

# Using what we know about what works

**June Thoburn and  
Making Research Count Consortium**



social care  
institute for excellence



# Overview

- Family characteristics and types of service
- Responding to Lord Laming's recommendations
- Key messages for the 'Laming communities'



# Unpicking ‘complex families’ needing a CP service

- Family likely to have a range of interacting difficulties/ types of maltreatment
- Hard to reach
- Hard to help/ change
- Overarching factors of ‘intention’ and ‘motivation’



# Some characteristics of parents

- **Maltreated/ in unstable care as children**
- **Mental health problems/ personality disorders**
- **Obsessional/ highly controlling personalities**
- **Addictions**
- **Domestic abuse**
- **Excessively anxious about state intervention (sometimes with good cause)**
- **Have a range of communication difficulties**



# Some characteristics of children

- **Premature births/ addicted/ hard to nurture**
- **With disabilities making them ‘unrewarding’ /‘hard to care for’**
- **Siblings ‘singled out for rejection’**
- **Teenagers suffering from long-term/ unrecognised neglect**
- **Older children engaging in risk-taking behaviour**
- **Previously maltreated children returning home from care**



# 'Family types' that inform service decisions

<b>Family type</b>	<b>All CP referrals &lt;age 8</b>	<b>Significant Harm</b>
<b>Short term problem</b>	<b>20%</b>	
<b>'Single issue'</b>	<b>40%</b>	<b>32%</b>
<b>'Acute distress'</b>	<b>10%</b>	<b>25%</b>
<b>'Long term and multiple difficulties'</b>	<b>25%</b>	<b>40%</b>

# Unpicking services

## Level ('tiers') of intervention

1. **General populations- universal services**
2. **Targeted at vulnerable populations**
3. **Targeted at vulnerable families**
4. **Targeted at families where harm or impairment has already occurred or assessed as likely**



# Unpicking 'targeted' services

- **Assessment (of risk and need) and decision-making**
- **Case management and psycho-social casework**
- **Practical, educative and therapy services**

## **Over-arching**

- **Decisions about service intensity and duration**

- **Inter-professional and inter-agency work**

Councils need to know they have a comprehensive approach, including health, justice, police

# Protection and support

**It is very rarely ‘either/or’.**

**There are protective elements in most preventive services and family support packages (from abuse and impairment)**

**Decisions have to be taken about when the formal child protection procedures or court action are needed**



# Characteristics of 'promising' approaches and methods

- Each case has to be researched (and regularly reviewed) to reach decisions about appropriate package of services
- Practical help and emotional support in most cases needed alongside initial assessment
- Team around the child (multi-systemic)
- Service lasts as long as needed
- Strengths-based and behavioural approaches to assessment and helping, though promising, must be preceded by a full psycho-social history to avoid dangers of 'start again syndrome'



# Characteristics of ‘promising’ approaches and methods

- We know more about ‘manualised’ programmes (eg parenting interventions)
- No one intervention has been shown statistically significantly to ‘work’ at levels 3 and 4
- The more complex the problems, and flexible the interventions, the harder is it to know which COMPONENT/S of the intervention contributed to the benefit or negative result



# Characteristics of ‘promising’ approaches and methods

## At ‘tiers’ 3 and 4

- High-intensity multi-method approach → sufficient improvement and case closure *for some*
- For others, there are no ‘quick fixes’. A long-term, lower intensity, approach is needed.
- For this group services with ‘permeable boundaries’ for self-referral are necessary to support them through difficult periods. Agencies have to be welcoming and provide the range of services FAMILY MEMBERS find helpful.



# Crucial importance of relationship to effective practice

- Accurate empathy essential from the start
- Authoritative and knowledgeable practice
- If partnership-working is not possible, parents and young people to be kept as fully informed as possible
- Anticipating that anxious parents, fearful of loss of control, will either lie or conceal aspects of what is happening
- Decisions taken about when different workers should be allocated to different family members



# *A comprehensive approach across services:*

## Lord Laming's recommendations

**6 - must regularly review all points of referral where concerns about a child's safety are received : *A&E Depts; Police /Dom Violence; Drug & Alcohol services***

**7 - DCS to have a senior manager within the team with the necessary skills and experience of safeguarding**

**8 - regular training on safeguarding and child protection and on effective leadership for all senior political leaders and managers across frontline services**

## CQC: a review of arrangements in the NHS for safeguarding children (July 2009)

- On average, only about half of healthcare staff eligible in each NHS trust are recorded as having up-to-date basic training (54%, level one)
- On average, one in three GPs eligible in each PCT are recorded as having up-to-date training (35%, level two). In 2007/8, around one in ten consultations in GP practices were with children aged 14 or under
- On average, over half of eligible clinical staff in emergency or urgent care (hospitals) are recorded as having up-to-date training (58%, level two). In 2007/8, around three million children under 16 attended A&E

**NICE Guideline on when to suspect child maltreatment :  
publication date 22 July 2009**

# *Protection & support: Lord Laming's recommendations*

**9 - CTs must ensure that the needs assessment that informs their Children and Young People's Plan regularly reviews the needs of all children and young people... paying particular attention to the general need of children and those in need of protection.**

**13 - CTs must ensure that all assessments of need for children and their families include evidence from all the professionals involved in their lives, take account of case histories and significant events (including previous assessments)**

# ***Crucial importance of relationship to effective practice : Lord Laming's recommendations***

**20 - All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children**

**12 - The Department of Health and the Department for Children, Schools and Families must strengthen current guidance and put in place the systems and training so that staff in Accident and Emergency departments are able to tell if a child has recently been presented at any Accident and Emergency department and if a child is the subject of a Child Protection Plan**

**22 - The Department for Children, Schools and Families should establish statutory representation on Local Safeguarding Children Boards from schools, adult mental health and adult drug and alcohol services**

# ***Crucial importance of relationship to effective practice : Lord Laming's recommendations***

**25 - CTs to ensure a named, and preferably co-located, representative from the police service, community paediatric specialist and health visitor are active partners within each children's social work department**

**29 - CTs to ensure that all staff who work with children receive initial training and continuing professional development which enables them to understand normal child development and recognise potential signs of abuse or neglect**

**30 - CTs to have sufficient multi-agency training in place to create a shared language and understanding of local referral procedures, assessment, information sharing and decision making across early years, schools, youth services, health, police and other services who work to protect children**

# Shaping your organisation: messages for senior managers

- **Ensure staff time and skill to ‘research’ complex cases before arriving at and reviewing the case plan?**
- **Avoid a ‘nil by mouth’ approach at the start of each case**
- **Consider most effective balance of professionals in each ‘team around the child’?**
- **Require casework supervisors regularly to review the nature of casework relationships, (and any risk of collusion) in each case?**



# ***Shaping your organisation: Lord Laming's recommendations***

**27 - The Department for Children, Schools and Families and the Department for Innovation, Universities and Skills should introduce a fully-funded, practice-focused children's social work postgraduate qualification for experienced children's social workers, with an expectation they will complete the programme as soon as is practicable**

**28 - The Department for Children, Schools and Families working with the Children's Workforce Development Council, General Social Care Council and partners should introduce a conversion qualification and English language test for internationally qualified children's social workers that ensures understanding of legislation, guidance and practice in England**



# Shaping your organisation : the role of commissioners and evaluators

Do you know what the predominant causes of maltreatment are in your area?

What is the balance is between families needing a 'short duration, high intensity' service and those needing a longer term, lower intensity of episodic service?

How are you going to find this out?



# When commissioning, do you:

- **Ensure that the evaluation context of a manualised programme is similar to that in your area?**
- **Record any adaptations and use appropriate methods to evaluate them?**
- **Do commissioning strategies recognise that creative approaches that receive high satisfaction ratings from parents and children, though not experimentally evaluated as ‘successful’, may be effective?**
- **What can you do to find appropriate ways of evaluating them using appropriately sensitive outcome indicators?**

# Key messages

**Safeguarding services should understand the relationship between types of family and types of service**

**They should know what populations they are serving**

**Irrespective of approach/ intervention/ methods it is the quality of the professional practice that can make a difference**

**For 'hard to reach' families, the role of the front line 'universal' service providers is crucially important, *across all organisations***

**Services which encourage self-referral and reduce stigma are necessary for early intervention and appropriate provision**

