

Edge of Care in Essex

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Two Strands to our Work

DBIT Edge of Care

DBIT Connecting and Uniting

DBIT Edge of Care Service

- Secondary service within Tier 4 CSC
- 4 Teams (Quadrant Based)
- 8-17 years old children
- Joint Working
- A whole family approach
- Brief work (up to 12 family sessions)
- Responsive, not reactive. Planned therapeutic work.
- Use a Solution Focused Approach



Solution Focused

What it Does

- Trusts the client
- Encourages collaboration
- Believes the client is the expert on their own life
- Holds that a focus on what works and what is wanted is more useful than a focus on what isn't wanted.
- Holds that whatever people are doing is the best they can do right now (Non-shaming – Their own good reason)
- Stays on the surface (working with the client's content not looking for something 'behind' what is said)
- Brings other narratives to the forefront.
- Holds that change occurs when clients hear themselves describing themselves doing things differently.

“In order to open the door we need the key, not the analysis of the lock”

Steve de Shazer



The role of Practice Supervisor

The role of the Practice Supervisor

- Expert in Solution Focussed Practice
- Upskill team/Service in SF practice.
- Facilitate regular workshops for team, service and wider as needed.
- Case-Hold with less experienced staff (side by side learning)
- To ensure high level practice (Quality Assurance and Feedback Loops).



Practice What we Preach

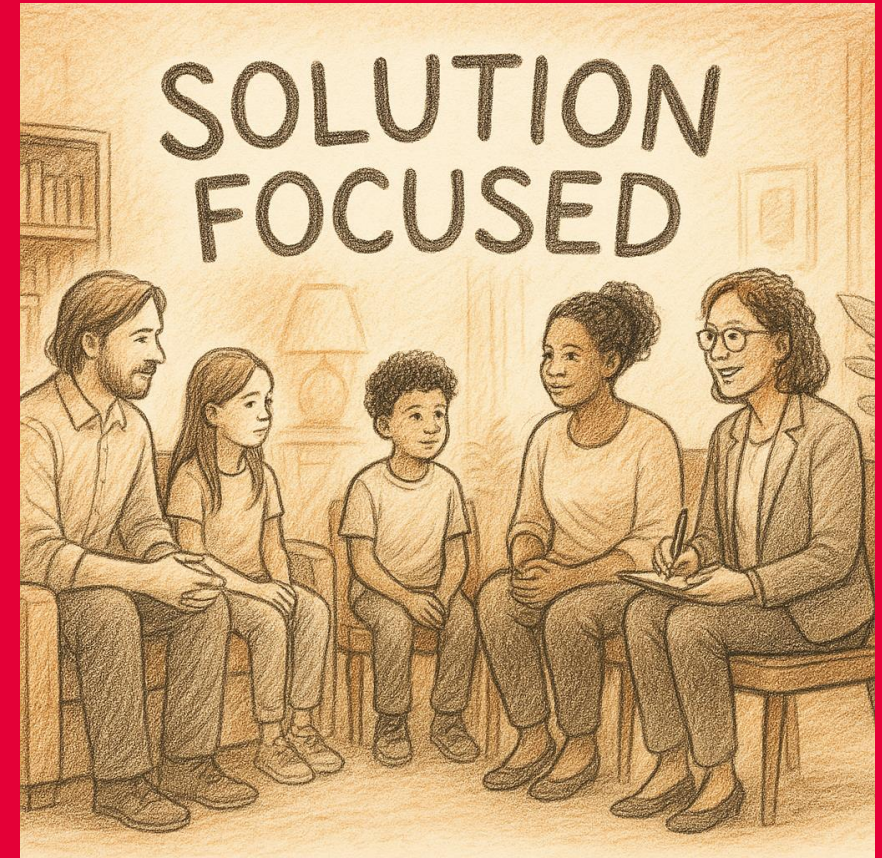
We prescribe to Solution Focused thinking in our internal systems:

- Offer SF Supervision
- Co-coaching. Genuine SF sessions for staff – Support AND learning.
- Solution Focused Case Discussions (SFRT's) – Use SF to facilitate helpful complex case discussions.



What could an SF session look like for a family?

- Exploring their hopes from our work together/Desired outcome.
- Being asked questions that invite detailed description of what this might look like
- Being invited to celebrate triumphs and successes
- Being invited to share how they overcame difficult times and challenges
- Sharing qualities that they appreciate about each other and talking about where they notice these qualities showing up
- Not a clinical setting.



What Families Say About DBIT Service

'When I first met DBIT, they said their role is not to come in and judge me because I am the expert on my life, I said I liked this because at the time I felt I was being blamed by professionals.

*What we said was taken as fact by DBIT which was helpful, **they worked with our truth.***

If you constantly focus on the negative then all you get is the negative so my advice to the DBIT team is to keep working with the truth!'

- Parent

"DBIT sessions have helped me to understand better, look at things differently, acknowledge what's going well/ what needs to be adapted. They help me see F in a better light and notice the good parts of him. They help me notice the progress we have made and what we are doing right."

-Parent

The DBIT Connecting and Uniting Service

- Re-connecting and reunification work following a longer time in local authority care
- 2 countywide teams (Under and Over 10s)
- Secondary service supporting plans for reunification/re-connecting
- Work with the family for up to 18 months including pre and post reunification.
- Using Systemic and Solution Focused approaches
- Staying Close activity (including 18+ care leavers)



Structure of work

- Based on the NSPCC guidance and adapted for our needs
- 3 phases of work
- Support from a Mental Health Coordinator
- 1 Senior Practitioner lead on practice development
- Strong partnership working with families and wider professional networks, including foster carers/residential support workers
- A mix of whole family and individual work



Families feedback

“I would like to advise another family to work with D-BIT. I am a disabled man and had no confidence in the beginning as (child) is my first child and I had no experience. DBIT managed to convince me where I could try to do things differently which is usually a mission impossible. I would also like to say thank you for the letter they sent at the end of our work, we are very sad that they are leaving but the letter meant so much to us. Their words made me feel very proud in what I have achieved.”

Parent

“I didn’t think I’d ever be able to have my child back in our home again, especially not for a whole Christmas holiday, but now look what Staying Close has made happen.”

Parent

DBIT fit with wider C&F service

- DBIT fits within wider Essex approach of relationship based, systemic and trauma informed practice
- SF compliments and amplifies interventions from allocated Social Workers i.e. Systemic and Strengths based approaches, Trauma informed practice.
- Relationships with referring teams - joint visits, attendance at statutory meetings, consultation, panel, reflective discussions, SF coaching.
- Shifting narratives of the family within wider professional network.



Outcomes and impact

DBIT Edge of Care

194 referrals accepted into the service last financial year, out of which 23 unplanned care (s20).

114 families received a full intervention and 85% of outcomes were positive (children remained or returned home, living with kin or achieving placement stability).

DBIT Connecting and Uniting

On average up to 90 referrals per year receiving full intervention, with a rate of success of over 80% for reunification and 70% for connecting to family.

A deep dive study of all children and young people we worked with over a 5-year period indicated a success rate of 75% achieved stability at home children/young people at 12 months post DBIT intervention and for the ones we could track this did not change 4 years post intervention.

QUESTIONS AND DISCUSSION

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