



children
at the heart
of practice



Lambeth's Relational Practice Model



Lambeth

Our philosophy:

Our Practice Model is comprised of relational tools, methods and approaches that are used in day to day practice to improve children's circumstances and outcomes.

Our vision:

Be ambitious every day for every child; putting young people and their families at the heart of what we do.

Our approach:

- 🕒 Early help and good quality interventions when problems first appear – vital to prevent problems getting worse.
- 🕒 Intervene with children and families at the right time and develop understanding of risks to children, their lived experience and tailor support when we are confident families can support themselves independently.
- 🕒 Listening to children and building high quality relationships with them and their carers.
- 🕒 We can only support our children and families holistically if we do so with multi-agency partnership and with a collective understanding of the needs and risks to each child, and their experiences, views and wishes – 'we are stronger together'.

Introduction



In Lambeth we aim to provide the very best services to children and young people who are vulnerable and at risk of harm.

Evidence shows that good quality social care practice is key to safeguarding young people, enabling them and their families to create change and improve their lives. Lambeth has a 'relational' practice model which informs how we work with children, families and carers to achieve positive outcomes.

This guide sets out how all of our staff working with children and families use the model in day to day practice and offers useful tips and examples of successful practice.





Our values and commitment

We value the practitioner relationship with our children and families and seek to work in a way that is child centred, strengths based and risk-sensible. We promote this relationship with the commitment to manageable caseloads, space to think and reflect, and time to visit.

We value our professional relationships with each other and continue to develop a culture in our organisation which focuses on positive relationships that inspire trust and confidence.

We value collaboration and the contribution each of us makes to problem solving activities with children, families, carers and wider groups, as demonstrated by our commitment to being open and honest, compassionate, willing to challenge, and our investment to ongoing professional development and learning.

We value innovation, creativity and autonomy within a framework of intervention and care planning through our commitment to delivering the best services for our children and families.

Our core behaviours

Curiosity Our practitioners understand the perspectives and feelings of family members and carers and clearly communicate this with them.

Listening Our practitioners will actively listen, engage and empower children, young people, families and carers. Conversations will be respectful and purposeful to support lasting change.

Transparent Our practitioners are clear about the reasons for professional involvement and can communicate clearly and honestly with the family.

Collaborative Our practitioners behave as if their work with families is occurring between two equal partners, both of whom have knowledge that might be useful in solving the problem under consideration.

Supportive Our practitioners actively empower our families, as opposed to attempting to control their behaviour or choices.





Our Practice Model



In order to develop a skilled workforce with shared organisational values, we have chosen to develop and implement a model of relational practice as a framework for delivering our social work with families. This 'relational' model centres on:

- Understanding relationships and how interactions can both foster problems and solve them when considering the context in which they exist.
- How they are co-created.
- Their strengths and patterns.
- Responses to problematic situations.
- Understanding the best ways to intervene to generate lasting change in the life of families and children. The ways that relationships function in a family are fundamental to the happiness, wellbeing and safety of all family members, and this is especially important for children and young people's safety, development and growth.

Our approaches are flexible and evidence-based, enabling us to think about relationships within families and carers and how these impact on the child. They also allow us to reflect on the relationships that we build with families and carers and each other as professionals and our professional systems. This helps us as practitioners to use supervision to keep in mind the part we play in solving problems or reflecting on what we might need to do differently to effect change.

Our tools

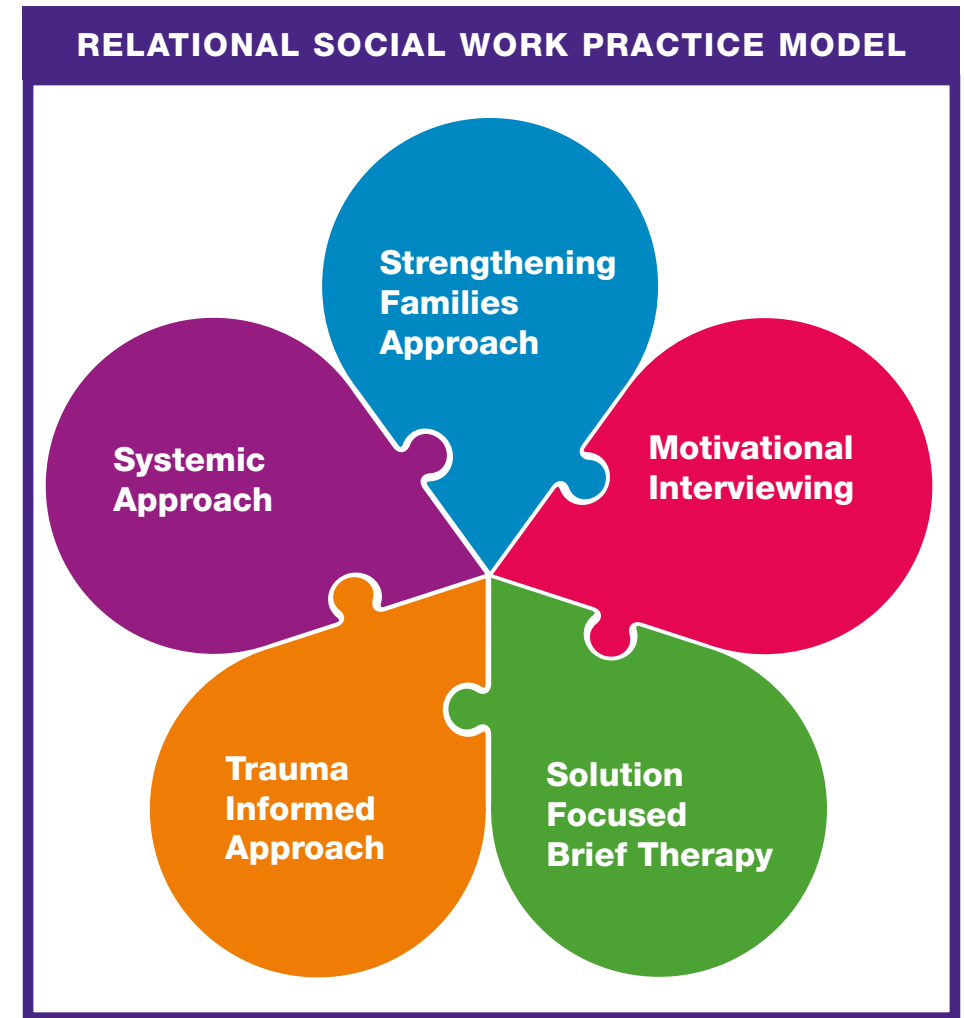
This diagram outlines **Lambeth's Relational Social Work practice model**. It highlights the different tools available to professionals when working with families to simultaneously manage risk and create change in relationships.

Using this model means we think about individuals in relationships with the people around them and with the world they live in.

Certain tools help us explore and make meaning of these relationships together with families and children: Genograms, timelines, family trees, Ecomaps, Social GRACES etc.

The relational approach encourages practitioners to work on the basis that problems are embedded in relationships and not just assigned to an individual child, parent or carer.

In our work with families to co-create sustained change, in a risk context, using certain tools and concepts can be helpful: safe uncertainty, signs of safety, understanding patterns, domains of action, first and second order change, relational responsibility and relationship to help.





The Strengthening Families Approach to assessment and planning has been adopted as a key tool for practice. The approach supports practitioners to organise a map for harm, danger, complicating factors, strengths, existing and required safety and a safety judgement in child protection interventions from assessment to closure.

The model has been adopted to clarify thinking and decision making about risk. The model integrates professional knowledge with perspectives of children, parents and other family members and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety.

The approach supports comprehensive risk assessment that is forensic in exploring harm and danger whilst also eliciting and inquiring into strengths and safety. The approach encourages the full involvement of key professionals and the family network.

Social workers use four domains of inquiry to establish:

1 What are we worried about?

past harm, future danger and complicating factors.

2 What's working well?

existing strengths and safety.

3 What needs to happen?

future safety.

4 Where are we on a scale of 0–10?

where 10 means there is enough safety and 0 means there is not enough safety to protect the child.

The model provides a structure for Safety Planning with straightforward and understandable descriptions of the concerns and clear Safety Goals that are underpinned by conditions that must be met as part of the Safety Plan or 'Bottom Lines'.

The involvement of children and the friend and family network ensures meaningful Safety Planning that is reviewed over time and adapted to progress and changing circumstances.



The Motivational Interviewing (MI) approach is based on three key elements, collaboration between the practitioner and the client, evoking or drawing out the client's ideas about change; and emphasising the autonomy of the client*.

This is collaborative, person-centred form of guiding to elicit and strengthen motivation for change.

There are five distinct principles that guide MI:

1 Express empathy

Seeing the world through the eyes of the child, young person and family.

2 Support self-efficacy

As a strengths based approach the model draws on previous successes and highlights the skills and strengths that children, young people and families already have.

3 Roll with resistance

Exploring new points of view without imposing ways of thinking ensuring that the problem and solution are owned by the client.

4 Support and Develop Discrepancy

Helping children, young people and families examine the discrepancies between their current circumstances and where they want to be in respect of their values and future goals.

5 Motivational Interviewing (MI)

Aimed at helping people resolve ambivalence in order to make lasting change by helping the individual find their own motivation for change. This is achieved through empathic listening, using four skills known as OARS (open questions, affirmation, reflection and summary).

*client refers to child, young person and/or family.



Rather than trying to understand and fix problems, solution focused brief therapy works by exploring in detail a person's preferred future for when the problem is solved, and then identifying the possible resources and strengths the person has for attaining that future.

- Believing that the person you're speaking with has the capacity to change
- Focusing on the desired outcome (not on the process of getting there)
- Hope and expectancy are key
- Draw on qualities/resources and relationships
- Keep it simple – focus is on description.



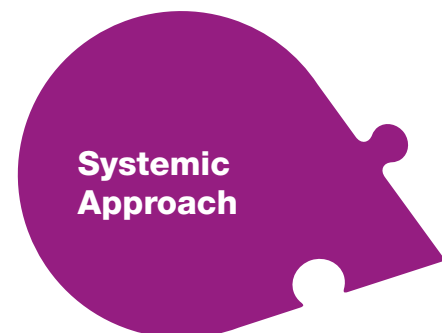
Trauma-Informed Practice is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

In our practice this means that children, young people and their family members may be living with the legacy effects of overwhelming stress (trauma). Keeping the possibility of trauma and the sensitivities and vulnerabilities of people who may be trauma survivors in our assessment focus is therefore crucial in practice.

stress levels. This means paying attention to 'how' we engage with other people, as well as to 'what' we do. It also means thinking about what may have happened to someone, rather than judging what is 'wrong' with them.

Having a basic understanding of how stress can affect an individual is important. Knowing this will make us less likely to fuel other people's

Becoming trauma-informed is about supporting people to feel safe enough in their interactions with us to build trust, and to help our children and families overcome any barriers to an effective helping relationship.



Lambeth's Children at the Heart of Practice framework is relational in its approach. This is inclusive of Systemic Practice which examines the relationships between families, their wider systems and emphasises reciprocal relationships between the elements of a system.

The systemic perspective views the problems of an individual in relation to the different contexts in which people live: i.e. as a partner in a couple relationship, as a family member, a person with particular cultural and/or religious allegiances, while also taking into account socio-economic circumstances and political processes.

Systemic Practice regards 'context' as being of paramount significance for an individual's psychological development and emotional wellbeing.

Our aims

By implementing our Relational Model we aim to ensure:

1 Timely and meaningful visits

Visits to children are planned so that relationships are built with the child, family and children's carers, empowering them to work with practitioners and partner agencies creating meaningful help and care that leads to change and improved outcomes. We provide timely interventions and work with our families meeting appropriate timescales and we will challenge families' non-engagement with persistence, tenacity and respect.

2 Child's voice informing decisions

- Practitioners use direct work tools to understand and evidence the child's lived experience within their family, community and care placement
- Practitioners record what children tell them in the child's own words, so that children understand their care plans and can influence decisions about their care
- Using the child's experience, practitioners work alongside families to support them to make safe decisions for their children.

3 Analytical and collaborative assessments

Our practitioners work alongside families to understand their lived experience, their composition and everyday life to understand the risks and the ways in which the family and their network can keep their child(ren) safe. We build skilful and influential working relationships with other professionals and agencies.

- Practitioners analyse and demonstrate critical thinking when using the information shared by all those involved with the family, such as health visitors, GPs, schools etc.
- Practitioners share the outcome of assessments and recommendations with the family
- Practitioners are curious and reflective as well as being authoritative and tenacious in improving life outcomes for children
- Practitioners understand how to use their legal and statutory responsibilities effectively and use these in the best interests of children
- Children's Care Plans are informed by up to date assessments of their needs.

4 Purposeful plans

All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is.

5 Reflective supervision

Every child is supported by timely management oversight of the professionals' working with them including reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next. The reflective case discussion model is also a form of group supervision. It provides a structured way of reflecting on practice with children and families. This method of group supervision draws on the collective resources of a team to provide support and reflection. In this model, the team is used as a form of support, encouraging multiple perspectives and the valuing of diverse views.





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