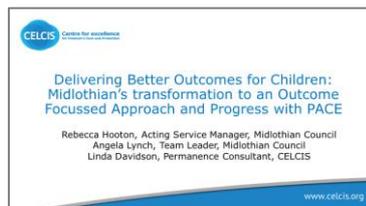


DATE: August 2020

TITLE: Delivering Better Outcomes for Children: Midlothian's transformation to an Outcome Focussed Approach and Progress with PACE

SPEAKERS: Linda Davidson (LD), Permanence Consultant, CELCIS
Bec Hooton (BH), Acting Service Manager, Midlothian Council
Angela Lynch (AL), Team Leader, Midlothian Council

You are watching our webinar about the PACE programme from the delivery team in CELCIS at the University of Strathclyde. PACE is a Quality Improvement programme aiming to reduce drift and delay in permanence planning for looked after children these webinars were recorded in the spring of 2020 so please be aware that key changes in legislation, guidance and practice may have occurred since this time.

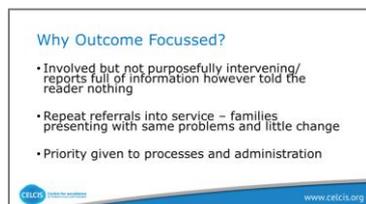


(LD) Hello everyone and welcome to today's webinar.

Today's webinar has been presented by Bec Hooton and Angela Lynch of Midlothian Council on their outcome-based assessment and the amazing work they've done to try and co-ordinate assessment formats into one. I'll hand over to Bec and Angela now.

(BH) Hi I'm Bec Hooton.

(AL) Hi I'm Angela Lynch.



(BH) So we're going to talk about our outcomes-focused assessment which is a really long journey and process we've gone through in Midlothian, which has worked really well in combination with PACE, helping us to get to a much better place of being outcomes focused.

So for us, as I said, this journey started well before PACE and CELCIS got involved in Midlothian and came out of a group of very frustrated social workers feeling like we were involved with families but not very purposefully intervening. That we were writing lots of reports, which were full of information, but didn't really tell the reader anything about what the risks were, what the concerns were, or how we'd been intervening with a family to try and change that.

What we were seeing in Midlothian was a huge number of repeat referrals; families that were coming in and out of the service with the same problems and very little change or real progress being seen, despite the fact that we had allocated workers and we had people coming and going from a house. What we saw as a group of managers was that there was a real priority given to processes and administration, to writing reports and workers feeling very frustrated that they didn't have time to do the work that they actually thought was going to make a difference to a family. So we were quite clear that we wanted to change our approach and that started, at first, with a view about changing the assessment format.

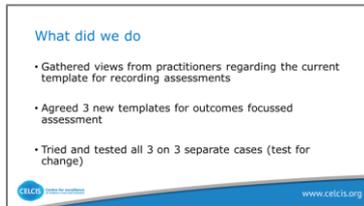


So when we came to look at what we wanted to see, we saw that we had an approach that was an assessment-focused on a problem and when we had worked out what we thought the problem was, that problem would then define a process. So it could have been the child protection process, or LAC processes. And that the actions - when we got a worker to engage in a family - were based on the problem and based on the process, as opposed to being focused on where we wanted to be.

We attempted to fix problems but they were professionally perceived problems and there wasn't a lot of engagement with the family about what they saw as the issue and what they felt needed to change. Our process would then go on to review the outcome or resolve problems, but what we were seeing was there was little change and that was why we were having lots of repeat referrals.

By taking an outcomes-focused approach, what we wanted to see was that the assessment was a shared assessment; it was family and professionals working together to decide the outcomes that they wanted to focus on. It was about identifying what mattered to a family, as well as what we were worried about as professionals, and what they were worried about as a family and what was going well.

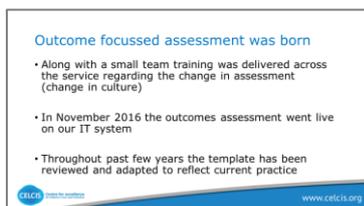
It was about actions that worked together, working towards a shared outcome, and about reviewing those outcomes, in terms of what had been achieved and hadn't been achieved. So our process was not about how the legislation shaped what we were doing, it was about how we were working with a family to define the outcomes that everybody wanted to achieve.



So in terms of how we changed practice, we gathered the views of a range of practitioners inside and external to our service, and looked at the current template we had for recording assessments and what we realised was, there was a number of different assessments that were required of a worker for different contexts.

We then agreed and developed three new templates for an outcomes-focused assessment, which ranged hugely in their length and in terms of the focus. We needed to be very clear and have a shared understanding of the concerns, a shared understanding about what was working well and a shared understanding about where we wanted to be.

All of those templates also had a greater focus on what the risk was and talking about it in a way that made sense for everybody who was reading the report. We tried and tested all three of these different templates and one poor worker had a very horrible experience of trying a very, very long assessment and we were then able to look at the three templates and decide what we thought was going to be the best going forward.



So the outcomes-focused assessment was born and we came to a conclusion about a single assessment, and along with a small team of people in the service, we delivered training across the service to explain the change in the assessment format, but also in the way that you needed to engage your family in your assessment.

In November 2016 the outcomes-focused assessment went live on our IT system, which meant that people were using the assessment from the beginning of their work with a family and they were recording it on the system

as they were expected to. Over the last four years, what we've done is review the format and adapt it as we have needed to. We'll talk more about that and how that has allowed us to have a single assessment from the point of entry to the service all the way through to permanence.

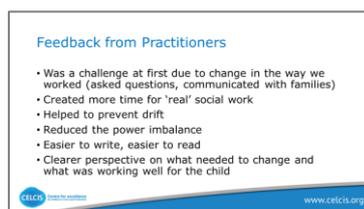


When we looked at the assessments and started to review them; families told us that they felt listened to, that their views were recorded clearly in the report; that they didn't feel blamed and they felt like they were part of the plan that made things better for them. That was a significant change for us; as previously we had a professional's account of what was going on and what was wrong and parents often felt blamed or that they weren't a good parent. So this was a significant change for families' experience of an assessment.



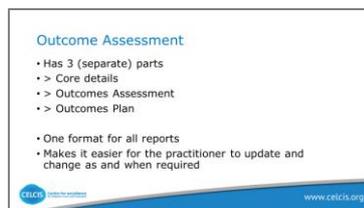
When we spoke to the Children's Reporter, SCRA and our independent reviewing officers, they told us that they thought the outcomes-focused assessment was clearly focused on a child, that it was easier to read, that it was easier for families to understand, but also for IROs to understand a family's perspective, which in turn made informed decisions a smoother process.

The assessment was less repetitive, which was one of the things we really wanted to be clear about and is also more specific regarding the risks. I think some of that was because you had to write in a way that, collectively, a family could understand and agree with you, what the risks were. We weren't simply saying the risk was domestic abuse, we were being specific about how domestic abuse played out in that family and how it impacted on the parents and on the children.



We spoke to our practitioners and they admitted it was a challenge. It was a significant change for us, in terms of how we wrote an assessment. You couldn't just put the new assessment format into play if you didn't ask the questions differently, because as a professional, you couldn't fill in the assessment unless you'd had purposeful conversations with a family about what we were worried about. And so that took time, it took time for people to adjust, to feel comfortable asking questions and to communicate differently with people, who often don't want us to be in their lives. Workers also felt it created more time for real social work, for relationship building and to being able to work towards meaningful outcomes.

Workers felt it helped prevent drift and part of that was about a less repetitive format and about being clear about what you were trying to do. They also felt it reduced the power imbalance and made it easier for them to work in partnership with families. When everyone got used to the format, they said it was easier to write and easier to read. The new format was being read by multiple audiences for a number of purposes, but everyone agreed that it gave a clearer perspective on what needed to change and what was working well for a child. This reinforced the importance of being really clear about how we were intervening and that it was purposeful for us to be involved in a child and families life.



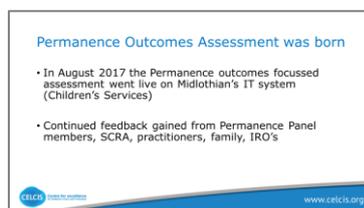
In terms of outcomes assessment format, we have three parts to the assessment. The **core details** are the basic details about a child's name, their date of birth, their address, previous addresses, their legal status, LAC status who their carers are, who their parents are, all of that information that normally sits at the beginning of assessment. That is now a separate form, and our purpose in removing it, was the understanding that it was really important, particularly to other professionals, but that when it sat at the front of an assessment, it was often a barrier for families reading the report, as they had to work through multiple pages of information, which was nothing new to them. The core part of the assessment is the **outcomes-focused assessment**, the focus of which is to describe 'what's going on', 'what do you need to know about me and my family', 'what's important to me', 'what are we worried about' and 'what is going well', and following on from that comes the **outcomes-focused plan**. The plan must be really clear about what we want to achieve for this child and this family. The most significant feature about this, is there is only one format, one outcomes-focused assessment which is used for **all** reports. It's the same report that's shared with a team leader when you want to discuss the outcome of a case; that's shared with a Children's Reporter, that's shared at LAC reviews and shared

at Case Conferences. The practitioner needs to amend the format for each context, but it is one outcome, which has made it much easier to update and to change as required.

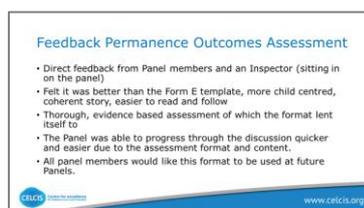


(AL) So what happened next? There was a recognition that we were using the outcome-focused assessment up until we were heading towards a permanence LAC review, and at that point there was a recognition that there was still some significant drift in terms of progressing to a permanence panel. One of the identified reasons for that drift was the fact that social workers then had to embark on writing a Form E.

So myself and a team of workers, worked on developing the outcome-focused assessment into a **permanence outcome-focused assessment**. It would continue to be one assessment tool, from entry to the service to exit to the service. It was hoped this would prevent drift, by removing the Form E process. We had many meetings with panel members, the family placement team, team leaders, service managers and the head of service and we tried and tested, on two separate cases and gathered feedback.

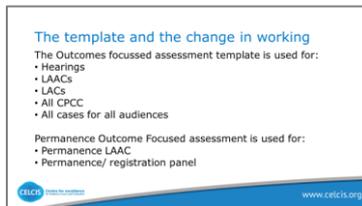


The **permanence outcome focused assessment** was born in August 2017, when it went live on our IT system. We continue to get feedback from permanence panel members, SCRA, practitioners, the family and independent reviewing officers.

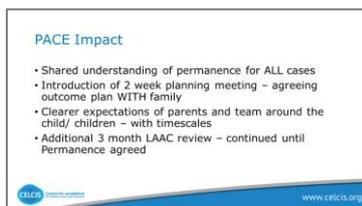


Feedback: direct feedback from panel members and an inspector sitting in on one of the panels. They "felt it was better than the Form E template, it

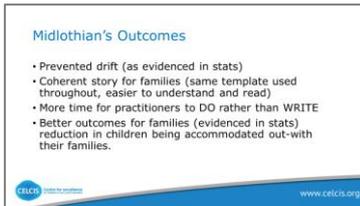
was more child-centred, showed a coherent story and was easier to read and follow. It was a thorough, evidence-based assessment, which the format enabled. The panel was able to progress through the discussion quicker and it was easier due to the assessment format and content". All panel members would like this format to be used at future panels.



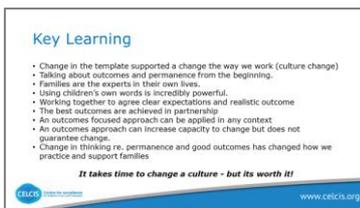
The template and our change in practice is working and as Bec said earlier, the outcome-focused assessment template is used for and with all audiences; the child or young person, the family, children’s hearings, looked after child reviews and child protection case conferences. The permanence outcome-focused assessment is also used for a permanence LAC and a permanence registration panel.



When PACE joined us, there was an understanding that there was some drift in terms of cases progressing to permanence panel. We agreed the stretch aim of a child coming into foster care to a decision at a permanence LAC taking seven and a half months. This introduced the two week planning meeting, which enables us to agree an outcome-focused plan with a family, instead of a social worker sitting in isolation, drawing up and agreeing what the outcome should be for that child. This has helped us consolidate the work with a family as there are clear expectations of the parents and the team around the children with regard to the time scales, and it is a shared responsibility. We also introduced an additional three month LAC review, and that a three month LAC review will continue until a permanence decision is agreed.



Midlothian's aim was to prevent drift. This was achieved and has been evidenced in the data we've been gathering since implementing the outcome-focused assessment. It helps to have a coherent story for families; with the same template being used from entry to the service, to exit. There is more time for practitioners to do real social work, rather than sitting in front of their computers and writing about it and there have been better outcomes for families. This has also been evident from the data, which continues to be looked at in terms of the initial statement and re-referrals into the service. We've continued to work with an outcomes focus and it's not just the template but the outcome-focused work that everybody has been doing that has helped to reduce the re-referrals back into the service.



Midlothian's key learning: the change of template has supported a change in the way we work and it has supported a change in culture. We have better conversations right from the start, we have changed the way we communicate with a massive emphasis on building relationships. This is one of the key elements in terms of outcome-focused work. We recognise that for outcome-focused work to be successful, we need to take time to build relationships

(BH) ...And communicating honestly with parents from the beginning. I think talking about permanence from the very beginning, was allowing staff to have the confidence to speak honestly about 'We all want the best outcome for your child and we need to be focused on that right from the beginning of us getting involved', and that is much easier when people are investing in relationships with people.

(AL) ... And an understanding that the families are the experts in their own lives. Using children's own words in the assessment has proven to be incredibly powerful from many perspectives, for the family to read what their children are saying helps them understand and enables them to put themselves in their children's shoes.

So in terms of an outcome? One that is child centred, to help the family to see where we were and where we were coming from. The best outcomes

are achieved in partnership and an outcome-focused approach can be applied in any context. The approach can increase capacity to change, although it does not guarantee change. Change in our thinking about permanence and good outcomes has changed how we practice and support families. I think what we've all recognised is that it takes time to change a culture, but for us it's been worth it.

(LD) Thank you Bec and Angela very much, that was really interesting. I have a couple of questions - the first question is: have you noticed, in terms of working with families, they appear to have a greater understanding, or ability to participate in the plan for their child or children?

(BH) I think so; I think by telling workers that we need to be outcome-focused, you need to be clear about what you want to change, and I think when we're working with families we're being much more explicit. I think if you take domestic abuse, for example, in our old assessments and reports what it would say is 'we're concerned about domestic abuse and the impact that has on a child' and that wasn't very specific - and even if it was specific about a parent's behaviour - it wasn't always focused on saying anything other than we wanted it to stop. When we adopted the outcomes-focused approach, we were much more clear and specific about the impact on this child, their physical safety, or it was their feeling of security and safety, or that they were able to tell us they felt scared when dad was shouting or screaming, or when mum got very upset from something that happened. What we wanted was the child to feel safe at home, to know what was going to happen and to be clear about that. I think all the different parts of engaging a child and a family in writing an outcomes-focused assessment meant we had to have everybody's perspective and that led to a conversation about 'okay if we want this child to feel this way, what behaviour needs to stop?', and what do we need to do with a parent to help them understand that. I think again that can be really powerful in taking less of a blaming approach to parents, and working with them to actually say 'well how do you think we can stop that?' instead of us saying 'mum, you have to call the police every time dad is shouting'. Actually what else can we do, what do we see at the beginning of that situation before it escalates? And what do you know as a family is the best way to actually make sure your child feels safe, as well as is safe?

(AL) I think what's also been important for me, in terms of the engagement with the families, is the two week review meeting that was introduced when PACE became involved. We used that two week planning meeting to sit with a blank care plan and discuss the outcomes that everyone wants to achieve for the child. Then breaking down the actions of how we can achieve that in partnership with the families, rather than a social worker sitting in isolation writing a care plan; because we all know that care plans are most effective if done together with a family.

(BH) And I think in the context of a LAC plan, like Angela says, by us having that two week planning meeting, we're already sitting with parents in a fairly formal setting saying 'this is why your child is currently not in your care; how can we come up with a plan that would either support them to return to your care, or to support you to be accepting of why they are not in your care?'. We already have a plan that's clear about what needs to happen before a six week LAC. I think one of the things we noticed was happening is, you're getting to a six week LAC and people were saying 'well here's our preliminary assessment' at the six week LAC, and there hadn't been any clarity with a parent about what we expected of them before that point, so we were already six weeks behind the mark. Whereas doing this, we know why a child's been accommodated; you wouldn't be accommodating a child unless there is some significant concern. So it's about being really explicit with a parent about that from the beginning, and making sure we don't waste the very first six weeks.

(LD) That's really helpful, thank you. The other question I wanted to ask was, do you feel this work has made a difference to either the number of referrals to the Children's Reporter or Children's Hearings held, or has it perhaps changed the culture in the hearing? We know through the PACE programme that hearings can become very adversarial and you're talking about engaging with families in a different way from the start. Has it made a difference to perhaps the number of compulsory supervision orders, or the length of time children might be on orders, or even how families communicate with workers in the hearing setting?

(BH) I think to give you an answer about that, we would probably be talking anecdotally and we wouldn't have any stats off the top of our heads that would support that. I think you know the approach can make it different in a hearing. I guess it also doesn't have to, and the hearing system can still be very adversarial. I guess one of the things that it does, is it makes sure that the report that's presented at a hearing is something that should be understood by a parent before they're walking in there. It's not something that they're ever seeing in a hearing for the first time and it's not that there haven't been conversations already about what we're trying to achieve and why we think we either can or can't achieve that at home at this point in time.

So I don't think it necessarily makes it less adversarial, and I don't think it is always going to mean we don't need statutory measures, but I guess what I would hope, and I think anecdotally we could say is that, in general, we have a better understanding from parents about what we think is going on and what they think is going on, and where that lies in whether we're agreeing or disagreeing about what's good enough for a child, or what they need or what's important.

I think it doesn't necessarily change the outcome, in terms of whether there is or isn't a hearing, or is or isn't an order, but I think it probably changes the experience and everybody's engagement with that.

(AL) Yeah, panel members have fed back consistently since the start of the outcome-focused template being sent to SCRA for hearings; they've consistently fed back that they feel more able to make an informed decision based on the change, the way that we're working and the way that we're recording. So the outcome-focused assessments that are being presented to panel members are giving them more information, so what it has done is reduce the need for safe-guarders.

(LD) Well that's excellent. Have you taken a very specific child development approach to this, and changed the culture in terms of how social workers are communicating about the needs of children?

(BH) I don't think I would say we've taken, necessarily, a very specific child developmental focus but I think what we have done is - because this has been a journey for us over, coming up, four years - I think everything that's come along - whether it's something that we think that we're doing well or something that we think we need to develop or an area of learning - what we've really tried to make sure is that that feeds into and supports an outcomes-focused approach.

We've said this is our service's approach to how we work with children and families and young people, so when we've looked at how we do parenting capacity assessments, when we've looked at other tools that other services and authorities have used to inform their assessments, we've made sure that all of that feeds into an outcomes-focused approach and a language that's understandable for parents.

So part of our second year of PACE was working on really clear guidance about what we expect of workers in a parenting capacity assessment; about how that can fit in the time scales we have with LAC processes, how that fits and sits inside an outcomes-focused approach and how that can meet the needs of all the different target audiences - be that a child protection case conference, a LAC review, a hearing - that all of that information can sit in this outcomes-focused approach, and that if we're giving new learning - be that about how to do a parenting capacity assessment, or a safe and together approach to domestic abuse, or a new tool to use when we're assessing neglect - it all sits inside this outcomes-focused approach.

There are lots of different tools that we want to use and obviously thinking about child development is really important when you're looking at what a child needs and being able to identify and be clear with parents about that. Whether that need is being met or not being met or whether a child's development is impacted by their home life. But I wouldn't say that's all come

down to having a very developmental approach; I think it's again back to having a real outcomes-focused approach - that for this child, this is what we're seeing is going on, and for this child this is what we want to change, and getting parents to agree to what they want the outcome for their child to be.

(LD) Well thank you both, that's incredibly impressive. This is the third time I've heard it and I'm still so impressed with the work you've done in Midlothian. So thank you very much for sharing that with us, I'm sure there's a huge amount of learning in this for the rest of the sector that chooses to join us in this webinar. Thank you both very much.

Other resources

CELCIS Knowledge Bank:

<https://www.celcis.org/knowledge-bank/>

Independent Care Review and The Promise:

<https://www.carereview.scot/>