

**TITLE OF REPORT:** Edge of Care Review Final Report

**REPORT OF:** Sheena Ramsey, Strategic Director Care, Wellbeing and Learning

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## EXECUTIVE SUMMARY

During the course of this review Children and Families Overview and Scrutiny Committee agreed to focus on support to young people and families with complex needs on the edge of care. The committee has considered the needs of these families with complex higher level needs and what actions will have the greatest impact on improving outcomes.

This report sets out the scope and outcome of the review.

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## LEGAL POLICY CONTEXT

Working Together statutory guidance – outlines the requirements of LA to have an LSCB, interagency child protection procedures, how to undertake safeguarding investigations. The guidance confirms the lead role for LA social workers in:

- Responding to young people and families in need of support and help
  - Undertaking initial and core assessments as part of the Assessment Framework
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## BACKGROUND

The council is committed to making changes to service delivery in order to meet the changing demands for adolescent young people on the edge of care.

The National picture of adolescent young people on the edge of the care indicates this age group makes up 45% of Children in Need, 23% of children on a child protection plan and 24% of Serious Case Reviews. A typical new case for a social worker is just as likely to be a teenager in need of help as a child aged under five.

Adolescents often enter care during a crisis with their family, with the police or with their mental or emotional health. The response to this crisis and finding them a safe place tends to drive the system's immediate response.

The reasons for entering care and the level and complexity of need are also far more diverse amongst this group. The national picture by the age 14years abuse or neglect accounts for just 42% of entries to care, with 45% accounted for by a mixture of acute family stress, family dysfunction and socially unacceptable behaviour. Alongside this, many face challenges with their mental and emotional health (64%), special educational needs (38%) and substance misuse (32%). Around 9% of those aged 14 or older enter care

through the youth justice system. One third of adolescents placed in foster care have been recently cautioned or committed an offence (36%).

Faced with this complexity, and the challenges in identifying long-term options, the care system is often caught between two competing priorities, firstly providing an immediate place of safety and secondly to develop a long-term plan based on individual needs.

The national picture for many adolescents is the most likely long-term placement is back with their family. One in four adolescent entrants to care almost 3,000 young people a year are looked after for less than eight weeks.

## **SCOPE OF THE REVIEW**

The review considered:

- The challenges facing services for adolescents on the edge of care and what might help to overcome these challenges.
- What are the key ingredients to successful approaches to supporting young people and their families with complex needs on the edge of care.
- What are the elements of service design that will support best practice with young people on the edge of care.
- Strengthen service delivery to better meet the needs of local families with multiple needs at risk of becoming looked after.
- Safely reducing the numbers of children coming into care

## **THE PROCESS AND PARTNER INVOLVEMENT**

The process of the review has involved the presentation of evidence and research and an opportunity to involve partners within health, housing, education, commissioning, the referral and assessment team homeless service and mental health services.

## **FOCUS OF THE REVIEW**

The review focused on the 'Edge of Care' arrangements for adolescents aged 11yrs to 17 years.

The report described how young people come to be 'on the edge' of care and discussed the complex needs faced by these young people. It outlined the services available to support young people and their families and the challenges that the Council faces supporting this group.

## **EDGE OF CARE DEFINITION**

The journey through the care system includes periods of time that are often described as being on the "edge of care".

For the purpose of the review "edge of care" covers the following situations:

- Before entering care the young person has been identified as being at risk of requiring care.

- When a young person is leaving care by going home or to live with a relative or into a range of accommodation.
- Young people 16 and 17 years presenting as homeless.
- Care leavers are particularly vulnerable as are their future children

## **CHARACTERISTICS OF YOUNG PEOPLE ON THE EDGE OF CARE**

Young people on the edge of care are not a homogeneous group. Every young person is an individual whilst it is important not to over generalise from specific situations. There are many different patterns of need that can lead to a young person becoming looked after. These are young people often with longstanding issues that have escalated or become more problematic.

Young people between the ages of 11 year plus who have required care or edge of care services often have experienced one or more of the following characteristics:

- Violence from young person – either directed at parent(s) or sibling(s)
- Criminal or anti-social behaviour, gang activity or substance misuse
- Difficulty controlling emotions and anger management issues
- Mental illness, self-harming and suicide attempts
- Family dysfunction
- Young person homeless or abandoned, neglect or abuse
- Young people who go missing from home, demonstrate risk taking behaviours, are at risk of sexual exploitation and are not accepting of the risks they are taking
- School, exclusions, non-attendance

Parents capacity to cope with these issues can be limited due a number of factors identified below:

- Their own mental illness
- Substance misuse
- Poor parenting skills, difficulties in learning and sustaining safe parenting
- Experience of domestic violence and abuse
- Intergenerational domestic violence and abuse can impact and limit wider family or community support networks

### **Factors identified at Child In Need assessment 11 – 17 year olds**

Between 1<sup>st</sup> September 2015 and 31<sup>st</sup> August 2016, mental health issues (which could apply to the young person or the parent) were identified in 36.3% of cases, but between 1<sup>st</sup> September 2016 and 31<sup>st</sup> August 2017, it was identified in 46.4% of cases. Alcohol misuse (from 21.7% to 27.1%) and drug misuse (17.3% to 23.8%) have also risen, but domestic violence has remained stable, occurring in roughly a third of all assessments.

Emotional abuse, physical abuse and sexual abuse have all also seen small increases, although cases of neglect being identified has remained stable. Although 'gangs' being identified as a factor remains low (3.5%), the actual number of cases identified has more than doubled (from 10 cases in 15/16 to 24 cases during 16/17).

A range of problems and factors may have an accumulative effect resulting in a crisis where the young person is at risk of coming into care which is often the picture of neglect.

## **Entering Care aged 11 – 17 year olds**

There are 66 cases where 11-17 year olds entered care during September 16 to August 17. In 36 (55%) cases, the category of need was abuse or neglect, 28 (43%) cases involved categories relating to family breakdowns

### **THE CHALLENGE FOR SERVICES**

By responding to family crises quickly and intensively and at times most suited to families, some children who might otherwise become accommodated via section 20 of the Children Act 1989, could be supported at home.

Equally, we know that the longer a child is looked after the less likely rehabilitation home becomes. So by responding promptly and working intensively with children and their families when children have become accommodated due to family dysfunction/breakdown, rehabilitation home is more likely to be achieved and sustained. Thus reducing the length of time that looked after care is required.

Children and Families social work service is developing a response to strengthen keeping young people in the community where it is safe and appropriate to do so.

The safeguarding and care planning service is redesigning how services support complex child in need young people. The service is reconfiguring resources into a complex child in need team.

In addition we are developing a rapid response service to help manage some intensive intervention and have the capacity to undertake this work out of usual hours where appropriate this service will go live in January.

The rapid response team will respond immediately to cases where there is a strong likelihood that the child will become accommodated because of a breakdown in their family situation or where there is a risk of significant harm to a child which might otherwise require the child to become Looked After. This might include for example, a family crisis that impacts on parental resilience, parental and/or child interactions and behaviours which seriously weaken the family's ability to function and/or child protection concerns that might be safely mitigated by the provision of intensive interventions.

The team will work with families for a maximum of 12 weeks. A single keyworker system will operate with the ability to mobilise other team members where needed. Occasionally a full team response may be required. Keyworkers will hold a maximum of 12 families at any one time. The youngest child will normally be 11 years old or above. Case responsibility will remain with the Social Worker from the complex child in need team.

The rapid response team will have a mixed multi -disciplinary skill set and be specifically trained in strength based methodologies- namely motivational interviewing and Systemic practice- as well as specific training in assessing and managing risk in crisis driven circumstances. Within its resources there will be a systemic practice worker, Social Workers, Family Group conference/mediation workers, school liaison worker, Youth Worker The team will have a Manager/Coordinator who will also manage the complex child in need team.

In addition the rapid response service will have recourse to dedicated professional foster care placements.

A key feature of the rapid response service will be the flexibility of its availability to families. Family crisis tends to become acute at the times when normal Council functions are unavailable. To mitigate this and to ensure availability when families need support the most the team will overlap with day time services and be available on a shift basis which will include weekend and evening work.

The skill set of the staff will cover intensive family intervention, family group conference and staff experienced in mental health substance misuse and domestic violence issues.

## **The Intervention**

The rapid response service will be trained in multi-systemic practice this will be the main model adopted as part of a tool kit for staff involved in family intervention for complex needs young people and this will be rolled out over all social work teams.

Multi-systemic intervention is an evidence based programme that delivers family intervention in the home through qualified staff from a range of disciplines. By improving parenting and rebuilding positive family relationships it allows families to manage future crisis situations, delivering long term and sustained impact. It works with young people aged 11-17 who are at risk of entering care or custody and their families who have not engaged or maintained engagement with other services.

Greater emphasis is placed on outcomes measurement and performance management to drive continual improvement. Rather than just taking a snapshot of the outcomes for the young person immediately after the conclusion of the intervention, progress of the child would be tracked to look for sustained improvement.

## **STABLE ACCOMMODATION**

It is important to ensure care leavers are fully supported in a range of accommodation. Services are developing services and have been successful in developing taster flat for young people as well as a range of supported accommodation. We know this is instrumental in stabilising care leavers and preventing a cycle of returns to care and is a building block to stability for their future family.

The accommodation offer to care leavers has been strengthened supporting their stability in the community. The service has worked collaboratively with the housing service developing the taster flat scheme. Careful consideration is given to the level of support and location of accommodation a care leaver needs. Every effort is made to locate care leavers to support their social networks and promote access to training, employment and education. Care leavers have told us avoiding social isolation and feeling safe, are issues very important to them. The taster flat scheme acts to promote stability and integration for care leavers within the community.

The service has worked collaboratively with the commissioning service to develop the range of choice of supported accommodation for care leavers with complex needs. We are in the process of preparing to tender for a range of provision to strengthen the supported accommodation offer to care leavers.

Young people in shared supported housing for 16 – 21 year olds:

<b>Supported Housing Scheme</b>	<b>16 - 21</b>	<b>Total Beds</b>
Tyne Housing	1	10
Eslington House	13*	20
Gifford House	0	11
Refuge	2	7
Juniper House	2	8
St Bede's House	2	16
Mental Health Concern	0	7
Richmond Terrace	0	6
Elizabeth House	4	8
Karis Project	2	6
Naomi Project	7	8
Whitworth Close	0	6
Longside House	0	3
	<b>33</b>	<b>116</b>

\* 5 of the 13 are either 16 or 17 years old.

## **HOMLESSNESS**

Our duties and responsibilities across children and housing legislation make it clear that supporting care leavers and reducing the risk of homelessness is a priority.

Managing edge of care pressures also involves supporting 16 and 17 year old young people presenting as homeless. There is a duty to ensure this group is supported and where appropriate provide accommodation.

Care wellbeing and learning have worked collaboratively with housing services to develop a dedicated post to work intensively and in a timely manner with any young people presenting as homeless. This has been a very effective way of supporting young people ensuring they are not homeless.

## **OUTCOME OF THE REVIEW**

- The review demonstrated the challenges facing services for adolescents on the edge of care and the approaches to supporting young people and their families with complex needs.
- The report outlined the changes being made to the design and best practice delivery of services for young people with complex needs on the edge of care.
- The committee recognised the importance of partnership working regarding mental health substance misuse and neglect issues and the significance of commissioning housing options for young people and care leavers.
- It was recognised how important responsive service delivery is to meet the needs of these families through stable housing, prevention of homeless and providing housing options.

- The committee reflected the importance of supporting families to manage financial issues which the service has incorporated into the overall service design.
- There was acknowledgement from the committee that responsive systemic best practice with families on the edge of care gave the best opportunities to safely reduce the numbers of children and young people entering care.

## **RECOMMENDATIONS**

The Committee is asked to consider and comment upon the contents of this report.

1. The service to implement the complex child in need team and the rapid response service development by January 2018.
2. The delivery of the rapid response service to strengthen links to financial and benefits support services.
3. The service will train staff in systemic approaches as a strengths based model best practice model.
4. The committee acknowledged the importance of developing the housing options offer for care leavers and agreed that strengthening this offer during the next commissioning process.
5. The committee agreed that continuing to build joint service delivery with partners is important and needs to continue within the edge of care service development work.

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