduced spend in the first year of the Family Safeguarding programme.

What we’re doing

What’s changed

What we’ve learned

Family Safeguarding

Tackling the toxic trio through motivational practice enabled by an innovative recording tool

“Bringing together all the professionals we need, under one roof, to protect children”

Closer working provides a clear understanding of risk and better planning for families

Our Ofsted inspection in late 2015 showed that the quality of Child Protection Plans and Child in Need Plans had improved, and that we were starting to make a difference to the outcomes for our families. Underpinning this success has been an early reduction of caseload (enabling staff to see the wood from the trees) and a clearer understanding of risks as a result of the closer working between social workers and adult specialists.

Creating a culture that staff want to be part of

Staff are overwhelmingly positive about the new model. This has resulted in lower social worker turnover, fewer vacancies and reduced spend on agency staff. Attracting and recruiting social workers to work for us has been noticeably easier.

All professionals involved have been incredibly co-operative and have tolerated the uncertainties of implementing a new model of working, developing it as we have gone along, as there were truly no blueprints we could adopt. As our evaluators have said, we were ‘building the bridge while we were crossing it’ and it was a testament to the can-do attitude of everyone involved that we have been able to get so much in place, so quickly and achieve such amazing outcomes.

Bringing other services into the team

While children in care receive CAMHS and virtual school services, children remaining with their families do not. These children are at risk of very poor educational and mental health outcomes, and at greater risk of subsequently coming into care as teenagers.

We want to expand the Family Safeguarding model by including CAMHS workers to address trauma and attachment issues. Child psychologists will work with children staying with their families to strengthen attachments to their parents and overcome trauma. We also want to extend ‘virtual school’ support to children aged 7-11 who are subject to safeguarding services to improve their educational outcomes at Key Stage 2.

Change at the right pace

We always anticipated extending the model and bringing closer links with education and child mental health, but were keen not to run before we could walk.

The implementation to date has been incredibly fast-paced given the nature of what we set out to do and the scale on which we have done it, across such a large county as Hertfordshire. Strong leadership (including cross-party member support), good project management, a workforce development strategy were all important factors in this success.

Making change happen within existing contexts

We have also learned how hard it is to change our culture and social work staff find it difficult to practice motivationally in an unchanged adversarial legal framework. Recruitment of mental health specialists has been and remains more challenging due to national shortages of professionals across all disciplines.

Change affects more than just practitioners

A very effective and award winning recruitment campaign, and good local and national publicity (including BBC, ITV, Community Care), have also been features. Behind the scenes there have been strong contributions from other teams in the Local Authority (Finance, Business Intelligence, HR, Data Protection, ICT, Property and Legal Services) with staff and managers being keen to contribute their knowledge and skills. It has been impressive to see how back office staff from across the Council and the partnership, have been so keen to be involved. They have allowed no challenge to stand in their way and have really enjoyed seeing how they can make a direct contribution to keeping children and families safe.

We have learnt just how much can be achieved by trusting our instincts, staying true to our aims and beliefs, and challenging our own preconceptions of constraints on what we can do.

Freeing up ‘thinking space’ for staff to embrace new practice

This element of the project took longer to implement than the others due to the need to specify, build and test the new Workbook. It was only after we had introduced this though that we began to see the full benefits of the other aspects of our model to be realised. This demonstrated the importance of minimising bureaucracy to be able to free up the time and thinking space for staff to embrace and take full advantage of the opportunities presented by co-located working and the new model of practice.

Strong leadership to set norms around data sharing

Agreeing information sharing protocols was inevitably challenging, in particular in relation to matching and collating sensitive information at a family level. Strong leadership at senior levels across all partner agencies has been important to resolving these issues, as have good personal relationships across the partnership at strategic and operational levels.

Personal stories

John’s story

John has a long-term alcohol addiction, repeated failed reduction attempts and second baby on the way. The family has child protection status. These are John’s reflections on Family Safeguarding:

“Mellow, trustworthy, Feel can be open able to offload. It is good – if we don’t have them where would we be?”

“It’s all different, all the family are open about it (my drinking)... it’s made me feel better cos I haven’t got to hide it now... Before I started working with the FS team I’d give myself around about a 3 and now an 8 or 9... I do feel a hell of lot better I really really do.”

“Working with the pair of them, I would give me 10/10... they really pushed me forward. And I have pushed myself forward at the same time cos they let me do it my own way.”

Mary’s story

Mary has had previous children removed. She is in an abusive relationship and using drink and drugs. The family has PLO status. Family Safeguarding has supported Mary to look after her new baby.

“All the support – the social worker, the mental health worker and domestic violence worker – all came together. They made their plans and they’ve worked for me. Without the support I’ve had... I wouldn’t have her today. She’s my little miracle.” Mary

“I’d like to thank everyone for what they’ve done. I have a new life and a new beginning. I want to get her into school. Never go into an abusive relationship. Do all the things she needs. I am on cloud nine.” Mary

“We held her and the unborn baby at the focus of all the interventions and made her feel safe. It worked well. Mum was ready to engage. She empowered herself to move on.” Mary’s Social Worker

From the Dad’s Domestic Abuse Group, an 8-week programme

“I’ll be honest, when I was told I was being sent on it, obviously I didn’t want to come but it has been really enlightening.” Nigel

I came along and was skeptical. I was very arrogant like I don’t need help ... after one or two session now I really enjoy it – genuinely.” Alan

“If I’m sliding down a slippery slope I know there’s wider help out there if I need it. It’s really helped change me.” Nigel

“It’s completely changed me. Being able to reflect on things, be more open minded with relationship it’s massively helped. Being able to analyse and break down problems that have happened and see how they might escalate. Being able to read into it and learn a bit of self-control.” Alan

“It’s definitely helped my children. I’ve noticed the difference. I feel calmer in myself. If I’m calmer my children are happier.” Nigel



LONDON BOROUGH OF ISLINGTON

Doing What Counts and Measuring What Matters
A new purpose for social work that empowers professionals, children and families

Challenge

Young people and social workers in Islington tell us that they want more time and support to build consistent and strong relationships with one another. We want to work more intensively, more skilfully and more effectively with the families who need our services. Our challenge is to transform the way we work so that every part of it - from training and supervision to culture and vision - supports workers to spend more time with families and young people.

Innovation

Islington Council is undertaking whole service transformation designed to make social work practice more skilled, purposeful and collaborative. The project has two strands to realise this vision: Doing What Counts by embedding Motivational Social Work and values-based tools to make sure we are Measuring What Matters to children and families.

Partners Involved

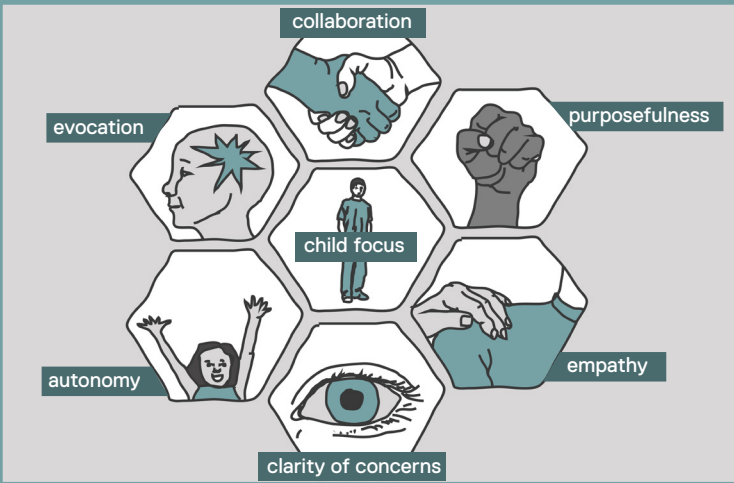
Doing What Counts and Measuring What Matters is a cross-agency partnership led by the London Borough of Islington and the Tilda Goldberg Centre for Social Work and Social Care at the University of Bedfordshire. The programme board includes:

- Whittington Health CAMHS
- The Anna Freud Centre
- Islington Clinical Commissioning Group

Our Innovation

May 2016

A clear purpose: the success and wellbeing of every child and family



At the heart of the new practice model is setting a clear purpose for work with families and young people. This includes shared, co-created goals for each family.

Creating the conditions for new practice by giving social workers the ability to make change happen



Spreading innovation requires the right conditions for practice. For Islington, this has meant adopting a new philosophy; lowering caseloads; establishing access to a multidisciplinary team; improving admin support; and simplifying the case recording system.

Encouraging staff to do the right things rather than do things right



The ways in which Islington previously measured practice told us how quickly we were responding to families but nothing about the quality of that support. We now measure the skills we have used in supporting families and whether families think we have made a difference.

Emotionally intelligent leadership, governance and supervision



An emotionally intelligent style of social work requires an emotionally intelligent style of leadership, governance and supervision. Leaders are creating the conditions for change by modelling a shared purpose, vision and values and engaging others to act.

Doing What Counts

Doing What Counts is embedding Motivational Interviewing (MI), a form of counselling initially developed in relation to alcohol problems that looks at reducing people's resistance to accepting help.

MI is grounded in a combination of motivational interviewing, task-centred social work and motivational risk assessment and management. It aims to strike the right balance between risk, strengths and solutions, focusing on helping the client find their own motivation for change.

Measuring What Matters

We are focusing on performance managing the right things and asking the right questions. To what extent is a social worker able to help the family identify its own strengths and gaps? Is there evidence of collaborative problem solving?

This includes new ways of generating data and evidence. Practice evaluators are embedded in social work teams to observe social workers with families to understand the helpfulness of the involvement and whether the family achieved the desired goal.

Action-focused learning

Motivational Interviewing is now part of the core training for social workers. It moves away from theoretical training to action-focused learning: what does this look like in different contexts? Following initial intensive training, social workers spend a day a month on learning. A new 'line supervision' approach is focused on an open culture of sharing best practice and seeking feedback.

Reducing dependency on external agencies

Motivational Social Work positions social workers as the key agents of change within their professional network, with the aim of releasing pressure on social workers and reducing their dependency on external agencies and experts. The social worker role is supported through reflective group supervision and access to in-house multi-disciplinary input.

Values-based recruitment

We are using the MSW framework in recruitment, which has been critical to finding the right people who can intellectually and emotionally engage with the new approach. Recruitment processes focus on self-awareness, understanding each client's perception and using skills that enhance relationship building.

Creating effective data learning tools

Data and monitoring have also been given a clear purpose of supporting reflective practice: to provide prompts for questions and discussion, rather than performance assessment. Accountability is focused on effective goal delivery and outcomes. Social workers are audio taped five to six times during the year to evaluate the extent to which they demonstrate the seven key principles of motivational social work: evocation, empathy, purposefulness, autonomy, collaboration, child focus and clarity of concern. Embedded evaluators use a coding tool to evaluate social workers' practice, which forms the basis of discussions between social workers and practice coaches around areas of good practice and support needs. The data is amalgamated to give a picture of service delivery overall, which helps each team reflect on what's going well and what could be improved.

Learning on behalf of the sector

We are developing a new tool to assess supervision and build understanding of what makes for effective supervision. This will look at how to baseline the quality of supervision and track improvement at an individual social worker level. The team will share the learning generated throughout the project with the wider sector, and discuss its potential use for Ofsted inspections.

Aligning values and principles across the organisation

Growing this work has meant systematic spreading of MSW principles in everything we do from working with families, to supervision and meetings. This incorporates a new model of supervision, which is stimulating broader conversations around what other internal interactions look like in an MSW culture. Aligning workforce culture takes time, and the project team has been paying close attention to the anxieties of non-social work professionals in how changes will affect them. It has been vital to acknowledge the importance of such fears and facilitate open conversations between all parts of the organisation – even those who are not directly involved in the new model.

Aligning management and systems with the vision

Taking on board lessons from earlier testing of MSW techniques, we are changing approaches to management, recruitment and supervision. In particular, this requires a supervision style that steers away from directive, accountability focused supervision to provide a more reflective space to support practice and develop robust interventions. In addition, we are changing the way in which we conduct meetings and reviews, as well as re-assessing quality frameworks and risk assessment.

What we're doing

What's changed

What we’ve learned

Doing What Counts and Measuring What Matters

A new purpose for social work that empowers professionals, children and families

“Doing the work that counts with families to achieve meaningful and sustainable change. Evaluating our success by the outcomes we achieve with families, rather than what is easy to count.”

<p>Challenging assumptions about social work</p> <p>Focusing on purpose has meant challenging assumptions about the role of social work. This has shifted from one of co-ordinating help to doing direct work with families to help them make sense of their situation and achieve their goals.</p> <p>All social work should helpfully contribute to the safety of the child and achievement of the family's goals. Social workers ask themselves three questions on a daily basis to evaluate whether their work is helpfully contributing to achieving the overall goals for change, which also provide a framework for group supervision and reflection:</p> <ul style="list-style-type: none">• Am I clear on the purpose of what I’m doing?• Is the family clear?• Is my manager clear?	<p>Learning from past innovation and early implementation</p> <p>Our project has been informed by previous work to trial Motivational Interviewing and the early implementation phase of MSW. Despite the positive reception to MI training by staff and improved engagement with families, a randomised control trial did not show significant change in outcomes for children and young people. However, Islington generated three important lessons from this work:</p> <p>1) MI alone is not enough and other theoretical principles must be embedded to impact on outcomes; 2) the value of action research as a learning tool to improve social work practice on an on-going basis; and 3) the early implementation stage has shown that a focus on practice is not enough, a more emotionally intelligent style of practice requires a different style of supervision and leadership.</p>	<p>Building relationships</p> <p>Anecdotal evidence from social workers reflects that they are building relationships and learning more from families, which informs their risk assessments and enables faster decisions. As staff have come into post the intensity of the interventions has increased, especially for new cases.</p> <p>Findings from the University of Bedfordshire show that 79% of the Islington families who were interviewed reported being pleased with the help they have received from social services.</p>	<p>Commitment, not compliance</p> <p>Embedding this new culture encourages and requires commitment, not compliance. A move towards commitment involves striving to achieve a shared vision for social work that demonstrates our values in practice through purposeful work with families and measures success by the outcomes of families.</p> <p>This represents an investment in <i>why</i> and <i>how</i> we achieve good practice, and a move away from the <i>what</i> and <i>when</i> of a compliance culture mentality. This ambition requires a move away from a culture that measures success through metrics that tell us nothing about the quality of practice or safety and well being of the child.</p> <p>However, letting go of compliance is hard. There is an illusion in social work that bureaucracy creates safety. We’re making sure that monitoring in Islington scrutinises the right things and relies on feedback to help workforce to develop, adapt and learn. One of the benefits of this approach has been a shift from the programme team driving development of the innovation, to the service being able to take ownership of its implementation.</p>
<p>Smaller caseloads are a key enabler</p> <p>Smaller caseloads means each family can be seen more frequently for longer. Reflective practice requires time for reflection and preparation. Combined with fast access to clinical expertise when cases are complex, this results in improved engagement with families, improved quality of assessments and plans, timely and purposeful interventions and improved decision-making.</p>	<p>Admin and IT matter too</p> <p>It’s crucial to create the right conditions for the practice when asking people to do things differently. In addition to training and practice development, social workers have been supported by increased admin support and replacing IT systems to reduce seven forms down to one assessment. These changes have enabled social workers to focus on doing the work that counts.</p>	<p>Co-producing practice with families</p> <p>MSW is grounded in principles of self-determination, which promotes the belief that service users are the experts in their own lives, and that only they can make change and take the decisions about how the kinds of support they need.</p> <p>The team has sought to engage families in every step of the planning and delivery model for new practices and approaches. This includes interviews with every parent or family about their experiences of interactions with practitioners, as a way to gather large-scale data around priority practice areas.</p>	

Personal stories

Laura and Amy

Laura and her daughter Amy became involved with social services when Amy, aged 12, was showing signs of an anxiety disorder that was having a major impact on her quality of life. Laura had difficulty managing this and for a period of time Amy went into foster care and then to a specialist mental health placement. When she returned home the family worked with Islington’s multi-disciplinary team for about six months. They did a lot of direct work with both Laura and Amy, which helped them identify what they wanted to change.

Laura gained strategies in managing the situation and the positive results she started to see boosted her confidence in her parenting. Amy learned how to understand her emotions and express them in healthier ways. She feels more supported by her mum now when she becomes anxious and her mum is able to keep calm and help her utilise the strategies she’s learned.

For the social worker, the intensity of twice weekly visits was crucial in helping them get back on track as it gave Laura the opportunity to talk about how things were going and work through the difficulties. She felt listened to and having a support network around them felt like she did not have to face this on her own. Amy still battles with her illness but the impact on her quality of life is now minimal and her relationship with Laura is better. They are now able to manage without specialist support.

Melanie, social worker

Social worker Melanie used Motivational Social Work techniques and some direct work tools to support Linda and Mike to think about how they can manage conflict in their relationship and how conflict may impact on their children’s emotional and behavioural development. By creating an environment where they could explore the difficulties in their relationship, Linda and Mike were able to identify triggers for conflict.

Using evocation skills Melanie helped them to tap into their intrinsic motivation for change – that the children had begun to mimic their behaviours and that this upset them. From this conversation they were able to visualise what life would look like if things got better or worse and set goals for change.

Through this purposeful conversation Linda and Mike were able to develop a better understanding of how their relationship impacted on their children and identify what they wanted to change about their life. Melanie learned that Linda and Mike have the capacity to change and identified a goal to support them to achieve.

All names have been changed to protect identities.



Leeds City Council

Family Valued

Taking a restorative practice approach to put the family back at the heart of children’s social care



Challenge

Leeds has a clear aim: to safely and appropriately reduce the number of children unnecessarily coming into care. Our challenge is to create safe high-quality packages of support to extended family and kinship carers, working alongside families to prevent children being taken into care. A key part of this goal is changing services’ response to domestic violence adopting restorative ways of working with the whole family.

Innovation

Family Valued is embedding restorative practice across all council services, offering a common theory of practice for the whole workforce, at the same time as developing Family Group Conferencing as a core offer to families in a wide range of circumstances. Our aim is to create the conditions in which families can make decisions, repair relationships and make change for themselves.

Partners Involved

- Family Valued is a cross-agency partnership led by Leeds City Council and including:
- Children’s services
 - West Yorkshire Police
 - NHS Leeds; Leeds Community Healthcare; and public health teams
 - Adult mental health
 - Local schools
 - Drug and alcohol services
 - Leeds Safeguarding Children’s Board
 - Domestic violence services
 - Housing
 - Probation
 - Family Judge for West Yorkshire
 - The Leeds Health and Wellbeing Board
 - Leeds Community Safety Partnership
 - Third sector providers
 - Leeds Children’s Trust Board

Our Innovation

November 2016

A new social contract: restorative practice as the default setting for all work with children and families



Leeds is using Family Group Conferencing (FGC) at scale, including exploring ways of extending the offer to families affected by domestic violence and commissioning additional support services according to what families say they need. All families who are subject to an Initial Child Protection Conference are now offered an FGC.

Targeted whole-family support

A daily multi-agency meeting now takes place at the ‘front door’ to provide a more co-ordinated response, both in actions and approach, for families experiencing domestic violence.

Family Group Conferences

Family Group Conferences are offered to more families, earlier in the lifetime of the issues they are experiencing. In the case of domestic violence, FGCs are conducted in a way that guards against re-victimising the victim. No arrangement is made without their consent, especially including who is invited to attend. The purpose is not necessarily to keep the family together, but to use the wider family to identify conditions of support. The perpetrator is only physically present at the request of the victim if he or she acknowledges the abuse and is willing to address it.

A Family Group Conference acts against the secrecy of the abuse by enhancing knowledge and the number of people who know what has been happening. It draws on the strength of the extended family and friendship network for support, information and resources. It brings together, at one place and at one time, agencies who can offer professional resources.

A working culture of high support and high challenge, facilitated by action learning



Leeds has a 75,000 strong workforce involved in lives of children in some way. The new approach to working with families is reflected in new ways of working with one another. Through large-scale training programmes, restorative practice is being embedded as the core ethos of working in Leeds.

A common theory of practice across the whole workforce

Since April 2015 the restorative practice training team and expert partners have delivered training to over 5,000 people. We are spreading restorative practice across the children’s workforce and beyond, including frontline professionals across the NHS, police, schools, youth offending teams, housing, social work and in voluntary and community organisations. This ensures a common theory of practice across multiple agencies.

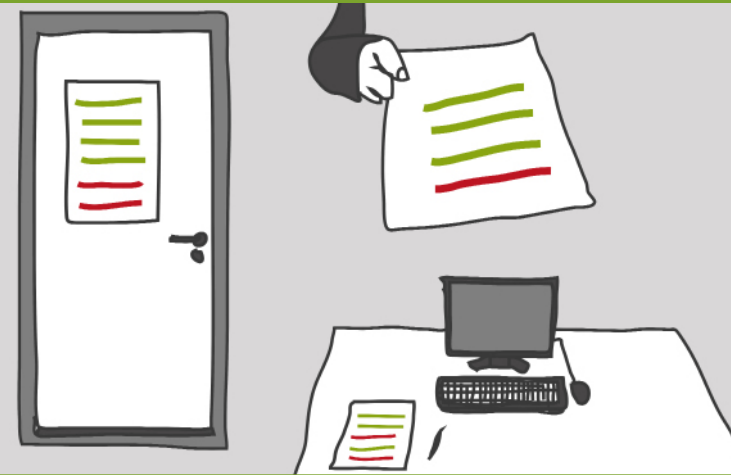
Cascading learning

Making sure learning is sustainable means not just looking at training but how it’s then embedded as a practice. A network of ‘restorative champions’ is in place and a comprehensive train the trainer programme is currently being rolled out.

Better decision-making between teams

Four FGC teams are linked to their local social work teams, the ‘front door’ and locality-based early help provision through clusters. This ensures the FGC service is both able to accept referrals and support partners’ development and engagement with Family Group Conference.

An ‘obsessive’ focus on the things that matter



Leeds began by setting one clear aim: safely and appropriately reducing the number of children unnecessarily coming into care. Everything stems from this. We use Outcomes Based Accountability to track our progress towards our goals for children and families, and make this data visible to everyone.

A clear focus on the outcomes that matter

We want Leeds to be the best city in the UK to be a child. Our five outcomes for children are for them to:

- Be safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Be active citizens who feel they have voice and influence

These are measured through 14 priorities and 20 indicators, of which three are ‘obsessions’:

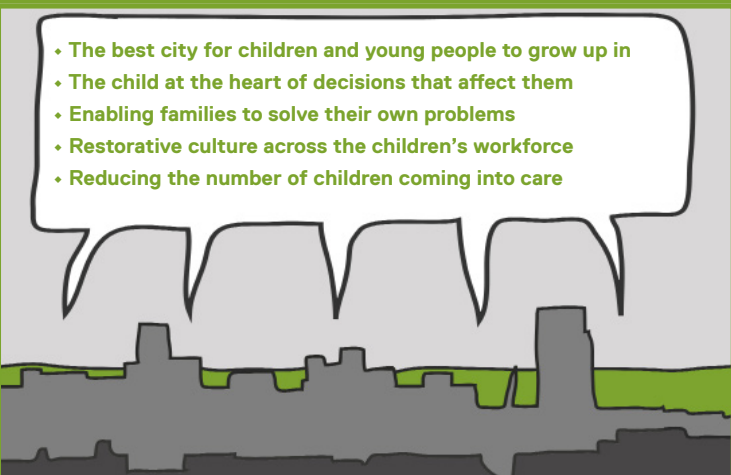
1. The number of looked after children
2. School attendance
3. 16-18 NEET rate

Our Outcomes Based Accountability approach gives us a focus on:

- How much are we doing?
- How well are we doing it?
- Is anyone better off?

Weekly data on how we’re progressing is displayed visibly across the council to inspire and motivate staff (not to create performance anxiety).

A clear vision from a cross-agency leadership team



The Leeds leadership team has set a clear and strong vision that means everyone understands what we are trying to achieve together. This extends across the cross-agency partnership and includes managers at the most senior level in addition to our elected members.

Making leadership visible

Senior level engagement and visible, committed leadership have been a critical factor in gaining engagement from staff across the workforce. Our leadership has set a clear vision for children’s services, backed up by a theory of practice and a strong project management capability.

Training for leadership

A wide range of senior leaders have had in-depth training in restorative practice, ensuring that this is not just seen as a practitioners’ approach but is valued by and embedded through all levels of the organisation.

Training focuses not just on how we work with children and families but also how we work together. There is intensive restorative training in teams, with homework and robust challenge of colleagues regardless of hierarchy. This gives everyone a mandate to make change happen. When you look at the organisation, if what you find is not restorative then change it.

What we’re doing

What’s changed

What we’ve learned

Family Valued

Taking a restorative practice approach to put the family back at the heart of children’s social care

“Building stronger families, however those families are defined, is at the very heart of our ambition to be the best city for children and young people to grow up in.”

Nigel Richardson, Child Friendly Leeds Ambassador, Leeds City Council

Fitting in with existing timescales	Building momentum around culture change	Communication crucial to learning	Using success stories to engage and champion
<p>It takes 6-8 weeks to set up an FGC, and there’s a challenge in being required to run CP conferences as well as FGC. This can be confusing for families. Permission to depart from existing ICPC timescales has been granted by the Children’s Minister, Edward Timpson. Our ambition is to remove the initial CP conference where safe and appropriate, which is serviced and formal, and give families an entitlement of a family-led FGC. FGC enables swifter kinship assessments to be made as the wider family are already known and engaged with the FGC process.</p>	<p>Early findings from the evaluation show reported evidence of momentum-building around restorative practice, suggesting culture and practice change. Feedback from training sessions is overwhelmingly positive. FGC principles are seen by a wide group of stakeholders as having wider application to a range of family-based decision-making models.</p>	<p>In addition to clarity of communication from the leadership, we have found that continuous communication and engagement over time is important in ensuring all partners are on board with the process as it develops and that learning is shared. This includes engagement with domestic violence services and links to the wider domestic violence strategy for the city, in addition to engagement with bodies such as the Local Safeguarding Children Board and the voluntary sector.</p>	<p>An Ofsted inspection at the beginning of the programme led to some delays in the initial stages of the plan, as senior managers were absorbed by these processes. The positive outcomes of the Ofsted inspection, however, have been used to engage more departments across the city, including transport, housing and customer facing teams as well as to engage with other councils and local authorities nationally.</p>
A need to join up data	Supporting social workers	Having everyone round the table	Building leadership in other agencies
<p>The ‘front door’ daily meeting has required intelligence sharing and has massively opened up an understanding of the knowledge that sits in services across the city. Previously, a victim of domestic violence could have experienced up to 10 calls from a range of services.</p>	<p>A radical change to practice can be unsettling if it feels as if your professional competence is challenged. The model requires social workers to relinquish some control, as they were previously the only people who could refer to FGC. It’s been important to give safety to social workers to operate in the knowledge that they will be supported by managers.</p>	<p>One method of engagement has been to use partnership events to launch elements of the work and reflect on progress around key themes (e.g. partnership working).</p>	<p>Through coming on board, different agencies are seeing the benefit of restorative practice. The team sat down with partner agencies to work through a key question: what does restorative practice means to you and your organisation? This ‘translation’ of the principles to different contexts has created leadership for the work across agencies, and given those leaders the ability to adapt the model to the ways their teams work best.</p>

Personal stories

Michelle’s story: a family’s perspective

“I was very sceptical when I was first contacted – I believed it was my family and I could sort things out. But I listened to Jane [the FGC co-ordinator] and got things off my chest. She was an absolute rock for me and my family. I realised, with Jane’s help, that as a family we were just papering over the cracks and had not solved anything. Going through this process gave our family the best chance at working toward the future we want.”

Michelle and her partner Dave have seven children. Their family were discussed at a ‘front door’ daily meeting following an incident in which Dave had assaulted Michelle. Despite open scepticism about any professional being involved in her family life, Michelle developed a good working relationship with the FGC co-ordinator. Dave received a custodial sentence of eight months, but Michelle wanted to stay together and for him to see the children on his release. The co-ordinator visited Dave in prison, working with the probation service to decide if an FGC would be suitable. It was agreed the FGC would focus on Michelle and Dave’s communication.

Strict conditions were in place on Dave’s release from custody to integrate him back into the family in a structured way. He was not to reside at the family home. Michelle and Dave were not happy about this as they had thought that they could go back to their normal lives. These issues were incorporated into the questions to be addressed at the FGC.

At the initial FGC, all the children were prepared and supported to read out their views and feelings about the situation, which had a big impact on Michelle and Dave. Though they planned for Dave to live with his parents, his wider family did not attend the initial conference as Michelle was not ready to have them there. However, during the FGC, Michelle came to see how and why they should have been there. Michelle asked the co-ordinator to contact Dave’s family; a restorative conference took place and they will attend the review conference in a few weeks’ time. The plan is working well and the whole family are really happy with how things are going.

Annie’s story: a social worker’s perspective

“Taking the family’s perspective into account enables us to work more positively with them to achieve better outcomes.”

I’m a social work team manager. My whole team have had ‘deep dive’ restorative practice training which we all found really helpful and informative. As a team the training gave us the time and space to gain a greater insight into the way we function, both individually and collectively, and we all feel this can only have a positive impact on the work we do with families in that we appreciate the impact of our involvement and the ability of families to engage with us dependent on the approach we take.

The training enabled us to build on our theoretical base and the team particularly benefited from applying particular restorative exercises to practice. We feel this has given us a better understanding of the responses of families with whom we work. It also enables workers to recognise that when they are met with abuse or distrust this is not necessarily directed personally at them but can be a reaction to the circumstances the family find themselves in.

As a manager I have also participated in the restorative leadership training. Participating in groups with manager colleagues from across the city has enabled positive working relationships to be built and for there to be a more unified management group. The training supported managers to be able to challenge issues that were affecting them and to do this in the knowledge that middle and senior managers would respond restoratively. Since the restorative practice training was undertaken across the whole management structure there has been a greater engagement of senior management within the localities and a much more open approach to consultation regarding change that affects the service. This enables us as managers and practitioners to respond more positively to new developments and we feel the whole organisation is working collectively to ensure the best outcomes for children and families.



North Yorkshire County Council

No Wrong Door

Ensuring young people access the right services at the right time and in the right place to meet their needs



Challenge

Young people who enter care during their teenage years tend to spend considerable periods in residential care. They are more likely to have placement breakdowns and can follow a path of multiple placements, over time becoming distrusting of positive relationships, disengaging from education and training and falling into patterns of risky behaviour.

Innovation

No Wrong Door is an integrated service for complex and troubled young people. Their needs are addressed within a single team. Operating from two Hubs, No Wrong Door brings together a variety of accommodation options, a range of services and outreach support under one management umbrella.

Partners Involved

No Wrong Door is a partnership led by North Yorkshire County Council and including:

- 7 district councils
- 9 housing/accommodation providers
- Health and CAMHS
- Police

Our Innovation

November 2016

What we're doing

From placement planning to bespoke placement creation



The Hub creates a breathing space for young people to make mistakes without hitting crisis. Together, the young person and their key worker develop a timeline and a plan of action that is reviewed regularly and which enables the young person to see and acknowledge the progress he or she has made.

Smoothing transitions

Young people told us that they were often moved too quickly, which meant they struggled to adapt to new placements. There was often not enough follow-on support from the children’s home.

The No Wrong Door model aims to provide young people with the stability, skills and support whenever they need it to successfully manage these difficult points of transition; and, more broadly, the transition from adolescence to adulthood.

Whether young people choose to live independently or try a family placement, whether they want to go back into education or find employment, they are consistently supported by their key worker on their journey.

Providing practical support

Many young people are unprepared for life outside the children’s home, and struggle to access education, training and employment. The Hub has strong partnership links to training and education providers, and a Hub worker in a dedicated role helps young people to access opportunities, develop life skills such as cooking and budgeting, and prepare them for the future.

Pulling expertise into the team as needed, rather than passing cases on



The Hub team is integrated and multi-disciplinary, including clinical psychologists, police, speech therapists, family circle workers, education and employment support and homelessness support. Practitioners work together in a single space with a common theory of practice based on the Signs of Safety framework.

Engaging a wider group of professionals

If extra support from any other practitioner is needed, these people are pulled into the team rather than the child being referred to them. This has required bringing key partners on board to work innovatively and collaboratively with us, including the police, who have a permanent team member attached to the Hub.

Instilling a new workforce culture

North Yorks has embraced Restorative Practice and Signs of Safety as evidence-based theories of practice that are adopted across the whole service. This provides a common framework, enabling all staff to talk to one another in the same professional language about the same young people.

Mandatory training in Restorative Practice is given to the whole workforce. This is regularly refreshed, and in-house trainers have been recruited so that training does not have to be bought in. Every member of the team is given a personalised training plan, and this is linked to improving practice and the experiences of young people.

A genuine commitment to co-producing provision at every level



The Hub requires everyone to work together and make things happen in new ways. Changing practice, culture and relationships is hard. Actively involving everyone in the design and continued development of the Hub has been essential.

Co-designing with young people

We undertook a consultation with young people that highlighted the importance of a key worker who “sticks with them”. The research informed the Hub’s integrated model, centred around a key worker who assesses the young person once and structures access to further support. Regular focus groups, chaired by young people with experience of care, make sure the Hub remains true to this principle.

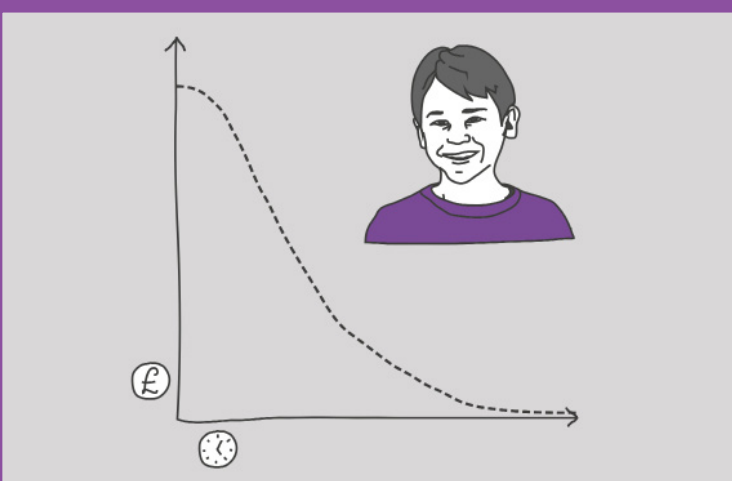
Working in partnership

Strong partnerships have been developed with police, districts, housing providers, health and CAMHS. In addition, council departments have been involved who wouldn’t normally be part of this kind of initiative, including finance and legal, to free up permissions and make things happen.

Practitioner-led development

We have maintained a focus on how the new culture is exemplified in adult and professional relationships in addition to professionals’ relationships with children and families. At the beginning of development the team held a culture and practice event that focused on getting specialist roles right and working well together. This set the tone for resilient relationships that could stay strong when things got tough.

Thinking differently about assets, resources and value for money



Our purpose is to improve outcomes in the long term, not cut costs in the short term. This means looking differently at resources and assets, and building an evidence base that shows the value in investing intensive time, money and expertise in approaches that will make a genuine difference to the lives of young people.

Thinking differently about value for money

Our challenge is to improve young people’s safety and stability, reducing vulnerabilities and improving their emotional wellbeing. This will enable them to engage in education, training and work readiness; to reduce criminal activity; and to engage with the services that can best support them to get where they want to go.

While costs for new bespoke placements are initially high, these are offset by a decrease in costs as adolescents are able to drop down into more stable foster placements. Rapid, intensive responses are expensive but are used for short amounts of time to facilitate slow, managed and more sustainable moves.

Creating flexibility to do things differently

A variety of accommodation types are offered by the Hub to meet and flex to the needs of each individual young person. Genuinely bespoke placements have been developed by thinking differently about who, where and when placements can be provided. This includes those traditionally used for holiday or education purposes, which has necessitated an exemption from Ofsted. Flexibility of residential staff has been supported by using zero-hours contracts, on top of regular salary, to pay for immediate and flexible responses.

What's changed

What we’ve learned

No Wrong Door

Ensuring young people access the right services at the right time and in the right place to meet their needs

“It provides that essential consistency: a trusting relationship that sticks with them no matter how they move through care.”

Pete Dwyer, Corporate Director of Children and Young People’s Service, North Yorkshire County Council

The importance of consistency

Young people can struggle to form new relationships once support from a children’s home has ended. The Hub puts a strong emphasis on positive relationships that are consistent throughout the young person’s journey and that, in turn, gives them the confidence and skills to form new relationships.

There is positive feedback on how workers are sticking with young people as they move on from No Wrong Door. This provides the young person with reassurance that they will receive the same support in future, and allows them to build a relationship in the knowledge that it will not be withdrawn suddenly.

Setting a clear purpose

The purpose of our services for adolescents are firmly around permanence in a safe family setting and not permanence in a children’s home. This means that outcomes for services for adolescents have to combine both safety in the short term and wellbeing in the long term into adulthood.

Reducing the number of beds in children’s homes has released funds to redeploy into the Hub, and to invest in children’s home managers who can shape the culture of their teams.

Reclaiming professional expertise

A ‘lightbulb’ moment occurred to social workers early on in the process that their roles had become one of monitoring, assessing and signposting rather than doing restorative work with families. No Wrong Door has allowed - and challenged - social workers to reclaim their professional expertise.

Viewing the cohort differently

We have moved away from dedicated specialisms - CSE or gangs, for example - and have taken the view that, as all adolescents are vulnerable to all of these factors, there should be one central team for all vulnerable adolescents.

Uncovering unmet need

The use of speech and language therapists has played a bigger role than the team was expecting, with a very high number of undiagnosed learning difficulties uncovered in children who had not been assessed or had been waiting for an assessment. These therapists have been paid for in part by the pupil premium.

Supporting the system to refer

Over 85% of all current cases are now No Wrong Door referrals. Occupancy levels at the Hubs average at 44.4%, indicating success in reducing the need for residential care while increasing capacity for edge of care work.

Using data to bring partners on board

A new Performance and Intelligence Officer post has resulted in a step change in the volume and quality of data about the practice. There is now a tracker in place that tracks child level data. There has been strong engagement with the Police Supervisors who manage the officers seconded to the No Wrong Door team.

In one example, the team positively influenced the police view of a family (a mother and her teenage son), shifting this away from seeing the family as perpetrators to seeing them as the victims of crime: a vulnerable adult and young person exploited by criminal gangs.

The Hub team has also influenced the use of police bail conditions, for example in a case where a young person was excluded from his mother’s home. This data has indicated that the NWD model has the potential to significantly reduce costs for the police service. NY Police now directly fund the NWD Officer Roles.

Building the evidence and business case

An evaluation of the 12 month pilot project revealed that 86% of adolescents remained at home through this successful out-of-care support, with reductions in remands and crisis presentations. In the 12 months to the end of March 2016, just one new out-of-authority placement was used.

On an annual basis it is anticipated that the Hubs will work with approximately 60 of our hardest to engage young people in placements, up to 200 young people on the edge of care, 250 young people on aspirational activities and 50 young people placed in accommodation through our homelessness pathway.

Prior to implementing the No Wrong Door model we ensured that effective project management arrangements were in place to support the delivery of the project. This included strong governance arrangements with our key partners to promote and authorise an innovative environment to mitigate risks and keep each individual organisation informed of progress and key messages.

The North Yorkshire team is refining the model and developing a framework and business case, both to mainstream the model in North Yorkshire and for implementation in other local authorities.

Personal stories

Stories from young people

“It’s much better than I thought it would be. I have a key-worker. I can’t think of anything they could do better, I can talk to any of the staff if I need to.” Said to an Ofsted inspector regarding what the young person thought of the service.

“You can choose meals and take turns in preparing them, staff will help you, for all of us to share.” Said to an Ofsted inspector regarding young people’s involvement in the home and preparing for independence.

“The best thing they do here is leave me alone for five minutes when I get wound up. Then they come and talk, they definitely help you.” Said in relation to staff’s support for the young person when they feel upset and angry.

“Staff go looking for you if you go missing.” Said to an Ofsted inspector regarding feeling safe and cared for.

“Knowing that the staff will be there after I have turned 18 makes a big difference and I know they will be because I have seen it happen with others.” Said in a young person’s focus group about what they liked most about No Wrong Door.

“It’s ok mum, it’s different to normal fostering because it’s [name] and I know him already so I am happy.” Said by a young person to their birth parent stating why they were comfortable going into a NWD Hub Community Family when they had previously been resistant to foster care. Having a relationship with the carer prior to placement really made the difference.

Clinical Psychologist working as the NWD Life Coach

“Having worked in several CAMHS and adult services I have seen how some of the most vulnerable people do not meet the criteria for access to mental health services, yet they experience painful levels of emotional distress. These young people continually fall into a gap in services, meaning that often no psychological support is provided.

However, while it is vital for these young people to receive psychological input I also believe that it can be entirely inappropriate for vulnerable young people to be invited to mental health services in order to talk about their thoughts and feelings. Not only because this clinic approach doesn’t work for our young people, but also because being a user of mental health services can provide a narrative that you are ‘mentally unwell’ and that there must be something ‘wrong’ with you. In fact many of the vulnerable young people I have worked with are actually experiencing very normal emotional and cognitive reactions to some very abusive and traumatic experiences, therefore while their emotional and cognitive experiences can cause a great deal of suffering they are also very normal reactions to a set of traumatic life events. If we have any hope of helping these young people we need to deliver services in a way that will not further reinforce their perceptions of themselves as being a ‘problem’, ‘not right’, ‘unwell’, or in any way ‘responsible’ for what they have experienced.

This, I believe, fits with the ‘embedded’ approach we provide within No Wrong Door. I have to admit that initially being embedded in the home felt out of my comfort zone and made me a little uneasy, but actually has proven to be the most effective way to reach these vulnerable young people.”



PAUSE

Pause

Reducing the number of children being removed into care, by intervening with women who have experienced, or are at risk of, repeat removals of children from their care

Challenge

Every local authority in the UK has women with complex and challenging needs to whom multiple children are born and subsequently taken into care. Evidence suggests that as many as 29% of all care applications involve a woman who has already had a child taken into care. These women are typically vulnerable and live with intersecting and numerous social, environmental, emotional and health related challenges.

Innovation

Pause works with women who have experienced, or are at risk of, repeat removals of their children. Through an intense, systemic programme of support, Pause aims to break this cycle, prevent negative outcomes for their children, and support women to create a more positive future for themselves.

Partners Involved

National Pause, based in London, currently supports seven Pause Practices being delivered by:

- London Borough of Hackney
- London Borough of Southwark
- London Borough of Newham
- London Borough of Islington
- London Borough of Greenwich
- Doncaster Children’s Trust
- Hull City Council

Our Innovation

May 2016

What we’re doing

Supporting women to create a more positive future for themselves



Pause works with women who have experienced, or are at risk of, repeat removals of their children. It intervenes at a point at which she has no children in her care. Through an intense, systemic programme of support, Pause aims to break this cycle, prevent negative outcomes for their children, and support women to create a more positive future for themselves.

What’s changed

Bespoke packages of support

Pause Practitioner designs a bespoke package of support alongside each woman, rather than signposting or passing her from one service to the next. They support her to access housing, domestic abuse services, sexual and reproductive health advice, drug and alcohol support, employment and education, and any other service she may require. If and when appropriate, women are supported to access counselling and mental health services. The Practitioner is a constant throughout, providing support prior, during and following contact with other services.

Creating a new future

The range of support helps women to create a new view of what their future could be like. This includes navigating everyday systems and bureaucracy and finding and sustaining stable accommodation. Importantly, women are also supported to build resilience, self esteem and adopt healthy boundaries; reflect on the past and on responsibility to their existing children; learn to avoid adversarial interactions; and address negative issues when they are ready.

As a condition of beginning this voluntary programme, women agree to take long acting reversible contraception (LARC) so they have the opportunity to reflect and focus on their own needs, often for the first time in their lives.

Helping partner agencies to think and work differently



As it does with women, Pause also encourages partner agencies (e.g. criminal justice and drug and alcohol services) to think differently. We ask them to work with women from an open and curious perspective, and put aside previous assessments and preconceptions.

Working with women on their own terms

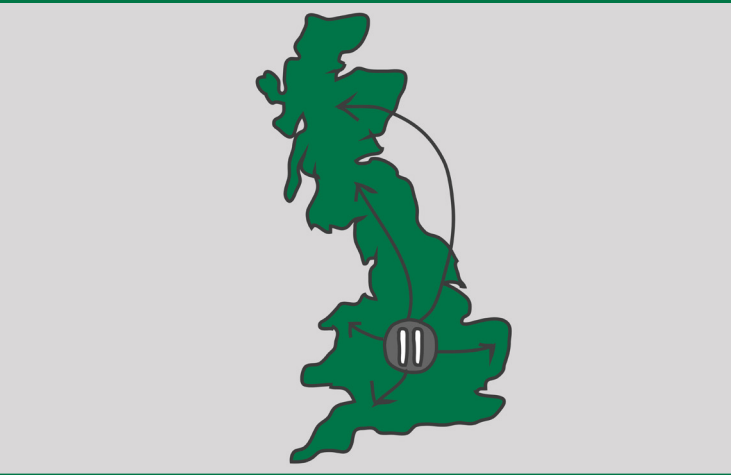
Throughout the programme women become involved in activities ranging from creative (e.g. art and crafts) to active (e.g. horse riding and swimming), with all activities designed to increase confidence and self-esteem. These activities also support women to begin to trust the practitioners they work with, breaking down some of the traditional roles between families and services.

Taking a cross-partnership and outreach approach

For all local areas, this is a brand new programme providing support previously unavailable to these vulnerable women. For Pause, it is not enough to assume that simply signposting will be effective in getting the women the help they need. It is the Practitioner’s role to engage with and support the women to make contact with and attend specialist services. Pause is delivered across a number of providers due to a flexible and agile approach.

Practitioners come from a range of backgrounds including social work, community outreach, mental health and drug and alcohol workers. What makes Pause Practitioners different is that the women become the lens they work through, to affect change within the system. Each woman is engaged with in the way that works best for her, and is not defined by her maternal identity.

Working with local providers to influence national responses



At a local level, Pause is influencing the way vulnerable people and professional systems interact and engage with each other. At a national level it is demonstrating the need to respond differently to adults and children with complex needs, through a flexible and agile approach.

Working closely with pilot sites

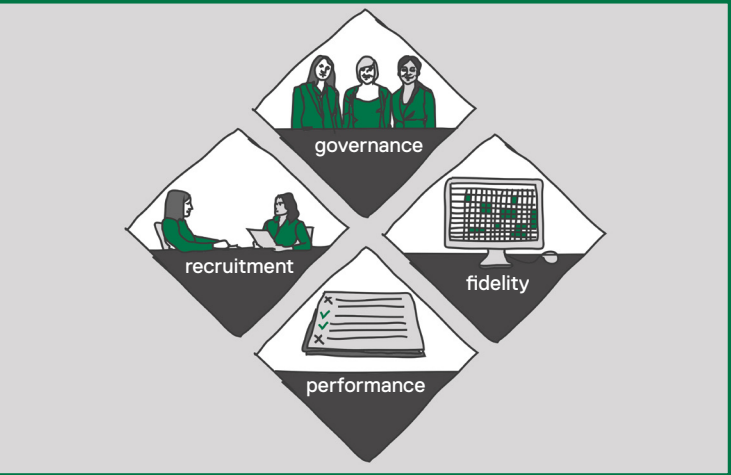
Women who have, or are at risk of, repeat removals face systemic, trans-generation issues, which can only be tackled in a joined up approach. Relationships with women and between services are at the heart of the Pause model, and this includes the close relationship between the local Pause sites.

We have learned that we have to be open to responding to the intelligence and information received from each local Pause practice and be open to refining and adapting the delivery model to meet our objectives. We have been supported to do this through our partner pilot sites and the many independent supporters that we have attracted, including corporate and pro-bono support and from experts in criminal justice, health and other fields.

Building a national case for change

While the scale of this problem is well known and understood at a local level, it is only recently that a comprehensive national data set has been gathered to provide compelling evidence. In 2014, recurrent care proceedings were linked to 15.5% of the 46,094 mothers who appeared at court that year. Learning from Pause Practices is fed into National Pause for evaluation, replication and roll-out across other sites. Pause also holds quarterly Learning Forums, focusing on specific issues.

Balancing fidelity to the model with adaptability to context



Ensuring fidelity and quality assuring support while scaling the model is a key challenge. Pause has a clear but flexible approach with a set of core requirements that are suitable for adaptation and application in a wide variety of settings. Pause is already supporting a number of new areas, in addition to its current pilot sites, to meet their objective of developing a Pause in their area.

The Pause Framework

The Pause Framework outlines the key components that all Pause Practices should have in place to ensure fidelity and integrity to the Pause model and achieve successful outcomes. The Pause framework outlines requirements including:

Governance: A local strategic Board, featuring local agencies and Pause Champions, is accountable for the successful delivery of Pause. They lead the local response to ‘doing it differently’, being held accountable to the National Pause Board of Trustees.

Recruitment: The quality and skills of its practitioners is integral to a successful Pause practice. Employing the right staff through an effective selection process involving National Pause, which provides job descriptions, person specifications, assessment and roleplay scenarios, and takes part in shortlisting and interviews using questions that explore characteristics and experience.

Service performance management: Collection and analysis of data in order to improve service delivery.

Fidelity measures: Identifying measures that indicate the programme is delivered with high tenacity, low attrition, and within the Pause delivery timescales. Baselines for these measures will be determined through the evaluation.

What we’ve learned

Pause

Reducing the number of children being removed into care, by intervening with women who have experienced, or are at risk of, repeat removals of children from their care

“‘Doing it differently’ is at the heart of what Pause offers.”

Seeing women differently	Being clear on what Pause doesn't do	Responding to direct requests for support	Understanding the scale of the challenge
<p>Agencies that Pause work with have begun to see women as people, not problems, and women now see professionals as people, too, not just as part of a system that works against them. Encouraging partner agencies to think differently about women, and in turn modeling good relationships to women, has had a positive impact.</p> <p>Pause has challenged partner agencies to meet the needs of women, and in doing so, shown them that behaviours can change and improve if a different approach is taken.</p>	<p>It’s important to be clear with women and practitioners on what Pause doesn’t do. Pause does not conduct parenting assessments; it does not work with women to get their children back (though this can be the case); it doesn’t offer parenting support or parenting classes; and, crucially, it doesn’t ‘rescue’ women or run their lives for them.</p>	<p>Pause has had to consider how best to respond to requests for support, particularly from vulnerable women contacting National Pause. This is difficult in areas where there is no existing Pause Practice or similar service. A protocol has been developed to respond appropriately to such requests.</p>	<p>In 2013 the London Borough of Hackney identified 49 women who had given birth to 205 children between them, who were taken into care.</p>
Managing transitions	Continuously developing the core delivery model	Demonstrating value for money	
<p>After such an intense intervention, we are very wary of suddenly leaving women with dramatically reduced support. To address this, we have worked with women and practitioners to design a transition and aftercare programme that enables the woman to move from intense support to a more universal level.</p>	<p>An in-depth understanding of the values and objectives of National Pause is crucial to the success of local Pause Practices, and in ensuring fidelity of the model.</p> <p>As Pause scales and spreads, a level of guidance is required to ensure consistency of core delivery model, whilst allowing flexibility so that the model can respond to and be owned locally. The Pause Framework is essential so that all Pause Practices understand what must be in place to effectively deliver Pause, coupled with the ongoing support from National Pause.</p> <p>In the future, we believe that Pause has the potential to be used as a wholly preventative solution rather than a reactive one (e.g. prior to the birth of any children for women who fit the profile).</p>	<p>The primary purpose of Pause is to prevent the damaging consequences of children being taken into care. The trauma is a high enough cost, but the cost to the taxpayer is in the hundreds of millions. It is estimated that over a 5 year period, 7 Pause Practices could potentially save the taxpayer over £12 million.</p> <p>Pause is progressing its business model to ensure sustainability beyond the initial investment from the Innovation Programme. National Pause has been inundated with requests from local areas, expressing an interest in a Pause programme in their area. Many of them have already identified significant funding.</p> <p>To date, no further children have been born to women currently working with Pause. Emerging evaluation findings indicate an increase in the uptake of training, education, voluntary and paid work, engagement in physical and mental health services, and an improvement in the quality of contact with their existing children.</p>	<p>This is a familiar picture across the other Pause Practices, and is further illustrated through a national study (Broadhurst et al) which that estimates the scale and pattern of recurrent care proceedings. This shows that of 46,094 birth mothers appearing before the courts over a seven year period, 15.5% (7,143) were linked to recurrent care applications.</p> <p>As each woman may be linked to more than one child, the total number of care applications associated with this cohort is as high as 29% of all care applications (22,790).</p> <p>This is an under-representation of the scale of the problem as it does not account for children removed through other avenues, for example, under voluntary arrangements, e.g. Section 20 of the Children Act 1989.</p>

Personal stories

Lindsey, Pause Practitioner

"The main difference about working for Pause is the philosophy behind the interactions with women. As a Health Visitor the work was rightfully very child-focused, and geared towards public health targets. But with Pause, it’s all about the individual woman. The programme is designed to fit around her needs. This individual, woman-focused approach looks at the unique needs that will help her achieve her desired outcomes.

There are fewer boundaries for me as a practitioner, to work with her and I’m free to work differently with each woman. Practitioner’s come from many different worlds, but when we all come together, we use our expertise and disciplines to support one another and work collaboratively."

Bella, 27, Pause client

Bella has had six children consecutively removed from her care. Two children have a Special Guardianship Order within the family and four have been adopted.

Bella has lived with domestic abuse, dysfunctional relationships, insecure housing, and has found it difficult to understand why her children were removed from her care.

Bella wanted to work with Pause to address these issues and begin counselling. Bella has since reported improved insight into why her children were removed and improved quality of contact with her children. She has secured a Housing Association flat, built up her confidence, and is better equipped to make positive life choices.

Bella has said:
"Mum invited me to have Christmas dinner with her and my children, which I haven’t done for years. I love my new flat and want to make myself a new home. I want a job to keep busy and earn money to look after myself."