

TITLE OF REPORT: Edge of Care Review

REPORT OF: Caroline O'Neill, Strategic Director Care, Wellbeing and Learning

EXECUTIVE SUMMARY

During the course of the review Families Overview and Scrutiny Committee has agreed to focus on the challenges facing services for adolescents and to consider the key ingredients of successful approaches to effectively support young people and their families with complex needs on the edge of care.

The aim of this review is to strengthen best practice in service delivery where young people with complex needs are at risk of becoming looked after. The review will consider what actions will have the greatest impact on improving the lives of young people and safely promote the reduction of the number of young people becoming looked after.

This report describes how young people come to be on the edge of care and give an understanding of the complexities.

LEGAL POLICY CONTEXT

1. The underpinning legislation (Children Act 1989 and associated subsequent guidance) presumes that children and young people are best cared for by their families. It establishes that parents have parental responsibilities in respect of their children – the onus is on agencies to seek solutions within the family wherever possible.
2. Working Together statutory guidance – outlines the requirements of LAs to have a LSCB, interagency child protection procedures, and 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 and undertaking initial and core assessments as part of the assessment Framework
3. The Homelessness Reduction Act 2017 received Royal Assent in April this year, which puts homelessness prevention on a statutory footing. The Act will come into force in April 2018, therefore it is a crucial period for all LAs, to look at current resources and begin preparation for the implementation of the new act.

BACKGROUND

4. By responding to family crises quickly and intensively, some children who might otherwise become accommodated via section 20 of the Children Act 1989 could be supported at home.
5. 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.
6. The national picture of adolescent young people on the edge of the care system 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 under five years.
7. 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.
8. 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 14 years 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 would have been recently cautioned or committed an offence (36%).
9. Faced with this complexity, and the challenges in identifying long-term options, the care system is often caught between two competing priorities: to provide an immediate place of safety; and to develop a long-term plan based on individual needs.
10. 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

11. 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.
12. It is proposed the review focuses on;
 - The challenges facing services for adolescents on the edge of care and what might help to overcome these challenges.
 - The key ingredients to successful approaches to supporting young people and their families with complex needs on the edge of care.
 - 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.

- Succeed in safely reducing the numbers of children coming into care

INTRODUCTION

13. This report focuses on the 'Edge of Care' arrangements for adolescents aged 11yrs to 17years, care leavers and young people presenting as homeless.
14. The report aims to describe how young people come to be 'on the edge' of Care and discusses the complex needs faced by these young people. It outlines the services available to support these young people and their families and the challenges that the Council faces supporting this group.

EDGE OF CARE DEFINITION

15. The journey through the care system includes periods of time that are often described as being on the "edge of care".
16. For the purpose of this report "edge of care" covers the following situations:
 - Before entering care the young person has been identified as being at risk of needing 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

17. Young people at 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.
18. Young people between the ages of 11year 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, putting others in the household at risk.
 - 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

19. Parents capacity to cope with these issues can be limited due a number of factors including:
- 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

20. Between 1st September 2015 and 31st August 2016, mental health issues (which could apply to the young person or the parent) were identified in 36.3% of cases, but between 1st September 2016 and 31st 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.
21. 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).
22. 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.

Entering Care 11–17 year olds

23. There are 66 cases where 11-17 year olds entered care during September 16 to August 2017. In 36 (55%) cases, the category of need was abuse or neglect, 28 (43%) cases involved categories relating to family breakdowns. During September 2015 and August 2016, 27 (53%) of cases came in under abuse or neglect and 20 (39%) cases came in under categories relating to family breakdowns.

Annual figures

Category of need	2016/2017		2017/2018	
	No.	%	No.	%
Absent Parenting	8	16%	7	11%
Abuse or Neglect	27	53%	36	55%
Child's Disability or Illness		0%	1	2%
Family Dysfunction	9	18%	16	25%
Family in Acute Stress	3	6%	5	8%
Parental Illness or Disability	2	4%		0%
Socially Unacceptable Behaviour	2	4%		0%
Grand Total	51	100%	65	100%

24. There had been previous involvement with YOT in 3 cases.
25. Of these 66 cases, the average length of time spent in care is 127 days (approx. 18 weeks). This compares to 76 days (11 weeks) when looking at the 28 cases that closed during the period.

THE CHALLENGE FOR SERVICES

26. By responding to family crises quickly and intensively 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.
27. 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.
28. Children and Families social work service is in the process of developing a response to strengthen keeping young people in the community where it is safe and appropriate to do so.
29. The Safeguarding and Care Planning Service is in the process of redesigning how we support complex child in need young people. The service is in the process of reconfiguring resources into a Complex Child in Need (CCIN) Team.
30. In addition we are developing a Rapid Response Team (RRT) to help manage some intensive intervention and have the capacity to undertake this work out of usual hours where appropriate.
31. The development of a RRT 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.
32. We anticipate 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 caseload of approximately 12 families at any one time. The youngest child will normally be 10 years old or above. Case responsibility will remain with the Social Worker from the CCIN Team.
33. The RRT 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 Lead, Social Workers, workers experienced in mental health, substance misuse and domestic abuse, dedicated Business Support. The team will have a dedicated Manager/Coordinator.
34. In addition the RRT will have recourse to dedicated professional foster care placements. In such circumstances the carer will:

- provide emergency respite 24 hours per day where 'time out' would benefit the planned intervention and the child/family
 - provide planned respite as part of the families support needs
 - provide community based work with the children and/or family members at critical periods, which will include evenings and weekends
 - work with the family/young person in their own environment.
 - participate in and report to professional meetings
 - attend specialist training associated with the role
35. 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 services 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.
36. Imperatives:
- The RRT is dedicated to this function
 - The ethos is predicated on a belief that children should live within the family where safe to do so.
 - The team will work intensively with families in order to bring about change to reduce the need for accommodation or rehabilitate the child quickly.
 - They do not work with families beyond 12 weeks
 - The team's terms and conditions include evening and weekend/bank holidays
 - There is a firm commitment to invest in the professional development of the team and equip them with the skills and tools to do the job.
 - Staff are recruited with the pre-requisite skill mix
 - The rapid response service will work as part of the CCIN team
 - Clinical supervision is provided by the Manager/Systemic Practice lead.
 - It is understood that the Social Worker from CCIN retains responsibility for the case.
 - The team works collaboratively with partners.
37. 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.
38. This paper develops a proposal to broaden the offer to Gateshead families with adolescents through the delivery of a Multi Systemic Therapy service. By focusing on parenting and family relationships, it is possible to keep more vulnerable families together, and prevent the number of children entering care.

The Intervention – Multi- Systemic Therapy

40. 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.
41. Multi-systemic Therapy (MST) 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, promoting 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.
42. Staff will visit families and work with them intensively over a short period. Staff cover aims to be able to respond appropriately on call to families 24 hours a day, seven days a week. This strategy aims to return young people in the community. Where young people need a short period of accommodation they are often focused on returning to their family and more likely to reject placements. Successfully managing family relationships is an essential part of the care system for this age group.
43. MST is based on many years of research into what works for families. The evidence base has shown that the MST approach achieves excellent, long-term results for young people and families. See <http://www.mstuk.org/evidence-outcomes>
44. Research and audit data from the MST teams based across the UK shows that it is possible to replicate the positive results:
 - Promoting young people to remain at home, school and keep out of trouble.
45. 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

46. It is important to ensure care leavers are fully supported in a range of accommodation. Children and Families Services has worked collaboratively with Housing Services and Commissioning to develop 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.

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

Supported Scheme	Housing	16 - 21	Total Beds
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
		33	116

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

48. The accommodation offer to care leavers has been strengthened supporting their stability in the community. The service has worked collaboratively with Housing Services to develop 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 in areas that will 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.
49. 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 tendering for a range of provision to strengthen the supported accommodation offer to care leavers.

HOMLESSNESS

50. 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.
51. 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 to provide accommodation.
52. 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. (Activity information appendix 1)

THE PROCESS

53. This review process will take place through to October 2017.

WHO WILL BE INVOLVED?

54. It is proposed that the information will provide an overview of the issues relating to the challenges faced by the complex needs of young people on the edge of care. It will demonstrate the necessary relationship between care wellbeing and learning, health, housing which will further refine an understanding of the issues.

PROPOSED OUTCOME OF THE REVIEW

55. To strengthen design and practice delivery of services for young people with complex needs on the edge of care.

56. To support the safe reduction in the numbers of adolescents entering care.

RECOMMENDATION

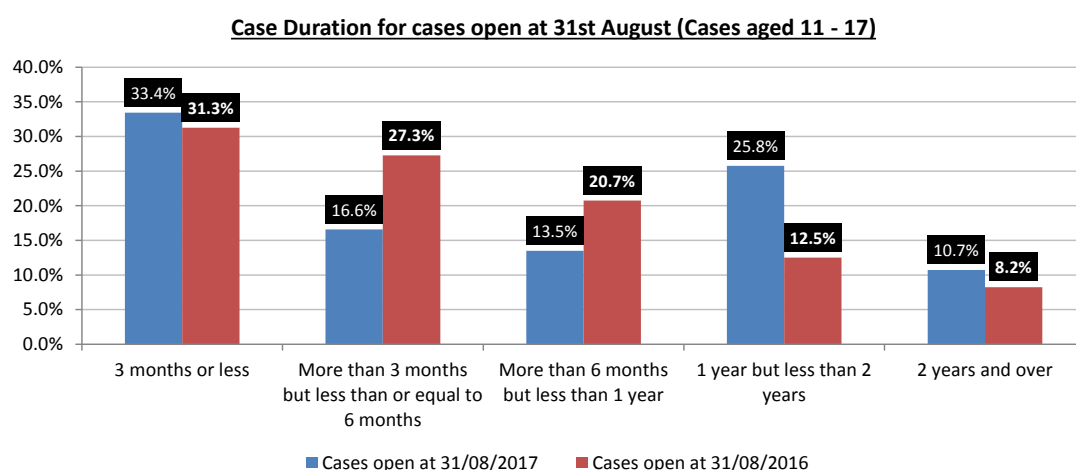
57. The Committee is asked to consider and comment upon the contents of this report.

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Appendix 1

R & A and SGCP Caseload duration Information (11 – 17 year olds)

Cases aged 11 - 17 Duration of Cases (Excludes LAC)	Cases open at 31/08/2017		Cases open at 31/08/2016	
	Count	%	Count	%
3 months or less	109	33.4%	110	31.3%
More than 3 months but less than or equal to 6 months	54	16.6%	96	27.3%
More than 6 months but less than 1 year	44	13.5%	73	20.7%
1 year but less than 2 years	84	25.8%	44	12.5%
2 years and over	35	10.7%	29	8.2%
Grand Total	326	100.0%	352	100.0%



1. There were 7.4% less cases aged 11-17 open to R&A and SGCP (excluding LAC cases) at the end of August 2017 than at the same time in 2016.
2. When looking at the duration of cases open at this time, there is a much higher percentage of cases open at the end of August 2017 that had been open for between 1 and 2 years (25.8%) compared to the year before (12.5%), as well as slightly more cases open for 2 years and over (10.7% vs 8.2%). Cases open 3 months or less remains at a similar percentage to the figure reported last year (33.4% compared to 31.3%). These cases include CP cases, as well as cases that may have been previously CP or LAC but are now CIN.
1. When looking at cases open at the end of August 2016, there were a higher percentage of cases open between 3 and 6 months (27.3% compared to 16.6%). This may indicate that a lot of cases that were open at the end of August 2016 have remained open and are still open 12 months later.

Homelessness Information 16 and 17 year olds

- Between 1st September 2016 and 31st August 2017, there have been 18 homelessness referrals, of which 15 resulted in an allocation to the specific

Homeless Referrals by Age at Referral

	16	17	Grand Total
2016			
Dec	1		1
2017			
Mar	2	1	3
Apr		1	1
May		1	1
Jun	2	3	5
Jul	1	3	4
Aug	1	2	3
Grand Total	7	11	18
%	38.9%	61.1%	100.0%

Homeless Referrals by gender at referral

	Female	Male	Grand Total
2016			
Dec		1	1
2017			
Mar	2	1	3
Apr		1	1
May	1		1
Jun	3	2	5
Jul	3	1	4
Aug	3		3
Grand Total	12	6	18
%	66.7%	33.3%	100.0%

Cases allocated by month and age at allocation

	16	17	18	Grand Total
2017				
Apr		2		2
May		1		1
Jun	2	2	1	5
Jul	1	2	1	4
Aug	1	2		3
Grand Total	4	9	2	15
%	26.7%	60.0%	13.3%	100.0%

Cases allocated by gender

	Female	Male	Grand Total
2017			
Apr	1	1	2
May	1		1
Jun	3	2	5
Jul	3	1	4
Aug	3		3
Grand Total	11	4	15
%	73.3%	26.7%	100.0%

Outcomes of closed cases during period

Closed Case Outcomes	Count	%
Accommodation arranged with friends or relatives	3	37.5%
Supported accommodation	3	37.5%
Returned home	1	12.5%
Entered care	1	12.5%

homelessness worker.

- Whilst it hasn't been possible to provide recent activity information for all of these cases, the following activities have been identified:
 - 3 YP were on an apprenticeship
 - 2 YP in college
 - 2 YP open to YOT
 - 1 YP in PT employment
 - 1 YP pregnant
- In the following cases, it was less clear what the most recent activity was. There hadn't been involvement in some cases since 2016
 - 1YP considering 6th form
 - 1 YP learning and skills engagement
 - 1 YP involved with Young Women's Project
 - 1 YP with Connexions involvement (09/12/16)
 - 2 cases. Possibly college for one case but unclear if she had dropped out.
- It also appeared evident that in the majority of cases, the YP had separated parents and often lived between the two. They seemed to present themselves as homeless after an argument with one parent when not wanting to go back and live with the other.

5. The housing options approach that the service currently operates, will assist in the transition and development required to implement the new homelessness legislation. The Homelessness Reduction Act 2017 received Royal Assent in April this year, which puts homelessness prevention on a statutory footing. The Act will come into force in April 2018, therefore it is a crucial period for all local authorities, to look at current resources and begin preparation for the implementation of the new act.
6. The key measures in the new legislation include:
 - An extension of the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days
 - A new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need
 - A new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need
 - A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless. It is hoped that this measure will ensure that a persons housing situation is considered when they come into contact with wider public services.
7. Some of the implications of the new measure in the Act will include:
 - Recruiting and training staff
 - Implementing new policies and procedures including the potential revision of the Lettings Policy
 - New ICT systems to capture the additional data required by Central Government
 - Increase in the number of households presenting as homeless
 - Increase in the administrative burden including the recording of information and compiling statutory returns
 - Impact on caseloads due to the increase in administrative activity associated with the relief and prevention duties for all eligible households; including the need to introduce Personal Housing Plans
 - Training and awareness raising for statutory and voluntary partners around the new duty to refer and to work together to prevent and relieve homelessness
8. It is important that the changes required in Gateshead to implement the Act need to align to the recent recommendations in the Homeless Health Needs Assessment carried out by the Public Health team. In addition to this they will also need to be considered and reflected in the review of the Housing Strategy and the Homelessness Prevention Strategy which is due for review in 2018.