

# Reducing demand at the Front Door to social care

A framework for a community-led,  
relationship-based approach

December 2018



# About this document

## Context

Between April and November 2018 Doncaster Children's Services Trust (DCST), Doncaster Metropolitan Borough Council (DMBC) and wider partners, supported by Innovation Unit, have been working together to identify how to reduce pressure on the Children's Social Care Front Door.

In the last few months, the focus of this work has been the interface between the community, universal services, Early Help and the Front Door. This document is the key output of this phase of work. It provides a framework for a community-led and relationship based approach to reducing demand to the Front Door. It has been co-developed with two local design teams made up of front-line practitioners, community members, managers and leaders in 'Central Central' Doncaster and Denaby, and supported by the Early Help Strategy Group.

The Framework has been signed off by senior staff in DCST and Doncaster MBC.

## Key features

The key features of the framework are that it:

- Outlines a high-level borough-wide approach
- Sets parameters for this approach
- Surfaces ideas that will support other local areas to adapt the approach to their local community and circumstances
- Outlines key components identified as necessary for success of community and relationship based working

## Next steps

This framework will be used to guide work to design and prototype a community based approach to improving early help.

## Contents

- Executive summary
- The process and key findings
- The framework
  - Overview
  - Enabling Conditions
  - Operational features
- Case studies from Doncaster and elsewhere

## Other outputs

Also produced during the course of this work and building blocks of this framework are:

- Front Door Analysis Report
- Reducing Demand to Children's' Services: Insights Report
- Horizon Scans of other Early Help systems
- Journey maps of family experiences of the current system
- System map

## Note

A review of data and cases through the Front Door showed that many interactions are being counted as 'contacts' by the current system - this is in part a legacy of tight control when services were rated inadequate. The Front Door Analysis Report makes a number of recommendations around improving performance data collection and usage. The Early Help Strategy Group is responding separately to these recommendations.

# Executive summary - overview of the framework

## Insights

Through a series of interviews, workshops and focus groups the underlying issues behind the high level of demand at the Front Door were identified. The key insights are:

- People across the system are working hard but not together
- Practice can be risk averse and defensive
- Process is getting in the way of what matters to families
- In some ways, the structure of the system is exacerbating these problems

## Framework design

Based on these insights, senior leaders in DCST and DMBC agreed that the focus in the 'design phase' of this work needed to be Early Help in specific local areas, with a focus on building better relationships between professionals, communities and families. The work has focused on two local areas - Denaby and 'Central Central' - with a range of research and design activities undertaken to develop ideas on what a different approach to working together, with families and in a local place would look like.

These ideas have been fed back to the Early Help strategy group and drawn together to form the framework that makes up the core of this document. Whilst there is a degree of local specificity, the principles and core operational features are shared and form the seed of a borough-wide approach. The framework has been endorsed by senior leaders in DCST and DMBC, and by wider partners

## Creating energy for change

A key impact of this work is that the two local area groups have been energised and excited by the opportunity for change. These ambitious frontline workers and manager, and those in the wider working groups, are motivated, are eager to put their ideas into practice, and impatient for the opportunity to do so.

## Overview of the framework

This framework presents a high level vision for an approach to demand management that is built around community, strengths based practice and relationships.

It describes three key operational features needed for families, communities and practitioners to work together more effectively, and three enabling features that must be present to allow them to do this.

The three key operational features needed to make services work more effectively focus on:

1. Being rooted in local communities
2. Supporting whole families to achieve their goals
3. Ensuring professionals are meaningfully connected

In addition to the operational features, the three key enabling features that must be present to make this work are:

4. A practice model and principles shared across the system
5. Clarity of vision and outcomes
6. Effective governance and leadership

With relationships at the heart, the approach will:

- Enable work to be delivered holistically with whole families, communities, other professionals and across organisations
- Provide a shared language
- Create a picture of what good looks like
- Shape how practitioners learn and support each other

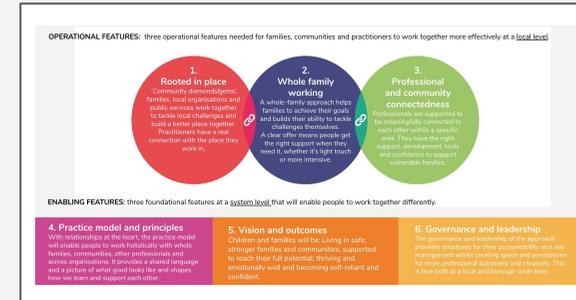
**It shows how practitioners can be given the capacity and capability to respond to emerging challenges at a local level rather than escalating cases to statutory services via the Front Door.**

The ambition is that this framework will be tested, developed and refined in a further phase of joint work. Key recommendations to guide this next phase are on the next page.

# Executive summary - recommendations

This framework (see page 11 onwards) represents a vision for an approach to demand management that is built around community, strengths based practice and relationships.

There are two key sets of recommendations on what needs to happen locally to implement it and what needs to happen at a system level. They are outlined below.



## For local area implementation:

1. Develop simple and clear data sharing protocols so that front-line staff feel able to share important information on a regular basis.
2. Identify, connect with and build on existing, multi-agency neighbourhood level groups (such as the NAG in Denaby) for community level initiatives.
3. Review the EHA process to enable practitioners to spend more time delivering interventions with families, and to offer informal support at an earlier stage.
4. In line with the practice framework, introduce a learning and development programme that includes regular supervision, community engagement and training, that is place based.
5. Identify 'facilitators' in each area who can in the medium term maintain momentum, hold teams to account and act as an interface between community and statutory services.
6. With partners, define community footprints and align existing or new team structures to these. Agree roles for core teams and connected 'single points of contact'.

## For wider system enablers

1. Develop and agree a simple, evidence-based practice model that can be applied across roles, organisations and functions, including a model for managing risk .
2. Identify metrics for understanding progress in implementing practice framework and ongoing opportunities for development.
3. Identify a set of key outcomes that everyone is working towards and engaged by. Communicate progress towards these regularly to a wide audience.
4. Work to align, as simply as possible, different and potentially competing visions & strategies for the future at a borough and local level.
5. In response to the Mutual Ventures report, review the Front Door's performance management framework to provide a richer level of business intelligence and analysis
6. Assign senior leaders from across departments and organisations as 'local area sponsors' in order to build connection with place and help unblock things at a local level.

# Process and key findings

This section outlines an overview of the process undertaken and rationale for the focus of the work as well as a summary of key insights. A detailed exploration of these insights can be found in the insights report.

## Where the work began

The total number of contacts to Doncaster's Front Door has been increasing since 2015. Doncaster Children's Services Trust (DCST) and Doncaster Metropolitan Borough Council (DMBC) wanted to develop a shared understanding of why this was happening and work with partners to ensure the system provides the best responses to vulnerable children and families at the right time.

Innovation Unit was commissioned by DCST in April 2018 to:

- Build an understanding of why contacts to the Front Door are increasing and what this means in relation to need within the community and demand for services.
- Work with partners to develop solutions that will help address identified challenges, meet need earlier and reduce demand on the Front Door.

Whilst the focus of this project shifted from the Front Door in isolation to a focus on the interfaces between the community, universal services, Early Help and the Front Door, the work remained guided by the enquiry question of identifying opportunities to reduce demand to the Front Door.

The work, and this document, were developed in close partnership with the Early Help Strategy Group.

**Enquiry question**  
How might we reduce pressure on the children's services Front Door and create a more impactful and cost effective model of Early Help?

## Methodology

1

### Mobilise

Established enquiry questions, identified key stakeholders and collectively agreed a methodology.

2

### Understand the problem

Generated insights through data analysis and engaged 100+ citizens, practitioners, managers and leaders.

3

### Design new solutions

Set up design teams in two local areas to design solutions that are rooted in place, whole family and enable practitioner connectivity.

4

### Next: test and refine

Learned by doing in a safe environment to build and embed a model that really works for families, communities and practitioners.

## Understanding the problem: key challenges and opportunities

Our approach was enquiry-led and design-led. We used open questions and data to generate insights and ideas, engage with families and practitioners, and create practical models to test and implement. This included:

- Data analysis – using data provided by DCST and DMBC, colleagues from Mutual Ventures analysed the flow of cases including: volume, contact outcomes and destinations and a model that calculates the baseline cost of the current system.
- Focus groups and interviews – our team spoke with over 100 people from across the system, including parents, leadership teams, frontline professionals and service managers from DCST, DMBC, RDASH and the CCG.
- Family engagement. In-depth, ethnographic-style interviews with three families and the professionals involved in their cases which were then mapped to show their journey through the system.
- Attendance at events such as a parenting course to talk to families.
- Deep-dive case review workshops.
- Regular attendance at and workshops with the Early Help Strategy Group.

This enquiry surfaced insights in relation to the current experience across the system of families, frontline workers, managers and senior leaders alongside the processes, performance management and data intelligence functions. These insights then helped to set the parameters for the design phase of the work.



### 'Key shifts' diagram from Insights Report, August 2018

The above diagram outlines the key challenges and shifts needed that were identified as part of the research ('Understanding the Problem') phase of this work and explored in more detail in the Insights Report.

## Deciding where to focus

Having identified a range of challenges and opportunities across the system we convened key decision makers to define the parameters for the design phase of this project.

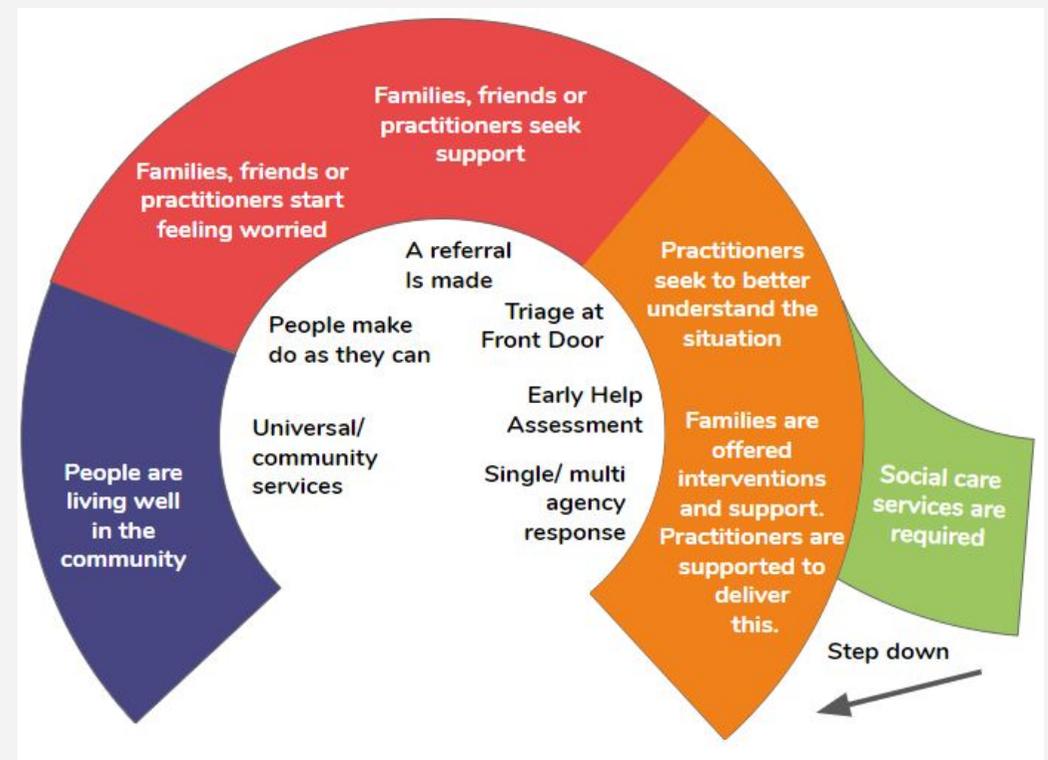
We used the Demand Management framework (pictured right), used in the Adults Services transformation, to distinguish different types of system pressures and identify where to focus.

There was consensus that:

- Doncaster is on a journey of improvement and tight systems and processes were a necessary step in that journey.
- Now that Doncaster is 'good' there is an opportunity to think about what 'great' looks like, which will mean deliberately and carefully releasing the tightness of systems so that professionals can use their own judgement and feel empowered to hold risk locally.
- Whilst at a highly strategic level, the vision for Team Doncaster and partnership working is strong, it is often difficult to translate this into operational realities.
- There is change fatigue and a lack of energy for more large scale structural change.
- The challenge of increasing demand is complex and rooted in local areas' response to need and how the Front Door interacts with this.

As a result, it was decided that:

- The Early Help strategy group would take forward and action the recommendations and questions around the Front Door identified through the Mutual Ventures report.
- The starting point for designing a new approach should be vulnerable families, communities and frontline practitioners, and what matters to and would help them.
- Recognising the diversity of communities in Doncaster, practitioners from two distinct local areas would be the core 'design teams' for the approach.



Demand Management Framework, adapted from tool used in Doncaster Adult Social Care transformation

## Designing new solutions

### Convening local design teams

The 'design phase' of the work was based in two local areas, identified because they have high levels of deprivation and need for services. The local design teams focused on understanding what it would take to work differently on the ground. In Denaby and 'Central Central', teams conducted a range of research and design activities to develop ideas for working together, with families, and with place, differently. As a result, two local area teams of ambitious frontline workers and managers are now motivated and ready to start to put their ideas into practice.

These ideas have been fed back to the Early Help strategy group and drawn together to form the framework that makes up the core of this document. Whilst there is a degree of local specificity, the principles and core features of the approach are shared and form the seed of a borough-wide approach.

Within the teams there was wide representation from partners and community organisations including:

- Local schools
- Police
- Health visiting
- Midwifery
- PAFS
- Communities team
- Family hubs
- Voluntary and community sector ('community diamonds/ gems')

**The aim was to design an approach that prevents problems escalating for families and supports them in their community, so they do not need higher level services. This means, an approach that is rooted in local communities, supports whole families to achieve their goals and enables practitioners to be meaningfully connected.**

### During 6 workshops in each area, local design teams:

- reflected on their own challenges and opportunities for change
- built an understanding of where people go for support through conversations with families in family hubs, markets, cafes etc
- tested what it would be like to have aspiration focused case planning discussions with a range of professionals
- found out about local community initiatives and how they grow (including a community walkabout)
- created a vision for a future way of working
- developed concrete ideas for what they would want to develop and test

### Strong signs of engagement and early impact

- connections have been made and meetings held outside of the groups to connect initiatives
- there have been requests to join the group from other practitioners seeking help and advice for working with families
- there is enthusiasm to get on and do, including requests over email and interest from managers to test new team structures

### Key messages from design groups

*"I want to make it my day job - but need time. What if I used some of the time I spend on paperwork to be out there meeting and helping families?"*

*"I didn't realise how much exists out there already, we just don't know about it."*

*"When can we get started?"*

*"We aren't 'delivering public services' and don't want to become 'professionalised'. We do what we do because we care." (Community sector representative)*

*"It's going to take time to embed and see the impacts, but if we get it right we'll make a huge difference to these families and communities."*

# A framework for a community-led, relationship based approach

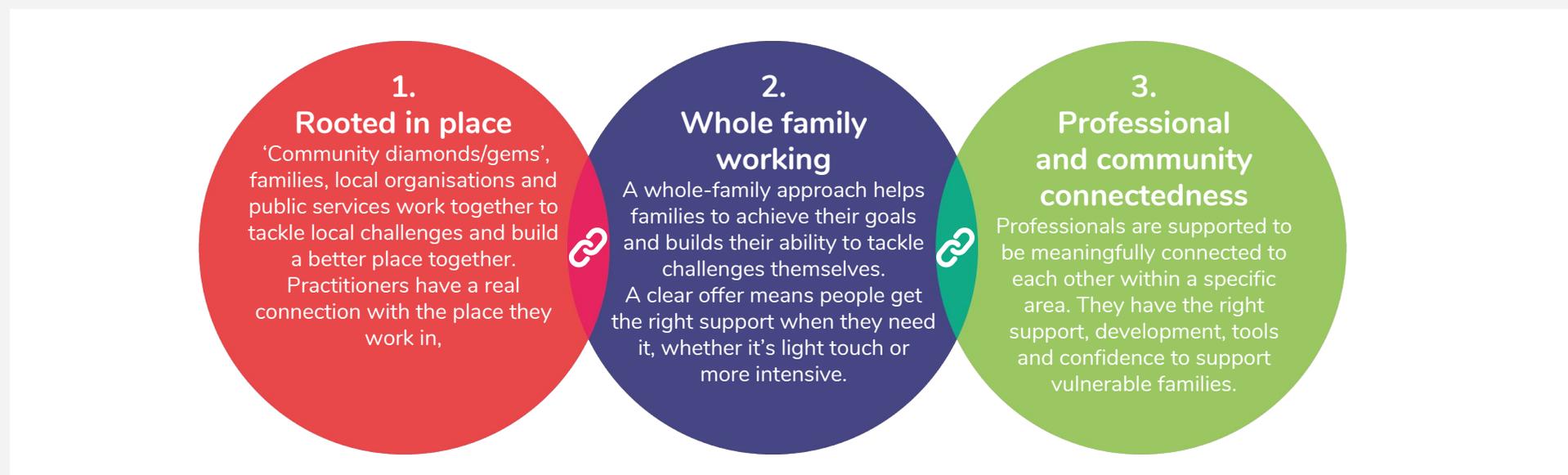
This section presents a vision that has been developed and agreed with DCST, DMBC and partners for an approach to demand management that is built around community, strengths based practice and relationships. It describes three key operational features needed for families, communities and practitioners to work together more effectively, and three enabling features that must be present to allow them to do this.

For each feature the framework articulates the long term vision, what it means in practice, and recommendations for what should happen next. The ambition is that this framework will be tested, developed and refined through a prototyping phase.

## A framework for a community-led, relationship based approach

This framework represents a vision for an approach to demand management that is built around community, strengths based practice and relationships. It was developed with two local design groups, made up of practitioners, managers and leaders from many organisations and services, and reflects both examples of where things are working well now and ideas about what might need to change. The framework critically enables consistency across the borough whilst being shaped and delivered at a local level.

**OPERATIONAL FEATURES:** three operational features needed for families, communities and practitioners to work together more effectively at a local level.



**ENABLING FEATURES:** three foundational features at a system level that will enable people to work together differently.

### 4. Practice model and principles

With relationships at the heart, the practice model will enable people to work holistically with whole families, communities, other professionals and across organisations. It provides a shared language and a picture of what good looks like and shapes how we learn and support each other.

### 5. Vision and outcomes

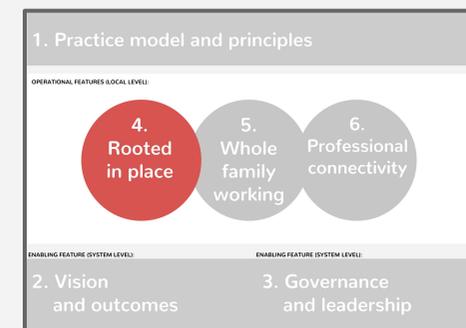
Children and families will be: Living in safe, stronger families and communities; supported to reach their full potential; thriving and emotionally well and becoming self-reliant and confident.

### 6. Governance and leadership

The governance and leadership of the approach provides structures for clear accountability and risk management whilst creating space and permissions for more professional autonomy and creativity. This is true both at a local and borough-wide level.

# 1. Rooted in place

‘Community diamonds/gems’, families, local organisations and public services work together to tackle local challenges and build a better place together. Practitioners have a real connection with the place they work in, including the people who live and work there, and the local assets and challenges and encourage others to be involved in community-based initiatives.



Long term vision	In practice this means
Local communities are mobilised and empowered.	<ul style="list-style-type: none"> <li>- A local vision that is delivered through flexible uses of community or public buildings, funding (small scale seed funding and large scale projects/ investment) and flexible service offers.</li> <li>- Permission and support from named senior leaders who are invested in local areas and help unblock and move things forward.</li> <li>- There are community events that build awareness of the different groups and activities on offer, celebrate successes and bring people together. (Eg. Hexthorpe schools dinners from around the world, ‘job fair for things to get involved with in communities’).</li> </ul>
Challenges are understood and tackled locally, success is celebrated together.	<ul style="list-style-type: none"> <li>- Practitioners recognise the link between community ‘problems’ and service ‘problems’.</li> <li>- Data is shared and analysed collectively, both quantitative and qualitative, to understand local challenges and opportunities.</li> <li>- There are forums that come together to agree local priorities and develop shared action plans with clear accountability taken.</li> <li>- Local governance and decision making includes ‘community diamonds/gems’ and families, alongside community organisations and public services.</li> </ul>
Practitioners are connected to the place first and their service second.	<ul style="list-style-type: none"> <li>- Practitioners are based in or assigned to geographic footprints so they get to know hotspots, what’s in the community and build relationships.</li> <li>- There is a go to place for families and practitioners for information about local events, activities and ‘top 10 services’. This links with My Life Doncaster/ the Family Information Service and other tools eg. a welcome packs to everyone who moves to Hexthorpe.</li> <li>- There is a community component to practitioner induction and training, connecting people with each other and the local area (eg. community walks).</li> </ul>

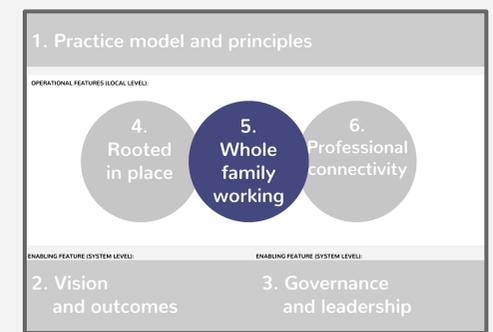
## Key recommendations:

Develop simple and clear data sharing protocols so front-line staff feel able to share important information on a regular basis.

Identify, connect with and build on existing, multi-agency neighbourhood level groups (such as the NAG in Denaby) for community level initiatives.

## 2. Whole family working

A whole-family approach helps families to achieve their goals and builds their ability to tackle challenges themselves. This starts with the **strengths of an individual, their network, the community around them** and people in support roles. A clear offer means people get the **right support when they need it**, whether it's light touch or more intensive.



Long term vision	In practice this means
All interactions are strengths-based and relational (both with families and between practitioners).	<ul style="list-style-type: none"> <li>- Having a real belief in people and what they can achieve.</li> <li>- Seeking to draw on, strengthen and develop networks of family members, friends and community organisations. (Using tools such as Family Finding, Family Group Conferencing or Eco-Maps with all families whatever their level of need.)</li> <li>- Working with people to make sense of themselves and their challenges, and together explore their ambitions.</li> </ul>
Families are able to access support when they need it.	<ul style="list-style-type: none"> <li>- Practitioners connect with families through outreach and are locally visible.</li> <li>- Wherever a family member goes for help, they will be able to access the same response and support that addresses their needs.</li> <li>- There are 'go-to' people and places (eg. family hubs, community 'conversation points') where families know they can go, and where they are comfortable going.</li> </ul>
Families are supported through one key relationship, and have access to a range of interventions.	<ul style="list-style-type: none"> <li>- Practitioners have the confidence, time, tools and skills to build relationships and deliver interventions.</li> <li>- Practitioners have a basic knowledge of issues such as mental health, domestic abuse, drug and alcohol misuse coupled with some tools that help them to respond to difficult situations eg. containment, trauma, attachment.. They also have knowledge of their area and population, for example, in Central, they have a good understanding of the asylum process and are able to say a few words in Romanian. In another area they may have specific skills around working with adolescents involved in low level criminal activity.</li> <li>- Practitioners act as advocates and help families to navigate other services eg. housing, GP registration, benefits, school registration, employment and debt advice. They also help connect them with things going on in the community, for example, through the Communities Team's 'conversation points'</li> </ul>

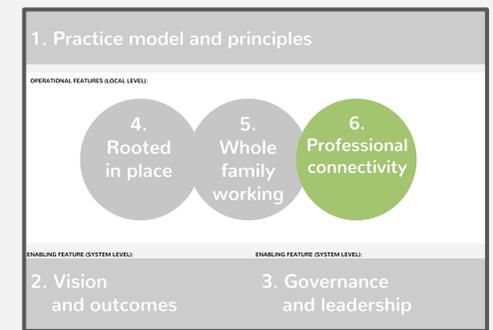
### Key recommendations:

Review the EHA process to enable practitioners to spend more time delivering interventions with families, and offer informal support at an earlier stage.

In line with the practice framework, introduce a learning and development programme that includes regular supervision, community engagement and training, that is place based.

# 3. Professional and community connectedness

Professionals and communities are supported to be meaningfully connected to each other across a **small geographic area**. This means they have the right support, development, tools and confidence to support vulnerable families. Their connection is driven by **quality relationships** and supported by both **tight and loose team structures**.



Long term vision	In practice this means
There are core teams of practitioners in each locality and a wider connected group of services who provide a 'single point of contact'.	<ul style="list-style-type: none"> <li>- Core teams are meaningfully colocated (family hubs, Front Door, community settings) and organised around small geographic areas.</li> <li>- There is shared or aligned line management and a shared or aligned case management system in addition to shared training, case discussion and case working.</li> <li>- The teams works to a single overarching practice model that enhances the contribution made by different professions.</li> <li>- Practitioners know who to call and if they don't know, they know who to call to find out: 'I know a man who can.'</li> </ul>
Practitioners work together to manage cases in the community and prevent escalation.	<ul style="list-style-type: none"> <li>- Multi-disciplinary case planning and risk management for more complex cases that are likely to escalate including confidentiality agreements and ground rules for discussion.</li> <li>- Regular opportunities to come together informally to problem solve. These may become 'conversation clubs', 'consultant clinics' or 'challenge meeting', which are accessible and where practitioners can go for advice and support early on. They may include Front Door managers, Early Help coordinators, Police or specialists in: domestic abuse, mental health, physical wellbeing, community.</li> <li>- Professional in community - decision making - cases opening facility when we know the case is Early Help. Self screening</li> </ul>
Practitioners have space and time to reflect, unload and process.	<ul style="list-style-type: none"> <li>- Quality reflective supervision and reflective conversations are available for everyone working with families, for example, in line management of Lead Professional network meetings. These are practitioner led not tick box exercises.</li> <li>- Clinical supervision is available for some, including those working with more complex challenges and managers who are providing supervision.</li> </ul>

## Key recommendations:

Identify 'facilitators' in each area who can in the medium term maintain momentum, hold teams to account and act as an interface between community and statutory services.

With partners, define community footprints and align existing or new team structures to these. Agree roles for core teams and connected 'single points of contact'.

## 4. Practice model and principles

The practice model reflects existing practice, values and relationships. It brings together principles, a 'toolkit' and ways of working to help practitioners, teams, managers and leaders achieve their shared vision and aims. This guides both how we work with families and how we work together as professionals and organisations, providing a common language and frame of reference as well as a shared picture of what good looks like.

### Taking a strengths-based and community-led approach.

With relationships at the heart, the practice model will enable people to work holistically with whole families and across organisations. The core principles are being relational, strengths-based and community-led.

### Model for managing risk in distributed systems.

In addition to giving a frame for practice, values and relationships locally, the model should also provide a clear approach to safely managing risk within a distributed, in some cases 'looser' system. This may involve social worker participation in case discussions, clear reporting guidelines and shared and accountable decision making in multi-disciplinary meetings.

### Building from existing foundations.

Across Doncaster, there are rich examples of evidence-based practice, some of which have been adapted from elsewhere such as Signs of Safety, parenting courses and Family Group Conferences (Restorative Practice), and others that have been developed locally such as the Communities and Complex Lives teams.

### Growing the evidence-base.

Moving forwards, there are opportunities to incorporate tried and tested theory and tools to reflect local challenges such as Motivational Interviewing, Trauma Informed practice and Mental Health First Aid. Equally there is a rich and growing evidence-base within each of the local areas about local needs, assets and relationships that can be drawn on to adapt any model to its local context.

### Good practice will help tackle challenges locally and prevent escalation by:

- Responding 'loosely' or 'tightly' means freeing practitioners to offer light or more intensive wrap around support, based on what's needed.
- Being a familiar face in the community so families have someone to turn to as soon as they, or those around them, start to get worried.
- Making decisions and taking action locally

## 1. Practice model and principles



### Key recommendations:

Develop and agree a simple, evidence-based practice model that can be applied across roles, organisations and functions, including a model for managing risk .

Identify metrics for understanding progress in implementing practice framework and ongoing opportunities for development.

# 5. Vision and outcomes

A vision provides a sense of purpose and long term ambition. It makes a case for a new way of doing things and is tangible enough to help people to act differently in the day to day, whilst connecting with other strategies and priorities. A clear set of outcomes articulate what success will look like for families and communities and provide a basis for measuring and sharing progress.

## Outcomes for children and families:



**Living in safe, stronger families and communities**



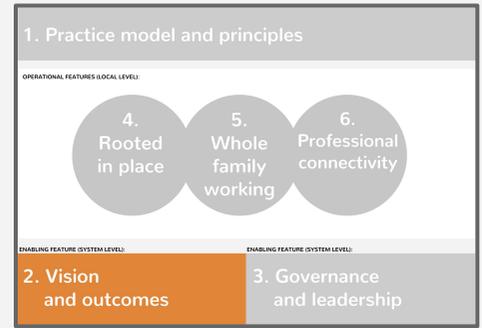
**Supported to reach their full potential**



**Thriving and emotionally well**



**Becoming self-reliant and confident**



## Key recommendations:

Identify a set of key outcomes that everyone is working towards and engaged by. Communicate progress towards these regularly to a wide audience.

Work to align, as simply as possible, different and potentially competing visions for the future at a borough and local level.

## 6. Governance and leadership

Governance and leadership provide structures for clear accountability and risk management whilst creating space and permissions for more professional autonomy and creativity. This is true at both a local and central level.

This would need to involve:

### **Dynamic local governance.**

People coming together at a local level to develop and embed a new way of working and hold each other to account to improve outcomes. This might involve a 'conversation club' that takes place at a local cafe every week. Dynamic local governance would need a clear link with the central governance forum.

### **Central governance forum.**

A centralised governance structure with representation from senior decision makers from key organisations (from a delivery and corporate perspective) can provide clear permission and structures through which local areas can design, prototype and deliver a new approach. The focus would be on creating an enabling environment and helping to 'unblock'. This forum could also pool learning and look at wider system level opportunities such as sharing data, personnel, IT systems and budgets, and challenging traditional organisational boundaries and roles.

In order to deliver:

### **Clear accountability and risk management.**

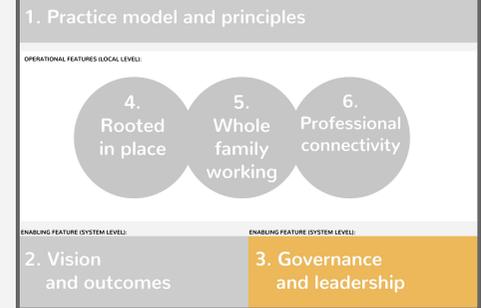
There needs to be a clear interface with statutory services, particularly social work, to prevent any dilution of risk assessment expertise where appropriate. This may involve having a named person who is responsible for overseeing this interface as well as explicit social worker involvement in local design teams, prototyping and delivery.

### **Space and permission for new ways of working.**

This may include a clear route for professionals to bring new ideas forwards, including funding and support, with decisions made on a 'why not?' basis. There also needs to be clear routes for escalating challenges to quickly unblock them, for example this could be inspired by the Bronze, Silver, Gold Civitas approach.

### **A culture of learning and evaluation.**

Building a culture and practice of learning and evaluation both at a local and central level will ensure emerging good practice is able to scale and spread across the borough. It will also ensure shared data and knowledge becomes useful intelligence, driving improvements locally and across the borough.



### **Key recommendations:**

In response to the Mutual Ventures report, review the Front Door's performance management framework to provide a richer level of business intelligence and analysis

Assign senior leaders from across departments and organisations as 'local area sponsors' in order to build connection with place and help unblock things at a local level.

# Case studies from Doncaster and elsewhere

This section presents a set of examples from Doncaster and elsewhere that have informed the development of the framework and continue to provide inspiration and provocation. A full set of horizon scans is available in a separate document.

# 1. Rooted in place

## Examples to build from:

### “Your language is as important as my language.”

The Central Local Design Group were interested in what it would take to connect differently with local residents, recognising and celebrating the diverse makeup of the area, and moving away from a tendency to see this principally through a ‘problem’ lens.

With 27 languages spoken by the children, Hexthorpe Primary school host an annual dinner at the school where families bring dishes that are typical to their own culture to share with teachers and other families. Suggestions for new ways to connect with residents included holding local celebrations on the 5th December for Romania’s national holiday and an expectation that practitioners learn some words in the local communities’ languages.

### Pooling local intelligence and taking a systemic approach to support young people.

North Yorkshire’s No Wrong Door, hold regular RAISE (Risk, Analysis, Intervention, Solution, Evaluation) meetings to address serious risks to young people in the local area. The RAISE process allows the multi-disciplinary group to facilitate the sharing of intelligence and information between all partner agencies and develop a shared strengths-based, solution focussed plan. By taking a systems theory approach and looking wider than an individual level, it supports reductions in risk, blame and scapegoating.

There is evidence of partners having more confidence to manage risk through the RAISE process. To date, the RAISE process has supported the NWD model to safeguard the young people, particularly in relation to risks within the community in which they live, by the sharing of real-time intelligence.

### Mobilising local assets.

In line with The Wigan Deal, the Council has a local community strategy that has invested in the Community Link Worker service, Community Investment Fund and Community Knowledge Officer role. These work closely together to understand where gaps and opportunities are at a local level, to connect people together and to make small scale investments. There were similar examples from the Communities Team in Doncaster, with small investments in supporting someone to set up a local bakery in Denaby, funding a mural to be painted in a run down street, or starting up ‘Friends of Hexthorpe Park, all of which continue to actively improve the local area. There was also a story of diverting money from services to respond to anti-social behaviour on fireworks night to a large scale community-led fireworks display that achieves the same aims and much more.

### Tailoring support to the ambitions of each community.

Thriving Communities in Derbyshire uses a common process and governance structure to create bespoke support for every community. The model focuses on taking time to deeply understand the needs and ambitions of each community to offer support that tackles underlying problems, not just symptoms. In Cotmanhay, a bounded estate of 3,000 families, the focus is re-building a sense of belonging and contribution. In rural Shirebrook, local families identified unemployment as the key issue, so the team has engaged local business, training and volunteering schemes. A community allotment in Gamesley has helped build local skills. Work in Danesmoor focuses on debt and housing problems, while in South Derbyshire the aim is to strengthen relationships between the community and elected officials. Localities have a responsibility to learn on behalf of the whole system, with regular learning and reflection workshops at local and county level. Successful approaches are quickly rolled out to other areas and included into the council’s strategic plan.

## 1. Practice model and principles

OPERATIONAL FEATURES (LOCAL LEVEL)



ENABLING FEATURE (SYSTEM LEVEL)

2. Vision and outcomes

ENABLING FEATURE (SYSTEM LEVEL)

3. Governance and leadership

## 2. Whole family working

### Examples to build from:

#### “If they’re in the cafe, why aren’t we in the cafe?”

The Denaby Local Design Group found that the families with significant worries were more likely to be in the local cafe than engaging with services such as the family hub. By being out in the community on market day, the team had accidental encounters with vulnerable parents, quickly breaking down into tears, and were able to put things in place to support them in a way they wouldn't have if they had been conducting work from their central base.

The Reread project, supported by Well North, was an example of connecting with people in a place 'where they go'. The project is colocated with a doctor's surgery, library and a number of other community support offers such as Citizens Advice.

#### A bit of help to connect with local groups and activities.

Community Link Workers (CLW) in Wigan provide additional support in primary care and acute settings for individuals who present with 'non-clinical needs' and are integrated within the adult social care pathway. There is a strong focus on fully understanding an individual's situation and environment, helping them to access community opportunities and to utilise their skills and experience through volunteering.

CLWs spend time listening to clients without a limit on the length or number of appointments. The majority of people do not need more than one meeting, but maintain a direct line to the CLW from then on. Support is drawn from 1,400 local VCS organisations in addition to trained health coaches who provide support across a range of medical and practical issues, from housing to social isolation, to smoking. Link Workers can refer directly to specialist help when needed.

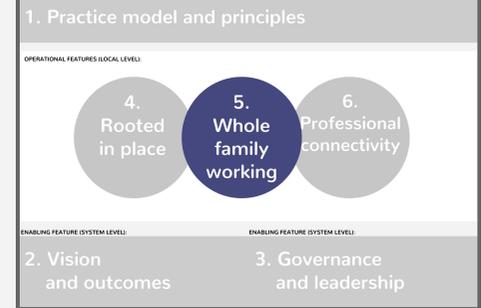
#### “It’s magic when you see what a difference it makes, when someone suddenly feels valued.”

“I’m working with a young mum who was homeless with a 5 week old baby - she is now in a property and it is fully furnished. She couldn't speak on the phone to anyone, I had to go down to the Civic Centre with her every day with all her bags with her. I could have cried with her. She phoned yesterday to say the gas company has sent her the wrong bill and that she'd picked up the phone to call them. She was so proud and wanted to share it with me” Parent Engagement Worker, family Hub

#### Prototyping a 'doing what it takes' approach.

Dani took part in the Thriving Communities prototypes in Derbyshire. As an 18 year old, she was referred to the team due to concerns about her stepfather being violent. Dani's main ambition was to leave home. Despite recurrent epilepsy brought on by stress, she was doing well in her A levels. A year earlier, school had referred the family to social services; Dani became scared that her younger brother would be removed from the home and her stepfather reacted violently. She disengaged with services and only attended school for exams. Dani did not want interventions or social work support - she wanted help in building her own support network and getting to university.

Phil, her coach, focused on getting to know Dani at her own pace and on her own terms, framing conversations around her ambitions. On trips to view local colleges and universities they were able to chat in the car and discuss the future without the pressure of a formal assessment. Gradually, they began to unpick the barriers to Dani moving forward, and agreed extra health and mental health support for her and strategies to strengthen her existing positive friendships. Phil arranged a chat with a youth mentor at the university, building Dani's confidence so that she could take that step.



## 3. Professional and community connectedness

### Examples to build from:

#### Multi-disciplinary supervision

Hertfordshire County Council has created 22 co-located, multi-disciplinary Family Safeguarding Teams to tackle domestic abuse, substance misuse and parental mental ill-health.

Group supervision and group case discussion is helping practitioner teams to make collaborative decisions and share collective responsibility. Through shared learning experiences and the exchange of professional opinion and insight, practice is developed and quality assured. Group supervision across agencies that includes all professionals working with the family, as in Hertfordshire's Family Safeguarding teams, is particularly powerful. Crucially, these models are not about creating one way of doing things, but acknowledging the strengths of different specialisms and developing a shared language, context and understanding.

#### Specialist consultant workers

The CAMHS workers linked to schools in Doncaster have led to a decrease in referrals in Hexthorpe and has helped school staff feel more confident asking for advice about children's mental health. Critical to this was being able to call someone for support without having to call an unknown person.

Similarly in Lincolnshire, the Early Help approach uses 'consultant Early Help workers' who are able to provide expert advice and informal support to workers in the community.

#### Supporting schools to deliver Early Help

Stockport Family is an integrated service for children and families delivered through multi-agency, co-located, locality based teams with access to a range of specialist borough-wide services and shared approach of restorative practice. The approach is underpinned by a belief that only by removing artificial thresholds and boundaries between services will children and families get the help they need when they need it.

The 'team around the school' brings an Early Help workforce into school settings to improve coordinated and accessible support to families at an early stage, manage concerns locally and reduce referrals (eg to the MASSH). An open information sharing system between partners has been supported by co-location of locality teams.

#### Creative support planning

In Denaby and Central, Local Design Teams conducted creative support planning together to explore cases we were worried about from different perspectives by asking ourselves different questions including:

- What is this person like?
- What have they experienced in their life?
- Who is in their life?

This led to a conversation about aspirations i.e. what would great look like for this person once the risks had been managed, needs met and building on existing strengths? One breakthrough was to realise the connection between a young person's high attendance in school and his like of structure. The worker will now test options for activities to reflect this such as cadets that will help him create an identity for himself outside of chaotic home life. "And why not introduce him to the baker the Communities Team supported who said earlier that he'd like to be a mentor."

#### 1. Practice model and principles

OPERATIONAL FEATURES (LOCAL LEVEL)



ENABLING FEATURE (SYSTEM LEVEL)

2. Vision and outcomes

ENABLING FEATURE (SYSTEM LEVEL)

3. Governance and leadership

## 4. Practice model and principles

### Examples to build from:

#### The drumbeat of culture and practice.

North Yorkshire's award winning No Wrong Door service is underpinned by a set of 10 Distinguishers. Five years on from its inception, these provide the 'drumbeat' for practice, performance management, recruitment, six monthly culture and practice days, supervision and many other interactions.

The Distinguishers reflect the values of No Wrong Door, including the principle that no child is unfosterable and that any decision made should be a decision you'd make for your own child. These can be challenging principles to buy into for people joining the service or authorities who want to adopt the model themselves, but they are non-negotiable.

#### A foundation in strengths-based conversations.

Signs of Safety is well established in Doncaster, informing strengths-based assessment, planning conversations and practice.

"We like signs of safety because it's strengths-based. You start with 'what can we do?'. There's a lot more clarity for parents because we use normal language so we can really respond to what they need."

- PAFS service manager

"I knew we'd gotten somewhere with Signs of Safety when I sat down with our Chief Executive and she asked me 'what are you worried about'. It's much more than an assessment tool. It's our whole way of working."

- Senior Leader RDASH

#### A system-wide restorative approach.

In Leeds, the Chief Executive, waste collectors, social workers and foster carers along with 10,000 others have been trained in restorative practice. Meetings are conducted in a restorative way, starting with a check-in that brings everyone into the room. Instead of being set up like a courtroom with two sides, grievance disputes happen in a circle, allowing people to work together to understand the underlying issues and come to a shared solution.

"We don't do it because it's easy - it's much harder working in this way - we do it because it works." - Andy Lloyd, Head of Workforce Development in Children's Services, Leeds

#### Professional conversations not processes.

Instead of written referrals, Norfolk's new advice and duty service will provide a direct line to a team of experienced consultant social workers. During the week the service will be open from 8am to 10pm and at weekends there will be an on-call service. Extended hours will enable consultant social workers to do joint visits with the police

Phil Watson, the children's social work Assistant Director, says by reconnecting Front Door social workers with relationship-based practice, children and families will get "the right service, first time".

"We're going back to relationship-based practice and having dialogue rather than exchanging bits of paper."

### 1. Practice model and principles

OPERATIONAL FEATURES (SOCIAL LEVEL)



ENABLING FEATURE (SYSTEM LEVEL)

2. Vision and outcomes

ENABLING FEATURE (SYSTEM LEVEL)

3. Governance and leadership

# 5. Vision and Outcomes

## Examples to build from:

### Investing in a whole community approach.

Barking and Dagenham Council no longer have a Children's Services, Adults or Housing Department; breaking away from specialist service blocks towards a structure that groups activities by the value they add to communities, including triage, access, support and intervention. Community Solutions is responsible for early intervention and prevention, and comprises of services such as Early Help, libraries and housing support. It aims to: resolve issues through prevention and early intervention; increase resilience by supporting well-resourced communities, households and individuals; reduce demand by understanding and responding to the root cause of need; make cost savings through moving services online; and giving people access to support to stay out of intervention services.

### A co-produced vision.

The vision and outcomes for Lambeth's Living Well Network were co-produced with citizens. This reflects the Network's principle of having co-production at its heart, inspired by Edgar Cahn and the idea that reciprocity and two-way transactions, alongside recognising everyone's potential to make a contribution, are critical to wellbeing and good mental health. In Lambeth's example this was applied to the development of community mental health services, but there are countless examples of applying this philosophy elsewhere.

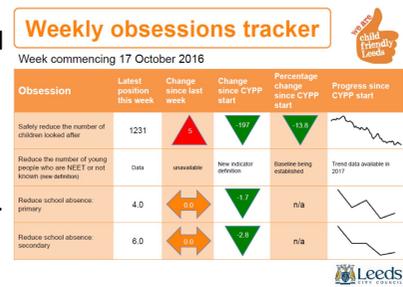
"Every citizen, whatever their abilities or disabilities, can flourish, contribute to society and lead the life they want to lead."



### Obsessions that everyone is working towards.

Child Friendly Leeds was launched in July 2012 with the aim of placing children and young people at the heart of everything that they do and making Leeds a compassionate city with a strong economy. The Children's Services' top three priorities are known as the Leeds 'obsessions'.

The obsessions help to measure progress and are a focus for all services and partners that work with children and young people. Progress against these is measured and shared regularly, for example posters across the city are updated on a weekly basis.



### A guiding vision that defines a new way of working.

The Wigan Deal is an informal agreement between those who work at the council and Wigan's residents to work together to create a better borough. It shapes everything from the 'new conversation' model of working with vulnerable adults, recycling campaigns for residents and ethnography informed training for new staff members.

The vision of Wigan's Children's Social Care team is for all young people to become confident, resilient adults. This was developed through wide consultation with teams from across the council and partners, and illustrates a shift from a culture of responding to short term risk to one that seeks to work with people to achieve long term ambitions.

## 6. Governance and leadership

### Examples to build from:

#### Holding each other to account.

Every other Thursday a core group from the Lambeth Living Well Collaborative meet for breakfast. The Collaborative is a group of service users, GPs, providers and commissioners dedicated to transforming Lambeth's mental healthcare system. The setting is a café run by one of the Collaborative's member organisations, a charity that works with former and current service users, and trains them in hospitality and cookery. Over a full English breakfast and a cup of tea, Collaborative members address current problems facing Lambeth's mental healthcare system and make a concrete plan of action. It has taken a lot of time but through these regular meetups they have built trust and strong relationships, allowing them to set aside their individual agendas and focus on the mutual problems they face and how they can be solved.

#### Accountability at every level of the council.

In 2013 Derbyshire County Council began Thriving Communities, a multi-agency programme to improve outcomes for families in five deprived communities. The model relies on relationships and leadership at every level.

A Thriving Communities Officer from the central policy team is based in each community to feed back data on local needs, ambitions and resources. Teams representing all services work directly with families to develop new ideas for support. In addition, each locality has two sponsors at Director and Elected Member level with a mandate to remove barriers to progress. In 2015 a coaching-led approach to support was prototyped with 12 families over 12 weeks. Coaches worked in multi-practitioner teams to hold complex cases, with monthly multi-agency learning forums to share stories and insights.

#### Keeping things local with a direct line to the top.

Doncaster's Operation Civitas operated on three interconnected levels with the aim of managing complex challenges as locally as possible, with a clear line to senior leadership within organisations to quickly unblock challenges as they emerged on a daily basis.

##### Levels:

- 1 Bronze - Front line - practitioners / volunteers
- 2 Silver - Heads of Service - middle managers
- 3 Gold - Chief Executive - directors

#### Doing what counts and measuring what matters.

Islington Council is transforming its social work practice by embedding Motivational Social Work at every level of the organisation - work with families, supervision and case meetings, recruitment and assessment. Values-based tools ensure social workers are 'Doing What Counts', while heads of service are 'Measuring What Matters' to children and families. Accurate, timely and family-centred data is key.

Every family is interviewed about their experiences of interactions with practitioners. The data from these interviews is amalgamated across the service to help each team reflect on what's going well and what could be improved, and to help heads of service identify whole-team training, development and support needs. This picture is compared with outcomes data across social care, health, education and police, to understand the impact of interventions and processes, and to support leaders to make decisions on areas of focus and resource.

