



Executive Summary

Supporting Families First

Period 1

Jan – March 2020

Introduction

This report will provide outcome and impact measures for the Supporting Families First Team to date. It will also offer some practical team information as well initial feedback about the service from families and our partners.

The development of the Supporting Families First Team is part of the wider vision for the service to value family life and where possible to support children and young people to remain safely in the care of their parents through nurturing relationships between parents, their children and wider family members.



The Supporting Families First Team went Live on the 20th January 2020.

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1 Context of the Supporting Families First Service

The Supporting Families service offers multi-disciplinary support to children and families. The service aims to keep children together with their families, without the need for the child or young person to come into local authority care, where it is safe and appropriate to do so.

The service offers a wide range of specialist supports under a one team approach. Our staff group consists of a money mentor, substance misuse workers, emotional health & well-being practitioners, youth mentors and outreach workers who are all managed directly by our three Advanced Social Work Practitioners and our Clinical Lead under the guidance of the Practice Manager.

Through our work with children and their families each family member will develop practical skills to manage risk and familial tensions in their households, this in turn will help improve relationships within the family and develop upon existing strengths.

The service works with young people aged 10 to 18 years of age and their families. We will hold full allocation for all Child in Need cases and offer a support service to those children who remain allocated to a locality safeguarding team but who are subject to a child protection plan.

The team has a Clinical Lead, their primary function is to provide psychologically informed coping strategies to families but also to ensure our whole service works in a psychologically informed manner using attachment and trauma-based theory to develop an understanding of the child and their circumstances

2.

MEET THE TEAM

Practice Manager

A senior social work manager who will co-ordinate and oversee the service. They will work with all of our practitioners, colleagues and our partner agencies to deliver against our vision and principles.

Advanced Social Work Practitioner

An Advanced Social Work Practitioner is a highly skilled, experienced social worker who will create and oversee the plan of work to help strengthen the families we work with.

Clinical Lead

Our Clinical Lead is a qualified Mental Health nurse and an accredited Cognitive Behavioural Therapist. They will be responsible for co-ordinating the Emotional Health & Well-Being work with children and families.

Emotional Health & Well-Being workers

Responsibility for working directly with children and parents under the guidance of the Clinical Lead. They will support Families to recognise the impact of emotions on behaviours.

Money Mentor

The money mentor will support families to review their household finances. They will assist parents and carers who wish this support to plan and manage their money more effectively and provide debt management advice. They can also support parents to move towards the job market.



Youth Mentor

Will develop positive activities within the family, predominantly working with Children and Young People to take part in social groups to build confidence and self-esteem. They will also set up local activity groups within Worcestershire and provide information and support to parents to develop their own social networks in their local communities.

Substance Misuse Practitioner

Will work with Adults and Children whose lives are impacted by substance misuse. They will help individuals to understand impact, to understand the reasons for use and to support Adults/Children to decrease their use.

Outreach Support Worker

Outreach Staff will provide more intensive, practical support to families. They will build relationships with families and ensure each young person, parent or carer is clear on our plans. They will be the main face to face contact for families.

Family Meeting Co-Ordinators

Bring together family members to discuss and create a family led plan that connects children and parents to wider supports.



At the heart of everything we do

All disciplines within the service are now operational and actively involved in cases. Some of our new disciplines have been pro-active in seeking out partner agencies in similar roles within the County. We are already starting to build relationships; we are looking at shared training opportunities and working protocols between services.

We have set up three Teams in Supporting Families First, South, North West & North East. Each of those teams are directly managed by three Advanced Social Work Practitioners under the guidance and supervision of the Practice Manager.

Since launch the Practice Manager and Clinical Lead have learned that there is a need for a higher intensity or senior worker in this team who can work with more entrenched Mental Health diagnosis. This role will provide and develop therapy programmes for children and families, which differs slightly from the Emotional Health and Well-Being role. A job description has been drawn up and we now await COVID measures reducing to advertise this post.

This adaptation is evidence of learning from what we are seeing within families, we are a team in its infancy, this approach has never been done before in our service, is unique and our strive to be innovative requires this degree of flexibility during this initial period to ensure we get it right for our children and families.

Management

The service is located within the safeguarding sector of Worcestershire Children First under the responsibility of the Assistant Director for Safeguarding and managed directly by a Practice Lead who has responsibilities for the delivery of services and quality of practice. The Practice Manager provides direct supervision for all of the Advanced Practitioners, the Clinical Lead, the Money Mentor and also provides group supervision to the Family Meeting Co-ordinators on a bi-monthly basis who have joined the Supporting Families First team. The Clinical Lead receives independent clinical supervision.

ASWP's

All ASWP's provide personal and case supervision for the disciplines in their respective Pods. This includes Outreach Workers, Substance Misuse staff, Youth Mentors. Admin support are provided with bi-monthly supervision.

The Practice Manager and all ASWP's attend the End to End cross service front line leadership meeting with the Director of Social Care and Safeguarding.

3 Meet our families

At that time of Go-Live the team were actively involved with 27 families/ 54 children with only two sibling groups.

47 of those families are fully allocated to the team

7 are co-worked with Locality Safeguarding Teams (these are children open to child protection plans)

During phase 1 the team provided support to children and young people aged between 10 and 18 years of age.

- 38 children aged between 10-15 years old which equates to 71% of children in our team.
- 12 young people are over 16 years of age which is 25%
- 3 children are below 10 years who are part of an older siblings group have also been involved in our work - 4%

4 Outcomes of our work with Children and Young People

Supporting Families First have created an Outcome WebStar which is an assessment tool aimed at capturing the views of children and parents independently with both providing their own views and scores.

Collating the families' views and not those of the social worker, importantly enables the service to measure the impact of our intervention.

The Outcome Star has been developed using some of Worcestershire Children First's values.

- **Happy**
- **Healthy**
- **Safe**

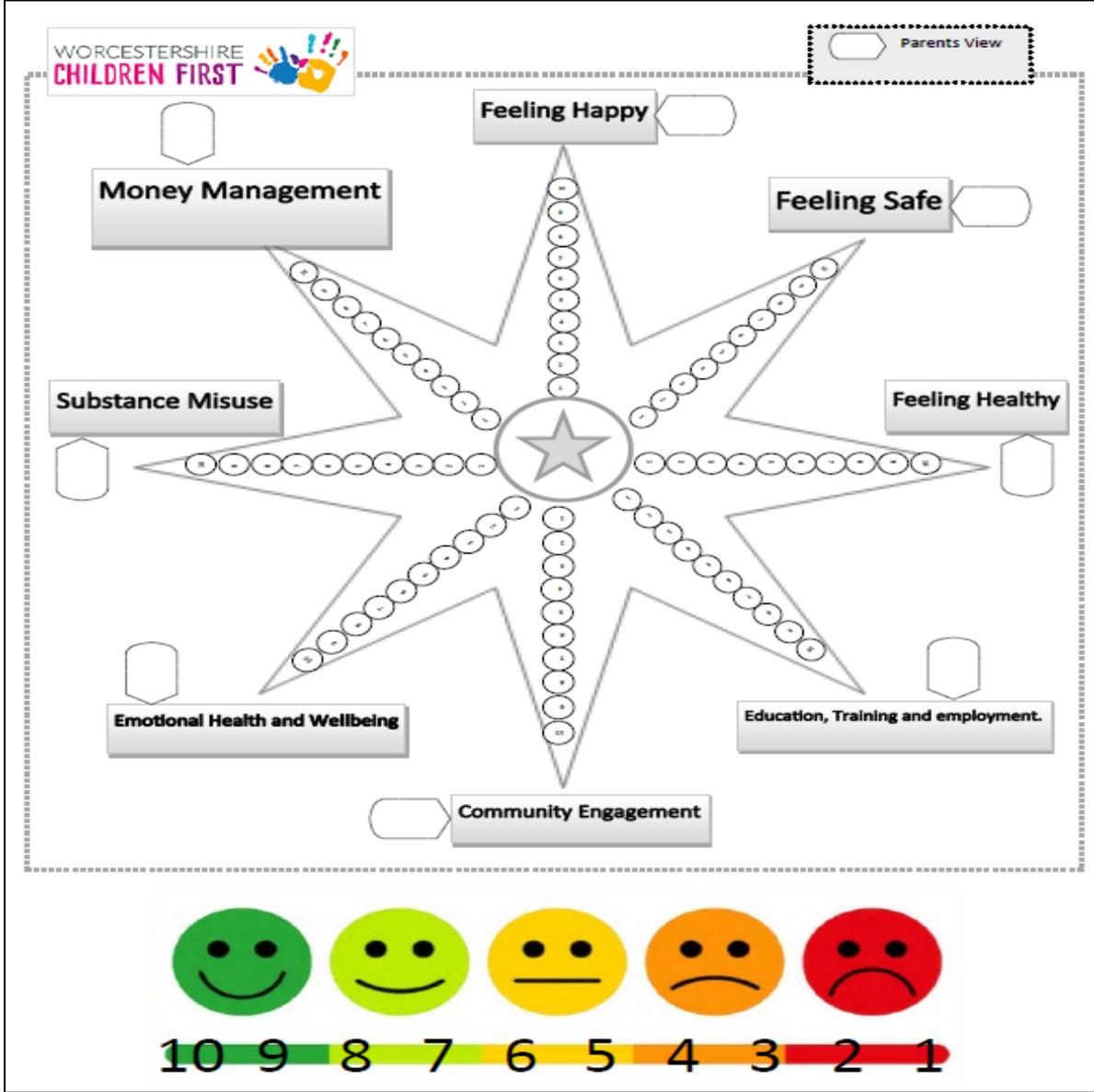
We have added other domains within the Star to represent the Troubled Families outcomes and the professional disciplines involved in our team.

- **Education**
- **Community Engagement**
- **Emotional Health & Well-Being**
- **Substance Misuse**
- **Finance**

We have quickly learned that families have responded positively to this approach of assessment, its visual, meaningful and allows our service to target and prioritise the needs of the family and creates a much more productive way to plan our work.

An Outcome WebStar template is provided below as well as an anonymised Plan on a Page Star. The latter can provide a family a more easily understood visual of how we as a service intend to work with them and who may be involved. The Plan also provides our own staff with a concise way of knowing all targeted areas and their own role within that.

Outcome Star Template



The Outcome Star Template is a large star shape with a central star. It is divided into eight segments, each with a label and a small box for notes:

- Feeling Happy
- Feeling Safe
- Feeling Healthy
- Education, Training and employment.
- Community Engagement
- Emotional Health and Wellbeing
- Substance Misuse
- Money Management

At the top left is the logo for WORCESTERSHIRE CHILDREN FIRST. At the top right is a box labeled "Parents View".

Below the star is a scale of five smiley faces, numbered 10 to 1 from left to right:

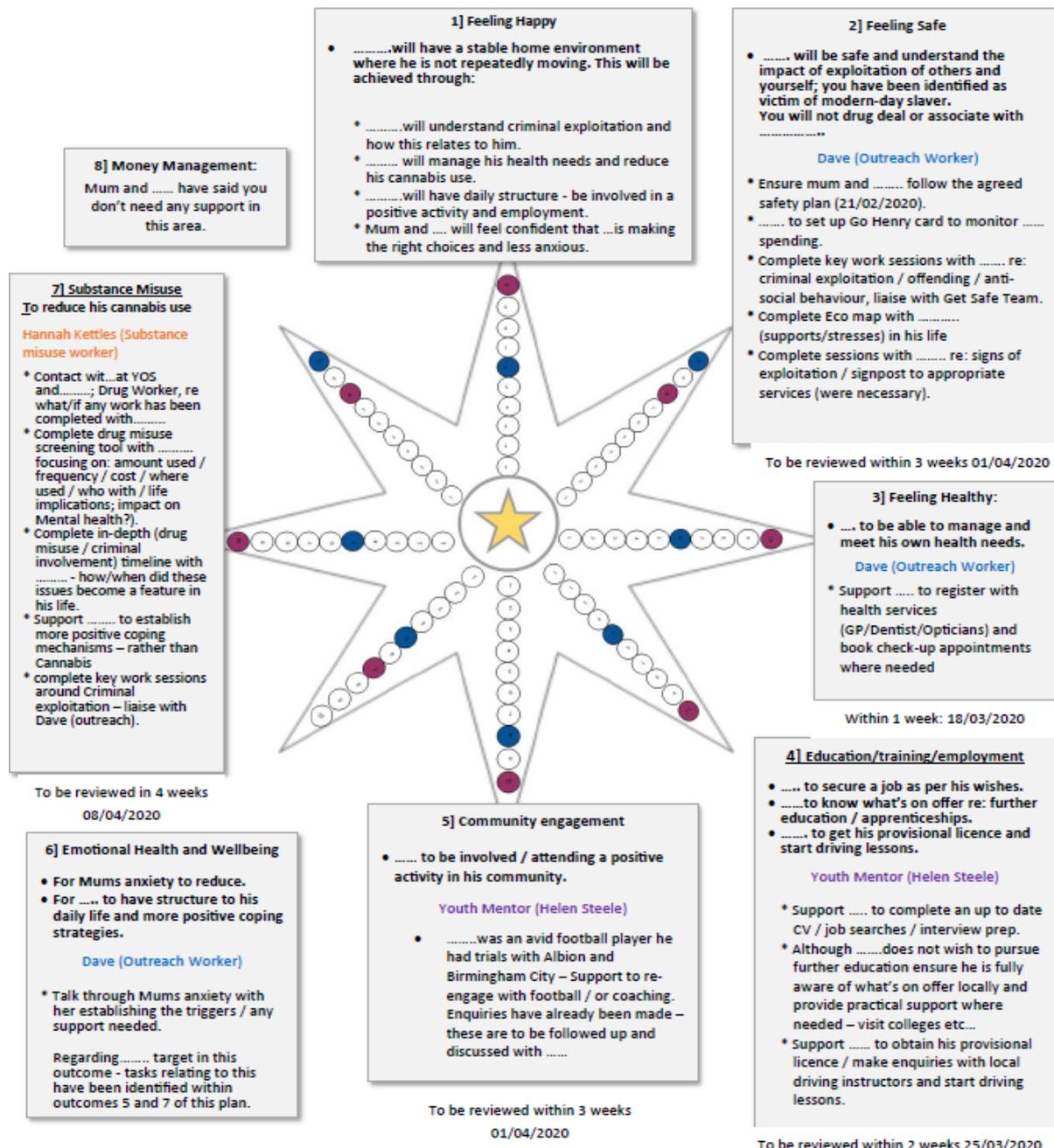
- 10: Green smiley face
- 9: Light green smiley face
- 8: Yellow smiley face
- 7: Orange smiley face
- 6: Red smiley face
- 5: Dark red smiley face
- 4: Red smiley face
- 3: Orange smiley face
- 2: Yellow smiley face
- 1: Light green smiley face

At the heart of everything we do

Example - Anonymised Plan of Work based on Outcome Star results



Supporting Families First Plan of Support



Outcome Star Results - Children

We have completed 39 WebStars with children and young people.

This is an 82% participation rate for children.

Outcome Star Results – Adults

There have been 49 completed WebStars with parents.

This equates to a 90% participation rate where at least one parent has completed an Outcome Star in a family.

Where we do not have a WebStar completed for a child or a parent the context of this includes newly transferred families to the team where this has not yet been completed, or young people or parents have not wished to complete their part of the assessment at the time of writing this report.

Outcome WebStars are completed at the beginning and end of our involvement to measure impact and outcomes.

As this is phase 1 few cases have ended therefore the service is not in a position to provide the comparative Outcome WebStar scores from the first point to mid-point.

We must also consider the impact of COVID-19 on service delivery during this quarter as this has influenced the services ability to end involvement with families or from gathering end-point views and scores as families have rightfully remained open when ordinarily under normal circumstances would have been closed or stepped down.

Child in Need Review Scoring

As an interim evaluation on outcomes to provide some analytical data within this phase 1, the 0-10 scoring from Child in Need reviews has been provided below. We have used scoring from those reviews over a 12-week period.

Of the 35 Child in Need Plans reviewed;

- **17 % (6 families) have reported a deterioration.**
- **11% (4 families) have seen things stabilise.**
- **71% (25 families) have reported an improved change in the family circumstances.**

Of the 6 families where children whose plans reflected a deterioration of scores, most have been impacted by a significant household change which has influenced an additional period of instability, including the prison release of a parent, children moving between parents, or where we have just

started working with a family and are in the initial phase of our work. Using the Signs of Safety model, Child in Need review scores correlate with Danger Statements & Safety Goals which are individual to each child.

All participants are asked to provide their score, using their own judgement on how safe or at risk a child or young person is.

Parents were asked using a scaling model of 0 to 10, where 10 means that I am confident that this plan will keep the child safe and 0 is it will not improve the child's safety at all, where would you rate it?

Anonymised examples of three children's Danger Statements /Safety Goals and connected scaling questions are provided below.

Child A

Danger Statement

Professionals are worried that A and B are arguing a lot in the home. We are worried that these arguments are getting worse and that it is possible that A will not be able to continue to live in the family home if things do not change and the relationship between A and B does not get better.

We are worried that A does not feel she is part of the family anymore and that this is making her feel upset and angry. Because she is hurt and angry, she is doing things to also hurt other people and is making choices which place her at risk.

Safety Goal

For the relationships in the family to be better and for A and her family to be able to live safely and happily in the home. We would like to see A back at school doing positive things and building up new friendships. We would like her to feel happy and secure and not angry or hurt.

Scaling Question

On a scale between 0-10, where 10 means we are confident that A is not arguing with her family any more, she is no longer isolated, has a routine in place and everyone around her feels calmer and less worried, 0 means that we are so worried about the arguments in the home and A's emotional well-being that we are worried that Louise will seriously hurt someone or feel develop more serious emotional issues.

Where would you rate today?

Over a period of 6 weeks A's parents increased their score from 2 to 5.

Child B

Danger Statement

We the professionals are worried that B is getting more physically angry at home which has led to her really hurting her Mum to the point where her Mum has had to go to A&E.

We are worried that if mum isn't able to manage this, someone at home could get seriously hurt; be that B herself, her Mum or one of her siblings. We are also worried that mum could say she is no longer able to cope and will ask for B to be accommodated; We don't think this would be in B's best interests and could make her even more vulnerable to exploitation.

Safety Goal

We need to see that B is working with the right people and has the right strategies to be able to manage her anger in a different way, so she is able to avoid hurting the people around her. Mum feels confident in being able to keep control of any conflict in her home and is able to stick to boundaries, so children get used to this stability. B will feel she is loved.

Scaling question

On a scale between 0-10, where 10 means we are confident that B is no longer lashing / hitting out because she is working with the right people and using strategies given. This means B and everyone around her feels calmer and less worried and mum is feeling better able to manage her at home.

0 means we are so worried about B hitting out so much that herself or someone else will get seriously hurt, B is not working with the right people or using the strategies she has been given, which means mum feels unable to manage.

Where would you rate it today?

Over a 6 week period B's Mother advised the Social Worker that she thought things had improved and increased the score by one over a 6 week period.

Child C

Danger Statement

Professionals are worried because C is physically and verbally abusive to his mum and his brother D.

D has said that he is used to C's behaviour and that C's punches are getting harder and harder. We are worried that if this continues C could seriously hurt his mum and D.

Safety Goal

We, the involved professionals need to see that C is able to manage his behaviours better and has his own coping strategies. We also need to see that C's relationship with his mum and D improves so that they are spending quality time together.

Scaling question

On a scale between 0-10, where 10 means we are confident that C is managing his emotions (mostly his anger), that he is not hurting mum and D and they feel safe and less worried around him, and 0 means we are so worried about C hitting that he, mum or D will get seriously hurt.

Where would you rate it today?

Over a 6 week period Mum told us that things had improved so much that she increased the score by 4 which is a significant change in a family. C also scored himself within this review in line with his mother's score, but had not scored previously.

5. What Parents and Professionals have said about Supporting Families First

Social Worker: “D is very thankful of your support with her son C, she sees a positive difference and C is always happy to see Jack from your team.

Parent: “We are very thankful and very happy about the support H has received”

Education: During a DSL quarterly meeting our ASWP, Alanna Hynes was advised that some schools are already seeing a benefit of our service being involved where children have gone back to school, behaviour has improved and they have been Impressed by our high intensity approach.

Swanswell/Cranstoun: “We can really see the merit in the work you are doing, Mum has reduced her alcohol usage by 70% since your involvement”.

Police, Chief Inspector 3425: Called ASWP Kim Potter, “I wanted to ring you personally to say a big thank for all the work you did yesterday. You went over and above your duties yesterday and we appreciated this under such difficult circumstances”



6. COVID-19 Service Impact

In March 2020 the impact of COVID-19 became a tangible issue within Worcestershire Children First.

During the initial stages of COVID-19 restrictions, services had to retract, sense check and adapt to an unprecedented phenomenon.

The development of Keep in Touch calls was soon introduced by the Director of Social Care & Safeguarding. This also coincided with direction for all services to assess each family in terms of visiting need and risk, creating a Category A visiting schedule.

Those families within Supporting Families First within this category was an ever-changing group as family dynamics changed, impacted by school closures, furloughed parents spending more time at home and the immediate reduction of safe supportive networks for families became evident.

The service created two teams under, Team A and Team B who rotated community working and work from home on a two weeks basis under Covid-19 protocol guidance.

This was supported by our committed team where on average throughout COVID measures we have had 15 available staff for visits, working across Team A and Team B.

To date the Supporting Families First Team have undertaken;

- 832 Keep in Touch Calls to families.
- 156 visits to family homes have taken place.

This level of intervention has led to families feeling like they have still been supported by our service and had access to our staff as they have needed it.

We have also seen the development of some innovative practice in the service through the use of video calls to support young people with school work or playing games to ensure relationship are maintained or even enhanced.

One family of 8 siblings, 6 of whom we support who live with both parents have been taking part in a Zoom family quiz. This has seen a father who ordinarily would stay in the bedroom during visits, come down to take part, to the point when he has been shouting out answers.

Our Team have also been focusing on the service objectives of ensuring Case Summaries are evident on children's files as well as Chronologies.

- 93% of our Children have a Case Summary
- 73% of our Children have a Chronology.

This remains a key aim of Supporting Families First to improve both statistics, particularly Chronologies.

7. Conclusion

The Supporting Families First Team has a key priority in supporting children to grow up in their families.

- To date the Supporting Families First team has worked with 54 children in 46 families deemed to be on the “Edge of Care “ by our colleagues in Safeguarding
- Of those 54 children only 1 child had become Looked After during this quarter which is a 98% success rate of keeping families together.
- 71% families report improved outcomes against our eight measures

Moving forward in Quarter 1 of 20/21 the service will track the original cohort of 54 children within the pilot phase to assess longevity of outcomes for those families. This cohort will be referred to in each quarterly report.

James MacDonald (Practice Manager – Supporting Families First)
Dated: 28th April 2020