

Schools Management Forum

Report of: John Scadden

Subject: School Family Practitioners – update report

Date: 3rd July 2019

Purpose of report

1. To provide the School Management Forum with an update on the four Family Practitioners which were approved by SMF to work exclusively with schools, to support children experiencing barriers to learning, prevent problems becoming worse and escalating to specialist services.

Context

2. In July 2018, a report was presented to the School Management Forum with a proposal to fund four School Family Practitioners (SFP). At the time many schools were reporting that they were experiencing difficulties in managing the level of demand at early help, particularly with the range of complex issues presented which include domestic abuse, parental mental health, drug / alcohol issues and neglect.
3. The School Management Forum agreed to fund four SFPs, to be based in the Stronger Families department in Middlesbrough Council. By funding the posts it was hoped the case management of early help in schools would increase and that schools would gain more capacity to provide support to children and families.
4. Funding was granted in August 2018 and recruitment started in September 2018 with staff starting employment between in October and November due to notice periods from their previous employment and DBS checks.
5. An update was provided to SMF on 27th March 2019 on the work of the SFPs with a further update required for SMF which would allow a decision on future funding arrangements.

Training and management oversight

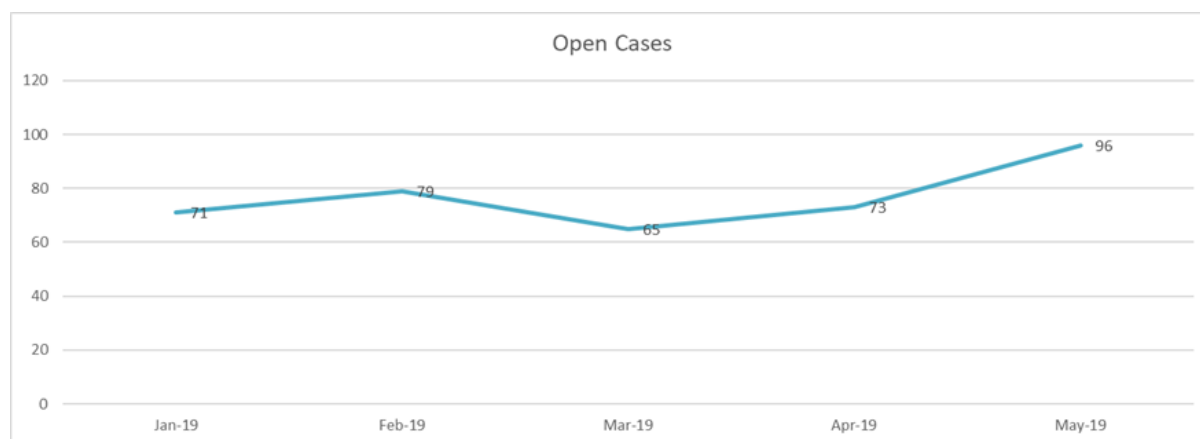
6. The SFPs are supervised within Stronger Families, with management oversight of all case work to assess risk. Practitioners receive monthly training in Trauma Informed Practice and monthly Clinical Supervision, all cases are subject to the Children's Services Audit Framework to ensure compliance and quality.

Early Help approach

7. The Family Case Work Model is based on restorative practice and Signs of Safety and families on average are open for 6 months, however this varies and in some cases the time involved with the family can be longer. The approach involves working with the whole family and is multi-disciplinary bringing in the expertise of other services to support the family. Time is required to build trusting relationships with families in order to increase the likelihood of positive outcomes and to prevent families escalating to safeguarding services.
8. Currently the caseload is made up of children with behavioural issues and/or poor school attendance. However, the families of the children involved in the project have complex needs such as trauma, mental health, developmental delay, parental substance misuse, domestic abuse, impact of divorce/separation and neglect.
9. The majority of referrals into the team have come from First Contact- now known as the South Tees Multi Agency Children's Hub. Referrals have also come from schools. To date there have been 194 children referred and worked with between January and May 2019.
10. The support given includes an inter-agency early help assessment of need (My Family Plan) and the SFPs work alongside Education Psychology, Police, CAMHS and Headstart.

Current total number of children open

(May 2019) - **96**



Reasons for case closures

- Number of children Stepped Up into Children Social Care - 15 children (positive action to ensure children are being safeguarded)
- Transfer to Stronger Families, Family Partnership Team for TIP casework – 16 children.

AGENDA ITEM 3

- Moved out of Area – 3 children.
- Cases closed within the 7 months of the programme – 9 children. At this stage they have not been re-referred and it is too soon to see if they will re-refer (the normal tracking process lasts 12 months to monitor re-referrals).

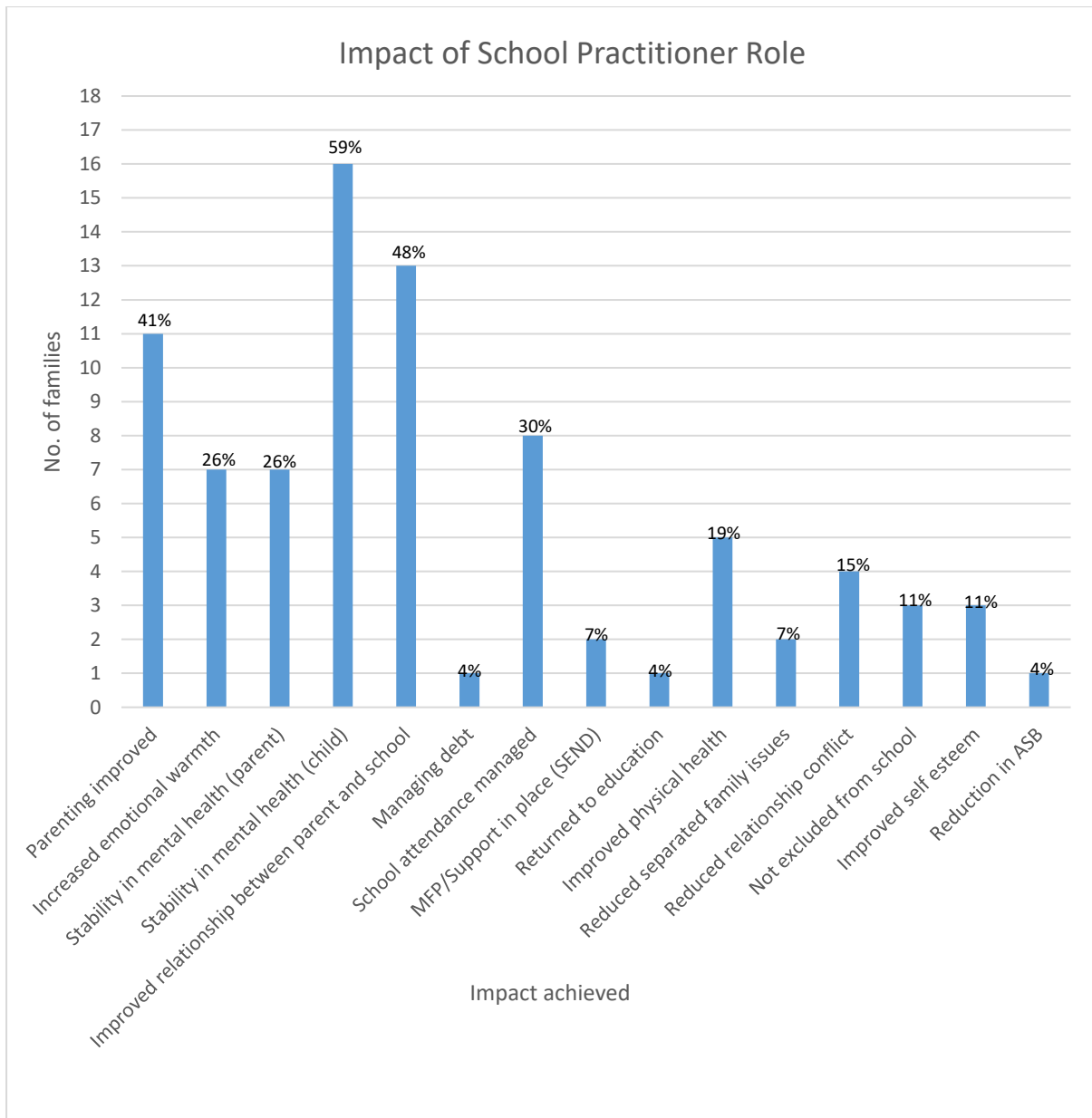
Outcomes Achieved (Cases closed)

- Three children: Prevented escalation to Children's Social Care due to **parental drug/alcohol misuse**. Mother is now able to prevent father's substance misuse impacting upon the children and there has been no further domestic abuse. Case handed back to school to offer lower level support. (See case Study 3 for more details)
- Two children aged 5yrs: Both children have **behaviour and learning needs**. Mother required support understanding the children's needs and how to manage their challenging behaviours. CAMHS and the Learning Disability Team worked with the SFP and have agreed to continue to support Mum until a diagnosis is reached, the family will then be referred for specialist support. Mother has confirmed that things at home have massively improved and she has learned many techniques to help her understand and manage the children better. School have confirmed that there have also been improvements as the children's communication and one child is less aggressive towards other children. They also report an improved understanding from both children.
- Three children: A child with suspected autism with associated behaviours i.e. limited language skills, soiling, aggressive behaviours and comprehension skills. Liaison work carried out by SFP to support mother, school and CAMHS to work together to understand and manage children's medical conditions. One to one work was carried out in the family home and advice given to the school on how to support children and parents. Outcome is school, CAMHS and mother working successfully together to meet the needs of the children whilst assessments ongoing.
- Once child: SFP supported young person with school to explore education, employment and training options. College place found, finances and benefits resolved and managing health appointments. **Child Returned to Education.**

Short term impact of the School Practitioner Role (open cases)

January 2019 and May 2019

The graph below describes the number of families currently open to the School Practitioners and identifies the impact this support has had for the family.



Note : The percentage is calculated on the number of cases which are currently open to the School Practitioners, which is a total of 27 families (96 children).

An additional nine new cases but it is too early in the intervention to scale impact

My Family Plan Reviews scale goals set in the action plans using 0 – 10, from Signs of Safety scaling to determine what progress families are making. This is used to measure the effectiveness of interventions in 'Impact achieved'.

AGENDA ITEM 5

Impact	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Parenting improved	4	2	3	1	1					
Increased emotional warmth	1	2	2	1	1					
Stability in mental health (parent)	1	2	1	1	1	1				
Stability in mental health (child)	5	2	3	3	2	1				
Improved relationship between parent and school	3	3	4	3						
Managing debt		1								
School attendance managed	1	2	1	1	1	1		1		
MFP/Support in place (SEND)			1	1						
Returned to education			1							
Improved physical health		2		2				1		
Reduced separated family issues					1	1				
Reduced relationship conflict	1		1		1					1
Not excluded from school				1		2				
Improved self esteem			3							
Reduction in ASB	1									
Learning Difficulty/EHCP in place		1	1							
Stability in Drug/Alcohol Misuse				1						
NEET/now EET (16yrs plus)				1						

There is a total of 88 positive impacts recorded for the 27 families who received support from the School Practitioners between January and May 2019 who are all at different stages of interventions.

Themes

A significant impact reported by SFPs has been that by using the trauma informed principles of building safe and trusting relationships with parents; it has helped to get to the root causes within families and not just reacting to presenting issues.

Schools focus on managing the children’s behaviours and/or attendance therefore some parents feel unwilling to open up to educational establishments about their personal issues. In these situations parents can be more willing to engage with SFPs as they develop trusting relationships in the home and engage more meaningfully because they don’t see them as belonging to an educational establishment or to children’s safeguarding services.

A key point is that SFPs have the time to do this with families on behalf of schools because the schools have greater priorities and pressures focusing on the education of children.

Of note the Family Partnership Team has also recently been shortlisted for the Council 'Teams Award' under the category of Passionate and were selected because of innovative work we are undertaking through the Trauma Informed Practice for Revolving Door Families and for the School Family Practitioner's work with families.

Contract end dates

If SMF decide that the roles are no longer to continue being funded then notice would be issued to the four staff at the start of September and STMACH will be advised to reduce referrals gradually for School Family Practitioners from 03.07.19 to ensure continuity for the families as the workforce contracts come to an end.

Recommendations

- 1) It is proposed that the School Family Practitioners continue to be funded beyond November 2019 for a further 2 years. This will allow the continuation of early help support to children and families to support the capacity of schools to deliver early help.
- 2) To increase the numbers of School Family Practitioners so that they can pick up more cases from schools.

Appendix 1 – examples of cases currently open. Case study 3 is closed.

Case Study 1

Young person– aged 13yrs. School attendance issues, aggressive behaviours in class and school, regular exclusions. Communication between school and mother is breaking down. Historic domestic violence in the family which the children as well as mother suffered.

SFP completed MFP, completed sessions with young person and mother. Mother receiving 1:2:1 sessions. Signs of Safety meeting held with the family to manage the young person's behaviours and this has been shared with school. Regular Reviews held.

Impact: Reduction in exclusions from weekly to once per month. Aggression reduced in the home and in the school. School now have an understanding of how trauma has affected the young person's development and are using different approaches and language to reduce his responses. Young person feels people are listening to him now and this is helping to change his behaviours. School and mother now regularly liaising with each other.

Case Study 2

Young person - 15yrs old who suffered depression, anxiety and a physical condition called hypermobility. Isolated at school and home. Very poor school attendance and at risk of not doing his GCSEs. Mother was refusing to talk to or visit school and had no relationship with school as she felt her son was targeted by the school.

SFP completed MFP, 1:2:1 sessions with young person to help him understand his feelings and emotions leading to him explaining to SFP what he needed to help him attend school. Consequently through monthly reviews SFP helped school implement some of the support the young person needed to attend school.

Impact: Attendance has improved. School were supported by SFP to better understand young person's emotional and physical needs to support him. He has completed all his GCSEs. Mother's relationship developed with school and attended all reviews whereas before she would refuse to attend school or talk to them over the telephone. Work Readiness team now supporting the young person to consider career options and applications.

Case Study 3 (Case Closed)

Parents separated and in conflict over contact arrangements. Issues of father using drugs and perpetrator of domestic abuse. First Contact identified that mother was not coping and this would impact on education of the children.

SFP completed MFP, worked with mother to help her find coping strategies to manage father's behaviours around alcohol/drugs and not affecting the children. Mother managing her own mental health as she was declining and not coping with routines in the home. Helped mother cope with separation and emphasised the importance of home routines, stability and maintaining school attendance. Boys went to Harbour's Children's Outreach for recovery around domestic abuse. Case was stepped down to Primary School who became Lead Practitioner and have referred child to Rainbow for ongoing emotional support and to sustain the progress he was making in his emotional wellbeing.

Case Study 4

3 Children, aged 8yrs, 7yrs & 5 yrs. School referred as concerned for 7yr old because felt treated differently by parents from other siblings. He was demonstrating behavioural problems in school and was presented as sad and unhappy.

Currently MFP with school being completed and initial review imminent. SFP completed 1:2:1 sessions in school with the children to explore their family life and emotions. Empowering the child to explore his confidence to be able to express his feelings and thoughts. He was scared of his dad as last year open to Children Social Care due to alleged physical injury to the child's face perpetrated, which was NFA at the time. Issues about how dad managed his temper.

Impact: SFP sharing the work with of all the children with parents who now know that the 7 yrs old is scared of dad; who has decided to work with SFP, to explore through therapeutic and trauma informed sessions on his own childhood and how this has impact on his own parenting style.

Case Study 5

2 Children, aged 5yrs and 7rs. 5yr old child had behavioural issues in school related to mother's deteriorations in her own mental health. Schools were really worried about boys because their dad died in a bad accident and not sure if they were able to understand and grieve.

MFP completed and 1:2:1 sessions held with children. 7yr old disclosed considerable unresolved feelings and questions about his dad. Both children have disclosed considerable worries and anxieties about their mother's mental health. 7yr old has disclosed he is a Young Carer for his mother.

Impact: School have a better understanding of what the children are going through by sharing the 'Voice of the Child'. SFP supported mother to engage with MIND in respect of her own mental health and as a result the children's behaviours are improving in class. Reviews being held and a plan is being put together with school to look at how the children can receive further interventions for their emotional wellbeing and caring role.

Case Study 6

1 child aged 8yrs. School Attendance and behavioural issues in school. Mother has poor mental health and was not engaging with school or mental health services consistently. These issues are longstanding and have been ongoing for 3 years. Highly aggressive child in school which later emerged to be a result of anxiety and being controlling to feel safe.

MFP completed and 1:2:1 sessions held with child in school. Behaviours are identified to be linked to mother's mental health. Sessions held with mother in the home. Then joint sessions between mother and child.

Impact: From the sessions it emerged child was a Young Carer for mother and was presenting as older than his years behaving as a responsible adult, which linked to why he was aggressive and couldn't cope when mother or school acted as the adult and in control. The SFP guided the school to put in place different strategies that have worked. Since then his attendance is improving and his behaviour in school has significantly improved. Mother is engaging consistently with her CPN in Secondary Mental Health Services and with school. Now we have an understanding of this, CPN is helping mother to manage her mental health and to use appropriate coping strategies with her son. Child is referred to Young Carer.