

Committee Name and Date of Committee Meeting

Improving Lives Select Commission – 05 June 2018

Report Title

Children & Young People's Services Edge of Care Provision

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

This report is submitted to provide an update on the implementation of Edge of Care Services by the Children and Young People's Directorate, following the decision by Cabinet in November 2016 to invest in Family Group Conferencing, an Edge of Care Team, sustaining the arrangements to deliver Multi-Systemic Therapy and a Pause scoping exercise.

The Committee is asked to note the progress made and advise how they wish to maintain oversight of the service provision and any proposed changes to this in future.

Recommendations

1. That the committee notes that Family Group Conferencing and Edge of Care Teams are fully operational.
2. That the committee scrutinises the performance outcomes to date.
3. That the committee notes that Rotherham's Pause Practice is due to launch in July 2018.
4. That the committee specifies how it would like to receive future updates to maintain oversight of the service provision and any proposed changes to service provision in future.

List of Appendices Included

Appendix 1 Edge of Care Scorecard April 2018

Background Papers

Pause Scoping Exercise Outcomes – Briefing to Improving Lives Select Commission, October 2017

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Cabinet and Commissioners' Decision Making Meeting – 14 November 2016
Improving Lives Select Commission – 31 October 2017

Council Approval Required

No

Exempt from the Press and Public

No

Children & Young People's Services Edge of Care Provision

1. Background

- 1.1 In November 2016, Cabinet approved additional investment funding for Children and Young People's Services to establish Family Group Conferencing and an Edge of Care Team. The purpose of these interventions is to work with families so that demand on higher-tier services is reduced and the need for children to become looked after is avoided.
- 1.2 Cabinet also agreed funding to continue to provide Multi-Systemic Therapy, an evidence-based intervention that is currently delivered through a shared service agreement with Barnsley Metropolitan Borough Council. Funding to date, and for this financial year is allocated from the Troubled Families grant. New investment will fund the service in 2019/20 and 2020/21.
- 1.3 Pause is a national charity that supports a network of local Pause Practices across the country. Pause works with women who have experienced - or are at risk of - repeated pregnancies that result in children needing to be removed from their care. The programme gives women the chance to pause and take control over their lives with the aim of preventing repeated unwanted pregnancy. In November 2016, Cabinet asked for Pause to be commissioned to carry out a scoping exercise to provide detailed data and analysis of repeat removals of children from their mother's care. This scoping report provides robust information upon which to base decisions about how to respond locally to this issue.
- 1.4 This report provides an update on the implementation of these services and their impact.

2. Key Issues

2.1 Family Group Conferencing

- 2.1.1 Family Group Conferencing is an evidence-based model designed to support families to find solutions to problems that are putting children at risk. The family group conference is facilitated to enable family members to plan and make decisions to keep the child or children safe. It is a voluntary process and families cannot be forced to have a family group conference.
- 2.1.2 The Rotherham service was launched in April 2017. The team is made up of a Family Group Conference Coordinator and three Family Group Conference Practitioners. The size of this team was dictated by the funding that was made available. In December 2017, an additional Practitioner was added to the team; additional funding was identified through efficiencies across the Early Help Service.
- 2.1.3 The focus of the team is on working on families who have a Child in Need plan, particularly if risks are escalating. This aligns with the voluntary ethos of the model and provides the best opportunity for the family to reduce concerns quickly. However, during the initial year following the

service launch, it has been necessary to be flexible and test work with families with a Child Protection Plan, families who are already in a Public Law Outline process and with Looked After Children where there may be an opportunity for a child or young person to return home.

- 2.1.4 Referrals for a Family Group Conference are made directly to the team via LiquidLogic. In 2017/18 181 families were referred to the team. 61 Family Group Conferences took place in the last financial year.
- 2.1.5 Not all referrals are likely to progress to an FGC. The Children's Social Care Innovation Programme for Family Valued - the Leeds model that includes FGC - suggests that a conversion rate of 45% from enquiry to completion is to be expected and in line with other FGC services in England (Morris et al.2016). The Rotherham team will measure this rate and ensure this conversion rate is maintained and exceeded where possible.
- 2.1.6 25% of FGCs that did not take place during the 6 week timescale, these are families who required a longer period of time due to family dynamics and availability of family members when arranging a conference date. This is not a representation of the practitioner allocated to the case, and instead factors outside of their control and in these instances they worked creatively to encourage the family to organise an FGC even though this did mean not meeting the 6 week timescale.
- 2.1.7 Only 38% of referrals were allocated within 3 days. This is due to the current waiting list the FGC team; each member of the team is working at full capacity with their caseloads making it difficult to allocate referrals quickly.

2.2 Edge of Care Team

- 2.2.1 The Edge of Care Team is a multi-disciplinary team made up of practitioners who have complementary skills and experience developed through working with adults with complex needs as well as with families. The team takes a systemic approach that is able to help and challenge families to change to the extent that they are able to stay together or reunite. The team has the skills to address behaviours linked to adult trauma and its impact and has, at its core, weekly group supervision with a consultant clinical psychologist. In addition to this the Team Coordinator has monthly personal systemic supervision, the team take part in monthly group supervision and an ongoing programme of systemic training is in place.
- 2.2.2 The team consists of a consultant clinical psychologist, a Team Coordinator who is skilled in systemic family therapy, a Parenting Practitioner who can deliver 1:1 outreach support, a Level 3 Social Worker and 3 Family Intervention Workers.
- 2.2.3 Following a period of intensive training the team started to take referrals in September 2017. All referrals are made through the new Edge of Care panel, a multi-agency panel chaired by a Head of Service from social care, which meets weekly.

- 2.2.4 The attached Edge of Care Scorecard shows that between September 26th 2017 and the end of the financial year, 79 families were referred to the Edge of Care panel. In April 2018, 9 families were referred to the Edge of Care panel. The rate of referrals has been steady.
- 2.2.5 The Edge of Care Team tab shows that the team are currently at full capacity with an open caseload of 75 children. The status of the child within the Early Help / Social Care system represents a snapshot measured at the end of April 2018. For example, children with an Early Help episode have stepped down to Early Help during the involvement of the Edge of Care team. The majority of children have a Child Protection Plan when they are accepted on to the Edge of Care team caseload.
- 2.2.6 As well as capturing the size of the caseload on a month by month basis, the performance summary tab seeks to measure the quality of the practice by recording key indicators and measuring these against a target figure that is aligned to Early Help practice. The team are currently falling behind in relation to completing assessments within a 35 day timescale. Visibility of this measure provides a baseline to work from and improve.
- 2.2.7 The Edge of Care Impact tab provides a visual representation of where the team has had a 'positive impact'. This outcome is recorded where a child has stepped-down to a lower tier service during the period of intervention. Children who were Looked After Children and are now living with birth family supported by the Edge of Care team represent a genuine cost saving to the system. Whilst the outcome of 'no change' appears to be neutral in this context it is, in fact, a very positive outcome, given that most of the children referred to the team are likely to enter the care system without this level of intensive intervention. The 'no change' assessment represents cost avoidance to the system.
- 2.2.8 The scorecard currently measures the headline change in a child's status, for example, from Child Protection to Child In Need, it does not measure the progress or outcome of legal proceedings. For example, a sibling group of six children currently on caseload had entered the Public Law Outline with an expected outcome of a full care order for all children. Based on the work undertaken by the Edge of Care Team, and the positive engagement from the family and significant improvements made, the judge granted a 12 month Supervision Order at home for all six children (care and cost avoided).
- 2.2.9 The alignment of financial benefits to the outcome for children is still under development. However, it is estimated that the average cost of care for a full year is £50k. Five children have successfully moved home from foster care following an intervention by the Edge of Care team, with two more on caseload. This represents a full year saving of £350k. The cost avoidance figures are much higher. Only one child has become looked after during the involvement of the Edge of Care Team. One child was in care at the point of referral and, following a period of family therapy it has been agreed that this is the best outcome for that young person.

2.2.10 The Edge of Care Team will also measure their impact using validated Routine Outcome Measures. Score 15 is a self-report outcome measure designed to be sensitive to the kinds of changes in family relationships that systemic family and couples therapists see as indications of useful therapeutic change. Outcome Rating Scale is a family self-report measure which captures the view of the respondent and their perception of how they are feeling overall, and across individual, inter-personal and social domains.

2.2.11 The LiquidLogic team are currently developing reports that will visually display the Routine Outcome Measures captured, however some examples of Score 15 outcomes are: 44 down to 35, 44 down to 38 and 46 down to 36 (where the maximum negative perception score is 75, this indicates a significant increase in positive self-perception and family relationships).

2.3 Multi-Systemic Therapy

2.3.1 Multi-Systemic Therapy (MST) is a shared service, delivered in partnership by Rotherham and Barnsley councils to support families where there is a risk that a child or young person will become looked after or go into custody.

2.3.2 This arrangement began in July 2014 with a pilot arrangement for 10 young people and a formal agreement has been in place since April 2015.

2.3.3 The MST team work with 40-45 young people per year; 50 percent of the annual capacity is allocated to Rotherham young people.

2.3.4 All MST referrals are now allocated via the Edge of Care panel; this provides an opportunity to match the needs of each young person and family with the right service.

2.3.5 MST is an evidence-based programme and routine outcome measures are recorded for each case. Work is underway to embed these outcome measures into the Edge of Care scorecard. However, the outcomes are attached to this report in a stand-alone document.

2.3.6 It has been consistently difficult to achieve a positive outcome for education for young people on the MST caseload. The target of 90% school attendance is challenging and has not been achieved despite a deep dive review at the MST Board. This will be an area of ongoing work with the team.

2.3.7 MST records outcomes up to 3 months after closure and these are consistently positive. However there has been a trend of cases being re-referred to the Edge of Care panel. Where possible the team re-engage

the family in the plans that MST created with the family and this has been successful in stabilising the situation.

- 2.3.8 Learning from MST has been embedded in all Edge of Care work and close joint working with the lead social worker is a requirement. Joint supervisions are now held to ensure that planning is aligned between the social care pathway and MST and Edge of Care work respectively.

2.4 Pause Rotherham

- 2.4.1 The Pause scoping exercise was presented to Improving Lives Select Commission in October 2017. The Committee was supportive of the findings and the recommendation to set up a Pause Practice in Rotherham.
- 2.4.2 Funding has been identified from the Early Help budget to set up a Pause Practice for a minimum of 18 months. Each Pause Practice comprises a Pause Practice Lead, 3 Pause Practitioners and a Pause Coordinator. The team has capacity to work with between 20 and 24 women during the pilot phase.
- 2.4.3 The planning and implementation phase has been successful to date. The Pause Practice Lead has been appointed and will start in post on June 11th 2018. The recruitment process for the remainder of the team is underway with the goal of everyone being in post by July 9th 2018.
- 2.4.4 The Pause Rotherham Board has been established and includes broad multi-agency representation as well as a Rotherham councillor. The first meeting took place on 20th April 2018. At the next meeting on 15th June 2018 the prioritisation of the cohort will be discussed.

3. Options considered and recommended proposal

- 3.1 The options were considered when the investment was agreed. If there are further updates regarding new options to provide services that address the rising demand in Children's Social Care, these will be presented to decision makers in due course.

4. Consultation on proposal

- 4.1 The voice of children and young people and their parents is consistently captured through the practice of all teams, and recorded on the respective recording systems. However, no specific consultation has been undertaken on the issues raised in this report.

5. Timetable and Accountability for Implementing this Decision

- 5.1 All services have been implemented as quickly as possible following the approval of investment in November 2016.

- 5.2 The impact of all interventions is reported monthly through the Right Child, Right Care project which is part of the Children and Young People's Transformation programme and accountable to the Children and Young People's Transformation Board.

6. Financial and Procurement Advice and Implications

- 6.1 The financial impact of the investments is recorded through the Children and Young People's Services Investment Tracker. This is reviewed monthly at the Children and Young People's Transformation Board. It is proposed that the financial impact of the work is embedded within the Scorecard so that data for the Investment Tracker is generated monthly and the reports are aligned.
- 6.2 Family Group Conferencing, Edge of Care and Pause are all internal teams. Multi-Systemic Therapy is a shared service, delivered in partnership with Barnsley Metropolitan Borough Council. As such, it is exempt from Standing Orders.
- 6.3 The Edge of Care team's practice is supported by the provision of systemic training and individual and group supervision. This is currently delivered by ORCA group and an exemption report has been approved to enable this innovative arrangement to continue. It will be reviewed on an annual basis to ensure that it remains responsive to the needs of the team.

7. Legal Advice and Implications

- 7.1 The secondment arrangement that supports a Clinical Psychologist employed by Rotherham, Doncaster and South Humber Trust to be embedded in the Edge of Care Team is supported by a legal contract; this has been reviewed and approved by legal specialists within RMBC.
- 7.2 The Pause Practice Agreement defines the relationship between RMBC and Pause. This is due to be signed pending further clarification sought from Pause following legal advice received from the RMBC legal team.

8. Human Resources Advice and Implications

- 8.1 The development of Edge of Care services has created twelve new full time posts in Early Help, the new Pause team will take this total to seventeen. All MST staff are employed by Barnsley Metropolitan Borough Council.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 All the interventions referred to in this report take a whole family report. To improve outcomes for the children, often the work is directly with their parents or carers. As such, the impact of work described applies to both children and young people and vulnerable adults.

10. Equalities and Human Rights Advice and Implications

- 10.1 Ensuring that the Council meets its equalities and human rights duties and obligations is central to how it manages its performance, sets its priorities and

delivers services across the board. The equalities and human rights implications are considered throughout work with individual children and young people and their families as is the case for all other safeguarding or early help interventions.

11. Implications for Partners

- 11.1 The work of the Edge of Care team, in particular, is closely linked with the Child and Adolescent Mental Health Service. The systemic approach enables the team to respond to families where family therapy is needed even when no mental health need has been identified.
- 11.2 A clinical psychologist, embedded in the team and supervised by a senior clinical psychologist in CAMHS ensures that casework is aligned and strategic links are identified.

12. Risks and Mitigation

- 12.1 The investment into Edge of Care interventions was agreed by RMBC Cabinet as part of the Medium Term Financial Strategy. The investment has been made based on assumptions about the cost avoidance and savings that would be generated by prevention children and young people entering the care system or being reunified with family following a period in care. Whilst the teams are having a positive impact, the number of children entering the care system has continued to rise and demand is increasing across the system.

13. Accountable Officer

Mel Meggs, Acting Strategic Director, Children and Young People's Services

Approvals obtained on behalf of:-

	Named Officer	Date
Strategic Director of Finance & Customer Services (S.151 Officer)	Mick Wildman	Click here to enter a date.
Assistant Director of Legal Services (Monitoring Officer)	Neil Concannon	Click here to enter a date.
Head of Procurement (if appropriate)	Karen Middlebrook	Click here to enter a date.
Head of Human Resources (if appropriate)	Amy Leech	Click here to enter a date.

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