

Case Study 2: Joint Working and Integrated Localities

(Demand Management)

What did we do?

Families in Focus introduced the 'team around the school' (TAS) initiative across the city. Schools have been banded depending on risk and vulnerability factors and this determines the frequency of visits that each school will receive in a year.

All schools receive support from their locality Families in Focus team. This includes:

- Face to face meeting and telephone advice and guidance
- Domestic violence notifications (with assertive outreach from our IDVAs)
- Targeted youth offer
- Access to the Think Family database
- Access to wider multiagency offer, inc Adult Mental Health, DWP, regular pastoral support and training bursts.

Locality meetings have been held weekly since April 2018 and are proving to be a very successful forum. There is good representation at these meetings which includes Families in Focus, Children's Centres, Social Care, Disabled Children Service, Police, YOT, Creative Youth, CAHMS and BDP.

Why did we do it?

To provide an opportunity for early conversations to take place about children and young people that schools are worried about; and to improve joint working and decision making about how best to support children and families in each locality, particularly when they are moving between services.

What difference did it make? (Case Study)

September 2018 to January 2019 in South Bristol:

- 36 TAS meetings in primary, secondary, nursery schools and Pupil Referral Units
- 6 to 8 children discussed at each meeting and Signs of Safety mappings are completed with Designated Safeguarding Leads to highlight the worries and decide next steps.
- **Only 2 children** discussed within these meetings have needed a follow up referral to First Response, indicating that schools are holding appropriate levels of complexity within their school setting.

This initiative has been well received by schools and has had a demonstrable impact on the quality of referrals made by schools to First Response with a drop in those resulting in no further action.

Partners report a better understanding of working arrangements, thresholds and feel integral to what we are all trying to achieve together. The working relationships between FiF, Social Care and Children's Centre's has shifted with improved communication and shared ownership. We have clearer processes in place to ensure we are not duplicating support and families receive a seamless service from us as a Local Authority.

Case Study Quote

"I wanted to compliment DW [Social worker from Families in Focus] for his visit to our school for the Team around the School meeting. I thought DW was brilliantly calm, honest, easy to talk to, knowledgeable and very helpful. I know that he has been doing this for a long time and knows his stuff but I thought I would take this opportunity to express how impressed we were with his support."

Case Study 3: Integrated Localities / Joint Working (Demand Management)

What did we do?

Families in Focus lead a weekly integrated locality meeting with a quarterly advisory group of senior leaders in each area of the city. Together they set priorities and share work, focusing on relationship based working and meeting need at the earliest point.

Why did we do it?

To engender ownership of place and improve outcomes for children and families, reduce demand for specialist services, provide a forum to allocate work and share knowledge and skills.

What difference did it make? (Case Study)

Relationships and communication have improved with both internal and external partners. There is a shared understanding of services, including demand, pressure, thresholds and the roles of managers/supervisors. A trickle-down effect to frontline practitioners has been achieved resulting in greater commitment to and improved arrangements for joint working and transition between services.

Key partners report an improved understanding of threshold through attendance at locality meetings.

Case example 1:

- Parent with two children under 5, where concerns were around substance misuse - allocated via locality meeting to Children's Centre's Family Support Worker with consultation and joint work from Bristol Drugs Project link worker.
- Social Workers access FiF Assertive Outreach IDVAs to good effect
- Support to Social Workers with information about and access to community resources to support ongoing plans and sustain families following SW involvement.
- Housing Coordinator provides consultation and trouble shooting to SWs where families have been threatened with homelessness or evicted from temporary accommodation.

Case Study Quote

"Closer working relationships with social care has led to an increasing number of families being joint worked and held effectively in FIF. The capacity to take on this work is due to improved focus on supporting universal services to lead on work with families. Cases being referred, triaged and allocated according to need more effectively, with supervisors carrying out detailed triage to ascertain need, which is followed by advice, guidance and support to universal services where an NFA decision is reached."

Case example 2:

- single mum with 3 children under 5.
- dad recently sentenced to life in prison for murder
- step in requested from a SW following the sentence and due to escalating risk within the family (police report was received with allegations of neglect, physical and emotional abuse by mum)
- Social care agreed to open the case as CIN, working alongside SFT with a clear 6 week plan in place.
- This plan is still in place, and SFT and social care are working closely and sharing resources effectively.

Case Study 4: Edge of Care & Custody (Demand Management)

What did we do?

The Strengthening Families Team (SFT) sits within each Families in Focus service and has replaced the old Family Intervention Team. The purpose of this team is to work specifically with children and young people on the edge of care or custody.

Why did we do it?

The rationale for the development of this team is to reduce the number of children entering care and custody, which is of high cost to the authority and has poor outcomes for children and young people.

Predicted and expected stresses:

One part of the service that is less developed is our work with children on the 'edge of custody'. We have acknowledged that this phrase has been a barrier in identifying the right cohort of children to work with and feel that perhaps 'edge of criminality' is a more helpful phrase in order for this to happen.

Plans are in place to ensure that children and young people that are identified by the Youth Offending Team (YOT) as being suitable for this service are referred and provided with a service as soon as possible.

Increased attendance by the YOT at our weekly Locality meetings will greatly assist with this.

Plans to add capacity to further integrate Children Centres and develop the Edge of Care & Custody model is being progressed.

What difference did it make? (Case Study)

In September 2019 the SFT took on the case management of a number of families that had been previously worked with by Skylakes and over the course of the following months received referrals from our area social work colleagues, PDT and First Response for SFT allocation. The cohort of families now being worked with by this team are either on the edge of family breakdown due to the difficult behaviours presented by the children within the home, or are at risk of children being removed from the family home due to worrying family functioning and parenting capacity.

Keyworkers are working flexibly with families. In one example, a keyworker has provided parenting coaching over the phone at weekends for a father struggling to manage his young daughters' aggressive behaviours. When the keyworker started working with this family the father was repeatedly requesting respite foster care, however, an intensive support package, involving parenting work with dad and step mum, CBT support for the child, and positive activities for the other child has negated the need for this and the family situation is currently stable.

Our Locality arrangements and strengthened working relationships between Area Social Work and Families in Focus teams, has provided opportunities for joint work to take place. We have written joint working protocols to ensure that we are clear on who is doing what and to ensure that our plans align. Joint work between SFT and children on CP plans is taking place with SFT providing intensive parenting work and family support. Strengthening Families Co-ordinators and /or other practitioners are being consulted about what additional support could be added to area social care cases when families are in crisis or on the edge of breakdown so even when SFT cannot take on the whole family, assistance can be provided. For example, our youth practitioner has been heavily involved in securing a support package for child on edge of custody currently on an ICO.

Case Study 5 – Signs of Safety (High Quality Practice)

What did we do?

Produced visual guides to the Signs of Safety workflow.
Delivered training to all ASYEs and workshops led by Deputy Area Managers in each service area.
Family Finding training with Kevin Campbell attended by managers and practitioners - rolling out across the service and being used to build supportive family networks and avoid care.

Why did we do it?

To support the workforce to understand the methodology and enable them to better translate this into practice.

Case Study Quote

"I understand why they are involved because of the accusations, the house being untidy and because I am on drugs. But I was raped, grandad died, mum dying. I have opened up a bit more with this social worker. We are going to do work together and go to alcohol and drugs worker. I'm not sure why I open up more to him. I think, he understands, he has seen the things that have been going on. He is respectful.' With the Child Protection Conference 'At first I thought - I want off that plan. But I like the CP Conference Chair. She manages the meetings well. She listens to me and understands me. I feel comfortable. I had the CP Report before and marked what I didn't agree with so I could speak about it at the meeting."

What difference did it make? (Case Study)

Audits evidence that increasing numbers of cases each month come to Child Protection Conferences with a Family-led Safety Plan and collaborative mapping assessment. In real terms this means that families are increasingly being engaged and involved in the child protection process, and interventions are more effectively naming risk and establishing safety.

Melanie has three children under the age of 5. The three children have a different father. There has been domestic abuse in the relationship between Melanie and each of the three men. Melanie is a care-leaver. Children and Families Services have been involved for most of the children's lives due to the concerns about domestic abuse, neglect and Melanie's drug misuse. When one children's father came out of prison the social worker used the safety planning tools to develop a realistic safety plan about his contact with all the family members involved. This included specific actions devised by the child who wanted to see her step-father but 'have no shouting in the house'. This plan was changed and enhanced by including the children's grandmother and paternal aunt.

Data/Financial Information/Trajectory

Increase in % of safety plans brought to CP Conference increased to 73% by year end

Case Study 6: Agile Working – (High Quality Practice)

What did we do?

Deploy Smartphones to enable social workers.

Why did we do it?

Enable social workers to work more efficiently.

Next steps

1. Direct work kits issued to all Social Workers July
2. Piloting lighter, more interactive notebooks July – September
3. Piloting LCS Apps that will enable families, workers and partners to access records according to their needs

What difference did it make? (Case Study)

Social workers universally say it makes their life easier. Whilst out they can access emails wherever they are. If they are in a meeting or in court they can be sent a report or information to use. They can quickly access a police report of a domestic abuse incident to help them plan their visit.

Smartphones can be used for sharing photographs from and to paediatricians and police and have been used specifically in one case where a bruise was eliminated as a Mongolian blue spot by the paediatrician, therefore not needing to subject a child to an unnecessary child protection medical.

Case Study Quotes

“Having a smart phone provides CSW with the appropriate means to support effective management and responses to risk when out of the office because it provides continued access to email information. It can also prevent responses to professional’s concerns being unnecessarily delayed and a build of work tasks when being out of the office.”

Case Study Quotes

“ASYE now have their own WhatsApp group. I have asked them all to make sure they have a break at lunchtime and they use the group to remind each other to have a break – they often go for a walk together as a group”

Case Study Quotes

“Being able to use WhatsApp-is excellent because families can make free phone calls and text. It’s so much easier to stay in touch with young people through WhatsApp.”

Case Study 7: Reunification

What did we do?

The Reunification Team has been set up with 1 Practice Lead, 1 Social Worker, 2 Family Key Workers, 3 Family Support Workers and 1 P/T Business Support Officer. The original proposal envisaged that the team would be working with 12-16 families when fully staffed. The team are currently working with 21 families with 26 children. 20 of the children are aged over 10 and some of the younger ones are part of a sibling group. 18 children are already living at home.

Why did we do it?

In the past, social workers did not have capacity to provide regular and intensive support to children, young people and their families when there is a planned or unplanned reunification. This had meant that reunification has not been successful or Care Orders have remained in place for long periods of time when children are at home.

What difference did it make? (Case Study)

We provided the framework timetable and process to work with the family and Aaron to enable him to return home. Aaron has moved from being missing on a frequent basis, offending and engaging in anti-social street conflict, at risk of exploitation from adults, not engaging in his education, taking drugs and alcohol to engaging in his education most of the time, starting to manage a routine of returning home and letting adults know where he is. Since returning to his mother's care he has not committed any offences and has not placed himself at any significant risk.

Aaron now feels listened to and understood by the 3 key professionals in his life – his youth offending worker, education coordinator and social worker – and he is engaging much more meaningfully with us. He now has a long term plan in which he sees himself as an active partner and participant. Research shows this is much more likely to deliver successful outcomes than a care plan 'imposed' on Aaron by professionals. We have helped Aaron undertake a fundamental change in his social care arrangements from being in care to living at home amongst his family.

Case Study Quote (SW)

"I am much less worried about his safety and welfare on a day-to-day basis. Aaron and I have a much more cooperative and collaborative working relationship than previously. His Education and Youth Offending workers report a similar improvement."

"The focus of work has shifted from reacting and responding to 'problems' created by Aaron being unsettled in care, to providing an opportunity for him and his mum to work through issues around him being parented, and mum taking responsibility for looking after him."

Case Study Quote (Child)

"They have helped me with school, thinking about my future, money, rules and helping my mum."

"I like the team as they are helping families' stay together."

Case Study 7 - Reunification (continued)

What difference did it make? (Case Study)

Two families that I work with are being supported by the Reunification Team. I was spending a lot of time supporting parents in managing their child's behaviour after reunification, rather than focussing on the child themselves. Additionally, the family needed someone to visit and check in twice a week, something that I do not have capacity to do.

The team has been brilliant at helping parents to adapt their parenting style to the developmental and emotional needs of the young people. This has included coming up with house rules collaboratively with parents and young people and reflecting with parents about their responses to behaviour. They have provided emotional support to both parents and young people. For parents, they are someone at the end of the phone to ask questions or offer solutions when things get difficult. For young people, they get alongside children and advocate for them when needed, and provide a different dynamic to the social worker. They have the time to spend quality time with young people and build a relationship where young people can speak openly about being back at home with parents.

Case Study Quote

“Even though it is a fairly new service the short time we have been involved I've found it a really positive experience with helpful information given.

I can only speak for the people that have been involved with us and they have been brilliant, always being able to get in contact asap and feeling confident and secure that we were being listened to as the input shows.”

Purpose

- To support children living in long term care to return home to their parents
- To support children who have returned home to their parents in an unplanned way
- To contribute to safely reducing the number of children in care through supported reunification



Our Work

- Evidence based parenting programmes
- Family work
- 1:1 work with children and young people; emotional support, Life Story work, CBT based interventions
- Family group conferencing
- Practical support i.e. accessing local services, support with benefits and housing, attending appointments etc.



Number of Families Supported

- 29 children, 23 families
- 18 children at home
- Involvement ended with 3 families
- Success rate 90%
- 1 child requested return to care, 1 child in custody



Future Plans

- Parent mentoring scheme
- Parent groups
- Parent mental health worker
- Family therapist





Feedback

'Even though it is a fairly new service, the short time that we have been involved I've found it a really positive experience with the help and information that has been given.'

'I can only speak for the people that have been involved with us and they have been brilliant, always being able to contact asap if needed and feeling confident and secure that we we're being listened to, as the input shows.'

Mother of three children (aged 17, 15 and 8).

