

FOCUS ON PRACTICE: POSITION STATEMENT ON IMPACT TO DATE

Updated June 2016

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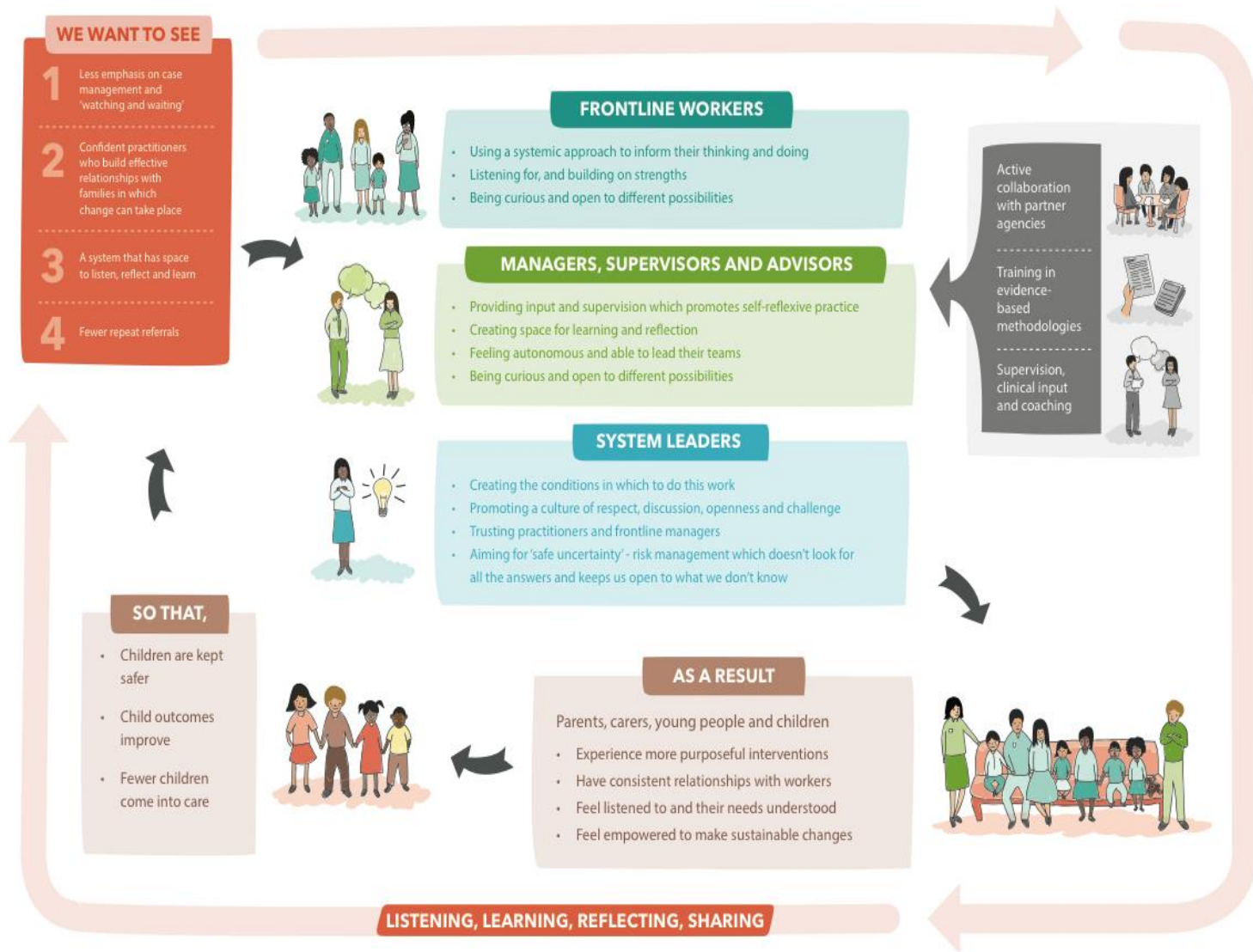
1. WHAT WE SET OUT TO DO: WHAT IS FOCUS ON PRACTICE?

Focus on Practice is our ambitious programme, funded by the DfE Children's Social Care Innovation Programme, for the development of more purposeful practice and effective interventions with children, young people and their families over a two to three year period.

Launched in October 2014, the programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over the next three years, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services.

In order to achieve this, we are building on the **knowledge, confidence and expertise** of practitioners and managers in order that they are more effective in creating changes for families, mobilising the strengths within families, and moving away from a model of case management and 'watching and waiting.' Practitioners will work intensively with families to solve problems and change behaviours, rather than referring out to others unnecessarily. We aim to gradually reduce caseloads over time, and enable practitioners to build **effective relationships with families** in which change can take place. To support this, we aim to create the **conditions** in which this work can take place – promoting a **culture of respect, discussion, openness and challenge**, and a system in which, at every level of the organisation, we remain curious and open to different possibilities and keep the experience of children and families at the centre of everything we do.

FOCUS ON PRACTICE



2. IMPACT TO DATE

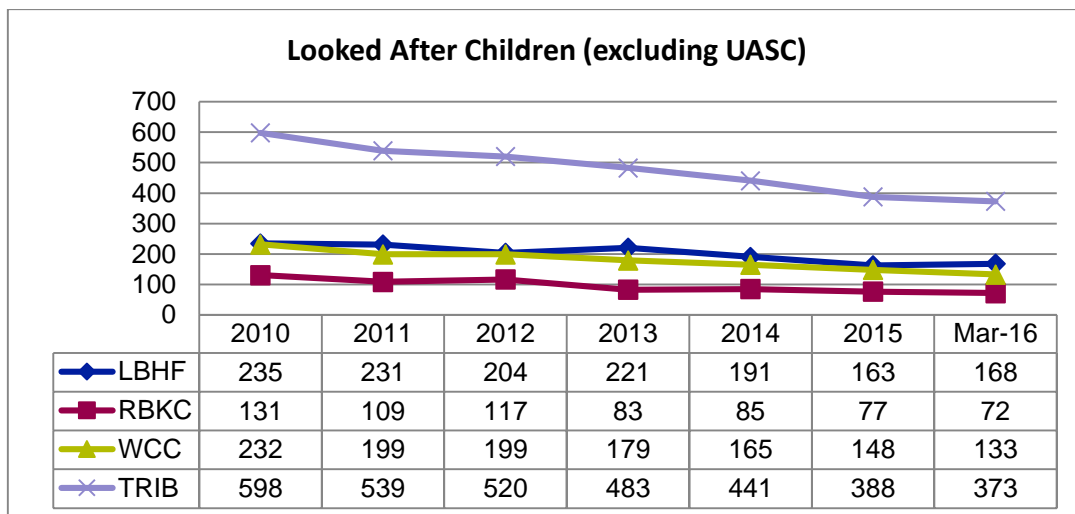
The key objective for *Focus on Practice* is to create a service which will achieve the following outcomes:

- A 20% reduction in numbers of looked after children;
- A significant reduction in re-referrals;
- Improvement in morale, job satisfaction and therefore retention of social workers in the profession

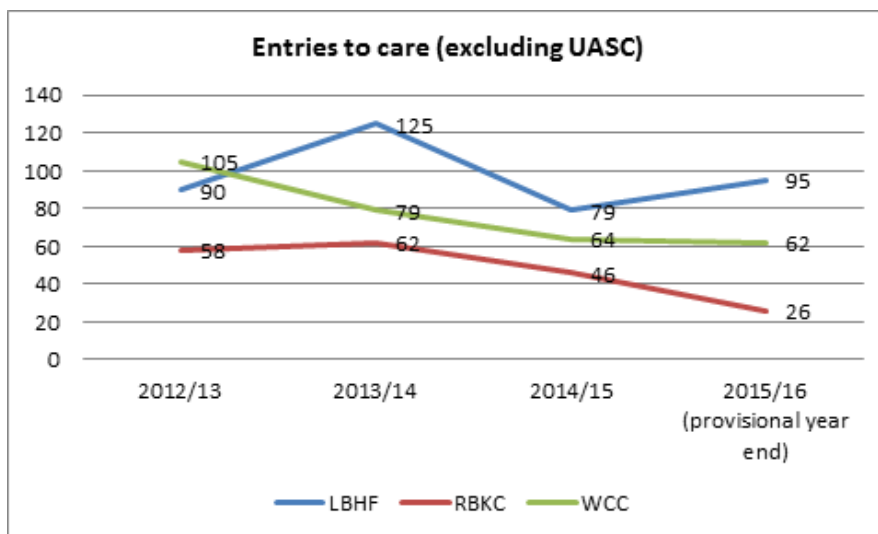
The programme has been running for 18 months and we do not expect to see the full impact of the practice changes for another year or more. However, the information below provides a summary to date in relation to those key outcome areas of the programme.

2.1: Looked After Children

The total number of children looked after across the three Tri-borough authorities (excluding UASC¹) has reduced between 2013/2014 and 2015/2016 (15% reduction overall). Although this follows a previous pattern of falling numbers, and it is not possible to isolate the impact of Focus on Practice, we consider the early practice changes emerging to be key in maintaining this ongoing downward trend.

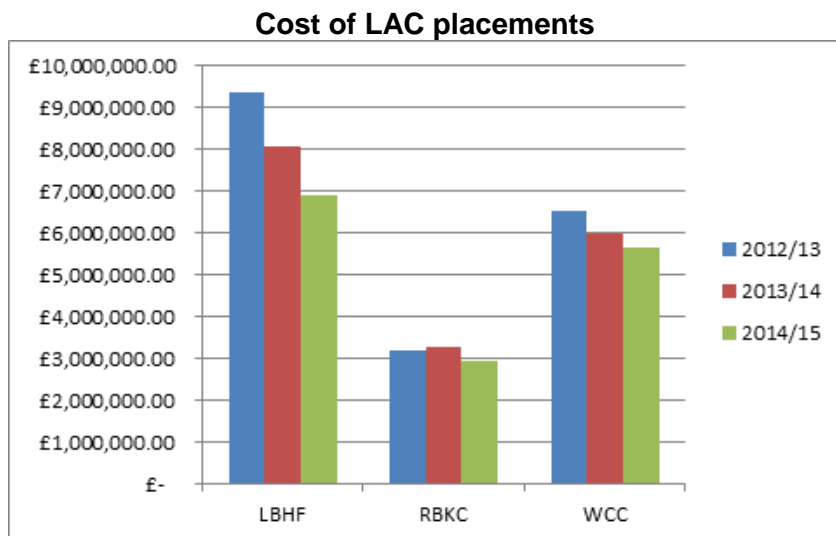


The number of entries to care has also continued to fall since the start of the programme (LBHF saw a slight increase this year, but after a very sharp decrease the previous year). We consider this to be a possible early indication of the practice changes which are promoting more in-depth, strengths-based work with families to keep children and young people within their networks.



¹ In 2014/2015, the three boroughs saw a 48% increase in Unaccompanied Asylum Seeking Children. The needs of UASC are significant but crucially, the options to work with families to keep them out of the care system not possible. Although the impact of good practice will benefit these children, it is not possible for care to be prevented for these children, and therefore we have excluded the UASC for the purposes of this report.

We anticipate that over time, savings will be made as a result of reducing placement costs. Based on average cost of a placement, the figure below shows estimated spend on LAC placements over the last three years. In 2014/2015, the local authorities spent an estimated total £1.182 million less in placement costs than the previous years. However, this is in the context of having to deliver significant savings for the local authorities centrally and therefore this has not been realised in real cash terms within the children’s social care, and as such cannot be reinvested in other areas of this service.



2.3: Re-referrals

We have not yet seen a significant reduction in re-referrals to the service, as indicated below. This is not unexpected, as the cases returning to our service this year will not yet have had the benefit of more targeted and effective interventions, and we still anticipate seeing a reduction in re-referrals within the next 2-3 years. An analysis of re-referrals, including changes in the source of referrals (e.g. self-referrals vs. agency referrals) and presenting issues is being undertaken to understand better the reasons for families returning to our services.

Re-referrals % Within 12mths	2012-13	2013-14	2014-15	2015-16 (provisional year end information)
England	24.9%	23.4%	24%	tbc
London	17.7%	16.2%	15.9%	tbc
LBHF	17.1%	15.1%	16.2%	13.1%
RBKC ²	19.5%	22.3%	25.6%	23.3%
WCC	12.5%	5.8%	8.7%	9.4%

2.4: On Track

The On-Track programme is aimed at reducing the number of children and young people coming into care by identifying vulnerable families, delivering intensive interventions to those families, and working with primary schools to build resilience in Year 6 pupils and their parents in advance of transition. SCORE 15 (Index of Family Functioning and Change) is administered at the start of the intervention with a family, and periodically through the intensive work. SCORE 15 has been administered at two or more intervals with eight families. Among these eight families, positive change occurred most frequently in Dimension 2: overwhelmed by difficulties, with six out of eight families reporting positive change and Dimension 3: disrupted communication, with five families reporting positive change. Dimension 1: strengths and adaptability, saw less positive change across families, three out of eight families. Overall, six families demonstrated positive change overall in family functioning comparing changes in total score over time.

² Referrals numbers in RBKC are higher than in the other two boroughs as contacts are routinely recorded as referrals.

2.5: Staff

Workforce data submitted to the Department for Education (summary below) shows that during the first year of implementation of Focus on Practice, turnover in LBHF has significantly reduced and reliance on agency staff has remained the same or decreased in all three boroughs. Some staff have accepted permanent posts explicitly as a result of the programme (see quote below).

LBHF:

	2013	2014	2015
Vacancy Rate (%)	9	11.3	10.8
Turnover Rate	26.6	21.7	10.6
Absence Rate³	3.1	2.7	1.6
Agency worker rate	9	15.6	12.0

RBKC:

	2013	2014	2015
Vacancy Rate	2.7	2.6	3.1
Turnover Rate	13	14	14.3
Absence Rate	2.4	2.6	1.5
Agency worker rate	2.9	3.2	3.1

WCC:

	2013	2014	2015
Vacancy Rate	11.2	6.9	6.3
Turnover Rate	21	16	16.4
Absence Rate	5	2.4	1.9
Agency worker rate	6.1	9.0	6.3

Staff testimonial:

"I started in H&F as a locum team manager [in the Contact and Assessment Service] and I had come with some prior experience of systemic learning. I was quite excited from the start with the plans to move towards a more systemic approach to practice and the training opportunities that this would provide. I really wanted to be a part of this journey as I strongly believe that developing this approach would enable workers to strengthen their practice and build better relationships with families from the first point of contact. The shift towards this way of practice and H&F's commitment to this was an important part in my decision to apply to become a permanent member of the management team."

³ A new HR system was introduced in all three authorities in April 2015. Difficulties with implementation and function of the system may have resulted in an underreporting of sickness from April to September 2015.

2.6: Case Study: Westminster

**All names changed to maintain confidentiality*

Leila, aged 10, was referred to children's social care by her teacher after she disclosed that "something bad" had happened to her and that her mother hits her when she is angry. Leila was underachieving at school, very withdrawn and appeared depressed.

A social worker from the assessment team met with Leila and her mother at home within a day of the referral. Because of the allegation of physical abuse, the police were contacted to investigate the allegations but Leila did not want to talk to them and as a result they could not progress their investigation. Her mother told the professionals that Leila had been sexually abused a year ago when she was living abroad with her father and step-mother. Leila and her mother were both very fearful of professionals and said little else during the initial visit.

The social worker was concerned about the risks to Leila, but also recognised that she would need to establish trust in order to find out more. She consulted with a family therapist in the team, and the two of them visited the family home together the following week. On that visit, their observations suggested that Leila's older brothers were doing well but Leila may have some learning difficulties. They also thought that her mother may be suffering from anxieties, making it more difficult for her to help Leila recover from her trauma. This more complex understanding of what might be happening within the family helped them to build trust and recognise the family's strengths they could build on, rather than simply 'blaming' Leila's mother or telling her off for hitting her daughter.

The social worker visited the family weekly. When the family started to trust the social worker, Leila opened up to her and talked about missing her father. Her mother also confided that she had been feeling very depressed and had a number of physical health problems that made it difficult to care for her children. She agreed to the social worker contacting her GP, who referred her to adult services for an assessment of her needs. She acknowledged that she sometimes hit Leila, and the social worker and family therapist talked with her about alternative strategies for disciplining the children.

The family therapist and social worker met Leila at school and with CAMHS to arrange a cognitive assessment and therapy for her. A child in need plan was developed and co-ordinated through regular meetings of the key professionals and the family, known as "Team Around the Family" meetings. Leila's learning needs have now been recognised and she is doing well with additional support to help prepare her for transition to secondary school. Her mother is engaging with adult services and the relationships at home continue to improve. The case was 'stepped down' to the Early Help service, who worked with the family for a few more weeks before closing the case.

2.7: Family Testimonials

From a grandmother, Westminster, June 2015

*"We found that the social worker became **more compassionate, more understanding and more involved**, not only in the children that we care for but also us as adults...*

*...So basically in the beginning, that mistake of 'we don't want the social worker there', we felt that they were being nose-y, think they know too much, but **it actually really does work** and I've come a long way now with our social worker. I think the relationship with us, as a family, has become a lot better.... **I think it is trust**. Our social worker has given us a lot of trust. Yes, I have made decisions, but with those decisions, I have gone to the social worker and asked "is this okay?" because the law is the law and there are boundaries obviously.... But we're just so much more relaxed."*

From a mother in LBHF, July 2015

*"I have had involvement on and off with Social Services for a number of years.it never felt as if they had any understanding or empathy of where I was coming from or the situation my family was in. They seemed very quick to see my failings but rarely did they see anything that I did well. ...Social Services were **people I had to fight against to survive**.... I felt like a complete failure as a parent and as a human being.*

*... Since the systemic family therapists have been working alongside Social Services **things seem to have changed a great deal - for the better**. They are more able to think outside the box, are less rigid and now realise that a 'one solution fits all' approach is ineffective in achieving any kind of lasting change. They praise me for the progress I have made and I leave our meetings feeling as if I am getting somewhere.*

*The social workers feel more approachable and I am working with them rather than against them. I am given practical solutions which we work out together. We still have difficult days but I now **live with a sense of hope** that things are improving and will continue to do so. I now believe in my abilities as a parent and feel I am being treated with dignity and respect. I feel supported and cared for and **no longer feel alone**."*

3. ACTIVITY TO DATE



3.1 Skills Development Programme

By use of evidence based interventions and a more engaging approach, practitioners will develop relationships with families that enable them to build on their strengths. To enable this to happen, we are delivering a comprehensive skills development programme incorporating: systemic practice; Signs of Safety approaches; Motivational Interviewing; and parenting programmes.

- 583 practitioners, 161 managers and 35 senior leaders (directors and heads of services) have completed or are nearing completion of a course in systemic practice. For practitioners and managers, this is a 15 day course accredited (taught one day every fortnight over approximately 8 months). The systemic leadership course is a 6 day course, over 3 months. As part of every course, real practice and organisational dilemmas are used to consider how to put theory into practice.
- Short courses in parenting theory and skills, motivational interviewing and Signs of Safety commenced in September 2015. All practitioners will complete these courses by January 2017.



3.2 Learning in Practice: observation of direct practice

- Based on research they have been undertaking across England authorities of practitioner skill and impact on families, the Tilda Goldberg Centre (University of Bedfordshire) are supporting practice leads and team managers in the use of audio recordings to provide practice feedback to practitioners. The aim is to change practitioner behaviour and consolidate training.
- With family consent, these audio recordings will also be analysed by the University of Bedfordshire, in addition to family interviews, to understand better their experience of services.
- The programme represents a significant change to practice culture and has taken time to introduce to teams.



3.3 Career Practice Pathway

- A new role, Specialist Practitioner, has been created as part of the practice pathway that will encourage those who wish to stay in practice. Eight Specialist Practitioners have been recruited in WCC and RBKC to date. Their pay is equivalent to a Team Manager salary, and their responsibilities include teaching, leading on practice development, and coaching, as well as holding cases and working jointly with other practitioners.

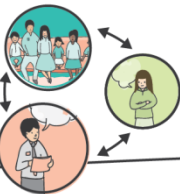


3.4 Recruitment of clinical practitioners

Heads of Clinical Practice are in place in all three boroughs. They are equivalent to heads of service, and have responsibility for the implementation of systemic ideas at all levels of the organisation. 24 clinicians (family therapists, clinical psychologists) have been recruited to and are in post. They are located within social care teams and are joint working with practitioners, providing consultation and assisting in embedding systemic principles within every day practice. Most are also co-facilitating the systemic training, providing a link between the training environment and every day practice.

3.5 On Track Programme

We have launched the On Track Programme, working more proactively with families, identifying those who would benefit from sustained help at the point of secondary school transfer (through use of a predictive model), in order to reduce the number of teenage entrants to care. The On-Track team consists of 8 young people's practitioners and 3 senior practitioners across the three boroughs, working together with input from systemic family therapist to deliver these intensive interventions. The evaluation of the On Track is due to be completed in June 2016.



3.6 Influencing Systems Conditions

- Case summaries being implemented across all three boroughs leading to better overview of purpose of involvement and reduced 'event by event' recording
- Work is ongoing to overhaul the case recording system and streamline forms
- Signs of Safety framework is being used for CP conferences across the three authorities, with further work being undertaken to look at more effective work with families from referral to first child protection conference. 60 managers and practitioners in child protection and assessment services are undertaking an advanced 5 day Signs of Safety course in July 2016 and September 2016.
- Closer working with Early Help to manage thresholds
- The experience of the whole organisation undertaking systemic training is having an influence on the culture of the organisation, with a shared sense of purpose and language