EARLY INTERVENTION FOUNDATION

What Works *for* Children's Social Care

Coming together as What Works for Early Intervention & Children's Social Care

Scoping the core components of a systemically informed key worker model

May 2023

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What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new merged organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care (WWEICSC).

To find out more, visit our websites at: https://www.eif.org.uk and https://whatworks-csc.org.uk.

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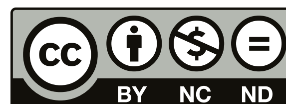

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Summary

Introduction

The Department for Levelling Up, Housing and Communities is seeking to commission a pilot evaluation on a systemic practice model based on previous work by WWEICSC. However, further information is required on how the components of the model could be implemented in local areas.

Aim

The aim of the scoping was to provide detail on the core components of a systemically informed key worker model that DLUHC is seeking to evaluate.

Methods

Desk research was used to gather information on what each component is, what the objectives are and how the component links to outcomes in the theory of change. The scoping draws on UK-based and international evidence exploring the use of systemic practice in clinical settings and children's services. This includes WWEICSC's feasibility studies conducted in 2021–22.

Conclusions and next steps

The scoping provides detail on the core components of a systemically informed key worker model that DLUHC is seeking to evaluate. Recommended next steps for the evaluator are to establish an agreed and clearly defined model so that it can be implemented effectively and consistently across key workers and LAs involved in the study. A refined logic model should also be developed that can be tested in the pilot evaluation.

1. Introduction

Overview

This report prepared by What Works for Early Intervention and Children's Social Care (WWEICSC) for the Department for Levelling Up, Housing and Communities (DLUHC) is part of work to support the pilot study DLUHC is seeking to commission in 2023 for the Supporting Families Programme.

Introduction

DLUHC is seeking to commission a pilot study to test a promising practice model – the psychologically informed key worker practice model based on a systemic practice approach.

The core components of the model DLUHC is seeking to evaluate are high-quality accredited training in systemic practice for key workers; and systemically trained clinicians embedded in Early Help teams to deliver group reflective practice sessions, supervision and training in systemic practice and tools. Additional components of the model include the use of systemic practice tools and feedback tools to support systemic practice. This model is based on three feasibility studies conducted by WWEICSC in 2021–22 exploring the psychologically informed key worker practice model, as well as an evidence synthesis conducted by WWEICSC which indicates that a systemic practice approach is beneficial for children and families.[1]

Research conducted by WWEICSC provides a picture of the current use of systemic practice in Early Help teams in English LAs based on survey data and desk research (see *Scoping the use of systemic practice components in Early Help services in English local authorities* prepared by WWEICSC in April 2023[2]).

Presently, there is limited information on the detail of how each core component could be implemented. For example, how many days of training would be recommended, what qualifications would the clinician be required to have. Understanding how these core components could be implemented in local areas would help the evaluator develop a clear description of the model DLUHC is seeking to evaluate.

Aim

The primary aims of the research were to provide detail on core components of a systemically informed key worker model that DLUHC is seeking to evaluate, based on information identified from grey literature, academic literature and the three feasibility studies conducted by WWEICSC in 2021–22. This scoping builds on the brief evidence review on systemic practice that WWEICSC provided to DLUHC in January 2023.[3]

1 Available at: https://www.eif.org.uk/report/supporting-families-feasibility-reports

2 See: https://www.eif.org.uk/files/pdf/scoping-use-of-systemic-practice-components-in-early-help-local-areas-england.pdf

3 What Works for Early Intervention and Children's Social Care produced the internal report Brief evidence review on systemic practice for the Department for Levelling Up, Housing and Communities in January 2023.

2. Methodology

What the scoping involved

The scoping was conducted in two stages, based on EIF's 10 Steps for Evaluation Success.[4] The sections that follow in this report provide a summary of each of these stages.

1. Reviewing the evidence to inform an intervention blueprint – evidence was reviewed to explore how the systemic practice model could be implemented in the Early Help context to inform an intervention blueprint.
2. Development of a draft logic model – a logic model was developed, based on the findings from the intervention blueprint to pin down what resources are required to implement the model, and how they will lead to specific outputs which contribute to the outcomes identified in the theory of change.

Search strategy

Three types of literature were reviewed:

1. **Grey literature** from key stakeholders in systemic practice including the Association for Family Therapy and Systemic Practice (AFT) and the Centre for Systemic Social Work and LAs' delivery of systemic practice.
2. **Academic journal articles** were found by searching Google Scholar for relevant sources[5] and backward and forward citation searching of key articles.
3. **WWEICSC's feasibility studies conducted in 2021–2022** on three local areas implementing psychologically informed key-worker practice.[6]

Reflections on methodology

The aim of this research was to scope the implementation of the proposed systemic practice model DLUHC is seeking to pilot. It was not a complete or systematic review of all existing literature and there may be gaps in the evidence. The scoping did not involve formal data collection from key stakeholders.

Despite some promising initial evidence for systemic practice in social care, there is a lack of research which has explored the implementation of systemic practice within Early Help setting. In general, there is a lack of robust evaluation evidence which explores the impact of systemic practice on the workforce, particularly among Early Help practitioners.

4 See: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

5 Search terms included 'Systemic practice' AND 'training' OR 'clinicians' OR 'psych*' OR 'therap*' OR 'supervision' OR 'reflective' OR 'group' OR 'tool' OR 'geno' OR 'ORS/SRS'. The search strategy was used to identify relevant resources around the systemically informed key worker approach, which were reviewed to ensure that they were relevant to the Early Help services. Papers were prioritised when they were produced in the UK and written in English.

6 Available at https://www.eif.org.uk/report/supporting-families-feasibility-reports

3. Stage One: Reviewing the evidence to inform an intervention blueprint

This section outlines the evidence to inform the suggested intervention blueprint for the systemic practice model DLUHC is seeking to pilot. EIF's intervention blueprint template[7] is used as a basis for reporting. An intervention blueprint illustrates how something might be achieved. It shows the relationship between each core component, its objectives and outcomes. For each component, we have articulated:

- What each component is, how it will take place, and the materials that will need to be used. Details for each component is provided in line with the items from the intervention description and replication (TIDieR) checklist (Hoffmann et al., 2014).
- What the objectives of each component are, identifying how objectives are supported by the delivery of the component.
- How the objectives plausibly and clearly link to anticipated outcomes.

Case illustrations are included to provide examples of implementation in local areas.

Provision of accredited training in systemic practice to key workers delivering early help support

What the component is and how it could be implemented

Level of training and training standards

The Association for Family Therapy and Systemic Practice (AFT) accredit training institutes who deliver Family and Systemic Psychotherapy training courses but do not run training (outlined below in the section 'Accredited training providers'). UK-based evaluation evidence in the social care context (Cameron et al., 2016) alongside evidence from WWEICSC's feasibility study in the Early Help context in Greenwich[8] indicates that Foundation-level training is sufficient to support practitioners implement systemic practice. Foundation-level training is the first level of systemic training followed by Intermediate and Qualifying.

AFT's Blue Book details the training standards for family and systemic psychotherapy courses (AFT, 2015). AFT sets clear expectations on the training standards for family and systemic psychotherapy courses (AFT, 2015). For this reason, the content delivered for Foundation-level courses is vastly similar across different providers. See appendix B for an overview of course content that is covered in a full-length course by the Centre for Systemic Social Work, and appendix C for a description of a shortened course delivered by Collective Space.

7 See: https://www.eif.org.uk/files/pdf/ehub-2-lmb-developing-a-blueprint.pdf

8 See: https://www.eif.org.uk/files/pdf/greenwich-evaluation-family-and-adolescent-support-service-practice-approach.pdf

Length of training

For accreditation by AFT, attendees must have a minimum of 60 hours of study in direct contact with course staff and an additional of a minimum of 120 hours of independent study (AFT, 2015). This means that typically Foundation-level courses are delivered across 12–15 days. The Foundation-level course will usually run over one academic year, but delivery may vary if it is delivered as part of a professional training or in other exceptional circumstances. There are no specific requirements for direct practice hours apart from having the opportunity to apply theoretical ideas in the workplace (AFT, 2015).

Some training providers offer an abridged version of the training which is delivered in fewer days. For instance, shorter introduction courses are offered by Collective Space (three days), Institute of Family Therapy (five days) and Tavistock and Portman NHS Foundation Trust (five days plus four additional days; see case illustration below).

CASE STUDY 1

Providing training to the social care workforce in Camden

The London Borough of Camden wanted to develop and improve its children's social work service. They did not need or want to undergo system-wide change, so they intended to introduce only one component of systemic practice. The goal was to move from an individual supervision model to group supervision, enabling shared learning and the development of shared responsibility and accountability. For this reason, Camden did not implement foundational training for the whole workforce, but instead worked with the Tavistock and Portman NHS Foundation Trust to devise a training programme that prioritised the implementation of this component. All social work staff attended an initial five days of training. Two subsequent training days were provided with two additional days three months later to introduce systemic ways of working, ideas and concepts.

Source: http://implementingthrive.org/implemented/case-studies-2/getting-risk-support-case-studies/camden-model-of-social-care-enhancing-capacity-in-a-childrens-social-work-service-through-live-systemic-supervision/

Accredited training providers

AFT has a list of all available training providers in the UK which is updated regularly.[9] There are a range of accredited training providers which fall into the following categories (see appendix A for further information on providers and details on the courses they deliver):

- Centres specialising in systemic practice and family therapy
- NHS trusts and healthcare settings
- Local authorities
- Universities.

Considerations around implementation

In a mixed-methods evaluation exploring the introduction of systemic practice in the tri-borough area of central and west London, interview data from practitioners, managers and stakeholders indicated widespread enthusiasm for systemic training among staff, which was considered to be critical for implementing a systemically informed approach (Cameron et al., 2016).

9 See: https://www.aft.org.uk/page/Accreditedtrainingcourses

A mixed-methods evaluation commented that staff turnover can mean that impact on practice is diluted as practitioners who have been trained leave the service, and new staff join without receiving training immediately (Cameron et al., 2016). To overcome this barrier, Camden's Children's Services noted that running one-off workshops and providing practical guides and training can help ensure staff who did not attend the training understand the main principles of systemic practice (Owen et al., 2019).

High demands on capacity can make it difficult for practitioners to prioritise training above their other work commitments. Findings from WWEICSC's evaluation studies showed that making attendance to training mandatory can help to ensure attendance (Greenwich, Islington and Rotherham feasibility studies, 2023[10]; Rotherham pilot study, 2023[11]).

Support from fully qualified clinicians (discussed below in the section 'A systemically trained clinician embedded in Early Help teams') should also be implemented alongside training to help embed learning into practice (Cameron et al., 2016; Bostock et al., 2017).

What the objectives of the component are

Current Supporting Families guidance does not have requirements on practitioners to hold certain qualifications, nor does it provide a skills, knowledge or competency framework for practitioners. Comprehensive training is seen as critical for developing practitioner skills and to ensure a consistency in support provision. The aim of training is to improve outcomes of children and families by upskilling the workforce. Systemic training equips key workers to use systemic theory and practice to meet the needs of families (Bostock et al., 2017). Without adequate training, it is difficult for practitioners to understand the rationale for using systemic practice and know how to embed systemic practice within the support offer to children, young people and families. In the social care setting, a lack of sufficient training was identified as a barrier to the implementation of systemic practice (Isokuortti & Aaltio 2020).

Specifically, the aims of the Foundation-level training are to:

- Introduce underlying theories and principles of systemic practice
- Provide an overview and framework of different approaches and models of systemic family therapy
- Introduce research on systemic practice
- Enable and support the development of student's self-reflective practice (AFT, 2015).

How the component links to the outcomes

A comparative study exploring the implementation of systemic practice in five LAs used quantitative data to show that training in systemic practice was significantly associated with greater worker skill and high-quality practice (Bostock et al., 2017). According to WWEICSC's qualitative data, there is evidence of promise that longer term, training in systemic practice may be linked with increased resilience and reduced burnout, which ultimately leads to higher staff retention.

10 See: https://www.eif.org.uk/report/supporting-families-feasibility-reports

11 See: https://www.eif.org.uk/files/pdf/piloting-implementation-systemic-training-feedback-tools-Rotherham-early-help-family-engagement.pdf

A systemically trained clinician embedded in Early Help teams

What the component is and how it could be implemented

Role of the clinician

The model DLUHC is seeking to pilot proposes that a clinician would be involved in facilitating reflective practice sessions to key workers and supporting implementation of systemic practice through advice and delivery of ongoing training. By clinician, we refer to professionals holding qualifications and expertise in areas of health or psychology – for example, a systemic family therapist. Clinicians may be involved with direct support with families to further support implementation, depending on family and practitioner need. However, clinicians would be non-case holding to ensure they have sufficient capacity to support the implementation of systemic practice (see Greenwich feasibility study, 2023). See case illustration below for further information about the role and responsibilities of a Clinical Family Therapist .

CASE STUDY 2

Clinical Family Therapist job role in Croydon Council

Croydon Council advertised for a Family Therapist role in March 2023 to join the Children and Families Services. Below is a summary of the job description.

The clinician will work across Children's Social Care and Early Help Services. Within the role, the clinician will provide clinical consultations to frontline staff, deliver therapeutic interventions, train and support reflective practice groups and contribute to the Local Authority's teaching offer. The clinician may include direct work with children, young people and families, but they will not be lead case holders.

The clinical therapist needs to be appropriately qualified and registered in social work, psychology and other fields with a post-graduate qualification in systemic Family Therapy.

Sources: https://london.jobsgopublic.com/vacancies/357217?ga_client_id=9ecd06d3-574e-4a59-a28d-f7e77b91eddc and https://london.jobsgopublic.com/public_data/VacancyDocuments/0058/4167/Job_Profile_Clinical_Therapist_2019__2_.pdf

Number of clinicians

The number of full-time equivalent (FTE) members of staff would depend on the size of the team, but it is estimated to be between one to three FTE clinicians per LA based on WWEICSC's feasibility studies (see Greenwich and Rotherham feasibility studies, 2023) and desk research on LAs with clinicians embedded in their Early Help teams. For the purposes of a future trial, while WWEICSC does not currently have exact figures on the number of key workers employed by LAs in England, this information is known by DLUHC which would help determine the number of clinicians in each LA.

Qualifications, job title and accreditation

Clinicians would need to be appropriately qualified in systemic practice. A review of clinician job descriptions[12] revealed the level of training LAs require for a clinician role is either that they have completed the four-year accredited Foundation, Intermediate and Qualifying level training, or that they are in their final year of completing the Qualifying level. The AFT outlines

12 As part of the desk research, we reviewed job advertisements from 10 LAs that had previously or were currently recruiting a clinician to join their Early Help team or Children's Services.

the job titles that fully qualified Family and Systemic Psychotherapists use (AFT, 2017) which is reflective of the job titles currently being used by clinicians embedded in Early Help teams:

- Family and Systemic Psychotherapist
- Family and Couple Psychotherapist
- Family Psychotherapist
- Family therapist
- Systemic Psychotherapist.

Some clinician roles in Early Help teams are required to have certain accreditation or be registered, such as the Health and Care Professions Council (HCPC), the UK Council for Psychotherapy (UKCP) and the BPS Graduate Basis for Chartered Membership (GBC).

Salary and working hours

A review of job descriptions (described above) provided further details about the salaries of clinicians. The pay range for clinicians currently embedded in Early Help teams varies depending on qualifications, job title, experience and duties, but generally ranges between £27,000–55,000 (see appendix D for further information on clinician salaries).

Clinician roles are hired through both local authorities and NHS trusts. Most clinicians work full-time (between 35–37.5 hours per week), with some roles offered the opportunity to job-share with another clinician to make up a full-time post.

Considerations around implementation

A primary barrier to the implementation of clinicians in Early Help teams is budget concerns, as identified in an evaluation exploring implementation of systemic practice in three Las (Cameron et al., 2016). In practice, this has resulted in Early Help teams not employing their own clinicians, meaning they are seconded from other areas such as children's social care. However, clinicians' availability and that availability being embedded into Early Help teams is seen as fundamental to delivery.[13]

High staff turnover can lead to gaps, sometimes long-term, in clinical support as well as difficulties in building trusted relationships to enable practitioners to voluntarily go to clinicians for one-to-one support (see Greenwich feasibility study). Issues around recruitment to fill these gaps are compounded by budget constraints as well as a lack of clinicians available to perform these services (Stratton, 2016).

What the objectives of the component are

The objective is to embed appropriately qualified clinicians into Early Help services helps to enable full incorporation of systemic concepts into daily practice. When clinicians are used, their embedded, non-case holding role can allow for an independent, clinically informed perspective, separate from the supervision of cases provided by managers (see Greenwich, Islington and Rotherham feasibility studies, 2023).

International evidence from a mixed-methods study conducted in Finland demonstrates that clinicians are crucial to embedding a systemic practice approach (Isokuortti & Aaltio, 2020). This matches the recommendation from DfE's Social Care Innovation Programme that clinicians, such as family therapists, should continue to be employed to offer consultancy to social workers (Cameron et al., 2016).

How the component links to outcomes in the theory of change

In a comparative study exploring implementation of systemic practice in five LAs, there was a strong relationship between the presence of a clinician in systemic case discussions

13 See WWEICSC's Islington feasibility study: https://www.eif.org.uk/report/supporting-families-feasibility-reports

and quality of practice (Bostock et al., 2017). A study which aimed to develop a framework for assessing the quality of group supervision suggests that presence of clinicians in supervision practices can improve not only the quality of the supervision but also the quality of the direct practice with families (Bostock et al., 2019). It also helped to ensure that systemic concepts were fully incorporated into practice (Bostock et al., 2019).

Systemic group supervision for key workers

What the component is and how it could be implemented

Defining systemic group supervision

Group-based systemic supervision is intended to provide the opportunity for practitioners to discuss their cases in a 'reflective space'. This is different from one-to-one supervision that might occur between a practitioner and manager because the focus is on generating multiple perspectives to consider the family system (a central component of systemic practice). Attendees are encouraged to generate multiple explanations for a child or family situation as well as multiple solutions (Bostock et al., 2019). A key principle is that practitioners, managers or clinicians do not hold all the answers about how best to progress a case and instead work collaboratively to develop solutions to supporting families with complex issues.

Sessions can involve case presentations, group discussions, role-play, and testing of different tools and techniques learned in training. Research In Practice have produced a comprehensive resource pack on reflective supervision which provides further detail on implementing systemic group supervision (Earle et al., 2017). For instance, Tool 8 outlines a model for how to run Systemic Reflective Supervision. In addition, Bostock et al., (2017) provides a useful framework for assessing the quality of systemic group supervision. This was used to identify what may be considered as 'non-systemic supervision', supervision that shows 'green shoots of systemically informed discussion' and 'fully systemic supervision' in a study comparing units with systemic practice and service as usual. What distinguished 'systemic supervision' from 'green shoots supervision' was the move from hypothesis generation about family relations and risk to children, to purposeful, actionable conversations with families: the move from reflection to action.

CASE STUDY 3

Reflective practice meetings in Greenwich

Practice meetings are held weekly and are chaired by a Unit Leader or in their absence, a designated senior-level practitioner. All members of the Unit are expected to be present at every meeting. Families are discussed at least once within a four-week cycle. All attendees are expected to prepare for Practice Meetings by thinking about the cases for discussion and noting the information they will bring. For new cases, attendees are expected to read key documents. During practice meetings, discussions about each case cover:

- A review and update of family or individual plans
- Sharing information about needs of children and family dynamics
- Risk management
- Problem-solving and generation of creative solutions
- Sharing information about unit performance.

Source: Royal Borough of Greenwich's Early Help Operating Guidance

Facilitation of systemic group supervision

Where possible, it is recommended that having a clinician trained in systemic practice attend would be the best way to ensure the full incorporation of systemic concepts and practice in the supervision (Bostock et al., 2017). In practice, the clinician may lead the facilitation of the sessions, or similar to implementation in Greenwich Early Help, a senior member of staff (such as the Unit Leader or Senior Practitioner) may chair the discussion with compulsory attendance from the clinician. According to the model proposed by Research in Practice (Tool 8, Earle et al., 2017), the recommended group size for systemic group supervision is around six people. This should provide the forum necessary to generate multiple perspectives and solutions needed to better support children and families.

Frequency of systemic group supervision

The frequency of systemic group supervision sessions can range from weekly, fortnightly, monthly to quarterly. The frequency will depend partly on the number of cases that are discussed at each meeting, and the total number of cases the team/service is supporting. For instance, the Greenwich Early Help team plans to discuss every family once within a four-week cycle, so they have weekly practice meetings (as outlined in the case illustration above). When implementing systemic group supervision in five children's service departments in England as part of the 'systemic unit' of the Reclaiming Social Work (RSW) model, meetings also usually took place once per week and lasted between two and four hours (Bostock et al., 2017). There is limited evidence so far regarding how frequent group supervision sessions should be in order to be successful; however, as pointed out by Earle et al., (2017), priority should be given to the quality of sessions rather than session frequency alone.

Considerations around implementation

WWEICSC's evaluations in three LAs concluded that making attendance to group reflective sessions compulsory is a key enabler to the attendance to systemic group supervision (see Greenwich, Islington and Rotherham feasibility studies). This can help overcome practitioners prioritising other work over attendance due to their high workloads, which is often cited as a barrier to attendance (Cameron et al., 2016).

Barriers to implementing systemic group supervision to a high quality can include the volume of cases that need to be discussed in each session, the infrequency of supervision, and the challenges of translating systemic training into practice.

What the objectives of the component are

Systemic supervision provides a space for practitioners to reflect on and embed systemic principles into their everyday practice with children and families (Bostock et al., 2022; Earle et al., 2017).

In a comparative study exploring the implementation of systemic practice compared to service as usual in five LAs, quantitative observation evidence of group case discussions indicated that clinicians help create more systemic case discussions (Bostock et al., 2017). Based on qualitative evidence from practitioners involved in systemic group supervision sessions, it was felt that the enhanced knowledge and expertise of clinicians helped to support practitioners by reframing elements of practice and helping practitioners to 'pitch' questions to families that would enable trusting relationships to develop (Bostock et al., 2022).

How the component links to the outcomes

Systemic supervision has been linked to improved practice quality. In a comparative study exploring the implementation of systemic practice in five LAs, there was a strong significant

relationship between the quality of systemic case discussion and the quality of practice. In line with this finding, a research study exploring the roll-out of systemic supervision in Camden found that a majority of staff (80%) felt that the systemic group supervision was either always helpful or often helpful (Owen et al., 2019). Similarly, a majority of staff agreed that systemic practice helps to ensure a child's needs are at the centre of their practice (Owen et al., 2019). Qualitative evidence from 49 frontline staff across five children's services in the UK indicated that practitioners perceive that systemic supervision improves child safety as practitioners draw on the perspectives of others to confirm or challenge their thinking (Bostock et al., 2022). On the contrary, inadequate or inconsistent supervision is often linked to detrimental effects on child safety and a practitioner's ability to cope (Brandon et al., 2008). This highlights the importance of delivering high-quality supervision to avoid unintended consequences.

Evidence from qualitative interviews with 49 frontline staff across five children's services in the UK indicated that group systemic supervision helps to create a shared sense of responsibility of risk and identify how best to support families (Bostock et al., 2022).

The quality of supervision and the supervisory relationship are often highlighted as important factors in promoting staff retention (Dickinson & Perry, 2003; Yankeelov et al., 2009; Gibbs, 2001; Gonzalez et al., 2009); supervision may be especially important for retaining workers with low self-efficacy (Chen & Scannapieco, 2010). On the contrary, inadequate and inconsistent supervision is often linked to detrimental effects on practitioners (Brandon et al., 2008).

Systemic tools: Genograms

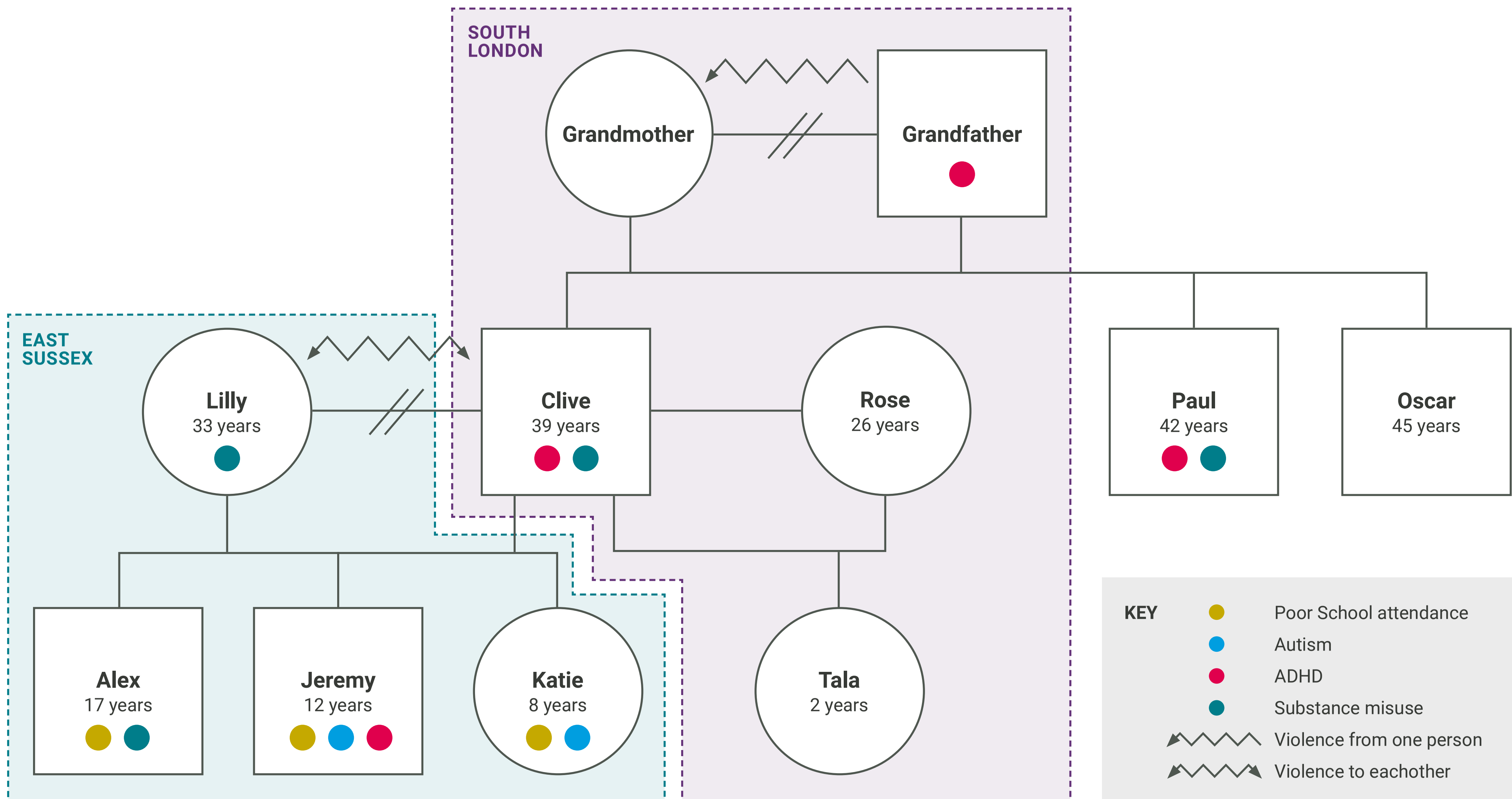
What the component is and how it could be implemented

What genograms are

Genograms are an important tool used in systemic practice. As outlined by AFT, by the end of Foundation-level training, it is expected that individuals will be able to construct a genogram.

A genogram is structurally similar to a family tree but includes information about relationships and interactions between family members. It is used to give a pictorial representation of a family system. A genogram typically includes names and ages of all family members, relationships, life events and cultural background (see Figure 1 below). Genograms can be used to identify patterns of relationship, historical influences and stressors on the family, and to consider how these may impact on the problem/difficulty being experienced by the individual or family. To facilitate collaboration with families, genograms are often hand drawn and then photographed to be uploaded onto a case record.

FIGURE 1
Genogram



Sources: Research in Practice (2019a). Drawing a genogram. https://practice-supervisors.rip.org.uk/wp-content/uploads/2019/11/Drawing-a-genogram.pdf

How genograms are used

Genograms are led by the practitioner and developed in collaboration with the family during support. When used in systemic group supervision, the practitioner will usually present the genogram to other attendees to provide a background to the family being discussed and to help generate hypotheses (see Greenwich feasibility study). Genograms can be used during systemic supervision to discuss a wide range of issues such as: culture-identities, migration, issues of pride and shame, loss and bereavement, drug and alcohol issues and circular patterns of behaviour (Research in Practice, 2019a). Genograms can also be used to discuss social GGRRAAACCEEESSS, an acronym that describes aspects of personal and social identity which afford people different levels of power and privilege: Gender, Geography, Race, Religion, Age, Ability, Appearance, Culture, Class/caste, Education, Employment, Ethnicity, Spirituality, Sexuality, Sexual orientation (Research in Practice, 2019b).

When genograms are used

Genograms can be used at any stage of a family's interaction with practitioners and revisited and updated, for example:

- During the initial visits
- During ongoing support sessions
- During court proceedings
- When children enter care
- When children cease requiring services (Research in Practice, 2021).

Genograms form a central part of systemic supervision and were one of eight features described for a unit meeting to be considered systemic in a study comparing systemic practice to service as usual (Bostock et al., 2017). To ensure that group supervision is run in a systemic way, they should be used in every session.

Considerations around implementation

Evidence from WWEICSC's feasibility studies exploring the systemic practice in two local areas suggests support to use the tools from clinicians and managers is crucial for successful implementation (see Greenwich and Rotherham feasibility studies).

An enabler for using genograms with families is the importance of practitioners developing their own genograms as part of their training (McGoldrick et al., 2020). This allows practitioners to experience the feelings elicited from thinking about their own family history which they will soon be asking families to do (Scott, 2021).

What the objectives of the component are

Genograms can be utilised for the practical purposes of information gathering on families, but also as part of the therapeutic process. Observation evidence from a study comparing implementation of the systemic unit model in three Children's Social Services showed that genograms were used to consider family and non-family members who might be important in cases (Forrester et al., 2013). Observation evidence from WWEICSC's feasibility studies revealed that genograms can help practitioners track and reflect the impact of different patterns of beliefs and behaviour through the generations within families (see Greenwich feasibility study). As outlined in a guide for family therapy, genograms can help strengthen a family's understanding of their own circumstances, and help family members consider each other's viewpoints and actions, and help connect them (Rivett & Street, 2009).

The use of genograms during group supervision helps other members of the team get a clear sense of the background of the family, their relationship and what might be impacting the issue (see Greenwich feasibility study).

How the component links to the outcomes

Representing the family visually helps to ensure all family members, and particularly those who may either be contributing to the problem or could provide support, are not missed during discussions (see Greenwich feasibility study). A literature review into the use of genograms concluded that genograms can help enhance an individual's perspective of their family including an increased awareness of strengths and family resources (Joseph et al., 2023). This is supported by findings from WWEICSC's feasibility studies of Greenwich and Rotherham.

Systemic tools: Feedback tools

What the component is and how it could be implemented

Feedback tools such as the Systemic Clinical Outcome and Routine Evaluation (SCORE 15), Warwick- Edinburgh Mental Wellbeing Scale (WEMWBS), Revised Children's Anxiety and Depression Scale (RCADS), Outcome Rating Scale (ORS) and Session Rating Scale (SRS) can support and improve systemic practice as they allow practitioners to collect feedback from families, to reflect on their practice and use to improve therapeutic alliance. These tools are validated outcome measures which may also be used to track progress over time:

- **SCORE-15** is a family self-report measure of family functioning and index of therapeutic change. It is derived from the original SCORE-40 (Stratton et al., 2010) The SCORE-15 has 15 Likert scale items and six separate indicators. Evidence for the following psychometric properties was found with this tool: internal consistency, test–retest reliability and criterion validity (Hamilton et al., 2015).
- **WEMWBS** is a measure of adult mental wellbeing. Evidence for the following psychometric properties was found with this tool: internal consistency, test–retest reliability, convergent validity, construct validity, concurrent validity, discriminant validity (Clarke et al., 2010).
- **RCADS** measures children and young people's mental health and wellbeing. It has 47 items with subscales including separation anxiety disorder, social phobia, generalised anxiety disorder, panic disorder, obsessive compulsive disorder and low mood. Evidence for the following psychometric properties was found with this tool: internal consistency, test–retest reliability, convergent validity, concurrent validity (Chorpita et al., 2005; Donnelly et al., 2018).
- **ORS** is a measure of wellbeing. It contains four items which relate to personal or symptom distress; interpersonal wellbeing; social role; and overall wellbeing. Evidence for the following psychometric properties was found with this tool: internal consistency, test–retest reliability, concurrent validity, construct validity (Miller et al., 2003).
- **SRS** is a measure of therapeutic alliance. It contains four items which measure respect and understanding; relevance of the goals and topics; client-practitioner fit; and overall alliance. Evidence for the following psychometric properties was found with this tool: reliability, test–retest reliability, concurrent validity, discriminant validity (Campbell & Hemsley, 2009; Duncan et al., 2003).[14]

14 For more information on the SRS see: https://www.corc.uk.net/outcome-experience-measures/session-rating-scale-srs/

When feedback tools are used

Feedback tools can be used at any stage of support. Survey data and qualitative evidence from WWEICSC's feasibility studies of Greenwich and Rotherham showed that practitioners found it useful to use them at the beginning, middle and end of support to track progress over time. Further qualitative evidence from WWEICSC's pilot evaluation of Rotherham Early Help concluded that practitioners found it valuable to use the tools at the beginning of support to build rapport and understand the issues families were experiencing but felt using the tools during every support session was too repetitive.[15]

Considerations around implementation

Evidence from WWEICSC's pilot in Rotherham concluded that the ORS and SRS are feasible to implement in the Early Help context. Practitioners received two half-training sessions to introduce them to the tools and key ideas on systemic practice, which was sufficient.

What the objectives of the component are

Feedback tools support practitioners to track progress and outcomes and are helpful to the therapeutic process when used interactively with the family. For example, the ORS can provide family members with an opportunity to reflect on their past and understand how their current situation may have been caused by something outside of their control.

For practitioners, feedback tools can support practitioners to think more reflectively about their practice and challenge their own perceptions of how they may expect a family member to be feeling.

How the component links to the outcomes

Evidence for use of the ORS and SRS demonstrates that practitioners can identify issues within the family more quickly (Lambert et al., 2003). It also suggests that children and families are more likely to feel listened to by the practitioner (Kelley & Bickman, 2009) and less likely to drop out of treatment (Lambert, 2010). Findings from the academic literature are supported by findings from WWEICSC's pilot of the ORS and SRS in Rotherham's Early Help service. Practitioners and managers in WWEICSC's pilot identified a number of benefits to using the ORS and SRS in their practice which included:

- Improved skill and confidence to support families
- Increased self-reflection
- Quicker identification of family issues and support needs
- Improved understanding of family perspectives and needs
- Provision of more tailored support in line with family needs
- Improved relationship with practitioners
- Increased awareness among families of their emotions, challenges and strengths.

15 See: https://www.eif.org.uk/files/pdf/piloting-implementation-systemic-training-feedback-tools-Rotherham-early-help-family-engagement.pdf

How the core components link together

So far, the intervention blueprint has presented each of the components as distinct. However, it is important to emphasise that the components of training, clinicians and systemic supervision are mutually beneficial and should be implemented simultaneously. This is supported by findings from WWEICSC's feasibility studies as well as additional research. For instance, Bostock and colleagues concluded that a systemically trained consultant social worker as a leader, systemic case discussion, clinician input and dedicated administrative support are vital in ensuring good systemic practice (Bostock et al., 2019). In a study exploring the implementation of systemic training and practice in three London boroughs, the authors recommended that while training for practitioners was important, it was more effective when implemented alongside support from fully qualified family and systemic psychotherapists and family therapists qualified in systemic supervision (Cameron et al., 2016). Training in systemic practice, the use of embedded clinicians and group supervision form part of the 'good practice pyramid' identified in a longitudinal follow-up exploring the scaling and deepening of the Reclaiming Social Work Model (Bostock & Newlands, 2020).

4. Stage two: Draft logic model

A draft logic model for the systemic practice model has been developed using evidence from the scoping. The logic model summarises the findings from the intervention blueprint (stage 1) to show how the inputs will lead to specific outputs, which contribute to the outcomes.

Logic model components

A logic model provides a clear and logical connection between the resources required to implement the model (resources and activities), evidence of the work being delivered (outputs) and what the work achieves (outcomes).

Resources are required to implement the systemic model's activities and produced the intended outputs and outcomes. Resources include a qualified clinician, accredited training and costs to supply each of these.

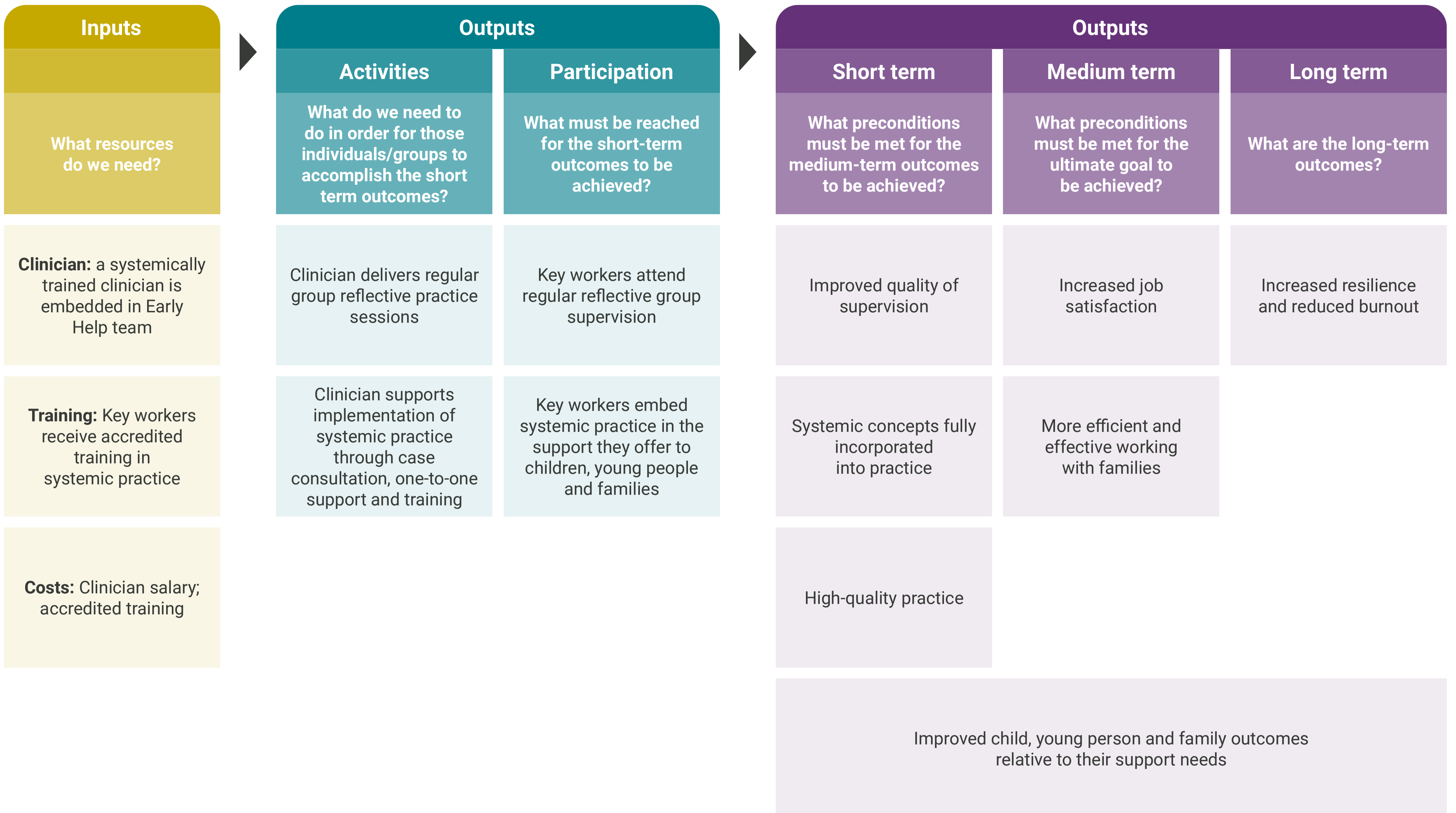
Activities detail tasks or actions which are necessary to produce an output. Activities include the clinician delivering regular group reflective practice sessions, the clinician supporting implementation of systemic practice through case consultation, one-to-one support and delivery of refresher training.

Participation describes what must be achieved from the activities to reach the outcomes. The logic model shows participation outputs are key workers attending regular group reflection and key workers embedding systemic practice in the support they offer to children, young people and families.

Outcomes are the changes that are expected from the planned activities, and the sequence of the activities. Outcomes shown for practitioners related to improved practice, increased job satisfaction, increased resilience and reduced burnout, which ultimately leads to increased staff retention. Outcomes for families relate to improved outcomes relative to their support needs.

FIGURE 2

Draft logic model



5. Next steps

Overview

The scoping provides detail on the core components of a systemically informed key worker model that DLUHC is seeking to evaluate. The scoping provides information on what each component is and how it could be implemented, what the objectives are, and how it links to outcomes. A draft logic model has been developed based on the evidence for each component.

Next steps

- The information provided in this report provides a starting point for defining the components in the model DLUHC is seeking to evaluate. Further work will need to be completed to establish an agreed and clearly defined model so that it can be implemented effectively and consistently across key workers and LAs involved in the study. We would recommend reaching out to local areas that are already implementing a systemic practice approach (identified in *Scoping the use of systemic practice components in Early Help services in English local authorities*[16]) to gather further information on the specifics of delivery.
- Prior to the trial commencing, the evaluator should describe the intervention being tested thoroughly. We recommend completing the TIDieR framework,[17] which provides a 12-item checklist designed to improve the reporting of an intervention and ultimately the replicability of interventions. The checklist includes why; what materials and procedures will be used; who will provide the intervention; how it will be delivered; where, when and how much; and tailoring. The information provided in the framework should be sufficiently detailed to allow LAs implementing the intervention to know exactly how to implement it to ensure consistent delivery across sites. The control group will receive 'business as usual' so it will also be important for the evaluator to describe thoroughly what this constitutes.
- Once an agreed intervention description has been developed, we recommend the draft logic model presented in this report see (figure 2 above) is refined so it aligns with the planned intervention activities. The logic model was developed based on the evidence base, rather than through co-creation with key stakeholders. To further develop the logic model, we'd recommend testing and refining it through engagement with key stakeholders such as Early Help leads currently delivering systemic practice and training providers.

16 See: https://www.eif.org.uk/files/pdf/scoping-use-of-systemic-practice-components-in-early-help-local-areas-england.pdf

17 See the TIDieR framework paper for more information: https://doi.org/10.1136/bmj.g1687

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Appendices

Appendix A: List of providers of Systemic Training accredited by AFT

Name of provider	Region	Course name	Length (days)	Cost	Further information
Centres specialising in systemic practice and family therapy					
Centre for Systemic Social work[18,19]	Greater London with satellite sites in North West	Foundational training in systemic practice	15 days	£89,778 (37 places)	https://www.cfssw.org/certificate-systemic-social-work-practice-children-and-families
Collective Space[20]	Greater London	Introduction to Systemic Social Work	3 days	£2,700 plus VAT	https://www.collectivespace.org.uk/training-programmes/
		Foundational training in systemic practice	12 days	From £25,000 plus VAT for up to 30 students	
		Systemic Practice for Management and Supervision in Children's Social Care	6 days	£65,000 plus VAT for up to 20 students	
Institute of Family Therapy	Greater London	Introduction to systemic practice	5 days	Course (and fees) tailored to meet practice needs	https://ift.org.uk/training/foundation-courses/
		Follow-on from Introduction	10 days		
		Foundation	15 days		
Chiron Training	Greater London	Foundation Course in Family Focused Practice using applied Systemic Theory	60 hours of face-to-face tutor time – attendance is one half-day every fortnight and one full day at the start of each term	£2,750 per place	https://www.chirontraining.org/foundation-course-systemic-practice

18 The Centre for Systemic Social work is a Department for Education Sector Led Improvement partner. Local authorities are able to apply for support from the centre via their Regional Improvement Support Lead (RISL).

19 Currently delivering training for Hammersmith and Fulham, Kensington and Chelsea, and Westminster City Council.

20 Currently delivering training for Royal Borough of Greenwich.

Name of provider	Region	Course name	Length (days)	Cost	Further information
Local authorities					
LB Hackney Children and Family Service	Greater London	Training in Systemic Theory and Practice within Children Social Care (Foundation)	N/A	N/A	https://news.hackney.gov.uk/hackney-first-local-authority-to-receive-accreditation-for-in-house-pgdip-systemic-training-in-childrens-social-care/ https://www.aft.org.uk/members/?id=65069797
NHS Trusts and Healthcare settings					
Tavistock and Portman NHS Foundation Trust	Greater London, with satellite sites in the South East	Systemic approaches to working with individuals, families and organisations	N/A	£ 3,350 per place	https://tavistockandportman.ac.uk/courses/systemic-approaches-to-working-with-individuals-families-and-organisations-d4f-foundation/
Sussex Partnership NHS Trust	South East	Systemic Theory and Practice	N/A	N/A	https://www.aft.org.uk/members/?id=65075327
Tees, Esk & Wear Valley NHS Foundation Trust	Yorkshire and the Humber	Family Therapy and Systemic Practice	N/A	N/A	https://www.aft.org.uk/members/?id=65075338
Norfolk and Suffolk NHS Foundation Trust	East of England	Systemic Ideas in Clinical Practice	60 teaching hours and 120 hours of independent study	N/A	https://www.nsft.nhs.uk/family-therapy-training/
North East London Foundation Trust (NELFT)	London	Systemic Component of the Foundation Diploma in Peer Supported Open Dialogue, Social Network and Relationship Skills	N/A	N/A	https://www.aft.org.uk/members/?id=65580298
Cumbria, Northumberland, Tyne & Wear NHS Trust		Family Therapy and Systemic Practice	N/A	N/A	https://www.aft.org.uk/members/?id=65064307
Prudence Skynner Family & Couple Therapy Clinic	Greater London	Foundation Course	16 3-hour online sessions (5–8pm) and four 6-hour sessions (1–7pm)	£2,400 per place	https://www.swlstg.nhs.uk/documents/related-documents/1104-foundation-course-flyer-2023/file
Central & North West London Foundation Trust	Greater London	Systemic Thinking and Practice	N/A	N/A	https://www.aft.org.uk/members/?id=65075420
Birmingham Parkview Clinic	West Midlands	Introductory Course in Family Therapy and Systemic Family Practice	15 days	£1,950 per place	https://bwc.nhs.uk/systemic-practice-and-family-therapy-training/
Surrey and Hampshire Family Therapy Training Collaborative	South East	Family and Systemic Psychotherapy	Unknown	Unknown	https://www.aft.org.uk/members/?id=65064448

Name of provider	Region	Course name	Length (days)	Cost	Further information
Universities					
University of Bath	South West	Foundation in Systemic Theory and Practice	11 teaching days with additional self-study	£2,710 per place	https://www.bath.ac.uk/campaigns/foundation-systemic-theory-and-practice-course/?gclid=EAIaIQobChMIlZvMoZ_e_QIVA8btCh1QFgMkEAAYASAAEgLcNPD_BwE
Anglia Ruskin University	East of England	Applying Systemic Principles in Professional Contexts	Unknown	£2,312.50 per place	https://aru.ac.uk/study/professional-and-short-courses/applying-systemic-principles-in-professional-contexts
University of Essex	South East	Introduction to Systemic Ideas in Clinical Practice	Unknown	Unknown	https://www.aft.org.uk/members/?id=65482948
University of Exeter	South West	Family Interventions in Psychosis	Unknown	Unknown	https://www.aft.org.uk/members/?id=65482948
Salomons Institute for Applied Psychology, Canterbury Christ Church University	South East	Systemic Theory and Practice	Unknown	Unknown	https://www.aft.org.uk/members/?id=67341084
University of Surrey and Sussex Partnership NHS Foundation Trust	South East	Family Interventions for adults; Training in Family Therapy and Systemic Practice	12 teaching days	£1,895 per place	https://www.surrey.ac.uk/cpd-and-short-courses/family-interventions-adults-foundation-level-training-family-therapy-and-systemic-practice-level-7
Leeds Family Therapy and Research Centre, University of Leeds	Yorkshire and the Humber	Foundation in Systemic Practice	12 months part-time	£3,250 per place	https://courses.leeds.ac.uk/i423/systemic-practice-foundation-

NOTE: Table completed with information available at the time of publication.

Appendix B: Foundation training in systemic practice course delivered by Centre for Systemic Social Work

The table below outlines the content covered in the Foundation training course delivered by the Centre for Systemic Social Work. In order to pass the course, the minimum attendance rate is 80% meaning no more than three days can be missed.

Source: Certificate in Systemic Social Work Practice with Children and Families | Centre For Systemic Social Work (cfssw.org)

Day	Content covered
Day 1	Welcome, introductions and setting the context
Day 2	Constructing relationships, making connections between personal and professional
Day 3	Making assessments using systemic concepts: the family life cycle, family scripts, and systemic formulations
Day 4	Exploring attachment theory within the social care context in a systemic frame linking with mentalisation theory and practice
Day 5	Using genograms as part of assessment and intervention in social work practice with children and families
Day 6	Incorporating First Order interventions into social work practice with children, young people and their families
Day 7	Applying the Milan and post-Milan systemic models into social work practice with children, young people and their families
Day 8	Practice day and course review
Day 9	Developing relationships with families and professionals through taking relational risks and the concept of safe uncertainty in the assessment of risk
Day 10	Social Constructionism and Co-ordinated Management of Meaning (CMM)
Day 11	Direct work with children using a Narrative approach/theory
Day 12	The Solution Focused approach in systemic social work and social care
Day 13	Using the Social GRACES: working with power and violence
Day 14	Working systemically with adult mental health issues
Day 15	Systemic interventions in writing and endings

Appendix C: Introduction to Systemic Social Work training delivered by Collective Space

The below table shows the content covered in the Introduction to Systemic Social Work course delivered by Collective Space. Throughout the three days, students are given real-life case examples from tutors' own practice. Attendees are being encouraged to bring their own material for discussion.

Source: Training Programmes | Collective Space

Day	Content covered
Day 1	Overview of the basic concepts of systemic theory Power imbalance within and between systems Resistance from service users explored in relational terms Social GRACES introduced to support understanding of how difference and diversity can impact on and influence systems
Day 2	Introduction to Milan systemic approach with a focus on hypothesising as a way to manage uncertainty and complexity in a safeguarding context Theory and practice of circular questions
Day 3	How genograms can be used as a therapeutic tool Consolidation of learning from Day 1 and Day 2 with a practical focus

Appendix D: Job title, region and salary of clinicians

The table below shows the job titles, region and salary range from job advertisements from nine LAs that had previously or were currently recruiting a clinician to join their Early Help team or Children's Services.

Job title	Region	Salary
Educational Psychologist	London	£44,131 – £53,341
Clinical Therapist	London	£46,839 – £48,819
Clinical Practitioner	London	£47,502 – £54,213
Clinical Therapist	London	£49,890 – £51,903
Family Therapist	London	£52,806 – £53,799
Adult Mental Health Practitioner (Band 6)	London	£33,706 – £40,588
Children's Wellbeing Practitioner (Band 5)	South East	£27,055 – £32,934
Clinical Psychologist (Band 7)	South East	£41,659 – £47,672
Specialist Mental Health Clinician (Band 7)	Midlands	£41,659 – £47,672