

TITLE OF REPORT: Edge of Care Review/Complex Child in Need and Rapid Response Evaluation Report

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.

This report sets out the scope of the review and processes to take it forward.

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 AND RATIONALE FOR THE SERVICE

4. The Complex Child in Need and Rapid Response Team (CCiN & RRT) is a new forward thinking and dynamic initiative that has been established by Gateshead Council within Safeguarding and Care Planning Services. The CCiN and RRT has been developed in line with the principles and practice of the national agenda 'Reclaiming Social Work' and Keeping Families Together.
5. The CCiN and RRT has been established as a spend to save initiative working intensively with children, young people and families who have been assessed by a Social Worker as being a complex child in need, with the aim of preventing the safeguarding risk escalating to child protection or looked after.

EDGE OF CARE DEFINITION

6. The journey through the care system includes periods of time that are often described as being on the "edge of care".
7. 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

8. 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.
9. 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

10. 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

TEAM PROFILE AND PARTNERHSIP WORKING

11. The Service is available Monday to Friday till 10pm and weekend 11am – 7pm, the team is staffed by nine experienced social workers and two family advocates overseen by Deb Loraine, Senior Practice Supervisor, Gillian Hammell-Purvis, Practice Supervisor, reporting to Steve Day, Service Manager and Principal Social Worker (Children). The team is supported by a Business Support Manager whose role is specifically designed to support social workers to spend more time with families by releasing them as much as possible from day-to-day bureaucracy.
12. The team has established close collaborative working with key partners, such as CYPS, Education, Platform, Probation and Housing.

METHODOLOGY AND APPROACH

13. The CCiN & RRT aims to deliver systemic social work practice that is relational and strengths based that positions the families as experts in their unique family situation.
14. Team case discussions known as a ‘unit meeting’ is underpinned by systemic practice: the whole family system is mapped out, difficulties in the family are viewed relationally and intergenerational patterns and family scripts are explored. Considering the family circumstances in this way discourages blame and prevents the problem being located within individuals. Any intervention takes a family approach and aims to support change within the system through offering ideas to establish different patterns of behaviour and ways of relating.
15. The team works on the principle that an effective relationship with children and family is key to deliver effective social work intervention. The model is strengths based so recognises that there are expectations to the presenting problem and the family are part of the solution.

ACCESS TO THE TEAM AND REFERRAL PATHWAY

16. Access to the CCiN and RRT is through the current referral process into Referral & Assessment Team (R&A) where the children have been assessed as child in need.
17. The social workers in the team have capped caseloads of 5/6 families, to support the intensive model of intervention. All cases within the team will be subject to robust monitoring and review, multi-agency care team meetings will be 4-6 weekly based on the needs of the child and family and plans will be reviewed every three months, reviews will be chaired by a Manager.

EVALUATION AND IMPACT

18. In summary since the team went live in January 2018, we have been on a journey that has provided opportunities and experiences to establish a baseline of practice that can be built on going forward.
19. The model of work and the intensity of intervention given to families, with some families having contact up to four - six times per week, has shown to be effective. This is evidenced through the feedback from young people and families (see appendix) as well as the progress against the plan.
20. It is also recognised that the effectiveness of the intervention delivered will be enhanced further once all the team are trained in systemic social work practice and this will reinforce case discussion through the unit meeting that develops curiosity into the functioning of the family developing the hypothesis into clear and actionable conversations with families.
21. Roles and responsibilities are now informed by clear model of practice that is underpinned by regular case discussions with the relevant workers. Feedback from professionals (see appendix) has also reinforced how the model drives change with families.
22. We have identified the needs of the families we work with from data collated by the child in need assessment and the predominant issues are as predicted above: alcohol misuse, domestic violence, mental health, anti-social behaviour, self-harm and emotional abuse, with the medium needs being: missing, child sexual exploitation and neglect.
23. We recognise that close partnership working is key to address the issues faced by young people and families and work is ongoing to reinforce this. In particular, a focus on partnership working with CYPS, we currently have a CYPS Team Manager attending the unit meeting every three weeks to assist with case discussion/formulation. Through discussions with the CYPS Community Clinical Manager, NTW, we are in the process of having an identified CYPS clinician who will work with the team on a weekly basis to help with case formulation, identify risks and support the team to identify the correct intervention to engage both the parents and the young people.
24. Working jointly with CYPS has helped us understand the risk and manage it together, social workers in the team report this helps with professional anxiety across the care teams.
25. The team has established professional relationships with Northumberland College, Princes Trust, Safety Works and sporting establishments to meet the needs of the young people we work with.

PERFORMANCE

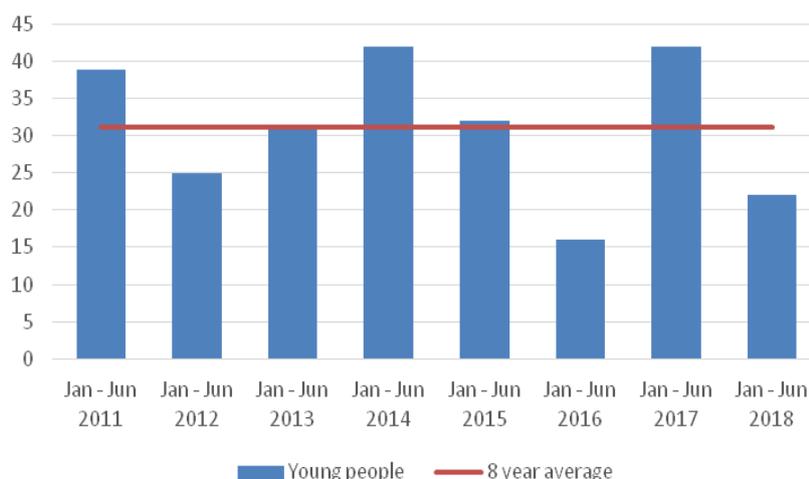
26. We have established Performance Standards that measure the purpose of the team, with intensity of contact with the family being paramount.

27. We also recognise that we need to be measuring performance and outcomes that are relevant to teenagers and we are working with the Performance Team to do this, such as missing episodes, education training and employment, anti social behaviour etc.
28. The demands and complexity of the young people we are working with requires intensive intervention with some families receiving up to 4+ contacts per week. Evidence through the case studies (see appendix) shows building a trusting relationship with the young person and parents has been critical to engagement and enabling change.
29. It is recognised nationally, that addressing the safeguarding needs of teenagers is a challenge, especially when parents are doing everything expected of them. We currently manage a few critical cases that could be deemed as child protection but in each of those cases we have discussed the concerns with partners and had consensus that it is the plan that will protect the young people and not what we call the plan. This is nationally recognised through the Contextual Safeguarding work being carried out by Bedfordshire University.

COST SAVINGS, KNOWN AND PREDICTIVE

30. To establish a baseline for financial savings we identified a cohort of young people (excluding disabled children) who became LAC from 1 January 2016 – 18 April 2018 who were aged between 10 and 17 years at the time they became LAC. Using this cohort and tracking their journey and cost to the local authority a unit cost for placement costs avoided was established.
31. Using this baseline offset against cost of the service, the current saving for the first six months of delivery is **£281,607**, with the potential that if all the current young people being/have been worked with don't come into care, the annual saving will be **£757,999**. The savings **target for 2018/19 is £670,000**, which means the projected savings based on the current caseload have exceeded the target.
32. We have also monitored the LAC figures and the table below shows a reduction in 11yrs + cohort of young people being accommodated in the first six months of the team going live.

Young People aged 11 - 17 entering care



33. You will see from the data that the LAC figure at the end of the first six months sat at 22 which is one of the lowest in the last eight years. It is recognised that a number of young people have been prevented from becoming LAC due to the ability of the team to respond to the families need immediately and with effective social work intervention delivered by the social workers in the out of hours (rapid response) element of the service.
34. The cases which the team work with are identified through the child in need assessment as either a risk of LAC or child protection or both, below are the figures that evidence the intervention delivered by the team.

	No of Children Worked With	No of Families worked with	No of Children at risk of LAC	No of Families with a child at risk of LAC	No of Children Closed	No of Children that became be LAC (closed/currently open to CC)	No of Families with children that became be LAC (closed/currently open to CC)
Mar 2018	57	25	29	12	3		
Apr 2018	69	31	38	18	1		
May 2018	72	33	38	19	11	2	2
Jun 2018	64	29	35	17	9	1	1
Jul 2018	62	27	34	16	2	1	1
Aug 2018	59	27	31	16	4	1	1
Totals	87	45	42	20	30	4	3

35. In summary, since January 2018, the Complex CIN team have worked with a total of 39 families, comprising of 87 children. Of those 87 children, 42 were considered to be at risk of becoming looked after (48%). Of those 42, 4 have since become LAC (either whilst being open to Complex CIN or after they were closed to Complex CIN). This represents 4.5% of all cases worked with (up until the end of August 2018), and 9.5% of the cases which were considered as being at risk of becoming looked after.
36. The team will continue to track the progress of the young people following closure, to monitor long term effectiveness of the intervention delivered.

SUMMARY OF KEY STRENGTHS AND CHALLENGES:

37. Strengths:

- The relational social work underpinned by systemic practice: feedback from families and professionals shows that this is an effective model in engaging and supporting families to address issues that impact upon the safeguarding of their children.
- Partnership working: close relationships with key partners that emphasises the joined up working and shared responsibility to safeguard children and young people.
- The flexibility and availability of the team outside of normal office hours, means we can respond to families in crisis during extended periods of time.
- Through having protected caseloads the team can provide the right level of intensity of intervention required to work with a family to support them to address their needs.
- The family advocate whose role it is to engage and work closely with young people to engage them in services to address the risks that underpin their behaviour, such as substances or not engaging in education, training or employment, as well as risk from others through CSE or controlling or abusive personal relationships.
- As a service we understand the needs of the families and what maintains them in services, which allows us to be able to provide the right intervention alongside partners to address them.

37. Challenges:

- We recognise the current framework for reporting savings is projected and not real-time savings, this is an area of development and we are working with the performance team and finance to establish other ways of evidencing savings, this includes monitoring through Gateshead families.
- It is recognised nationally, that addressing the safeguarding needs of teenagers is a challenge, especially when parents are doing everything expected of them. We currently manage a few critical cases that could be deemed as child protection but in each of those cases we have discussed the concerns with partners and had consensus that it is the plan that will protect the young people and not what we call the plan. This is nationally recognised through the Contextual Safeguarding work being carried out by Bedfordshire University, they are currently looking for local authorities to work with them and we intend to apply to be considered.

RECOMMENDATIONS FOR THE TEAM

38. The following are recommendations that have come out of the full evaluation report.

1. Team to complete systemic practice training
2. Commitment to the 'unit model' case discussion and ensuring the integrity of systemic practice is maintained.
3. Develop leaflets for young people and families and professionals, that explains the team and what can be expected.
4. Expectations of the team: 'edge of care' and the complexity of the cases; by exploring 'Contextual Safeguarding' theory and practice with Bedfordshire University to reinforce the teams' identity and purpose.
5. Continue to establish close working relationships with partners
6. Develop performance framework that captures the needs of adolescents
7. Consider removing the 'Rapid Response' title and describe them as CCiN social workers who work out of hours.

RECOMMENDATION

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

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