

Improving Outcomes for Adolescents of the Edge of Care in Devon

Recommendation: That Children's Scrutiny Committee note the findings of progress made during the previous 9 months of the service being in operation and feedback observations, challenges and recommendations as required.

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### **1. SUMMARY**

As a result of concerns about a rising number of adolescents entering care, in April 2019, Cabinet approved the investment of just under £4.6M from the Business Rates Pilot Fund to develop and implement an Edge of Care Service in Devon. During the period of the pandemic numbers of children in care increased further and the Edge of Care service has been implemented at pace in response to this.

Following engagement with young people, families and professionals the service has now been re-named from 'Edge of Care', which it was felt carried negative connotations, to '**Bridges**'.

A previous report covering the period Aug – Oct 2020 was provided to Children's Scrutiny Committee on progress that had been made to develop the service, but at that point the service had not yet been operational. For ease of reference, the report, which provides background and context, can be found here;

[Agenda & Minutes – Children's Scrutiny Committee November 2020](#) (No. 193)

The service since went 'live' in November 2020 and this paper seeks to provide members with a further update on progress made during the last 9 months that the service has been in operation (Nov 20 – July 21).

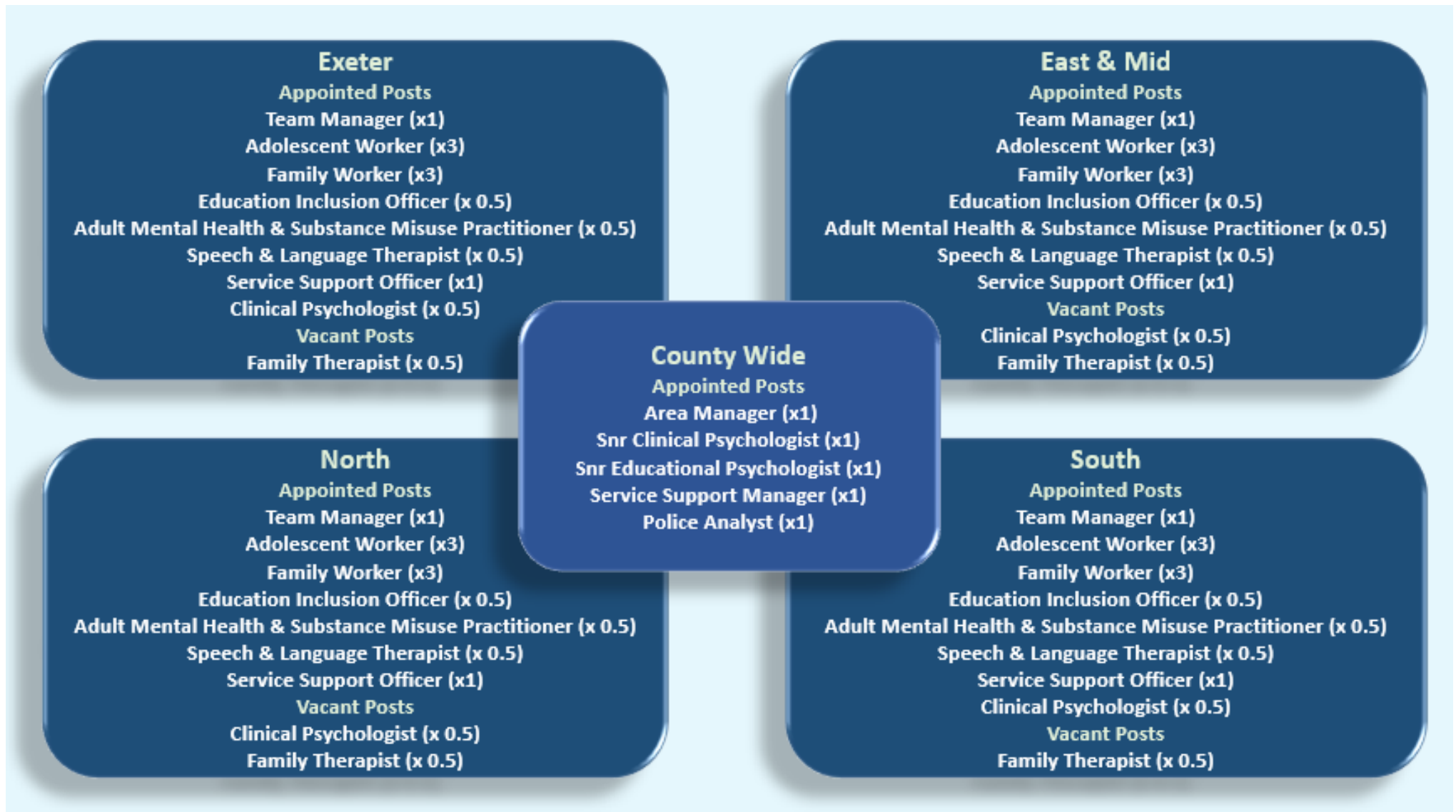
### **2. SETTING UP THE SERVICE**

44 out of 47 posts have now been recruited to, including all Management and core Social Care positions. The permanent Area Manager, Senior Clinical Psychologist and Educational Psychologist posts were appointed to in April 2021.

The remaining vacant posts include 1 Clinical Psychologists and 2 Family Therapists, which have been challenging to recruit to because of both a national shortage of suitably qualified professionals, but also due to an initial disparity between DCC and NHS Terms and Conditions, with NHS being more favourable, which was resolved to enable recruitment to progress.

A Police Analyst to support the improvement of outcomes for young people at risk of offending or reoffending has also now been appointed.

**Bridges - Service Structure July 2021**



### 3. WAYS OF WORKING

The service has developed a clear set of eligibility criteria for young people and families to be able to access support from them, which is that they;

- Are a Devon resident family.
- Are aged 11 – 18 years (17 at the point of referral)
- Have an allocated Social Worker and are a 'Child in Need' or have a 'Child Protection Plan' and who are at risk of entering care OR
- Have an allocated Social Worker, have recently become a 'Child in Care' and have potential to be reunified with their family.

Young people are referred to the service by their allocated Social Worker to provide interventions that **prevent** them from entering care OR **reunify** them with their families following a short period of care.

In the 9 months that the service has been operational **243** young people have been referred of which:

- 102 are currently being worked with.
- 92 have been supported and no longer require a service.
- 49 were not eligible, either due to being outside of the age range or having no clear plan for re-unification with their family due to safeguarding issues.

Following the managers 'screening' process, eligible young people are allocated an Adolescent Worker and Family Worker, who arrange to contact the young person and their family as a 'Rapid Response' (within 24 hours), or as a 'Planned Response' (within 5 working days). An initial Support Agreement is then agreed with the young person and appropriate family members within 10 working days.

Of the 194 young people who have had a Support Agreement;

- 156 (80%) have been a request for a **rapid** response.
- 38 (20%) have been a request for a **planned** response.
- 151 (78%) of Support Agreements have been agreed within timescale
- 168 (87%) children in need received support to **prevent** them from entering care.
- 26 (13%) children in care received support to **re-unify** them with their families

Following the completion of an Initial Support Agreement, a review of the plan is carried out every 6 weeks to monitor progress. This review continues until such time that planned outcomes have been achieved and the service is able to end their involvement, with the ultimate aim of the young person having stepped down from a 'child in care' placement, or a child remaining with their family and no longer needing a social care service.

### 4. Early Evidence of Impact & Outcomes

#### Impact

The service has so far received significant positive feedback from young people, families and their Social Workers. This has been further backed by feedback received by other professionals and members who participated in a review of the service during 'Practice Week' carried out during March of this year.

## **Feedback from young people and families**

*Hi Nic, when you ask me how have you made a difference for me, I was kind of on the spot but now having time to think about it I would like to say more. From day one nobody expected anything much different, but you were fantastic with me you listened, and the most important thing was I felt heard. I think you actually care and understand, and I think without your support I couldn't have achieved the things I've done. I feel you nurtured me and supported me like a child who's learning to ride a bike or something similar. You believe in me encouraged me! But for me to do these things was really scary! To have some kind of backup was what made me do it. It's so scary on your own so that's made a big difference to me! Thank you*

**JD – Young Person – 04.08.21**

*We wanted to write to you both to feed back after Edge of Care came into our lives for the past 5 months. We have tried everything we could think of since our adopted son was 6 to understand his needs and provide them as best we could. He turned 16 in 2020 and we were all desperate for S to have the care he needed to allow us to spend quality time with our daughter C. Sam and Nick came into our lives and helped us through an extremely difficult time, and then engaged with everyone who could make a difference to S's life, eventually securing S's much-needed education for an extra year and direct payments for an enabling worker at weekends. We had been asking for this for years through social services without any success. Through their efforts, Sam and Nick have transformed our whole family's lives and made our daughter able to enjoy the rest of her childhood and given our son the means to grow into a happy adult. We can never thank them enough for what they did for us.*

**HD – Parent – 21.04.21**

*The support from edge of care means we don't feel quite so alone anymore. For the first time we have an organisation that has stood up and said we will try to help and have stayed about rather than slinking off. Home visits are something so rare now, and to have weekly visits by the same people as well as phone support, well maybe it's like the feeling of winning the lottery. Edge of care makes me feel like a person again, with people that you can talk to, that don't judge, shy away or gets scared when they see a young person displaying different behaviours, when most would or act like the child's behaviour is contagious. We are also not treated like a number or statistic, those that we have met from edge of care, actually do care, they are parents with a vast amount of knowledge, that one can actually have an open and enjoyable conversation with.*

**ES – Parent – 07.04.21**

The feedback reflects the emerging evidence of the positive impact that the interventions provided by the service is having on young people and their families and improved outcomes being achieved.

Of the 92 young people who have received support which has now ended, 69 (75%) were provided with a preventative support plan and 23 (25%) with a plan for reunification with family, of which;

- 47 have remained out of care
- 14 have now stepped down from requiring social care support altogether.
- 31 remained or escalated into care (16 of these were planned for reunification but were unable to due to safeguarding risks, 15 of these escalated into care during the period of intervention from the service).

A review has been undertaken of the 15 young people who had escalated into care at the point of closure to Bridges. 7 of these young people were accommodated as a result of assessments identifying that they could no longer remain safely at home and were subsequently safeguarded through care proceedings. The remaining have been reviewed by Bridges clinical leads and team managers with the themes of adoption breakdown, harmful sexual behaviour and adolescent mental health issues being identified and skills in the team and relationships with key partners, including Adopt South West, are being strengthened in response to this learning.

Multi-disciplinary practice meetings are now in place for formulation, and agreement of intervention, in all these areas supported by clinical specialists. Practice themes and reviews are in now in place with locality childrens social work team managers to share learning.

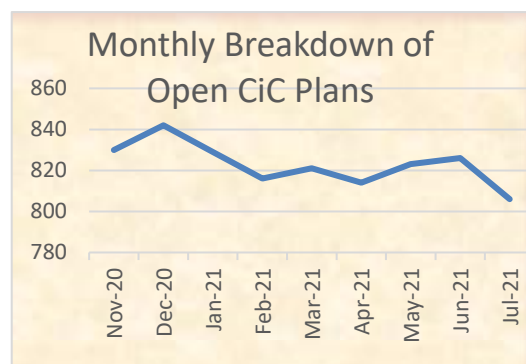
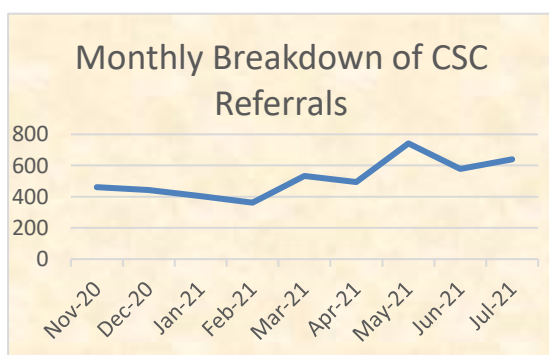
The service was designed as a 'invest to save' model with a view to becoming self-funded from year 4. In order for this model to be sustainable, targets to reduce the numbers of children coming into care have been set year on year as follows;

|                           | Year 1    | Year 2    | Year 3     | Year 4     |
|---------------------------|-----------|-----------|------------|------------|
|                           | 2020 / 21 | 2021 / 22 | 2022 / 23  | 2023/24    |
| <b>Reduction of CiC</b>   | 0         | 12        | 24         | 24         |
| <b>Total Cost Saving</b>  | £0        | £352,000  | £1,369,000 | £1,853,000 |
| <b>Cumulative Savings</b> | £0        | £352,000  | £1,721,000 | £3,574,000 |

In order for the financial revenue and saving model to become effective, the young person should remain out of care for a period of at least 3 months following intervention from the service. Future plans will include tracking longer term outcomes.

The service has already significantly exceeded the 'invest to save' targets having stepped 3 young people down from needing social care in year 1 against a target of 0 and 11 so far in the first quarter of year 2 against a target of 3. Based on these children being kept out of care successfully for 3 months, since the end of their involvement with Bridges, this has resulted in cost avoidance of £115,000. This is based on internal fostering rates. In addition, should the remaining 47 young people remain out of care over the forthcoming 3 month period this would generate an additional £290,000 of avoided costs. In total 61 will have been prevented from entering care or remaining out of care. A review of this modelling will be undertaken.

Despite a continued significant increase in referrals in recent months, the overall trajectory of children coming into care since the service has been in operation has seen a steady decline.



## Outcomes

Throughout the young person’s journey of support from the service, from initial ‘support agreement’ and ‘six weekly reviews’ to ‘ending involvement’, the multi-disciplinary team capture the progress of outcomes being achieved and the monitoring of presenting risks through a scoring matrix tool broken into six key categories;

- Behavioural Characteristics
- Youth Offending
- Education & School
- Contextual Safeguarding
- Family
- Community

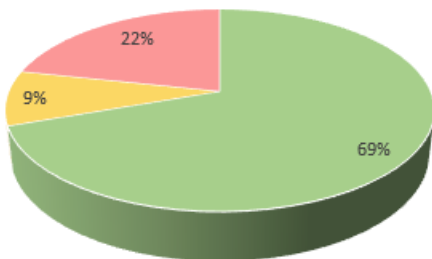
Overall, there are 148 young people who have been supported by the service for a period of time sufficient for us to measure the progress of outcomes being achieved.

Across all of the categories, **at the point of their first review**, 103 (70%) young people saw improved outcomes achieved, 13 (9%) remained the same and 32 (21%) had not achieved the desired outcomes and had worsened.

Across all of the categories, **at the point of their latest review** (or at the point of ending involvement), 83 (56%) young people saw improved outcomes achieved, 40 (27%) remained the same and 25 (17%) had not achieved the desired outcomes and had worsened.

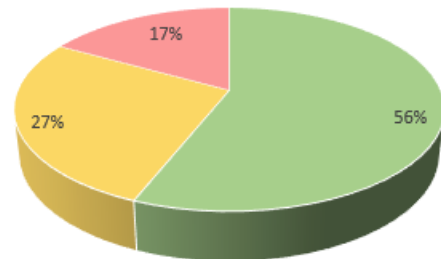
|                                    | TOTALS        |                  |
|------------------------------------|---------------|------------------|
|                                    | At 1st Review | At Latest Review |
| Outcomes Improved                  | 103 (70%)     | 83 (56%)         |
| Stayed the Same                    | 13 (9%)       | 40 (27%)         |
| Situation Worsened                 | 32 (21%)      | 25 (17%)         |
| <b>TOTAL Young People Reviewed</b> | <b>148</b>    | <b>148</b>       |

Outcomes At 1st Review



■ Outcomes Improved ■ Stayed the Same ■ Situation Worsened

Outcome At Latest Review (or end of intervention)



■ Outcomes Improved ■ Stayed the Same ■ Situation Worsened

## 5. Further Development

The multi-disciplinary team, led by their Senior Clinical Psychologist, had been considering a number of options to enhance the existing offer of evidence-based

methods which are proven as being effective in supporting improved outcomes for adolescents at the edge of care, including Family Group Conferencing, Motivational Interviewing and the Family Partnership Model, whilst also developing a therapeutic model with relational, trauma and attachment theory informed approaches.

The therapeutic pathway consists of combining the structure of the FAMILY / STAIRS approach with the trauma and attachment informed ideas from Dyadic Developmental Practice (DDP). This ensures sensitive and relational delivery of evidence-based interventions which will be an effective, innovative and sustainable combination, creating a safe and nurturing service for families working with Bridges as well as staff working within the service. It will be in keeping with the ethos of the team from the outset as well as being in line with restorative practice.

*“By bringing together both behavioural, trauma and attachment focussed interventions we will be providing evidence-based outcomes and oriented interventions, that are focussed on sustainability and promote the family’s sense of agency and autonomy, whilst also enhancing their understanding of the impact of trauma and attachment disruptions on their emotional wellbeing. This will increase levels of nurture, attunement and connection within the home and help families to trust and feel safe working with the team. In this way we will be mirroring the ideas of therapeutic parenting (as described by Kim Golding and Dan Hughes), by providing high levels of structure as well as high levels of nurture both for the workers within the team and for the families we are supporting. Therefore families will be more likely to engage positively with the service, and staff will feel motivated and supported to work to the best of their ability and able to move forward in providing the more structured, short-term, interventions as needed.”*

*-Dr Molly Bodinetz (Snr Clinical Psychologist – Bridges)*

**Key contact: Vivien Lines, Interim Head of Service.**

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