Strengthening Families, Protecting Children Family Safeguarding Model

In Walsall we are proud to be one of the 15 Local Authority Partnerships that have secured a place on the Department of Education 'Strengthening Families, protecting children programme' and will be receiving a significant investment to develop and evidence based model in protecting children. The model, originally developed in Hertfordshire, implements multi-disciplinary teams across our 4 localities with children's social workers, probation officers, adult recovery workers and mental health practitioners coming together to resolve the main family problems that cause harm to children's health and development.

This model will allow practitioners to focus on a whole family approach and make it easy for parents to access all the support they need from within one team, to help them deal with the complex issues of domestic abuse, mental health and drug/alcohol abuse that harm their lives and those of their children. By using motivational practice to enable many more parents to accept help, Family Safeguarding provides specially designed individual and group work programmes to change abusive behaviours, improve parental mental health and reduce harmful substance misuse.

Why did we need to change?

Nationally the number of children in care has doubled over the last 20 years, the number of babies removed at birth has doubled over the last 10 years - based on likelihood of significant harm and only 50% of care proceedings result in removal of children. Overtime, the child protection system had become very adversarial and too focused on risk and parents found it hard to access help and support through fear. The main risks to children are from domestic abuse, substance misuse and parental mental health and these are complex issues that we need to work together with partner agencies on.

The DfE Strengthening Families, Protecting Children Programme

The Department for Education (DfE) are rolling out a £84m Strengthening Families Programme consisting of grants to Local Authorities to adopt one of the three successful innovation projects – Hertfordshire's award-winning Family Safeguarding Programme, Leeds Family Valued and North Yorkshire's No Wrong Door. Relevant Children's Services departments in England were invited to bid for these projects to be launched in their area.

The criteria for Local Authorities to apply were that they had:

- An Ofsted rating of 'requires improvement to be good'
- High rates of looked after children compared to their Local Authority statistical neighbour and/or rising rates of looked after children over the last 3 years.

In addition to Cambridgeshire County Council who were selected to be a trailblazer, five local authorities were successful in securing grant funding to implement the model – Walsall Council, Lancashire County Council, Telford & Wrekin Council, London Borough of Wandsworth and Swindon Borough Council. The Hertfordshire Family Safeguarding Project

To find out more about the DfE's Strengthening Families Programme visit: https://www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme

Walsall Council

Walsall Right 4 Children

Walsall Safeguarding Partnership
Right for Children, Families and Adults

Family Safeguarding

Who else has implemented the Family Safeguarding Model?

Through a second wave of DfE funding, the Family Safeguarding Model has already been established in other authorities – Luton, West Berkshire, Bracknell Forest and Peterborough. Surrey, Somerset and Oxfordshire have successfully obtained funding from their members to adopt this model.

The Family Safeguarding Multi-Disciplinary Team

All roles contribute to case supervision and are able to record in the workbook.

Team Manager

Responsible for line management of social care staff, individual reflective supervision, chairing group supervision, case allocation, allocating work to adult workers and decision making regarding the child.

Social Workers

Key worker responsibilities and co-ordinating the progression of the child's multi- disciplinary plan, co-ordinate FS intervention programme to identify and meet the family's needs that will impact on the child, motivating families to choose change, finalising parenting assessments.

Domestic Abuse Practitioner (1 per locality)

Direct work with victims of domestic abuse, deliver the safer us/breaking the cycle programme, providing help with reflection on healthy relationships, understanding of the impact upon a child, boosting self-esteem, realistic safety plans via individual casework and group work.

Domestic Abuse Worker (Probation workers) (1 per locality)

Undertake specialist assessments, including analysis of risk. Deliver 'Better me, better Us' group programmes for men and women convicted of or alleged to be perpetrators of domestic abuse, focusing on identification of abusive behaviours, impact of domestic abuse on children and partners, strategies to cope with feelings of anger, mindfulness and where group work is not appropriate, provide one to one sessions to support change.

Psychologists and Mental Health Practitioner (1 per locality)

Assessments of parental mental health support needs and delivery of individual and group interventions including Cognitive and Dialectical Behavioural Therapies, and Mindfulness Programmes. Assessments of cognitive functioning, advice on working with parents with Learning Difficulties and Disabilities. Referrals to CMHTs and Psychiatry. Consultations for adults and children's mental health support needs

Recovery Worker (1 per locality)

Undertake consultation, assessment and alcohol/drug testing as appropriate. Use MI to motivate parents to commit to change their use of drugs/alcohol. Deliver parents recovery group programme, provide one to one support.

Business Support Officer

Coordinates team diaries, organises FS case and individual supervisions, minutes FS case supervisions and inputs to case recording system, circulates meeting notes, various other administrative duties.

What is Motivational Interviewing (MI)?

Miller and Rollnick (2013) are widely recognised as the founders of the technique. That they describe as a:

"collaborative conversation style for strengthening a person's own motivation and commitment to change"

History of MI

Miller and Rollnick developed the approach to behavioural change in working with patients with alcohol misuse in the 1980's. It is now an established, evidence-based practice across professionals working with individuals with substance misuse.

MI focuses on exploring and resolving ambivalence and using motivational conversations with individuals to facilitate change. The difference to previous approaches that were more externally driven that change is in line with an individual's own values and concerns.

What are the Basic Principles of MI?

The initial stage of using MI is to build rapport and use questions and techniques to assess readiness for change.

The spirit of MI is based on three key elements:

1. collaboration between the worker and the individual – building trust, mutual understanding (even if views are different) less of a hierarchical/expert type of relationship
2. evoking ideas about the individual's ideas about change – drawing out individual's own thoughts and ideas, rather than imposing opinions as motivation and commitment to change, is more powerful when comes from the individual
3. emphasising the autonomy of the individual – (as opposed to authority) recognising that true power for change sits with the individual and it is up to them to make changes happen, empowering them but also giving them responsibility to do so.

There are four principles of MI which underpin all aspects of the approach:

Express Empathy – seeing, thinking, feeling things through the individual's perspectives allowing them to be heard and open up honestly and share their experiences in depth.

Support Self-Efficacy – supporting individuals to believe that change is possible in order to instill hope to make these difficult changes. Workers focus on previous successes and highlight skills and strengths the individual has.

Roll with Resistance – the conflict between the view of the 'problem' or the 'solution' or when individuals feel their autonomy is being impacted. Workers 'roll with resistance' to de-escalate rather than confront negativity. A 'dancing' conversation rather than 'wrestling' conversation and an individual owns the need to change rather than worker solving the problem.

Develop Discrepancy – motivation for change happens when there is a clash between 'where they are and where they want to be' and a worker helps individuals to compare between the two focusing on life goals for the future. They are more likely to be motivated to make important life changes if they can see the conflict with the current situation to where they would like to be.

OARS

The essentials of Motivational Interviewing:

Open-ended questions – not those that can be easily answered 'yes' or 'no' and invite deeper thinking.

Affirmations – statements that recognise strengths and can help people see themselves more positively. They can be used to reframe behaviours or concerns to demonstrate positive qualities.

Reflections – careful listening and reflective responses. Guiding individuals towards resolving ambivalence by focusing on the negative aspects of status quo and the positive aspects of making change.

Summaries – summarising the discussion, can be used to shift direction and encourage individuals to 'move on'.

Paratory Change Talk – DARN

Desire (I want to change)

Ability (I can change)

Reason (It's important to change)

Need (I should change)

Implementing Change Talk – CATs

Commitment (I will make changes)

Activation (I am ready, prepared, willing to change)

Taking Steps (I am taking specific actions to change)

MI stages of change

Pre-contemplation – The person does not see any problem in their current behaviours

Contemplation – The person is ambivalent

Preparation – The person is taking steps to change usually in the next month or so

Action – They have made the change and living the new set of behaviours is an all-consuming activity

Maintenance – The change has been integrated into the person's life, they are now more consistent and flexible

Relapse – A full return to the old behaviour

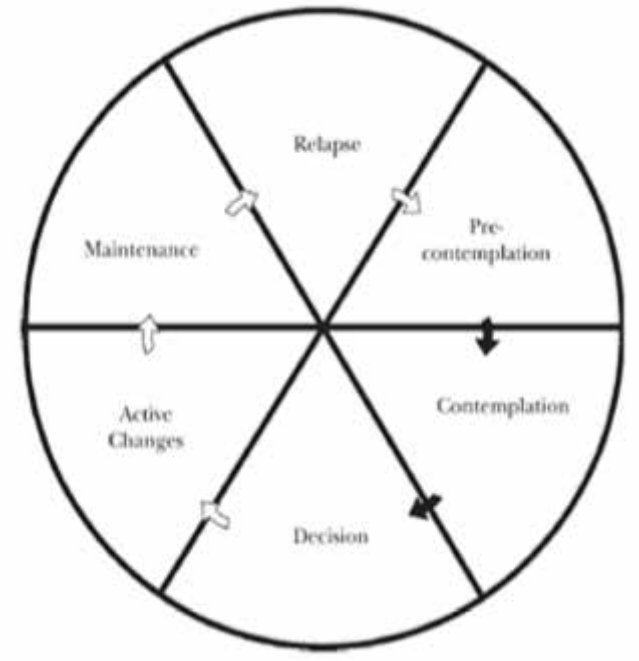

Image from: A Toolkit of Motivational Skills: How to Help Others Reach for Change, C. Fuller, P. Taylor & K. Wilson

MI further recommended reading:

Fuller, C. & Taylor, P. 2008, A toolkit of motivational skills: encouraging and supporting change in individuals, 2nd edn, Wiley, Chichester; Hoboken, N.J.

Hohman, M. 2011;2016;2012;, Motivational Interviewing in Social Work Practice, 1st edn, Guilford Press, New York.

Alasdair Cant and Associates – hints, tips and monthly newsletters http://www.cambridgetraining.org/

The Family Safeguarding Workbook

The workbook was developed to reduce practitioner time spent on case recording, allowing this to be meaningful, focused and allow more time to deliver direct work with families. The workbook should portray the family's story, the social worker being the reflective author.

The workbook is a system which records interventions with the whole family (as opposed to just the children). All Family Safeguarding Team members contribute to the workbook with dedicated areas for each discipline.

Information can be exported into a word document to produce a parenting assessment, evidencing parenting capacity.

LCS (Liquid Logic) is the system used in Hertfordshire for the Family Safeguarding Workbook. The Workbook has also been adapted for use with other systems including Servelec, Mosaic, CareWorks, Care Director.

The Family Safeguarding Intervention Modules

These provide a framework for practitioners to use in direct work with families. There are 8 modules which look at families' understanding of children's services involvement, family history, the understanding parents have of their children's needs and how past behaviours have impacted upon their parenting capacity.

The modules identify family strengths, needs and help motivate parents to choose to change their behaviours that affect the welfare and protection of their children. All FS professionals contribute to these modules. The modules provide information for the parenting assessment.

Strengthening Families, Protecting Children Programme • Hertfordshire Family Safeguarding

What is the evidence based for this model?

The Department for Education published an evaluation report in July 2017 on Family Safeguarding developed by Hertfordshire. This evaluation identified following outcomes:

For families…

- 66% reduction in repeat police call outs to domestic abuse incidents
- 53% reduction in emergency hospital admissions for adults
- 50% reduction in child protection plans
- 38% reduction in care proceedings
- 38% improvement in school attendance

For the partnership…

- Staff across all disciplines feel more confident and less stressed
- Improved recruitment and retention of social work staff with 3% vacancies in hard to recruit posts
- £2.6m reduction in expenditure for the Local Authority in first year including placements, legal and staffing costs and cost avoidance for Police and Health
- Partnership strengthened across all agencies and with Courts

DfE Family Safeguarding Hertfordshire: an evaluation

https://www.gov.uk/government/publications/family-safeguarding-hertfordshire-an-evaluation

Family Safeguarding Case Supervision

Family Safeguarding Case Supervision (FSCS) was devised to enable a discussion with all involved FS professionals to determine trajectory of the family's journey and support confident decision making and shared ownership of outcomes. It supports collaborative working and an environment for reflective practice.

The purpose of FSCS is to enable the best outcome for the child and family by identifying and meeting need and creating changes that benefit the child. By 'benefit the child' we mean that there is a reduction in harmful impact of parental behaviours on the child.

How do you plan a FS case supervision?

If there is only a social worker involved with a family, then traditional case supervision will apply. Where there are two or more professionals involved, a FS case supervision arrangement will need to be applied. The business support officer will be responsible for co-ordination of FS case supervision booking an appropriate room, meeting IT requirements and placing calendar invitations in team member's diaries. All involved FS professionals will ensure that workbook are updated and finalised prior to the supervision session. Ideally each team have a set day(s) for supervision so that they do not clash with their neighbouring teams and cover can be arranged.

Who is involved in FS case supervision?

The team manager is responsible for chairing case supervision, management oversight and decision making; the other people involved include the social worker who holds the case, any other workers from the FS team who have been involved and a business support officer who is responsible for recording the session. It is recognised that not everyone can be physically present in the room for the session, but finalised summaries must be provided in advance in order that all involves professionals contribute.

What is recorded in a FS case supervision session?

The sessions are recorded in the workbook and should be used for all families open to Family Safeguarding teams. It includes the most recent summaries of progress of work undertaken with families by all professionals, reflection on the cycle of change, views of the child and parents, impact of support delivered/case, a plan for what will happen next, what decisions were made and why. It provides a process for accountability and will provide a record of what happened and why for the child and parents. FS case supervision rag rates the case either red, amber or green depending on the assessment of the risk to outcomes for the children. All FS case supervision records will be finalised by the team manager.

What about one to one supervision?

One to one clinical supervision will be provided by the FS team manager for social workers, child practitioners and domestic abuse practitioners. Business support officers have supervision with their line managers, senior support officers. Adult workers have clinical supervision with the FS lead adult worker and the lead adult workers have clinical supervision from their employing agency.