

## **Improving outcomes for adolescents on the edge of care.**

Report of the Chief Officer Children's Services

***Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.***

Recommendations: -

- That Cabinet approves the development of an Edge of Care service to facilitate the successful management of higher levels of need, risk and complexity in the community without recourse to care. Care will be reserved for those young people for whom care is the only appropriate option
- That Cabinet agrees to invest just under £4.6 millions, from the Business Rates Pilot fund, for this invest to save strategy.

### **1. Introduction**

- 1.1 In Devon, significant numbers of young people are entering care as adolescents because of adolescent neglect, acute family stress and adolescent risk taking. Their dysregulated behaviours often lead to escalation into high cost residential placements with little evidence of improved outcomes.
- 1.2 National evidence supports improved multi-disciplinary approaches and more intensive interventions with the young person and their family which can enable more of these young people to remain safely at home.

### **2. Background**

- 2.1 In the six months to 31 December 2018, 60 children aged 11-17 came into the care of Devon county council, of whom 36 were aged 15-17yrs.
- 2.3 The current impact on the placements budget for Children's Social Care is a £5m in-year pressure. This is a combination of rising numbers of children with complex needs and rising placement costs.
- 2.4 Analysis of a cohort of late entrants to care in Devon has identified common characteristics of trauma and disrupted attachments, needs which have gone unmet since early childhood and which manifest in adolescence through a cluster of risks and vulnerabilities including abuse and neglect, self-harm, disrupted education, risk taking behaviours, criminal activity, gang involvement, running away and child sexual exploitation leading to the young person entering care in crisis.

### **3. Proposed Edge of Care Services**

- 3.1 The proposed model brings together a range of disciplines to work intensively and flexibly (including weekends and late evenings) to provide timely and creative support to meet the complex needs of young people and their families and to prevent care being needed. Parents will be supported to engage in appropriate interventions to address their parenting capacity, such as substance misuse programmes or pattern changing programmes for violent and abusive behaviours. Families will be supported to repair damaged relationships through family therapy interventions or where appropriate through Child and Adolescent Mental Health Services.
- 3.2 Adolescents will be supported by Youth Workers to engage in interventions and more positive activities. Young people at risk of care are often 'out of education'; the model contains dedicated education expertise to support a young person to re-engage in education. The young people are at significantly higher risk of anti-social, criminal and risk-taking behaviours. Police Officers will be embedded in the service and the resources of the Devon Youth Offending Service will be aligned to divert young people from offending.
- 3.3 An outcomes framework is in development to monitor the impact of the edge of care service on specific outcomes.
- Rate of teenage care entry, length of time in care
  - Well-being, relationships and resilience (self and professional evaluations)
  - Rate of higher tariff interventions (hospital admissions, police interventions, exclusions)
  - Re-integration in education and education outcomes
- 3.4 A specific learning and development programme will be implemented to skill up the workforce in specific evidence-based interventions including:
- Motivational Interviewing,
  - Dyadic Developmental Psychotherapy,
  - 1:1 and group therapeutic parenting training,
  - Foundation level family therapy,
  - Solution Focused Brief Therapy.
- 3.5 The model aligns to existing locality working and includes specialist multi-disciplinary capacity based on a 'whole life' approach, adding specific expertise to case decision making and supervision as well as supporting clinical work. The service will be implemented in a way that enables learning to be incorporated and the practice model adapted and developed over time. This is to ensure that the experience of service users shapes the service.

The service will work with 240 families for on average 3-6 months. Practitioners will keywork 4 to 6 families, co-working on others according to need. Some central clinical and operational leadership and management is included to ensure effective service implementation and development and quality assurance.

### **4. Financial Considerations**

- 4.1 The operating model is expected to generate savings and avoidance of costs in the future by preventing young people from entering care or rapidly escalating to higher cost placements once in care. The cost benefits of this approach are predicated on reducing the overall numbers of looked after children. The number of looked after children in Devon has risen in the latter part of 2018/19 but still compares favourably

against national trends. At 31<sup>st</sup> December Devon's rate was 51.6 per 10,000 head of population compared to the national rate of 64 per 10,000 head of population.

4.2 Costs however have escalated substantially, particularly for residential placements. Two years ago, we had 38 Looked After Children in residential placements at a cost of £6.2 millions. As at January 2019, for the financial year 2018/19, the forecast is 54 Looked After Children at a cost of £11.3 millions. That's 16 more children and costs have nearly doubled.

A similar position exists with supported accommodation for over 16 year olds. Two years ago we had 61; in 2018/19 we are forecasting a relatively small increase to 65 but costs have gone up from £2.7 millions to £6.3 millions.

4.3 The multi-disciplinary approach is designed to improve the experiences of the young people and their families and to reduce cost, but this is a long-term strategy and the full financial benefit will not be realised for a number of years.

4.4 Initial scoping indicates an estimated budget requirement for 2019/20 of £2.1 millions, rising to an ongoing annual requirement of £2.5 millions from 2020/21. The model indicates a net saving, after costs, of £3.3 millions by 2023/24 could be delivered. There are many variables that impact on final outcomes and costs, such as age profile, level of need, placement breakdown and escalation, and numbers of children needing care, and the model will need to be refreshed to reflect such changes as they become known.

4.5 The staffing model comprises four locality-based teams, a Virtual School team and a Central Leadership team (49 full time equivalent staff). Preliminary work to assess the corporate costs of the project (Estates, IT, HR, finance and so on) has been undertaken and a resource allocation has been proposed. The refresh will include a fuller and more detailed assessment of the resource implications for support functions.

4.6 Appendix 2 sets out the investment requirement and the effect of estimated savings. As a key invest to save strategy it is proposed that the initial investment of just under £4.6 millions is funded from Business Rates Retention monies that has been set aside for invest to save service projects of this nature.

## **5. Environmental Impact Considerations**

5.1 None

## **6. Equality Considerations**

6.1 The service is expected to have a positive equalities impact as disadvantaged families are significantly over-represented in care entry

## **7. Legal Considerations**

7.1 There are no specific legal considerations.

## **8. Risk Management Considerations**

8.1 A risk register will be maintained throughout the development of the Edge of Care Service and appropriate mitigation measures put in place.

## **9. Public Health Impact**

- 9.1 The young people and families who will be offered the intervention are those most likely to experience adverse life experiences and poorer outcomes. The service will have a positive public health impact on the most vulnerable young people and their families

## **10. Conclusion**

- 10.1 In agreeing the recommendations in this report, cabinet will be endorsing a practice approach that is entirely consistent with the Council's aims and values, preventing unnecessary escalation into higher tariff services and using its resources to better support more families in the community. This is an invest to save initiative and is a wise deployment of the resource available to the Council from the Business Rates retention Pilot, which is intended to develop more sustainable social care.

Electoral Divisions: All

Cabinet Member for Children's Services: Councillor James McInnes

Chief Officer for Children's Services: Jo Olsson

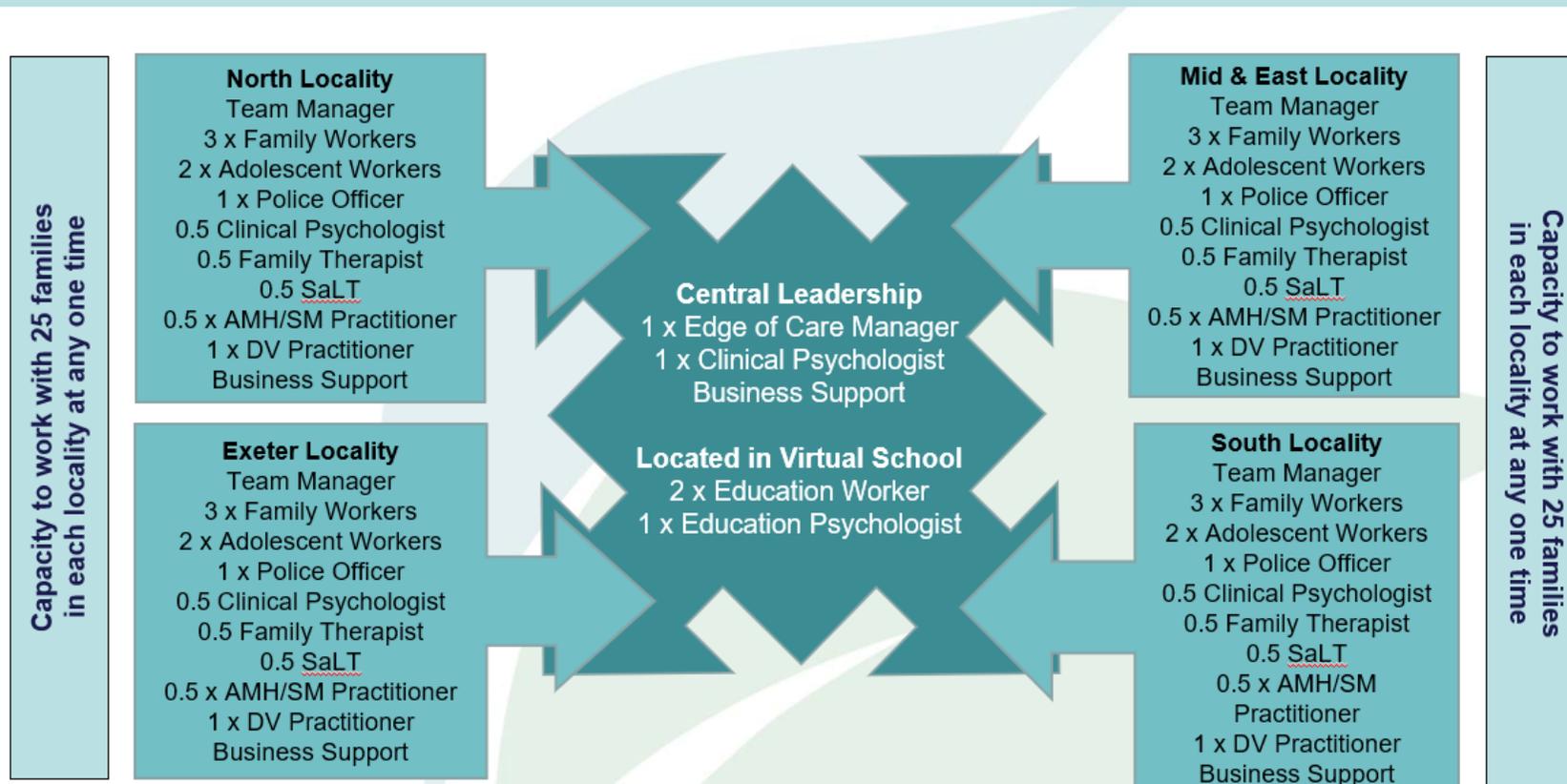
Head of Children's Social Care (Deputy Chief Officer): Darryl Freeman

*LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS*

*Contact for Enquiries:* Darryl Freeman, Head of Children's Social Care

BACKGROUND PAPER

**Early help:** targeted offer from Children's Centre's, YIT, FIT, REACH, YSMART, schools, health services etc.



**Underpinned by a shared practice model and approach to WFD:** *Strengths based*; partnerships with family networks to build on strengths. *Restorative*; in developing the parenting capacities needed in families where possible. *Risk based*; providing confident safety planning for young people. *Informed by trauma and attachment theories*; designed to provide therapeutic parenting approaches to young people.

## Appendix 2

### Edge of Care – supporting adolescents: Budget summary

<b>Business Rates Pilot</b>	2019/20	2020/21	2021/22	2022/23	2023/24	<b>Total</b>
	£'000	£'000	£'000	£'000	£'000	<b>£'000</b>
Edge of Care - supporting adolescents - investment	2,087	2,472				4,559

<b>Edge of Care Budget Summary</b>	2019/20	2020/21	2021/22	2022/23	2023/24
	£'000	£'000	£'000	£'000	£'000
Central Leadership	138	141	142	143	144
Virtual School	150	153	155	157	159
Locality Teams	1,814	1,851	1,869	1,888	1,907
Training & Development	74	25	25	25	25
Travel	15	15	15	15	15
Phase in recruitment year 1	(439)				
<b>Sub Total Staffing costs</b>	<b>1,752</b>	<b>2,185</b>	<b>2,206</b>	<b>2,228</b>	<b>2,250</b>
Premises	85	85	85	85	85
ICT (initial set up)	50				
Overheads (ICT, HR, Business Support & Finance)	200	202	204	206	208
<b>Total expenditure budget</b>	<b>2,087</b>	<b>2,472</b>	<b>2,495</b>	<b>2,519</b>	<b>2,543</b>
<b>Funded by</b>					
Edge of Care: Investment Business Rates Pilot	2,087	2,472			
Edge of Care: Revenue budget			2,495	2,519	2,543
Edge of Care: Savings	0	0	(2,600)	(4,207)	(5,836)
<b>Net budget change</b>	<b>2,087</b>	<b>2,472</b>	<b>(105)</b>	<b>(1,688)</b>	<b>(3,293)</b>
<b>Children's Service budget will reduce by</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,688)</b>	<b>(1,605)</b>