



Hertfordshire County Council

# Family Safeguarding

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

### Challenge

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

### Innovation

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

### Partners Involved

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

## Our Innovation

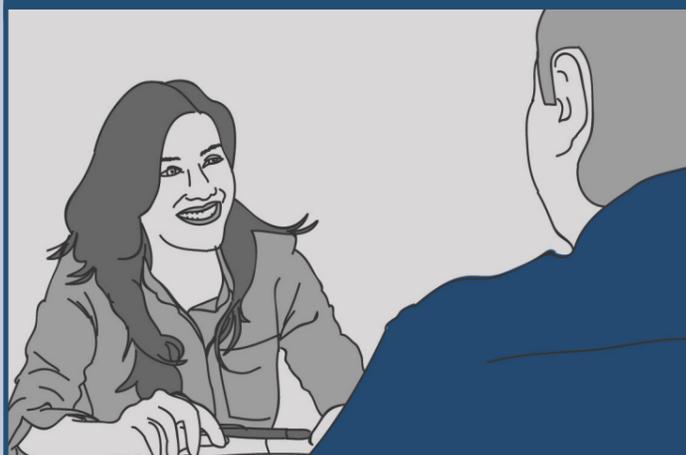
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### Co-locating multi-disciplinary teams to provide joined-up support



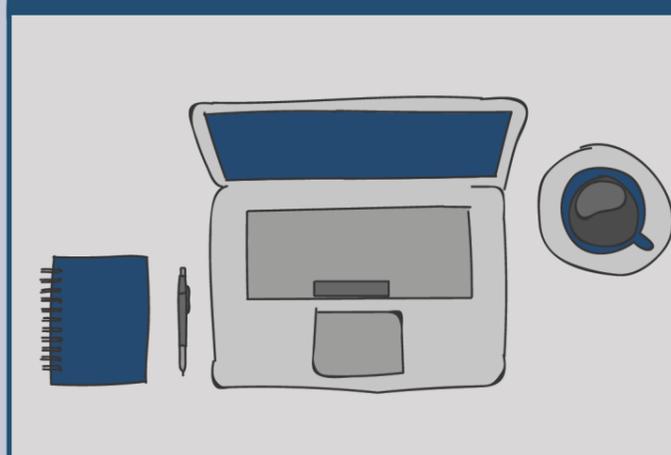
We have brought together social workers, domestic abuse, substance misuse and mental health specialists into 22 co-located teams under a unified management structure. Information sharing between agencies means social workers can offer the right support at the right time to families, to help them reduce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

### Focusing on families' abilities and supporting them to make change happen



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

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



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

### Targeted local and national partnerships to improve and expand the model



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

What we're doing

### Tackling the toxic trio

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

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

What's changed

### The shift to focusing on outcomes

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

### Tools and protocols to support practice

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

### Defining priority issues and tracking progress towards goals

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

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

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

### Building confidence in the model

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

### Converting good plans into positive action

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

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

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

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

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

### Creating a culture that staff want to be part of

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

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

### Bringing other services into the team

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

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

### Change at the right pace

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

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

### Making change happen within existing contexts

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

### Change affects more than just practitioners

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

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

### Freeing up 'thinking space' for staff to embrace new practice

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

### Strong leadership to set norms around data sharing

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

## Personal stories

### John's story

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

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

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

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

### Mary's story

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

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

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

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

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

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

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

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

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

*"It's definitely helped my children. I've noticed the difference. I feel calmer in myself. If I'm calmer my children are happier." Nigel*