

APPENDIX 3

Publications discussing different approaches to reducing the number of children in care

This briefing summarises the key findings of 3 recent publications that discuss different approaches to reducing the number of children in care.

For detailed references, readers should follow the links and download the original reports or browse the websites.

Research in Practice – Building a business case for investment in edge of care services: Strategic briefing (July 2014)

<https://www.rip.org.uk/resources/publications/strategic-briefings/building-a-business-case-for-investment-in-edge-of-care-services-strategic-briefing-2014/>

Research evidence:

A strategic briefing from Research In Practice (RIP) Aug 2014 – focussing mainly on young people - identifies the following:

1. Analysis of data on out of home placements suggests that these children may be experiencing one or more of the following:
 - parental abuse or neglect
 - high conflict with their families
 - poor parenting due to the parents' own needs, such as poor mental health, a severe disability or substance misuse
 - significant conduct problems, making them difficult for their parents to manage and putting them at risk of offending.

(Asmussen et al, 2012).

2. Some children enter care repeatedly, having returned to live with their families. Research shows that of those who returned home from care, two thirds returned to care at least once and a third returned to care at least twice. This experience of 'bouncing in and out of care' is extremely damaging for children and young people (Wade et al, 2010). It is most common for those aged between 12 and 14, those who spend less than six months in care and those who are voluntarily accommodated under section 20.
3. Children and young people who have returned from care are therefore at increased risk of re-entering care. A family intervention may help to address the needs that led them to be looked after in the first place (Wade et al, 2010; Department for Education, 2013).
4. Of those entering care as adolescents, nine per cent do so through the youth justice system. However, research into adolescents in care and at risk has identified a lack of services and a reluctance to intervene with this group before they enter care, sometimes described as 'service neglect' (Stein, 2009).

5. There is substantial research evidence that some edge of care services are effective in reducing offending and out of home placements. Examples are:

- Multi-systemic family therapy (MST)
- Functioning Family Therapy
- Family Group Conferencing

The RIP briefing gives the following examples of promising innovative service models that have not yet been subjected to large-scale trials of effectiveness:

1. Systemic social work units, where a consultant social worker, clinical psychologist, children's worker and other professionals work together in a single team, sharing responsibility for case management and providing intensive support to families on the edge of care. An initial study describes the model but does not evaluate the impact on outcomes (Forrester et al, 2013).

2. Intensive family support, where a key worker coordinates a package of support from other agencies for the whole family, provides practical help and monitors progress against targets agreed with the family. The evidence for reducing the number of children in care is weak, though there may be a beneficial effect in that entry to care is better planned and children experience more stable placements. The evidence shows that, even where the young person's behaviour may not have improved, parents are grateful for the support and are more tolerant of their child's behaviour (Brandon and Connelly, 2006).

3. Short term respite care, accompanied by therapeutic work with the family in the community, has shown some positive outcomes in small scale trials (Dixon and Biehal, 2007).

4. Family Drug and Alcohol Courts (FDAC) work with families where parental substance misuse is the main cause for care proceedings. Parents receive intensive interventions from a multi-agency team, overseen by a judge. Early evaluations show a significant reduction in substance use and increased returns home for children on the programme. (FDAC evaluation team, 2014)

The RIP briefing identifies that edge of care services have a number of common characteristics. They work intensively with families to address the wide range of needs that put young people at risk of entering care. This holistic and intensive approach recognises that:

- poor family relationships are often at the root of children and young people's difficulties; family members can improve their relationships by understanding the causes of conflict and how to deal with them
- parental substance addiction or poor mental health will impact on parenting capacity; it is important to remember that addressing these issues will not in itself improve parenting function
- strengths-based approaches seek to build on resources a family can access, from the wider family and within their community, to support change
- the daily stresses of parenting and frequent crises relating to family life can distract families from making sustainable changes.

Edge of care services, therefore, offer families help to:

- explore and improve family dynamics and relationships through family therapy
- offer evidence-based interventions to address specific needs, such as substance misuse or anger management
- extend social networks and sources of support through involving the wider family or making use of mentors or peer groups
- provide practical help with issues such as housing and debt
- offer support at times when families need it, including out of office hours to help with establishing a routine and, at times of crisis, often at short notice.

Characteristics of effective edge of care services include:

- strong and stable relationships between practitioners and families
- 'high dose' interventions, involving regular visits and usually lasting over six months
- persistence in engaging families who are resistant to receiving help
- being authoritative and clear about the consequences if families fail to change
- identifying and building on family strengths
- coordination of additional services as appropriate.

(Thoburn et al, 2009; Ofsted, 2011; Barlow and Scott, 2010; Fauth et al, 2010)

Other evidence highlights:

The first 72 hours:

Where children do enter care, evidence is clear that children in care for more than 28 days are likely to still be in care 12 months later. In fact, the first 72 hours are critical, presenting the best opportunities to negotiate change.

Children with disabilities:

Our own staff have highlighted the fact that families with disabled children may find themselves unable to cope, reaching crisis point as their child becomes older and bigger (aged 9-11 years). Effective early planning to build networks of support and future-proofed intervention plans will help to prevent these crisis points.

The importance of school

Young people who are out of school, or do not have a full time place, are much more likely to enter the care system. Every effort should therefore be placed on keeping a young person in full time school.

Ofsted – Edging Away From Care (2011)

<https://www.gov.uk/government/publications/how-services-prevent-young-people-entering-care-edging-away-from-care>

In 2011, Ofsted visited 11 local authorities to identify the key components of successful family intervention. Findings were as follows:

- From the young people and families interviewed the overriding message was that it was the quality of the professional involved, significantly the key professional, which was the crucial factor in helping to achieve success.
- strong multi-agency working both operationally and strategically; this involved strategic analysis and understanding of the needs of this cohort accompanied by investment in services to address these needs
- clear and consistent referral pathways to services
- clearly understood and consistent decision-making processes based on thorough assessment of risks and strengths within the family network
- a prompt, persistent, and flexible approach, which was based on listening to the views of the young person and the family and building on their strengths
- a clear plan of work based on thorough assessment and mutually agreed goals; regular review of progress and risk factors; robust and understood arrangements between agencies in respect of risk management; and clear planning for case closure and for sustainability of good outcomes.

The report identifies the critical aspects of the successful social work practice observed:

- approaches which built on the strengths of the family
- persistence, reliability and flexibility including the speed of response
- open and honest communication, including in relation to what was and was not acceptable behaviour
- an approach which valued family members, listening to, respecting and understanding the family's perspective
- clarity about expectations and what needed to be done to achieve improvements and the consequences for the family of not doing so
- identifying and addressing the needs of all family members
- working alongside the family to achieve shared goals
- a clear plan to sustain progress when the involvement of the service ceased.

Essex County Council

Essex County Council have utilised this concept of **relationship-based social work practice** at the heart of its drive to improve outcomes for children. The tools, techniques and training they have given to social workers include:

- Strength based approaches
- Signs of safety
- Solution focused

- CBT
- Brief intervention
- Systemic approaches
- Motivational interviewing

And above all, how to apply these intelligently.

As well as relationship-based social work, they have also focused on relationship-based partnership work:

- Relationship based social work isn't only about the direct relationship between the social worker and child/family
- Also significant are the relationships within and external to the organisation
- Confident, mature, partnerships *on the ground* mark a distinction between a fragile system and a strong sustainable system

Essex has also used Social Impact Bonds to fund two MST teams to work with 11-16 year olds on the edge of care or in custody.

Improved social work practice here has driven a reduction in rates of children being looked after from 54 per 10,000 in 2010/11, to 38 per 10,000 in 2013/14. Though there is a caveat – they also recruited 100 new social workers during this period.

The Children's Social Care Innovation Fund (2015)

<http://springconsortium.com/projects-being-funded/>

The Children's Social Care Innovation Fund accepted its first applications in 2014/15. Whilst the projects being funded have only just begun, there is learning to be gained here from the fact that by design the proposals must build upon existing evidence bases to provide a clear rationale for the proposition.

The Fund has two themes:

1. Rethinking children's social work – large-scale projects to transform the children's social care system.
2. Rethinking support for adolescents – programmes to prevent teenagers coming into care, and to improve fostering services and residential homes.

This summary provides details of some projects but more information and a wider range of projects is available on the website.

1. Rethinking children's social work – large-scale projects to transform the children's social care system.

Around half of the funded projects focus on freeing up social workers to spend more time, working more intensively, with children and families – with multi-disciplinary teams or units in some cases. Hampshire County Council and the Isle of Wight are freeing up social worker time and building capacity in children's services through "harnessing community volunteer resource".

Hertfordshire County Council has received £4.86m to revolutionise the way they help around 2,000 of the most vulnerable families in the county. The project includes partners in health, probation and police.

This is a whole system reform programme which includes creating multi-disciplinary teams with additional specialists, recruiting staff to reduce workloads, training staff in Motivational Interviewing, as well as a structured approach to risk assessment. They are establishing 22 Family Safeguarding Teams across the county, each comprising of children's social workers, a substance misuse/mental health worker, a domestic abuse specialist and a business support officer. The service will also be supported by 3 clinical psychologists, one for each of their three locality offices. The experts in mental health, substance misuse and domestic abuse will focus on resolving the parents' issues that place children at risk of significant harm.

This will leave children's social workers free to:

- Strengthen the bonds between parents and children.
- Help parents understand their child's needs.
- Improve children's engagement with learning and overcome disadvantage.
- Address children's behaviour and help them form friendships at school.

These core teams will be supported by police, schools, children's centres and health visitors, who will meet to review the family's progress.

All the Family Safeguarding Teams will be trained in Motivational Interviewing, which uses warmth and empathy to strengthen the parents' motivation to change through a process of negotiation.

They also aim to reduce the amount of time social workers spend on administrative tasks – which according to the Munro Review of Child Protection (2011), can take up to 80 per cent of their working day. So they are developing an electronic workbook which will provide social workers with a simple, effective way of recording their work so they can avoid repeating time-consuming admin.

However, the vast majority of the money received from the innovation fund will be used to recruit up to 60 new staff, increasing the number of teams across the county and reducing caseloads from approximately 16 children to 12. They have recruited 15 new social workers, 22 domestic abuse specialists, 22 drug and alcohol and mental health professionals, and new team managers.

As the adult specialists arrive to join the Family Safeguarding Teams, Hertfordshire has launched a new training programme (starting with motivational interviewing), refined its intervention programmes and is testing new ways of collectively considering cases through group case supervision.

2. Rethinking support for adolescents – programmes to prevent teenagers coming into care, and to improve fostering services and residential homes

Programmes worth monitoring include:

Gloucestershire has received £1.52m to redesign its adolescent services into multi-disciplinary teams (mental health, youth support and young offending, LAC, CP and CiN) managed at arm's length from the council.

Wigan Council and CCG (£920k) to establish a social care and CAMHS service to provide crisis and step-down support for young people in or at risk of entering care with significant mental health problems

Enfield Borough Council (£2.06m) to set up a Family Accommodation and Support Hub (open seven days a week until 10 pm) to work intensively with young people identified as at risk of entering care to avoid escalation.

Tri-Borough Alternative Provision Trust (£1.3 million) a successful alternative provision school will extend its approach to offer a short-term residence – combining educational support and counselling – in a rural setting to young people from the Triborough area at risk of entering care.

Other interventions:

Safe Families for Children (£2.35m) – to extend an early intervention/edge of care pilot programme from the USA in which volunteers provide respite care for families

during times of crisis, as well as mentoring and supporting parents who are in difficulty.

NSPCC (£1m) to introduce the New Orleans intervention model in South London. The model aims to transform delivery and joint commissioning in children's social work and CAMHS teams in relation to children aged 0 to 5 years who are in foster care due to maltreatment

Other local authorities where LAC numbers have reduced:

Since 2013, **South Gloucestershire** has seen a dramatic reduction in the numbers of children subject to a Child Protection Plan, and a significant reduction in the numbers of children who are in care. Referral rates to Children's Social Care have not changed dramatically, but the rates of repeat referrals over this time has decreased significantly. Their recently published Early Help Strategy states that the reduction in the number of children and young people in care is a reflection of the increased numbers of children leaving care rather than a reduction in numbers of children entering care. The premise within their Placements Strategy has not been that they can prevent children needing alternative care arrangements, but rather that a continuum of services is needed to address the various and complex needs of children and families, including short term care away from birth family, or permanent placements with alternative carers outside of the care system. The aim of any intervention is to achieve a speedy rehabilitation within the birth family in a way that safeguards the child.

Some learning points for us may be (in no particular order):

- A single assessment format for social care that uses the same format as Early Help at all tiers of support.
- An action plan and review format for Children's Social Care that is similar to that of the Early Help action plan and review.
- A joint initiative to investigate the route to homelessness for young people and to address the difficulties in stabilising them when they become looked after by creating a virtual team around the young person, inclusive of Health, Connexions, Police and Community Care and Housing.
- Provision of supported out of school activities to enable children on the edge of care to maintain a day provision and not be accommodated.
- Reducing the need or the age at which disabled children are accommodated by exploring the potential for local providers of short breaks residential care to change their remit to meet the emerging needs of children who may go be presented as needing full time residential care in the future.

Wiltshire County Council has also seen a reduction in numbers of children look after, albeit not as dramatic as South Gloucestershire. Learning points here may include:

- The establishment of a Gateway panel to explore options for supporting a child or young person to remain at home – and no cases should go to the Placements Panel until they have gone through the Gateway Panel.

- Systematic monitoring of the impact of CAMH services on preventing children and young people becoming looked after and enabling a return home.

West Sussex County Council. Learning points from their successful reduction in LAC include:

Engaging extended family and kinship networks by:

- Use of Family Group Conferences with specific reference to families where problems are emerging.
- Use of short breaks and shared care arrangements
- Development of kinship/family and friends placements, including Special Guardianship arrangements.
- Assessment and support as identified for informal Family Care arrangements such as Private Fostering and Step Parent Adoption.

Provide good challenge and broader input at the gateway to care and reduce the number of placements made in an emergency or at very short notice, by:

- Effective gatekeeping of entry into care through the Children Looked After monitoring process.
- Provision of robust edge of care services through:
 - Provision of a Family Resource Team for over 10's (for young people aged 10 – 16).
 - Assessment and Support of Youth / Older Children Looked After (targeting 16 and 17 year olds on edge of care).