

MERTON 2015

## Hope For Children and Families

### London Borough of Merton Pilot: Strategic & Practice Implications

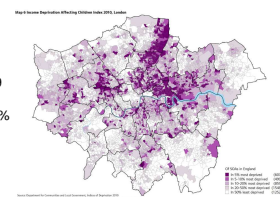
Paul Angeli, Assistant Director, Social Care & Youth Inclusion Children, Children, Schools & Families

Tara Weeramanthri, Consultant Child & Adolescent Psychiatrist, South London & Maudsley NHS Foundation Trust

<http://intranet/merton2015>



## Merton the place



- Outer London borough
- Total population of 200,543 (Census 2011).
- 47,499 children and young people aged 0-19
- 0-19 year olds forecast to increase by 3,180 (7%) by 2017, within which we forecast a 20% increase of children aged 5 to 9 (2,270).
- Have already seen a 39% net increase of births over the last ten years (2,535 births in 2002 rising to 3,521 in 2010).

- 39 Super Output Areas which amongst the 30% most deprived areas across England for children.
- 45% of Merton school pupils are living in an area of deprivation (30% most deprived, IDACI 2010).
- Since 2010 we have seen an increase of 23% of children who are eligible for free school meals (2010, 2881 FSM children, 2014, 3548 FSM children).
- Alongside other demographic factors this changes have placed additional demand on all children's services.

MERTON 2015

## Children's Trust Values

- Keeping children and young person at the heart of our work.
- Promoting a culture that values children and young people.
- Equality, equity, inclusion and valuing diversity – judged on our impact on the most vulnerable.
- Local accountability and partnership.
- Making a difference – quality assurance and continuous improvement.
- Promoting a learning culture.

<http://intranet/merton2015>



MERTON 2015

## Hope For Children and Families- Why we chose to do it

- HFCF provided a fit for our values and commitment to improve outcomes
- Aligned with Munro Changes
- Rooted in strong Evidence based approaches
- Underpinned by an approach which provides a theoretical basis for practice
- Staff needed an approach that connects with phasing process of intervention
- The approach is rooted in systemic and relationship oriented practice

<http://intranet/merton2015>



MERTON 2015

## What we had to do

- Engagement of Director and the MSCB
- Provision of additional Social Care resources
- Commissioning of clinical support for practitioners
- Incorporate concerns and views of frontline managers
- Develop local leadership
- Administer the programme
- Maintain staff commitment
- Ensure there is effective communication about the programme

<http://intranet/merton2015>



MERTON 2015

## What has gone well

- Social workers and other practitioners have really welcomed the opportunity to develop an approach
- Availability of clinical supervision has been received positively
- Clinical supervision is essential to the programme
- Some practitioners have integrated the approach into their cases and they have generalised to other work
- The fit of the approach to practice is strong

<http://intranet/merton2015>



MERTON 2015

## Challenges-What we have learned

- Project management and diffused leadership need to be managed throughout the programme
- A year is not enough
- Risk management is critical
- Pragmatic challenges of caseloads, time and staff turnover etc need to be managed
- Practitioners need to be better supported managerially in implementation of HFC
- For Social care practitioners the approach takes time and needs
- Adaptation of organisational culture to support effective practice is a challenge
- Staff engagement

<http://intranet/merton2015>



MERTON 2015

## Clinical Supervision & Training Arrangements

- Four clinical supervision groups , each with 5-6 members drawn from frontline social work and from children's centre workers.
- Each group is two hours every fortnight
- Clinical supervision provided by two clinical psychologists who are able to provide advice on work with parents, children and families
- Supervision groups started end of Feb 2014 , will run for a year

<http://intranet/merton2015>




MERTON 2015

## Clinical Supervision & Training Arrangements

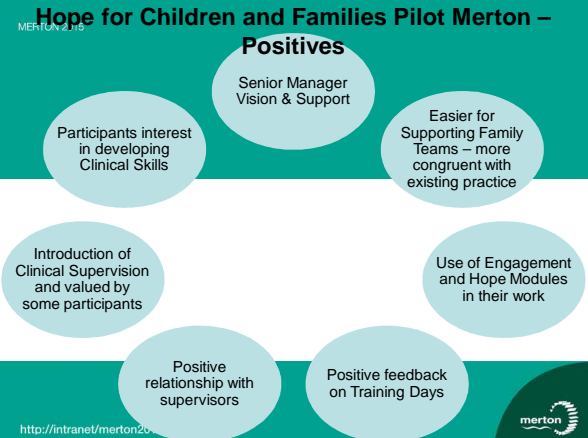
- Each participant was asked to use HFCF approach with 1-2 cases
- Each participant asked to use outcome measures on pilot cases ( goal tracking form and SDQ )
- Training days for all participants and managers provided on the sections of the manual – Engagement & Hope, Positive Parenting , Attachment & Parenting, Targeting Abusive/Neglectful Parenting, Sexually Harmful Behaviour, Working with Families, Working with Children with Emotional & Traumatic Responses

<http://intranet/merton2015>




MERTON 2015

## Hope for Children and Families Pilot Merton – Positives



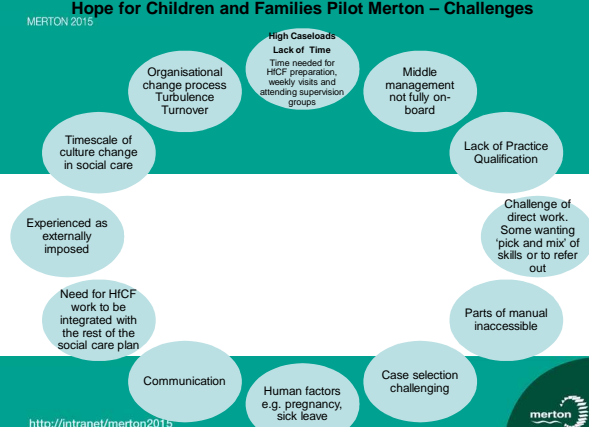
- Senior Manager Vision & Support
- Easier for Supporting Family Teams – more congruent with existing practice
- Participants interest in developing Clinical Skills
- Use of Engagement and Hope Modules in their work
- Introduction of Clinical Supervision and valued by some participants
- Positive relationship with supervisors
- Positive feedback on Training Days

<http://intranet/merton2015>




MERTON 2015

## Hope for Children and Families Pilot Merton – Challenges



- High Caseloads
- Lack of Time
- Time needed for HFCF preparation, weekly visits and attending supervision groups
- Middle management not fully on-board
- Lack of Practice Qualification
- Challenge of direct work. Some wanting 'pick and mix' of skills or to refer out
- Parts of manual inaccessible
- Case selection challenging
- Human factors e.g. pregnancy, sick leave
- Communication
- Need for HFCF work to be integrated with the rest of the social care plan
- Experienced as externally imposed
- Timescale of culture change in social care
- Organisational change process Turbulence Turnover

<http://intranet/merton2015>



MERTON 2015

## Where do we go from here?

- Review position in next 2-3 months
- Pilot ends in February
- Look at development of approach beyond February

<http://intranet/merton2015>



MERTON 2015

## Next Steps ?

- Specialist clinicians within CSC to provide consultation, training , joint work and support reflective practice through clinical supervision groups.
- Interest and support for developing and embedding Hope for Children and Families approach within children's centres work
- For broader group of practitioners , provision of training days to help familiarise with regard to evidence-based practice and clinical supervision groups to support delivery of evidence-based interventions and routine use of outcome measures.
- Consider using Hope for Children and Families approach to develop a training in therapeutic skills to achieve an Advanced Practice Award..

<http://intranet/merton2015>

