EARLY INTERVENTION FOUNDATION

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

Scoping the use of systemic practice components in Early Help services in English local authorities

May 2023

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Acknowledgments

We would like to thank the local authorities who respond to the survey. We would also like to thank the Supporting Families team at Department for Levelling Up, Housing and Communities (DLUHC) for their support with data collection.

About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The newly 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.

WHAT WORKS FOR EARLY INTERVENTION AND CHILDREN'S SOCIAL CARE IS PROUD TO BE A MEMBER OFTHE WHAT WORKS NETWORK

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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, it is unclear the extent to which Early Help services across England have components of systemic practice in their practice approach.

Aim

We conducted a survey and desk research to explore the prevalence of the core systemic practice components in the systemic practice model (systemic training, clinicians and systemic supervision and reflective practice sessions) in Early Help services in local authorities (LAs) in England.

Findings

We received responses from 77 respondents representing 70 LAs. Systemic supervision or reflective practice was reported by nearly all LAs. Systemic training was reported by around one-half of Las, and one-third of LAs employ a qualified clinician to support their Early Help team. There is marked variation in the implementation of components among these LAs. Desk research revealed limited details about the LAs that did not respond to the survey.

Conclusion

The findings provide valuable information on which LAs are not eligible to take part in the pilot evaluation as they are already implementing elements of the systemic practice approach. Further work should be done by the evaluator of the pilot evaluation on the systemic practice model to define the components of the intervention.

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. This practice model was identified by EIF in previous research and DLUHC has since selected to take forward for further testing.

Systemic practice involves a practitioner, therapist or social worker working collaboratively with a family to understand their family system and relationships in order to help the family resolve issues they are experiencing. Rather than treating family member behaviours on an individual basis, systemic practice operates on the basis that relationships are central to the construction and dissolution of family problems and considers the individual as part of a larger unit or system (Cameron et al., 2016).

The core elements 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 elements of the model include the use of systemic practice tools and outcome measures to support systemic practice. This model is based on three feasibility studies conducted by WWEICSC in 2021–22[1] 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.[2]

However, it is unclear what components of the model are currently being implemented by LAs in England as part of the Supporting Families Programme. There is marked variation in delivery of the programme. Although the funding for the programme is provided by national government, there is no oversight or implementation direction provided by central government which means it is implemented differently across LAs. This research aimed to explore the prevalence of different components of the systemic practice model to inform whether it would be possible to sample LAs that are not already using systemic practice to take part in the pilot study DLUHC is commissioning. It is also critical to understand business as usual for the evaluation. Detailed information about the implementation of systemic practice components is available in the scoping the core components of systemically informed key worker approach report published by WWEICSC in May 2023.[3]

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

2   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.

3   See: **https://www.eif.org.uk/files/pdf/scoping-core-components-systemically-informed-key-worker-model.pdf**

Aim

The primary aims of the research were to identify the prevalence of systemic practice components in Early Help services in English LAs. This report provides a summary of the data that was collected as part of the survey and desk research.

2. Methodology

Study design

The research was carried out through a survey and desk research.

Survey research

The survey link was distributed via the Department for Levelling Up, Housing and Communities (DLUHC) Supporting Families newsletter, as well as the monthly EIF and subsequent WWEICSC newsletters over a two-month period. Distribution via the Supporting Families newsletter was a successful way to ensure a high response rate.

The survey included questions on participant background, and current use and future plans for the introduction of: practice frameworks, clinicians, systemic practice training and reflective group supervision (see **appendix A** for the survey script).

Desk research search strategy

The desk research involved online searching using Google and LA websites (see **appendix B** for search terms) to find relevant information. Overall, information about 71 LAs was reviewed through desk research. Of the 71 LAs, there were five where no relevant information was available online.

Analysis

Responses to multiple-choice survey questions were analysed descriptively. Responses to open-ended questions were analysed using thematic analysis to identify patterns in the data.

Findings from the desk research and results from the survey were entered into a spreadsheet with all LAs. A summary of findings is presented below and in **appendix C**, and data for each LA is provided in the spreadsheet (see **appendix D**).

Reflections on the methodology

We decided to use a survey methodology as this appeared to be the most appropriate method for data collection and similar approaches have been used successfully in previous research (see for example, Children's services omnibus survey, Smith and Moore, 2020).

In total, responses to the survey were received from 77 respondents representing 70 LAs. This reflects a response rate of 49.6% and was a representative cross-section of English Early Help teams (**appendix B**). However, it is possible that there was a response bias in the survey. Despite emphasising in communication about the survey that all LAs should take part, including those which do not include any of the systemic practice components within their Early Help teams, it is possible that local leads were more likely to participate if they have at least one element of systemic practice.

The survey relied on self-report and so the accuracy of what was said could not be checked. There was also a degree of variation in terms of the details provided by respondents in open-text questions. While we made efforts to provide definitions about the different components, there was some variation in how the different components mentioned in each question were understood by respondents.

Desk research yielded limited information about the presence of systemic practice components overall. A key reason concerned the fact that many LAs did not publish in-depth information about their ways of working for Early Help teams even in their Early Help strategy. As a result, it is possible that LAs may have been delivering a component which was not mentioned in the documents reviewed online resulting in lower estimations of prevalence.
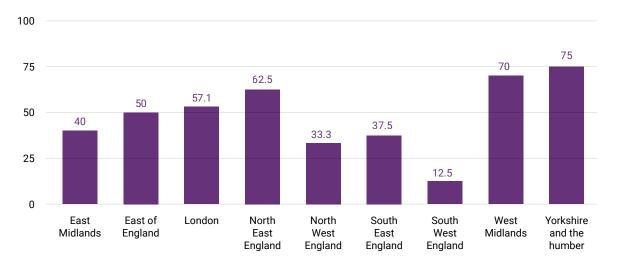
3. Key findings

Systemic training

Just over one-half of LAs that responded to our survey (54.3%, n = 38) reported that the Early Help team had received any training in systemic theory or practice (**appendix C**). Over one-third of LAs reported their Early Help team had not (38.6%, n = 27) and the remaining LAs (7.1%, n = 5) were not sure.

There appeared to be regional differences in the proportion of LAs reporting the provision of systemic training. For instance, three-quarters of responding LAs in Yorkshire (75.0%, n = 3) and the Humber reported systemic training compared to one in eight of responding LAs in the South West (12.5%, n = 1) (figure 3.1).

FIGURE 3.1.

Proportion (%) of responding LAs in each region with systemic training

Findings from the survey revealed a high degree of variation in the provision of systemic training. Two LAs mentioned they had a systemic training programme in place for Early Help practitioners that was accredited to Foundation Level by the Association for Family Therapy [4] (Westminster and Royal Borough of Kensington and Chelsea). Two LAs mentioned they had training and delivered by the Centre for Systemic Social Work[5] (London Borough of Wandsworth and Oldham). The length of courses varied from 4 to 15 days. Other LAs without an accredited training programme in place mentioned the provision of in-house training on systemic tools such as genograms and timelines.

Among the LAs that reported their Early Help teams had not received training in systemic theory or practice, two LAs (6.3%, n = 2) were planning to provide systemic training for their Early Help teams in the coming year (2023) (**appendix D**). Around half of LAs were not

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4   See: **https://www.aft.org.uk**
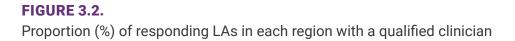5   See: **https://www.cfssw.org/welcome**

planning to (46.9%, n = 14) or were not sure (46.9%, n = 16) if they were going to provide systemic training in the coming year.

There was limited information available on training in documents reviewed as part of the desk research. We were only able to obtain information on training from four LAs. The information that was available indicated that two LAs (Barnet, and Hammersmith and Fulham) had systemic training. Hammersmith and Fulham mentioned that the external training available was provided by the Centre for Systemic Social Work and accredited by the Association for Family Therapy.

Clinicians

Under one-third of LAs that responded to our survey (29.6%, n = 21) reported that they employ a qualified clinician to support their Early Help teams (**appendix D**).

There appeared to be some regional differences in LAs that employ a qualified clinician. London had the highest proportion of LAs that reported they employ a clinician (71.4%, n =10) and Yorkshire and the Humber the lowest with no LAs reporting they employ a clinician (figure 3.2).

FIGURE 3.2.

Proportion (%) of responding LAs in each region with a qualified clinician

Across LAs, in open-ended responses, clinicians were referred to as psychologists, mental health practitioners, therapists, psychotherapists and consultants.

The average number of clinicians employed by LAs was the equivalent of 2.7 full-time equivalent members of staff (min = 1, max = 6). Two LAs reported that although their Early Help practitioners have access to a clinician, they are employed by a different service (such as Children's Social Care).

LAs described the responsibilities of clinicians in open-ended responses which commonly included:

• Facilitating group supervision for practitioners

• Providing case consultation for practitioners

• Providing direct therapeutic support to children and families

• Delivery of training for Early Help staff.

Other responsibilities that were less commonly discussed included clinicians facilitating individual supervision and working with multi-agency partners such as schools.

Among the LAs that did not currently have a clinician in place (67.1%, n = 47), a small minority (6.1%, n = 3) reported plans to employ a qualified clinician to support their Early Help teams in the coming year (2023). Around two-thirds of these LAs were not planning to (67.3%, n = 33) and the remaining LAs were not sure (26.5%, n = 13).

Desk research revealed further detail about the involvement of clinicians among LAs that did not respond to the survey. We were only able to obtain information on clinicians from seven LAs. Among these LAs, clinicians were referred to in strategy documents as psychologists, public health consultants, wellbeing practitioners and community psychologists. Their main roles were to drive support, deliver systemic interventions to families, facilitate parenting workshops, and focus on improving outcomes for families.

Group supervision and practice meetings

Nearly all LAs (92.9% , n = 65) reported that their Early Help teams have group supervision or practice meetings. Among these LAs, a majority held supervision or reflective practice sessions monthly (72.3% , n = 47). Other options reported by a minority of LAs were daily (3.1%, n = 2), weekly (6.2%, n = 4), fortnightly (1.5%, n = 1), every three weeks (1.5%, n = 1), quarterly (3.1%, n = 2), every two months (3.1%, n = 2), varied depending on needs (4.6%, n = 3), and Other (4.6%, n = 3).

There was marked variation in terms of how systemic supervision and reflective practice sessions were described by LAs in open-ended responses. Some of the responses lacked the qualities we would expect to see in systemic or reflective supervision, and it is possible these areas were implementing group reflection without these components.

Analysis of the open-ended responses revealed that systemic supervision and reflective practice sessions were commonly facilitated by a manager, practice lead, clinician or a senior practitioner. Other less common types of facilitators mentioned by respondents included Social Workers, Assistant Psychologists, Therapists or anyone in the team. Attendees mentioned by respondents often included practitioners and sometimes managers. Some LAs reported that all members of the team would attend.

LAs commonly reported that the supervision and practice sessions involved attendees presenting and discussing cases and how to progress. Other content mentioned by some LAs included reviewing best practice, reflecting on and evaluating practice, exploring specific programme delivery or support, discussing tools and their application. The supervision and practice sessions were described as an opportunity for practitioners to receive guidance and support from their colleagues.

Similar to open-ended responses, desk research revealed that systemic supervision and reflective practice sessions were often facilitated by a manager or practitioners in the team, based on information we found on eight LAs. Sessions were commonly held monthly and were used to discuss cases with other practitioners, which involves hypothesising and reflecting as a team to facilitate reflexivity and problem-solving. The intended outcomes listed by several LAs were to increase professionalism, knowledge, skills and confidence among practitioners.

Systemic practice tools and outcome measures

Additional elements of the systemic practice model include the use of systemic practice tools and outcome measures to support systemic practice. The survey did not include a

specific question on the use of systemic tools, due to difficulties asking about the diverse range of tools used in Early Help. Desk research did, however, reveal some tools that were commonly cited in strategy documents. This included genograms, timelines and chronologies. All three are tools that are considered to support systemic practice through relationship building between practitioners and families and developing self-reflexivity.

Practice frameworks

Finally, information on practice frameworks was gathered as this gives an indication of the overarching framework that underpins local ways of working with children, young people and families, with whole family working at its core. In the survey, a practice framework was described as a framework that articulates the shared values, principles, key theories and models. It should be noted that this question was not specific to a systemic practice framework. Systemic practice represents one basis for a practice framework but that there are many others.

Nearly all LAs (97.1% , n = 68) reported using a practice framework in the Early Help service (such as trauma-informed, signs of safety, restorative). Sixteen LAs (23.5%) mentioned that systemic practice was part of their practice framework and two LAs mentioned plans to introduce a systemic practice framework (**appendix D**).

Desk research provided further information on the practice frameworks among LAs that did not respond to the survey. In line with findings from the survey, practice frameworks listed in strategy documents included: signs of safety, systemic practice, strengths-based practice and trauma-informed.

Delivery of multiple elements of systemic practice

The survey responses allowed for examination of the combination of different systemic practice elements (systemic training, clinicians and reflective practice)[6]. The analysis revealed that most LAs were implementing multiple components of systemic practice (figure 3.3 on the following page). Slightly over 4 in 10 LAs (42.9%, n = 30) had two elements, and nearly one in five LAs (18.6%, n = 13) reported that they had all three elements of systemic practice in place.

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6   Practice frameworks and systemic practice tools and outcome measures were not included in the analysis due to not being a central component of the systemic practice approach that DLUHC is seeking to pilot.

FIGURE 3.3

Figure 3.3. Proportion of LAs (%) and the number of systemic practice elements

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Discussion

This report presents a picture of the current use of systemic practice in Early Help teams in English LAs based on survey data and desk research which is intended to inform future delivery of the evaluation DLUHC is seeking to pilot. The research aimed to establish whether it would be possible for DLUHC to sample a group of LAs to take part in the pilot that are not already implementing systemic practice.

The responses have provided valuable information about current practice in LAs which can be used to inform the sample. It would be an issue if these LAs were randomised to the control group because it would reduce the chance of finding an impact as they are already implementing components of the intervention being tested. The control group should not be implementing the model being evaluated as this allows the evaluator to estimate what would have happened if the intervention group had not received the intervention.

However, it is not as simple as excluding any LAs that reported they have a systemic practice element in place. In the survey, we gathered accurate data on whether LAs had already implemented training or employed a clinician. These concepts were easy to explain to respondents, and respondents were able to answer whether it had happened or not. Therefore, we recommend LAs already implementing systemic training or employing a clinician, or with plans to implement either of these components in the coming year, should be excluded from the sample (see **appendix D**).

It is less clear on which LAs are implementing group systemic supervision or reflective practice. The survey gathered data on LAs implementing group supervision or practice meetings. However, the survey did not specify group supervision with systemic or reflective elements. Since nearly all LAs reported that they were implementing group supervision or practice meetings, we do not recommend excluding the LAs that reported they had group supervision or practice meetings. Instead, further work should be done by the evaluator to describe this element of the model to differentiate it from 'business as usual'. It appears that 'group supervision' is consistent with business as usual (BAU) in a majority of LAs, but the systemic or reflective elements may not be. Specifying this information could then be used to decide whether an LA is eligible to take part.

LAs that are currently implementing systemic training, employ a clinician and/or implement systemic or reflective group supervision could, however, play an important role in the pilot evaluation. We recommend the evaluator engages with these LAs to gather in-depth information on the practicalities of implementing the systemic practice components. The LAs would also be well placed to contribute to the development of a theory of change for the systemic practice model. This could be achieved, for example, by setting up a network for these LAs. For further information on the implementation see WWEICSC's report Scoping the core components of systemically informed key worker approach.[7]

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7   See: **https://www.eif.org.uk/files/pdf/scoping-core-components-systemically-informed-key-worker-model.pdf**

References

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Appendices

Appendix A: Survey script

Scoping current systemic practice training and use of a clinician in early help: Survey script

Introduction

EIF are scoping current practice in Early Help as part of our work for the national Supporting Families Programme from the Department for Levelling Up, Housing and Communities. Building on previous work, we are interested in finding out information on the use of practice frameworks, and the prevalence of qualified clinicians (such as clinical psychologist, psychotherapist, and so on), systemic training and reflective meetings in Early Help teams. We're keen to hear from all local areas, including those which do not include any of these components within their Early Help teams. The information will be used to inform future policy and research for the Supporting Families Programme.

We believe early help service leads, managers or equivalent will be best placed to fill out this survey. The survey should take no more than five minutes to complete. We appreciate you taking the time to complete the survey.

The information we collect will summarise current practice for each local area in an Excel spreadsheet and summary report that will be provided to the Department for Levelling up, Housing and Communities. The outputs will not contain any personal data. Further information about what personal data we collect directly from you when conducting the survey and how this information will be used is available in the privacy notice: https://www.eif.org.uk/files/about/data-protection-notice-supporting-familes-scoping-current-systemic-practice-early-help.pdf

Consent to take part

1. Do you understand how the information and data will be used? Please tick the box to state that you are comfortable to proceed with the survey.

   » Yes, I understand

Background

These are a few questions that will inform EIF which local authorities have responded to their survey.

2. What is your name?

   » [Open text]

3. What is your job role?

   » [Open text]

4. What is your email address?

   » [Open text]

5. Please state the local authority you are responding for:

   » [Open text]

Questions about Early Help

Please provide as much detail as you can

Practice framework

6. Does your local area's early help service currently follow a practice framework(s)? That is, an agreed overarching framework that articulates the shared values, principles, key theories and models that underpin local ways of working with children, young people and families, with whole family working at its core. It could include: trauma-informed, restorative, systemic, signs of safety, etc.

   » Yes [Go to question 7]

   » No [Go to question 8]

   » Not sure [Go to question 8]

7. Please provide details on the practice framework(s) that your local area uses? (If you have the information, this could include the values, principles, key theories and models that underpin your practice framework.)

   » [Open text]

8. Are you planning to add any new practice framework(s) or any new elements to your existing practice framework in the coming year (2023)?

   » [Open text]

9. 9.   Are you planning to introduce any practice frameworks in the next year (2023)?

   » Yes [Go to question 10]

   » No [Go to question 11]

   » Not sure [Go to question 11]

10. If yes, please provide details on the practice frameworks you are planning to introduce? (If you have the information, this could include the values, principles, key theories and models that underpin your practice framework.)

    » [Open text]

Clinicians

11. Do you currently employ a qualified clinician(s) to support your Early Help teams? (For example, a clinical psychologist, practitioner psychologist, systemic family therapist, clinical therapist.)

    » Yes [Go to question 12]

    » No [Go to question 15]

    » Not sure [Go to question 15]

12. How many are employed?

    » [Open text]

13. What is their job title(s)?

    » [Open text]

14. What is their main role within the team? (For example, providing training to practitioners, providing advice and guidance during individual and/or group supervision, or working directly with families to provide therapeutic support).

    » [Open text]

15. Are you planning to employ a qualified clinician to support your Early Help teams in the next year?

    » Yes [Go to question 16]

    » No [Go to question 17]

    » Not sure [Go to question 17]

16. What type of clinician are you planning to employ? (For example, a clinical psychologist, practitioner psychologist, systemic family therapist, clinical therapist.)

Systemic practice training

17. Has your Early Help team received any training in systemic theory or practice? (For example, training on the principles of systemic practice covering topics such as systemic family therapy, inter-generational patterns of behaviour, circular questioning and/or hypothesising, or training on using specific systemic tools such genograms or timelines.)

    » Yes [Go to question 18]

    » No [Go to question 19]

    » Not sure [Go to question 19]

18. Could you briefly describe what training was provided? (If you have the information, we would like to know who provided the training, when it was delivered and whether it is an accredited course.)

    » [Open text]

19. Are you planning to provide systemic training for your Early Help teams in the next year (2023)?

    » Yes [Go to question 20]

    » No [Go to question 21]

    » Not sure [Go to question 21]

20. Could you briefly describe what training will be provided? (If you have the information, we would like to know who will provide the training, when it will be delivered and whether it is an accredited course.)

    » [open text]

Group reflection

21. Do your Early Help teams have group supervision or practice meetings? (For example, time for practitioners to reflect and discuss on their practice and/or cases as part of a group.)

    » Yes [Go to question 22]

    » No [Go to question 24]

    » Not sure [Go to question 24]

22. How often does this happen?

- » Daily

- » Weekly

- » Monthly

- » Yearly

- » Other (please specify)

23. Could you briefly describe the group supervision or practice meetings? (This could include how often, who facilitates it, who attends and what is discussed.)

- » [Open text]

24. Are you planning to introduce group supervision or practice meetings in the next year?

- » Yes [Go to question 25]

- » No [Go to question 26]

- » Not sure [Go to question 26]

25. Could you briefly describe the group supervision or practice meetings you are planning to introduce? (This could include how often, who will facilitate it, who will attend and what is discussed.)

- » [open text]

Follow-up

26. Do you give your consent for direct quotes to be used in the research outputs? (Quotes will be linked to your local area but will not include your name.)

- » Yes

- » No

27. Would you be happy for EIF to contact you in the future about your responses to the survey using the contact details you provided?

- » Yes

- » No

Thank you very much for taking the time to complete the survey.

Appendix B: Survey respondents

Respondents to the survey included Early Help Managers and Supporting Families Co-coordinators. The survey was completed by a representative cross-section of English Early Help teams, as confirmed through a comparison of the sample with the national average (Table B.1).

TABLE B.1.

Sample of responding LAs

Distribution of LAs per English region	Sample (%)	National average (%)
East Midlands	7.1	7.3
East of England	5.7	6.0
London	20.0	21.3
North East England	11.4	15.3
North West England	12.9	8.0
South East England	10.0	12.7
South West England	11.4	8.9
West Midlands	14.3	9.3
Yorkshire and the Humber	7.1	10.0

Appendix C: Search terms

1. We searched for each LA's Early Help strategy using the following search string on Google: '[name of the LA]' and 'Early Help' or 'Early Help strategy' or 'Supporting Families'.

2. If nothing was found with the previous search terms, one of the following search terms was used: '[name of LA]' AND 'practice framework' OR 'systemic' OR 'group reflection'.

3. Once a document(s) had been located, introductory information was scanned for relevance (for example checking that the document contained information about strategy and ways of working rather than acting as a signposting tool for parents/families which would likely not include information on ways of working).

4. In each document, we used the following search terms to find relevant content:

- 'Systemic'
- 'Systemic practice'
- 'Practice framework'
- 'Training'
- 'Systemic training'
- 'Supervision'
- 'Group supervision'
- 'Reflective'
- 'Clinician'
- 'Systemic Family Therapist'
- 'Psychologist'
- 'Clinical psychologist'
- 'Practitioner psychologist'
- 'Educational psychologist'
- 'Therapist'
- 'Tools'
- 'Genograms'
- 'Timelines'

Appendix D: Local areas current and future plans regarding systemic practice

LAs that report the use of systemic training	LAs that report the employment of a qualified clinician	LAs that report the use of systemic practice as part of their practice framework
Bath & North East Somerset	Blackburn with Darwen	Camden
Blackburn with Darwen	Brent	City of York
Brent	Bristol	Gateshead
Bristol	Camden	Gloucestershire
Camden	Cheshire West and Chester	Hackney
Cheshire West and Chester	Cornwall	Kensington and Chelsea
City of York	Ealing	Kirklees Council
Cornwall	Hackney	Lewisham
Cumbria	Kensington and Chelsea	Merton
Derbyshire	Lewisham	Newham
Dorset	Lincolnshire	Oldham
Ealing	Newham	Southampton
Essex	Northumberland	Warrington
Gloucestershire	Somerset	Warwickshire
Hackney	Southampton	West Berkshire
Hull	Suffolk	Westminster
Isle of Wight	Sutton	
Kensington and Chelsea	Swindon	
Kent	Wandsworth	
Lancashire	Warwickshire	
Lewisham	Westminster	
Medway		
Merton		
Newham		
North Lincolnshire		
Northamptonshire		
Northumberland		
Oldham		
Rochdale		
Salford		
Sandwell		
South Tyneside		
Southend-on-Sea		
Staffordshire		
Stoke on Trent		
Wandsworth		
Warrington		
Westminster		

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LAs planning to implement systemic training in the coming year (2023)	LAs planning to employ a clinician in the coming year (2023)	LAs that plan to introduce a systemic practice framework in the coming year (2023)
Gateshead	Gateshead	Lewisham
Tower Hamlets	Merton	Northamptonshire Children's Trust
	Walsall	

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