

EDGE OF CARE SERVICE

SPECIFICATION

6th June 2017

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APPENDIX 1

FAMILY PLUS OUTCOMES STAR INFORMATION AND GUIDANCE

1. Background

Southampton City Council has seen a significant increase in the numbers of children coming into care, rising to a high of 637 in the summer of 2015. The number of children looked after as of the 08/06/2017 is 527. Whilst this is a significant reduction from our previous high, this is still significantly higher than would be anticipated for a City of Southampton's size and demographics, and is causing a great financial burden and less than optimising outcomes for children.

In-depth research was undertaken to identify the key factors and reasons for the high numbers of Children Looked After (CLA) within the City and potential solutions.

Research identified whilst the thresholds for children coming into care were as would be expected, there were insufficient resources in place to prevent children on the edge of care becoming looked after or to support children to return home.

The research recommended the development of an Edge of Care Service linked to the existing preventative and early help services within the City. The development of an Edge of Care Service will be a key element of the overall Council transformation programme.

The focus of the Edge of Care Service is within two separate cohorts: The Service would work with and support families where a child has been identified by the Edge of Care Panel as being at high risk of coming into care or has entered the care system within the last six weeks. The cohort of children and young people referred to the Service will be those where neglect, substance misuse, behaviour and physical abuse are likely to be the main factors and considered by the panel as able to remain or return home with support. The cohort, without the intervention, are very likely to be in care for a number of years and subject to care proceedings.

The aim of the Edge of Care Service is to reduce the number of children in care by providing a service to support and develop the skills of families to function effectively. This will be achieved by joint working arrangements and close partnership with the range of services available to families including, the Early Help offer, the Universal offer and Children's Centres. Motivational Interviewing and Solutions Focused Methods has been identified as a potential model of intervention, this model operates on a strengths based approach to family working and compliments our current Strengthening Families Model in Child Protection Conferencing. Research from our current cohorts of families subject to Child Protection planning and cases within PLO has identified that there would be in the region of 6-12 families per month who would be suitable for such an intervention.

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The aim of the Service is to reduce the number of children in care by providing a service to support and develop the skills of families to function effectively. The team will use a range of interventions working with the whole family to allow for a flexible approach, however, this is likely to include an intensive, highly coordinated and flexible approach to enable change within the family resulting in the child returning or remaining at home. The most consistent changes are in relation to keeping children safely out of care, via improved parenting and family relationships, improved mental/emotional health and improved educational outcomes.

This model of working with families has its roots in the American Homebuilders model and adapted in Cardiff with the Option 2 model which was primarily focused on working with parents who had drug and alcohol issues. Wales has now pioneered an intensive family support model (IFSS) building upon this work which is embedded in legislation and delivered in all Local Authorities across Wales. The current model of work utilised within Family Drug and Alcohol Courts is based on similar principles.

This new service will ensure that all resources are targeted at supporting families to remain together. The service will provide both planned and crisis interventions. The support offered will need to be flexible to meet the needs of the family who do not have problems between 9-5 Monday to Friday.

The Edge of Care approach combines practical support with strong challenge, to address complex and enduring needs. Working openly with families, team members assess

problems, develop measurable goals and help the whole family acquire the skills necessary to achieve them. As agents of change, team members focus on solutions, taking an enabling approach underpinned by careful planning. Edge of Care team will also work closely with other agencies and local services.

2. Outcomes

The primary outcome the Council is seeking to achieve is that children referred to the Edge of Care Service either remain at home, and do not become looked after by the Council, or are reunited following a limited period of being looked after with their families and return to the family home.

Outcomes for children will be selected and tracked on an individual basis and this ensures that the needs of individual children and young people within the families will be met. Although referrals may be related to one specific issue, such as a teenager behaving anti-socially it is important that the needs of other children in the household are also recognised and the role of wider family members acknowledged in the role they play in supporting the family. It will be about finding the best solution for each young person to enable them to build resilience, engage effectively with the world around them and improve their relationships.

Key outcomes:

- Children to remain at home with parents or extended families.
- Reduce vulnerabilities.
- Engage in education, training and work readiness.
- Improve health and emotional wellbeing.
- Reduce criminal activity.
- Raise levels of engagement.
- Reduce costs to the Local Authority.

It is expected that the Service, will work with the whole family to resolve their issue in partnership with other services provided by the Council, health services or the voluntary sector, including but not limited to Children's Centres, Families Matters, and Safe Families for Children. It is expected that the Service will also have a positive

impact on other outcome measures. These outcomes will vary from family to family but may include:

3. Scope of the Service

To support a minimum of 72 families every year with a view to the children remaining or returning home appropriately. The age range is across all ages from 8 to 17 years.

4. Location of the Service

Team Location to be agreed

The Edge of Care Team shall provide support to children and their families primarily within the City. Where children are based outside of the City consideration will be given by the Edge of Care Panel as to the practicality and feasibility of the Service intervention.

5. Service to be provided

Access to the service will be via the Edge of Care Panel and in an urgent situation direct referral be made to the team following a discussion with the Chair of the Edge of Care Panel.

The intervention used needs to:

- Be supported by an evidence base.
- Be hands on and delivered in the home.
- Be flexible and use a range of tools and techniques appropriate to each family in the programme.
- Be capable of addressing a range of issues affecting individuals and their families.
- Be capable of support to the whole family, including children from birth to 18 years of age but referrals will be targeted at 8-17 year olds.

The Edge of Care Team will arrange to meet with the social worker at the beginning of the intervention to agree roles and responsibilities as part of a child in need, child protection or child in care plan. The team and social worker will meet regularly as part of the ongoing intervention. The Edge of Care worker will liaise with the allocated

social worker attending required meetings such as Children in Need reviews, Child Protection Conferences or Looked after Children Reviews.

6. Intervention.

The team will stay involved with families long enough to influence behaviours and bring about change. Intervention with a family will typically last between 6-12 months but can extend beyond this timeframe, should additional support be required. The FEW will work intensively with families to build family confidence, to enable them to self-advocate in determining the best way to overcome their problems to improve the welfare of their child/ren. The FEW will deliver family focused interventions; acts as 'change agents' for transformational change and co-ordinates ongoing support for the families from existing services/ agency's. Some of the services offered to the family will include:

- Facilitate the families' access to wider services such as substance misuse services, housing services, education, probation services etc. in a timely manner to enable change to be sustained.
- In Stage 1 offer Intensive support at the times identified with the family when support is most needed.
- Evidenced based parenting programmes such as Triple P

7. Working with the Family.

All families receiving support from a FEW will have an Integrated Family Plan that is subject to regular review. The child's social worker will remain accountable for the case and will work closely with The Edge of Care Team in supporting the family.

The team will be trained in motivational interviewing and solutions focussed techniques. The principles of MI-style communication lend itself to a range of challenges when working with the family such as professional conversations around child protection or criminal justice issues.

The foundations of MI are essentially those of client-centred, non-directive counselling which takes an empathic, non-judgemental approach that

- Recognizes and affirms strengths

- Uses open rather than closed questions
- Uses reflections to establish engagement and thus reduce resistance.
- Strategically and skilfully uses summarising reflections.

There will be two Stages to the intervention Stage 1 the intensive intervention and Stage 2 maintaining the family plan.

- **Stage 1** – Stage 1 will last around 6-8 weeks but this is flexible and is determined by The Edge of Care Team themselves in consultation with the child's social worker. The FEW will work on a 'one to one' basis with the family, helping each family member to identify their problems, establish goals to improve their behaviour, and come to a mutually agreed Family Plan that will document how to achieve those goals. Within Stage 1 the FEW is available to the family flexibly. Although the FEW's will work with the family alone regular group supervision will form part of the team support so that colleagues may be able to offer experience or different solutions if the worker feels stuck
- **Stage 2** – sees the family members having access to a range of services that the FEW can draw upon to help them achieve the goals in the Family Plan. These are known as the 'Family Support Functions', and might include service such as counselling, school mentoring, parenting self-help groups which may be provided by either the statutory partners or voluntary agencies working in partnership. The team may also be able to draw on other departments such as housing or health services to secure a rapid response to the family's issues. While again this period is flexible it would generally be seen as lasting 6- 9 months.
- **Booster sessions** – in some cases families may slip back and require a booster Stage 1 session from The Edge of Care Team. This may be provided by the original worker.

The Edge of Care Team will complete a Family Plus Outcome Star (Appendix 1) with the family and the allocated social worker at the beginning and end of their involvement. Goals will be agreed with the family and the child's social worker at the beginning of the intervention and weekly meetings will take place between the Edge of Care worker and the social worker during the active stage of the intervention to enable progress in the areas of family functioning and child well-being to be measured. Safety Plans will be in place to ensure that should there be a crisis the family members/ children are aware of what actions to take. The Edge of Care Worker will maintain records relating to children on electronic children's recording system (Paris) alerting the allocated social worker to any concerns or issues. Reports, or contribution to reports, may be required key meetings such as Child Protection conferences and Looked after Children reviews.

The Edge of Care Team will work closely with partners across the City to ensure that the needs of the whole family and specifically the child are met, accessing resources as required with partners. Signposting, referring and supporting families to access services will be required where applicable. The Team will work with partners and the social worker to ensure if the child remains at home that there is a suitable package of support around or available for families to sustain change following the completion of their intervention.

Following successful completion of the intervention the Service will provide ongoing support as required for up to 12 months to sustain the changes.

The Manager of the Edge of Care Service will attend the weekly Edge of Care Panel and be involved in the decision making around whether a child is referred to the team for the intervention. This meeting will include a range of partners and may include the Council's legal advisers and social work managers.

8. Training

Staff in the Edge of Care Team will require training in using Motivational Interviewing Techniques and Solutions Focussed Brief Therapy. All staff will receive and induction to the new service.

Core Training will have been undertaken in Safeguarding Children, Domestic Abuse, Sexual Abuse and Drugs and Alcohol. Training will be with Local Safeguarding Children's Board guidance and staff will maintain their Safeguarding practice in line with policy updates/changes.

The Edge of Care Service will be expected to have clear systems, processes and policies in place to ensure the security of information.

9. Service Eligibility Criteria and Referrals

The Edge of Care Service shall be provided to those families who have been considered at the Edge of Care Panel meeting as children/families which are appropriate for the service, and where intervention is considered to be likely to have a positive outcome and are either on the edge of coming into the Care or have come into the Care within the last four weeks. The Chair of the Edge of Care Panel (who is ordinarily a Service Manager within Children's Social Care in the Council) will have the ultimate decision with regard to whether a child is suitable and for which child/children this relates to within a family.

10. Management Information and Performance Indicators

The Edge of Care Team will provide the following Management Information for inclusion in any monthly, quarterly and annual reports.

MI Number	Management Information	Reporting Frequency
1.	Number of referrals to the service (identifying number of families and total children)	Monthly
2.	Number of referrals who are on Child Protection Planning, children looked after or children in need	Monthly
3.	Number of active children the Service is working with by LAC, CP, CIN status, age, gender, ethnicity	Monthly
4.	Numbers of active children who are ceasing to be looked after or where CP Planning ending.	Monthly
5.	Numbers of re-referrals to the service (post 3 months closure)	Quarterly
6	The specific intervention(s) being used and stage of their intervention e.g. assessment, intervention (intensive or maintenance), monitoring	Monthly
7.	Details of staffing including number of staff within the service with details of their experience, skills and training	Quarterly
8	Details of any concerns, complaints, issues or successes including family feedback	Quarterly
9	Updated the Risk Log for the service for e.g. lack of referrals, staff turnover	Quarterly
10.	Service user feedback report including feedback from families, carers/parents, young people, and professionals involved.	Quarterly

11.	Report on the outcomes achieved at the end of the intensive Phase of Intervention for Families.	Quarterly
12.	Report on the outcomes achieved at the end of the Intervention	Annual

Table 1

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APPENDIX 1

FAMILY PLUS OUTCOMES STAR INFORMATION AND GUIDANCE



Family-Star-Organisation-Guide.pdf



Family-Star-Plus-User-Guide1.pdf



Family-Star-Plus-Star-Chart1.pdf

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