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Safeguarding Families Together

Evaluation report

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Contents

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Executive summary

The project

Safeguarding Families Together (SFT) is a whole family, strengths-based approach to safeguarding children. As part of Dorset Council's Children's Services Transformation Programme, SFT was launched as a pilot project in November 2022 in Chesil, Dorchester and West localities, becoming 'live' by January 2023.

SFT is based on the Family Safeguarding model designed and implemented by Hertfordshire County Council in 2015. Now in its 10th year of implementation, Family Safeguarding has been adopted by a growing number of local authorities across England.

The aim of Family Safeguarding and SFT model is to combine professional knowledge and expertise to assess and provide timely support to meet the needs of the whole family, by supporting parents to achieve sustained change for their children. The design encompasses a co-located multi-disciplinary team that includes children's social workers and specialist adult practitioners from domestic abuse (to support both victims and perpetrators), substance use/recovery and mental health services.

The evaluation

Dorset Council commissioned a formative evaluation to develop learning from the SFT pilot. The evaluation was conducted in the first year of the pilot (data collection period: October to December 2023) and focused on exploring early implementation experiences and outcomes from the perspectives of parents, practitioners and strategic leads.

Data were collected and reviewed in relation to three strands:

- **Process of implementation** from the perspective of professionals to understand if SFT has been implemented as planned and what factors helped and hindered success (12 interviews and focus groups with 33 strategic leads, senior and middle managers and frontline practitioners from children's social work and each specialism)
- **Service experience** from the perspective of parents who have been allocated into SFT to explore their experiences of and outcomes related to SFT (five mothers who had prior experience of working with children's social care in relation to safeguarding concerns for their child(ren))
- **Performance outcomes** data as demonstrated via SFT's multi-agency outcomes framework (as reported in the Dorset Council SFT Business Case(1)).

Key findings

Between January and November 2023, the numbers of currently open and successfully closed cases of children and families within SFT were:

- Currently open (receiving help and support from SFT): 127 family groups; 267 children and 148 adults
- Successfully completed (cases closed following SFT help and support): 17 family groups; 36 children and 20 adults

Adult specialist workers were recruited into post incrementally over a twelve-month period (December 2022 to December 2023).

SFT successfully implemented

Strategic partners, managers and practitioners across specialisms indicated that SFT had been successfully implemented. There was a remarkably cohesive narrative about SFT's practice model and its focus keeping families together by working together more effectively.

Parents experienced SFT as a holistic, helpful and humane service that was focused on building respectful relationships to support them to make changes for themselves and their children.

Key elements of SFT

Frontline professionals consistently described the value of SFT's co-located, multi-disciplinary model for families. Sharing information, knowledge and best practice between individual specialisms was acknowledged as a learning opportunity across specialisms, meaning parents received a more seamless and responsive service.

Group supervision was identified as a pivotal practice forum, enabling shared responsibility around risk to children through generation of multiple perspectives. While logistical difficulties were noted, it afforded an opportunity to build team relations and share knowledge across specialisms while holding the child in mind.

Practitioners' experiences of MI were more mixed. While in line with social work values, it was challenging to routinely embed within their direct practice with families due to high caseloads and the complexity of work with families. Both domestic abuse and mental health professionals noted some incongruence with their existing practice models and expectations of change with prescribed statutory timescales.

Parents' experiences

Parents experienced SFT as holistic, characterised by working in partnership to build on their strengths. They valued working with a consistent group of professionals, whose inter-professional communication was effective, reducing the need to repeat themselves. Parents identified the flexible, accessible and responsive contact they had with professionals within the SFT team as a key strength.

Parents described increased self-knowledge and awareness, relating to mental health, domestic abuse and substance use and for some, developed a deeper understanding of the need for social work involvement. Crucially, parents highlighted how support from SFT had increased their vitality, sense of purpose and empowerment that enhanced their capacity to care for their children.

Success factors

At a strategic level, partners identified a shared vision and ownership of the SFT pilot. They described feeling valued and a willingness to explore differences in perspectives, noting that any challenge was largely constructive and focused on ensuring that SFT was successful.

Strategic partners described how SFT provided the opportunity to develop a longer-term, integrated strategic partnership, reflecting the shared aims and values across health and social care organisations to improve outcomes for children and families.

Implementation challenges

Implementation challenges cohered around three main themes:

- **Complexities in the commissioning process**, including recruitment of adult specialist practitioners reflecting national challenges in recruitment and the experiences of other local authorities introducing Family Safeguarding
- **Managing high demand for SFT within limited resources**, reflecting early implementation challenges regarding role and capacity of adult specialisms, referral pathways and social work values regarding the right of all families to receive SFT
- Practice tensions around the logistics of **managing group supervision** and the **congruence of MI** within statutory child safeguarding services.

Performance outcomes data

Review of performance outcomes data provided indicated a high number of referrals and level of need, with the highest level of need relating to mental health. Indicators of success include high engagement levels, both in relation to higher levels of engagement of individuals who were previously known to specialist partner services and new engagement from individuals who were not previously known to services. More nuanced and longer term data will be required to enable more meaningful evaluation.

Lessons for future implementation

Evidence from the formative evaluation supports the ongoing co-location of professionals from each specialism in the physical office spaces of each locality to provide families with support personalised to their needs.

Parents, strategic partners, professionals and their managers identified remarkably similar themes regarding the future development of SFT. They agreed that SFT should be promoted more widely, extended across localities and include other partners, such as housing.

Lessons for future implementation include:

- Clarifying the process of reviewing, developing and evaluating SFT referral processes
- Reviewing and reigniting the process of implementing Motivational Interviewing as a shared practice approach across SFT, with a specific focus on localities with a lower intake of training
- Reviewing and developing group supervision logistical processes and practices to maximise effectiveness
- Reviewing and developing the processes of outcome measurement, at the individual and cohort level to include qualitative and quantitative data.

Overview of the project

Introduction

This report presents findings from an independent evaluation of the Safeguarding Families Together (SFT) pilot project in Chesil and Dorchester and West Localities. As part of Dorset Council's Children's Services Transformation Programme, SFT was launched in November 2022, with a 'live' date of January 2023. The formative evaluation was designed to develop learning from the pilot, focused on the experiences and outcomes of the early implementation phase.

The evaluation aimed to identify key influences on the progress and effectiveness of SFT from the perspectives of parents, practitioners and strategic leads to inform future planning and implementation process, including in other Dorset localities (2). The evaluation was conducted between September 2023 and March 2024, with interview data collected October to December 2023. The evaluation was undertaken by a research team at the University of Bedfordshire who evaluated a series of projects within the Department for Education's (DfE) Children's Social Care Innovation programme(3–6), including Family Safeguarding Hertfordshire (FSH) (7).

Safeguarding Families Together in Dorset – building on evidence

Following review of models of best practice, Dorset Council developed a new approach to child safeguarding, Safeguarding Families Together (SFT)(1). SFT built on Dorset's Children Thrive model that had already created multi-disciplinary teams based in six localities to provide wraparound support for families. The approach was based on the Family Safeguarding model, designed and implemented by Hertfordshire County Council, as part of the DfE Children's Social Care Innovation Programme. FSH is now in its 10th year of implementation and the Family Safeguarding Model (FSM), or a model based on FSH, has been implemented by at least 16 further local authorities in England

FSM is a whole family, strengths-based approach to child protection with three key design features that have been adopted by SFT:

- **Co-location of a multi-disciplinary team** - that includes children's social workers and specialist adult practitioners from domestic abuse, substance use and mental health services. The aim is to combine knowledge and expertise to assess the needs of the whole family, providing timely support to meet those needs by supporting parents to achieve sustained change for their children. This combination of specialist knowledge is designed to address the factors – parental domestic abuse, substance use, and parental mental health problems - most

frequently present in the lives of children who experience abuse or neglect (8). It is intended to specifically to meet the needs of parents and build their confidence, thereby reducing risk to children and keeping families together where possible.

- **Motivational Interviewing (MI) as a shared model of practice** - MI is strengths-based approach originally developed in substance use services that has been adapted for the child protection context (9). At the heart of this approach is the relationship between parent and practitioner who works to draws out their thoughts and ideas about change, emphasising their choice and autonomy, while respectfully situating the responsibility of change for their children, with them as parents. MI is a highly skilled practice, one that takes time and support to develop.
- **Group-based supervision as the key practice forum** - to ensure that inter-professional care for families is co-ordinated, knowledge is shared, progress is monitored and outcomes are reviewed.

Although reports vary, at least 17 local authorities[1] have implemented a version of FSM, with at least 10 funded through DfE (10, 11). DfE supported the implementation of FSM in a further four local authorities as part of phase two Children's Social Care Innovation programme(12) and a further six local authorities as part of the Strengthening Families, Protecting Children (SFPC) programme, designed to support local authorities improve their work with families. Additionally, DfE provided funding through SFPC for the creation of the Centre for Family Safeguarding Practice to support implementation of FSM in new local authorities and to operate as a Sector Led improvement partner. Most recently, the Independent Care Review of Children's Social Care (2022) identified FSH as an exemplar of how combining investment can improve outcomes for children and families as well as benefit strategic safeguarding partners (13).

The growth of, and support for, FSM relates to the outcomes demonstrated in two independent evaluations, the initial evaluation of FSH over the first year of implementation (6) and the evaluation of FSH and the first four additional local authorities to implement FSM over a two-year period (10). Outcome domains included performance outcome indicators for children's services and specialist professional services, costing analyses, observations of social work practice and experiences of professionals and parents.

The evaluation of children's services performance indicators, with a focus on children aged under 12 years, demonstrated positive outcomes in relation to substantial reductions in:

[1] Bracknell Forest, Luton, Peterborough and West Berkshire (DfE Innovation Programme Round 2); Cambridgeshire, Lancashire, Swindon, Telford and Wrekin, Walsall and Wandsworth (SFPC); Merton, Portsmouth, Somerset, Surrey and West Sussex have implemented FSM with support from the Centre for Family Safeguarding Practice; Oxfordshire has implemented their own version of FSM.

- Number of children entering care, from 9% in Peterborough to 30% in Hertfordshire (6,10)
- Number of children on child protection plans from 7% in West Berkshire to 46% in Hertfordshire (6, 10).

The evaluation of specialist partner indicators with a focus on service use, demonstrated positive outcomes in relation to:

- Police - reduced contact, ranging from 26% in Peterborough to 67% in West Berkshire (hypothesis that majority related to domestic abuse incidents) (6,10)
- NHS - reduced emergency hospital admissions for adults (which reduced by one-half on average) (7)
- Mental health - reduction in the frequency of unplanned, reactive mental health contacts of between 75% in Bracknell Forest and 100% in West Berkshire (these were the only reporting local authorities), with approximately 80% of those receiving mental health support reporting an improvement in their anxiety and/or depression across the two reporting authorities (12).

Costing analyses demonstrated that the 'break-even' point of delivering the model (cumulative savings generated by the model exceeded the cost of delivery) occurred at eight months in Hertfordshire (10).

Evaluation of observations of social work practice (6) demonstrated only small improvements in MI practice skill during the first year of implementing FSH indicating the need to provide support to practitioners to acquire and develop these therapeutic skills and recognising the complexity of the statutory social work context.

Evaluation of professionals' experiences of SFT demonstrated a consensus in how they valued and were enthusiastic about the new way of working, with some challenges reported:

- Co-located teams providing and a joined-up working for children and families by improving risk assessment practice and providing immediate and appropriate support to families (14–16).
- Adopting MI as a new practice approach, spotlighting its role in eliciting change and providing the multi-disciplinary team with a shared value based and practice framework. Challenges were reported in relation to the time taken and support required to develop MI skills (14,17,18)
- Attending group supervision, a positive forum for embedding multi-disciplinary working and improving communication between agencies. The presence of specialist adult workers improved risk assessment practice and ensured that voices often identified at the fringes of conversations, such as the needs of

perpetrators of domestic abuse, were central to discussions about supporting change for children. Challenges were reported in relation to the logistics of arranging and attending group supervision (10,14,17).

Evaluation of parents' experiences of FSM largely report that parents valued the FSM approach. Parents recognised that their perspectives were valued and that FSM represented an opportunity to work together with professionals to improve their family's circumstances (12). Case study data from eight families who participated in the national evaluations highlighted the transformative impact of this way of working, with social workers and specialist adult practitioners working together as a team to understand their needs, strengths and resources and ensure that support was both effective and humane (7,12).

The FSM evidence base demonstrates positive outcomes in relation to service use and professionals and parents' experiences, with some variability and inconsistencies in outcome measures applied. Variability in outcomes across local authority contexts highlights the complexities in achieving change across the safeguarding system and the need for SFT to focus on the context of implementation and the quality of implementation processes. Inconsistencies in the range of outcome measures draws attention to the need for SFT to focus on developing meaningful and collectable outcome measures.

SFT implementation

As of November 2023, 127 family groups were currently open to SFT(1). Within these family groups 267 children and 148 adults were receiving help and support from SFT. In the first eleven months of the pilot (January to November 2023), SFT has completed work with 17 family groups (36 children and 20 adults) and their cases closed to children's social care.

Implementation of the SFT pilot depended on one-off project costs, including for MI training and IT, as well as seed funding for adult specialist practitioners. To enable co-location of multi-disciplinary teams, a series of partnership agreements were established with: substance use (HumanKind/Reach); Dorset Healthcare University NHS Trust (Steps2Wellbeing); domestic abuse – victims (Paragon); and domestic abuse - perpetrators (Probation)(1)

In line with other local authorities' experiences of implementing FSM (17–20), and reflecting the national position in health and social care recruitment challenges, it was not possible for the pilot to launch with the full complement of 12 practitioners in position. Adult specialist practitioners were recruited incrementally from December 2022 to December 2023 (domestic abuse – perpetrator). Table 1 details the timeline of

employment of specialist practitioners. Appendix 1 details the staffing position as of January 2024.

Table 1 Timeline for adult specialist practitioners joining SFT

Specialism	Timeline	Number of specialist practitioners[2]
Substance misuse	December 2022	3
Domestic Abuse – victim	December 2022 May - December 2023	1 2
Mental health	March 2023	4
Domestic Abuse – perpetrator	December 2023	2
Total number of specialist practitioners		**12**

The focus of implementing SFT for children's services included increasing additional duties by expanding the role of team managers' roles to oversee adult practitioners and SFT cases and lead group supervision.

Between August 2022 and January 2024, MI training was delivered across the three pilot localities to social work and specialist SFT professionals. In total, across the three pilot localities, 77 out of 102 (75%) social work (excluding Early Help) and 12 out of 12 specialist professionals (100%) attended training, with some variation in the proportion of social work professionals by role and locality (Table 2).

[2] Please note that full time equivalent (FTE) varied by post, see Appendix 1 for details.

Table 2 Social workers' MI Training attendance by role and locality (January 2024)

Service/Locality	Role	Number attended	Actual no. of posts	Percentage attendance
SFT Professional Workers	All roles	12	12	100%
	Total	**12**	**12**	**100%**
Chesil Social Care	SC Manager	5	6	83%
	Social Worker	38	47	81%
	Family Worker	3	5	60%
	Other	3	0	n/a
	Total	**49**	**58**	**84%**
Dorchester Social Care	SC Manager	3	3	100%
	Social Worker	8	20	40%
	Family Worker	2	2	100%
	Other	0	0	n/a
	Total	**13**	**25**	**52%**
West Social Care	SC Manager	1	2	50%
	Social Worker	12	14	86%
	Family Worker	2	3	67%
	Other	0	0	n/a
	Total	**15**	**19**	**79%**
Total Social Care	SC Manager	9	11	82%
	Social Worker	58	81	72%
	Family Worker	7	10	70%
	Other	3	0	n/a
	Total	**77**	**102**	**75%**
Social Care & Professional Workers	**Total**	**89**	**114**	**78%**

Developments in the national policy context

Since the launch of SFT, the Families First for Children (FCC) Pathfinder programme has been announced as part of the government's children's social care implementation strategy. Building on Dorset's Children Thrive model and the SFT pilot, Dorset was selected as one of three local authorities to implement its locally based, multi-disciplinary family help programme.

At the end of 2023, new Government guidance was issued: Working Together to Safeguard Children 2023 and the National Framework for Children's Social Care (21,22).

While the latter is focused on children's social care, it sets out six principles of practice that are relevant to the SFT partnership:

- Children's welfare is paramount
- Children's wishes and feelings are sought, heard, and responded to
- Children's social care works in partnership with whole families
- Children are raised by their families, with their family networks, or in family environments wherever possible
- Local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
- Local authorities consider the economic and social circumstances which may impact children, young people and families

In addition to the principles of working together to ensure that families stay together wherever possible, the focus on partnership working with parents reinforces SFT's approach to acknowledging the strengths within families by "holding a focus on the whole family [as] often the best way of improving outcomes for children and young people" (22).

Overview of the evaluation

Evaluation questions

To capture formative learning from the pilot, a primarily qualitative study was designed to identify key influences on the progress and effectiveness of SFT from the perspectives of parents, practitioners and strategic partners. The evaluation answers the following research questions:

1. Has SFT been implemented as planned and how has the process of change been experienced by stakeholders?
2. What were the factors that helped and hindered successful implementation?
3. How have families experienced the new service compared with their previous experiences of the service?
4. Are there indications that SFT is impacting on service and partner level outcomes?

Evaluation methods

To answer these questions, data collection and data review consisted of three strands:

- **Process of implementation** from the perspective of professionals to understand if implemented as planned and what factors helped and hindered success
- **Service experience** from the perspective of parents receiving SFT compared with their previous experience
- **Performance outcomes** data as demonstrated via SFT's performance outcomes framework on service use.

Interview and focus group data within strand 1 (process of implementation) and strand 2 (parental service experience) were collected between October and December 2023 (see Table 3 for numbers of participants by group). The performance outcomes strand was designed to review data collected via SFT's local multi-agency outcomes framework. At the time of writing the report, mechanisms for collating data against outcomes indicators were still in progress across the partnership. However, outcomes data from children's social care has been provided via SFT's business case (1) and included as part of our analysis (see Appendix 2 for more details of SFT multi-agency outcome indicators).

The first strand of the study explored the process of implementing SFT. Interviews and focus groups focused on the degree to which the core components of SFT were understood and adopted by key stakeholders, including strategic partners, senior managers, middle managers and frontline practitioners to understand if SFT had been implemented as planned. In total, 33 participants took part across five interviews and eight focus groups[3]. Of these, five interviews with six strategic partners were conducted with participants from Children's Social Care, Dorset Healthcare University NHS Trust (Steps2Wellbeing mental health services), Reach Dorset (substance use), The You Trust/Paragon (domestic abuse - victim) and Probation (domestic abuse - perpetrator). Twenty seven participants took part in eight focus groups, including social work service managers (4); social work team managers (3); social workers (11) and professionals from each service: substance use (4), domestic abuse (victim) (2) and mental health (3). Due to the timing of the focus groups, it was not possible to include domestic abuse perpetrator professionals.

A second strand focused on the experiences of parents and carers receiving SFT. Parents were identified initially via service managers and team managers, following consideration of criteria discussed with the research team. Criteria included: the nature of concerns and support from specialist adult practitioners; legal status i.e. Child in Need or Child Protection; age of child; and critically, where the parent had previous experiences of working with children's social care to compare with SFT.

Following identification of the sample of parents, social workers invited families to participate in a research interview, and where families agreed, the research team was provided with their details to confirm participation. Eight parents were contacted by the research team and agreed to take part in an interview. Three interviews did not take place due to parental illness and logistical problems. Five interviews were completed in October and November 2023; two interviews were in person at the parent's home and three interviews were by telephone.

The five parents were mothers of between one and four children who were subject of child in need and child protection plans and who all had previous experience of children's social work involvement. Within the group of five mothers, four discussed experiences of domestic abuse, one discussed experiences of childhood abuse, three discussed additional health needs, including a learning disability and neurological conditions, three discussed experiences of substance use and four discussed mental health needs including anxiety and post-traumatic stress disorder.

[3] All interviews and focus groups with professionals and parents were audio recorded, with the exception of the focus group with substance use workers where contemporaneous notes were made.

Table 3 Number of research participants by group and research format

Participant group	Number of participants	Research format
Parents	5	Interview (3 Telephone; 2 in person) (5)
Strategic leaders	6	Interview – MS Teams (5)
Senior and middle managers (Social work)	7	Focus groups (3)
Social workers	11	Focus groups (2)
Substance use workers	4*	Focus group (1)
Domestic abuse worker	2	Focus group (1)
Mental health worker	4	Focus group (1)
Total	**33**	

*included a student on placement

Ethics

Ethical approval was granted for the study via the University Research Institute's ethics committee (reference number IASR 03/23).

Key findings

Professional perspectives on SFT implementation

SFT implemented successfully

Interviews and focus groups with strategic partners, managers and practitioners across domestic abuse, mental health, probation, social work and substance use indicated that SFT had been successfully implemented. A striking finding from interviews with professionals was the remarkably cohesive narrative about SFT's practice model and its focus on keeping families together by working together more effectively. This included shared enthusiasm, commitment and understanding of the overall aims, objectives and key components of SFT. This was supported by positive experiences of changes in how professionals worked together and with families, including numerous case study examples of positive impact for families.

Shared thirst for SFT

Professionals across all positions and organisations shared an enthusiasm and commitment to SFT. SFT was described as 'an exciting opportunity' and a 'brilliant idea' which 'I absolutely buy into'. A social work team manager expressed their enthusiasm as: 'I don't want it to stop. I want it right across Dorset'. The enthusiasm for SFT extended beyond the partnership, with one social worker describing how: 'the judge has asked me in Court, "is it going to extend?"'.

Shared understanding of SFT aims

Keeping families together, where safe and appropriate, was understood as the fundamental aim of SFT. This was consistently expressed across interviews with professionals, succinctly articulated by a domestic abuse practitioner as:

> The whole concept really is for less children to be taken into care which is what everybody wants' (Domestic abuse professional).

This was understood as both benefiting families by preventing them from being 'torn apart' from which is 'damaging for the child, it's damaging for the parents', and in relation to public cost: 'if you take less children into care, it's almost like it will pay for itself'.

Strategic leaders across the partnership also discussed the longer-term aims of SFT, reflecting on the importance of a whole-system perspective. Longer-term and system-wide aims included 'breaking the cycle', including preventing later entry into the criminal justice system and changing the perception of Children's Services so that 'people should feel safe...to seek help and get supported'.

Embedding SFT's key elements

Multi-disciplinary working to wraparound families

SFT was understood as a whole family approach to child protection. This was articulated as developing an inter-professional, holistic approach to working together, to meet the needs of parents experiencing difficulties in relation to the 'trio of vulnerabilities' - domestic abuse, mental health and substance use - that were creating safeguarding concerns for children. The importance of 'better relationships', 'joined up working' and 'learning together' was identified as key to support effective inter-professional working:

> Before practitioners would see the mental health and the drug and alcohol separately, like you had to deal with the drug and alcohol problem before you could get them into health support and there'd have to be a three-month gap of you being sober before you could engage with the mental health. It's nice to see now that those two strands run alongside each other, because that's what they do, sometimes people use drugs and alcohol because they've got mental health problems, if you can't address those issues then you can't fix either problem. For me, that's been the most interesting to see that link up between those two and how that's helped our families that we work with (Social worker).

Sharing information, knowledge and best practice between individual specialisms was acknowledged as a learning opportunity across specialisms, meaning parents received a much more seamless, responsive service. For example, domestic abuse professionals discussed the importance of attending to language and meaningful use of the term 'domestic abuse'. They valued being able to share their expertise regarding the ebbs and flows of the process, including a parent's emotional journey and experiences of guilt and how this might impact on and lead to pauses in engagement. This contrasted with previous challenges in multi-agency working, due to pre-SFT 'siloed' operational structures:

> Creating that kind of wraparound approach is sometimes so difficult when you're in different services because the communication can be difficult. In the SFT team, we can share information freely. It's much more focused on working together (Mental health professional).

> We're getting a better understanding of their service and what they do, and they're getting a better understanding of our processes and what we do and how that fits in … that means that they're [adult specialists] communicating the information we need when we need it, because they know the processes now. And we also can go and learn about their assessment processes and where they signpost parents. So I think it's bringing together a better working together than it has been (Social worker).

> If one of my parents has called them, they'll say [adult specialists] "they sounded really upset"...I can jump on it immediately. Instead of going to voicemail, sending an email and me being out on a visit and not picking that email up, like I might have missed an opportunity to help the parent and therefore support the children. I like that element of that instant feedback (Social worker).

Experience of SFT by specialism

For domestic abuse professionals, specific benefits related to an enhanced understanding of adopting a whole-family perspective and understanding the child protection process, including the Court process.

> I think that's the core service [the rest of children's social care] misses out because it [SFT] is so person-centred. We have an understanding of how the Family Court process would need to see the family in terms of the perpetrator, where you've been actively making them feel safe (Domestic abuse professional).

For mental health professionals, specific benefits related to contacting social workers, a process that previously would have involved calling 'CHaD' and 'being on hold for an hour' and then 'playing ping pong' for a week. The benefit of being co-located means that professionals 'can just walk over' to speak with social workers, enabling sharing and understanding of 'little details' that are 'really helpful' to act on with parents.

This was confirmed by substance use practitioners who commented on value of inter-professional informal communication, meaning that social workers could – and did – 'walk over for little bits of advice', meaning decisions on actions could be taken quickly, such as and who is best placed to action something: 'are you going to call housing or shall I?'.

For social workers, specific benefits related to increased hope, a feeling of shared responsibility for safeguarding: 'we're not holding all the responsibility, it's a joint responsibility...it's all of us'. A social work service manager and team manager described the impact of SFT on the social work teams as "boosting people" by providing resources that create hope for change to keep families together:

> It gives them something to take away some of the hopelessness that they feel sometimes... "What am I going to do? I can't get other professionals around the table", it's actually giving them something...to change things...with a focus on keeping families together (Social work service manager).

A social worker reflected on how she had developed an understanding of the process of drug use recovery which had led to 'less risk averse' approaches to practice, enabling a much more empathic and understanding approach with families:

> Not go in and say, “Right, you’re using drugs, we’re going into the more safety planning and harder restrictions as you as a family,” whereas they’re saying actually this is all part of the process. So that’s been helpful (Social worker).

A social worker discussed how they had developed the confidence and capacity to include fathers, who had previously been under-represented in their plans of work, including ideas to initiate a ‘dads’ project’ to create a focus on intervention and support for fathers. Substance use professionals also highlighted work with fathers and how SFT was enabling this to happen in a way not previously experienced.

Group supervision

Group supervision was consistently identified as whole family-focused that enabled legitimately different perspectives to be raised to ensure that families got the best service available. All specialisms and social work team managers discussed how they valued the ‘powerful dynamics’ with group supervision and welcomed being part of, challenging conversations between professionals with different perspectives and areas of expertise. This enabled a shared responsibility for risk and more informed conversations about what might be happening within families:

> It’s my favourite part of the job...we all sit down and discuss where we’re at with each of these families. We all learn so much and decisions are made about what to do next...it’s just absolutely imperative...(Mental health professional).

> [It’s about] working as a team around that particular family, considering how are we going to help this family, move them forward, we can disagree… it’s a chance to educate each other... it’s sharing our skills and knowledge (Substance use professional).

> They’re always willing to understand that *could* be going on within a family, that it might not be quite as it seems. This is a wider story where you have to identify what needs to be done or what can be done to make it work (Domestic abuse professional).

> When it comes to group supervision it feels like those risks are kind of shared, it’s not all just on you...to be able to sit there and talk about it with other people who are going into the home and are seeing the families as we are, then it just feels like that risk and those decisions are shared a bit more (Social worker).

This included thinking together about where families might be in terms of change, using MI to help articulate where families were within the change cycle, while maintaining a focus on the safety of the child:

> We say where that individual is, are they in pre-contemplation? Are they in action? Whereabouts do we see them? Then what's the level of risk to the child? So the end of it does bring it back to the child where we say what is the RAG rating for this child's safety? (Social worker).

Crucially, group supervision enabled practitioners to 'think outside the box as to where we go next with this family", meaning families were more likely to receive a coherent and considered service.

Team managers and service managers discussed how they valued the business support role to record the minutes from group supervision, removing an administrative burden from team managers and enabling them to fully engage in their role as chair and contribute to the reflective discussions. The value of group supervision was recognised by strategic leads across the SFT partnership, who identified efficiency savings in terms of creating a multi-agency in person meetings, which prior to SFT would have been a much lengthier and more complex process involving identifying and inviting professionals with whom there was no existing working relationship.

Motivational Interviewing

Among practitioners and managers, there was consensus that MI as a new model of practice had been embraced. A substance use practitioner described the MI approach as 'the bedrock' of the model; and described how for them, MI underpinned a change in social work practice approach from what could sometimes be regarded as adversarial to becoming more strengths-based and non-judgemental, with recognition of parents' wider contexts.

A key benefit of co-location was the ability to hear, and learn from the MI practice of other SFT team members. Team managers described hearing social workers' using MI on telephone, with some social workers 'using it more and more'. Social workers welcomed the opportunity to learn from substance use practitioners, who expertly used MI during telephone calls with parents. Mental health practitioners described how MI dovetailed with their approaches, such as a shared core ethos of 'unconditional positive regard'. Domestic abuse practitioners discussed how they had embraced MI, with a case example indicating how MI had framed their practice, including explaining the 'cycle of change' to a parent:

> I said, "I can see you're stuck at the moment, and you really want to be doing the things they're asking of you [children's social care], but you're struggling to make that decision to do it. One comment she made which stuck in my head was, "If I go to them and say my mental health is really bad it's going to be held against me." This is where I explained the Cycle of Change, I said. "Look, you are addressing it

> and you are willing to engage and take the support that is being offered, you're not going to be frowned upon for that (Domestic abuse professional).

Impact of SFT for families

Improved working together with families

Professionals from across the SFT specialisms identified the positive impact of SFT for families. They discussed the 'huge difference' SFT had made for some parents and children's lives and how for families who were at the start of their SFT journey 'this process has kept the hope alive'. They how described it provided the 'best support possible for families that are struggling with their parenting' that was focused on partnership working:

> "Look, let's talk about you and what we can do for you," it seems to have worked really well… at a really difficult time in their life having the support for them I kind of explain to them, "Look, when you're engaging with me and working with me I can report this back and you're doing really well." So, I find that it seems to be working really brilliantly, it's really positive (Domestic abuse professional).

This was confirmed by a substance use professional: 'in parents' darkest moments, it's a privilege to be let in, to provide client centred help and support and guide them'.

Positive engagement with families

A consistent theme identified by all SFT specialisms was improved engagement achieved by working differently and offering more flexibility to families. A social worker described how a father who had previously not engaged with support had responded well to the consistent commitment from professionals to support him, resulted in a willingness to work with the SFT team, rather than 'disengage, disengage, disengage, close', with the cycle repeated. This had 'kept the hope alive' that he would be able to continue to care for his children. Another social worker reflected 'I've definitely seen an increase in engagement with my families because of the flexibility'.

A mental health professional described how parents were benefiting from the increased flexibility as engagement was higher, compared with the service as usual, with its 'very strict' attendance criteria, meaning that many individuals are discharged prior to completing treatment:

> I think by being flexible with rescheduling appointments...it means we actually get better engagement. I've rescheduled them [appointments] four times, however, they engage a lot better. You get that flexibility of it, it [session] can be an hour if it needs to be an hour rather than half an hour but then they get on so much better as a result of that... I think you're dealing with the most vulnerable people which if

> they came through the NHS, the structure of it is just never going to work. Where it's kind of proving that if you give them a bit of leeway, actually, it gives them the opportunity to engage (Mental health professional).

Social workers reflected on the benefits of SFT's 'personalised', 'accessible' and 'user friendly' approach' for parents. This contrasted with previous experiences of individual services as 'a building' which was experienced by parents as impersonal, anxiety-provoking and practically quite inaccessible for families, many with no access to a car, with the journey involving using a poor public transport service. They discussed the importance of the same professional visiting families at their home or meeting with them at an accessible venue, resulting in improved trusting relationships and parental confidence that they will get help and support for 'serious issues':

> People don't want to have to go into offices and talk about the most vulnerable areas of their life...It's clinical, isn't it, going into an office and being sat in a room. (Social worker).

Social workers discussed the benefits of the inter-professional SFT service for parents, in terms of a positive change from the previous model that they described as a series of separate services with complicated referral criteria, which created barriers to parents' timely access. They perceived that SFT's more holistic approach with 'strands that run alongside one another' in parallel was experienced positively by parents who could see that with the new model 'we're all singing from the same hymn sheet' and "actually you're here for us". The change to family-focused, flexible practice that was home-based was a noticeable feature across interviews with professionals, including strategic leaders:

> They're going to the home. They're not just giving appointments to people to turn up...It's breaking down barriers, it's a lot more accessible (Strategic leader)

> Being able to give the parent a better chance of getting that therapy... I feel really passionate about it. They would no way have got mental health support if we didn't go to them (Mental health professional).

> They're getting that treatment in their home where they feel safe and comfortable to speak. That's a real change, I think. And they're going to them, so quite often if mother or father are depressed or socially anxious, don't want to get on the bus, don't want to travel there, they've got the support, it's quicker … and improves engagement (Social worker).

Improved family outcomes from professionals' perspectives

Professionals from across specialisms, as well as managers and strategic leaders identified specific examples of how SFT had improved outcomes for children and families. A social work team manager described how SFT had made a positive impact for a family in which a mother and father's relationship was 'very toxic', and the children were exposed to relational violence. Through a domestic abuse and mental health worker working together with each parent, the professionals and parents developed a new perspective and understanding of underlying issues that related to the mother's experience of sexual abuse and trauma. While the work was continuing, the shared 'focus and understanding of trauma' had enabled a clear plan to be created and the children were 'not being exposed any more'.

> I think the mum that I've been doing EMDR with who was involved in something horrific and her life just has taken a wrong path after that...she stuck with the EMDR and that's been really difficult. That's really helped her with the trauma and that's really good because it's just been a rough ride, but she did it (Mental health professional).

From a substance use perspective, positive impact was described in terms of parents' engagement and successful completion of treatment programmes. SFT had provided a 'doorway' for many people who had previous experience of substance use but had not previously engaged with substance use services to access support 'at any level' and a 'gentle push' for people who had previous experience of the service but whose engagement had lapsed:

> In such a short space of time, less than a year, we are successfully moving people through treatment from a drug and alcohol service point of view. People, adults, families that have never been involved ... are now becoming engaged with us, going through the 12-week treatment programme, and successfully completing at the end (Substance use professional).

Factors supporting successful implementation

Shared vision and ownership

Strategic partners consistently identified a shared vision and ownership of the SFT approach. There was recognition of the value of reconfiguring the child safeguarding system as a shared approach with a 'shared agenda...shared leadership...shared funding' rather than the current model of being led by social care. They described how SFT provided the opportunity to develop a longer-term, integrated strategic partnership, reflecting the shared aims and values across health and social care organisations to improve outcomes for children and families:

> We all want better things, don't we as a partnership, for our children. All our services work with kids in care and kids on child protection, don't we? There's something better we can do. Here is the research...this is evidence-based practice. This is being promoted by the Government across the country as a good model (Strategic leader).

Partnership working was welcomed and willingness to adapt to suit individual partner agencies appreciated. They described feeling valued and a willingness to explore differences in perspectives, noting that any challenge was largely constructive and focused on ensuring that SFT was successful:

> Partner engagement has really worked well, the [local authority] team have been very, very open and supportive of challenge and want to work in partnership with us, to resolve any issues and being quite proactive to resolve issues as well. That is a real positive because that hasn't happened in other areas where I've worked, it's almost been, "this is what you need to deliver, deliver it," and it's kind of like well, that doesn't always work like that. So, I think having the ability to have those open conversations has been really beneficial for the project (Strategic leader).

Strategic leaders discussed the importance of navigating 'teething problems' during the early phases of implementation recognising that this was a pilot project. This was achieved by professionals committing to a relational, open and adaptable approach, based on having 'straight conversations' to 'negotiate pathways' from diverse professional positions and develop shared learning within the pilot:

> Teething problems that you would expect with a new project, with a new team, with a whole new concept. You're going to expect some bumps in the road...Of course we're flexible and of course we'll negotiate (Strategic leader).

Where possible, strategic leaders highlighted how they had adapted their practice protocols to ensure that SFT was flexible and family-focused. For example, mental health discussed how they had adapted the traditional three-step pathway from referral to assessment to treatment, to include two new MI phases for parents. The first MI phase falls prior to assessment, and the second prior to treatment. The MI phases are available for parents who are 'not quite ready' for the next phase. This has had a positive impact on engagement levels in the treatment phase, in terms of parents notifying the practitioner if they are unable to make the appointment and in attending the appointment.

Implementation challenges and areas for development

Strategic partners, managers and professionals identified a suite of challenges and areas for future development, including commissioning across complex structures; recruitment of specialist practitioners; managing high demand for services within limited resources; revisiting the logistics of group supervision; tensions between MI statutory processes.

Complexities in the commissioning processes

Strategic leads across the partnership discussed complexities within the commissioning process to secure additional available funding. Complexities included a lack of clarity in the budget holder's identity, the funding duration, and the length of contracts for adult specialist practitioners, which served to impact on recruitment processes: ‘I think people need to be aware of, is the different commissioning and funding through the different agencies’ (Strategic leader).

Recruitment of adult specialist practitioners

There were differences in the recruitment and retention of specialist practitioners by professional group. The substance use team experienced recruitment as a smooth process that enabled them to ‘hit the ground running’. Whereas recruitment challenges in domestic abuse, mental health and probation services - reflecting national challenges - meant that vacancies were filled incrementally over the SFT period (see Appendix 1 for breakdown of posts by employment start date).

> They’re valuable professionals, aren't they, like a lot in the public sector, and they’re valuable because they do brilliant work, but because there's not enough of them. So, we’ve got some empty posts in those adult services, professional discipline space...Even when you get that money, the challenge is can you recruit the right people? That’s not a Dorset problem, it must be nationwide (Strategic leader).

Similarly, while retention was mostly positive, it was identified as an issue in the mental health team, due to the promotion of two of the three professionals, leading to disruptions to the continuity of inter-professional and professional-parent relationships, resulting in increased waiting lists and waiting times.

Managing high demand with limited resources

Early implementation was marked by some confusion regarding which families should receive the SFT’s wraparound service to maximise impact in terms of outcomes for children. The lack of clarity concerning referral criteria for adult specialisms, resulted in some families being referred inappropriately, for example, where experiences of domestic abuse were historic, or where they had had previous need for substance use

input. This is part reflected in commitment to social work values regarding the right of all families to receive SFT. It also reflected initial lack of understanding about the role as well as the capacity of the adult specialist practitioners to provide the level of service demanded:

> Capacity is limited, which it always will be, we're never going to get around that, it's about the social care teams understanding our role better and I think you know, we have got there now, more or less there now and understanding the limitations of what we can do as a service and what support we can provide (Strategic leader).

This was compounded by the complex suite of needs experienced by families and the time to engage, identify priority needs and treat parents, 'it takes time. It's not a quick fix'.

From the perspective of children' social care, balancing the rights of families to the services with capacity to provide that wraparound support was challenging. Given parents had had positive experiences; they wished to offer the SFT to all parents in need of help and support:

> People are buying into it, seeing the results; they trust it so they put forward more families...that creates more demand (Social work manager).

> We want every family to be able to access it so that we're not picking and choosing who is and isn't worthy of that service or in greater need of that service, because we need to watch our outcomes down the line (Social work manager).

Social work professionals also reflected on how to manage endings and step-down parents from social work involvement when the level of safeguarding concern has reduced. They highlighted the challenge of withdrawing support toward the end of the programme and impact on family members:

> There's that balance...it would be wrong to say to a family "Okay you're doing really well, but actually we're going to take everything away now". It's really difficult (Social worker).

> We almost need a holding team to hold the ones that are no longer safeguarding but we can't just stop the other support (Social worker).

There was general agreement of the need for more specialist workers to meet the high level of parental need and to reduce and avoid waiting lists, 'We need more'. There was a shared desire for the model of inter-disciplinary working to continue and a hope that it would expand across the County so more parents would be able to access the specialist services to meet their needs.

Managing the logistics of group supervision

Managing the logistics of group supervisions was a consistent theme within interviews with team managers and professionals from all specialisms. Professionals noted challenges in the number of supervisions, including the logistics of bringing all the specialisms together, and for adult-focused specialisms, the impact of cancellations on clinical time meaning that they had less time for direct work with families. The volume of group supervisions was a specific issue for social work team managers who were struggling to meet demand:

> Some weeks, my weeks are full of group supervision and that's not really counted in the work we do...we wouldn't normally talk about a family for an hour...we don't have time to... (Social work team manager)

> I used to read all the case summaries before, so I was fully up to date. I don't have time for that now (Social work team manager).

Social work professionals also highlighted the unintended consequence of group supervision for families not receiving SFT, with fewer opportunities to discuss and reflect on their needs through 1:1 supervision. They also noted reduced opportunities for personal supervision: 'I haven't had supervision on my other cases or personal supervision, so I think that's a risk'.

Congruence of MI with statutory processes and existing practice models

From a social work perspective, MI was identified as in line with their value base but challenging to embed routinely into their practice. They understood that it took time acquire and apply MI as a therapeutic skill, meaning that 'it has got a little bit left behind'. There was shared agreement that practitioners and managers required further practice development opportunities to re-ignite the adoption and development of MI. However, they highlighted that high and complex caseloads reduced professionals' capacity to engage in training, reflective practice as well as to embody and enact MI principles: 'the complexity of the cases is so much more complex than I've ever known'.

From a mental health perspective, practitioners discussed differences between the structured CBT model and the incremental change approach of MI, meaning that it was not easy into integrate in practice: 'is it forcing two models that just don't fit together?'

From a domestic abuse perspective, practitioners raised the complexities of introducing MI as a therapeutic approach into statutory child protection process. They reflected on the lengthy change process for survivors of domestic abuse and the importance of identifying the appropriate time to use MI.

I think with domestic abuse it's really hard for people to make that change, especially if they don't feel supported or safe. If there's been a lot of control, making decisions for themselves, even simple ones like, "can I wear red lipstick today?" could be really hard. So for them to maintain the change that perhaps the social workers would like them to do, is really difficult. So for them, making even small changes means that they have done really well, like making contact [with services]. That's quite normal, but it's very hard especially when they're on a Child Protection Plan and the consequences of them not doing that is going into Court, or they're already in Court. So I think that's the difficult bit. You're supporting somebody when they may have been in a relationship for 20 years with someone who's controlled them, they love them no matter what they've done to them, they absolutely love them....They can change their mind, so you can do as much Motivational Interviewing as you like on every day and they'll agree, but you have recognise when they are a point where they want to change and you can start talking. That's where the motivational interviewing comes in for me (Domestic abuse professional).

Parental perspectives on experiences of SFT

Humane service

Parents experienced SFT as a holistic, helpful and humane service that was focused on building respectful relationships to support them make changes for themselves and their children. They identified the importance of partnership working, where they worked with a team of professionals who worked well together and offered accessible, flexible emotional and practical support and guidance tailored to meet their needs. They rated their overall experience of SFT at 8 to 10 on a 10-point scale in stark contrast to their previous experience of social work involvement, which was rated from zero to two; this was captured succinctly by one parent who observed, “it feels totally different”.

A parent reflected on how she sensed that the SFT approach was ‘holistic’ and that there was an acknowledgement of the complexity and the inter-relationships between her experiences of domestic abuse and poor mental health and the impact on her children:

> It seems like they’re looking at the whole, how everything interrelates, so the domestic abuse and then the mental health and then your children are part of that but not everything’s separate? So maybe that’s what this new project is doing is it’s enabling almost, yes, that word “holistic” to look at everything and around? (Parent)

Partnership working

There was an awareness of that SFT could potentially be overwhelming, given working with multiple professionals concurrently. However, one parent described how she valued the professionals’ invitation to co-create the plan for working together, and how her perspective was respected and informed the area of concern to focus on first:

> They asked me my opinion and obviously, what I felt and what worked for me and they went with it, so, and it’s worked really, really well (Parent).

Parents reflected how they valued working with a team of professionals characterised by continuity of professionals and strong inter-professional communicative practices. This was particularly welcome so that parents did not have to explain repeatedly their sensitive and emotional experiences; parents felt that members of the professional team had a shared and current understanding; in other words, they “were on the same page”.

> Having everyone talk to each other – not “I have to keep telling everyone”. They all do talk to each other because they are working together as well as with me. It’s fantastic...I feel it’s really worked together and you can see how they do talk to each other. It’s just, makes it twice as easy for me, so I don’t have to keep explaining everything, emotions... It helps (Parent).

Flexible and responsive

Parents identified the flexible, accessible and responsive contact they had with professionals within the SFT team as a key strength. They appreciated the benefits of professionals coming to their homes – rather than going to office-based appointments - and offering flexibility regarding timings. They shared examples of professionals being accommodating where they or their child was not well and how they valued being able to contact their worker by telephone in between appointment times, and critically the quality of professional responses:

> The contact with her is brilliant. (Parent).

> I love how flexible she is...she is really accommodating. (Parent).

> I did actually phone her ... she sent me a massive voice note. (Parent).

Strengths-based

Parents described how they valued the SFT team's practice approach; being listened to and understood by their workers who they regarded as "genuine", "supportive", "understanding" and "encouraging". They valued professionals' approaches to working with them which they experienced as non-judgemental, collaborative and strengths-based rather than "blaming" or "patronising" as per some prior experiences:

> They don't judge us...focus on the positive...pointing out the good stuff' (Parent).

> She understands and she doesn't patronise me. I've felt I've been patronised before (Parent).

Parental service by adult-focused specialism

Parents described the positive impacts of developing positive relationships with SFT as well as accessing practical and emotional support and guidance in relation to the areas that presented child safeguarding concerns. Parents reflected how through working together with the SFT team, they had developed new insights and self-knowledge relating to mental health, domestic abuse and substance use. This resulted in reduced alcohol and drug use, creation of safety plans, and improved mental health, energy and aspirations. They recognised that this had a positive impact for their children.

Substance use

Two parents who had worked with SFT substance use and mental health workers alongside their social workers, describe how their increased understanding of the impact of substance use had reduced their alcohol and drug use, resulting in improved physical energy levels and emotional wellbeing:

> [We] just had a chat and went through everything as to why [drugs and the alcohol use was problematic], and then she spoke to me from the safety point of view. She just went through all the effects that it can have on yourself, children, your genuine life, and then it can lead you to knowing the wrong people, all of that....Then we set up a plan for me to stop. Went through the symptoms of when you're giving something up. I cut down to cut out.... She only gave me the information on what I needed to know for what I was using at the time, and I found her so supportive and helpful. She went above and beyond as well, and I really found her really helpful and encouraging (Parent).

> It's been months now. I've not touched anything. The only time I have a drink is if we go out for a meal or birthday, you know, have a barbecue, that, that's it and I'm feeling so much better for it. I feel a totally different person. I haven't smoked anything for, well, I can't even count now, but ages. I feel good for that as well and I'm not tired all the time... I'm totally different from what I was a few months ago. (Parent).

Mental health

Two parents who had worked with a SFT mental health worker described how they had developed understanding of the need for social work involvement, their needs as an individual and their children's needs. They described a range of positive benefits from working together with their SFT worker, including: increasing their parenting capacity in relation to creating boundaries; developing new self-knowledge and awareness about the impact of how they were managing their anxiety and depression on their children; creation of new coping strategies resulting in a reduction in measured anxiety levels:

> It was for the overall welfare of myself and the children, and I think it was just me that needed educating a little bit...It definitely has helped me know myself a lot more than I ever have done...I'm quite surprised how well I've done in the short amount of time. I felt like my needs have been met, so now I can start meeting my own. More comfortable with making boundaries...especially with the kids...it definitely gave me new direction (Parent).

> It's definitely helping, it's helped so much. It's like she is unjumbling it all really, and I can think clearly...I see things much clearer now and she gives me little pointers...little tips on what to do if I'm in a downward dip... this time the scores were the best they have ever been...I do feel like I've turned a corner (Parent).

Domestic abuse

Two parents who had recently separated from abusive partners described how working with a SFT domestic abuse worker had enabled them to explore childhood and early

adult experiences of abusive relationships. They also described a range of positive benefits from working together with their SFT worker, including the importance of developing new insights into patterns of abusive relationships meaning that they felt more able to prevent this in the future; creating safety plans; and accessing advice and advocacy support in Court:

> We kind of talk about my childhood as well, because I experienced a lot of domestic abuse in my childhood, and how it's affected relationships since, obviously since I've grown up. She's helping me to spot the triggers before I'm too far into a relationship, because I've had several abusive relationships since recent adulthood, and she's helping me to spot the triggers so that I don't continue in this cycle of abuse (Parent).

> We'd sit and make a plan of safety action covering the children in the home, out the home, things like that. I've had a couple of Courts dates that I had to attend, she was really great at [helping to] prepare for Court and stuff, and she attended Court with me as well and she looks into things if I need any advice on things. (Parent).

Deeper impact of SFT for parents

In addition to experiencing positive impact in relation to the three areas of safeguarding concern, parents shared how their experience of working with the SFT team had created a broader and deeper impact on their lives. One parent discussed the impact of accessing the right support, making progress and "being listened to" in relation to "finally" feeling recognised as a human being:

> It's everything's just turned upside down and gone the right way and, yeah, being listened to. I actually finally feel like I exist, like people can see me (Parent).

Two parents discussed their employment aspirations in the health and social care sector as part of their longer-term goals and how they had been encouraged by the SFT team to explore volunteering opportunities. Developing links with employers and education providers is an area that could be developed further within SFT.

Impact of SFT on children

Two parents reflected on the positive impact that SFT had for their children, identifying how their increased vitality, sense of purpose and empowerment as individuals enhanced their capacity to care for, interact with and guide their children:

> I'm more likely to be more alive. I'm more out doing things, I'm more interactive with him. I've got more…I've got a reason (Parent).

They hated seeing me so upset and down. I tried to shelter them from it but I was either quiet, I would be happy with them because they make me happy, but I was crying a lot, I was getting angry, I was shouting...I've obviously done this and now I'm like, "Right, so now I've sorted myself out, I can now kit him with the tools" (Parent).

Opportunities for developing SFT

Parents, strategic partners, professionals and their managers identified remarkedly similar themes regarding the future development of SFT. The three areas of development identified were: promotion of SFT, extension of the SFT partnership and supporting development of social work practice, particularly adolescent safeguarding.

Promotion of SFT

Parents highlighted that SFT should be promoted more widely, celebrating that this was a different way of working with children and families that was focused on working in partnership with parents:

> Promote the SFT service amongst local communities, communicating the benefits of working together with the SFT team so people realise that they're not just there to take your kids away...it's not like it used to be..."we can actually help you" (Parent).

This was confirmed by professional participants who argued that the SFT should be launched into a new locality with a common start date, celebrating the new wraparound service offer to children and families. The benefit of a shared 'go live' date, from their perspective was the opportunity for common induction processes included MI training, safeguarding training, introduction to the statutory process, roles and responsibilities, protocols for sharing information. Strategic leaders understood the value of 'rolling out' SFT across Dorset, enabling more 'more consistent service that is not postcode based'.

Extend the SFT partnership

Participants in strategic and operational positions discussed opportunities for the development of SFT in relation to expansion of each professional group, including additional funding to increase overall capacity and resources in relation to each area of professional expertise and specific service offers. Specific service development opportunities included offering group work to parents. Domestic abuse professionals discussed the opportunity for an SFT offer of Hope2Recover, to enable parental engagement, maximising the parent-professional relationship:

> They know it's a friendly face, they've already seen us, so you know when you hear, "I don't like group work, I can't, there's going to be too many people." "Well, you know me, I'll be there, and we're going to have a smaller group", so it stops that anxiety' (Domestic abuse professional).

Mental health practitioners also discussed the opportunities to offer more low-level emotional wellbeing 'holding' support and group work around emotional regulation and counselling. They highlighted that the current offer of CBT was not appropriate for all

parents, and how parents with high level of needs required additional support, not currently available within SFT.

There was a consensus that the funded pilot and implementation period should be extended to allow SFT to embed and to create meaningful outcome measurement opportunities. Practitioners and strategic leads from across organisations suggested that periods of between two and six years are required to evaluate success and they would like to see SFT 'become the norm'.

Opportunities to scale SFT were identified by parents and professional participants, who identified the value of extending the partnership to improve capacity to meet families' needs. One parent discussed a need in relation to a learning difficulty and another in relation to a higher-level of mental health support:

> She said I need the next level up...high-intensity... but just the waiting times [for services were too lengthy] (Parent).

Opportunities to develop the SFT partnership include incorporating housing, adult social care, health, community mental health, education and employment to provide parents with a wider range of support for needs that create barriers to positive changes in their parenting capacity from being achieved.

Supporting social work practice

Parents highlighted that SFT worked better with young children, suggesting that there opportunities for revisiting the approach with adolescents. One parent discussed how she shielded her older children from social work involvement to protect them from experiencing stress and another reflected how while her younger, pre-school child had developed a positive relationship and enjoyed visits with the social worker, her teenage child experienced meetings as frustrating. This was confirmed by practitioners who also identified the importance of working holistically with all members of the family, discussing opportunities to expand SFT to re-unification teams within Children's Services.

Performance outcomes data

SFT have developed an outcomes framework incorporating outcomes measures across children's social care, mental health, substance use and domestic abuse (see Appendix 2). The evaluation team reviewed the data analyses that were reported in the SFT Business Case Report relating to children's social care, mental health, substance use and domestic abuse outcome measures (1).

Children's social care

Children's social care service outcome data was reported at two time points (November/December 2022 and November 2023) relating to the number in the overall cohort of children in Dorset and in each of the pilot localities. At both data levels, children were categorised as child in need, child protection, and looked after child.

Analysis of the two levels of data between the two-time points demonstrated variation in the number and proportion of cases that were categorised as child in need, child protection and looked after. It was not possible to draw any conclusions about trends in the children's services performance outcomes data relating to SFT.

Analysis of the number of children by category within and between the pilot localities compared with the overall cohort in Dorset demonstrated that:

- The number of children open to SFT at January 2024 (267) represented around a quarter (27%) of the combined number of children who were categorised as child in need and child protection cases across the pilot localities at December 2023 (Chesil: 392 and Dorchester and West: 303; overall: 695).

It is recommended that outcome measures are collected, reported and reviewed for the cohort of SFT children and families at an individual level so that it is possible to evaluate outcome measures at a more nuanced level.

Mental health

SFT mental health service use and engagement data was reported at November 2023. 141 referrals had been presented at SFT allocation, of which 72 (51%) were open cases. 68% of referrals and 72% of open cases were previously known to Steps2Wellbeing. Positive outcomes were reported in relation to engagement; parental engagement was 95% higher with SFT than with Steps to Wellbeing alone.

Substance use

SFT substance use service data was reported at November 2023. 89 referrals had been presented at SFT allocation, of which 48 (54%) were open cases. 28% of referrals and

29% of open cases were previously known to Reach. The high proportion of individuals who have been identified with a need for substance misuse support but who were not previously known to the Reach core service (71%) was reported to indicated a previous high level of hidden need understood in relation to barriers to self-referring that have been overcome through SFT.

Domestic abuse – victim

SFT domestic abuse (victim) service use data was reported at November 2023. 79 referrals had been presented at SFT allocation, of which 41 (52%) were open cases. 32% of referrals and open cases were previously known to Paragon/You Trust. Similarly, to the substance use service (above), the high proportion of individuals who have been identified with a need for domestic abuse support but who were not previously known to the Paragon/YouTrust core service (68%) indicates a previous high level of hidden need.

Domestic abuse – perpetrator

Not available due to recruitment start date of December 2023.

Conclusion

The data indicated a high number of referrals and level of need, with the highest level of need relating to mental health. Indicators of success include high engagement levels, both in relation to higher levels of engagement of individuals who were previously known to specialist partner services and new engagement from individuals who were not previously known to services. More nuanced and longer term data will be required in order to enable meaningful evaluation.

Additional data would be valuable to collect and report relating to analysis of pathways and outcomes following referral at the individual level, to indicate the status of individuals who have been referred, including:

- Areas of need
- Waiting by referral date/ RAG rating
- Closed prior to SFT support by reason
- Open by support from professional specialism including start date, duration and intervention, goals and outcomes
- Closed following SFT support with detail of intervention, duration, step-down, goals and outcomes

There is an opportunity to develop and refine outcome measures, exploring indicators that are currently collected within the service and the level of outcome analysis that would be most meaningful in relation to the domains of children and young people; parents and carers; SFT professionals; SFT services and the SFT system.

Lessons for future implementation

Within recent years, there has been a move toward embedding Family Safeguarding in child safeguarding services across England. Dorset's pilot experience of SFT demonstrates the potential for rolling out the model across all localities. Parents experienced SFT as a holistic, helpful and humane service that was focused on building respectful relationships to support them make changes for themselves and their children. The success of SFT was confirmed by strategic partners, managers and practitioners across specialisms who agreed that while there had been challenges, SFT had been successfully implemented. It is notable that all stakeholders – including parents – expressed that SFT should be promoted more widely, extended across localities and include other partners, such as housing.

Evidence from the formative evaluation supports the ongoing co-location of professionals from each specialism in the physical office spaces of each safeguarding locality in Dorset, to provide families with timely, accessible support personalised to their needs.

Recommendations for ongoing and future implementation are:

1. Support the ongoing co-location of professionals from each specialism in the physical office spaces of each social work locality to improve working together processes and practices and provide families with improved accessible support personalised to their needs.

2. Review and clarify the SFT referral process, including the criteria and capacity within SFT overall and each specialist pathway. Consider how to optimise the use of SFT where resource/capacity is limited, increasing clarity for professionals and avoiding parents' experiences of lengthy waiting lists. Introduce a mechanism to evaluate the effectiveness of referral pathways and processes.

3. Review and reignite the process of implementing Motivational Interviewing as a shared practice approach across SFT and children's services more broadly, including:
   - targeting areas with a lower uptake of MI training
   - exploring areas of congruence and misalignment with previous and current practice approaches and cultures, across and within children's services and each specialism
   - creating accessible ongoing opportunities for all professionals across specialism and roles to develop, share and reflect on MI practice

4. Review and develop group supervision logistical processes and practices to maximise effectiveness, including:
   - how to prioritise and set the frequency of discussions for each SFT family
   - a focus on creating achievable schedules to enable each professional to attend
   - the level and nature of reporting requirements prior to each group supervision to reduce unnecessary burden on practitioners and managers.

5. Review and develop the processes of outcome measurement, sharing learning and practices across specialisms and develop meaningful outcome measures at the individual, team, service, locality and cohort level, to include qualitative and quantitative data focused on outcomes domains relating to:
    - children and young people
    - parents and carers
    - SFT professionals
    - SFT services
    - SFT system

6. Explore opportunities to expand the implementation of SFT including:

    - review levels of parental need and available capacity/ resource in each locality to maximise the effectiveness of SFT design with a focus on the potential to employ more professionals to meet levels of high need in relation to substance use, domestic abuse and mental health
    - extend SFT across all Dorset localities and to other children's services e.g. reunification and leaving care
    - broaden the SFT partnership, including housing, health, adult social care, education, employment and community health with critical reflection on ‘who else needs to be round the table?’

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Appendix 1 Workers employment by role and date[4]

Mental Health (Steps to Wellbeing Service)

The Mental Health team have been in post since March 2023, cases were allocated from the end of March. Interventions currently provided are CBT; (Cognitive Behavioural Therapy), EMDR; (Eye Movement Desensitisation and Reprocessing). Trauma informed assessments are undertaken to inform which level of treatment is required.

FTE	**Mental health**
0.7	Clinical Lead (Team Leader)
1	CBT (Cognitive Behavioural Therapist) Practitioner (High Intensity)
0.5	Psychological Wellbeing practitioner (PWP)
0.5	Psychological Wellbeing practitioner (PWP)

Substance misuse (HumanKind)

The substance misuse team have been proactively supporting parents/carers since December 2022. The team are responsible for completing a full assessment and work collaboratively to monitor and review the family element of recovery/care plans and risk management plan.

FTE	**Drug and alcohol**
1	Team Leader
1	Recovery Navigator
0.8	Recovery Navigator

[4] Information provided via SFT business case (2024)(1).

Domestic Abuse – Victim (Paragon)

The domestic abuse victim team started operations in December 2022 with a single practitioner. Additional practitioners have joined the team in May and December 2023. The team assess and deliver effective interventions to increase safety and reduce risk.

FTE	**Domestic Abuse Victim**
1	Team Leader
1	DA Practitioner
0.8	DA Practitioner

Domestic Abuse – perpetrator (Probation)

The domestic abuse perpetrator team have been operation since the start of December 2023. They are tasked with work with perpetrators and the family to assess and manage risk of harm, with the aim of ensuring that the perpetrator accepts responsibility for their actions and is working to change behaviour.

FTE	**Domestic Abuse Perpetrator**
0.2	Senior Probation Officer (Within Probation) (*not co-located or included in the total number of workers*)
0.8	Probation Support Officer
1	Probation Support Officer

Appendix 2 SFT outcomes framework

Outcomes data currently collected in the table below.

Performance Indicator	Measure of outcome benefit and cost reduction
Reduction in number of new children (Under 18) coming into care.	Reduced under 18's CIC which leads to improved permanence outcomes for this cohort Also, consequent reduction in placement costs, case costs and court costs. (Costs associated with CIC across partners)
Reduction in the number of children who become subject to child protection plans (Under 18)	Costs associated with CP Cases (across partners)
Reducing the overall number of open cases to children's service	DC (Dorset Council)
Reduction in the average number of days children spend in care.	Children and young people in cohort

In addition, SFT have agreed an additional suite of outcome indicators with partners, the mechanisms for collating some of this external data is still in progress, see below.

Performance Indicator (family cohort)
Reduction in the number of care proceedings initiated
Improvement of educational attendance
Successful completion of treatment for substance misuse and no re-presentation within 6 months
Reduction in number of referrals to mainstream mental health services
Reduction in frequency of mental health crisis contacts
Improvements in depression and anxiety scores for adults

Reduction in number of Domestic Violence Incident call outs
Reduction in number of repeat Domestic Violence Incidents
Increase in number of successful completion rates of Domestic Abuse programs both victim and perpetrator
Increase in the number of referrals to SFT adult practitioners
Reduction in need for families open to statutory Children's Services

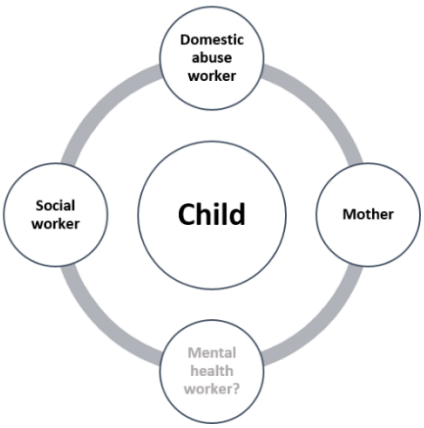
Appendix 3 Case study examples

Case Study 1

Working together to address safeguarding concerns relating to domestic abuse

- Arranged for mother to attend 'Me, you, mum' weekly course
- Created a 'safety plan' with mother
- Helped mother prepare for court
- Attended court with mother
- Arranged for additional security for the mother's home
- Advocating for mother with solicitor to extend non-molestation order

- Regularly visiting home to meet with mother and children
- Referred mother to domestic abuse worker
- Secured additional childcare hours for 3 year old daughter
- Changed nursery hours so that mother was free to attend 'Me, you, mum'



- Working with domestic abuse worker
- Created safety plan with domestic abuse worker
- Reported abuse
- Prepared for and attended court with domestic abuse worker
- Attending 'Me, you, mum' weekly course
- Developing understanding of the impact of domestic abuse on children and mother
- Meeting others who have been or who are in similar situations
- Sharing information about legal advocacy support domestic abuse worker is providing with social worker

Mother's positive experiences of Safeguarding Families Together

Mother re. positive experience of working with domestic abuse worker

We'd sit and make a plan of safety action covering the children in the home, out the home, things like that. I've had a couple of courts dates that I had to attend and preparing for dates and then preparing for court and stuff, which she was really great at doing and she attended court with me as well and she looks into things if I need any advice on things.

Mother re. positive experience of working with the SFT team

I'd probably give them a 10, to be honest, because they are brilliant...Between everyone, we've all worked really well, been able to do it.

Mother re. positive experience of working with social worker

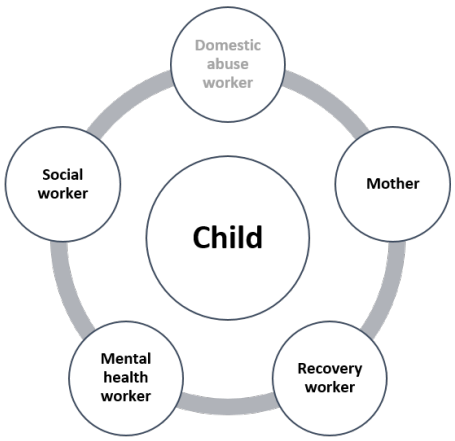
Really accommodating... pushing ... for the extra childcare when she needed it ... she's just really genuine and supportive and understanding as well.

Next step: Mother was waiting to access support for her complex mental health needs (mental health professional external to SFT)

Case Study 2

Working Together to address safeguarding concerns relating to substance misuse and mental health

- Next phase to include working together with a focus on domestic abuse



- New social worker
- Involvement less to-date

- Working with substance misuse worker in regular at-home sessions to explore issues of addiction and alternative coping strategies
- Working with mental health worker in regular at-home counselling sessions to support anxiety
- Attending 4-weekly core group meetings
- Planning to work with domestic abuse worker
- Planning to return to education
- Planning a career in health and social care

- Working with mother in regular at-home counselling sessions to support anxiety

- Working with mother in regular at-home sessions to explore and support issues of addiction
- Offering accessible telephone support
- Attending 4-weekly core group meetings

Mother's positive experiences of Safeguarding Families Together

Mother re. positive experience of working with mental health worker

It's been absolutely amazing. In fact, I've managed to actually talk to someone, get it out. Managed to do it in my time as well – haven't been forced or pushed by anyone. She has been very understanding of the sort of situation I'm in and of my son because he's only 3 and obviously, we've started nursery, school bugs and things like that coming up, so yes, that's worked a lot better than what it was before and that's through this programme.

Mother re. positive experience of working with the SFT team

It's really, really helped me. I couldn't praise any more...10 because it has helped me. Me and my son, it really has, it truly, really has...This programme's been amazing...They're listening to me, they're taking things seriously and I feel like ... I'm actually getting somewhere with them with their help...Having that one group of people who will concentrate on you

Mother re. what changes in her, her 3-year old child might have noticed

That I'm more likely to be more 'alive'. I'm more out doing things, I'm more interactive with him. I've got more...I've got a reason.

Mother re. progress made with recovery relating to substance use

It's been months now. I've not touched anything. The only time I have a drink is if we go out for a meal or birthday, you know, have a barbecue, that, that's it and I'm feeling so much better for it. I feel a totally different person. I haven't smoked anything for, well, I can't even count now but ages. I feel good for that as well and I'm not tired all the time

Next step: Mother is due to start working with SFT domestic abuse support practitioner