



**People Overview & Scrutiny Committee  
Thursday, 11 November 2021**

**ADDENDA**

**7. Family Solutions Plus (Pages 1 - 48)**

Presentation given at the meeting attached.

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# Family Solutions Plus: the impact

People Overview & Scrutiny Committee

11 November 2021

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# The link between FSP & Public Health Outcomes Framework

## Family Solutions Plus Model

- Designed to improve the main statutory children's social work services from the assessment of vulnerable children through to children who are the subjects of children in need or child protection plans and those children who first come into care
- Multi-Disciplinary Family Solutions Teams using evidence-based interventions that contribute to improved levels of engagement and safeguarding with parents and children:
  - Structured parenting assessment
  - Motivational interviewing to support long-lasting change
  - Parenting programmes tailored to different age groups of children
  - Treatment programme for perpetrators of domestic abuse
  - Treatment and recovery programme for victims of domestic abuse
  - Drug and alcohol treatment and recovery programme
  - Adult mental health interventions
  - Targeted joint support to prevent family homelessness

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Supports

## Public Health Outcomes

### Improving the wider determinants of health

Objective: Improvements against wider factors which affect health and wellbeing and health inequalities

- Children in low income families
- School readiness
- Pupil absence
- 16-17 year olds not in education, employment or training
- Domestic abuse

### Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

- Child development
- Emotional well-being of looked after children
- Drug and alcohol treatment completion



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## Revealed: England's pandemic crisis of child abuse, neglect and poverty

11 August 2021

“A Guardian investigation into the state of children’s services in the last 18 months has revealed a sharp rise in social services referrals during lockdown, plus spiralling costs for mental health support and a bulging backlog in the family courts, with some councils buckling under the weight of the extra work brought by coronavirus.

Some local authorities are expected to overspend by up to £12m on children’s services this year, and leaders say they are “down to brass tacks” as they struggle to deal with the increase in demand.

Self-isolation and home schooling has placed families under increased financial pressure through unemployment or lost wages, as well as inflaming **mental health problems** and **addiction problems**. Successive lockdowns have increased **domestic violence** and allowed **safeguarding concerns** for children and young people to go undetected, because schools and some childcare settings were forced to close.”



## What happened in Oxfordshire in the pandemic?

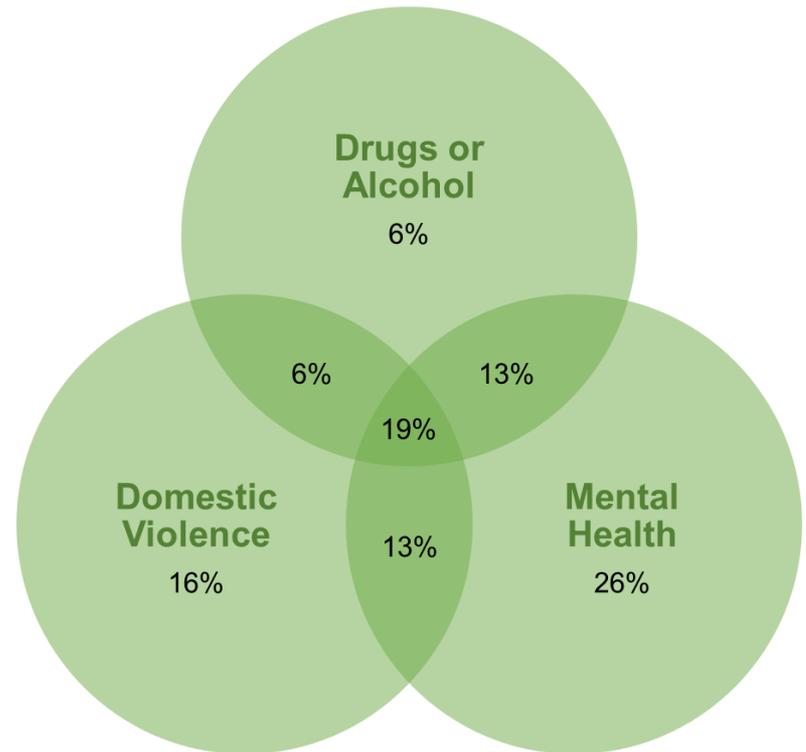
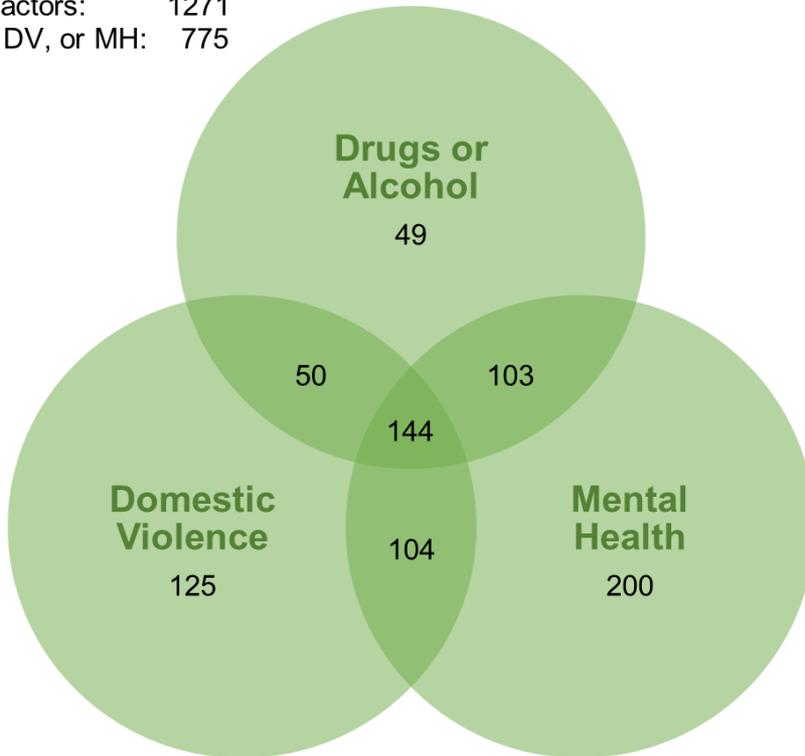
- In 2020, enquiries to the Multi-Agency Safeguarding Hub (front door for children's social care) went up by 35%
- In 2021, enquiries to the MASH have risen by a further 16% on 2020
- Social workers' caseloads are 38% higher than anticipated
- 65% increase in court cases, due to slowdown



# How the parental vulnerabilities sit together: 6 months' sample in 2021

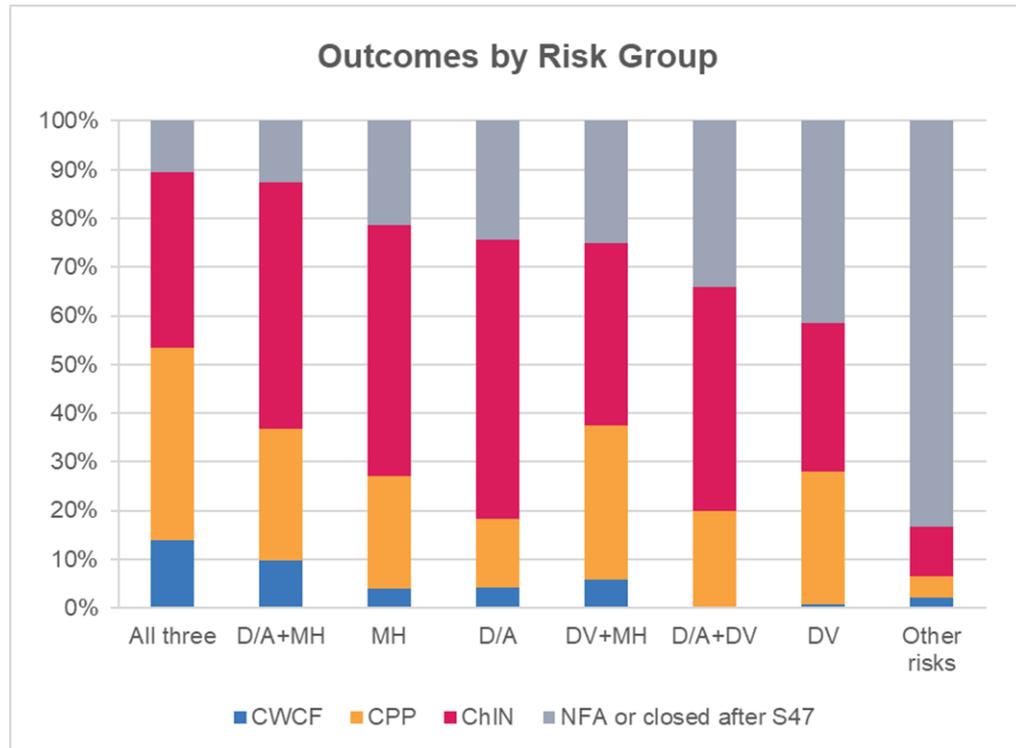
All assessments: 2366  
with risk factors: 1271  
with D/A, DV, or MH: 775

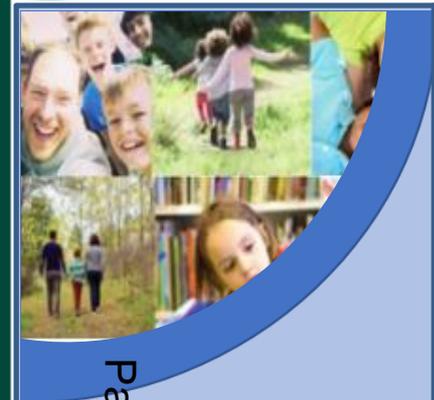
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# Children's Plans from Parental Vulnerabilities





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# A month's snapshot of adult interventions in FSP (June 2021)

Organisation	Open cases	Completed programmes	Comments
Turning Point: substance misuse	188	22	1178 interventions delivered in the month inc. 326 drug tests, 214 breathalysers, 229 1:1 sessions
Elmore: domestic abuse (parent victims & perpetrators)	105	7	76% of all requests have received interventions. 3 perpetrator groups running. Outcomes being tracked over 6 & 12mths
MIND: adult MH	96	15	42 SWEMWBS completed since start, with average 90.24% meaningful improvement



# Impact of FSP on numbers in care

(model live since November 2020)

	March 2020	March 2021	June 2021
Current (2019) projection of cared for numbers	810	846	855
Projection based on Family Solutions plus reducing the numbers by 5% per year	756	736	729
Actual cared for figure	767	784	786
Variation from the target	1%	7%	8%
Covid adjusted FSP target (takes into account national slowdown in numbers ceasing care)	756	788	797
Variation from adjusted target	1%	-1%	-1%

In 2020/21, 288 children entered care. This was 14% lower than the average across the previous 5 years and the lowest annual figure for over 6 years. Since the implementation of FSP there has been 12% reduction in children entering care.



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# Impact of FSP on child protection plans

(model live since November 2020)

	March 2020	March 2021	June 2021
Current (2019) projection of child protection numbers	658	723	763
Projection based on FSP reducing the numbers by 5% per year	587	585	585
Actual child protection	541	451	510

The number of children starting a child protection plan in 20/21 were 8% lower than the average of the previous 5 years (60 fewer)

# Evaluation of Family Solutions Plus

Ray Fitzpatrick, Professor of Public Health & Primary Care

Charles Vincent, Professor of Psychology

University of Oxford

# Family Safeguarding: Background

2019 - Oxford & Thames Valley NIHR ARC discuss with Oxfordshire County Council Social Care most promising innovations in social care to evaluate

Joint decision – Family Safeguarding most promising innovation

Some early evidence from Hertfordshire

2020 - Oxford and Thames Valley ARC funded – 5 year programme

# NIHR Oxford and Thames Valley Applied Research Collaboration (ARC)

£9 million from NIHR over 2020-24

6 themes:

- Disease prevention through health behaviour change
- Patient self management
- Mental health across the life course
- **Community health and social care improvement**
- Applied digital health
- Novel methods to evaluate implementation

# Family Safeguarding: Background

- English Department of Education commissions York Consulting to evaluate FS schemes
- 5 Authorities had FS schemes included in evaluation
- Multiple methods:
  - Interviews with staff, managers
  - Interviews with families
  - A number of large scale staff surveys
  - Quantitative data on cohorts of families, service use, outcomes
  - Costs

# Family Safeguarding: available evidence -2020

- ↓ Reduced numbers of looked after in care
- ↓ Reduced numbers of children on child protection plans
- ↓ Reduced numbers of police call-outs
- ↓ Volume of emergency mental health service use

# Family Safeguarding: available evidence 2020

- Costs: each authority broke even on the scheme after 2 years, showing savings thereafter
- Improvements sustained: Hertfordshire sustained after 4 years follow-up
- Not a single practitioner felt that FS should be redesigned or replaced
- Mostly said 'the best model' in which they had worked

# Family Safeguarding: Inferences from evidence

## Effective ingredients of FSP

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- Multi-disciplinary teams (ready access to relevant expertise)
- Motivational interviewing (strength-focused)
- Electronic work book (efficient coordination)
- Group case supervision
- Continuity of care
- Improved relationships with families

# Evaluation of FSP

Collaboration Oxford University & Oxfordshire County Council

## Questions

- Was the intervention implemented as intended?
- What has been the impact on the experiences of children and families?
- What has been the impact on the experiences of staff?
- What impact has the intervention had on the use of services?

## Studies Year 1

- Interviews with staff on their experience with FSP
- Interviews with families
- Evaluation of programme using data from OCC administrative databases

# Themes of staff interviews

- Preparation and training for the new service
- Overall views of the impact of the new services
- Effect of new services on their relationship with the families
- Impact on their work satisfaction and working conditions
- Their views of the impact on wider council and partner services.

# Values, preparation and communication

## **Staff believe in the new model and appreciate its values**

*"I really do believe in this model and that it can work"*

*"I think the brilliant thing about this model, is it does give you scope to be more creative"*

## **Comprehensive training pre-implementation**

*"Had a lot of training that was broken into manageable chunks, with lots of different training sessions, it really helped our understanding of the new model and how it helps children and families"*

## **Ongoing communication with head of services**

*"Find it really useful and happy that there is an ongoing wealth of communication from heads of services and service managers"*

## **Feel supported by managers**

*"I've got an excellent manager that tells us regularly that we are doing a really good job"*

# Widespread and strong support for model

**Adult facing practitioners** Staff enjoy partnership and believe that meaningful work with families is performed more quickly and effectively.

- *“AFP are excellent, very positive.... AFP is my favourite part of the model-”*
- *“The AFPs are a God send!”*

**Assessment** Powerful to stay with the families from start to finish.

- *“You can see how engaging with family from the get go will benefit the family... one worker for family is consistent and plans are more focused”*

**Group supervision.** More collaborative and more informed decision making

- *“Contribution from all workers in group supervision has led to better outcomes for the children....when you come up with actions for family, you know they are being developed from everyone perspectives”*

# Challenges of implementation

**Workload.** Sometimes overwhelming, preventing full implementation of model.

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*“Workload is overwhelming, when have low staff... there are a lot of tears now-  
, so it is very difficult...but if we have the full staff this would be better.”*

**Combined role.** It has taken time to adjust to different roles and staff find it hard to balance assessments and long-term work due to different paces of working.

*“Managing court work alongside fast paced parts of the assessment is hard”*

# Challenges of implementation: Covid-19

**COVID-19. Hard to implement the model while changing the way they worked (change to homeworking)**

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*"Implementing model in middle of pandemic was very difficult- - some changes are helpful and others are changes that take a lot of time to adjust to.*

*"Hard not having people around to ask questions...also harder to share experiences –had a negative impact on transition, not having colleagues around."*

# Early findings from family interviews

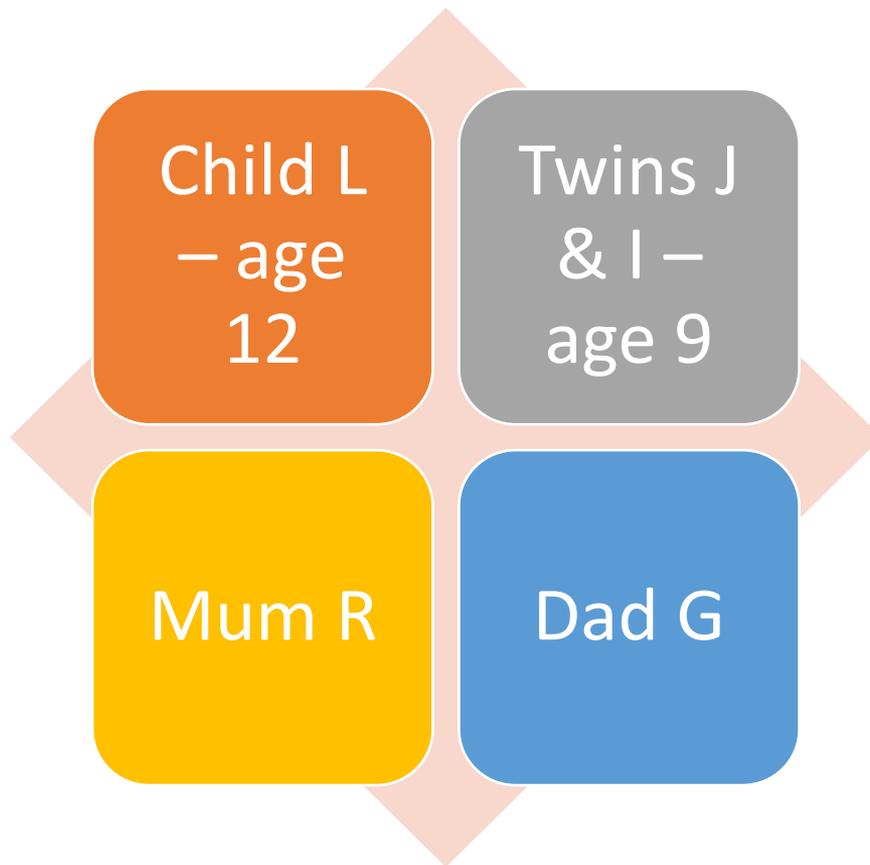
- Instead of being told what to do families feel more included in plans and have a clear and better understanding of the direction of plans.
- Stronger relationships with social worker has allowed them to be honest and trusting. Particularly helpful with disagreements, as social workers are listening and working with them to resolve.
- Work with adult facing practitioners (AFP) helpful in improving well-being. Interventions helped them and helped them become better parents for their children
- Families with past experience of services could see the change. They now have a more positive view of social services: to support and help instead of the stigmatising view that social services will take their children away.

# Evaluation of impact and outcomes

- Building database in collaboration with OCC which tracks progress of each family over time
- Inclusion of risk factors to allow more nuanced assessment of impact of FSP on families
- We will be able to track:
  - Duration of periods in need, with protection plans, in care
  - Proportions of children requiring protection, care
  - Short and long term outcomes for children and family
  - Differential impact on families with different types of problems
- Initial exploration of 100 families pre-FSP and 100 families post FSP
- When validated, move to ongoing assessment over time and long term impact of FSP



Page 26  
The family



# Their story

- 22 Police call outs since 2012 due to domestic abuse, substance misuse, father's aggressive presentation.
- Mum and Dad struggled to understand the impact of their behaviours on their children.

Page 27 Poor school attendance and health outcomes for the children.

- Services had not managed to engage with the parents.
- Children wanted their parents to stop fighting; this got worse during lockdown.
- Neighbours often raised concern about conflict in the home.

## Recent events

- Serious incident in April 2021 – verbal/ physical altercation between parents, children left alone unsupervised. G allegedly assaulted R. Children were removed under police protection
- Parents agreed to voluntary care for the children, placed with paternal aunt.
- G moved out of the family home, with bail conditions directing no contact (which he breached).





## Pre-proceedings

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Previous involvement had not brought about the changes needed, In June 2021, pre-proceedings were initiated to try to prevent the need for the LA to go to Court. The following was undertaken –

- Hair Strand testing of both parents to understand drug and alcohol use.
- Psychological assessment of G, to gain insight into his angry and explosive behaviour
- Assessment of aunt to ensure she was able to care for the children
- Parenting Assessment using the Workbook
- Plan created with whole family and regular reviews
- Adult-facing practitioner interventions: domestic abuse and substance misuse

# Outcomes ...

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Children remained with their aunt throughout pre-proceedings.

Parents made significant progress

Children gradually returned home.

# How was this achieved?

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Initially the parents' attitude was ambivalent and whilst deep down G & R recognised that they had issues to resolve, they were not ready to change.

High levels of intimidating behaviour from G – encouraged the dog to growl at practitioner - a restorative meeting was held to agree a safe way forward for the perpetrator interventions

Psychological assessment of G – without blame .

Shifting attitudes *"I have done an anger management course in prison there is nothing you can teach me"*. Worked with G to motivate him to change.

Understood the impact of a family bereavement on alcohol and drug misuse.

Turning Point worked with mum on her alcohol use – moved to abstinence

Safe and supported contact for the children whilst the parents made changes.

Parents were eventually able to hear and understand their children's voices. G's attitudes and behaviours started to shift. The children said they wanted their mother to stop drinking and their father to stop shouting at their mother when she is drunk.

*"Mum and Dad, I understand that you're both having a hard time but keep pulling through and we'll be back with you both sooner"*.



## Family reparation and reunification

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- Parents slowly started to reflect on their children's experiences.
- Family solutions – including protective family members; eventually the children returning to the care of their parents. Building on quality time for the family.
- Professionals saw a marked difference in G following perpetrator interventions. G's conduct and communication vastly improved.
- G is now more able to prioritise children's needs over his own. By the end, parents were engaging with services by their own volition. G moved from 'I will attend because I have to', to requesting further sessions
- Extended family continue to support the family's reunification, by supporting the parents to look after their children at home



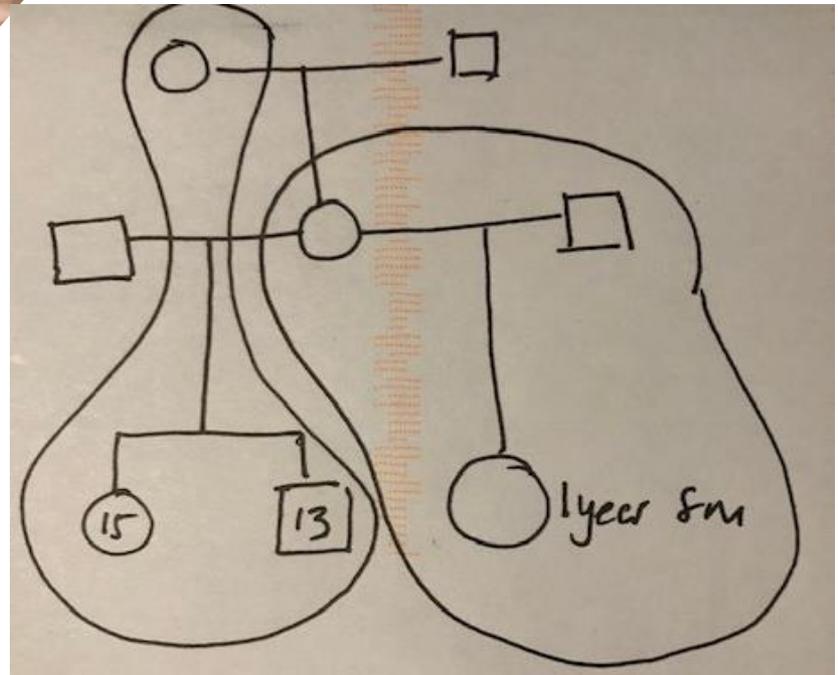
# Practice in action

Joint work with Turning Point within Family Solutions Plus



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## The family



# Needs and Risks

Older children experienced neglect – impacted by mother's chaotic drinking – became her carer – moved to care of maternal grandmother – children were disappointed and angry with their mother

Page 35 A new pregnancy – how were we to respond differently.... Window of hope



·working with' and relationship/trust building  
with the family rather than 'doing to'

# Social work view

Challenging and tender conversations

Psychological assessment -  
understanding

During this meeting presented as more  
confident in her body language and  
reflective, this family has gone from  
strength to strength .

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Manager : ***I think key here was the work with AFP, SW, using restorative practice and strength-based practice with parents and group supervision, and very much – social worker overall approach with the family, of being consistent, firm and balanced***



## View of Child Protection Chair

Good Social work in evidence - building an honest trusting relationship, where progress is encouraged and praised but with clear safeguarding messaging - which allowed mum to reflect over time her own actions and to come to her own decisions.



The work book – a new way of working

*Increasing confidence in her own recovery and growing self-esteem. One of the first things that disappears with heavy drinking is a sense of self-worth and self-efficacy.*

*, "I could see that there was a light at the end of the tunnel."*

**Joint home visits** - due to having a young child, meant increased positive engagement in sessions and breathalysers which helped us to get a sense of home life and level and frequency of alcohol

***Concerns were raised in the moment rather than waiting for meetings or emails to be sent***

Recording in the same system (workbook)

Turning Point encouraged parent recovery by enrolling them in mutual aid meetings, voluntary work and outside activities.

**Parent is coming up to 11 months alcohol-free** now and has a better understanding of behaviours that can lead back to drinking, and the impact alcohol has had on her children.



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Oxfordshire Mind are the lead organisation working in partnership with Connections Support and Elmore Community Services delivering mental health support to parents within Family Solutions Plus



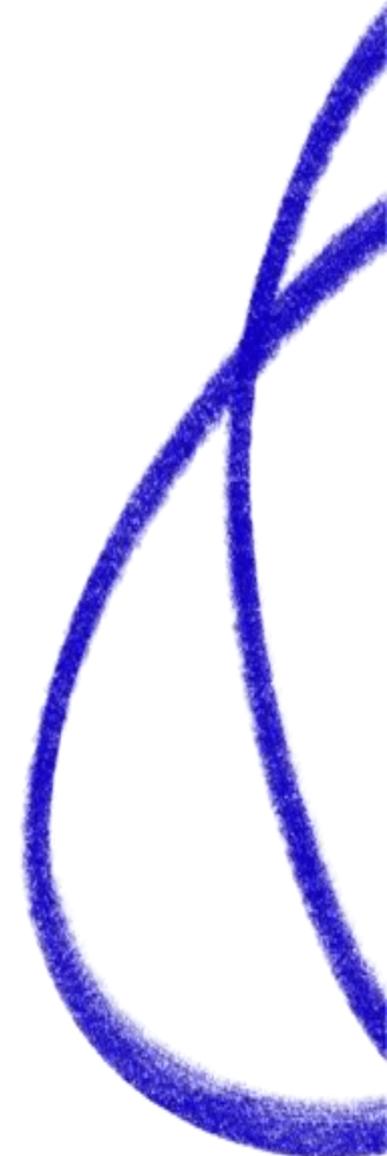
## How did the family become known to children's social care?

May 2021 concerns were raised by daughter's school when she arrived with bruising.

Mum contacted GP for support who referred into children's social care.

The mental health practitioner and social worker completed a joint visit.

Mental health practitioner completed assessment and confirmed intervention programme with mum.



## What did we do?

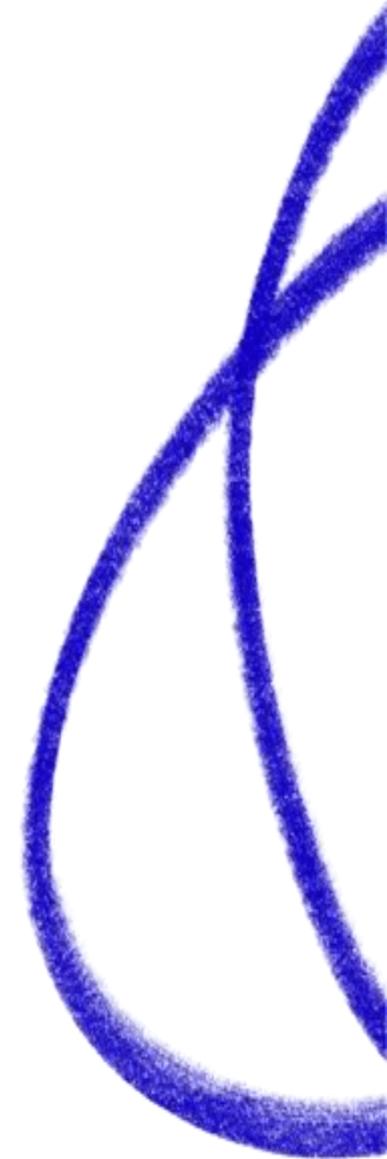
At first session mum presented as having low-self esteem and mood.

Together they worked through how mum's negative thoughts were having a detrimental impact on her children and agreed to work to make changes.

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The MH AFP and mum identified what her triggers were, then introduced coping strategies to help with her thoughts.

Mum disclosed her partner was coming to the home to see the children and he would bring alcohol, even though she had asked him not to.



# What did we do?

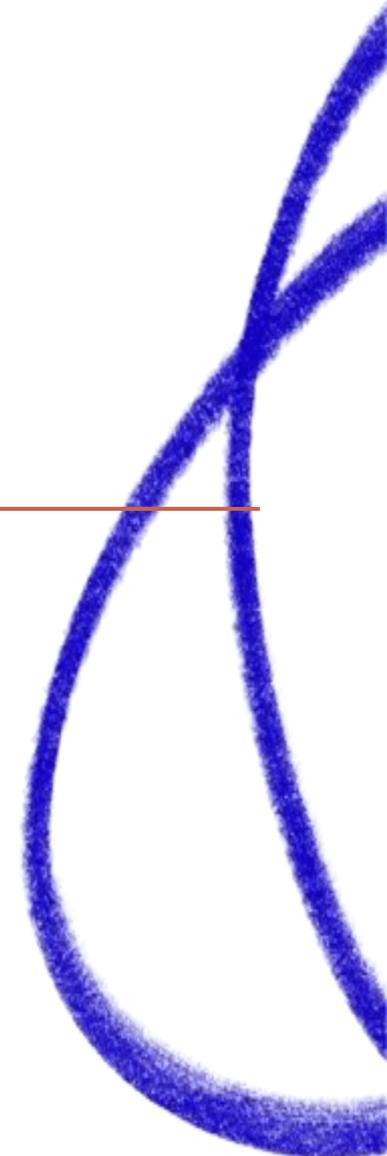
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Mum was able to stop her partner coming round and started putting boundaries in place.

Dad continued to see children out of the home as mum felt this was best for the children.

Unfortunately, mum had a relapse, however she was very remorseful but grateful for the continued support from professionals and **knowing that they did not give up on her.**

Mum started to attend “AA” and became motivated to stay clean.



## What was the impact?

At the follow-up session the MH AFP was greeted by mum's daughter who said that she was "**very proud of her mummy**".

Mum said that she feels good and that her relationship with her daughter is getting much better and they were planning a "girly day" out.

Mum has a better understanding of her own feelings and can now manage them better.

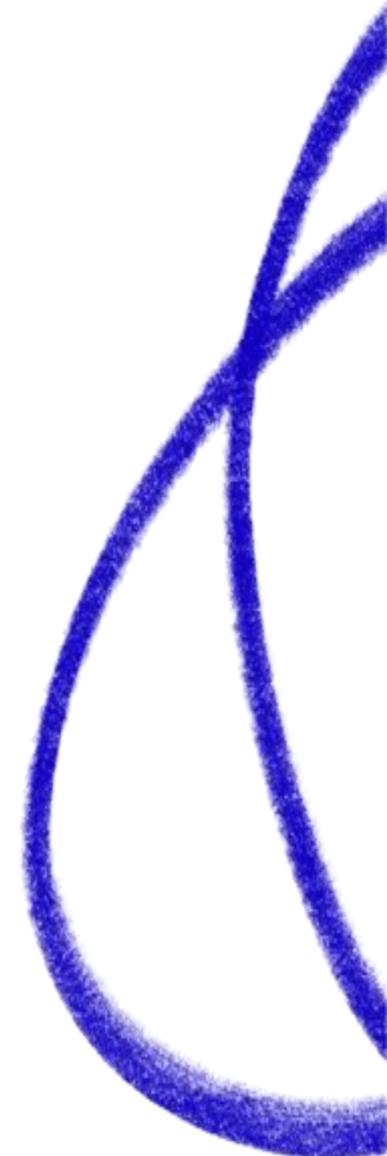
Mum will self-refer to Oxfordshire Mind's Managing Strong Emotions course when she is ready.

## Impact?

The MH AFP recently received a text message from mum with an update, which follows.

*Page 46*  
*Hi N, its XX just wanted to check in and let you know how things are going. First off, we miss you and I hope you are well. X will be 8 this month and is loving year 3. X has started nursery and loves it, and we are potty training. We saw the health visitor last week and she is way above average height. The child protection plan has been reduced to a child in need plan.*

***I am 77 days clean from cocaine, 50 days clean of alcohol and cannabis and 35 days since I gave up cigarettes. We miss you.***



# And now.....

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Holistic focus and joined-up approach to meet trio of need

Mum shared that the support from children's social care has been the reason why she has been able to identify and start to address her own unmet needs.

Mum feels this new understanding has changed her life and her children's life for the better.

Mum is hopeful that she will now be able to give her children a much better childhood than she had.

She is now in contact with her own mother for the first time in years.

The children continue to have a relationship and regular contact with their dad.



# Questions....

