

# A guide to Family Safeguarding



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# Why Family Safeguarding?

The family safeguarding vision:

To keep more children safe at home with their families

Family Safeguarding is a whole family approach to working with children and families that supports parents to create sustained change for themselves and for their family.

Central to the foundations of the approach is the intrinsic value and worth of families. As a model of practice, it aims to keep more children safely in their families in line with the vision of the Children Act 1989. In order to achieve this, all Family Safeguarding authorities recognise the need to change their attitudes to families, to create a culture based on seeing every family as deserving of help and support, and not people deliberately setting out to harm their children.

Family Safeguarding takes a multi-disciplinary approach to working with families including Children and Families Social Workers and Family Support Practitioners, working alongside Adult Specialist Workers to provide help and support in relation to issues associated with parental domestic abuse, substance misuse and mental ill-health. Family Safeguarding teams work with children aged pre-birth to 17 where the issues relate to abuse and neglect of the children by their families.

Local authorities that adopt Family Safeguarding support their workforce to become skilled at creating change in families, rather than experts in operating processes. They provide the help and support that families need to improve the health and development of their children at the earliest opportunity to effect positive change.

Family Safeguarding is built on core foundations of social work practice with shared values across the partnership workforce including:

- Supporting the development of stable relationships
- Having a shared model across agencies
- A focus on strengths and balance with need
- Promoting purposeful interactions

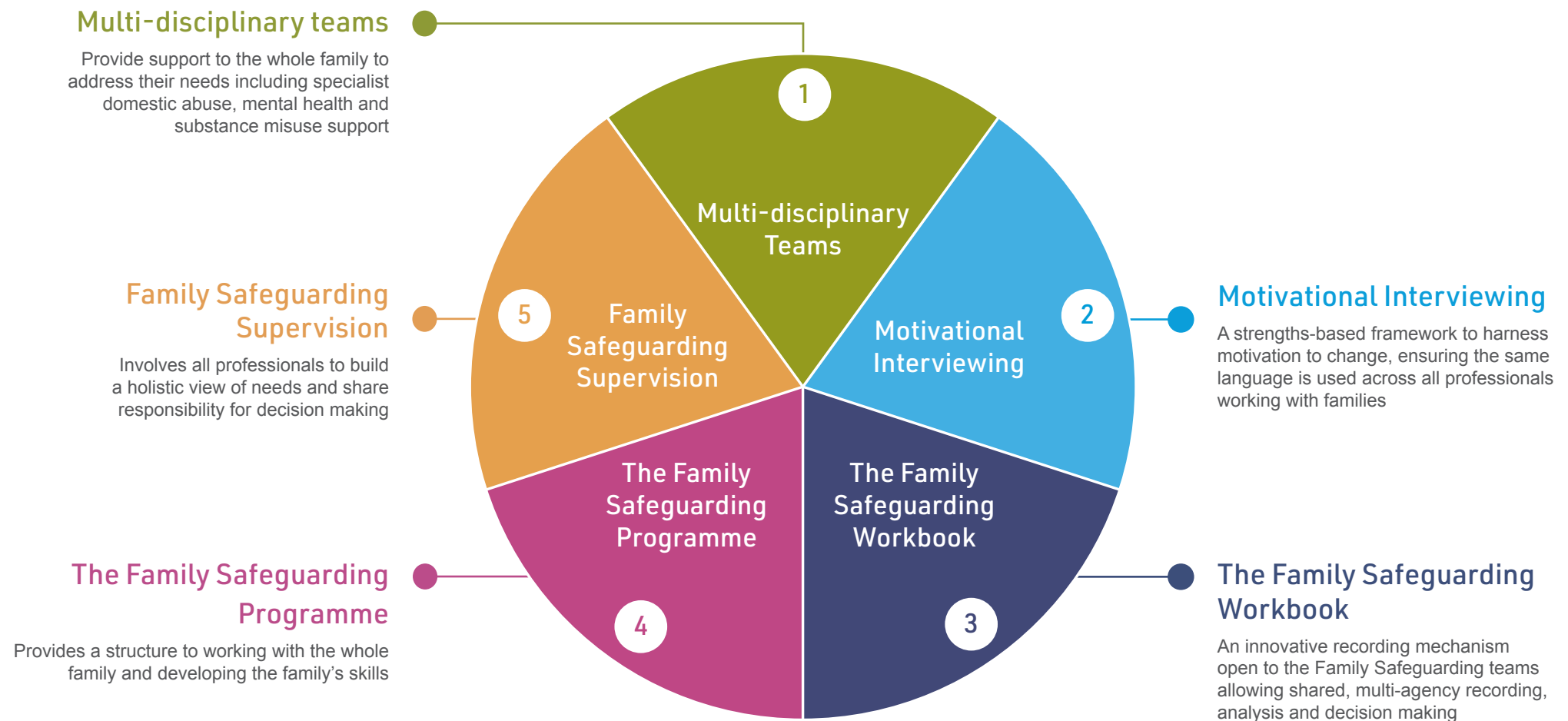
In the event that children continue to suffer significant harm, despite our efforts to support the needs identified, we will consider any further steps necessary including making an application to courts if required, as we wholly endorse the Children Act 1989's clear focus on the paramountcy of the child's welfare.



**"In the majority of cases, families become involved with children's social care because they are parenting in conditions of adversity, rather than because they have caused or are likely to cause significant harm to their children. We have a shared obligation to help families raise their children."**

# What is Family Safeguarding?

The Family Safeguarding Model encompasses five core components



# The Multi-disciplinary Family Safeguarding Team



The Multi-disciplinary Family Safeguarding Team encompasses professionals, specialist support workers and social workers, who share information, make collaborative decisions and work alongside each other to address families' needs.

Key to the Family Safeguarding approach is to provide holistic support to families in order to effect change for the adults and reduce any impairment or harm for their children.

Factors which may increase the likelihood of harm to children include parental drug and alcohol use, poor mental health, abuse and violence in parental relationships. The Family Safeguarding Team includes professionals able to provide support across these areas.

The team make it as easy as possible for parents to get the help they need at the earliest opportunity, making a difference to children.

Their approach is underpinned by a Motivational Interviewing framework, which embodies the values and beliefs of the Family Safeguarding social work practice.





# Roles within Family Safeguarding Teams



## Team Manager

The Team Manager is responsible for the management of the Family Safeguarding team and holds overall decision making responsibility for the children and families they support. This includes the line management of Social Workers and responsibility for reflective supervision. The Team Manager leads and chairs Family Safeguarding supervision, incorporating the views of the multi-disciplinary team. They are responsible for case allocation, allocating work to adult workers, and oversight on a day-to-day basis of the adult workers within their teams.



## Social Worker

The Social Worker coordinates the progression of a child's multi-disciplinary plan. They complete the Family Programme and use Motivational Interviewing (MI) tools to create change for children. Working with their adult specialist colleagues, they also develop high quality plans to meet a family's needs. The Social Worker works with children to enhance resilience and promote educational achievement, and visits them in line with child protection/child in need plans, liaising with relevant safeguarding partners. They are responsible for overseeing impact of support to change parent's behaviours to meet the child's needs and defining next steps.



## Childrens / Family Practitioner

The Childrens / Family Practitioner works collaboratively with the Social Worker and undertake identified pieces of work. They work directly with children, parents and carers to achieve change within families. Practitioners undertake practical tasks with the family, support the completion of the Family Programme through the use of Motivational Interviewing and undertake aspects of any parenting programme.



## Business Support Officer

The Business Support Officer provides effective and timely support and overall business administration for the team. This includes management of diaries, organising individual and Family Safeguarding supervision, minuting group supervision, setting up meetings, supporting the team to carry out their functions, and assisting with data management.



# Adult Specialist Roles and Responsibilities



## Domestic Abuse Practitioner

The Domestic Abuse Practitioner will support parents to break the cycle of abusive relationships. They complete direct work with victims of domestic abuse and deliver the 'Safer Us/ Breaking the Cycle Programme'. Practitioners' work involves developing self-esteem and devising realistic safety plans via individual case and group work. Where needed they provide support on a one to one basis, reflecting on healthy relationships and building an understanding of impacts on a child.



## Domestic Abuse Officer

Domestic Abuse Officers undertake specialist assessments, including an analysis of the likelihood of harm that parents may pose to their families. They deliver the 'Better Me, Better Us' group programme for men and women who are or may be perpetrators of domestic abuse. The programme focuses on identifying abusive/controlling behaviours and helping to understand the impact of domestic abuse on children and partners and the harmfulness of certain behaviours.

Via both individual case and group work men and women are supported with strategies to help them cope with stress, anger and controlling behaviour. They are encouraged to create a hopeful vision of how their lives could be better and to think about how they can make meaningful contributions to their child's life.



## Recovery Worker

A Recovery Worker works with parents who are experiencing challenges with drugs and/or alcohol addiction. Adults are supported to make positive changes that enable them to improve the care of their children. They can undertake consultations, assessments, alcohol and drug testing, as well as use their motivational interviewing skills to support and motivate parents to change their behaviours. Professionals in that space deliver the 'Parents Recovery Group Programme', provide one to one support, and where necessary support men and women to access medically assisted recovery, prescribing and other healthcare interventions.

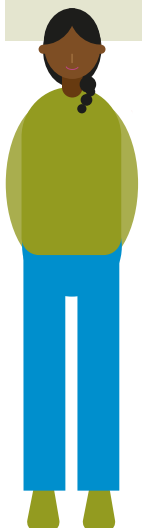
# Adult Specialist Roles and Responsibilities



## Mental Health Specialist: Adult Worker

Mental Health Specialist Adult Workers provide timely mental health assessments and evidence based psychological interventions with parents/carers with mental health support needs.

Across a Multi-disciplinary Family Safeguarding Team there can be a combination of:



### Clinical Psychologists

Clinical Psychologists provide psychological assessments and evidence-based individual and/or group interventions to parents/carers. Their work addresses anxiety, depression, personality issues or disorders, emotion regulation difficulties, complex trauma and PTSD. They do so by providing an integrative psychological approach informed by a range of models such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Cognitive Analytical Therapy (CAT) and schema. Clinical Psychologists also provide consultation and training to the multi-disciplinary team.

### Mental Health Practitioners

Mental Health Practitioners provide timely mental health and needs assessments for parents/carers. This includes both one to one and group interventions as well as the approaches mentioned above. Practitioners can come from a variety of background disciplines such as community mental health services, forensic nursing, and psychology services. They can support and liaise with other specialist mental health (tier 1 and tier 2) services and provide consultation to the Multi-disciplinary Family Safeguarding Team.

### Assistant Psychologist

Guided by the Clinical Psychologist, the Assistant Psychologist provides cognitive assessments and can advise and support on whether the parent has a learning need/disability. They provide consultation to the team on parents' needs and ways to support them. Assistant Psychologists can provide training to teams on cognitive difficulties and disabilities including how these might impact on a parent's care of their child.



# Motivational Interviewing

Motivational Interviewing is at the heart of our practice



It is used by all professionals across the Multi-disciplinary Family Safeguarding Team and serves as a tool to improve engagement and encourage change.

Motivational Interviewing is described as a “collaborative conversation style for strengthening a person’s own motivation and commitment to change.”\*

Motivational Interviewing is an essential component of the Family Safeguarding practice model. The Multi-disciplinary Family Safeguarding Team uses Motivational Interviewing to create a collaborative, reflective working environment with families and each other.

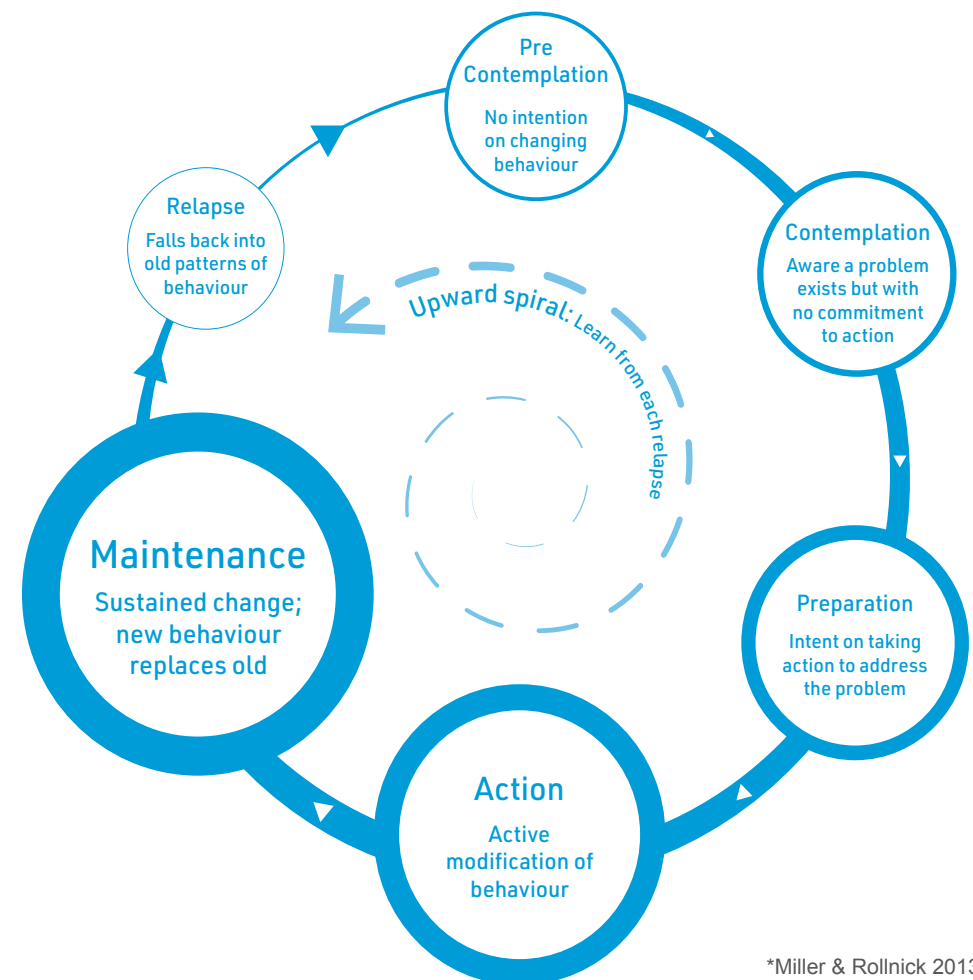
Motivational Interviewing is based on a set of strengths-based principles guiding the work with families. Through motivational conversations parents are empowered to identify and resolve difficulties and to make sustained changes for themselves and their children. Families have welcomed the approach.

Their feedback notes that they are ‘worked with’ rather than ‘done to’ and that they feel empowered to resolve their own problems with practitioners’ help and support.

Motivational Interviewing is centred on families’ needs and builds strong relationships that help to challenge common misconceptions, for example the idea of social workers’ role being one of ‘taking children away.’

The model provides the multi-agency team with a common ‘shared language’ and rationale, including concepts, tools and techniques that are seen as positive, helpful and achievable to put into practice. It also improves the quality of assessment, analysis and care plans.

Like with any skills, practice is essential to become good at using them. Family Safeguarding emphasises the need for a long-term skills development programme, ensuring good practice is learned, developed, embedded and sustained.



\*Miller & Rollnick 2013

# The Family Safeguarding Workbook



The Family Safeguarding Workbook was designed with several purposes in mind. To reduce bureaucracy and time spent recording or copy and pasting across each child's record, it steps outside the usual workflow to create one record per family, rather than the one record per child we had previously.

It creates a workspace where all members of the multi-disciplinary team can record their work, so it is easy to identify where there are discrepancies in views or information.

It tries to change the way we have traditionally recorded so practitioners move away from description of what happened or who said what and to instead focus on purposeful work with the family to create change and the impact of that change, for the child. This element of changing practice and recording is perhaps the most challenging aspect of the model.

The Family Safeguarding Workbook pulls through the conclusions of practitioners' monthly impact summaries into parts of the recording of supervision discussion and decision making.

The Workbook consists of three key elements:

1. Family Programme
2. Workbook summary for each professional working with the family
3. Supervision page

The Workbook contains the Family Safeguarding Programme that has 8 modules with lots of tools for practitioners to choose from and is designed to guide social workers away from monitoring and towards purposeful work. Practitioners are required to reflect on and plan the work they undertake to meet the needs identified within the family plan. It allows workers to complete monthly summaries of the work undertaken with families and its impact on the welfare needs of children.

Practitioners involved with the family will read all of the summaries to prepare for the supervision session to prepare them for discussions on decision making and meaningful next steps. At all points in our work with families, parents and children are encouraged to contribute their wishes and views in relation to the plan.



# The Family Safeguarding Programme

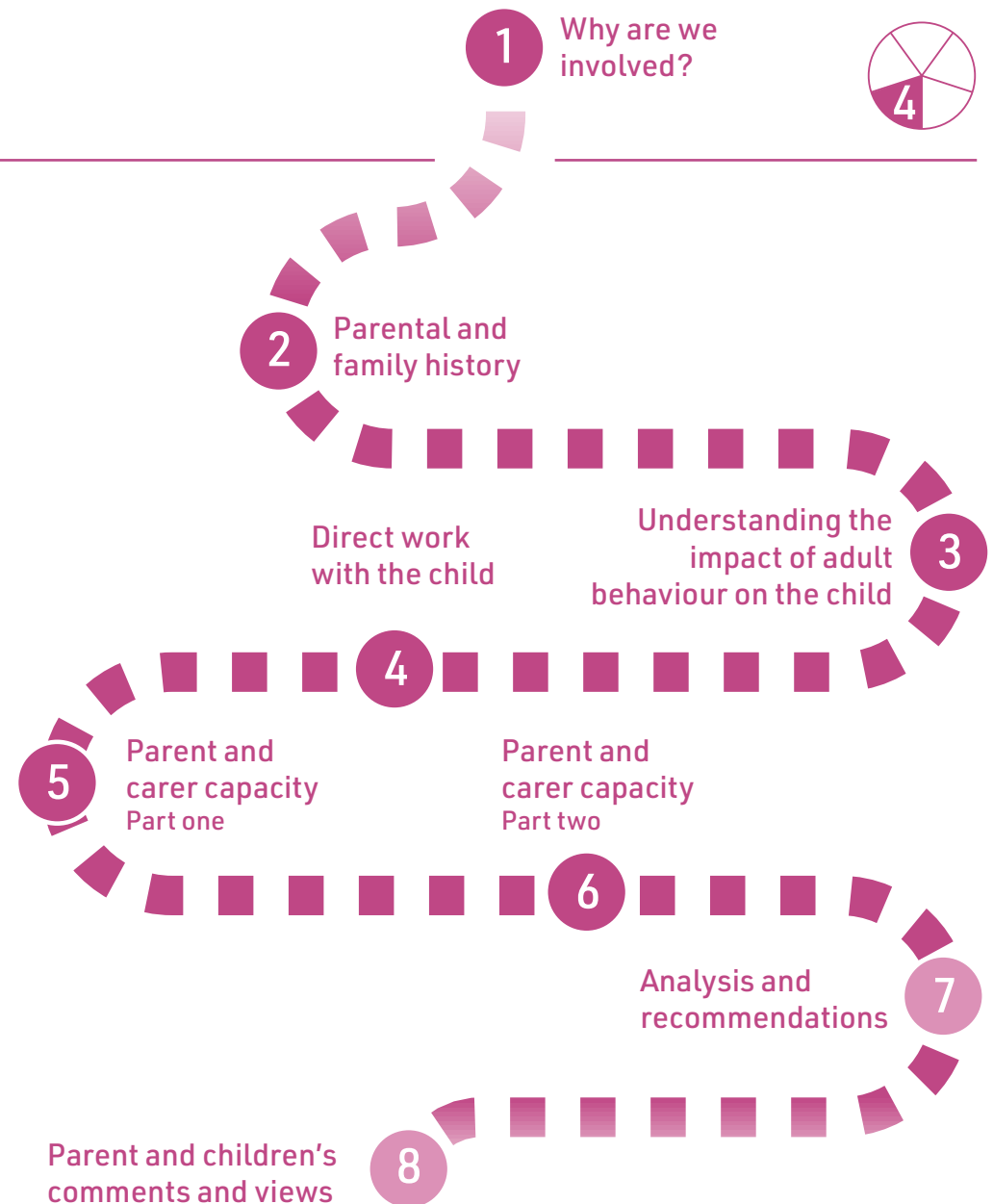
## Keeping children safe and within families is at the heart of the Family Safeguarding vision.

The practice model focuses on families' needs and provides support to parents, helping them to identify and make changes where their behaviours may have contributed to the impairment of their child's health or development or caused them actual or likely significant harm.

The Family Safeguarding Programme provides a framework to use in the direct work with families.

Modules identify families' strengths and needs and help to identify motivation within adults to bring about change in their behaviours to improve the welfare and protection of their children.

As part of the Family Safeguarding Programme, families are supported with purposeful and focused direct work to support the needs identified within their plans. Families are able to access expert support from the team's multi-agency specialists, Social Workers and where appropriate children's practitioners/ family support workers. This approach enables continued reflection, and constant analysis of the needs and support to enable change for children and positive outcomes.



# The Family Safeguarding Programme

The Family Safeguarding Programme is based on



1

Working relationally and in partnership with families

2

Creating change not monitoring compliance

3

Culture change around social work recording and a shift from defensive to supportive and purposeful

4

A cycle of change supporting parents to make the change they want to see to improve their child's welfare

5

Breaking down barriers, building trust and involving non resident parents or significant care givers

6

Multi-disciplinary approaches and expertise with focused direct work for families

7

A greater understanding of all individuals part of a family, particularly the behaviours contributing to potential impairment or harm to children

8

A recording mechanisms that keeps data in one place and incorporates views of the family and professionals

9

Working in a strengths-based way with a balanced overview of the family's ability to meet children's needs



# Family Safeguarding Supervision



Family Safeguarding Supervision creates a space for reflective discussions for all staff involved in working with a family. It facilitates information sharing and joined up support for family members, strengthens the ability to predict and prevent harm and enables shared decision making and ownership of better outcomes for children and families.

The supervision sessions are recorded in the Workbook and used for all families open to the team. Conversations are based on:

- The most recent observations and analysis of work undertaken with families by all professionals
- Families' strengths
- Reflections on the cycle of change
- Views of the child and parents
- Evidence of impact on the support delivered
- A plan for what will happen next, including any decisions made and the team's reasoning

Family Safeguarding Supervision provides a process for accountability and is a record and analysis of events for the child and parents. This includes an assessment of family circumstances via a simple rating system. Colours red, amber and green indicate whether a child's situation is improving or getting worse.

Evidence from the 2017 evaluation in Hertfordshire suggests that "the introduction of multi-disciplinary teams and group supervision were experienced overwhelmingly positively". Staff surveys found that "80% of workers thought group supervision improved an understanding of risks. A majority (60%) also thought it led to a sense of shared responsibility. 70% of those who responded also thought group supervision supported more reflective practice".

One to one clinical supervision is provided by the Family Safeguarding Team Manager for Social Workers, Children's/Family Support Practitioners and Domestic Abuse Practitioners. Adult workers have clinical supervision with the Family Safeguarding Lead Adult Worker, from their employing agency.

Integral to this is the completion of the workbook summaries of support provided to families, for all involved, whether it be the Social Worker working on their own with a family or as part of team with other adult practitioners. This means that all supervision is Family Safeguarding supervision.

Purposefulness and reflective practice are central to Family Safeguarding Supervision. It is based on questions that allow to reflect on the 'how and why' rather than the 'what and when'. It is 'these kinds of questions that prompt greater reflection and exploration' congruent with Family Safeguarding's MI approach. (Forrester et al, 2021)

The Case for Change Review further sets out the limitations within social care settings around 'effective decision making' and cites specific support and systems that are 'happy to hold risk and consider complexity', supporting practitioners to reflect and work collaboratively to achieve change. All of which is firmly rooted within Family Safeguarding values and our principles of case supervision.





## Family Safeguarding Conference and Children in Care reviews

Family Safeguarding recognises that a whole-system approach is needed to transform the way we work with children and families. During the early stages of implementation however, there is a focus on creating change to the 'middle' of a typical children's service structure.

Starting in the 'middle' is essential for three main reasons:

1. To achieve impact on the most important area of culture change, i.e. our attitudes to children and their families
2. To set up multi-disciplinary working where it can make most difference to families
3. To release the resources often tied into children in care placements service in order to fund earlier interventions

Once established, practice will need to spread out across a system and include assessment and early help services as well. Culture change is central to this, and this also involves traditional Child Protection Conferences and Children in Care Reviews. Family Safeguarding's Motivational Interviewing model benefits practice around scrutinising, quality assuring and reviewing plans for children in care and those affected by harm from outside the family.

## A Family Safeguarding Approach to Children in Care and Children Returning Home

Children often return home to a family after being looked after. However, without adequate planning this can mean an increased likelihood of harm and a risk of children "oscillating" in and out of care.

The Family Safeguarding team 'reach out' and engage the wider network of a family, including parents, extended family members and foster carers, who are all seen as an asset. Meaningful collaboration supports the child and family to stay together in their home and community. It also strengthens professional and family relationships, especially when they previously had a negative experience.

Family Safeguarding does away with outdated attitudes of families as 'bad' people who deliberately harm their children. Instead, professionals see them as worthy of the multi-agency help and support that the model provides. If a child does need to be brought into local authority care, the Family Safeguarding ethos means children should only remain there as long as necessary. The model is based on a restorative approach of working 'with' families, to build, maintain, and repair relationships, fulfilling the duty of shared responsibility, promoting quality family time and caring for children until it is safe for them to return home. Even when a child returning home to a family may not be an option, skilled support means that a child's sense of identity and belonging in their family continues, even when living away from them.

# Family Safeguarding Values



# Family Safeguarding Values

## Family Safeguarding values are based on firm beliefs

As Family Safeguarding practitioners and leaders, we believe:

1. That all people have value and inherent worth, and that they are deserving of our time, attention, and care
2. That people have innate propensity for growth – they naturally want things to get better and to achieve their full potential
3. That people can learn to get things right even when they have got them very wrong in the past – being restorative rather than punitive in our approach
4. That children belong in their own family and the state should only intervene at parents' request or when it is essential to prevent actual or likely significant harm to a child
5. And finally, we believe in the rights of people, and the importance of upholding them





# It is essential that our language and behaviours reflect the beliefs and values that underpin Family Safeguarding



## When we are being collaborative and working in partnership with families:

- We will really listen and take time to understand how things are for the family - find out what they want to change, and help them to do this
- We will support families to make changes that make things better for their family, instead of trying to control them and telling them what to do
- We will use our skills, and be persistent and creative in the different ways we try to understand resistance and engage people effectively, instead of labelling them as 'avoidant', and blaming families for not engaging, attending meetings, or not speaking to us
- We will not require people to prove their commitment to their own children by demanding that they end relationships or stop doing things, and then if they don't comply, threaten them that 'we will escalate'
- We will not assume that we understand the needs of children better than their parents and wider family – they are the experts in relation to their own family
- We will not assert power in the hope that this will influence lasting change. This is usually pointless. Our training in Motivational Interviewing reminds us that - "It is of very little value to correct wrong-thinking in an individual, in fact it is a recipe for disaster." (Steve Rollnick)



## When we are taking a strengths-based approach in our practice:

- We will provide encouragement, instil confidence, and offer hope to families, whilst being open and honest about what concerns us
- We know that the existence of factors that might cause harm to children does not mean that children will be harmed
- We will not be entirely preoccupied with what the family cannot do, and nor will we assume that past history and behaviour will be repeated and can't change
- We will not try to understand and know about every aspect of a family's life in order to assess their needs
- We will not start our work from the position of trying to build a case of evidence against the family, and therefore we will guard against exaggerating the impact of an incident or behaviour in order to 'cover our backs'
- We will always reflect carefully about whether we really do need to 'keep the case open for monitoring' and think about how this will feel for a family



## When we are being purposeful and respectful in our practice:

- While we will focus on the needs of the children, we will also consider the needs of the parents and wider family. We will ensure that plans lead to the provision of actual help, support, and services to meet identified needs
- We will be honest about our worries and concerns with families, and help them work towards long term change or improvement for their family
- We will be aspirational for families about what can be achieved with the right help, and we will give them hope that things can be better
- We will avoid focussing only on 'risks', obsessing about thresholds, and overusing the words 'danger' or 'safety', unless the child's life and safety are actually in jeopardy
- We will avoid blaming victims for their circumstances – talking about risk-taking behaviour, persistently choosing violent partners, or making 'lifestyle choices' etc. We will not blame parents when their children are beyond their control or being exploited by criminals
- We will be conscious about our own language and behaviour that risks othering the families that we work with
- We will never talk about winning a case, when we are given the court's permission to place a child away from their family into care or adoption



## When we are being restorative in our practice:

- We will seek to repair harm, find resolution, and make plans for things to be better
- We will always try and understand what is going on when parents do not engage with us. We recognise that avoidance is not always 'failure to engage' or to accept help, but may be because of fear, or hoping it will all go away if they ignore it
- We will avoid blame, counter-accusations, issuing ultimatums, arguing, and retaliating when we are sometimes faced with anger and threats in our work
- We will not ignore or exclude family members (typically fathers) from discussions and plans, even when we are wary or afraid as a result of someone's behaviour or reputation
- We will offer help and support, rather than give people a list of tasks or instructions
- We will see a lapse in behaviour as an opportunity for learning, we will not automatically revert to 'contingency plans'
- We will not accuse victims of domestic abuse of 'failing to protect their children' by remaining in a relationship – that may be the safest short term option for victim and children



### When we are being empathic and compassionate in our practice:

- We recognise and understand how past trauma may have impacted on a parent or a child and provide help with this
- We will develop skills in identifying any motivation to change that can be built on and convert into actions
- We will recognise when systemic disadvantage is impacting on a family's capacity to change and to meet all the needs of the children
- We know that the past is not the only predictor of future behaviour and that people can change
- We will not 'write people off' simply because they don't agree with us
- We will not exclude a member of a child's wider family if they oppose the work we are doing – we will work hard to understand their point of view



### When we uphold the law and act with humility:

- We understand the difference between Section 17 & Section 47 of the 1989 Children Act. We will use this appropriately, and always seek consent to share information or act, unless doing so is likely to put a child in danger or compromise a police investigation
- We recognise that it is the family that have made positive changes and that helping families is a team endeavour even when our own staff have gone the extra mile
- We are aware of and address inequality and discrimination, and the power imbalances that may impact on our working relationships with families
- We do not expect gratitude from families for doing our job, and we should avoid putting ourselves in the role of hero or saviour, even when we receive welcome thanks



### When we are being culturally competent:

- We recognise our biases, stereotypes, and understand how this influences thoughts, behaviours and actions across systems – having awareness of social graces and how they influence practice with families
- We aim to be sensitive, respectful and confident to explore and tune in to what culture means to the family
- We pro-actively consider equality, equity, inclusion with culturally appropriate help and support
- We learn from families' diverse cultures and listen to the impact that experiences of oppression and discrimination have had on their life experiences and how these experiences impact on their parenting/caring, and seek to ensure that families are supported within their own contexts
- We acknowledge our responsibility to address the power imbalance between professionals and families and be open to ideas, values and beliefs that may conflict with our own



# Family Safeguarding Impact



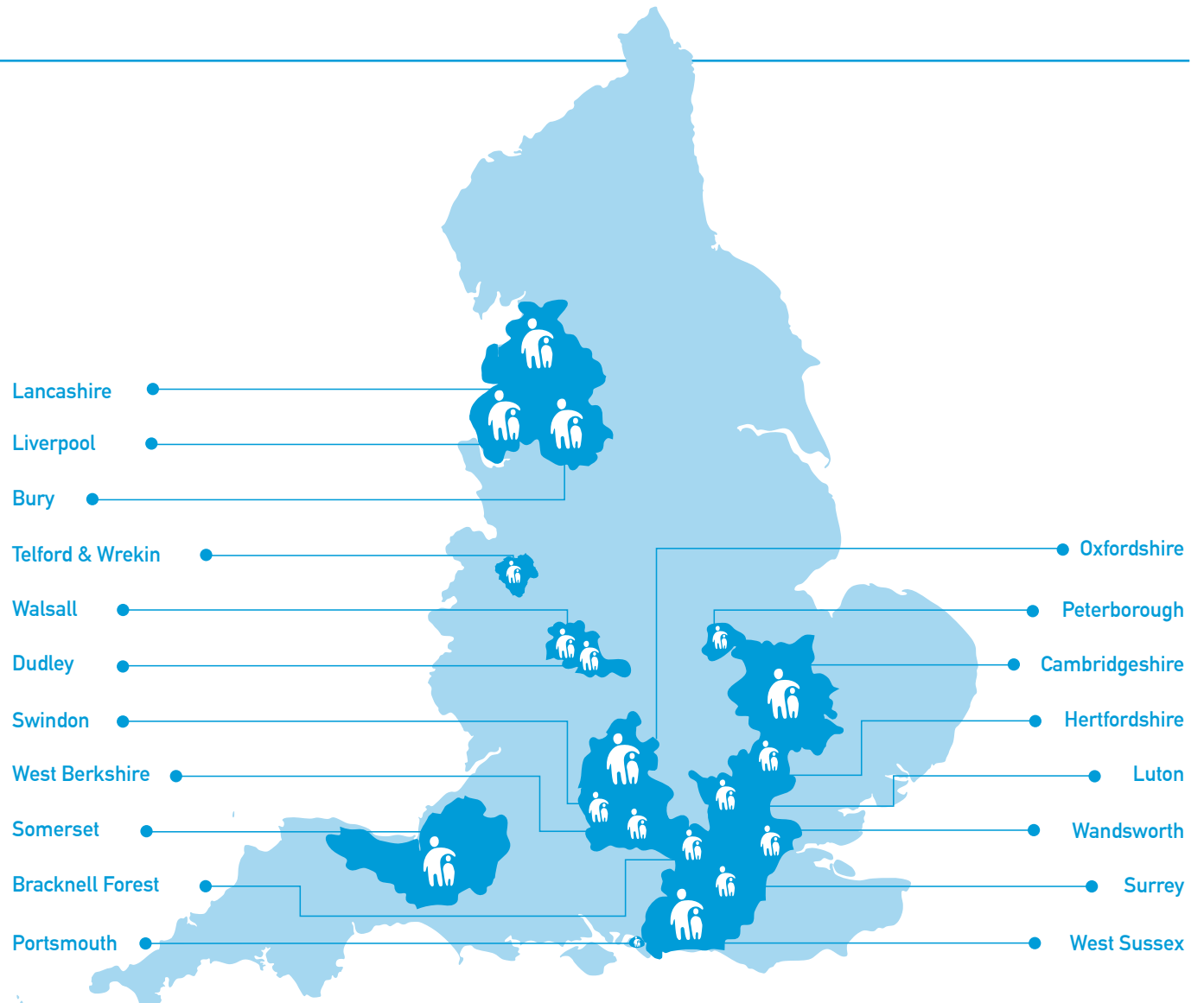
# Family Safeguarding Adopters

The Centre for Family Safeguarding Practice is a centre of excellence to promote this highly effective approach to helping children and their families, and to support other local authorities to adopt and successfully implement the Family Safeguarding model of help, support and protection.

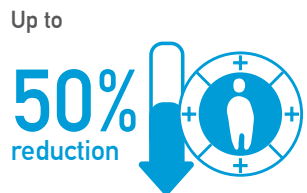
Currently there are 19 Local Authorities who have adopted or are adopting Family Safeguarding as their chosen model of delivery.

We continue to support authorities through the Strengthening Families Protecting Children (SFPC) programme and as a Sector-led Improvement Partner (SLIP).

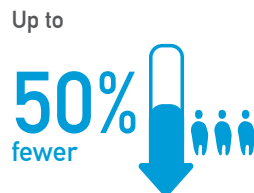
We can provide additional support to those who are not eligible for government funding, if required.



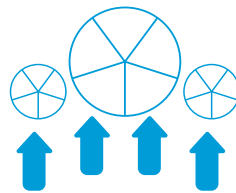
# Impact of Family Safeguarding



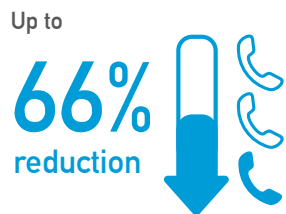
in children needing a Child Protection Plan



children needing to come into care



Overwhelming support for the model from the workforce



in repeat police call outs to domestic abuse incidents



Cost avoidance in the first year; exceed annual delivery costs within two years



Extremely positive feedback from families

Evaluations of early adopters (2017, 2020) illustrate the benefits of the model of practice.

The reduction in the numbers of children that Family Safeguarding authorities have taken into care as a result of abuse and neglect is very significant. In Hertfordshire, the 2020 DfE evaluation showed reductions in the target cohort of 30%, compared with previous practice. The estimated cost avoidance (largely as a result of reductions in placement costs) is in the region of £220m over 10 years.

Early evidence from SFPC adopters has shown higher reductions in children being taken into care in the order of 40%, with one of the adopters estimated to achieve cost avoidance of £117m over 5 years. A further contributory impact has been the development of the Centre for Family Safeguarding Practice, as part of the SFPC programme which has developed expertise in how to export the model successfully by developing an extensive training and coaching offer for adopter authorities and their partnerships, at strategic and operational levels.

Over the last three years, the Centre has built on its early foundations, supporting:

4 adopter authorities (Innovation Programme Wave 2)

6 adopters (SFPC)

5 self-funding authorities

4 adopters via the Sector Led Improvement Programme

8 further authorities requesting invest to save funding to implement the model over the next 6 months.

This is 27 adopters over the last 5 years. Whilst it remains difficult to fully estimate the impact of spread and scale, the developing data across adopter sites shows the number of children able to remain in their families has significantly increased.



“The evaluation demonstrates that multi-disciplinary working – and specifically the integration of specialist adult workers within social work teams – is the foremost success factor of Family Safeguarding.”

“There have been statistically significant reductions in looked after children numbers and/or Child Protection Plans in the two years following the introduction of Family Safeguarding. Police call-outs have reduced by up to two-thirds and there are signs that Family Safeguarding is reducing the frequency of unplanned, reactive mental health contacts amongst the adults it supports. The data available to the evaluation suggests that the financial case for Family Safeguarding is strong.”

DfE 2020

# What families say about Family Safeguarding

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"Today is definitely one of the best days of my whole life. Every cloud has a silver lining. I'll put the work in to make a good future for X and I."

"Rosie is really good, not judgemental, and she really wants me and X to succeed. She talks about the strengths. She is in a good position as a Social Worker to tell other people these strengths too ... She brings everyone together and tells them the positives instead of just focusing on negatives.

Rosie has made me feel a lot less worried about social services. I do still worry but I know that she is able to bring people helping together. She asks them things like 'what are you doing' and 'what can you do to help',

like with mental health services. She is really nice and she acts like she really does actually care."

"I have to say this in a text message because I'll probably start crying if I say this to your face, but thank you for everything you have done for me and X we both truly appreciate every last thing you have done and sticking your neck on the line for us and trusting and believing in us."

"Thank you for helping me over the last few months. When I think back to where I was when I first met you, had no confidence, felt alone and like no-one cared about me. Now I feel confident, I don't feel alone and I feel very loved and safe. I will never forget what you've done for me."



# What professionals say about Family Safeguarding

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Practitioners, Social Work managers and senior leaders in authorities adopting Family Safeguarding have expressed overwhelming support for Family Safeguarding, including near universal agreement that it represents a more effective way of working than its predecessor services. Frontline Practitioners routinely cite Family Safeguarding as the best model for delivering children's social care they have experienced.

"Unified kind of approach, I have relationships with practitioners and this provides instant support, we are a team here to support you through whatever crisis you are going through as a family."

"Easier to support families quicker, for me this is the best thing, we are here as a team."

"It feels like I have the ability to work alongside the families."

"More intense, more holistic and more inclusive for the family."

"I think it is absolutely brilliant, this collaborative way of working, it works."

"When in a silo agency, you have a preconception in regards to other professionals practice, it's been amazing working with all the different professionals."

"Enhancing what you already have, enhance your practice and bring about change in a different way."

"Can be responsive to what is going on and tailor the response required to the family."

"Having domestic abuse workers sitting next to you so you can say what is happening there."

"Can see changes in their life they didn't think possible."

"You are part of a team and going in there as you have something to add to that family."



# What Ofsted has reported about Family Safeguarding Practice

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Several Family Safeguarding adopting local authorities have been inspected by Ofsted. Here are some quotes from inspection reports:

"The quality of partnership working, particularly in the multi-disciplinary family safeguarding teams, is a real strength. The presence in these teams of adult workers with a range of specialist skills, knowledge and experience provides plenty of opportunities for joint working. It also encourages and facilitates creative solutions to long-standing and/or deeply entrenched problems... This is helping to make children and young people happier, healthier and safer by improving outcomes and reducing risks."

"Implementation of the chosen social work model provides a collegiate, holistic and dynamic practice environment, allowing social workers to make quick inroads into addressing long-standing parental issues which

impact on the experiences and progress of children. When parents engage well with workers, the outcomes for children are positive and their circumstances improve in a timely way."

"Skilled practitioners, creative work with children and their families, and a multi-disciplinary approach are making a real difference to children and their families. A relationship- and strengths-based approach means that practitioners work alongside families. Families are clear about the changes they need to make and the support they will receive."

"Thresholds are applied effectively for most children who need help and protection, leading to them receiving timely support that is provided at the appropriate level of need."

Strong performance management and quality assurance and the well organised implementation of a social work model have supported frontline staff to improve the quality of their work with children."

Family safeguarding teams are multi-disciplinary. The implementation of the local authority's practice model has significantly strengthened work to tackle domestic and substance abuse, which is highly effective for many families. In many cases, persistent, long-standing risks and needs are being addressed and reduced effectively, often through parents engaging with services for the first time. In some teams, this work results in insightful and effective multi-disciplinary interventions for children and families."

# Kate's Story

By the time Kate was referred, she had been 30 weeks pregnant and was open about the fact that she had been using heroin for many years. Due to her drug use, two of her children had already been taken into care.

Kate expressed a strong wish to keep this baby and 'that she would be ready to do whatever it takes' to convince people that she could care for the child. She agreed to be involved in an assessment and for information sharing between agencies.

The unborn baby was made the subject of a Child Protection Plan. Kate accepted that she would need to change her living circumstances, including ending the

relationships with her abusive partner who encouraged her drug use and joining a withdrawal programme.

She was re-housed in a short-term tenancy to support the need for stability. Kate was supported by a **Recovery Worker** with her heroin use and a **Domestic Abuse Practitioner** to understand the impact of coercive control and explore what she might want from a future relationship. Although, Kate was adamant she would stay single and drug free in the future.

She was also supported by the **Mental Health Practitioner** and took part in cognitive behavioural therapy groups to help her develop coping mechanisms to deal with her anxiety.

## Kate's Family Safeguarding support:



## Impact of Kate's story

### Outcome

Kate expressed that throughout the plan she demonstrated that she was a worthwhile human being. She saw that there were people who wanted to help her and her baby. **Motivational Interviewing** helped her address feelings of degradation and build a sense of self-worth and a vision for a different future.

Six months after the baby's birth, the plan was changed to child in need and later to universal services. Her baby was born with some withdrawal symptoms and cried a lot in the first few months of life which made her feel terribly guilty, but nonetheless determined to give him the best life possible. He is now at school, and she has been able to resume contact with her boys who were care leavers. She has not been re-referred in the five years since her baby was born.

## Kate's view

"When I came into contact with the Family Safeguarding team, I was scared they would take my baby away. But instead, they listened to me and got other experts involved, a recovery worker and mental health worker and they helped me a lot.

They gave me the opportunity to turn my life around. I didn't think there was light at the end of the tunnel,

but with their support, I was able to tackle my demons and keep my baby.

When I lost my children previously, I felt my heart was broken into many pieces and they helped me make it whole. Previously social workers treated me like I was s\*\*t on their shoes - now they treat me with respect and they are really pleased with me."



# Sarah's Story

A referral was received from the children's school due to concerns about neglect. A Social Worker assessment showed that there were increasing tensions in the parents' relationship and that the father was being physically abusive towards Sarah.

He left the family home due to fear of being reported to the police. Sarah struggled to care for the children on her own. Her mental health was poor and she found it difficult to get out of bed and was misusing prescription medication.

Sarah received practical support from a **Social Worker** and **Children's Practitioner**, ensuring that the children were fed, washed and taken to school.

Sarah's Family Safeguarding support:



Social Worker



Children's Practitioner



Recovery Worker



Mental Health Practitioner

She worked with a **Recovery Worker** to assess her use of prescription drugs as well as a **Mental Health Practitioner** to provide her with cognitive behavioural therapy and other individualised sessions to deal with depression and agoraphobia. As her mental health improved, Sarah started to take her children to and from school and to feed both herself and them better.

Sarah attended a 'Safety in the Home' course and received a certificate, which provided a big boost to her confidence and self-belief. She also completed assertion courses, building her confidence to stand her ground. She overcame fears related to her children and established routines that reassured the children that she was in control. Working with the school, she began volunteering as a parent reading supporter.

## Impact of Sarah's story

### Outcome

Initially when the family were in crisis with daily social work visits and support, it looked like the children may need to be removed from Sarah's care, but over a six month period of work, involving the Social Worker, Children's Practitioner, Recovery worker and Mental Health Practitioner from the Family Safeguarding team, along with other agencies including the children's centre and school, Sarah was able to take full control of her children's care and her own future.

Sarah's former partner, the father to the children was offered support also as part of the planning, however he declined this support and did not wish to engage with the Local Authority.

Sarah received some support around healthy relationships and the impact of domestic abuse. There have been no further needs identified for Sarah or her children and Sarah continues to volunteer and help other families to get help and support in her local community.

## Sarah's view

**"Others should not be scared or worried about social services, as it depends on the person themselves.**

**There is only so much social services can do, you give the opportunities and chance and it all depends on the person whether they will change their life around."**

# Family Safeguarding Implementation

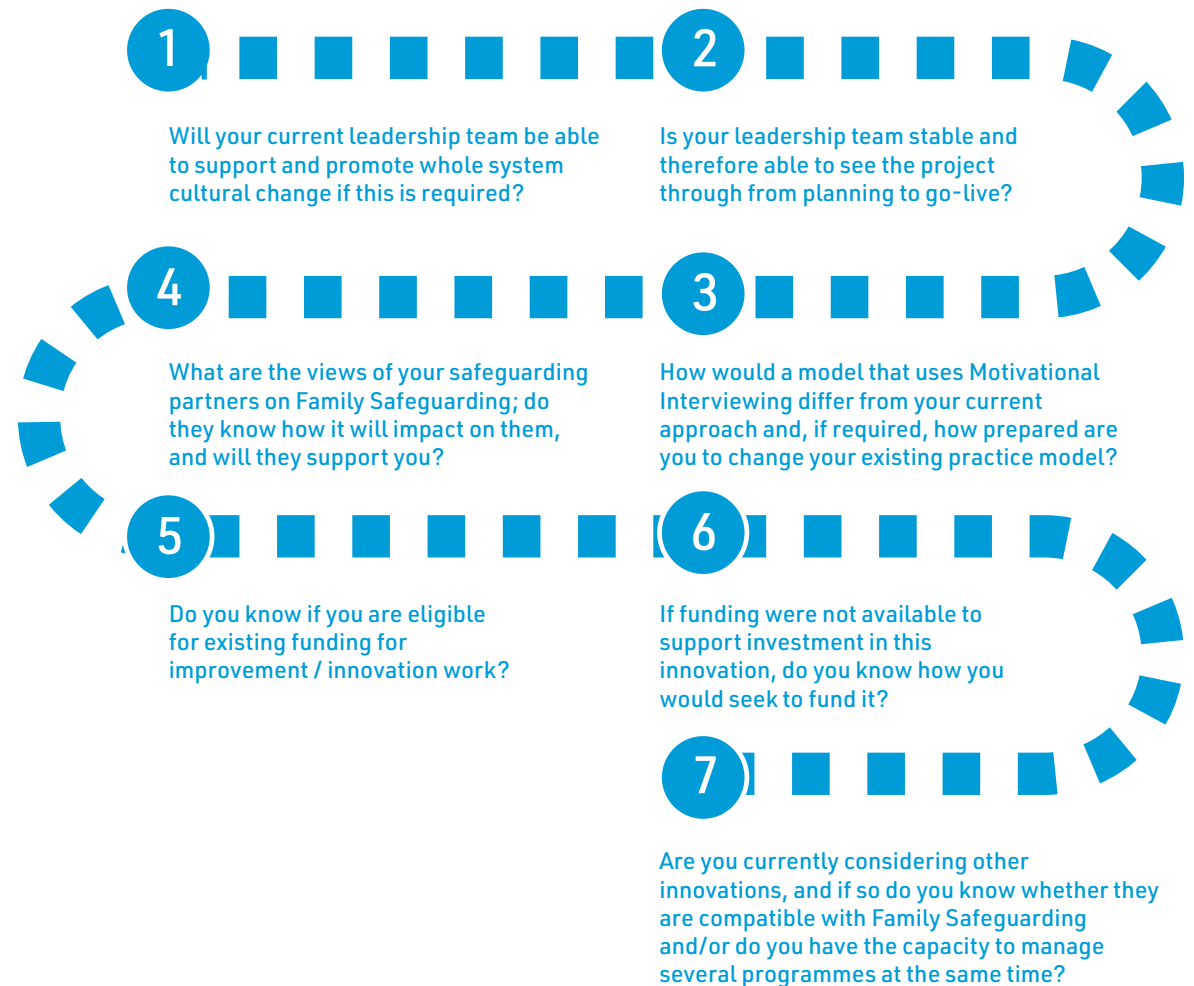


# Things to consider

## If you are wishing to adopt Family Safeguarding and make a local business case

The Centre for Family Safeguarding Practice can support you with all your needs if you are considering adopting Family Safeguarding, including a readiness and diagnostic assessment, project scoping and support, and business case development. The Centre for Family Safeguarding Practice provides support to local authorities to undertake a cost benefit analysis exercise to help predict potential cost avoidance. This supports any business case to invest and implement the model.

There are some key areas to consider before embarking on the Family Safeguarding journey including:



# Family Safeguarding Governance Example

## The Partnership Board

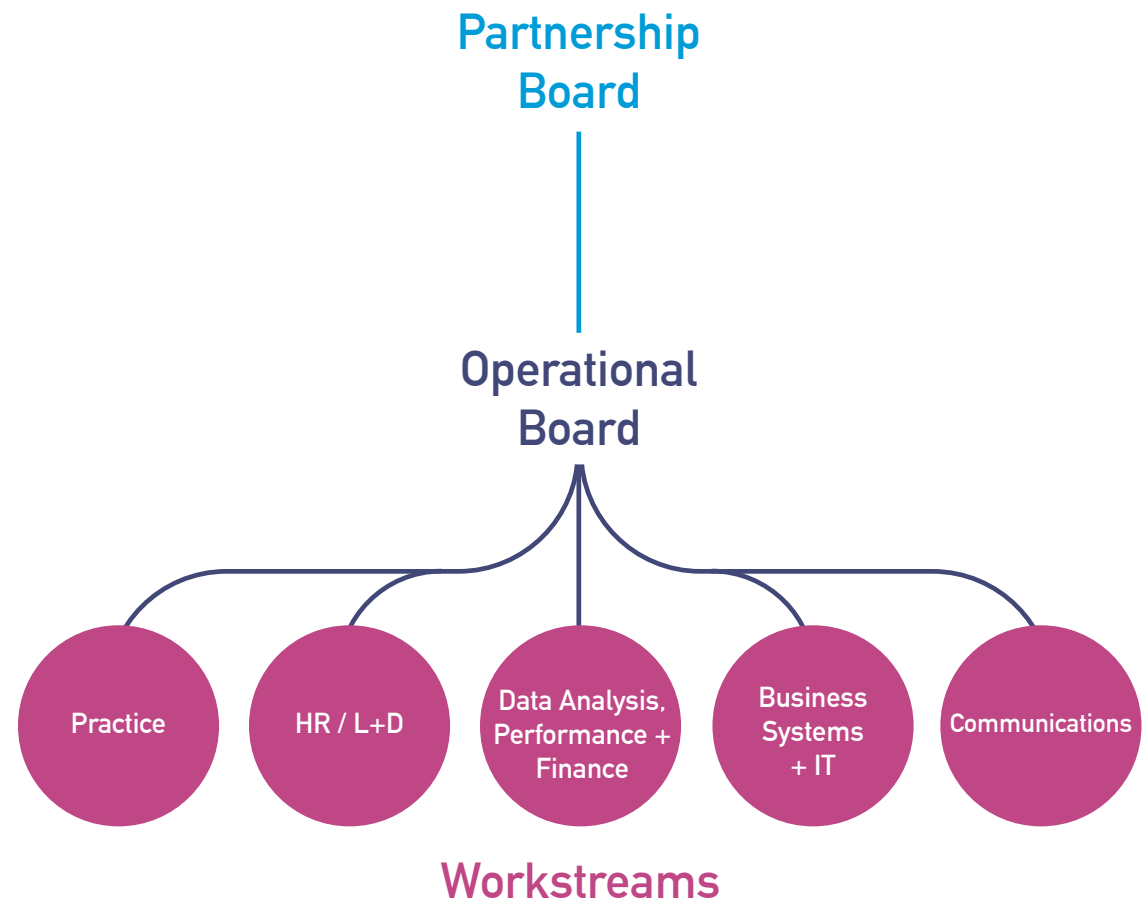
The Partnership Board has overall responsibility for programme delivery. It is made up of strategic decision makers from all relevant partner agencies. It is usually chaired by the LA Director of Children’s Services.

## The Operational Board

The Operational Board develops and implements the project plan and monitors progress on the plan. It receives highlight/ progress reports from the Project Manager and workstream leads. It identifies risks and project delays to report to the Partnership Board. Typically chaired by the LA Director of Children’s Social Work.

## Workstream Groups

Workstream Groups lead on their part of the project plan. They report to the Project Manager, including reporting progress, highlights, risks, and delays. They should include relevant partner representatives as well as LA leads.



## Partnership Working

Effective partnership working is key to the successful implementation and sustainability of Family Safeguarding. Each partnership agency is committed to achieving the vision of 'keeping more children safely at home with their families'.

The Family Safeguarding Partnership establishes co-located multi-disciplinary teams with Adult Specialist Workers alongside Children and Families Social Workers, providing the help and support that families need. Funding for Adult Specialist Workers can be met through cost avoidance/savings by the local authority and/or from partnership contributions from Public Health, ICB, Adult Services, Police and Crime Commissioner, Community Safety Partnership and others.

With support from the Centre for Family Safeguarding Practice and the local authority, adult specialist staff are recruited through the Probation Service, Local Substance Misuse Provider and Mental Health Trust. In addition there is a national agreement with the Ministry of Justice for the provision of the Domestic Abuse Officers.

## Developing the Family Safeguarding Model

Recent innovations in the Family Safeguarding model include:

- Work with Child Protection Chairs and Independent Reviewing Officers to introduce Motivational Interviewing style child protection conferencing
- Practice and culture change with children in care and care experienced teams to work towards reunification by re-establishing family links
- Multi-disciplinary strategic working group to improve working with men and fathers to reduce the likelihood of non-accidental injury
- Developing a programme working with parents to reduce the number of pre-birth and recurrent proceedings
- Centre for Family Safeguarding Practice supporting innovative approaches within and across adopter sites

## The Family Safeguarding community:

Works as one team, sharing information and utilising each other's knowledge and skills to:

- Increase knowledge and skills through a shared practice model including Motivational Interviewing
- Fund and provide adult specialist roles, strengthening shared commitments and strategic relationships
- Prioritise reflective group supervision and make decisions together
- Build on family strengths and improve outcomes by creating trust, confidence and change
- Provide real help and support by working in partnership with families, within the parameters of the law and policy
- Keep families together where in best interests of the child, but don't hesitate to act when protection is necessary
- Keep innovating through our community of practice

## Support from the Centre for Family Safeguarding Practice

The Centre for Family Safeguarding Practice Team provide support to implement and embed Family Safeguarding in local authorities who are adopting the model. The team consists of a number of specialists who can provide support including:

- Strategic mentoring for DCS/ADs
- Setting up governance structures
- Liaison and negotiation with partner agencies
- Programme and project management support
- Advice to commission and plan Motivational Interviewing training
- Support to access grant funding and redistribute local authority funds

- Finance costing and cost benefit analysis
- Workforce design and recruitment of adult specialist workers
- IT and system development to implement the Workbook
- Practice development and culture change workshops
- Support to access Sector Led Improvement Funding
- Sustainability planning and post-implementation support

In addition there are three Family Safeguarding Communities of Practice. These are for Assistant Directors/Directors of Social Care, Practice Leads and Data/Performance Leads that meet on a regular basis to provide peer support, build on learning together and further develop the Family Safeguarding way of working.







# Further Reading

[The Children Act 1989](#)

['Working Together to Safeguard Children' 2018](#)

[Children Looked After in England Statistics](#)

['Care Crisis Review' 2018, Family Rights Group](#)

['Holding the Risk' 2018, Sir James Mc Farlane](#)

['Clear Blue Water' 2018 Isabelle Trowler & University of Sheffield](#)

[NSPCC 'How Safe Are Our Children' annual reports](#)

## Evaluation links

The DfE have published three evaluations of the Family Safeguarding Model:

[Family Safeguarding Hertfordshire: an evaluation, DfE, July 2017](#)

[Family Safeguarding Evaluation Report, DfE, July 2020](#)

[Strengthening Families, Protecting Children: Family Safeguarding Pilot Evaluation Report, DfE, June 2021](#)



**The Centre for Family  
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For more information, please contact:

[FspointTeam@hertfordshire.gov.uk](mailto:FspointTeam@hertfordshire.gov.uk)

Or visit

[The Centre for Family Safeguarding Practice Website](http://TheCentreforFamilySafeguardingPracticeWebsite)

Design by Ellie Hegarty at [innovationunit.org](http://innovationunit.org)