Brighton & Hove City Council

‘Empathy, tenacity and compassion’:

An evaluation of relationship-based practice in Brighton & Hove

July 2017

In association with the University of Sussex, Centre for Social Work Innovation and Research

ACKNOWLEDGEMENTS

This report of the evaluation of relationship-based practice in Brighton & Hove has been compiled by the Model of Practice Working Group. The Working Group would like to acknowledge the contributions of our staff, foster carers and the young people and families they work with in developing and evaluating the model of practice.

We would also like to thank the individuals and organisations who have helped us to develop and implement our thinking about excellent social work, including: the Centre for Social Work Practice, the University of Sussex's Centre for Social Work Innovation and Research, the Tavistock and Portman NHS Foundation Trust, the London Borough of Southwark, Surviving Safeguarding, Jenny Molloy, Donald Forrester, Harry Ferguson, Gillian Ruch, Karen Treisman, Dez Holmes, Nicola McGeown, Cath Holmstrom, Michelle Lefevre, Kristie Hickle and Barry Luckock.

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EXECUTIVE SUMMARY

In October 2015 Brighton & Hove implemented relationship-based practice as a whole system change across Children's Social Work Services. The new model of practice, the Team Around the Relationship, involved a move to small social work teams, or pods, which support children from the assessment stage through the whole of their journey across social work services.

The Team Around the Relationship is premised on the idea that, if social workers feel safe and contained, they can build relationships with families and use these relationships to affect change. The model of practice, therefore, incorporates group supervision, reflective practice groups and a new model of relationship-based assessment and recording, One Story, as key processes to support whole system change. The practice system is supported by a cultural transformation towards becoming a relationship-based organisation, which inspires trust and confidence in its practitioners.

Brighton & Hove's vision for the new model was assessed by Ofsted in June 2015 as being "coherent, with the right balance of care for social workers, relationships with families and performance management. It is being introduced in a measured way through constructive engagement with staff." (Ofsted, 2015)

To measure the impact of the Team Around the Relationship we are undertaking an ongoing evaluation based on a targeted consultation to test our theory of change. The evaluation focuses on the context, mechanisms and outcomes of the model of practice.

This paper outlines the findings of the evaluation so far and sets out the key messages from the first 20 months - in doing so it captures the implementation of the new model as it is emerging as part of a cycle of continuous evaluation. It is principally presented in the words of practitioners and the families they work with, supplemented by examples from practice, in order to provide a richness and depth to the findings. The title is taken from a parent's description of the qualities demonstrated by the social worker supporting their family.

The evaluation has found that, in general:

- families have a better experience of social work;
- social workers feel more supported and more able to make a difference for families;
- relationship-based practice seems to be supporting safe and stable family lives for children, and;
- the model of practice appears to have decreased demand for social work (a 5.4% decrease in the number of open families) and high-level interventions (a 10% decrease in both children with child protection plans and in care) during a time of increasing national demand.

PART 1: CONTEXT

The model of practice was introduced into an existing organisational culture, with its own unique history and narrative, as well as into a specific social and political context. The development of the model, as well as its implementation, evaluation and adaption are the product of a complex system. The factors interacting within this system include the national social work and social policy context, the challenges facing children and families in the city and the structural and cultural narratives of our workforce and services. The success or failure of the Team Around the Relationship will both reflect, and be affected by, these contexts and, therefore, an understanding of these are built into this evaluation.

1.1 Brighton and Hove

Brighton & Hove is a small but growing city – in the 2011 census the resident population was estimated at 273,369 people, an increase of 25,552 since 2001. The population of the city is unusual in comparison to the South East and England in that there is a much higher proportion of people aged 19–44 years, with lower proportions of children aged 0-15 and older people aged 65-84. Brighton & Hove is one of the most deprived areas in the South East and has a population with significant health needs and inequalities (Director of Public Health, 2014-5). At the time of the 2011 Child Poverty Index, 19.6% of children in the city were living in poverty. While this is in line with the national average (20.1%), it is some way in excess of the regional average (14.6%).

Brighton & Hove has had consistently high rates of child protection plans and children in care for several years, for example at the end of March 2015 these were rated 25th and 19th highest respectively out of 152 local authorities in England. There are risk factors which are particularly prevalent in the city and have an impact on children and young people. For instance, Brighton & Hove is ranked first in England for the number of 15 year-olds who smoke and third for those who drink alcohol and misuse cannabis. The city has high rates of homeless families and the rate of children living in households at high risk of domestic abuse increased by 17% between 2013 and 2015 (Director of Public Health, 2014-5). Child sexual exploitation is recognised as a priority area by the Local Safeguarding Children Board (Brighton & Hove LSCB, 2016).

Public health data suggests that Brighton and Hove has high rates of drug and alcohol misuse and mental health issues for both children and adults. For example, in 2012 the city had the 5th highest rate of drug-related deaths in the country and the city has significantly higher percentages of people with identified depression, anxiety and mental illness than the average rates for England (Public Health England, 2014).

Brighton & Hove City Council is characterised by political change, the current minority Labour administration was preceded by minority administrations for the Greens, Conservatives, and Labour respectively, each of these administration served only one term.

1.2 National drivers and policy context

In 2010 the coalition government commissioned Eileen Munro to conduct a review of the child protection system in England. Her final report was published in May 2011 and identified that a combination of forces, including the desire to eradicate risk, managerialism and the high profile response when a child dies, had:

> "…come together to create a defensive system that puts so much emphasis on procedures and recording that insufficient attention is given to developing and supporting the expertise to work effectively with children, young people and families."(Munro, 2011:6*).*

A key recommendation of the review was:

> "The level of increased prescription for social workers, while intended to improve the quality of practice, has created an imbalance. Complying with prescription and keeping records to demonstrate compliance has become too dominant. **The centrality of forming relationships with children and families to understand and help them has become obscured.** The review is making recommendations to enable social workers to exercise more professional judgment but is also concerned to improve their expertise." (Munro, 2011:7-8*).*

The Department for Education launched the Children's Services Innovation Programme in October 2013 to act as a catalyst for developing more effective ways of supporting vulnerable children. Drawing on the Munro review, the government suggested that the regulatory framework as well as local structures, customs and practice tended to focus the attention of those working with children on compliance and risk avoidance. One of the targeted areas for the Innovation Programme was *Rethinking Children's Social Work* which recognised that:

> "….whilst the level of social complexity that Social Workers are expected to manage and master is huge, the way that social work is organised and delivered can reduce the time that Social Workers have to work directly with families, reflect on their work and develop their skills and knowledge of the evidence." *(*DfE, 2014a:1*).*

In 2014, the Knowledge and Skills Statement for Child and Family Practitioners was published, which sets out what the Government believes a social worker should know and be able to do. The Statement was intended to be the catalyst for major change in how social workers are trained, assessed and accredited. Significantly this statement starts with:

> "…build effective relationships with children, young people and families, which form the bedrock of all support and child protection responses. Be both authoritative and empathic …." (DfE, 2014c:3).

1.3 Our Position in 2014

In 2014 there was a relatively new leadership team at Brighton and Hove City Council with the appointment of the Director of Children's Services in July 2013 and the Assistant Director for Children's Social Work in November 2014. Prior to this, services were weak or poorly coordinated and sustained improvement was difficult to achieve. There were large teams, too many transition points for children and divided services with skills in one area and weaknesses in others. This meant that, in 2014:

- Brighton & Hove had high rates of children with child protection plans and high rates of children in care (Brighton & Hove Social Work: Our Story, June 2014);
- the quality of supervision and management oversight was variable and in some teams not rigorous enough (Brighton & Hove Social Work: Our Story, March 2015);
- the allocation and completion of children in need assessments was not always prompt and too many assessments were taking too long to complete, (Ofsted 2015);
- too many children were becoming subject to a child protection plan for a second or subsequent time as a result of child in need work not being sufficiently robust, Ofsted 2015);
- children had too many changes of social worker and this meant work such as life story work was interrupted too often (Ofsted, 2015).

There were also concerns regarding recruitment and retention and, therefore, workforce stability. This led to significant use of agency staff, which research has shown can compromise continuity of relationships for services users and is costly. Feedback from social workers in the staff surveys in 2013 and 2014 sent a clear message about the low morale of staff. Social workers reported that there was not enough support and guidance from managers and that the distinction, in terms of accountability and decision making, between Practice Managers and Team Managers was unclear. Furthermore, social workers felt that administrative demands were preventing practitioners building relationships with children and families, that supervision was not reflective and that there was a 'blame culture'.

Through feedback mechanisms, families told us there were too many transition points, too many changes of social worker and that the most important thing about social workers was the relationships they built with families and the continuity of these relationships. Children and young people said that what they want most from social workers is honesty, reliability and consistency. In 2014-15, there was a significant increase in the number of complaints received from families in comparison to the previous year and the main issues raised in these complaints were 'a failure to provide support', 'calls to the social worker not answered' and 'a lack of information shared'.

PART 2 – THE MODEL OF PRACTICE

2:1 Developing the model

Due to the concerning nature of the local conditions described in Part 1, a priority for the senior leadership team by late 2014 was to implement a model of social work practice. This was informed by a consideration of both the Munro review and *Rethinking Children's Social Work,* which states that*:*

> "Recommendation 13 of Professor Munro's Review of Child Protection set out an expectation that local authorities should begin to review and redesign their services to provide child-focused, high quality help to children and families.
>
> A number of local authorities have grasped this challenge and have made great strides in implementing transformational plans. However it is clear that, two years on from the publication of the Munro Review, we have not yet seen a step change in the quality and impact of children's social care. We need to find innovative ways to improve and re-design service delivery to achieve higher quality, improved outcomes and better value for money." (DfE, 2014b:4)

While a bid to the Innovation Programme in 2014 was unsuccessful, the thinking behind the bid prompted consideration of what excellent social work would look like in Brighton & Hove. A number of visits to other local authorities that had implemented new practice systems, including the London Borough of Southwark and Essex County Council, were completed by a cross section of staff. This group developed into a Model of Practice Working Group chaired by the Assistant Director and subsequently the Principal Social Worker. It included representatives from teams across Children's Social Work Services and the Youth Offending Service.

The visits to other areas facilitated learning about emerging models of effective social work services, which is also identified by Forrester et al (2013):

> "The seven key factors in supporting good practice … were:
> 1. *Wider practical organisational support for Children's Services*: providing adequate space, good IT systems and other practical support for practice was crucial;
> 2. *Strong administrative support;*
> 3. *Small teams;*.
> 4. *High ratio of supervisors to staff;*
> 5. *Recruitment of high quality staff;*
> 6. *Limited workload;*.
> 7. *Articulating clear values*." (Forrester et al 2013, 20-1).

The direct observation of new practice systems and reflection on the Munro review were further informed by a consideration of research and different ways of thinking about social work. These approaches included:

- systemic thinking which informed the 'Hackney Model', or 'social work unit', of very small social work teams led by Consultant Social Workers;
- the possibilities of collaborative working to support relational practice, as illustrated by the AMBIT model (Bevington et al, 2013), which applies the ideas of mentalisation ["the process that happens when we try to make sense of our own and other people's mental states" (Luckock et al, 2015:5)] to individual keyworker relationships and the wider team;
- the Signs of Safety approach (Turnell and Edwards, 1999), which was being implemented by a number of Local Authorities at the time;
- systems leadership (Scott et al, 2015);
- and the importance of relationships across an organisation and especially in supervisory relationships (Ruch, 2012).

Based on this learning and our knowledge of the local system conditions, including the specific contextual factors for families in the city, the management team proposed developing a model of relationship-based practice. Early in 2015, workshops were held with all staff across Children's Social Work, including business support staff as well as practitioners, to consider how we could support excellent social work in the local context. Practitioners were generally positive about the adoption of relationship-based practice as a system to support families. An advisory group of young people was also established to ensure that their views were represented throughout the service redesign and that these were being used to drive the planning and service delivery. At the beginning of June 2015 a formal consultation process was initiated for all staff which explained the proposed changes to support the model of practice. The service redesign was implemented in October 2015.

2:2 What was the model of practice hoping to achieve?

The model was intended to support safe and stable family lives in Brighton & Hove by implementing relationship-based practice as a whole-system change. The practice system is founded on the belief that social workers' relationships with families are the most powerful tools to facilitate change and that these relationships, when they are trusting, empathic and authoritative, can be reparative. Excellent social work is about creating relationships with families, which provide opportunities for them to change, and which are clear about the consequences if change cannot be achieved. This focus on social workers as change agents delivering relationship-based practice was hoped to lead to a more efficient and effective service, which would:

- improve the experience of children and families;
- develop the skills and satisfaction of the workforce;

- support safe and stable family lives, and;
- improve performance against proxy indicators of these outcomes, such as the number of children with a child protection plan due to being at risk of significant harm.

2:3 How was the model intended to achieve these outcomes?

It was recognised that, in order to support this way of working, both cultural and structural changes were necessary as part of whole system change. The model of practice should be based on clearly articulated values and a practice system which promotes consistency rather than fragmented services and teams. Within Brighton & Hove's model, the social work relationship becomes the main practice tool, at the heart of a system of relationships built to support the child and family – the 'team around the relationship'. In order to facilitate these relationships, Children's Social Work was restructured into pods that support children across the whole social work system:

The establishment of a pod

The model of practice promotes the importance of reflective practice and good quality supervision throughout the organisation, recognising that supportive relationships between social workers and their managers enhance relationships between the worker and the family and these relationships in turn have the power to impact positively on relationships between parents and children. The Team Around the Relationship recognises that:

> "Social work is emotive and anxiety provoking work and the way the work is organized can help or hinder staff in managing that anxiety, ultimately in ways that impact on service users." (Luckock et al, 2015:12)

The model of practice, therefore, prioritises relationships and an understanding of how people, both families and practitioners, 'mentalise' their emotions. It encompasses relationship-based practice both in terms of reparative relationships between workers and families and an organisation which is relational and reparative for practitioners. Mentalisation and reflective functioning are key constructs for an effective relationship-based organisation in the same way they are essential for effective relationship-based

practice with families. The model of practice builds on the AMBIT framework's shift from the 'Team Around the Child' to the 'Team Around the Worker' and extends this to make the primacy of relationship-based practice with families explicit in the notion of the 'Team Around the Relationship'. The Team Around the Relationship operates as a network of relationships to share knowledge and skills between social workers and other practitioners across the system and also to provide containment for workers. The pods provide a structure for holding social workers, and the families they work with, in mind and group supervision and reflective practice groups, which are in place for all practitioners, are the processes which support emotional containment and practice development across the organisation.

Relationship-based practice is not about a specific intervention or way of thinking. It is about prioritising direct work with families and social workers applying a range of skills and interventions in a thoughtful and purposeful way - which of these skills and interventions will be most effective will depend on the individual worker and the family that they are supporting. The theory of change for the model of practice is that if social workers feel supported and contained they can build relationships with families and use these relationships to facilitate change with families based on their practice expertise. This theory of change is supported by six 'principles' of the model of practice, the mechanisms for implementing relationship-based practice:

- continuity of relationships between social workers and families;
- consistency of relationships between social work teams and families;
- collaboration between practitioners;
- social workers being purposeful partners in change for families;
- the organisation supporting a learning culture, and;
- a transformation of the organisational culture from a blame culture to a relationship-based one that inspires trust and confidence.

PART 3 – THE MODEL OF EVALUATION

The evaluation of the Team Around the Relationship has followed the approach taken by Cross et al (2010) in their evaluation of the Reclaiming Social Work initiative in the London Borough of Hackney, which was based on the Realistic Evaluation Methodology introduced by Pawson and Tilley (1997, 2004). Pawson and Tilley argue that in order to be useful for decision-makers, evaluations need to identify 'what works in which circumstances and for whom?' rather than merely 'does it work?' To answer that question, realist evaluators aim to identify the underlying generative mechanisms that explain 'how' the outcomes were caused and the influence of context.

The Realistic Evaluation Methodology centres on 3 key elements: the context in which the changes measured take place; the mechanisms (or processes) expected to produce the changes and the outcomes which can be measured.

- *Context*

The context (covered in Part 1 of this report) includes an outline of the organisational culture and other evidence influencing the new model of practice such as the demographics of the city and developments in social work policy nationally at the time it was introduced. Context is also provided by a summary of the staff survey findings from 2013 and 2014 and the feedback from children and families about their experiences at that time.

- *Mechanisms*

The mechanisms which we expect to affect social work practice are captured under six key principles:

  - continuity of relationships between social workers and families;
  - consistency of relationships between social work teams and families;
  - collaboration between practitioners;
  - social workers being purposeful partners in change for families;
  - the organisation supporting a learning culture, and;
  - a transformation of the organisational culture from a blame culture to a relationship-based one that inspires trust and confidence.

- *Outcomes*

The key question for the evaluation is whether the model of relationship-based practice is making a difference for social workers and for children and families, these outcomes can be summarised as follows:

  - the experience of children and families has improved;
  - the satisfaction and skills of our workforce have improved;
  - children and families are experiencing safe and stable lives.

It was anticipated that performance against proxy indicators of these outcomes, such as complaints from families, staff survey results and the number of children with a child protection plan, would improve and so these have been analysed.

Cross et al recognised the difficulties of measuring outcomes as a result of organisational change. They explain that this is:

> "…in part due to the difficulty in assigning causal links connecting outcome measures to specific interventions in a complex system – but it is also due to the heterogeneity of the populations served, the problems they encounter and how these factors change over time." (Cross et al, 2010:6)

They suggest that confidence in the impact on outcomes can be strengthened by showing changes in process that both research and experience indicate have a significant impact on outcomes. With this in mind, we have undertaken the evaluation as a targeted consultation to test our theory of change with regard to context, mechanisms and outcomes in order to help us to understand the outcomes rather than as an objective measure of causal links.

- *Tools*

To undertake the evaluation we have taken a mixed method approach which is summarised below:

Tool	Outputs measure
Surveys of the views of business support staff in May 2016 and May 2017	Business support workers' views of practice
Social Work Health Check for all practitioners and managers n214 c.50% response rate (February 2016 and April 2017)	Representative views of working practices and experiences across the services
Semi-Structured Interviews with Social Workers and Managers n12	In depth illuminations of professionals' views of culture, social work practice and outcomes
Telephone Interviews with Parents (July 2016 and February 2017) n46	Parents' experiences and views about their social worker
Feedback forms completed by children and young people (July 2016 and April 2017) n36	Children's experiences and views about their social worker
Focus Groups and feedback forms completed with foster carers (September 2015 and September 2016)	The experience of children in care and their foster carers
Learning from Complaints and compliments 2015-16 and 2016-17	The experience of families
Independent evaluation of the Reflective Practice Groups	The impact of these groups on practice and outcomes
Quality Assurance Quarterly Briefings 2016-17	The quality of social work practice including the outcomes for the child/young person
Local Government Association (LGA) Children's Safeguarding Peer Review	Effectiveness of practice and service delivery (including outcomes and impact)

PART 4 – ARE THE PRINCIPLES OF RELATIONSHIP-BASED PRACTICE MAKING A DIFFERENCE?

This section focuses on emerging themes under each of the mechanisms, or principles, of relationship-based practice to illustrate the impact of the model on social work practice.

The questions in the *Your Voice: Social Work Survey 2017*, our version of the 'social work health check', were themed around the principles of relationship-based practice and the results of these are shown in the table below:

Principle	Positive responses
Continuity	74%
Consistency	73%
Collaboration	70%
Agent of Change	59%
Learning Culture	64%
Organisational Culture	43%

These responses suggest that there is a mixed picture in terms of how well these principles are embedded and that there appears to be additional learning we need to take forward, in particular around how we support social workers as change agents and creating an organisation which is open and trusting. How each of the principles that underpin relationship-based practice are being implemented is examined in more detail below with data drawn from the range of methodologies used.

4.1 Continuity of social worker relationships with families

Continuity for families

> "A child needs one social worker that they know – (we have had 3 in a matter of months). A family should keep their social worker and a new social worker should make an appointment and visit the family straight away." (parent)

The feedback from families is generally positive about social workers (see Appendix 1) and demonstrates a marked increase in parents' confidence that social workers 'know enough about their families'. However, parents in both 2016 and 2017 reported that we could improve our service by having less changes of social worker. This finding is reiterated by foster carers who highlight that, where there is continuity of social work relationships this is key in making a difference for children in care, but that this is not always happening.

The Team Around the Relationship provides a structure for continuity of social work relationships with families as it removes the transitions between teams and social workers based on processes. This continuity was the most important consideration for children and families when talking about what they wanted from social work and is seen as a positive by social workers:

> "I like the fact that I make plans at the assessment stage and stay with the family to work through the actions and support them with this rather than passing the case onto another worker – it avoids duplication, increases job satisfaction and is better for the child and family."

Where social workers report that continuity is making a difference, it relates to the following factors, which demonstrate how continuity can be a mechanism for change in families:

- it provides consistency for children through their journey:

"An example is when I took a case from the start of the process with a child who was anxious and struggled with new people. I carried this case into the new model of practice and I am still working with this child. I am able to reflect on the work I have done with this child and see the progress we have made – we might not have got this far if there had been numerous workers"

- it prevents the case returning to social work:

"An example is when a case is closed I continue to be the point of contact for the parent. This happened recently and a parent contacted me for advice which I gave to her over the phone. It did not require me to visit the home and it didn't hit the threshold for re-referral. If the case comes back into social work within a year it will be passed to me anyway so it makes sense to have this continuity"

- it leads to a trusting relationship:

"Children trust me completely because working with them over a period of time leads to a more trusting relationship and they therefore feel able to express their views to me – in this way, it gives a child a voice"

- it means that the family don't have to repeat their story:

> "it's good for the family as they don't have to explain their situation or tell their story over and over again"

- and it increases the confidence families have in their social worker:

> "the family have more confidence in their social worker knowing that they understand what has come before and after."

Continuity builds safety for children

Continuity of social work relationships can be a vehicle to support the safety of children and young people. This is particularly evident in the work of the Adolescent Pod, which works specifically with young people at risk of entering care or custody, and social workers in this pod have reduced caseloads to facilitate intensive support. A Brighton & Hove social worker has described how she uses relationship-based practice with young people:

> "…mainly it's just about getting to know them and not going in with my agenda quite so much as just going in to, kind of, hear their side of it, and then hopefully that can really help when you do have to have those difficult conversations and you have to tell them something they don't want to hear or you need to talk to them about something that's happened." (Lefevre et al, 2017:11)

The impact of these enduring relationships is summed up by a young person working with the adolescent pod as 'there's no point running as I know you will just come and find me.'

Brighton & Hove are part of a national programme piloting the *See Me Hear Me* framework to support young people at risk of sexual exploitation (Office of the Children's Commissioner, 2013). This framework relies on 'supporting the child's dual rights to protection and participation' and 'building enduring relationships with children'. Brighton & Hove have sought to embed this framework within relationship-based practice. A key part of this is the recognition that social work continuity supports engagement, 'participation', and, therefore, 'protection' of young people. The learning from the framework and its evaluation (Lefevre et al, 2017) has reinforced the positive impact of continuity of relationships on outcomes for young people, as the pod manager states:

> "….access to the *See Me Hear Me* researcher and evaluation gave practitioners permission to focus on long-term outcomes and not just being reactive and jumping to the most interventionist response but instead holding others' anxiety and managing risk for young people in the community."

Impact of agency staff

An important change that supports continuity has been the significant reduction in the use of agency staff, from a rate of approximately 20%, since the introduction of the Team Around the Relationship. This is as a result of improved recruitment and social workers choosing to come and work for Brighton & Hove. However, while turnover rates have improved, decreasing from 20.3% in the year ending September 2014 to 14.4% in 2016, delivering continuity remains an ongoing challenge:

> "I have had lots of social workers, there has been no consistency so you don't open up, you don't talk to social workers about your problems if you don't really know them." (young person)

We have no agency managers and when the new cohort of newly-qualified social workers start in the autumn of 2017 we will have no agency social workers, which will be another significant step in supporting continuity of social work relationships for families and containment for social workers:

> ""having no agency staff in the team makes me feel more secure especially under the new model where your colleagues are required to be there to work with your case if you are on leave." (social worker)

4.2 Consistency of social worker relationships with families

Consistency for families

Families told us in their feedback before the new model that they wanted to be able to talk to, or be visited by, someone who knew their cases if their social worker was not available. In *Your Voice,* 95% of social workers in the pods responded positively to the statement '*the way we work enables us to provide a child and their family with access to people that are familiar with their* case'. In their interviews social workers talked about how the consistency provided by the model of practice helps families not to feel 'dropped' when an allocated worker is not available:

> "I was on duty yesterday and I went to visit a family who I had met previously when I did a joint visit. It was good for the family that it was someone they had already met." (social worker)

Families have also given examples of this happening:

> "your manager gave me good advice and answered straight away." (parent)

Consistency provides containment for social workers

The move away from an individualised way of working has a positive impact for families but it also provides support and containment for social workers:

> "I don't feel guilty anymore when I return from leave as the family have someone to speak to in my absence. I am confident that this impacts positively on the relationship I have with my families. It is also good that we can discuss cases easily with our peers and managers in the pod which means I can contain the anxiety I have about a case." (social worker)

Practice Example 1:
Collaborative working in the pods helps social workers feel contained

A Reflective Practice Group for newly qualified social workers in 2016

A number of the social workers had been on leave over Easter. They described a common theme in social work of working like maniacs before going on holiday to make sure all eventualities were covered then spending the first few days of their holiday preoccupied by work and struggling to relax. Once this passed they had a good time and enjoyed their leave. However in the final few days they became preoccupied again by what they would return to and whether they could manage what awaited them on their return.

They returned to find a number of incidents had happened and things had been very busy however rather than being overwhelmed and not knowing where to start they were delighted to find their colleagues had managed the incidents, seen the families and everything had been responded to. They saw that incidents had been contained and well managed and they returned to feeling positive and busy but not overwhelmed. Thus their confidence in their colleagues, the structure and relationship-based practice has had a boost and they look forward to their next holiday when the whole time can be enjoyed as they have confidence their families are in safe, shared hands.

"I think this is evidence of real change." **(Professional Educator)**

Group supervision and the new recording model are identified by social workers as processes to support the consistency of their relationships with families:

> "Group supervision allows me to discuss the case with the team and discuss what is going on around the case and the case summary holds all of the key information and synopsis of what is happening including the key issues and concerns. So if this is a child protection case and I am away from work for more than 10 days I can arrange for another social worker to visit the family and make sure that it is someone the family knows. If this isn't possible I can explain to the family that someone they don't know will visit them and assure them that the person visiting them will know their situation. This means I can go on leave without having to worry about the children and families I am supporting." (social worker)

Reduction of complaints as an outcome of consistency

One very significant impact of the model of practice has been on the number of complaints made by families, which have halved since October 2015. For example, there were 125 Stage 1 complaints in 2014-5 and 58 in 2016-7. This would appear to be a positive proxy indicator of families' experience of social work. We believe that this is, at least in part, due to the fact that families feel they can talk to someone who knows them as this was a significant reason for complaints by families previously. Supporting this, 75% of parents agreed with the statement that: *"My social worker is easy to contact and if they are not available there is always someone I can speak to"* in the interviews with parents for the evaluation. However, concerns raised in complaints do still continue to focus around the social worker not being available and there being delays in service delivery, such as delays sending out paperwork to parents, undertaking visits or responding to parents. There is further improvement we can continue to make and parents specifically identify their wish to be able to speak to a social worker urgently in their feedback for the model of practice.

4.3 Collaboration between practitioners

Collaborative practice

> "I like being in a smaller team where people support each other and there is a better sharing of skills and knowledge – there is a strong element of team spirit and of learning from each other. Having a real mix of skills in the team is, in my opinion, used appropriately." (social worker)

Collaborative practice can clearly have a positive impact for social workers and they have also provided evidence to demonstrate how this collaboration might be making a difference for children and families by supporting improved practice:

> "We had to take a large sibling group into care and the team really pulled together. Previously if this had happened in the duty team there would not

> have been enough workers available but in this case, we were able to plan it carefully e.g. the social worker was able to stay with the parent and support her whilst the children were being removed. This meant that the experience of the situation for the child and family was not as upsetting as it could have been. Five workers within the team all worked collaboratively with the family, each with clear roles such as work with the children; write court papers and liaise with family and professionals." (social worker)

Collaboration in group supervision and Reflective Practice Groups

The local authority has worked closely with the Centre for Social Work Practice on developing, delivering and evaluating Reflective Practice Groups for all practitioners and managers and with the Centre and the Tavistock and Portman NHS Foundation Trust to introduce group supervision. The independent evaluation of the Reflective Practice Group is being published at the same time as this report (Lees, 2017).

85% of social workers in the pods, who responded to *Your Voice,* identified the positive impact of group supervision on supporting them to work collaboratively with colleagues at the same time as having clear accountability for decisions. Group supervision is recognised as providing an opportunity for workers to share skills and develop their practice:

> "When I was new to long term social work, group supervision helped me with my court work which meant I felt more confident to support the child. In group supervision we discuss our work (including paperwork) and can mix the skills and experience from within the pod." (social worker)

Social workers have also articulated how collaboration is supported across the system by Reflective Practice Groups:

> "I enjoy the Reflective Practice Groups – it is good to hear from colleagues and other teams from different backgrounds and experiences e.g. fostering. There is a clear distinction between group supervision and reflective practice groups. Group supervision is focused on the cases in one pod whereas reflective practice groups are not just our pod and they can be closed or open cases which might be of interest to the group where for example there has been a dilemma." (social worker)

The impact of the Reflective Practice Groups in supporting collaboration between workers to improve practice is also highlighted in Lees (2017)**.** Both the quantitative and qualitative feedback from practitioners emphasises that a positive outcome for participants is that the groups have successfully provided other perspectives on their work (Lees, 2017:27).

Lead Practitioners

An important part of the model of practice has been the introduction of the Lead Practitioners, who work across the pods driving good practice and provide specialist support in areas such as domestic abuse or mental health. These roles model collaboration and joint-working between practitioners as illustrated by the practice example below:

Practice Example 2: Lead Practitioners work collaboratively with practitioners to develop good practice

A young infant and mother who has been known to social work throughout her own childhood due to concerns of domestic abuse, parental alcohol misuse and sexual abuse. The mother had formed patterns of abusive relationships and became pregnant and was worried about engaging with agencies to support her which led to an Interim Care Order being made at the birth of her child. The mother had been known to the service for a long time and it was the first time the social worker had worked within care proceedings.

The support offered by the Lead Practitioner included a reflective space to the social worker, planning interactions and meetings with the mother, joint sessions with the mother to motivate her and increase her capacity to engage with domestic abuse agencies and access therapeutic assessment; support in writing the domestic abuse intervention report for court and support provided when writing the Child Permanence Report. The Lead Practitioner and social worker were both called to give evidence in court.

Feedback from the social worker on Lead Practitioner support:

"This has had a big impact on my approach, confidence and skill set. It has already supported me in my practice with another family where I have offered a similar intervention to a male client without the direct support of a Lead Practitioner. I am hopeful that this will support him in becoming ready for the domestic abuse perpetrator programme and in a position where they will accept him on to their course. This may also reduce the chances of care proceedings. For the families I work with this will provide an individual intervention which is personal to them, build upon the relationship between client/worker and provide the worker with a clearer position within assessments".

Collaborative relationship-based practice that has a positive impact for young people is not just taking place within Children's Social Work. For example, the Youth Offending Service has been part of the system-wide model of practice and the adolescent pod is co-located with the multi-agency Youth Offending Service. Relationship-based practice is linked to ongoing improvements for the service, especially diverting young people from anti-social behavior and offending. Brighton & Hove are among one of the highest performing youth offending services nationally. For example, in terms of first term entrants, it is ranked third lowest out of 137 services for the year ending 30th December 2016, an improvement from 6th lowest for the year ending 30th September 2016. The Service Manager, who was a key member of the Model of Practice Working Group, provided feedback about how this improvement in outcomes has been supported by relationship-based practice and better links between social workers and youth offending workers:

> "… some feedback from a YOS worker. I'm undertaking a case review of one of her cases, and during our discussion she said that her approach was significantly impacted by work being undertaken by the service at that point regarding relationship based practice. She said it gave her the confidence to explicitly plan to engage the young person for the first part of the order, which aided his compliance (he had a history of non-compliance and breach prior to that). I know that she has always been particularly focussed on engagement, but that the model of practice work had that impact on her, and thus the young person, was really pleasing to hear!"

A key component of the model is to ensure that specialist workers and other professionals are part of the Team Around the Relationship. The benefits of this approach are illustrated by the following feedback from a pod manager to a CAMHS worker about her support of the social worker's relationship with a young person:

> "[Young person] has been a complex case and perhaps more complex given the anxieties of the professionals around the self-harm issues. [Social worker] has worked on this case extensively and has supported [young person], her mother and other siblings. I must acknowledge that the social work team would not have been able to achieve this without your active support. I have seen in two strategy meetings, and also have discussed in the supervision sessions, how collaboratively you have worked to address the emerging issues and how professionally you have managed other professionals' anxieties."

This collaboration is also exemplified by multi-disciplinary drop-ins that have been set up by Lead Practitioners, for instance to consider assessments of neglect or parents with learning disabilities, and the specialist-informed assessments which have been completed with the support of the psychologist based with our Family Assessment Centre. It is hoped that these assessments will enable social workers' assessments, informed by specialists, to replace the reliance on repeat and 'expert' assessments in

legal proceedings. The provision of robust, specialist-informed assessments for families as soon as they enter the social work system is a key action for the service for 2017-8.

4.4 Social workers as change agents

How relationship-based practice works

> "She is clearly very committed to her job and always has a plan for what to do next. She is very reliable and always tells us what she's going to organise. She ends up chasing up other workers who aren't meeting their promises. We have found her understanding, supportive and really excellent in helping us cope with a situation that has at times felt completely overwhelming. Because she believes us, it makes us happy to open up to her and to tell her about our fears for the future. Overall we think she is a very positive influence to our child and a great help within the family. In this case we would give [social worker] a 10 out of 10 for her empathy, tenacity and compassion." (parent)

A key principle of the model of practice is that social workers use their relationships with families to support change and the way this works is articulated by Andrew Cooper in his blog Relationship based practice works: the evidence (Cooper, 2015). Cooper writes about his visit to Brighton & Hove's Clermont Family Assessment Centre and how the workers demonstrate a relationship-based approach to assessments based on: *'hard conversations that put people in charge of their own lives'*; seeing every assessment as a relationship-based intervention and an approach combining compassion, directness and therapeutic ability – exactly the approach the family identified in the social worker's practice above.

This theory of change is demonstrated by the practice example below:

Practice Example 3: How a social worker uses relationships to affect change

The **parents** state that the excellent progress made is due to the trusting relationship the social worker has built with them. They identify the impact of her advice and interventions and their belief that she has their best interests at heart.

The **social worker** states: "[Relationship-based practice] has enabled me to build a relationship with this family and to hold a level of risk at times that could have perhaps felt to much if I had not had the relationship I have with the family and the support of the professional network."

Case Study: Children subject to a Child Protection Plan

The family has been noted to have made excellent progress since the children have had child protection plans. This relationship-based practice has meant that, rather than progressing to 'legal processes and adversarial working relationships', the children are being safeguarded within their family.

The Child Protection Reviewing Officer in the case explains that "[the social worker] has managed to forge a containing and collaborative working relationship with the parents, which can only be described as professional 'tough love' – remaining completely focused on the children's safeguarding whilst also demonstrating great empathy for the parents and working to their strengths at all times with honesty, clarity and accountability. This has included successful 'harvesting' of the resources available within the extended family. The Core Group and CPRO are being kept informed of all significant events and the Core Group are working very well together under [the social worker's] leadership. The mother has had very serious mental health issues, but even in her most chaotic times the social worker has been able to appreciate her strong parenting instincts rather than focus on her thought distortions and psychotic features and so avoiding 'mad' stereotypes - and the father has been empowered to step up as a parent rather than be stereotyped and side-lined as a perpetrator of domestic violence."

Outcome-focused practice

Social workers are able to provide examples of change-focused relationship-based practice:

> "I feel that I have been an agent of change in the last eighteen months. I feel that I have been able to respond rapidly to crises and do more face-face work with teenagers I have been involved in some very intense work with a family over a two week period which has led to positive change and a young person not having to go into a Secure Unit." (social worker)

The feedback regarding this kind of change focused relationship-based practice is, however, mixed. For example, a key finding of our LGA Peer Review was that we have embedded relationship-based practice but not change and outcome-focused practice:

> "The new Model of Practice has found favour amongst staff and partners. The Pod structure was valued by staff and partners because it focused on long term engagement with children and families and on effective relationship building to promote sustainable outcomes. We saw some good work with children and families … The peer team found some areas of practice that still need to be addressed (e.g. drift especially in CIN cases, caseloads/case closure, …The case records review provided some early/emerging evidence for improved outcomes for children and families. In interview, when asked to evidence improved outcomes, most staff expressed this in terms of improved relationships, in fact many staff reported improved relationships as the purpose of the restructure." (LGA, 2016:2)

The model of practice has provided the position for social workers to become agents of change but this is not a straightforward position for social workers to take up. This challenge is illustrated by *Your Voice* as only 59% of social workers who responded said they were 'able to affect positive change for children and their families without unnecessary delays', though this was up from 36% in 2016. One explanation of this could be an ongoing focus on perceived higher-risk work rather than supporting families to address key issues when they are most open to this at the start of the social work process. This is suggested by our audit programme, which highlights that work with children in need is the least effective (47% graded good as opposed to 63% for other children).

Feedback from children and young people is generally positive. However, within this feedback, there remains a concern about social workers' capacity to facilitate change. For example, the lowest scoring characteristics for social workers given by young people have been for 'my social worker can make decisions on their own' and 'my social

worker does what they say they will'. Practitioners have identified factors that might get in the way of them being an agent of change and these primarily relate to workload and bureaucracy:

> "Paperwork gets in the way and group supervision and reflective practice groups are a big drain on time particularly if you are part time. Technology is poor;" (social worker)

> "There is less time than before for direct work and families feel this when you have to leave them to rush off to another appointment." (social worker)

Supporting social workers as change agents

Social workers report that specialists, such as the Lead Practitioners, supporting the Team Around the Relationship help social workers to affect change:

> "I really appreciate the opportunity of having specialists e.g. the lead practitioners to help you to unpick a case. This is very beneficial to the child and family as it makes me more confident in my practice – as I said before if I feel confident then the family will have more trust in me." (social worker)

In order to support the model of practice, and particularly the ideas of change-focused relationship-based practice, we have introduced the One Story model of relationship-based assessment and recording, which promotes collaborative assessments that focus on change and progress. We have also implemented a new approach to child protection conferences, which is relationship-based and inclusive, and the feedback so far is that it is supporting the co-construction of plans that are owned by families as demonstrated by this feedback from an observation:

> "I was attending to experience for myself the new conference and was so pleased to see the difference this has made. I watched how the Chair was able to use her own role to engage and then to challenge the parents but still keep them participating whilst [mother] struggled to manage her distress. It was also good to see yourself and [the Chair] working together to enable the parents but also to be very clear with regards the changes they need to make and the timescales for doing this. It was clear to me that your style is one of enabling but also during the conference process you were demonstrating the extent of the damage to the children as individuals and as siblings and what needs to happen with your support and guidance. The parents left with a clear plan and in no doubt of the situation for their children." (Assistant Director to social worker)

The theory of change behind the Team Around the Relationship is that, if social workers feel safe and supported, they can build relationships with families and use a range of interventions to support change with families, which intervention they use will depend on

the practitioner, the family and the situation. A central tenet of the model of practice is that change is based on collaboration with families and this relies on social workers taking a whole-family approach and being confident as change agents. Significantly in terms of shifting the perception of families, within the time of the model of practice, the directorate which includes Children's Social Work in Brighton & Hove has been redesigned as 'Families, Children and Learning', which explicitly prioritises a whole-family approach. This systemic change in how families are supported has also included the Multi-Agency Safeguarding Hub becoming the Front Door for Families and incorporating a whole-family early help approach. The evaluation so far suggests that, while there is evidence of this kind of approach emerging, this change will take time to embed. A priority going forward will be for us to ensure that robust multi-disciplinary support, which considers all members of the family, is part of the Team Around the Relationship.

4.5 A learning organisation

Supporting Learning

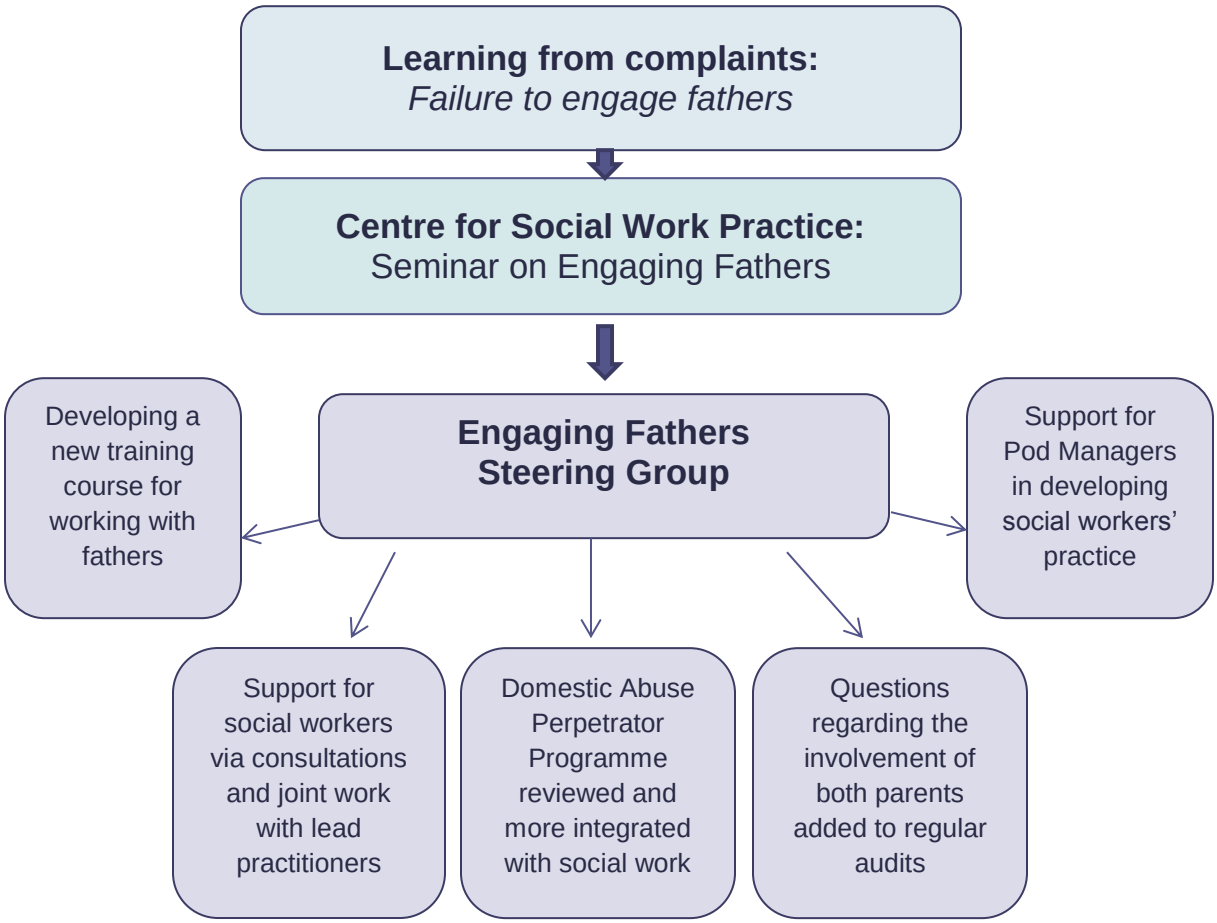
From in-depth interviews, social workers generally felt that the learning opportunities provided under the new model were making a difference for them and for the children and families they worked with. One social worker said that there were more opportunities for training than before and this was supported by managers:

> "Workshops and training are now more accessible and are planned so that social workers can attend – I try to encourage staff to attend." (Pod Manager)

An example of the way we want a learning culture to operate is provided by Practice Example 4 below:

Practice Example 4:

Embedding learning about engaging with fathers



Learning in group supervision and Reflective Practice Groups

The majority of social workers interviewed felt that reflective practice groups and group supervision were helping them to develop their knowledge and practice:

> "Group supervision has enriched my own knowledge and has brought people together." (social worker)

92% of social workers in pods who responded to *Your Voice* said that Reflective Practice Groups were providing them with emotional containment and helping to develop good practice. Significantly, Lees (2017) highlights that in some instances the learning from Reflective Practice Groups has made a real difference to practice and, therefore, outcomes. For example, she gives two very different examples of how Reflective Practice Groups appear to have had a direct impact on outcomes for families. The first involves a worker who, following a Reflective Practice Group, decided to contact the father of a baby relinquished by its mother for adoption and the father was

now caring for the baby. The second is an example of how social workers reflecting on their emotions, and those of families, can lead to containment for families and improved outcomes:

> "…then me having had the space to reflect and to think and to you know look at new strategies, I then went back to the family, and I said, we need to do something about this cos this is not ok. It hasn't been working and it makes you very anxious and then the parents both told me, well you're standing when you come. I said but you're standing too, how does it make you feel? And he said, you need to sit down because if you stand then it makes me feel really anxious and I know I shouldn't have spoken to you like this…and he apologised and I said ok, so does it make you feel better if I sit? ….anyway so we had that discussion afterwards and yeah, and we're talking on completely different terms now, completely different…and the child remained at home with them…" social worker (Lees, 2017:71).

It is important to acknowledge that, while both group supervision and Reflective Practice Groups have helped many practitioners feel supported and contained, this is not the case for all. The Centre for Social Work Practice acknowledge the challenge of articulating and implementing the model for Reflective Practice Groups in Lees (2017) and some participants indicate that the Reflective Practice Groups have not helped them with the emotional element of the work, or that this has been undermined by poor attendance, or that the groups were simply a 'moaning forum':

> "Both quantitative and qualitative data suggested that there were mixed views regarding the success of the RPG project on a range of measures. However, broadly speaking the message is positive with most workers appreciating the reflective opportunity RPGs provide and the organisational commitment to providing them. A number of participants were concerned to stress that the project needs a longer timescale within which to fully embed." Lees, 2017:71)

Learning from, and with, Lead Practitioners

Lead Practitioners were identified by social workers as supporting a learning culture and ensuring that knowledge is disseminated across the system:

> "The lead practitioners have their own expertise to bring to a case. An example of where they have supported me is with the single assessment I had to complete for court. I had never completed one before so the lead practitioner went through it with me and showed me how to complete it and also explained what I had to do e.g. the need for observations of the children to take place. I have since been able to share my learning and experience with colleagues in my team." (social worker)

The Lead Practitioner role is central to creating a learning culture as it includes facilitating Reflective Practice Groups for social workers (along with the Professional Educator and Principal Social Worker), sharing expertise and modelling good practice. Crucially, the Lead Practitioner role, by completing direct work jointly with social workers, further embeds a culture of observation and feedback on practice. One of the ways that the Lead Practitioner role and Reflective Practice Groups have made a difference for social workers is by naming and foregrounding the theories informing practice. This then provides a framework for practitioners to think about a case but also to feel held, contained and confident in their practice.

Challenges in embedding a learning culture

The factors identified by social workers as undermining a learning culture were time, 'my caseload is too high', and inconsistency across the system:

> "group supervision is not facilitated properly in our pod and there is not enough discussion and time for reflection." (social worker)

In addition, as part of the Team Around the Relationship a new senior social worker role was introduced which included the development of other workers in the pod. This has not been successfully embedded yet as demonstrated by the findings of *Your Voice* where only 38% of respondents felt that senior social workers had a clear role. A new learning and development pathway which promotes relationship-based practice, the Continuing Learning and Assessment Model (CLAM), was introduced in early 2017. The CLAM describes the expectations for professionals in social work roles, assessment and accreditation points and development opportunities available. It is a live tool that will be updated regularly to reflect local and national developments. The model is a joint innovation developed by the Principal Social Workers for adults' and children's services and the Workforce Development Team. However, possibly due to the very recent introduction of the new model, only 32% of social workers in the pods responded in *Your Voice* that there was a clear pathway for continuing professional development.

As part of the new model of practice the training offer for all practitioners has been reviewed and expanded. This has included new courses such as 'An introduction to relationship-based practice' and 'Relationship-based management' led by Gillian Ruch, skills workshops facilitated by Lead Practitioners and an annual 'Relationships in Practice' conference, in addition to the learning framework to support relationship-based practice provided by the CLAM. The training offer is augmented by opportunities for social workers to be 'seconded' to co-facilitate interventions, such as solution-focused therapy or the parent-child game, with our Family Assessment Centre or groups run by a voluntary organisation for women and children who have experienced domestic violence. Significantly, the take up of these opportunities is reported to have been much better in 2017 than the previous year and that this may be because social workers feel they have more physical and psychological space for this kind of learning opportunity.

Teaching relationships in practice

In order to support the expansion of a pathway promoting relationship-based practice to include social work education and qualification we have developed a Teaching Partnership, the South Coast Regional Centre for Social Work Education, with East Sussex County Council and the Universities of Brighton and Sussex. The partnership seeks to support a relationship-based approach to social work education, continuing professional development and practice research. Significantly, the focus on practice research is intended to support a view of social workers as researchers and practice as research. A learning culture should include an approach to assessment and intervention with families which is itself open to explore research and learning with families. The evaluation of the Team Around the Relationship, as a self-evaluation based on targeted consultations with practitioners and families, also serves to further support and embed such a learning culture. This culture is promoted by the new quality assurance framework, which was designed to support the model of practice and places social workers at the centre of quality assurance activity. Social workers, with support from their managers, audit their own work in order to learn and critically analyse their own practice, focusing on outcomes and identifying solutions. Likewise, the performance management framework was designed to provide social workers and managers with the support and tools with which to make systematic, continuous improvement to the service they deliver to families, which is driven by practitioners having access to their own performance data. This was recognised by the Peer Review:

> "We were impressed with the quality of the social work staff that we met both within the PODs and in the MASH. Over the course of our meetings during the case records review and the on-site week it became obvious that staff have a clear desire to improve frontline social work practice. The new model of practice with its emphasis on self-assessment and group reflection is helping to promote a learning culture where staff at all levels have confidence and are motivated to improve. Staff expressed the view that children and families were benefiting from the new model and cited the fact that complaint calls into the POD were reducing." (LGA, 2016)

Modelling a learning organisation

It is important to note that the way that the model of practice was developed and implemented was based on its own underlying principles and was, therefore, intended to be collaborative and relationship-based. This presents its own challenges, especially when supporting an organisation through whole system change. For example, while skills-based workshops were provided for practitioners before moving to the new social work pods, and managers were provided with support from the Centre for Social Work Practice, practitioners wanted more formal training. In effect practitioners were often reaching out to be told how to do relationship-based practice and felt that they were given the message that this would be evolving and emergent. There is an unavoidable

tension between supporting an emergent and distributed culture and an understandable wish for prescription and clarity, particularly at times of change. This challenge was particularly evident in the introduction of group supervision, a key process foregrounded in the new model. Managers were provided with training on systemic approaches from both the Centre for Social Work Practice and the Tavistock, which included a consideration of group supervision and a suggested model for this, but for many managers and other practitioners there was a sense that this should have been clearer.

An important piece of learning from implementing the model of practice is the need to recognise, name and alleviate where possible this challenge. This is also reflected in the tensions around the implementation of the Reflective Practice Groups, their structure and the training provided for the facilitators, as identified by a senior manager in Lees (2017).

> "While we did communicate with social workers and managers about reflective practice groups, I think and again this is just one of the learnings around the whole service redesign anyway, is you can never communicate too much, you've just to keep reminding people this is what we're doing, this is why we're doing it, so I think there was probably more we could have done in terms of that sort of communication, that sort of branding, even the joint stuff with the centre for social work practice, making more of a um, making more of a big deal in terms of actually this is what we're doing, this is why we're doing it" Interview 11, senior manager (Lees, 2017:28)

4.6 An open and trusting organisational culture

Relationship-based management

A key mechanism to support the Team Around the Relationship is creating an organisational culture in which social workers and their managers feel trusted and supported to make decisions. Relationship-based management ensures that the emotionally charged experiences of practice are considered in the support social workers receive from their managers and places relationships at the centre of management (Ruch 2012). The evaluation of the Team Around the Relationship has shown the importance of a 'both/and' approach to management, the manager needs to hold process in mind and this contains workers' anxiety facilitating relationship-based practice. When a manager has a strong grasp of process this allows practice to flourish. This is clearly working for some practitioners:

> "I have felt listened to and valued … despite the high caseloads, having a manager that recognises the pressures, has made an incredible difference to the morale of our pod and feeling supported." (social worker)

Importantly, this containing approach to management has been combined with an improvement in terms of management oversight. For example, the quality of supervision was found to be good or better in 89% of cases audited in quarter 4 of 2016-17 compared to 42% in the same period in 2015-16.

Group supervision and Reflective Practice Groups seem to be working as mechanisms to support this organisational transformation. For example:

- 93% of social workers in the pods said 'they felt trusted to make decisions in my role to affect positive change';
- 92% stated that 'my Reflective Practice Group helps to provide emotional containment and to develop good practice':
- 89% feel that 'in 1:1 supervision my manager gives me confidence in my capabilities', and;
- 85% responded that group supervision makes them feel more supported and helps them to work collaboratively." (*Your Voice)*

A further mechanism for supporting this change has been managers sitting with their pods:

> "Managers sitting with you is a positive move as it means you can approach them when you need advice. Before all of the managers were sitting in a different room. The support I have received form my manager has been invaluable." (social worker)

Most social workers who were interviewed felt more supported by their managers in the new structure. However, this is not happening consistently across the system, for example one social worker talked about their manager being 'completely overwhelmed and unable to provide meaningful support' in the in-depth interviews. The changes to the management structure in the Team Around the Relationship were intended to provide clearer accountability and to make social workers feel more supported and this appears to generally be working. However, there are inconsistencies across the system, for example, in how group supervision is being implemented and attempts have been made to respond to these inconsistencies, for instance, providing additional support to co-facilitate some group supervisions and follow-up systemic leadership sessions for all managers focusing on group supervision. A consequence of the new structure is that, for those in pods where things are not working well, the differences to other teams where things are working well are more evident. Practitioners have described the model as 'exposing', both for social workers and managers. A further unintended consequence of the model is that it can lead to isolation for pod managers, which will exacerbate inconsistency across the system. This challenge, which was highlighted by feedback from Reflective Practice Groups, surveys and interviews, has been mitigated by the creation of a pod managers' forum, facilitated by the Principal Social Worker.

While for some the Reflective Practice Groups have been undermined by poor attendance, the positive impact of these groups for managers is identified by Lees (2017):

> "For me, actually having the resource put aside for that reflective space I think is really important, so although we may have sort of challenges around it and criticisms of it I think organisationally I think it's hugely important that we've got that resource there." (pod manager)

It has also been a challenge to successfully embed group supervision as a key process across the whole system at every level including at a senior leadership level. However, Pod Managers have recognised that:

> "I have always felt supported by my manager – having more contact with the Assistant Director – I feel listened to. Regarding our team meetings (pod manager meetings) we have a responsibility as managers to make it happen, the idea that team meetings should follow the group supervision model, if we feel it is necessary or we want it. It doesn't need to be prescriptive." (pod manager)

Relationship-based leadership

A key part of Brighton & Hove's vision of social work was:

> "The proposed structural changes will be supported by clear leadership from a Senior Leadership Team, itself based on the principles of the pod, group supervision and collaboration in order to promote accountability and transparency. Fundamental to these changes are a wish to move towards a just and open organisational culture, which itself promotes and models the values of relationship-based practice and the values of Brighton and Hove City Council. Social work is at its best when it inspires trust and confidence in children, parents and other professionals. This requires social workers to have trust in themselves and the organisation that employs them." (Brighton & Hove, 2015: 6).

However, in *Your Voice* only:

- 39% of practitioners believe that 'the SLT consider the professional opinions of frontline staff when making decisions';
- half of respondents 'have confidence in the SLT to ensure good practice standards are not compromised', and;
- 58% of staff felt that 'SLT focus on what's best for children and families when making decisions." (*Your Voice)*

While there are clearly strengths associated with how social workers are feeling supported by their managers, this has not as yet been translated into a wider sense of being supported by the organisation as a whole, and the Senior Leadership Team in particular. It may be that this is simply indicative of the ongoing and long-term nature of the transformation of the organisational culture. Interestingly, the questions in *Your Voice* about culture change elicited most 'neither agree nor disagree' responses by a

significant margin possibly demonstrating that we are moving in the right direction, away from the negative organisational culture discussed in Part 1, but that we are not yet being experienced as a relationship-based organisation by our staff. Other factors which may contribute to a lack of feeling heard by the Senior Leadership Team include the impact of wider 'political', and especially budgetary, pressures:

> "We have more permission as social work teams to think critically about our work, how we respond, more flexibility in terms of the way we work. Although there are still times when things become political and are shut down" (pod manager);

Or an unintended consequence of attempts to implement a culture which recognises positive practice and is not punitive:

> "Be more open to challenge about the model we have implemented and how it is working. There are areas where it isn't working as well and whilst this may be a consequence of austerity / budget constraints there is a sense that challenge or criticism is not acceptable and the overall positivity at a senior management level is the only way." (*Your Voice*)

However, there are also examples of the containment provided to practitioners and managers by attempts to model relationship-based leadership:

> "I think your measured containment and management of all the anxiety and uncertainty that is around and which was amply demonstrated at the Model of Practice meeting yesterday is truly exemplary and an invaluable component of what will make all this work." (manager to SLT member)

This kind of leadership is intended to ensure that risk is owned across the system and that social workers feel they are trusted by and can trust the organisation, whether that is via collaborative decision-making in group supervision or with senior managers. An example of the latter is provided by the feedback from social workers in a group supervision on their experiences of the care planning panel, which is chaired by the Assistant Director:

> "The questioning is in a very supportive manner you do not get the feeling that you are grilled or blamed for not doing things. The communication is friendly, encouraging and exploring rather than blaming … I always feel that the work that I do is getting acknowledged."

A relationship-based organisation

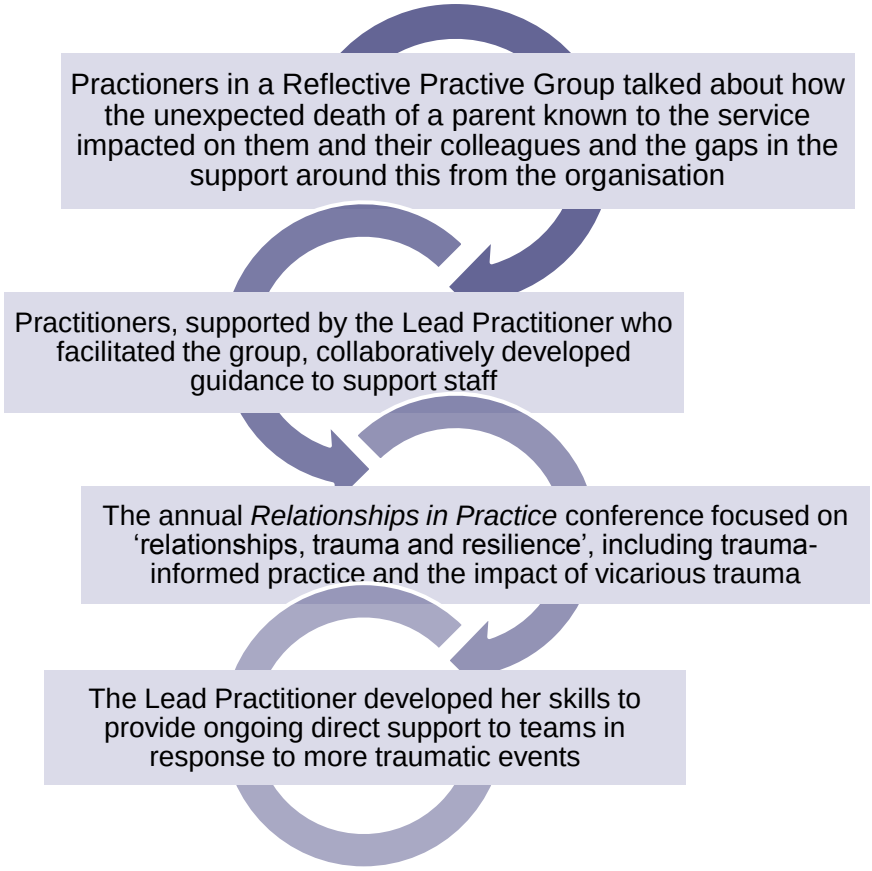
A key piece of learning, which has been reiterated during the evaluation, is that it will take time to become a relationship-based organisation. The context for the changes, the pre-existing organisational culture discussed in Part 1, is no doubt a significant contributory factor in this. For example, the way that the model of practice was developed and implemented, including all staff in the process both informally and then formally, was intended by the Model of Practice Working Group to be inclusive and

founded on a significant level of consultation. However, for a workforce who had experienced a number of previous restructures in quick succession, and who did not feel safe and stable themselves, their experience of this process was understandably different. For example, only 39% of respondents to *Your* Voice felt that 'there are sufficient opportunities for me to influence proposed changes that will directly impact on my role'.

The organisational culture that we want to create requires leaders to demonstrate that they can model relationship-based practice, that they do not just listen to practitioners but they also act on this. We want to move towards being a relationship-based organisation, which provides both containment and challenge for practitioners. In order to be resilient an organisation must continue to learn and evolve, sharing good practice across the system and, as suggested by the feedback above, also identifying barriers to good practice so as to overcome these. The ongoing evaluation of the model of practice is itself an example of the organisation striving to be adaptive and resilient. A resilient, relationship-based organisation provides containment for practitioners but also a system that can manage uncertainty and unexpected challenges. While this is an ongoing challenge for the organisation there are examples of this beginning to happen as illustrated by the practice example below:

Practice Example 5: Supporting staff and becoming a more relationship-based organisation

The development of support for staff, teams and pods when somethings unexpected or traumatic happens



The impact of this support was described by a pod manager as:

> "perfectly pitched and very well received, helping to hold workers in mind and giving them a flexible space to talk about their feelings as well as a theoretical framework for understanding the impact of trauma."

Across the whole system, the Reflective Practice Groups provided a mechanism to talk about the impact of these traumatic events and a system-wide group was planned in addition. This systemic response was supported and sponsored by the Assistant Director, which led to this feedback from a social worker:

> "I am really heartened at all the above – plus in reading this email know that we have a leader who is able to talk about emotions and reach out to us in the difficult work that we all do every day." (social worker to Assistant Director)

This kind of response is emergent but, at the same time as it highlights the gaps that existed, indicates how the mechanisms of relationship-based practice may help us to develop into a resilient, relationship-based organisation. As such it provdes an example of the Team Around the Relationship, which places the social work relationship 'at the heart of a system of relationships built to support the child and family', in genuine operation. The practice example indicates how the principles of the model can promote resilience for practitioners and the organisation in the long-term. It illustrates how this resilience is built on the notion of the organisation holding social workers in mind and how the concept of mentalisation operates as the core construct underpinning relationship-based practice both with families and in the practice system as a whole. As the evaluators of the *See Me Hear Me Framework* write:

> "Both practitioners and managers in the survey and the interviews spoke of the need for a context which acknowledges and validates feelings if professionals are not to defend against emotionally demanding and challenging encounters to the extent that they stop relating personally to children or become 'burned out'." (Lefevre et al, 2017:14)

Or, as summarised by one of our practitioners:

> "… if I feel confident then the family will have more trust in me." (social worker)

PART 5 – ARE THESE PRACTICE CHANGES LEADING TO IMPROVED OUTCOMES?

Part 4 considered the emerging learning under each of the mechanisms that support relationship-based practice. A key part of Brighton & Hove's model of practice is the belief that, if social workers have manageable caseloads and feel safe and contained, they will be able to use their relationships with families to deliver excellent social work. These factors, namely workload and containment of staff, will be considered before moving on to look at whether the model of practice has delivered its intended outcomes.

5.1 Workload

Caseloads for social workers in the pods were between 18 and 19 children at the time of the service redesign and have decreased to 17 as a result of the reduction in the number of families open to social work. Local and national benchmarking suggests that this is in line with national averages. The service redesign was completed within the existing budgetary envelope with the expressed goal that over time it would support reductions in spending by decreasing demand for high cost social work interventions. The social work establishment and associated caseloads were based on what was possible and pragmatic rather than an 'ideal' caseload. However, the notion of an average caseload, especially across local authorities with very different models of practice, is a complex and tenuous one.

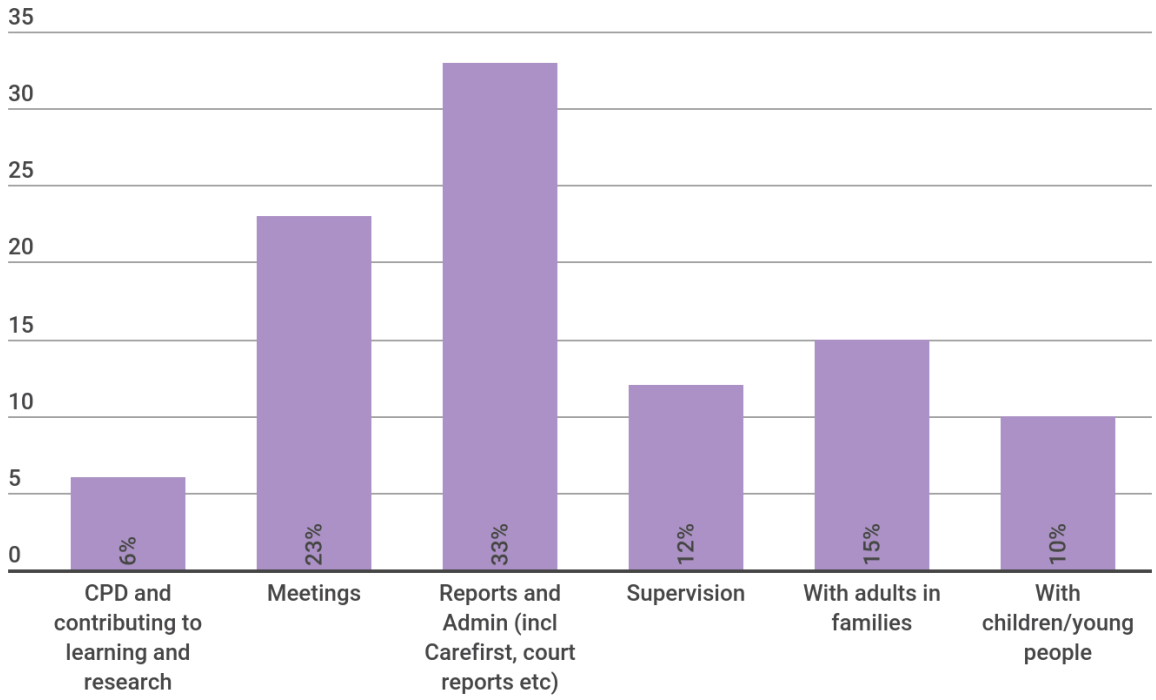
More importantly the results from *Your Voice* are encouraging in terms of practitioners' workloads, 64% state that these are reasonable and only 29% say these are high (above capacity). This is also an improvement from the 2016 results, which were 60% and 37% respectively.

However, a number of the comments from the survey relate to the need to keep caseloads at a manageable level and this is supported by the interviews with social workers:

> "the reality is we are consumed with paperwork, recording, meetings and lot of duplication - caseloads are high and we are short staffed." (social worker)

A key finding of *Your Voice* is that, while most practitioners feel their workloads are manageable and the changes to the recording system related to One Story have had a significant impact, this has not been translated into practitioners spending more time with families:

In an average month what percentage of your time do you spend doing the following:



These results are almost exactly the same as those from 2016. The theory of change on which the model of practice is based is reliant on social workers spending more time completing direct work with families and this is not yet evidenced by the survey results.

Interestingly, this does not seem to be about practitioners spending more time in supervision and Reflective Practice Groups, as has been raised as a concern at times during the evaluation, but rather a continuing burden of court work and report writing. This may be linked to the gradual introduction of the innovations of One Story. For example the new referral system is only being introduced in June 2017 and the use of Strengthening Families Assessments to replace court statements is also just being piloted. One Story has not yet had its full impact on day to day practice. This was evidenced by a qualitative audit early in 2017 which found that there was a wide variation in how, and how well, the new model of recording was being implemented. This resulted in further changes to the documentation to challenge duplication.

Despite these results, the integrated Business Support Officers within the pods, who provide proactive administrative support and contact with families, are valued and can hopefully help reduce this administrative burden in the longer-term:

> "I only have good things to say about my BSO. She is very competent and has a real 'can do' attitude. She is flexible and extremely helpful to others. She is a valued member of the pod and has got to grips with the

> cases, duty and all the new Carefirst stuff she has to do. She is very organised." (pod manager)

5.2 The experience of staff – do staff feel contained?

> "Relationship-based practice is known and understood throughout the organisation … most staff welcomed and valued the opportunity to develop positive relationships." (LGA, 2016)

An encouraging result from *Your Voice* was that 79% of respondents felt 'safe and supported' – a 15% rise from the 2016 social work health check. The consultants who managed the survey on Brighton & Hove's behalf noted that this result was surprisingly positive for a social care organisation, especially at a time of austerity. Triangulation from social workers' interviews suggests that these positive results are linked to Reflective Practice Groups and group supervision, practitioners feeling trusted to make decisions and support and guidance from managers and their colleagues:

> "the blame culture which existed before has gone and it feels much more comfortable. I cannot believe we did not work this way before as the new approach makes better sense." (social worker)

There are clearly differences across the pods and it is important to acknowledge the variety of experiences that practitioners will have of the model of practice. This acknowledgement of the validity of a range of experiences of the model is necessary to avoid cognitive dissonance for practitioners who may, for instance, not be part of a positive group supervision or Reflective Practice Group. The results of *Your Voice* in terms of staff feeling safe and supported, finding group supervision helpful and experiencing Reflective Practice Groups as containing are more positive for the 'fieldwork' pods than those for workers from 'specialist' teams across the service. This is perhaps reflective of a wider unintended consequence of the development of the Team Around the Relationship, and the attendant focus on the social work pods, which has created a sense that 'everything is about the pods' to the detriment of 'specialist' teams. This is despite members of these teams taking a key role in developing the model of practice. The importance of ensuring that changes are owned across the whole system has been a key piece of learning from the project. An example of implementing this learning has been supporting practitioners from 'specialist' teams to lead workshops at the annual conference.

A key mechanism introduced to support practitioners to feel safe and supported are the Reflective Practice Groups and 88% of respondents across the service agreed these were providing emotional containment and developing good practice, twice as many as in 2016[1]. The independent evaluation of these groups found that the impact of the

[11] Significantly, the response rate for *Your Voice* was 104 compared to 47 for T3 of the survey in Lees (2017).

groups was mixed but identifies the following positive outcomes that they have had for most participants:

- "broader sense of the organisation as a whole;
- validation and reassurance;
- going out feeling calmer;
- feeling supported;
- changes to practice, doing things differently." (Lees, 2017:50-5).

5.3 The experience of families – how do families feel about social work?

Families are generally positive about their social worker (see Appendix 1). For example, 77% of young people interviewed across 2016 and 2017 were happy with their social worker. In 2017, 87% of parents agreed that their contact with the social worker has been positive overall:

- *The social worker has been there for me. She has done nothing but help me*
- *He was very kind. I was happy with what happened*
- *It was great!*
- *We couldn't have asked for a better social worker – she is amazing*
- *She left a very strong impression on my daughter*
- *We have had a good overall experience so far*
- *Social Worker has done really well and has been very patient*
- *She wants what's best for my child*

In February 2017 more parents agreed with the statement 'my social worker has built a relationship with me and my family' than in July 2016 and the biggest change related to the statement 'my social worker knows enough about my situation', suggesting the possible positive impact of continuity of social work relationships with families. A suitable proxy indicator for families' experience of social work is the number of complaints that are made by families and, as noted in Section 4.2, this has halved since the introduction of the model of practice. In a similar way to 'participation being protection' for young people, the experience of families is important, not just as an outcome itself, it is the means to building safety for children. When families feel held and supported they are helped to engage with social workers. This engagement then allows social workers to model reparative relationships for parents and to impact positively on parents' behaviour and relationships with children.

5.4 Supporting safe and stable family lives

There is, therefore, evidence to suggest that the model of practice is improving families' experience of social work but is this also leading to increased safety and stability for families? This was a key focus of the LGA 'Safeguarding' Peer Review in the Autumn of 2016. The peer review concluded that: no inadequate work was found, practitioners

at every level were impressive and workers had confidence in the management team. The Peer Review process includes a detailed audit of a sample of cases and provides an example of relationship-based practice building safety and stability for the family:

> "This case of children on a child protection plan clearly demonstrates benefits of relationship practice as the same worker has had the case since referral and investigation … The Social Worker and Pod Manager have a really good understanding of the issues for the family, and the risks for the child. This has really enhanced the quality of the work with this family … The case recording demonstrates a really good level of relationship, context and meaningful interaction with this child, his sibling and mother … there is a high quality single assessment completed within timescales it clearly demonstrates good partnership engagement and specifically it really brings the child to life when reading the single assessment / conference report, his wishes and feelings and what life is like for him. A really good piece of work. The Social Worker and Pod Manager were able to describe how the pod has contributed to the development of the care plan and this is also evidenced in the Pod / Group supervision record … Very good reflective supervision." (LGA, 2016)

Our own quality assurance mechanisms have also demonstrated emergent evidence of improved outcomes for families from the model of practice. For example, the regular audits for Quarter 2 of 2016-7 included 91 cases and 63% were rated as 'good' or better. The reasons for these findings included:

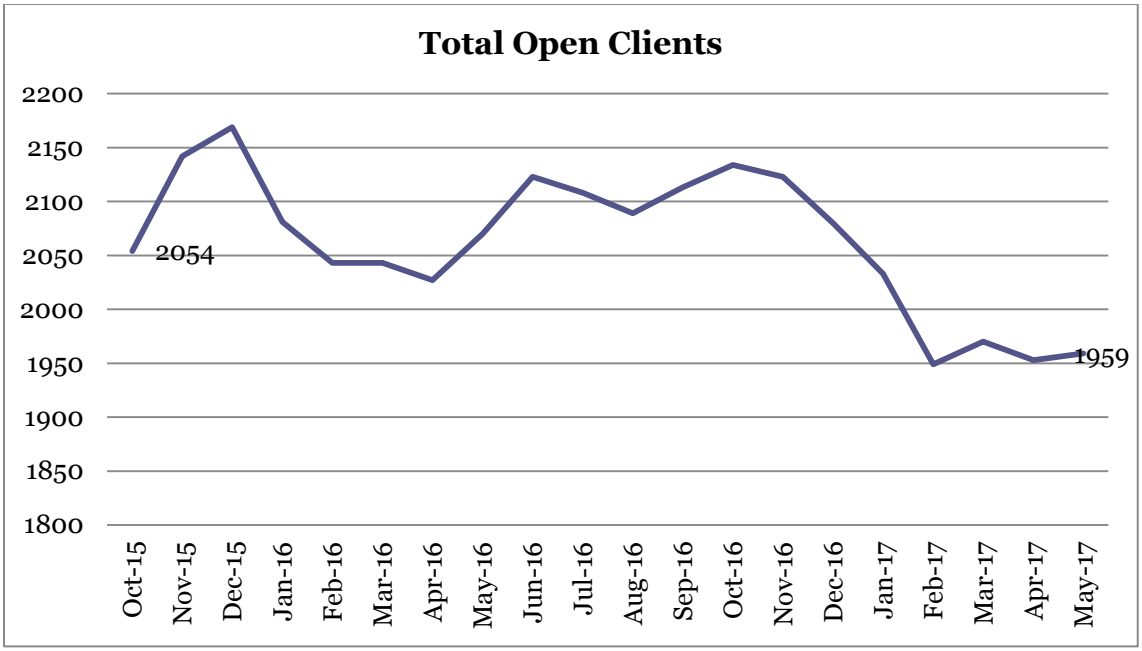
> "In my view this is a good example of relationship based practice with outstanding features, particularly the social worker's relationship with the children and their mother. The building of the relationship between the social worker and the mother has resulted in very positive outcomes for the children, as we were considering initiating care proceedings when the case was transferred in. The turnaround has been phenomenal.**"** (practice highlighted by pod manager in the audit overall judgement)

The independent evaluation of the Reflective Practice Groups provides evidence that the theory of change for the model of practice works, namely that when social workers feel supported and contained they are able to use their relationships to affect change. This would indicate that the model of practice provides the potential for social workers to build safety and stability for families. As Lees writes:

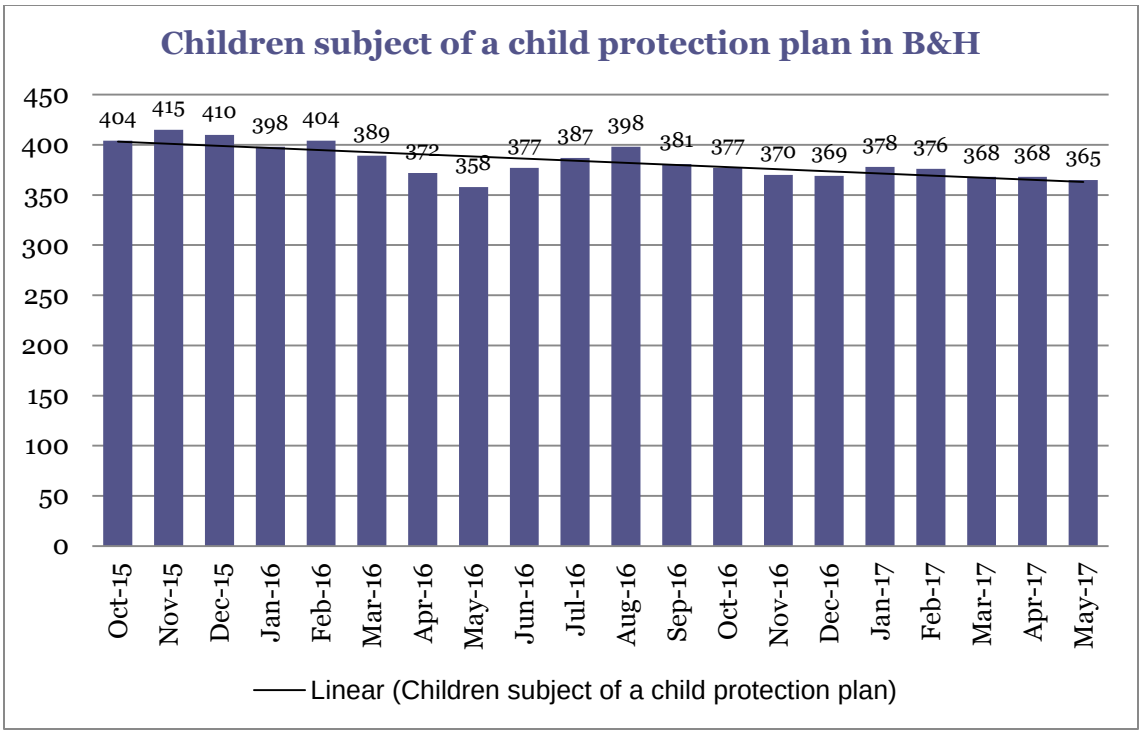
> "Not all participants reported changes to practice, nevertheless, a number of encouraging examples emerged from the qualitative data. These included social workers changing their behaviour and courses of action in work with families, with beneficial effects. A number of workers reported

> taking action to change their own workloads and priorities as a result of RPGs. Others reported feeling that they now had new ideas and strategies to implement as a result of discussions with colleagues." (Lees, 2017: 59)

The aim of the model of practice was to support 'the right child, in the right place, at the right time' in order to support safe and stable family lives. This included recognising that we should only work with those families who were most in need of our help and that we should support these families without delay or drift. As mentioned above, the number of families who are open to Children's Social Work Services has fallen, by 5.4%, since the service redesign was implemented suggesting more children are experiencing safety and stability.

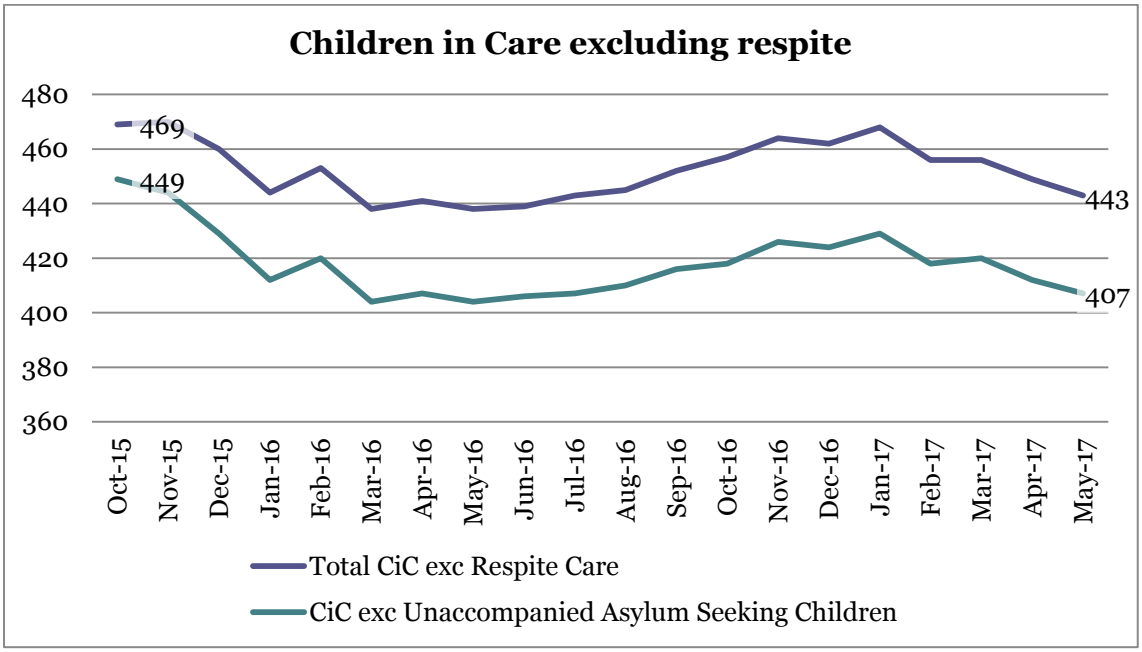


The number of children subject to a child protection plan is recognised nationally as a suitable proxy indicator for safety and stability in families as it relates to the number of children who are considered to be at risk of significant harm. The number of children who are considered to be at risk of significant harm in Brighton & Hove has fallen from 404 to 365 since the introduction of the Team Around the Relationship.

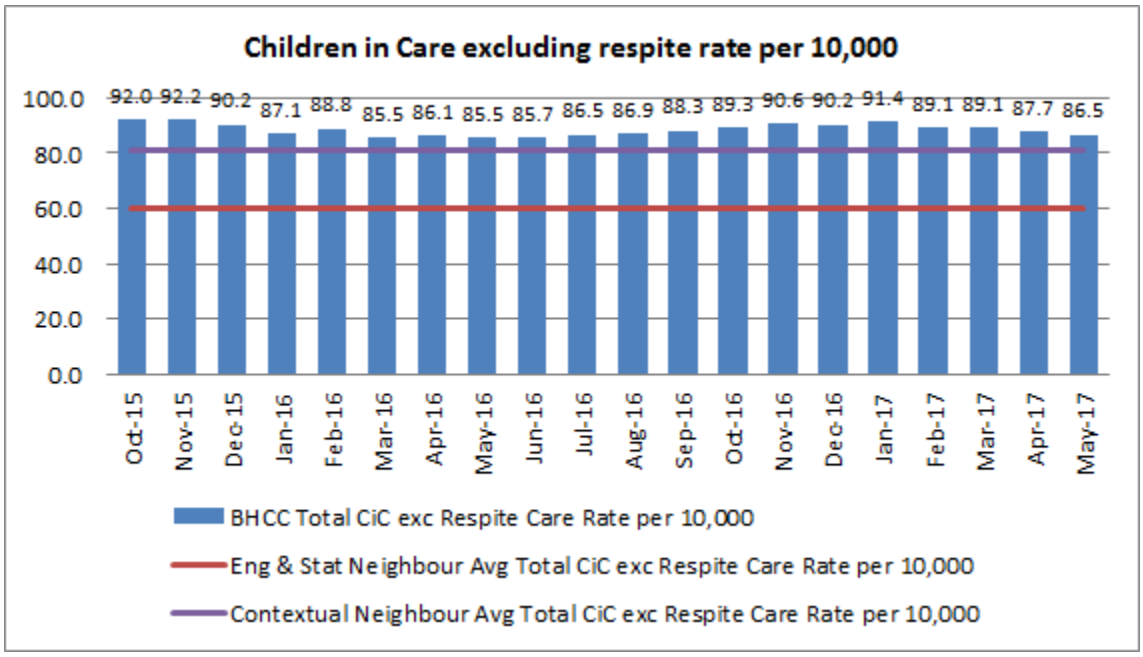


This is a significant reduction in the context of the increasing demand for social work services nationally and the rise in the rate of children subject to child protection plans across England in the same period.

The number of children in care has also decreased by 10% since the introduction of the model of practice.



Despite these reductions, it should be noted that the rates of both child protection plans and children in care remain above the averages for England as well as the averages for our statistical and contextual neighbours, as illustrated for children in care below.



While it is difficult to make causal links between the implementation of a new practice system and statistical changes, it would appear to be a logical assumption that the model of practice is making a difference to the number of children who are experiencing safe and stable family lives in Brighton & Hove. The detailed considerations of Part 4 suggest that the improvement in these outcomes have been brought about, at least in part, by the implementation of the principles of our model of practice.

PART 6 – KEY MESSAGES AND NEXT STEPS

6.1 Is the model of practice working?

A key message from the evaluation so far is that relationship-based practice provides the potential to improve outcomes for children and families. The data in this report suggests that the six principles of the model of practice operate as mechanisms to facilitate these improvements. The Team Around the Relationship provides a whole system approach which supports skilled and dedicated staff who use their relationships to affect change for children. It also creates a structure and culture that shares risk, contains practitioners' anxiety and enables learning and adaptation to respond to the challenges faced by vulnerable children and their families.

While there are clearly lessons that can be learnt by others implementing whole system change, and that we will consider as we continue to embed the Team Around the Relationship, the model of practice does seem to have helped social workers to feel safe and supported and to make a difference for families. The model is based on social workers using their empathy, tenacity and compassion to build relationships with families to affect change supported by skilled and containing managers. The Team Around the Relationship appears to have provided a sustainable structure and organisational culture for doing this, as the Peer Review concluded 'social workers and support staff at every level are impressive' they have 'confidence in the management team' and 'the new model for social work practice is beginning to make a difference to children and families' (LGA, 2016). While there are inconsistencies, the model of practice does seem to have improved performance against the outcomes which were identified during its development. The improvement in these outcomes is captured by the words of our practitioners and the families they have supported:

- families have a positive experience of social work:

  "[social worker] has been my social worker for roughly 3 years and all this time she has been consistent and always here for me. Without her things would have been completely different for me, she has faith in me and even in my darkest times she still believes in my and that helps a lot. She is also on the ball with always getting things done and is really down to earth and genuine. I'm lucky to have her." (young person);

- social workers feel more supported and more able to make a difference for families:

  "I just wanted to say over the years, I worked on and off with Brighton and Hove and have worked a variety of different models. I have to say this has by far been the best model I have experienced which includes my experiences with other local authorities. In terms of recording and the One Story work, I have noticed a dramatic reduction in paper which has left more time to spend time with children and their families and of course

building relationships with partner agencies. I have certainly noticed the difference in my working relationships and have felt, even when very busy, some containment with all my clients within this model." (social worker);

- relationship-based practice appears to be supporting safe and stable family lives for children:

  "[social worker] has established a relationship with both parents where she was able to provide necessary constructive challenge of Mum in a way that enabled 'scary' change work, but was gentle and empathic enough for Mum to engage with and feel safe and valued for her strengths – without feeling threatened or rejected … Professionals present were very complimentary about [social worker's] work and the Health Visitor said it was the best social work report for conference she had ever read. The core group has been well led and kept involved. So much so that upon ending the Child Protection plan parents and professionals felt ready to 'go it alone' without further social work involvement, clearly seeing what their roles with the family are going forward." (Child Protection Reviewing Officer).

Significantly, while it is difficult to make objective claims for causal links, the model of practice does seem to have contributed to a decreased demand for social work (a 5.4% decrease in the number of open families) and high-level interventions (a 10% decrease in both children with child protection plans and in care) during a time of increasing national demand. These proxy indicators suggest that the model of practice is creating safety and stability for families in Brighton & Hove.

6.2 Learning from the evaluation

This report will be launched at an evaluation event that will be used as a springboard for further consultation with families, practitioners, and partners. It is hoped that this event will prompt debate and contribute to ideas on how we develop the evaluation project over the coming months. This evaluation will, significantly, link in with wider considerations of how we support relationship-based practice, such as the work of the Teaching Partnership.

We will continue to develop the service based on the learning from evaluation and try to build an adaptive and resilient organisation. While we will continue to evolve, we also recognise the impact of turbulence and change on workers:

> "We need to be careful that people are not just experiencing things that are constantly changing – wave after wave of change – we need to give people time to adjust." (pod manager)

Our key priority now is to support workers across the whole system to embed and sustain the model of practice and the positive changes it is enabling. This includes

supporting practitioners so that they can use the learning from the evaluation so far in building relationships to affect change for families. The model of practice and this evaluation are part of an ongoing improvement journey and the evidence of the data in this report, from both practitioners and the families they work with, is that the model is making a significant positive contribution to that journey.

Appendix 1

Parents were asked to rate how strongly they agreed with each statement on a 5 point scale from 1 (strongly disagree) through 3 (neither agree nor disagree) to 5 strongly agree. Scores under 3 are therefore negative, and over 3 are positive.

The table below shows that for interviews completed in February 2017, the mean scores were all above 3, with the highest score (4.5): 'My social worker explains their role and why they are involved in my life' and the lowest score (3.9): 'My social worker is easy to contact and if they are not available there is always someone I can speak to'.

Table 1: Mean Scores

Do you agree with the following statements?	***Mean Score July 16*** *n=23*	***Mean Score Feb 17*** *n=23*	***Change from July 16***
My social worker explains their role and why they are involved in my life	4.6	4.5	-0.1
Overall, I think my contact with the social worker has been positive	4.2	4.4	0.2
My social worker has built a good relationship with me and my family	4	4.3	0.3
My social worker explains clearly what they think about my situation and what they think needs to change	4.3	4.2	-0.1
My social worker knows enough about my family situation	3.6	4.2	0.6
My social worker understands what I am saying and how I am feeling even when we disagree	4.2	4.1	-0.1
My social worker involves me in decisions made about me and my family	4.1	4.1	0.0
Overall, I think the work I have done with my social worker has been successful	4	4.0	0.0
My social worker always keeps me informed about what is happening	3.9	4.0	0.1
My social worker is easy to contact and if they are not available there is always someone I can speak to	3.9	3.9	0.0

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