

# CHILDREN'S SOCIAL CARE INNOVATION PROGRAMME

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**Directory Autumn 2016**



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# Introduction to the Project Directory

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Welcome to the Project Directory of the Children's Social Care Innovation Programme, containing information about the initial 53 projects involved in the Programme. The Innovation Programme is intended to find and fund bold new approaches to transforming outcomes for children and young people. When launched by the Children's Minister, Edward Timpson, the initial £110 million enabled the sector to test new approaches and in April this year a further £200m was committed to support innovation over the next four years. The programme focuses on three key objectives:

- Increase the life chances of children in the care system
- Create stronger mechanisms and incentives for innovation, experimentation and replication of successful new approaches
- Achieve better value for money across the system

The projects are taking up this challenge through a range of interventions and approaches. All are targeted at the points of the system that they believe will best unlock capacity and change, and the project descriptions are organised according to those areas of intervention.

The range of providers listed here demonstrates the broad mix of organisations dedicated to trying new approaches to improving outcomes

for children and families. Local authorities, the prime providers of social care services, lead just over half the projects in the Programme and are closely involved in many others. The remainder are led by a mix of voluntary and community organisations; other public sector organisations, including NHS trusts and CCGs, police forces and universities; and private organisations. The majority of projects include partnerships, signalling an emphasis on integrated and multidisciplinary working.

The descriptions contained here are in the projects' own words. Each gives an overview of their innovation and the challenge it seeks to address, their success so far and plans for the future. Summaries from the independent evaluations of each project are being made available on the Spring Consortium website as they are published.

The Directory demonstrates the capacity of the sector to innovate and make real change happen under complex circumstances, and the pride that each project rightly takes in its success.

For more information on any of the projects listed, please contact them directly using the contact details provided. For information about the Programme as a whole please visit the Programme website [www.springconsortium.com](http://www.springconsortium.com)

# Key learning from the Programme

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Projects in the Innovation Programme have the potential not only to significantly improve outcomes for children locally but to generate valuable learning for the system as a whole. The Programme aims to identify both the 'what' and the 'how' of successful new approaches to provision in the sector.

Each project has an external independent evaluation which is focused on what has worked in the delivery of individual projects and approaches, and analysing what this can tell us about the evidence, outcomes and value for money. Alongside this, the **learning programme** is focused on how to 'do' innovation in children's social care building on these findings. Key approaches have emerged across four distinct levels of the system:

**Social work methods and practice that focus on strong relationships and shared decision-making.** This includes balancing safe placements with supportive and secure relationships, and developing more personalised interventions and solutions.

**Workforce culture that creates an enabling environment and common practice between professionals.** This includes building a supportive environment for the professionals who work in children's social care, and adopting evidence-based practice across the whole workforce.

**Leadership and governance that brings teams together around a practical vision for improving children's lives.** This includes creating and articulating a clear vision, values and purpose that is championed by leaders but owned by everyone, and translating this vision into governance, structures, partnerships and ways of working.

**Local system conditions that enable new approaches to embed, flourish and scale.** This includes designing new models of commissioning and funding, and balancing fidelity and practice at scale.

Crucially, the projects have demonstrated that these levels are interdependent. Front-line practice cannot be sustained without a shift in the ways in which professionals work together. New ways of working require strong and visionary leadership to set the right tone and support teams across agencies. And even the best innovations will fail to embed, flourish and scale without the right local conditions in place. What the projects in the programme are demonstrating is the breadth of ways in which these levers for change can be successfully pulled.

Detailed storyboard case studies of a selection of projects, in addition to the Interim Learning Report, can be found at [springconsortium.com/evidence-learning](http://springconsortium.com/evidence-learning)



# *Section 1.1: Social work methodology*

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# Family Group Conferences

## Daybreak Family Group Conferences

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Mandatory offer of Family Group Conferencing to families in receipt of a letter of pre-proceedings to identify alternative family carers

<b>Challenge</b>
Alternative family carers for children at the edge of care not being identified, or coming forward late in proceedings
<b>Innovation</b>
Systematically offering an FGC to all families in receipt of a letter of pre-proceedings. These FGCs are organised at pace and focus on identifying all possible family carers and planning for contact should children be unable to remain with their parents
<b>Partners Involved</b>
Southwark Borough Council Wiltshire County Council

### *What We're Doing*

Daybreak has been testing a new model of Family Group Conference (FGC) delivery aimed at increasing the number of children at the edge of care being placed within their family network. Daybreak worked with Wiltshire County Council and Southwark Borough Council to offer an FGC to all families at the point of receipt of a pre-proceedings letter. Families were able to accept or decline the offer, but all were given an equal opportunity to participate.

Daybreak's Coordinators worked with families to address the concerns of the local authority, with particular focus on:

- Who in the family will care for the children if the parents are no longer able to?
- If the children cannot stay together, how will the family make sure that they have good contact arrangements?
- If no one in the family is able to care for the children, how will the family maintain positive contact?



## *Success So Far*

During the project, Daybreak received 132 referrals for a total of 248 children

- 88% of families referred took up the offer of an FGC and produced a plan
- 73% of plans produced identified alternative family carers for the referred children, with an average of 2 carers identified per plan
- 30 days average time from receiving the referral to the FGC taking place
- Capturing the child's voice in the process by providing volunteer advocates to support children and young people to share their views: "I had my views shared in the meeting, my say was taken on board and thought about." - Natalie, aged 14

## *What's Next*

In early 2017, Daybreak will be following up the families in our trial to discover what the longer term outcomes were for them, and to provide a more detailed picture of how this work can support children on the edge of care. Daybreak will also be continuing work with existing partners and developing new relationships as we seek to make this offer more widely available.

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# Hertfordshire County Council

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Co-located, multi-disciplinary family safeguarding teams to tackle 'toxic trio' of substance misuse, domestic abuse and mental health issues

## *What We're Doing*

Hertfordshire is creating co-located, multi-disciplinary family safeguarding teams (FST). Teams include social workers, substance misuse workers, mental health workers, domestic violence workers and children's practitioners. The new service will also have access to three clinical psychologists.

Adults specialists will be key workers to parents to address their behaviours that put children at risk, freeing up social work time to improve parent's understanding of and response to children's needs.

The teams will all be trained to a high level of skill in Motivational Interviewing with the aim of better engaging families in a change process.

HCC are working with ICS database providers to develop a new way of recording interventions that will significantly reduce duplication, include the child and parent's own assessments of their circumstances and needs and reduce time spent on compiling reports, chronologies and reviews so social workers are freed up to spend more time on family contact.

## *Success So Far*

Our team is fully in place and we are achieving our goals: our Child Protection numbers are down by 47% and we have contributed to reducing our numbers of Looked after Children by 10%. Our staff are much more confident in decision making as they have access to expert assessments and treatment programmes from our adults specialists and children and families say they are much happier with the help they have received. Our evaluation shows that we have had major successes in reducing repeat domestic violence calls to the police, reduced A&E attendance from our families and increased parental engagement with mental health and substance misuse treatment programmes while children have significantly improved school attendance.

## *What's Next*

There has been much interest in our project nationally and we have received visits from many other authorities. We have made a further bid to the Innovation Programme aimed at expanding our multi-disciplinary team and helping four other Councils to set up Family Safeguarding in their areas. We are also organising a local conference and a national conference to showcase our work.

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# Family Valued

Leeds City Council

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

<b>Challenge</b>
Leeds has a clear aim: to safely and appropriately reduce the number of children unnecessarily coming into care. Its 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
<b>Innovation</b>
Family Valued is embedding restorative practice across all council services and developing Family Group Conferencing as a core offer to families in a wide range of circumstances including domestic violence. A key part of this goal is changing services' response to domestic violence, shifting from retributive to restorative ways of working with the whole family
<b>Partners Involved</b>
A cross-agency partnership led by Leeds City Council and including children's services; West Yorkshire Police; NHS Leeds; Leeds Community Healthcare; public health teams; adult mental health; local schools; drug and alcohol services; domestic violence services; housing; probation; third sector providers; Leeds Children's Trust Board; Leeds Health and Wellbeing Board; Leeds Safeguarding

## What We're Doing

Leeds is using Family Group Conferencing at scale, extending the offer to families affected by domestic violence. All families who are subject to an Initial Child Protection Conference are now offered an FGC. The aim is to create the conditions in which families can make decisions, mend relationships and make change for themselves.

Leeds has a 75,000 strong workforce involved in children's lives. 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.

Our leadership 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. We use Outcomes Based Accountability to track our progress towards our goals for children and families, and we make this data visible to everyone.

## *Success So Far*

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.

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.

## *What's Next*

It takes 6-8 weeks to set up an FGC, and there's a challenge in being required to run initial child protection conferences in addition to an FGC. This can be confusing for families. The aim is to remove the ICPC where appropriate, which is serviced and formal, and replace with a family-led FGC.

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# Scaling and Deepening Reclaiming Social Work

*Morning Lane Associates*

Supporting five LAs in their implementation and further development of the RSW approach

<b>Challenge</b>
Our project tackled three key challenges: 1. Keeping families together, focusing on teenagers on the edge of care 2. Consultant social worker recruitment and development 3. Reducing the administrative burden inherent within local authority social work teams
<b>Innovation</b>
Our work has focused on extending the RSW model to working with teenagers on the edge of care. The aim is to reduce the numbers of young people going into care, and thus reduce LA costs, through a sufficient supply of well-trained and supported consultant social workers and reduced bureaucracy within the system
<b>Partners Involved</b>
A cross-agency partnership co-ordinated by Morning Lane with Buckinghamshire, Derbyshire, Harrow, Hull, and Southwark local authorities and the Tilda Goldberg Centre for Social Work and Social Care at University of Bedfordshire

## *What We're Doing*

Three streams of work were supported by Innovation Programme funding:

1. The recruitment and development (via training and coaching) of over 30 consultant social workers (CSWs), who lead RSW units in the five LAs. Two cohorts of CSWs also undertook Morning Lane's Systemic Practice for Safeguarding course
2. The implementation of a Keeping Families Together RSW unit in each LA to work with families with children on the edge of care, alongside the development of the FAMILY model of working. Recruitment and training

took place in the first half of 2015 with the units operational between June and September 2015

3. Support for each LA to identify and understand the key bureaucratic processes that took practitioners away from time with families. A particular focus was the role of the unit co-ordinator and the benefits to the wider system of developing this role with teams

Leads from all project partners met at monthly Governance Boards up to April 2016 to share progress, experience and learning. This was captured in a series of milestone reports. The Tilda Goldberg Centre's evaluation team worked within the five LAs (with a researcher embedded in each) to examine practice in the MLA-supported units and in the business-as-normal teams. Data was collected to analyse the number of children supported and potential costs savings.

## *Success So Far*

Thirty-eight CSWs completed the development programme. Practitioners have described a shift in practice and that the programme has "given us an injection of enthusiasm as to why we do the job". One CSW commented:

*"I've had more headspace to think, I've had positive feedback about my improved relationships with families."*

The Keeping Families Together teams worked with 92 families, in which there were 126 children at risk of accommodation. The target was to engage at least 80% of families referred, and the teams succeeded in engaging 98%. The LAs have arguably avoided combined accommodation costs of £2.2m over a 10-month period.

## *What's Next*

The evaluation team from the Tilda Goldberg Centre will produce a summary report by end of November 2016. The focus of our next Governance Board in October 2016 is how to disseminate the learning from the innovation among colleagues in the five LAs as well as more broadly in the sector. Morning Lane and University of Bedfordshire are discussing a national conference to share the research findings in 2017.

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# Signs of Safety

*Munro, Turnell and Murphy*

Unifying cross-agency practice framework designed to better assess risk and safety and to make social work practice more accountable

<b>Challenge</b>
The project aims to improve the quality of service received by children and their families, tackling the organisation-wide problems identified in the Munro Review
<b>Innovation</b>
Transforming children's services with the Signs of Safety practice framework at the centre. Aligning all aspects of the organisation to the practice to support high quality work with families and implementing a learning culture that drives improvement
<b>Partners Involved</b>
Bristol, West Sussex, Lincolnshire, Suffolk, Brent, Wakefield, Leicestershire, Tower Hamlets, Wokingham

## *What We're Doing*

Ten local authorities are working with MTM in this innovation project, a rich mix of urban, rural, big city and London boroughs. For each local authority the project is aligning policy and procedures within the Signs of Safety framework; identifying their specific information requirements as part of a quality assurance system to measure the impact of better working with children and young people; building capacity to train the workforce in the new practice method and developing an action research programme to evaluate the implementation of Signs of Safety and the outcomes for children.



## *Success So Far*

All ten local authorities are making good progress in implementing reforms and transforming the service received by children and families by embedding the core principles and practice methodology of Signs of Safety. Individual journeys are varied because they began from different places. There are great examples of enabling children to live safely at home, supported by active networks of extended family, friends and agencies. Parent feedback indicates a high level of feeling engaged, understanding professional worries and feeling heard. There is strong buy-in by the workforce and steady development of expertise in using Signs of Safety methods. Organisational reforms to support the practice are progressing. All have worked on aligning processes and paperwork. A central resource of examples allows the authorities to learn from each other.

## *What's Next*

The practice needs to be further deepened and managerial oversight and quality assurance that is focused on the quality of the work will drive improvements.

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# Creating Strong Communities Programme

North East Lincolnshire Council

To transform how NE Lincolnshire (NEL) conducts its children's workforce practice via the implementation of the Creating Strong Communities Model (CSC)

<b>Challenge</b>
To create a consistency of approach and language across the system for children and families. To align workforce towards a new model of practice. To improve the involvement of children and families in decisions which impact upon them, where possible supporting them to find solutions
<b>Innovation</b>
NE Lincolnshire's CSC model has used four tools, which are designed to embed a revised Framework for Practice. Through application of the model it enables a new way of working with children, young people and families by targeting provision, building resilience and reducing demand
<b>Partners Involved</b>
A cross-agency partnership led by North East Lincolnshire Council including children's services, local schools and academies, school nursing, health visitors, Humberside Police, NHS CCG, public health, drug and alcohol services, LSCB, community & voluntary sector organisations, Children's Partnership Board

## What We're Doing

The overarching approach that NEL is implementing is a 'safer communities model' with four tools underpinning it:

- A family group conferencing model - to interact with people and empower them to make informed decisions and focus attention in the early years of children's lives
- Signs of safety - to enable practitioners across different disciplines to work collaboratively and in partnership with families and children, using the same language and methods

- Restorative practice - to focus on resolving conflicts at the earliest possible stage, seeking to avoid blame and supporting people to take responsibility for finding a constructive solution to issues
- Outcome based accountability - as a way of securing strategic and cultural change: moving NEL away from a focus on 'efficiency' and 'process' as the arbiters of value in their services, and towards making better outcomes the primary purpose of NEL, its partners and employees

## *Success So Far*

The CSC Programme within NEL has achieved the following successes:

- The implementation of Family Group Conferencing has demonstrated significant impacts in terms of stepping down statutory casework as well as building family resilience
- Workforce development has resulted in over 2,800 colleagues attending events the impacts of which has significantly increased organisational knowledge and confidence
- The embedding of Signs of Safety as a model of practice has demonstrated positive impacts for families who have interacted with Children's Services
- The development and implementation of a organisational outcomes framework which is aligned to budgetary expenditure and identifies commissioning priorities
- Pilot for restorative schools which to date has demonstrated positive impacts on exclusion and behaviours
- Pilot with Hull University on inclusion of Restorative Practice and Signs of Safety in their BA and MA Social Work Programmes
- Development and implementation of a Children's Workforce Strategy and Professional Capability Framework

## *What's Next*

- Embed the CSC programme as part of commissioning 0 - 19+ provision
- Mainstream the programme to provide an organisational legacy
- Showcase the impacts of the programme within the organisation and with partners

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## Focus on Practice

*London Borough of Hammersmith & Fulham, Westminster City Council and Royal Borough of Kensington & Chelsea*

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An ambitious programme for the development of more purposeful practice and effective interventions with children, young people and their families

<h3>Challenge</h3>
<p>Children and family practitioners face a number of challenges in developing purposeful practice with children, young people and families. These include:</p> <ul style="list-style-type: none"><li>■ too much time in the office</li><li>■ too much assessment, not enough intervention</li><li>■ too much case management and referring out</li><li>■ too much watching and waiting</li><li>■ lots of add-on projects but a lack of focus on mainstream change</li><li>■ too many repeat referrals</li></ul>
<h3>Innovation</h3>
<p>Focus on Practice builds the knowledge, confidence and expertise of practitioners and managers to effect changes for families through:</p> <ul style="list-style-type: none"><li>■ a comprehensive skills development programme incorporating systemic practice, Signs of Safety, Motivational Interviewing and parenting programmes</li><li>■ observation and feedback on practice</li><li>■ the development of career pathway</li><li>■ embedding clinicians in services</li></ul>
<h3>Partners Involved</h3>
<p>London Borough of Hammersmith &amp; Fulham, Westminster City Council and Royal Borough of Kensington &amp; Chelsea</p>

### *What We're Doing*

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. In line with the aims of the

programme we are seeing a reduction in the number of children looked after and those subject to child protection plans and more effective interventions with families, which we anticipate will in time result in a reduction in re-referrals.

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 work with families to solve problems and change behaviours, rather than referring out to others unnecessarily. We are enabling practitioners to build effective relationships with families in which change can take place.

### *Success So Far*

- The number of children looked after (excluding UASC) has reduced between 2013/2014 and 2015/2016 (15% reduction overall)
- The number of entries to care has also continued to fall since the start of the programme. We consider this to be a possible early indication of the practice changes that are promoting more in-depth, strengths-based work with families to keep children and young people within their networks

One family says: "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".

### *What's Next*

As Partners in Practice, we are building on Focus on Practice by:

- growing the number of systemically trained practitioners
- developing a Centre for Social Work to share knowledge and learning with the sector
- continuing to tackle the systems conditions that present barriers to good practice with families

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# Doing What Counts and Measuring What Matters

*London Borough of Islington*

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

<b>Challenge</b>
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. Our challenge is to transform our service so that every part of it supports this goal
<b>Innovation</b>
Islington Council is undertaking whole-service transformation designed to make social work practice more skilled, purposeful and effective. The project has two strands: <ul style="list-style-type: none"><li>■ Doing What Counts by embedding Motivational Social Work</li><li>■ Values-based tools to make sure we are Measuring What Matters to children and families</li></ul>
<b>Partners Involved</b>
A cross-agency partnership led by the London Borough of Islington and the Tina Goldberg Centre for social work and social care at University of Bedfordshire. The programme board includes Whittington Health CAMHS, The Anna Freud Centre and Islington Clinical Commissioning Group

## *What We're Doing*

Doing What Counts is embedding Motivational Social Work, a form of counselling initially developed in relation to alcohol problems that looks at reducing people's resistance to accepting help. MSW is grounded in principles 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, with a strong emphasis on creative challenge from supervisors and generating multiple hypotheses about what is happening within a family.

Measuring What Matters is a new monitoring and evaluation framework for assessing the quality of practice against the outcomes that really matter to children and families, rather than what is easy to measure. This includes new metrics and ways of generating data and evidence. Practice evaluators are embedded in social work teams and meet families separately to get an understanding of their experience of specific changes to practice or approaches.

### *Success So Far*

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 areas.

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. 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.

### *What's Next*

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.

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# Project Crewe

## Catch 22

Catch 22 and Cheshire East are piloting a new staffing and delivery model for statutory Children in Need (CIN) services

<b>Challenge</b>
Freeing up stretched social workers to provide intensive support to Children in Need and their families to improve outcomes and reduce demand including preventing repeat referrals and escalations into the child protection system
<b>Innovation</b>
Catch22 is testing an innovative staffing model that includes volunteers and draws in a rich mix of skills and experience. We are delivering a strengths based, solution focused, flexible and personalised approach to engaging each child and family, helping them to achieve their aspirations
<b>Partners Involved</b>
Catch22 has worked with Cheshire East for over 12 years and innovation funding has enabled us to move from a traditional commissioning relationship to co-designing a new model as an integral element of Cheshire East's Children Social care provision

### *What We're Doing*

Project Crewe is testing an innovative approach to delivering statutory, S17 Children In Need services, We have introduced a 'Pod' model led by a case holding social work consultant who undertakes statutory child in need responsibilities. Engagement is undertaken by differently qualified Family Practitioners who bring a range of experience alongside peer mentors and family role model volunteers whose focus includes sustaining progress after formal interventions cease.

All staff are trained in solutions focused interventions and our strengths based approach is based on listening to each child and family and providing a personalised, flexible service, being there when and where we are needed to help families achieve their aspirations. Introducing a new model takes time and

we have governance arrangements and joint working protocols in place that have helped us gain ownership and safely manage risks and that have located Project Crewe as an integral element of Cheshire East's provision.

## *Success So Far*

By September 2016 we had achieved

- Target of 300 children surpassed
- Over 90% engagement to date
- 158 cases closed successfully
- 321 children engaged: only five have been escalated to a Child Protection Plan and two to looked-after children
- Randomised Control Trial results due in November

Interim Report findings show:

- Family practitioners dedicate a minimum of 4 times as much contact time, seeing families on average once or twice a week
- Family practitioners offer flexibility and full time availability to their families which extend beyond those provided by social workers
- The approach puts families' proposed approaches to addressing CIN risks at the centre of the solution

"They asked me what I wanted. It sounds silly and small but they were thinking about what I needed, not what they thought I needed. It makes a massive difference".

## *What's Next*

We are looking forward to seeing the results from the RCT, initial findings have provided valuable learning such as focusing us on the cohort of children and families that can gain greatest benefit from this solution focused, strengths based approach. Cheshire East has confidence in the model and discussions are taking place regarding sustaining and also replicating the model elsewhere in Cheshire.

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# Growing Futures

Doncaster Children's Services Trust

Strategic and operational transformation to think and work differently with families living with and impacted by domestic abuse

## Challenge

Growing Futures challenges traditional responses and ways of working with domestic abuse to reduce emotional harm to children, support recovery for victims and children, reduce repeat victimisation and challenge the acceptance of domestic abuse at a family and community level, thus breaking the pattern intergenerational abuse

## Innovation

The innovation is the 'whole family approach' that focuses on strengths to minimise risk and vulnerability, delivering evidence based therapeutic practice to all family members, including perpetrators alongside their other needs. This includes our development of the Domestic Abuse Navigator (DAN) role to broker sustainable change in families

## Partners Involved

Doncaster Children's Services Trust, Doncaster Metropolitan Borough Council, South Yorkshire Police, St Leger Homes, Changing Lives (VCS), Foundations (VCS), Rotherham Doncaster and South Humber NHS Foundation Trust, Doncaster Clinical Commissioning Group, Probation (NPS SY and CRC), Club Doncaster Foundation, Doncaster College, University of Central Lancashire

## What We're Doing

The project has, with the strategic partnership, developed a new pathway for children and families living with domestic abuse, addressing current complex arrangements that are designed around the needs of adults rather than solutions for children. The new domestic abuse navigators (DANs) act as locality enablers and at case level in achieving consistent, effective joint interventions across all relevant agencies.

The approach has influenced and designed:

- Multi-agency partnership approaches to governance and leadership through Executive Coaching, MASTER level programme and shared risk methodology

- DAN's and perpetrator specialist working together as part of integrated multi-disciplinary teams undertaking direct work with children to reduce the number of "start again" relationships that families experience
- New psychological and therapeutic practice
- Systematic approaches to evaluation, research, user experience and coproduction of outcomes
- New approaches to data capture and analysis

## *Success So Far*

Our philosophy and practice is based on evidence from research of whole family working in context of domestic abuse alongside multiple needs, through safe co-operation and coordination of various services when working with and supporting perpetrators, victims and children alike. The DAN's provide therapeutic support to all family members, supporting the recovery and resilience of children and young people, navigating the family through their journey, ensuring responses are strengths based and risk led. Engaging perpetrators, in many cases, has reduced family breakdown by challenging their behaviour and parenting in the long term. Data is showing reductions of police call outs and repeat referrals to children's social care through DAN involvement, showing a more settled family life.

## *What's Next*

We are

- Embedding our philosophy of practice in mainstream services through social care and early help responses to domestic abuse, including the DAN role
- Developing a good practice guide to detail the whole family approach to domestic abuse to influence policy makers and managers of services
- Working with local and sub-regional partners to 'scale up' the strategic approach and DAN model, with further development of perpetrator and adult victim support by challenging current approaches

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# Firstline

## Frontline

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Tailored leadership development programme designed to develop good social work managers into high performing, considered and influential leaders

### Challenge

Learning from serious case reviews, Ofsted reports and local government association projects, shows that there are nowhere near enough outstanding first line managers in children’s social work. We urgently need more great leaders

### Innovation

Firstline is a targeted programme which grows good managers into excellent leaders, who set high standards and develop outstanding social workers who in turn affect lasting, positive change with families. Outstanding first line managers improve social work practice and transform children’s lives

### Partners Involved

Our partner LAs for the 15/16 cohorts are Cambridgeshire, Gateshead, Hounslow, Lincolnshire, Manchester, Newcastle, Newham and North Yorkshire. In the prototype phase, we worked with Bexley, Harrow, Croydon, Gateshead, Newcastle, Manchester, North Tyneside and Wigan

## What We’re Doing

Firstline focuses on developing managers’ leadership skills by:

- Working intensively with strong managers to instil confidence whilst simultaneously improving their leadership skills through individual coaching sessions, a development focus designed to stretch and challenge, residential modules and several group practice development sessions
- Developing their awareness of the leadership capabilities and skills they use and understanding how effective these are
- Highlighting via feedback from their teams, the quality of the climate they create

We track progress of each cohort using our Praxis tool which gives us an overview of the context within which Firstline Leaders operate. This is a tool that draws on quantitative data (drawn from an all staff survey) and qualitative information (from a series of targeted interviews and focus groups).

The programme focuses on the social work system within which participants work. Therefore participants are actively encouraged to take responsibility for positively impacting (and if necessary disrupting) that system.

## *Success So Far*

Feedback from our first cohort was overwhelmingly positive. The programme enabled Firstline Leaders to hone their leadership skills, develop different, more productive relationships, and more confidently and effectively lead their workforce whilst positively influencing and improving their wider environment.

One of the unexpected successes of the programme was how motivational and inspiring the Firstline Leaders found it. Many said they felt the programme had reconnected them with their value base and why they came into social work, and there was a real sense among the cohort that this would continue to drive and motivate them in the future. Though we created the space, conditions and support to enable them to happen, these successes were down to the Firstline Leaders themselves.

## *What's Next*

Over three years we intend to spread and scale Firstline to more than 400 social work managers. Each cohort will span a ten month period, with two intakes per year, one beginning in autumn and one in spring. The programme curriculum and format is designed to ensure the participants' learning is sustained and embedded. The number of people attending the programme will increase by 10 participants per cohort (to a maximum of 80).

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# Active Agents for Change

Hampshire County Council & Isle of Wight

Developing a suite of projects rethinking the approach to early intervention, looked after children and child protection

## Challenge

- Creating the conditions in which we can help improve the quality of social work practice and bring about change within families
- Getting it right the first time, more often, to reduce revolving door and improve outcomes for children
- Creating capacity to deal with rising demand

## Innovation

Creating capacity for social workers through dedicated administrative support, co-locating specialist workers from a range of agencies and organisations and harnessing the skills and capacity of volunteers have all contributed to building relationships with families in order to deliver timely and effective focused interventions

## Partners Involved

Across the two local authorities this programme has led to extensive partnership working with a range of agencies and organisation including Police, Southern Health, Drug & alcohol services, Domestic abuse services Barnardo's, Homestart, Volunteer centres, University of Winchester

## What We're Doing

Hampshire are developing a suite of projects including:

- Family Intervention Teams – specialist domestic abuse, substance misuse and mental health practitioners co-located in Children In Need teams to provide a service for adults in the family but with a clear focus on the outcomes for the child
- Development of a cohort of 220 trained and supported volunteers undertaking a range of tasks with families



- Social worker Personal Assistants – highly skilled administrators who can release social workers' time to enable them to deliver more effective interventions
- Rethinking services for children on the edge of care – including activities, family support, overnight stays and mentoring
- Willow - A new multi-agency service to identify, protect and support victims of, and at risk of, being missing, exploited and trafficked
- Piloting Children's Services surgeries to work with partners at the earliest stage to offer advice and guidance on social work thresholds and early help
- Partners for Excellence – Quality assuring in-house training to staff and in partnership with the University of Winchester piloting an employment based fast track route to social work

## *Success So Far*

Across the whole programme, it is possible to see the real and positive impact projects are having on individual young people and their families as they engage with staff to create positive changes. Of particular note is the success within the volunteering project and the development of a large and diverse cohort of volunteers who bring significant skills and knowledge to their role of supporting young people and families. Those young people supported through the Edge project have been particularly responsive and achieved great change in their lives. Volunteers undertaking the return interview for children and young people who have been missing has proved to be a successful and a viable alternative to commissioning such a service.

## *What's Next*

To build on the early signs of success and further develop and mainstream the range of tasks that can be supported by volunteers. The outcomes for a number of those participating in the Edge project were impactful and a new cohort is to be identified. PA's to Social Workers will be embedded in Child In Need teams. Learning from the evaluation of FIT and Willow will support the development of multi – disciplinary teams as a Partner in Practice.

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# Family Insights

Newcastle City Council

A 'whole system' transformation aimed at re-thinking long term social work to directly bring about sustainable change in families

## Challenge

Our hypothesis was that if we placed more emphasis on 'what works', more effective Social Work practice would flourish and outcomes for children would improve. 'Family Insights' was our response to this

## Innovation

Family Insights is a social work model with ambition to reduce bureaucracy, increase opportunity for direct work and increase confidence and ability to effect lasting change with families

## Partners Involved

Family Insights is a cross-agency partnership led by Newcastle City Council. The programme involved contribution from a wide range of stakeholders, including children and family services, Northumbria Police, the probation service, Newcastle-Gateshead CCG, local schools, and adult mental health services. It was mediated by the Children's Trust and LSCB

## What We're Doing

Family Insights is constructed on four key elements:

1. Social workers as agents of change.
2. Social work units segmented by need and characteristics.
3. Strengthened insights and infrastructure – data supporting practice.
4. Creating a learning and teaching organisation.

Social work units have been structured to focus on children and families with similar needs and characteristics: 'needs-based segmenting' based on data already collected in Newcastle. Our aim is to safely reduce the need for repeat presentation, reduce escalation and shorten tenure within the system. We have delivered high quality training and developed the 'Newcastle Curriculum', a continuous professional development offer.

We strengthened insights and infrastructure by embedding data analysts to enable effective use of data, research and information. This generates insights that supports practice and improves our understanding of the circumstances where particular interventions are most effective with families.

Learning is shared across the organisation and with partners to continually improve our response. This is underpinned by an environment that promotes curiosity and active collaboration with internal and external partners.

### *Success So Far*

The implementation of this model has had a positive impact on families, children and practitioners. Families say that we are making more of a difference and early indications are that outcomes for children are positive. New ways of working within teams, through reflection, analysis and partnership have been developed, and social workers' office time has been reduced. There is positive attitude and buy in, from all participants, to the ideas behind Family Insights, with support for the new case transfer and joint working processes and a clear understanding and support for unit based ways of working. Social workers absence has been reduced, with teams reporting that they appreciate the efforts made to support their practice.

### *What's Next*

We are confident that this model will improve practice, outcomes and value for money in Newcastle. We have decided to mainstream the model across long-term social work, and are due to go live at the end of October 2016. We are also currently scoping work based on the Family Insights learning to re-model the rest of children social care.

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# Stockport Family

*Stockport Council and Stockport NHS Foundation Trust*

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Working in partnership to restore the family so that they are able to build on their strengths and move forward

<b>Challenge</b>
Within the old system and practice there were too many repeat assessments, thresholds to cross and delay as children moved between services. Stockport has transformed the way we work with children and families by creating a single integrated service to provide the highest quality support to Stockport's children and families
<b>Innovation</b>
Stockport Family is about working in partnership to restore the family so that they are able to build on their strengths and move forward. Co-located teams, restorative practice and the development of the Team Around the School are at the heart of the model
<b>Partners Involved</b>
The creation of a Stockport Family single integrated service includes children's social care, health visiting, school nursing, midwifery, youth offending, children's disability partnership, parenting service, drug and alcohol service, early years, family support, services for young people, children's centres and the Multi-Agency Safeguarding and Support Hub

## *What We're Doing*

Stockport Family has created a more integrated and agile early help and social care system that challenges the concept of 'referrals', 'thresholds' and agency boundaries. All of our work with families is underpinned by restorative practice. The existing Multi Agency Support and Safeguarding hub supports high-quality information sharing and collaborative working.

We have created a single service that has reduced the traffic of cases between agencies. Social workers are freed up to offer consultation and intensive interventions to families and keep children safe within their own communities.

We have changed the ways in which we work with schools by developing a Team Around the School approach. All schools have a named social worker and named Stockport Family Worker who provide advice, guidance and support to families when they need it.

### *Success So Far*

Restorative Practice training has helped change the way we are working with families by providing a set of values and behaviours that all of the workforce share and understand. This sits within a strong learning culture. It's common for us to have conversations that both celebrate the good things and together think about what can be improved.

Schools are working with us to design the way that services are delivered. Conversations are action and solution based not hampered by delays. Co-location means true communal working, not just working alongside each other.

We are proud of having an engaged and dedicated workforce that is committed to different ways of working with children, young people and families.

### *What's Next*

Stockport Family has created an environment in which the workforce can flourish through learning, supporting and challenging one another and developing the flexibility and skills to improve outcomes for children, young people and families. It is striking how the restorative approach is becoming evident in how people behave to each other and we are excited to work in partnership with schools to see how this develops in the next six months.

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# Torbay Council

Alternative delivery model, and a new funding vehicle able to attract third party investment

<b>Challenge</b>
Outcomes for children in Torbay are relatively poor, with a number of outliers across all domains. Partnership working focused on children is limited and service delivery for children and families is fragmented
<b>Innovation</b>
We explored integrating children’s services with the Integrated Care Organisation, establish a Public Services Trust for co-commissioning and roll out community based Early Help services
<b>Partners Involved</b>
The ICO and the DfE are involved in the integration evaluation. Partners ranging from the OPCC to the community and voluntary sector are involved in the TPST and the community based service delivery

## *What We’re Doing*

Our approach includes:

- Exploring the business case for delegating statutory functions to an existing third party provider (the integrated Care Organisation – ICO – which currently brings together health and adult social care delivery)
- Launching a new funding vehicle – the Torbay Public Service Trust – which will allow pooling of budgets across services to facilitate joint commissioning and sourcing of external social investment
- Creating locality based multi-disciplinary practices (loosely based on the social work practice model but sitting within the ICO) using the systemic “Thrive” model of practice to work initially in the early help sphere, with subsequent plans to extend their role to Children in Need and Child protection functions

## *Success So Far*

The Public Service Trust has been established and has driven a piece of work exploring future funding and delivery of domestic abuse interventions. A bid has been submitted to the Lottery in support of a SIB proposal. A range of partners have received training in whole family working and the role of lead professional which is encouraging broader capacity for early help work; an early adopter site has been established for community based practice.

## *What's Next*

- We will have worked up a business case exploring whether integration with the ICO is both possible and desirable
- Partners will determine their buy-in for a domestic abuse intervention for Torbay – they will either use the TPST to co-commission, or this will prove impractical and redundant as a vehicle for strategy and commissioning
- A review of the community based work will take place and a series of workshops with colleagues in the ICO will develop join up on the ground

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# Royal Borough of Windsor and Maidenhead

The delivery of early help services to two specific communities – service families in Windsor and the Pakistani community in Maidenhead

<b>Challenge</b>
<ul style="list-style-type: none"><li>■ To improve engagement of the target communities with early help services</li><li>■ Increase acceptability and effectiveness of early help, particularly for families with a number of chronic problems – thereby safely reducing the need for a statutory intervention</li></ul>
<b>Innovation</b>
<p>Introduce a new community-based model of working including Royal Borough of Windsor workers deployed alongside voluntary sector family / community workers within two 'key' geographical areas:</p> <ul style="list-style-type: none"><li>■ Broom Farm in West Windsor (Army Hub) – located at The Lawns Children's Centre</li><li>■ Riverside in Maidenhead (Pakistani Hub) – located at the Riverside Children's Centre</li></ul>
<b>Partners Involved</b>
<ul style="list-style-type: none"><li>■ Royal Borough of Windsor</li><li>■ Family Friends</li></ul>

## *What We're Doing*

The Royal Borough of Windsor and Maidenhead in partnership with Family Friends, a local voluntary community organisation, tested an approach that involved social workers working in partnership with family support workers in two hard to engage communities (Pakistani in Maidenhead and Army Service Families in Windsor). This has been extended to include Youth Workers.

The Council and Family Friends are testing the feasibility of a joint venture through partnership in this project. They are aiming to recruit and manage specialist workers in order to have a positive impact in reducing repeat child protection plans and increase access to early help services.



The programme consisted of two hubs, based within each community, and brought together the local authority and Families Friends- a local charity providing short-term support for families experiencing difficult times. The hubs initially provided dedicated social work staff alongside community and family support workers to work with local communities to identify and support families which required early intervention support to help prevent their needs escalating.

### *Success So Far*

There have been a number of benefits to this model, including having a presence within local communities and enabling people to access social care support in their own language; using community events to build trust across the families and the staff; and bringing together social workers and family support workers to deliver therapeutic interventions to support families during the lifetime of the programme.

### *What's Next*

The benefits for the communities are coming mainly from the community engagement and offer. The team are now intending to extend the reach of the offer to members of the community not yet engaged, this includes males and young people. Therefore there is a refocus to invest in community activity for these parts of the community with youth work, family support with social work oversight.

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# *Durham County Council*

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Redesigning social care workforce into 10 integrated teams split into five areas of the county

## *What We're Doing*

The new service includes a dedicated key worker for all families, who will undertake planning and development of a 'team around the family' alongside a family support worker who remains with the family providing the practical 'hands on' support and help throughout their intervention journey. The teams are led by social workers and deliver both universal and targeted services for families who require intensive family support. Lead SWs have a reduced case load, made possible through better use of specialist expertise who will deliver parts of the family support plan. Durham trained support workers including a senior SW to provide reflective supervisions for staff members.

Underpinning the model is an element of workforce development (the award winning 'Stronger Families' workforce development programme) where tried and tested methods from pilots will be rolled out across the whole service.

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## *Theme 2: Specialist interventions and target groups*

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# *Section 2.1: Child sexual exploitation and mental health*

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# The Compass Service

Norfolk and Suffolk NHS Foundation Trust

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A therapeutic education service for children and families who would otherwise be placed in out-of-county care

## Challenge

Our challenge was to prevent children entering care or step down the level of care needed without increasing risk. This included the need to create sustainable change for the children, young people and families while making better use of system resources and delivering improved outcomes

## Innovation

Building on the success of current therapeutic education service, the Compass Service is a therapeutic education model and wrap-around support service. This Virtual Residential School provides better support without escalating need and risk, focusing on stability and the needs of the family

## Partners Involved

Norfolk County Council, The Benjamin Foundation, NSFT and the Engage Trust. The Compass Service has been working towards service integration across social care, health, education and voluntary organisations

## What We're Doing

The Compass Services offers educational and therapeutic interventions for hard-to-reach young people. Without our centre, they would be placed in residential schools, irreversibly breaking their attachments to their families and local communities. Compass aims to integrate and support the education provisions that are accessed by young people, to provide a consistent and holistic approach for the families we work with. Forming a new service enabled a solution tailored to the specific risks and complexities of increased numbers of children in care in Norfolk. We work on young people's strengths using an integrated approach to education and therapy. Parents and carers are fully involved in the work and have easy access to therapists and teachers alike.

The interventions provided have involved a high level of creativity, challenging the restrictions of existing commissioned services. There has been a high emphasis of outreach work with an effort to be "alongside" families, going the

extra mile to support them. This is a particular achievement given that in many cases there are significant safeguarding issues.

## *Success So Far*

We have been able to demonstrate considerable financial savings alongside delivering meaningful and life changing opportunities for children and families. A key principal of our partnerships is its focus on genuine authentic relationships as being the foundation for cohesive effective clinical practice. This focus extends from the clinician's relationship with the service user right up to the relationship between the local authority and the NHS trust. This has enabled partners to be brave in overcoming the barriers that modern practice can place in the way of having open and honest relationships. The partnership has helped on an individual and systemic level to re-evaluate ideas around risk.

Our model has been recognised by Ofsted, the CQC and NHS England as an exemplar of good practice, and have been shortlisted for the HSJ 2016 Awards in the Improved Partnership category.

## *What's Next*

We have a growing research and evidence base to our model and aim to develop a practice framework that is accessible across the system. This will include working with the Signs of Safety national team to create a framework that is wider than within care settings, in particular using the drivers for transformation in CAMHS to aid the development of joint thinking and delivery as a system. We are also developing a Compass Approach manual to support a wider fostering network, enhancing the Virtual Residential School offer.

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# Belhaven

*Priory Education Services, Suffolk County Council*

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Establish a four-bed specialist residential home that combines education, care and mental health support

<b>Challenge</b>
To reduce the risk of children with mental ill health deteriorating to the point that they need to be hospitalised. To provide additional mental health support in a local specialist residential care setting, maintaining the child's educational placement, positive relationships and established social care arrangements
<b>Innovation</b>
To deliver specialist mental health services in a safe homely, local care setting. To overcome barriers between mental health, education and care providers through an integrated operating model and partnership working. To bring health and care commissioners together with a single pathway and co-funding arrangement
<b>Partners Involved</b>
Suffolk County Council

## *What We're Doing*

Priory and Suffolk County Council have established a four-bed home that combines education, care and mental health support. Staff comprise residential care professionals and mental health nurses supported by teachers and therapists. The project works with the community CAMHS team of Norfolk and Suffolk NHS Foundation Trust who also support and advise the care team. It is intended to reduce the risk of children with mental ill health who are in, or on the edge of care, deteriorating to the point that they need to be hospitalised. Thereby we also maintain the child's local care and education placements, positive relationships and community support.

The partners have developed a single pathway with health and care commissioners identifying at risk children and making planned admissions to support them back into their the usual care setting at the earliest opportunity. The service has also proved effective in supporting children "stepping down" from hospital.



## *Success So Far*

We are most proud of the progress that the children have made on the difficult journey to recovery; every outcome has been an individual triumph. Long-term outcomes will require further evaluation but during the pilot period we were able to support a number of children transferred from otherwise inappropriate care setting and were able to provide a care package for a child who would otherwise have been an acute medical hospital admission. The home has also achieved outstanding levels of educational engagement.

We are also very proud of the quality of partnership working which has exceed expectations, and the achievement of dual Ofsted and CQC registration and the home being inspected and rated Good within a few weeks of opening.

## *What's Next*

The service has successfully moved from pilot to commissioned service and we are working with partners and commissioners on improving the pathway with particular reference to discharge planning. We are currently developing the pilot site as an outreach hub for mental health support to children in other care settings and support to parents (subject to funding). We are already talking with other commissioners and will be holding and share and learn event in February 2016.

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# Safe Steps

## St Christopher's Fellowship

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Safe Steps are community-based children's homes designed for girls at risk of sexual exploitation and other serious community risks

<b>Challenge</b>
The pilot strove to gain clarity on the lengths residential staff could go to to protect teenagers at high risk of CSE and to provide an alternative to placing girls at high CSE risk in secure care, or in remotely located children's homes for their protection
<b>Innovation</b>
Safe Steps homes deliver a community-based solution for girls at risk of CSE. The homes provide protection at times of greatest risk, with support to address trauma, diversion from the pull of perpetrators and a focus on developing healthy relationships and skills to keep safe
<b>Partners Involved</b>
West London Alliance North London Children's Efficiency Programme Women and Girls Network NYAS

### *What We're Doing*

With support from two consortia of local authorities, St Christopher's developed Safe Steps; two London children's homes which protect and support girls who are at high risk of CSE and other community-based risks.

The Safe Steps model supports girls to understand the nature of harmful relationships and develop skills to keep themselves safe. The team use a suite of CSE interventions to understand and address the trauma of the past and help girls move on, whilst building positive relationships to develop self-esteem and provide opportunities that take them away from the "pull" of perpetrators. Safe Steps is founded on the "heads, hearts, hands" principles of social pedagogy, which informs all of our work with young people and stresses the importance of relationships, respect and reflection.

Development of the model has necessitated ongoing discussions with the DfE and Ofsted to clarify the lengths that residential staff can go to to protect children.

## *Success So Far*

- Girls feel safer and are able to enjoy being children again (playing and having fun)
- Girls demonstrate empowerment and are keeping themselves safe
- Improved engagement with health services, mental health and education
- A non-judgemental environment where CSE, sex, bodies, emotions, relationships and previous life experiences are openly discussed
- Stronger relationships between some girls and their families
- (Some) examples of positive move-on – for example to fostering in the local area
- Trusting and meaningful relationships between staff and young people
- A bespoke CSE intervention programme
- A developed training programme for staff, supported by on-going clinical consultation
- Staff awareness of individual CSE triggers and signs
- Skilled teams who are confident to challenge other professionals' attitudes to these vulnerable girls
- Both homes rated by Ofsted as "good"

## *What's Next*

- Embedding learning from the pilot and refining St Christopher's CSE programme
- Further developing young people's involvement in the design and delivery of staff training
- Engaging with LAs to develop transition planning to provide consistently good exits– including developing our own step-down options
- Testing the market now that referrals are open to all LAs
- Working with new LA to shape the model for their local needs, including developing a model for boys

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# SHARE

Wigan Council & CCG

Addressing the acute problem of adolescent mental health by establishing a new specialist multi professional team

## Challenge

The project directly addressed the problem of young people with complex emotional needs failing to meet thresholds for mental health and social care services. In a hard core of cases we witnessed a rapid escalation of the problem that led to increased cost and worsened outcomes

## Innovation

Wigan has established the 'Wigan Deal', a rebalancing of the relationship between public services and residents. This involves more relational practice. The innovation here was to combine a multi skilled team with family support with short stay residential and adopting an asset led approach

## Partners Involved

The project is co-led by Wigan Council and Wigan CCG but also involves local CAMHS providers and NHS England

## What We're Doing

Wigan Borough Council are establishing a combined team of social care and CAMHS professionals to provide crisis and step-down support for young people in or at risk of entering care with significant mental health problems. This works alongside a repurposed residential home (providing respite care, short breaks and short-term placements) and a group of specialist foster carers.

The service is tightly focused on a cohort of young people who currently have multiple assessments, and multiple contacts with social care or CAMHS service, but who experience poor outcomes, including out of area residential placements and hospitalisation. Wigan currently spend more than £3.2 million on out of area placements for looked after children young people with mental health problems.

The combined social care/CAMHS team provides a testable model for supporting adolescents with significant levels of need, including supporting specialist residential and foster care placements.

### *Success So Far*

Of the whole caseload (32) we assessed the number of cases that would previously have required high cost or secure accommodation to have been 15. Under SHARE, the number of young people referred to secure accommodation stands at 1 young person going into a very local form of temporary respite.

Under HONOSCA ratings, severity levels had fallen by around 15% following 3 - 6 months support.

The interim report (March 2016) of the external evaluator found high levels of satisfaction with families and staff and the model.

Our most recent Cost Benefit Analysis points to an overall financial return on investment = £5.82 for every £1 invested, a Public Value Return on Investment = £7.02 for every £1 invested and a Local Authority Fiscal Return on investment = £5.74 for every £1 invested.

### *What's Next*

The next 6 months will see the following:

- The mainstreaming of the service locally as part of the rolling out of locality health plans under the GM Health devolution
- It will inform the building of a wider asset based looked after children system that Wigan will be developing over the 18 - 24 months

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# Project Phoenix

## Wigan and Rochdale Borough Councils

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The project focuses on ways in which young people at medium risk of CSE can avoid a rapid referral to secure accommodation

<b>Challenge</b>
Risk of CSE can rise rapidly from medium to high. Often the response has been to refer young people to secure accommodation. This means the cost is high and outcomes rarely positive. This is often been down to inexperienced social work practice
<b>Innovation</b>
The project adopted to undertake a significant research phase focusing on what works and victims' testimony. Through this we co-designed a new CSE Pathway and are testing it with 30 current cases
<b>Partners Involved</b>
The project is led by Wigan & Rochdale Councils on behalf of GM Local Authorities. It links to Project Phoenix, GMs response to CSE and includes The Children's Society and Research in Practice as active project partners

### *What We're Doing*

This project is about developing alternatives to high cost and secure accommodation for victims, or those at risk of, child sexual exploitation, to improve outcomes for those young people and their families. The project has developed a series of research products – a literature review of current findings and practice, findings from an audit of closed case files, ethnographic interviews of previous victims, The victim's voice , a co designed CSE Pathway , the staff experience; lessons from local practice.

Out of this practice it has established the ACT team that is working with 30 cases, putting into practice the lessons developed through the research phase. So far we have avoided escalation to secure accommodation in each case and are currently working with our external evaluators to complete a formal evaluation. Findings are being dispersed trough GM via Directors of Children's Services.

## *Success So Far*

By far the most challenging part of the project has been to engage ex victims in co-designing a new CSE Pathway. This has been carried out thoughtfully and sensitively involving our partners in the Children's Society. Victims worked alongside the ACT Team as it has developed to both validate formal research and to provide insight in what might work better.

We have been able to align a validated research process with active social care practice – very much a think do approach. As such we are avoiding rapid escalations in challenging cases as the social care professionals develop a series of techniques and practices that appear to be working. The research basis of the project has meant working in an embedded way with our external evaluators and this has been of immeasurable benefit.

## *What's Next*

The ambition is to scale up the model across GM but to focus more widely on the wider notion of complex safeguarding taking in threats to children such as modern slavery, trafficking and FGM. This is likely to adopt a hub and spoke model. Further, practice is being disseminated to standing CSE teams/capacities in each GM local authority through the Project Phoenix approach.

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# *Aycliffe secure children's home*

*Aycliffe (Durham County Council)*

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Specialist unit offering support for young people who have been sexually exploited and extended step-down service

## *What We're Doing*

Durham County Council are opening a specialist unit at Aycliffe, offering support that particularly targets the trauma experienced by young people who have been sexually exploited and an extended step-down service to help young people prepare for leaving secure and mentoring support.

The project comprises:

- Offering support that particularly targets the trauma experienced by young people who have been sexually exploited
- Working with Barnardo's to develop and refine the therapeutic approach, with unit staff supported by a training programme and supervision
- Use of Aycliffe's step-down facility to support young people in their transition back into the community where they will then be supported by mentors provided by the charity Odysseus
- Rolling out the therapeutic training programme to the full staff team at Aycliffe and community based mentors from Odysseus

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# Sheffield City Council

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The project is developing a consortium of the four Authorities (jointly managed, with pooled resources), to deliver a CSE programme

## *What We're Doing*

Recruitment, development and support of specific foster carers to provide safe placements for young people across the South Yorkshire sub-region. Intensive wrap-around support and therapeutic services are made available to help sustain these placements. For young people who can safely remain at home with their families, a similar offer is be made, which includes working with parents/carers to improve their understanding and resilience around CSE.

South Yorkshire is also skilling up professionals to support parents and carers through a range of different interventions including; Action Learning Sets, training and therapeutic consultations, whilst at the same time undertaking direct intervention work with families and young people. They are also adapting the main principles of a youth work model to engage young people in a journey that ensures that they are safe and leads to long term improved outcomes.

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# *Extended HOPE*

*Surrey County Council*

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Jointly commissioned and funded multi-agency service that provides therapeutic support for young people

## *What We're Doing*

HOPE is a jointly commissioned and funded multi-agency service that provides therapeutic support for young people who have complex mental health, education and social care needs that cannot be met by one agency alone. Partners in Surrey are building on the success of this service through the creation of 'Extended HOPE'.

The new Extended HOPE service consists of two key elements: an out of hours Assessment and Support Service, and a respite unit. The Assessment and Support Service consists of Community Psychiatric Nurses and Residential Workers operating out of the respite unit during evenings and weekends. The service offers advice, referral, and mental health assessment and treatment to young people in order to prevent mental health crisis and better support young people and their families/carers when crises do occur.

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## *Section 2.2: Specialist interventions and commissioning*

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# National Implementation Service

The National Implementation Service (NIS) implements evidence based programmes across the UK to radically improve the ways vulnerable children and their families are supported

<b>Challenge</b>
The NIS has a specific mission: to increase the use of evidence based interventions in children's services through developing, replicating and taking to scale high quality programmes that deliver measurable outcomes for vulnerable children and families and value for money for the sector
<b>Innovation</b>
The NIS is establishing an organisational model that will provide continued national scale up of proven interventions; allow further co-development of UK programme adaptations and enable innovation of entirely new UK specific programmes
<b>Partners Involved</b>
In the last year we have partnered with 52 local authorities nationally, across the programme delivery of TEND and evaluations for RESuLT, KEEP, AdOpt and MST. We have also worked in partnership with 5 institutions to complete the evaluations to date

## What We're Doing

We are establishing the NIS as a sustainable UK centre of excellence for evidence based interventions. Our business model proposes three strands of programme expansion:

- Ongoing scale up of proven interventions (such as MST and KEEP training for foster carers)
- Adapting existing interventions to UK population specific needs (for example MST for families in transition, problem sexual behaviour and child abuse and neglect)
- Developing and scaling new and innovative responses to challenges for children's services in the UK, including adoptive parenting (AdOpt) small children transitioning from care to permanence (TEND) and the training needs of residential care teams (RESuLT)

The NIS approach to these developments now provides an infrastructure that routinely enables cost calculation, value for money and replication and scale up that promotes outcome informed commissioning.

## *Success So Far*

We are proud to have delivered on a number of planned outcomes in the last year:

- Progress of NIS organisational planning to sustain a 'one of a kind' centre of excellence for evidence based programmes and for real world implementation knowledge and experience
- Several robust evaluations of our programmes to add to the UK evidence base – including RESuLT, MST FIT, KEEP Standard and AdOpt
- MST FIT scale up, supporting children transitioning from residential care and care leavers, and MST CAN scale up following appointment of a UK based consultant in the NIS
- Development of the TEND to improve foster carers' developmental parenting practice. We now have a replicable and scalable intervention for the UK with potential for spread and adaptations to other populations

## *What's Next*

We are motivated to further scale and spread existing programmes and excited by a number of potential plans:

- Scaling up RESuLT in public and independent children's homes nationally
- Exploring the use of MST for teenagers/emerging adults
- Expanding the age range of the AdOpt programme
- Adapting TEND for birth parents and adopters
- Trialling the use of direct work with children alongside the KEEP foster carer programme
- Scoping the feasibility of a social worker direct work skills programme based on social learning theory evidence

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# Safe Families for Children

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Extending Safe Families for Children from a North East trial into new regions in England

<b>Challenge</b>
<ul style="list-style-type: none"><li>■ Reduce the flow of children going into care</li><li>■ Prevent child neglect and abuse</li><li>■ Stabilise families at times of crisis</li></ul>
<b>Innovation</b>
Using volunteers to divert children from being looked after
<b>Partners Involved</b>
Local Authorities in the following regions: North East, Greater Manchester, Merseyside, Midlands

## *What We're Doing*

- Establishing new regional hubs, where they will balance fidelity to the Safe Families model with bespoke features and adaptations for successful local delivery
- Delivering a community-based short-stay care solution (up to 28 days) for a cohort of children in these local authorities who would otherwise be placed into local authority foster care
- Delivering a community-based family support solution for a cohort of families in need in these local authorities, whose problems are seen to be escalating and therefore present a serious risk of future entry of children to local authority foster care
- Securing sustainable funding for Safe Families in the regions through the use of the PSP
- Commissioning a high quality evaluation of Safe Families, which is necessary for the PSP and for their own and sector-wide learning.

## *Success So Far*

- Working with 20 local authorities within four regional areas of England.
- Raising over 2700 volunteers.
- Headline metrics:
  - 886 families supported
  - 2188 children benefitting
  - 1465 bed nights provided

## *What's Next*

- Growing wider and deeper by working with more LA's in our existing hubs and scaling up to the next level with existing PSP partners
- Expanding into the South Coast region working with Southampton City Council, Bournemouth Council and Hampshire County Council

## *Contact Details*

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# Step Change

## *Action for Children*

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Service combining three therapeutic evidence-based programmes in partnership with three local authorities (Barnet, Harrow and Hounslow)

### *What We're Doing*

Action for Children (AfC) are establishing a service combining three therapeutic evidence-based programmes in partnership with three local authorities (Barnet, Harrow and Hounslow). Individually, each of the programmes has a strong evidence base. We are building on this success and reshaping the whole service that partner authorities provide. Young people are placed in an appropriate programme as the core part of their service for adolescents on the edge of care.

Multi-systemic therapy and Functional Family Therapy are both effective at reducing entry to care, and reducing offending and anti-social behaviour amongst adolescents. The therapeutic foster care model (MTFC-A) has also been shown to reduce problematic behaviour and prevent entry to custody or more intensive residential services. However, the services can be expensive, difficult to justify without high levels of need, and difficult to recruit sufficient qualified staff. The project runs as a single service shared across all three authorities, to help address these challenges and increase sustainability.

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# *Evidence-based services*

## *Cambridgeshire County Council*

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This project involves spinning out the Cambridgeshire CC MST team into an independent staff-led mutual

### *What We're Doing*

In 2001 Cambridgeshire County Council implemented the first MST team in Great Britain, with the aim of preventing adolescents from entering custody and then expanded to those at risk of entry to care. Since its establishment in 2012 the service for adolescents with Problem Sexual Behaviour has seen 100% avoid further reconvictions and all 23 cases have remained living at home. The team are now expanding the reach of their successful service and spinning out from the local authority as a staff-owned mutual. In addition to running their existing services on a commissioned basis they are broadening their range of services to more local authorities and developing a social investment model for future funding.

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# NSPCC Serious Case Review

NSPCC

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NSPCC and SCIE have taken one theme – inter-professional communication & decision-making – creating a synthesis across 38 recent SCRs

## *What We're Doing*

The NSPCC, together with the Social Care Institute for Excellence (SCIE) and the College of Social Work (TCSW), are developing and testing a set of mechanisms to enable better use of learning from serious case reviews (SCRs), and to improve the quality of SCRs, including through a pilot project involving the central commissioning of SCRs.

The project is being run as a 'proof of concept' for one year in the first instance. There are two main programme strands:

- Supporting better sharing and use of learning from SCRs. This includes professionals' involvement in creating materials and testing them with three Local Safeguarding Children Boards (LSCBs)
- Improving SCR quality. This involves training for lead reviewers and a pilot involving the central commissioning of five SCRs, testing principles of excellence, and involving five further LSCBs

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# Dynamic Purchase System

*West Sussex County Council*

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Building the case for a regional commissioning approach for certain types of placements for individual children

## *What We're Doing*

West Sussex County Council and LA partners – South East Together – are using the experiences and lessons learnt from an existing Dynamic Purchasing System (WSSC DPS for placements for children with SEN and disabilities) to explore options for procuring and establishing a regional DPS outcomes-based model.

The regional DPS support and facilitate the making of placements for children with disabilities, special educational needs and children looked after requiring specialist residential provision with external partners in phase 1, to ensure that children will realise improved outcomes leading to increased options as they move into adulthood.

Key areas of activity in the project include data capture and analysis, financial modelling and creation of a benchmarking tool, outcomes based commissioning approach, outcomes framework and revision of the 3 national contracts (Residential, Foster Care and Schools & Colleges).

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## *Section 2.3: FGM and multiple births*

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# Female Genital Mutilation

## MOPAC

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MOPAC is working with five London authorities to develop an early intervention model to prevent Female Genital Mutilation

<b>Challenge</b>
The Mayor's Office for Police and Crime Female Genital Mutilation Early Intervention Model (MOPAC FGM EIM) pilot was established to implement and refine an effective strategy to prevent new cases of FGM among women and girls, while supporting those affected by FGM
<b>Innovation</b>
To achieve these aims, the pilot brought statutory health and social services together with community organisations to co-construct an effective and sustainable intervention delivering support to women who have undergone FGM and safeguarding those at risk of FGM
<b>Partners Involved</b>
Tri-borough Waltham Forest Tower Hamlets

### *What We're Doing*

The approach involves health and social care professionals to work in partnership to identify women affected by FGM and protect their daughters. This is achieved through co-locating specialist social workers to work alongside midwives in hospital-based FGM clinics. Health and social care professionals will work together to identify potential future victims, triage risk and formulate intervention plans. This includes tracking the wellbeing of the children over time. The service also includes:

- community mediators to facilitate communications and overcome barriers that prevent engagement with local communities;
- male support workers to work directly with fathers, community and faith leaders; and
- psychologist support for women who have undergone FGM

## *Success So Far*

MOPAC is looking forward to publishing the evaluation findings later in the year and building on the lessons learnt.

## *What's Next*

MOPAC is in the process of determining Violence Against Women and Girl (VAWG) priorities for the new Police and Crime Plan. It is anticipated that Harmful Practices will be included in the VAWG section of the plan. The final FGM evaluation and learning from the current Harmful Practices pilot that MOPAC is funding until March 2017 will inform how we will take forward the Harmful Practices priority in the coming four years.

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# Family Drug and Alcohol Court (FDAC)

*Tavistock and Portman NHS Foundation Trust*

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Sharing and testing the FDAC model more widely by establishing 10 new sites and an FDAC National Unit

<b>Challenge</b>
Care proceedings have doubled in the past ten years. A quarter of women who have a child removed return to court and have further children removed due to the initial problems which led to removal, often a combination of substance misuse, domestic abuse and mental health problems
<b>Innovation</b>
London FDAC is a problem-solving court that has been shown to be more successful than conventional care proceedings in helping parents to overcome the problems that are placing their children at risk. Our plan was to test the model across 10 new FDAC sites
<b>Partners Involved</b>
FDAC National Unit partners: Brunel University, Centre for Justice Innovation, Coram, Lancaster University and Ryantunnardbrown.  Local FDAC partners: Bradford, Calderdale, Coventry, East Sussex, Kent & Medway, Kirklees, Leeds, London & South London consortium, Milton Keynes & Buckinghamshire, Plymouth, Torbay & Devon, Southampton and Wakefield.

## *What We're Doing*

We worked with five partner agencies to create an FDAC National Unit to:

- Provide intensive support to successfully launch a new FDAC in 10 sites, provide ongoing support to four existing FDAC sites and engage with a wider network of interested local areas. network of local areas who are also wanting to establish an FDAC service
- Learn more about the essential ingredients of the FDAC model and how they can be implemented in different settings.



- Build a more detailed picture of family outcomes and agency costs across all existing and new FDAC sites, to inform the key agencies who benefit from FDAC and to create a sustainable funding model for future FDACs.
- Develop a community of practice who support each other, share learning and refine and advance the FDAC model.

## *Success So Far*

There are currently 13 FDAC teams linked to 16 courts and serving 21 LAs. We have trained 25 judges and 80 clinicians, and established a programme of continuing professional development including local review training days and national peer support groups and conferences. This is supported by the FDAC Training Programme and Handbook, the FDAC Outcome Database, and the FDAC Standards. The FDAC National Unit website <http://fdac.org.uk> contains a log-in area for new sites as well as information for more general audiences.

Three evaluation publications have demonstrated the impact of FDAC:

- 'Better Courts; The financial impact of the London FDAC', [www.justiceinnovation.org/better-courts/publications-and-toolkits/better-courts-financial-impact-london-fdac](http://www.justiceinnovation.org/better-courts/publications-and-toolkits/better-courts-financial-impact-london-fdac)
- 'After FDAC: Outcomes 5 years later' [www.fdac.org.uk/wp-content/uploads/2016/09/fdac-report-final-1.pdf](http://www.fdac.org.uk/wp-content/uploads/2016/09/fdac-report-final-1.pdf)
- 'Problem solving in court; Current practice in FDACs in England' [www.fdac.org.uk/wp-content/uploads/2016/09/problem-solving-in-court-current-practice-in-fdacs-in-england-september-2016\\_ba.pdf](http://www.fdac.org.uk/wp-content/uploads/2016/09/problem-solving-in-court-current-practice-in-fdacs-in-england-september-2016_ba.pdf)

## *What's Next*

- Continuing to embed the model and share the learning (National FDAC event in October bringing together all the local FDAC practitioners).
- The impact of the research 'After FDAC: outcome 5 years on' published September 2016 on sustainability planning.
- On-going exploration of Social Impact Bonds as a commissioning model.
- Working with the MoJ and DfE on the role FDAC can play to solve problems in the family justice system, and its application in other jurisdictions.

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# *National FGM Centre*

*Barnardo's & LGA*

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Creating a step change in the system response to FGM, through the creation of a national centre

## *Partners Involved*

Suffolk, Essex, plus Thurrock, Southend, (Hertfordshire in pipeline)

## *What We're Doing*

Barnardo's and the LGA are establishing the National FGM Centre that will provide services and share learning to prevent new cases, and protect and support girls and women affected by FGM. The Centre has four strands that will work together to develop an understanding of excellence in response to FGM, and provide a national resource for professionals across England.

The Centre:

- Directly works with FGM cases through a continuum of intervention
- Provides community outreach programmes in local authorities
- Runs a knowledge hub to collect, analyse and share learning
- Delivers consultancy and practice development to support professionals working with girls and women affected by FGM across England

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# Pause

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Focused on working with women who have had more than one baby removed into care

## *Partners Involved*

*Hackney, Newham, Hull, Doncaster, Southwark, Islington, Greenwich*

## *What We're Doing*

Developed and tested in Hackney with 20 women who have had two or more children removed, Pause offers an intense programme of therapeutic, practical and behavioural support through an integrated and systemic model which enables the women to take a 'pause' and focus on their needs.

Pause has commenced in six further local authorities: Doncaster, Greenwich, Hull, Islington, Newham and Southwark and is extending the pilot in Hackney to with women who have had only one child removed, beginning to test the effectiveness of the model when used at an earlier stage in the cycle, with an ambition of working at a wholly preventative level in the future, e.g. before any children born or removed.

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# *Theme 3: Care / transitions*

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# *Section 3.1: Teenagers, whole adolescent services and edge of care*

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# Brighter Futures

London Borough of Ealing

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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

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 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
- Dyadic Developmental Network
- iMPower Consulting

## *What We're Doing*

Ealing is devolving power and decision-making closer to the child and their key worker. 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 is at the centre of developing their own plan, and has an input in choosing who they want to help them on that journey. 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, while the Connect teams work with those young people who are already looked after.

We have also created 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.

## *Success So Far*

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, and the new model has created energy and enthusiasm for returning to real social work. The Dyadic Developmental Programme has allowed workers to develop a shared language with foster carers, and both 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.

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# Safeguarding and Supporting Young People

*Gloucestershire County Council and Prospects*

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Transforming the way that children's social care services are accessed, delivered and organised for young people over 11

<b>Challenge</b>
Gloucestershire's aim is to recognise the overlap and potential for synergies between social care, youth justice and mental health services for our most vulnerable young people and their families and through an innovative approach to provide an adaptive, safe and effective response
<b>Innovation</b>
Development of a new unifying model of practice based on a risk-resilience approach with a multi-professional approach to assessment, formulation service planning and interventions. A new model of service delivery, multi-professional teams as standard, with the right mix of specialists and professionals
<b>Partners Involved</b>
A multi-agency approach led by Gloucestershire County Council working alongside Prospects to build on our experience of the delivery of services (Youth Offending, care leaving and older children in care) and Child and Adolescent Mental Health Services (CAHMS)

## *What We're Doing*

Gloucestershire is redesigning adolescent services for over 11s (including youth offending, young people in care, young people in need and need of protection). Combined service that offers the following:

- New way of accessing services which offers one way of getting the combined support of mental health, social care and youth support services
- Multi professional teams as standard for this age group – whatever their presenting need which will replace the current social care, youth offending and support and some mental health services



- A combined way of assessing and planning for these young people and their families with programmes of intervention that seek to keep these young people at home, in education and within their communities where possible
- Organisational arrangements which allow for safe management and professional practice and which reflect the different needs across the county.

The project is investigating alternative delivery arrangements including the delegation of statutory social care functions.

### *Success So Far*

The development of the new practice model BASE © has been very well received by managers and practitioners alike. A practice model which draws together, restorative approaches and attachment theory is drawing together diverse disciplines, approaches, and practices into a unified way of working. This practice model is transforming the way that we work with young people and their families, how difficulties and challenges are framed and takes a new approach to formulating and responding to risk. Wider applications to younger children and their families are now apparent and are being considered for piloting. Significant learning is emerging from the Learning Circle phase of practice implementation. Consensus has been achieved in information governance, specific information sharing and interoperable ICT forms for consent and case management across systems.

Some previously council functions have been delegated through a combined approach. Multi professional wrap around teams (which are all part of the same service) are in place and working well.

### *What's Next*

Our current focus is on the most vulnerable young people and to this end we are developing a new Intensive Recovery and Intervention Service for those who are at risk of or who have been in high cost, sometimes distant placements, whether this is due to a mental health or social care related reason. Making better use of the total council and NHS resource will allow us to target the use of residential, family and home based models of treatment and support.

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# No Wrong Door

North Yorkshire County Council

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Multi-functional hub and multi-disciplinary team, providing trusting relationships and essential consistency, right services, right time and right places

## 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 includes:

- 7 District Councils
- 9 housing/accommodation providers
- Health
- CAMHS
- Police

## What We're Doing

The No Wrong Door model is an integrated service for complex adolescents with a range of accommodation options, services and outreach support. Needs are addressed within a single team of specialists working together with shared practice, with a consistent key worker who follows the young person through placements.

We have developed an edge of care service to support young people to safely stay within their families or placements, supported by residential care used

to stabilise complex situations, resulting in lower LAC numbers. Young people are directly influencing service design, training and practice across the service. Development of unique and innovative tools and practice being shared, which is influencing national and international service design.

We are also seeing shared ownership, risk and benefits across key partners, alongside a seamless service for young people through to independence. Using data and evidence to make the moral business case to inform future service delivery.

## *Success So Far*

Young people's participation is at the heart of No Wrong Door, and the range of tools they have developed underpin our culture and practice. The impact of the embedded specialist roles has been incredibly successful. They have developed positive relationships and engaged young people, resulting in unmet needs being uncovered, whilst facilitating wider training and learning across the team. The emerging outcomes from our thematic reports are evidencing the expected benefits of the model for NYCC and all partners. For example, this has led to North Yorkshire Police permanently funding the No Wrong Door police roles. The work with Loughborough University has also identified opportunities to jointly develop an edge of care cost calculator, alongside generating international interest in the model.

## *What's Next*

- The No Wrong Door methodology being at the heart of NYCC's Partner in Practice innovation starting this year
- Outputs from our Young People's Focus Groups being made into an art installation to be used to highlight and communicate the experience of young people who would not normally have a voice
- The edge of care cost calculator will be piloted with a number of local authorities which will improve outcomes and influence future service commissioning and delivery.

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# *Family and Adolescent Support Hub (FASH)*

*London Borough of Enfield*

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Multi-disciplinary rapid reaction FASH to support vulnerable young people on the edge of care

## *What We're Doing*

Enfield are creating a new adolescent service, working intensively with a targeted cohort of young people aged 11+ to improve outcomes for young people, reducing entries to care, engagement with the criminal justice system and other harmful behaviours. The presence of multiple indicators of risk (e.g. high risk young offenders, recent episodes of involvement with children's services, association with gang activity) is used to identify an "edge of care" cohort expected to be at least 160 young people each year.

Social workers lead assessments and coordinate a support programme delivered by a mixed team of professionals including youth workers, a teacher, psychologists, play therapists and healthy living advisers. The service is located in Youth and Family Support Service and is called Family and Adolescent Support Hub, it is open seven days a week until 10 pm.

## *Contact Details*

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# Sefton Council

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Hub and spoke 'Adolescent Service' to provide a single shared organisation which enables young people to move into adult life

## *What We're Doing*

The key elements of the new community adolescent service are:

- A new multi-disciplinary team including a wide range of children's and adults services, including the police, youth offending, mental health, and addiction workers. Critically this new team is underpinned by a shared vision, set of processes, and evidence based approaches (including social pedagogy, restorative practice). The team also includes young people as apprentices who have experience of the service and will ensure it remains focused on their needs
- One referral process, one family plan, one worker. They enable one allocated worker to take responsibility for a young person and their family through one family plan, rather than the previous situation where they could have up to three from across different services

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# *Section 3.2: Care leavers / housing / residential*

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# Right Home

Calderdale MBC

Improving outcomes for young people on the edge of care / at risk of homelessness through a tiered range of accommodation options

## Challenge

Our primary challenge is to improve outcomes for young people and to maintain low numbers of looked after children. We are also working to ensure young people only have to tell their story once. Young people have told us that repeating the same detail to different services is demoralising

## Innovation

Calderdale MBC's Right Home project is a range of new and innovative services designed to radically improve outcomes for young people on the edge of care or at risk of homelessness

## Partners Involved

Calderdale Council has worked closely with a range of partners including Sanctuary Supported Living and Buttle UK

## What We're Doing

Right Home brings together a short stay service for young people on the edge of care, a tiered range of accommodation options and a 'Staying Close' unit for young people leaving residential care at 18. It brings valuable support for those vulnerable young people who are often very difficult to reach.

All services are accessed through our 'one stop shop' - the Vulnerable Young Peoples Panel (VYPP) The purpose of VYPP is to develop and manage packages of support and diversion for our most vulnerable young people. The Panel works to offer alternatives to care for adolescents, and to create innovative alternative interventions. This work is carried out through the VYPP Virtual Team.

To be able to use the services, the young person must live in Calderdale, be on the edge of or already living in care or at risk of homelessness.



## *Success So Far*

All our Right Home services have been operational for 12 months and it is rewarding to see young people benefiting from our innovative approach. Over 50 young people have been supported by the services in the last 12 months. Some of their experiences have been captured in our film which can be viewed at <https://youtu.be/m9J2Vmryb8I>

We are providing the accommodation and support that is preventing more young people from going down a path where they bounce from service to service or in and out of accommodation; where they fail to build their skills, access learning or move into work.

Right Home has helped reduce the number of children in care in Calderdale – from 328 to 300.

## *What's Next*

In the next six months services will continue to embed and review performance which will strengthen the case for sustainability. The challenge facing the long term funding for supported housing will be part of this conversation.

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# *North London Children's Efficiency Programme (NLCEP)*

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Short term (12 week) residential setting to operate a therapeutic model for young people on the edge of care

## *Partners Involved*

Islington, Camden, Hackney, Enfield, Haringey

## *What We're Doing*

Enfield are creating a new adolescent service, working intensively with a targeted cohort of young people aged 11+ to improve outcomes for young people, reducing entries to care, engagement with the criminal justice system and other harmful behaviours. The presence of multiple indicators of risk (e.g.. high risk young offenders, recent episodes of involvement with children's services, association with gang activity) is used to identify an "edge of care" cohort expected to be at least 160 young people each year.

Social workers lead assessments and coordinate a support programme delivered by a mixed team of professionals including youth workers, a teacher, psychologists, play therapists and healthy living advisers. The service is located in Youth and Family Support Service and is called Family and Adolescent Support Hub, it is open seven days a week until 10 pm.

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# *Better by Design*

## *Achieving for Children*

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New Intervention Framework with Birmingham University for young people and their families founded on social learning theory and systemic practice

### *Partners Involved*

Richmond, Kingston

### *What We're Doing*

The project focuses on developing a New Intervention Framework with Birmingham University for young people and their families founded on social learning theory and systemic practice. AfC are developing, testing and evaluating the new intervention framework across three settings:

- within the prevention service by establishing a multi-disciplinary Family Intervention Team
- by setting up a short-stay Residential Hub as a local treatment setting for hard to place children preparing them for a return to family based care
- within the existing specialist fostering service to provide permanent solo placements for the most troubled children and young people

AfC is also setting up a Social Care Training School to recruit and train a workforce to deliver the new intervention framework. The training will be accredited by Birmingham and Westminster Universities. This workforce will be supported and supervised by a social work and clinical psychology team.

### *Contact Details*

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# *Family Learning Intervention Programme (FLIP)*

*London Borough of Hackney*

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Short term (12 week) residential setting to operate a therapeutic model for young people on the edge of care

## *What We're Doing*

Hackney are setting up a Family Learning Intervention Programme (FLIP) using a property outside Hackney on the premise that certain children and young people and their families will benefit from intervention outside the local context. There are four components of their project:

- Tailored interventions in a 'home away from home' for edge of care young people and their families -25 young people in funded period
- Preventative work with younger children at risk of becoming 'edge of care' including younger siblings in families with young people on the edge of care -45 children/young people identified as at risk of entering care
- Building the capacity of foster carers to meet the needs of edge of care young people
- To work with carers to enable them to meet the identified needs of specific children -50 carers to be provided with training and learning opportunities

## *Contact Details*

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# *University of Kent*

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Generate new knowledge from young people and their carers to inform the development of a new digital service

## *Partners Involved*

Essex, Tri-borough

## *What We're Doing*

The University of Kent in partnership with the University of Portsmouth, We are Snook and Affective State are defining the value proposition, business model and user experience of a digital service for (removed, troubled and) vulnerable young people in care. They are working to define how such technology could relate to children and to the social care system by exploring the current and potential roles of technology in their lives and the lives of carers and social workers.

This project takes research with young people in care into uncharted waters and focuses on exploring how digital and technological tools might support traumatised young people and their carers.

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# *The House Project*

*Stoke-On-Trent City Council*

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Housing co-operative that is led by young people using homes owned by Stoke-on-Trent City Council

## *What We're Doing*

The House Project spans across 10 homes all within walking distance of each other where members can remain for as long as they want. They are aiming to reach 10 (aged 16 plus) young people at first; expecting a total of 22 to have lived in the co-operative over 5 years. 'The House Project' aims to get to the heart of the issues that lie behind poor outcomes for care leavers. In particular their research shows that moving to live alone at 18, having left care, does not work for many young people, who have described their loneliness, fear and the feeling that they have been 'dropped off a cliff.' Their aim is to make this better, locally and nationally.

## *Contact Details*

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# TBAP

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The TBAP project is establishing a residence to provide a safe, therapeutic place for a young person in crisis

## *What We're Doing*

The TBAP Trust is an outstanding Academy sponsor providing Alternative Provision through five Academies. They are extending their proven model of working with young people in education to also offering a short term 'residence' for young people who are at risk of entering care or whose current care placement is at risk of breakdown.

The residence is leased and run by TBAP in a rural setting. It provides a combination of educational support and counselling for short, planned periods and in a crisis. The residence provides a form of planned respite care for young people, as well as a space to work with them alongside their wider family or foster carer. The residence uses TBAPs educational curriculum, and allows young people to continue to access a continuous approach to their education and behavioural support during the need for temporary periods away from home.

## *Contact Details*

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## *Section 3.3: Fostering and adoption*

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# Coram

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Coram is helping two local authorities to improve their permanence and adoption processes and performance

## Challenge

The care system within any local authority is complex and often lacks coherence with several teams and organisations working on various processes independently in relation to permanency planning and securing adoption for children for whom this is the right plan

## Innovation

A data-led improvement framework that seeks to eliminate unnecessary delays by improving quality of practice and reducing the timescales to achieving key milestones in a child's care journey, supported by the development of a unique, tailored tracking tool and a cost calculator for adoption services

## Partners Involved

Buckinghamshire, Northamptonshire and University of Loughborough

## *What We're Doing*

Coram are building on previous experience to deliver data-led and practice-based improvements to local authorities. Improvements are delivered over two strands of work:

1. Using the improvement model in more areas, and building the case for its efficacy. Coram has already provided permanency support to 22 local authorities over the past eight years. Coram is aware that there is further demand for their services that cannot currently be met
2. Establishing a Permanence Improvement Academy to complement the improvement work with local authorities and provide Coram with a mechanism to share good practice and key learnings. The Academy provides members with the tools and capability to improve themselves, allowing this project to have a wider reach

## *Success So Far*

Our work with the pilot sites have significantly improved their performance, reducing the timescales for finding children permanent placements. This has also led to the partners avoiding expenditure on elements such as foster care due to children spending less time in such placements.

The tracking tool is proving to be very useful to adoption agencies, helping them record and use data in a useful way so that they know which children they are working with, where those children are in their journey and where there are potential delays that should be mitigated. The cost calculator for adoption services is supporting the Regional Adoption Agency work, helping projects to understand the true cost of adoption and the potential impact of Regional Adoption Agencies.

## *What's Next*

We are hoping to further adapt our framework to long term fostering and to support more robust, timely permanency planning, so that a wider cohort of looked after children can benefit.

We are also looking to increase the take up of our new tracking tool so that it can fulfil its potential of benefit the adoption system as a whole and not just individual agencies.

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# Adoption Support Programme

## Cornerstone

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Peer led adopter support programme, providing 1:1 peer mentoring, support groups and DDP informed restorative parenting training

### Challenge

Children are waiting too long to be adopted due to the mismatch between adopters and children waiting. Cornerstone wants to improve early placement stability through better prepared and supported adopters, addressing the inconsistent provision of support and preparation for adopters during assessment and into placement

### Innovation

The Adoption Support Programme harnesses the power of peer support, bringing end users into service delivery to free up social worker time. It provides support at the start of the assessment process so that adopters are well prepared, confident and able to take on a wider range of children

### Partners Involved

Royal Borough Windsor and Maidenhead, Bracknell Forest BC, Wokingham BC, West Berkshire BC, LB Hammersmith and Fulham, LB Westminster, LB Kensington and Chelsea, LB Ealing, LB Hounslow, Slough Children's, Services Trust, Reading BC, DDP Institute, Coram BAAF

## What We're Doing

The Adoption Support Programme offers a 'wrap around' adoption support service under a tripartite model:

- Pre- and post-adoption mentoring by experienced adopters who are carefully selected, trained and supported to provide 1:1 support.
- Post-approval support groups with training/ educational workshops and matching opportunities.
- Restorative (therapeutic) parenting training and a webinar-led programme to provide access to tools, techniques, advice and resources.

Cornerstone embeds the programme into the LA service and ensures there is close co-ordination with social workers to maximise the impact to families and to free up social worker time. This in turn means the local authority is more attuned to the needs of adopters.

## *Success So Far*

In the original pilot programme Cornerstone worked with 11 local authorities, training 214 people and mentoring 152 families. The programme helped to accelerate placements across every local authority and helped to prevent the breakdown of two placements. In addition, it generated savings estimated at between £1.9m and £3m, and generated income for local authorities through well prepared adopters being purchased by external agencies.

We are very proud of having demonstrated the benefit of end user involvement in service delivery and shown how this has sustainable positive impact on LA teams. As described by one Adoption Manager. "the project has been genuinely transformative and has embedded a positive, business-like culture with the team".

We have designed both a theoretical model and the content of a support programme that truly works and achieves unprecedented levels of efficacy amongst adopters. Crucially, our programme has shown how this converts to better prepared adopters who can comfortably take on children with whom they may never have been matched. One of the big successes has been the successful placement of an eight-year-old boy and two families who stayed together as a result of being well supported at critical times in their placements.

## *What's Next*

We are now planning to roll out our model nationally through RAAs and motivated/entrepreneurial adopters who can implement the same approach in their local areas. We have set out plans to apply the model to foster care, taking the learning from Mockingbird and creating a 'best of both' model which we expect will yield significant positive benefits – again drawing on the end user experience and involvement in service delivery.

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# *Mockingbird Family Model*

## *The Fostering Network*

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### UK delivery of the Mockingbird Family Model

#### *Partners Involved*

Leeds, Calderdale, Stockport, Doncaster, Tower Hamlets, Greenwich, Oxfordshire & Heath Farm (Acorn Fostering Solutions)

#### *What We're Doing*

Mockingbird is a well-evidenced fostering model established in the US. It clusters trained foster carers and kinship carers around a hub carer. The hub carer doesn't foster a child themselves but provides two respite beds for other carers in their network. The hub also provides supervision, training, support and access to shared activities. This leads to more stable placements, increased retention rates for carers and improved relationships with birth families for the young people.

The Fostering Network are working with six local authorities and two independent fostering providers to test out the model over the first year. During this period they will create 21 hubs and work with 210 young people. The Fostering Network have negotiated an agreement with the Mockingbird Family Society in the US to set up a formal partnership, access training and operate Mockingbird as a licensed model in the UK.

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# *Match Foster Care*

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Match Foster Care have taken on delegated statutory social work responsibilities for children in foster care from two local authorities

## *Partners Involved*

*Birmingham, Stoke*

## *What We're Doing*

Match is developing a system in which local authorities delegate responsibility for the child's social workers role to the IFA and both the child and the foster carer are supported by one IFA social worker who knows them well and is an integral part of their lives.

To support the success of the placement a 'wraparound' service will be available to children to include advocacy, psychological, health and educational support. The aim of the Match Project is to achieve a more effective system of support for the placement and to improve outcomes for children. They will seek to provide quick, relevant responses to the needs of the children and young people, make them active participants in decision making about their own lives and provide a consistent social worker to walk alongside them for the whole of their journey in long term foster care.

## *Contact Details*

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# *Section 3.4: Transitions*

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# *Transforming culture & practice in children's social work assessment*

*Council for Disabled Children (CDC)*

Working in partnership with five local authorities to design and test innovative assessment for disabled children and their families

## Challenge

Evidence suggests that we over-assess disabled children. Many families are subject to overly intrusive approaches in order to access basic requirements. Conversely, research identifies barriers to the identification of concerns and to an effective child protection response, leading to a lack of holistic, child focused assessments

## Innovation

Using a learning and innovation model to enable five local authorities to embed genuine co-production:

- Information and preparation pre-assessment
- Shared responsibility for identifying and meeting social care needs – 'Time for me'
- Proportionate approaches and clear links to SEND reforms

This leads to empowered, resilient families and practitioners

## Partners Involved

Local authorities: London Borough of Bromley, London Borough of Enfield, Cornwall County Council, West Sussex County Council, City of York

Local partners include families, disabled children and young people, and practitioners from social care, education, early years, health, VCS providers, schools, colleges, SENCOs and home education providers

## *What We're Doing*

Our structured learning and innovation model creates a supportive framework for local authorities to co-design and test innovative solutions with local partners. The following approaches have been co-designed and tested:

- Information and preparation pre-assessment, including the role of social worker and assessment process films for young people and families; preparation tools; and 'time for me' development of the local offer.
- Proportionate approaches, including peer-support approaches; supported self-assessment approaches; links to EHC assessment including developing 'about me' approach across all social care assessments; increasing social work capacity to support safeguarding.
- Training and workforce development, including 'ways of working' social worker training; volunteer training; and training and support for EHC co-ordinators to support early identification/intervention of need.

## *Success So Far*

We are proud to have embedded a culture of learning, co-production and innovation in all local authorities engaged in the programme. All the solutions have been co-designed and will support disabled children, young people and their families to experience a proportionate response to assessing and meeting their needs; enable them to access the right service at the right time; and have their views, wishes and feelings reflected in assessment and planning.

For social workers this will mean less duplication of paperwork and improved information sharing across teams and agencies. This will create more time to meaningfully involve disabled children and young people who require a statutory assessment, thus supporting improved outcomes, and more time spent working with complex families who are in need of intervention.

## *What's Next*

Each local authority is making a commitment to promote the learning and innovation model at a strategic level to embed a culture of co-production and learning across children's services. Proportionate child-centred assessments will lead to more accessible, outcome-focused provision resulting in empowered and resilient families.

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# *NSPCC New Orleans Intervention Model*

## *NSPCC*

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Introduction into England of an EBP aimed at improving outcomes for young children in care as part of a multi-site programme

<b>Challenge</b>
Infants thrive in relationships which offer nurturing and responsive care. Maltreated infants in care pose challenges for the welfare system. Permanency planning typically focuses on immediate risks rather than the problems in the parent-infant relationship that led to maltreatment, and therapeutic support for parents is limited
<b>Innovation</b>
NIM introduces an innovative way of working that cuts across children's social care, CAMHS and family justice, to improve outcomes for young children in care. Permanency decisions are informed by changes in the quality of child-parent relationships, following intensive support from one consistent multidisciplinary team
<b>Partners Involved</b>
The multidisciplinary team is a partnership between NSPCC and South London and Maudsley NHS Trust, families are referred by Croydon Council and are under the jurisdiction of Croydon family court. NSPCC is working with Kings College London and University of Glasgow to evaluate the model

### *What We're Doing*

NIM is an evidence-based intensive assessment and treatment programme that seeks to address the negative effects of abuse and neglect. The model uses an integrated infant mental health and social work approach to improve the quality of permanent placement decisions so that children can experience appropriate nurturing care as early in life as possible.

We have been able to integrate the model within multiple and complex systems in England for the first time. The multidisciplinary London Infant Family Team (LIFT) is working with children under the age of 5 in care in Croydon, their birth families

and foster carers. The team are providing comprehensive assessment of infants' mental health, development and the quality of their relationships with caregivers, and providing a wraparound treatment tailored to each family's needs. The team liaises with, and integrates information from other services and ensures coherent child-focused advice is made available to those providing, managing and making decisions about the child's care.

## *Success So Far*

- Comprehensive specialist mental health assessment and treatment is now being offered to these highly vulnerable children for the first time and LIFT are identifying previously unrecognised need in both children and parents
- Exciting discussions are underway around the research and the potential for a multi-site RCT. We have managed to create a powerful alliance of people - across disciplines and agencies - interested in generating best evidence in the system for this group of vulnerable children
- The judiciary have been closely involved in implementation and discussions around research. We have developed a unique pathway through care proceedings and have designated judges for LIFT cases
- We have delivered a very successful UK-wide engagement campaign highlighting the importance of looking after the mental health of young children in care

## *What's Next*

Our ambition is to provide a catalyst for systems change so that the mental health of young children in care is prioritised and addressed by health and children's social care services across the UK. Over the coming months we hope to further embed the programme within the system and make it available to more families within other London boroughs, gain agreement around the research and the feasibility of an RCT and build on our infant mental health awareness raising activity.

## *Contact Details*

NSPCC's long-term goal is to support the transformation of child health and social care policy and practice so that it recognises the fundamental importance of infant mental health for looked after children's outcomes. Find out more at [www.nspcc.org.uk/infantmentalhealth](http://www.nspcc.org.uk/infantmentalhealth) or email [infantmentalhealth@nspcc.org.uk](mailto:infantmentalhealth@nspcc.org.uk)

Julia Mayes, Implementation Manager  
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The Department for Education (DfE), as part of the Innovation Programme, has commissioned the delivery team of the Spring Consortium\* (led by Deloitte MCS Limited) to prepare this document for the purpose of increasing awareness of and promoting innovation across the children's services sector. The document has been compiled by the Spring Consortium using content and information provided to it by the Local Authority Innovation Programme project teams (and which Spring Consortium has not been asked to independently verify). The document is for informational purposes only and should not be relied on to cover specific situations. The application of any principles, insights and lessons learned will depend upon the particular circumstances involved and we recommend that you obtain advice before acting or refraining from acting on any of the contents of this publication. Spring Consortium accepts no duty of care or liability for any loss occasioned to any person or third party acting or refraining from action as a result of any material in this publication. Should additional or new information come to light, the insights and conclusions contained in this document may change.

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<http://springconsortium.com/about-the-consortium/>.

