

### Partners in Practice – Proposals March 2016 (updated 2 June 2016)

This plan builds on the initial paper presented to DfE officials on 29<sup>th</sup> February 2016 as part of their in-depth visits to local authority Partners in Practice. Following that discussion, we have selected those areas in which we would work closely with the DfE and where funding would assist in implementing the proposals.

#### Proposals

The proposals below fall into three categories:

- **Development of the practice system**
- **Sector improvement**
- **Deregulation**

As Partners in Practice with the DfE, we propose to build on our *Focus on Practice* programme, further improving services in the Triborough, examining and changing systems conditions through research and feedback, exploring the impact of deregulation by easing procedural demands in key areas, and setting up a Triborough Centre for Social Work as a means of supporting improvement in the wider sector. Below are the details of each of the areas of proposed activity, followed by information about costs, timescales, and anticipated impact and sustainability. Risks and mitigations are included in appendix 1, key milestones in appendix 2 and LAC reductions (impact of Focus on Practice) at appendix 3.

The recent inspections by Ofsted<sup>1</sup>, which resulted in the three highest results in the country thus far and the first two ‘outstanding’ ratings in 90 SIF inspections undertaken nationally to date, noted the significant contribution that Focus on Practice is having in the three boroughs. We wish to build on that success, learning more about what works in order to further develop the practice in the three authorities as well as contribute to improvement across the sector.

#### 1. Development of the practice system

The key vehicle for service improvement in the Tri-borough authorities has been, and

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[http://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/westminster/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/westminster/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

[http://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/hammersmith\\_and\\_fulham/052\\_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/hammersmith_and_fulham/052_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

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will continue to be, our *Focus on Practice* programme (DfE Innovation Fund). The programme covers our work with children and families in all areas of children's social care, and includes both social workers and other allied practitioners who work within early help, with children in need, in child protection, with looked after children or those leaving care, with disabled children and with teenagers and young offenders. The core objective of *Focus on Practice* is for social workers and other practitioners to use their professional expertise to help create positive change for families and better outcomes for children and young people. Over time, we expect to see a reduction in the number of children looked after and those subject to child protection plans, and more effective interventions with families resulting in fewer re-referrals to our services. In order to achieve this, we are building on the knowledge, confidence and expertise of practitioners and managers in order that they are more effective in creating changes for families, mobilising the strengths within families, and moving away from a model of case management and 'watching and waiting.'

Following discussions between ourselves and the DfE representatives on 29<sup>th</sup> February, the key elements which would need funding are outlined in the bullet points below.

- Maintaining current clinical staff and expanding to ensure all teams have access to systemic family therapists/psychologists. The input of the clinicians has been key to the success to date of Focus on Practice, and is cited by the Institute of Education evaluation team as one of the most important elements of the Focus on Practice programme. We would want both consolidate the current posts and provide them with longer term contracts and also explore the expansion of the team. Currently, there is a major consultation of local CAMHS services being undertaken, and we are discussing the possibility of more CAMHS outreach, including co-location of CAMHS staff within local authority teams, which would further embed the clinical input to services.
- Establishing practice development programmes - Yrs 2, 3, and 4 of systemic family therapy training with the aim of building a cadre of dual qualified expert staff who will lead practice across the authorities. Over time, this will reduce the need for separate clinical posts and will result in a more highly skilled workforce doing higher intensity interventions. We will have an ongoing programme of year 1 of systemic training for new staff entering the authorities.
- Earlier identification of children and families who will need intensive services in the future using predictive modelling. This links with discussions in our Early Help services about placing targeted services within universal settings.
- The Triborough authorities were participants in the proof of concept of the Assessment and Accreditation programme and are keen to be involved in the further implementation of the programme.

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### Costs of further development of the practice system:

Most of the costs of ongoing service improvement will be met by the councils, including year 2 systemic training for practitioners and managers, year 1 systemic training for new staff, further development of a career pathway, and some clinical posts. The table below outlines the costs of maintaining the areas of further development:

<b>Proposals</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
Clinicians / family therapists (17 WTE @ £60k per post ) across the three boroughs	£1,020,000	£1,020,000	£510,000	nil
Heads of Clinical Practice (2 WTE @ £82,000 per post)	£164, 000	£164, 000	£82,000	nil
Years 2, 3 and 4 of Systemic Family Therapy (30 practitioners per year across the three authorities in Year 2, 12 practitioners per year for MSc)	£80, 000	£200, 000	£200, 000	£200, 000 (costs covered thereafter by Centre for Social Work – see below)
Further development and maintenance of On Track predictive model (includes staffing costs and IT development in predictive modelling).	£35,000	£35,000	nil	nil
Linking with the predictive modelling, in depth analysis of the looked after children population to enable us to be more effective at intervening at key points in a child’s life.	£80,000	£40,000	nil	nil
<b>TOTAL DfE funding required</b>	<b>£1,379,000</b>	<b>£1,459,000</b>	<b>£792,000</b>	<b>£200,000</b>

There are of course a number of other service developments taking place within the Triborough but the list in the table above highlights those which build on the innovative approach of Focus on Practice.

### 2. Sector improvement

#### **A Triborough Centre for Social Work**

Based on our experience of delivering a comprehensive skills development programme as part of *Focus on Practice*, we are now in a position to develop a systemic practice course for social workers, first line managers and practice leaders from other local authorities. Using the expertise of the Heads of Clinical practice, family therapists, Specialist Practitioners, senior leaders and others, the courses will be developed and delivered by those with expertise in applying systemic ideas to social work practice. We will seek accreditation from the Association of Family Therapy for the courses, giving them externally recognised status, and allowing those who complete to go on to further systemic study. The course will be specifically designed to incorporate the DfE Knowledge and Skills Statements, and links made to the assessment and accreditation process will be explored as this is further developed. These courses will enable people in different parts of the social care system to gain a fully coherent theoretical framework, with a solid evidence base.

We propose working with up to three authorities per year initially, identifying with them 20 practitioners, 8 frontline managers and 5 practice leaders in each to participate. Whilst it might be beneficial for a wider group of authorities to be involved, we believe that a core group of practitioners and managers is required in each authority to have the desired impact. We believe we would be able to be most helpful to authorities who have been judged as 'Requires Improvement' or 'Good' category rather than those judged as 'Inadequate'. We believe that this last category of authorities often requires significant investment in getting basic systems and processes running effectively, as well as the establishment of a permanent workforce.

We will set out our offer and invite interested local authorities to apply. We will select the local authorities based on location, commitment to the principles of the programme, and the stability of leadership and staff. We will make this assessment based on written submissions and in-person discussions with senior leadership teams as well as consultation with DfE colleagues. In year 2, we will ask local authorities to contribute a nominal fee of £1000 per participant, increasing to £1500 per participant in year 3 and £2000 per participant in year 4. The capacity for delivery will expand to five local authorities by 2020. The income from participating authorities by that time will cover the costs of the programme, and offset costs of further systemic training for Triborough practitioners.

To support classroom learning, participants will have the opportunity to spend time in services in the Triborough. It is proposed that each participant spends, in addition to the 15 days of classroom learning, a further 10 days embedded in a Triborough service. Here, they will have the opportunity to observe and participate in case discussions, visits, and meetings with their Triborough peers and clinicians within those services.

Finally, in order to enable learning to embed in their own authorities, Triborough clinicians or other practitioners will spend the equivalent of 5 days on site in participating authorities. There they will lead reflective supervision groups, provide case

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consultation, and undertaken joint-visits, as agreed mutually with participants and their managers. For practice leaders, there will be the opportunity to have a Head of Clinical Practice or Triborough Director attend senior management meetings and provide coaching sessions.<sup>2</sup> The role of the clinicians in coaching and mentoring social workers was universally identified as positive by those interviewed for the external evaluation of Focus on Practice, and that evaluation identified this role as key to delivering the outcomes of Focus on Practice. We believe it is a strength of the programme we are proposing to other local authorities.

Commencing in Year 3, we will commission an evaluation of the effectiveness of the programme, identifying intended outcomes in collaboration with participating authorities.

**Costs for delivering the Centre for Social Work** to 60 practitioners, 24 first line managers and 15 practice leaders per year is presented below. The costs involve backfill for use of our staff who would provide the teaching, mentoring and placements.

Proposals	Year 1	Year 2	Year 3	Year 4
Clinicians /specialist social workers – teaching 0.8 WTE	£45, 600	£45, 600	£45, 600	£45, 600
Clinicians / specialist social workers – coaching in workplace 0.5 WTE	£28, 500	£28, 500	£28, 500	£28, 500
Accreditation fee (Association of Family Therapy)	£1,200	£600	£600	£600
Copyright license	£750	£750	£750	£750
Centre Director	£50 000	£50 000	£50 000	£50 000
Course Coordinator – 0.5 WTE	£26, 650	£26, 650	£26, 650	£26, 650
Head of Clinical Practice – curriculum development – 0.2 WTE	£17, 000	nil	nil	nil
Head of Clinical Practice – teaching on leadership and supervision courses – 0.5 WTE	£42, 500	£42, 500	£42, 500	£42, 500
Director of Family Services – workplace coaching – 0.4 WTE	£46, 000	£46, 000	£46, 000	£46, 000
Head of Clinical Practice– workplace coaching – 0.2 WTE	£17, 000	£17, 000	£17, 000	£17,000
External venue hire	£29, 970	£29, 970	£29, 970	£29, 970
Leadership teaching (external tutor)	£7,500	£7,500	£7,500	£7,500
Travel costs (Triborough staff	£18, 000	£18, 000	£18, 000	£18,000

<sup>2</sup> Since writing this plan we have heard further about the idea of developing an apprenticeship scheme for potential practice leaders. We would be interested in seeing how this might dovetail with the Centre for Social Work

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travelling to other LAs)				
Administrative costs (e.g. photocopying, preparation of course materials, etc)	£5,000	£5,000	£5,000	£5,000
Evaluation of impact	nil	nil	£100,000	£100,000
<b>Total cost</b>	<b>£285,670</b>	<b>£268,070</b>		
<b>Income</b>	n/a	£99, 000 (local authority fees)	£148,500 (local authority fees)	£198, 000 (local authority fees)
<b>Total DfE funding required</b>	<b>£335,670</b>	<b>£219,070</b>	<b>£269,570</b>	<b>£220,070</b>

### 3. Deregulation

The areas which we believe would benefit from de-regulation in its broadest sense are outlined below – this is not a comprehensive list but one which highlights the priority areas we will be working on.

We recognise that some of these areas are about changing culture and practice rather than requiring a change in Government guidance or law. Much of what we do is guided by Ofsted requirements and post inspection, we are now in the fortunate position of being able to challenge some of the accountability processes which we have followed in recent years.

As part of Focus on Practice, we have commenced and will continue to explore the system conditions which determine the culture and practice within our organisations. Adjusting the practice system in a number of ways including: eliminating unnecessary bureaucratic processes; making sure there is a proportionate balance between assessment and service provision; enabling practitioners to work intensively with families; and most importantly, developing professional accountability for our work in a way which minimises the need to micro-manage and allows the front line workforce to develop creativity and confidence in their interventions with families.

3.1. We would like to explore working with the Behavioural Insights Team to understand more accurately the barriers which prevent practitioners from building effective relationships with families. We want to look practitioner and manager behaviour in relation to decision making, thresholds, processes, record-keeping and how to avoid cases escalating through the system. We believe that this fits well with the de-regulation agenda because we know that it is not just rules and procedures that determine practitioner behaviour, it is also habit, culture and fear of not being seen to be accountable. We are not able to cost this work but would suggest that either ourselves as three boroughs, or the whole Partners in Practice group of LAs would benefit from exploratory conversations with the Behavioural Insights Team.

3.2. We have made a recent decision to initiate a complete overhaul of our current recording systems, looking at unnecessary record keeping, duplication and use of

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other mediums. We want to start from first principles about the function of recording, its current application and opportunities for a radically different framework which actively involves families and makes use of audio and video rather than relying only on the written word. We want to create a system which is proportionate to the purpose of case recording and frees up time for practitioners to build relationships with families at a much more intensive level than is currently possible. As above, we would welcome joint work with other Partners in Practice authorities.

- 3.3. We would like to explore not having two sets of processes for the work of the Youth Offending Service (YOS) and children's social care work, so that there is a reduction in duplication in work with young offenders who are vulnerable and where there are safeguarding concerns. Also a reduction in process and bureaucracy in YOS work.
- 3.4. We would like to develop a more tailored response to unaccompanied asylum seeking children, particularly 16 and 17 year olds which reduces some of the process and bureaucratic tasks associated with looked after children status.
- 3.5. Similarly, developing a service to young people on remand which responds to their individual needs rather than putting them all in the Looked After Children category.
- 3.6. We would like to reduce the use of assessments as a response to children in need and develop more dynamic multi-agency planning and action, relaxing strict timescales in order to prioritise change in families over documenting information.
- 3.7. We will review of the quality assurance functions across children's social care including more discretionary use of Independent Reviewing Officers. We believe that it is not necessary to have an audit trail for every piece of work on every case and that it must be possible to have a more proportionate approach to performance management.
- 3.8. We would be interested in working with other key stakeholders within the family justice system to build on the reforms of the Public Law Outline and reduces the burden of written evidence for court. This would include a review of the role of Cafcass Guardians with a view to more discretionary use, as with IROs.
- 3.9. We would be very keen to work with other Partners in Practice and Ofsted to increase the opportunities for sector improvement within the regulatory framework, including the exploration of a single family plan and ways of making multi-agency meetings where there are high levels of concern more engaging for families.

### Costs

The table below provides a summary of the Partners in Practice proposals and plans. We have included commentary about impact and outcomes, sustainability, risks and mitigating factors and significant milestones, and would be willing to provide more detail in these areas if required.

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Melissa Caslake  
Clare Chamberlain  
Steve Miley

18.3.16  
updated 02.06.2016



Partners in Practice Plan - summary

DEVELOPMENT OF THE PRACTICE SYSTEM

1. Consolidation and development of the clinical team

Total cost per year	Timescale	Impact/Outcomes
£1,184,000; (years 1 and 2) £592,000; (year 3); Nil (year 4)	The clinical team would be funded by DfE in years 1 and 2 with a view to the LA taking on funding in a tapering arrangement during year 3 and have nil costs by year 4.	<ul style="list-style-type: none"> <li>➤ Effective relationships with families</li> <li>➤ Purposeful intervention</li> <li>➤ Reduction in numbers of families who are re-referred</li> <li>➤ Reduction in escalation within the system</li> <li>➤ Reduction in numbers of children on CP plan and who become looked after, following the theory of change as articulated in Focus on Practice. As a result of a fundamental transformation in relationships between frontline staff and families, we are seeing less adversarial practice, which reduces escalation.</li> </ul>

Sustainability and Cost/Benefit Analysis
<ul style="list-style-type: none"> <li>➤ Whilst we have started to see promising indications of impact (including a trend downwards in our LAC population – see appendix 3), training the staff is only partially complete to date. We have learned over the course of Focus on Practice that changes in practice are subtle and require time to embed, and as such we do not expect to see the full impact yet. Whilst we are underway in meeting our intended outcome of a reduction of 20% in LAC, we may have been too optimistic with respect to the benefit realisation timescales, and also recognise that to achieve a further 5-10% reduction will become more difficult. In addition to any savings made through reduced placement costs (which have not yet met the cost of the clinical team as anticipated), we seek to achieve sustainability through the means as listed below.</li> <li>➤ By Year 4 of Partners in Practice, the costs of the clinical team will have been absorbed within the system. <ul style="list-style-type: none"> <li>○ The number of dual qualified staff will have grown by that time. The development of dual qualified practitioners is the key to sustainability. Over time, a small number of established social work posts will be replaced by clinical posts as the number of dual qualified practitioners grows. Capacity will be maintained by means of these clinicians holding small caseloads, and the need for consultancy decreasing as the level of skill continues to grow across the workforce.</li> </ul> </li> </ul>

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- It will only be possible to begin this transition in Year 3 of the programme, as current staff have only now completed one year of the systemic training, and require time to complete further systemic training. It is for this reason that we do not anticipate being able to taper the costs of the clinical team before year 3. By year 3, we will be enabled to start the process of moving the growing number of further trained staff into established social work posts, thus reducing the need for distinct clinical roles, to reach nil additional costs by Year 4.
- In summary, the plan for the transition from a separate clinical team to a fully integrated service with dual qualified practitioners is as follows:
  - Year 1: Clinical team remains as current – 24 WTE posts. Continue with supporting training, consultation, joint work
  - Year 2: As above. Triborough practitioners start MSc training. Clinicians who are also social work qualified start to take on small caseloads as need for consultation decreases
  - Year 3: 12 WTE equivalent clinician posts are moved to existing social work posts, by dual qualified staff
  - Year 4: all clinician posts are fully integrated into current establishment
- In addition to the sustainability plan above, we will also explore further avenues for funding and growing the clinical service, including:
  - Invest to save submissions made to the councils
  - Further negotiation with Clinical Commissioning Groups as part of the CAMHS review.
  - Any available savings made from reducing placements (see above) will be used to offset costs further where possible

### 2. Development of systemic practice years 2,3 and 4 leading to Masters qualification

Total cost per year	Timescale	Impact/Outcomes
£80,000 (year 1) £200,000 (years 2, 3 and 4)	30 practitioners to start further study in first year of programme, with up to 15 practitioners commencing MSc over years 1 and 2	<ul style="list-style-type: none"> <li>➤ Development of a cadre of dual qualified practitioners who can lead practice, provide sophisticated interventions to families and teach on the programmes provided by the Centre for Social Work</li> <li>➤ Links to Assessment and Accreditation and the KSS</li> </ul>

#### Sustainability and Cost/Benefit Analysis

- As more practitioners become dual qualified, the need for additional clinical posts will reduce, thereby reducing staff costs over time (see above for detail)

➤ From 2019/2020, ongoing costs of advanced systemic training for Triborough practitioners will be met by income from Centre for Social Work.

**3. Predictive modelling**

Total cost per year	Timescale	Impact/Outcomes
£35,000	Further development and refinement and support of the predictive model which is already in place in LBHF; the extension to cover youth offending.	<ul style="list-style-type: none"> <li>➤ A deeper and evidence based understanding of those families where expensive interventions in the teenage years are highly likely to be required, and therefore earlier intervention to prevent future difficulties.</li> <li>➤ A proactive approach to helping families rather than waiting until crises occur</li> </ul>

**Sustainability and Cost/Benefit Analysis**

➤ Early intervention will ultimately lead to a reduction in numbers of looked after children and therefore savings on placements over time

**4. In depth analysis of the looked after children population, both stock and flow**

Total cost per year	Timescale	Impact/Outcomes
£80,000 (year 1); £40, 000 (Year 2)	A two year project to provide a full understanding of children’s trajectories.	<ul style="list-style-type: none"> <li>➤ An opportunity to be much clearer about the reasons for children entering care, when it is preventable and when not.</li> <li>➤ A deeper understanding of patterns of stock and flow and effective interventions in children’s lives</li> </ul>

**Sustainability and Cost/Benefit Analysis**

➤ The work to establish a full understanding would be completed in two years.

➤ The research findings during this period would provide the basis for a completely different system of management information.

**SECTOR IMPROVEMENT**

**1. Centre for Social Work**

Total cost per year	Timescale	Impact/Outcomes
£335,670 (year 1); £219,070 (year 2); £269, 570 (year 3, inclusive of evaluation cost); £220,070 (year 4, inclusive of evaluation cost)	Full programmes for three LAs per year commencing April 2017 (selection to be completed January 2017)	<ul style="list-style-type: none"> <li>➤ Significant improvement in practice at frontline level in three authorities</li> <li>➤ Preparation of future Practice Leaders</li> <li>➤ Links to Assessment and Accreditation and KSS</li> </ul>

**Sustainability and Cost/Benefit Analysis**

- Application to existing funding routes for post qualification (currently provided by universities and other HE bodies).
- In Year 1, whilst we build our reputation, the Centre will be free of cost to participating local authorities. In Years 2, local authorities will pay a fee of £1000 per participant. This cost might be met from existing training budgets or could be recovered through change in practice over time (e.g. small reduction in LAC through practice improvement, etc). Notably, this cost is less than half of the individual cost of a foundation year in systemic practice, and offers significantly more for participants (including the in house coaching, experience within Triborough, etc).
- In Year 3, the fee will increase to £1500 per participant, and Year 4 to £2000 per participant , and by Year 5, the Centre will expand to deliver to 5 Local Authorities. This income will cover the overall running costs of the Centre, with additional funds to invest in further systemic training for Triborough practitioners.

**2. Work with Behavioural Insights Team**

Total cost per year	Timescale	Impact/Outcomes
Year 1 cost only. London Councils have committed	During Year 1 of the Partners in Practice programme. We had a scoping meeting with BIT on	<ul style="list-style-type: none"> <li>➤ A better and evidence based understanding of organisational barriers and workforce behaviours</li> </ul>

<p>£5000 for a pilot in Triborough. We recommend that the BIT work span all the Partners in Practice and that this cost is top sliced.</p>	<p>12.05.2016.</p>	
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<p><b>Sustainability and Cost/Benefit Analysis</b></p>
<p>➤ This would be a one off exercise and therefore not required in future years</p>

**DEREGULATION**

**1. Radical review of case recording system**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
<p>£168 000* (to be spent over year 1 and year 2) Triborough are committed to match funding same amount</p>	<p>Initial discussions have taken place with colleagues in New South Wales, Australia, and Future Gov about the development of a social media-inspired case recording system</p>	<ul style="list-style-type: none"> <li>➤ Starting from first principles, a review and redesign of what needs to be recorded and how</li> <li>➤ Reduced practitioner time spent on recording and other bureaucratic tasks and increased time with families</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-sustaining following initial investment/build – LAs fund all the IT and this would be met within our current budget</li> </ul>

\*This is the quote we have obtained from Future Gov for the design of the system

**MANAGEMENT AND GOVERNANCE**

**1. Partners in Practice project manager**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
£72,000 x 2 years	During Years 1 and 2 of the Partners in Practice programme	➤ Project manager role required to coordinate aspects of the programme, engage and communicate with stakeholders, oversee implementation and delivery of all aspects of programme.	➤ It is anticipated that the post will not be required beyond the first two years of Partners in Practice

**2. Partners in Practice project board**

Total cost	Timescale	Impact/Outcomes	Sustainability and Cost/Benefit Analysis
n/a	Development of a project board (similar to the Focus on Practice board) with external partner representation to provide challenge. Programme membership to be agreed July 2016 with meetings to commence thereafter and meet initially 6-weekly	➤ Programme board will provide governance, scrutiny and challenge, and will monitor milestones and ensure no drift in implementation of the proposals	➤ The programme board will meet for the duration of Partners in Practice. Membership will be voluntary.

<b>TOTAL DfE funding required:</b>
<b>Year 1: £1,954,670</b>
<b>Year 2: £1,750,070</b>
<b>Year 3: £1,061,570</b>
<b>Year 4: £420,070</b>

**Appendix 1: Risks and mitigations**

<b>Risk</b>	<b>Mitigation</b>
Child Death: potential that a child dies in circumstances which bring intense media pressure, and questions about whether Focus On Practice has been a contributory factor.	We are not changing our child protection antennae or system; we are adding quality interventions into the system. Existing framework is unchanged and we will continue to keep children safe from harm.
Lack of support: risk that political and/or corporate leaders do not understand or maintain support for the programme, most likely due to pressures for delivery of savings, or as a result of high profile CP case.	We have excellent high level commitment to the change programme, which we will seek actively to maintain through continuation of active dialogue at every stage. The recent Ofsted inspections have confirmed the councils’ support for practice changes made as a result of Focus on Practice
Assumptions on reduced demand and delivery of savings: risk that projections turn out to be miscalculated such that the clinical posts are unable to be paid for by the councils as anticipated.	We continue to work with our finance colleagues and are in active dialogue with the Councils about the cost/benefits of the current practice system. Work will continue in modelling and projecting cost savings over time.
Centre for Social Work: courses are not able to be accredited by the Association of Family Therapy, lending less credibility within the wider sector.	We have a wealth of experience within the boroughs in designing and delivering systemic training. We are aware of other organisations who have recently undertaken the accreditation process and would seek to learn from them. We will start discussions early on with AFT and seek external advice wherever necessary.
Focus on Practice does not lead to the outcomes we set out, including reducing LAC, re-referrals and improving staff satisfaction	The early indications (through Ofsted inspection, evaluation and our own internal analysis) has demonstrated impact on LAC numbers. We continue to interrogate the data to understand re-referrals and will have use of the external evaluation data collected by Thomas Coram Research Unit to help us understand how intervening differently (particularly in cases in which domestic violence is a feature) may impact on re-referral rates over time.



**Appendix 2: Milestones**

<p><b>Year 1</b></p>	<ul style="list-style-type: none"> <li>➤ Programme board agreed by July 2016 and commence meeting regularly thereafter</li> <li>➤ Centre for Social Work to start April 2017; curriculum agreed by January 2017.</li> <li>➤ Selection process undertaken and participating local authorities chosen by January 2017. Selection process for following year to commence.</li> <li>➤ Case recording system work commenced</li> <li>➤ Plan in place for YOS and UASC work (see deregulation) by August 2016</li> <li>➤ One cohort of Year 2 of systemic training undertaken by Triborough practitioners</li> <li>➤ Further development of predictive model and plans for further use of the model in operational teams</li> </ul>
<p><b>Year 2</b></p>	<ul style="list-style-type: none"> <li>➤ Second wave of Centre for Social Work to commence April 2018.</li> <li>➤ Behavioural Insights Team work underway</li> <li>➤ Case recording system redesign underway</li> <li>➤ Further cohorts of year 2 systemic training to take place, and 6-8 practitioners to commence year 3 (MSc) systemic training</li> </ul>
<p><b>Year 3</b></p>	<ul style="list-style-type: none"> <li>➤ Third wave of Centre for Social Work to commence April 2019</li> <li>➤ Deregulation work for those young people on remand (removing duplicate assessments) underway</li> <li>➤ Review of quality assurance functions across service (including IRO role) underway</li> <li>➤ Further 6-8 practitioners to commence Year 3 (MSc) systemic training</li> </ul>
<p><b>Year 4</b></p>	<ul style="list-style-type: none"> <li>➤ Engagement of key stakeholders to build on reforms of the PLO and exploration of role of Guardian</li> <li>➤ Engagement with Ofsted</li> </ul>

**Appendix 3: Impact of Focus on Practice: Reduction in LAC**

Appendix 2 – Partners in Practice Proposal

