



## HEALTH & WELLBEING BOARD

**Subject Heading:**

Launch of face to face intervention (working with children in social care)

**Board Lead:**

Tim Aldridge, Acting Director of Children's Services

**Report Author and contact details:**

**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

**SUMMARY**

Over the last three years Children's Services has witnessed a sharp increase in demand on Early Help, Child Protection, Children in Need and Looked After Children services. This has created significant cost pressures to meet demand. In response, Children's Services has launched a 2 year programme of transformative change with the aim of improving services, providing cost avoidance opportunities, and developing a sustainable high quality workforce.

In May 2016 Children's Services launched the Face-to-Face vision, with these objectives:-

- Social workers to spending more time in direct work with families, offering purposeful, evidence-based interventions.
- Supporting a more concise, analytical, and reflective approach to thinking and writing about their work.
- Working intensively with families to build resilience and support sustained change.
- Improving outcomes, reducing costs and stabilising the workforce

The transformation programme will take two years to implement – cultural change is likely to take at least 18 month to start to take root. The workforce lies at the centre of this approach as it is based on the quality of trusting, consistent, and purposeful relationships with families. Through cultivating a systemic approach to practice, and by creating an environment where good social work can flourish, we will make significant steps to improve outcomes for children and families.

**RECOMMENDATIONS**

Members of the Health and Wellbeing board are asked to note the contents of the report.

**REPORT DETAIL**

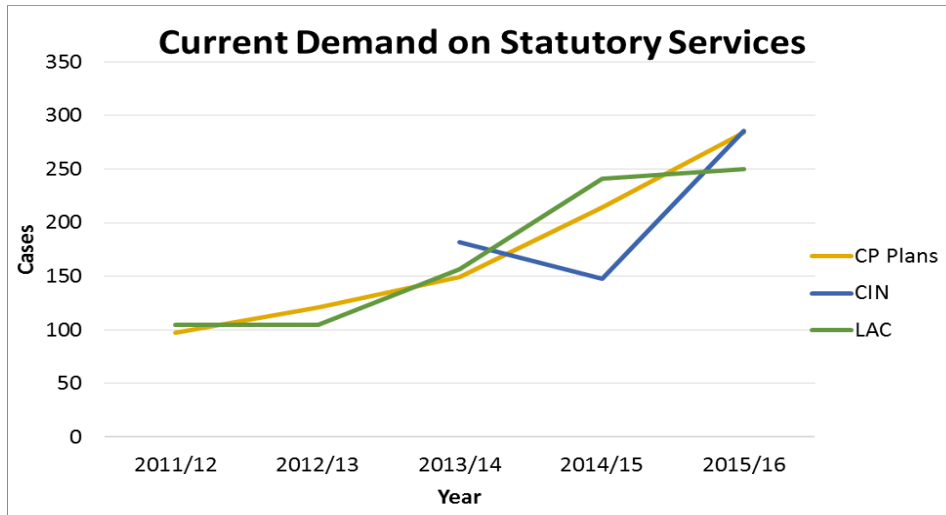
1.0 Background

Our statistics illustrate that Havering has experienced a change in demand on statutory services since 2011/12. We have seen an increased deprivation index and have the highest growth in the 0 -18 years population in London. The demand profile mirrors experiences in other outer London Boroughs with a

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migration of families from inner London to areas of more affordable housing. We are seeing larger families with increased complex needs, from diverse communities.

Graph 1: Demonstrates increasing demand on statutory services within children's services.



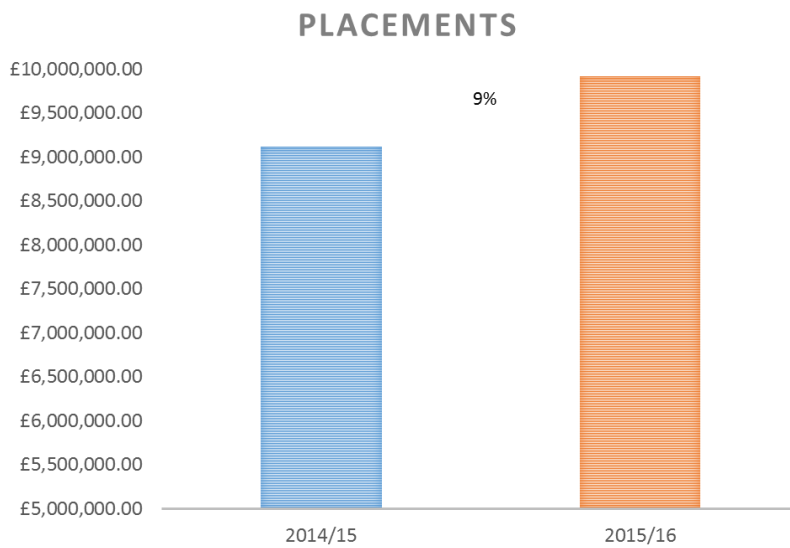
During this period of demand in statutory services, children's services had an unprecedented level of agency staff (43%); a feature we share with a number of other outer London Boroughs.

The lack of stability within the workforce presents a significant barrier to improving outcomes for children and families. During 2015/16, 30% of our children and young people experienced 3 or more changes of social worker. Agency staffing levels have created a significant budget pressure due to an on average 25% inflation of salary costs. In order to achieve the aims of the programme, an increase in the proportion of permanent staff is required.

The increased number of children in care has led to increased costs of providing foster care placements, with demand exceeding the numbers of available in-house carers, leading to greater reliance on more expensive Independent Fostering Agency placements.

There has also been a changing profile of children in care, with a growth in the number aged 11 – 15 year olds who often have more complex needs. The unit cost of placements is increasing; with more out of borough placements, greater use of independent fostering agencies and residential placements. There has been a 9% increase in placement spend from 2014/15 – 2015/16.

**Graph 2: Demonstrates placement spend.**



## **2.0 Implementation of Change**

### **2.1 Systemic approach to social care**

Through the programme, we will support all permanent front-line staff and their managers to attend a 15 day accredited foundation qualification in Systemic Family Therapy over the next two years. Support staff will receive a shorter tailored workshop to enable them to support frontline staff.

### **2.2 A Systemic team**

The Head of Systemic Practice, Dave Tapsell, joined the CYPS senior leadership team on the 4th July. Dave will recruit a small team of systemic Family therapists who will contribute to teaching, coaching and modelling interventions. These practitioners will be embedded with social work teams and also engage in direct work with families, alongside social workers.

### **2.3 Workforce**

A recruitment and retention strategy has been developed to stabilise the workforce and reduce the level of dependency on agency social workers.

### **2.4 Creating an enabling environment**

The Principal Social Worker, Kate Dempsey, and Head of Systemic Practice will develop a framework to support reflective case supervision. This will include

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facilitating peer supervision through both formal and informal reflective case discussions.

### **2.5 Mobile Working**

Mobile working devices are being distributed to frontline staff to enable greater flexibility. Currently we are in phase 2 of this programme, with an expected completion date by September.

### **2.6 New Programmes**

We have implemented two tools, the Outcome Star and Mind of my Own (MOMO). MOMO is an online application which offers a young person aged 8 years and above the opportunity to express their thoughts and feelings prior to important case meetings. They can also provide ad hoc feedback and request to 'Make a Change'. The Outcome star has been piloted in Early help and is an assessment and planning tool, and also a way of measuring progress or 'distance travelled'. This tool supports a more collaborative, co-production approach, and is a more visual and concise approach to recording.

## **3.0 The key implications for practices based on face to face intervention.**

The Face-to-Face programme aims to reduce demand across children's services by delivering more effective interventions – aiming to resolve issues in a way that is sustainable and builds on families strengths, supporting greater resilience. The intention is to reduce the proportion of cases that require statutory interventions (such as child protection plans or children being taken into care). Through supporting families to make sustainable changes, this should result in fewer families subject to repeat referrals.

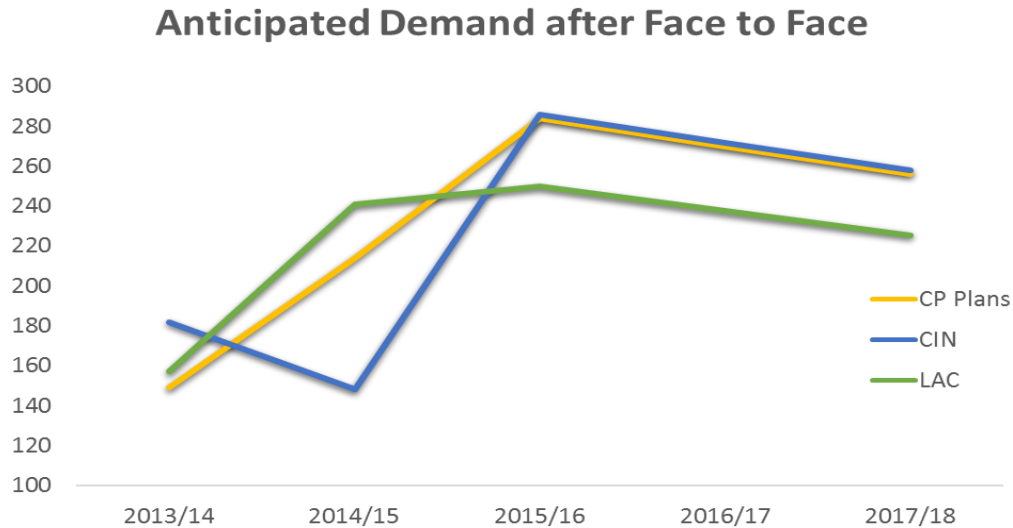
This is an evidence-based approach with results from local authorities indicating a 10% reduction in demand on statutory services over a two year period.

The aim is that as the number of families we are actively working with reduces, this will lead to smaller case loads, and enable social workers to conduct more intensive high-quality interventions, leading to better outcomes for children and families.

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Graph 3: Demonstrates anticipated demand based on LA's who have already undergone similar transformative change, with 10% reductions in activity over a two year period.



### 4.0 Future Development

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Currently Children's Services is leading a partnership application to the DfE Innovation Fund. If we are successful, this would lead to the creation of a multi-agency systemic pathway for Children in Care and Care Leavers aged 11-24 years.

The proposal also entails the recruitment of specialist foster carers, trained in systemic practice and provided with intensive support. The aim is to improve the quality of foster placements and reduce placement disruptions.

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## BACKGROUND PAPERS

Children's Services plan 2016/17