

## **Improving Outcomes for Adolescents of the Edge of Care in Devon (Update on Implementation of the New Service)**

Report of the Head of Service / Chief Officer for Children's Services

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

**Recommendation:** That the Cabinet / Scrutiny Committee be asked to consider and approve proposed service model revisions as set out in section 3.12 against the model agreed by Cabinet members previously in April 2019 and note the current progress made with implementing the Edge of Care Service.

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### **1. SUMMARY**

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.

Since approval, implementation has been on hold until July 2020 when Children's Senior Leadership Team agreed that the project could commence with a view to having the service in place and embedded by the end of the year.

The purpose of this paper is to provide;

- Background and context of the previously approved service model.
- Advise on proposed amendments and revisions that are being recommended in light of the time that has lapsed since approval which seeks to align to meet the needs of our young people and the changes in other services since the original proposals.
- Provide an update on project implementation progress made to date.

For ease of reference, the Cabinet Report (approved April 2019) can be found here;

[Edge of Care Report for Cabinet - April 2019](#)

### **Local Context**

- 1.1 In Devon currently the number of children in care continues to increase; at the 30 September 2020 there were 822 children and young people in Devon's care. This represents a 13.3% increase from the same period last year. Devon's rate of 57:10,000 is above that of statistical neighbours (54:10,000) and higher than that of good LA comparators (39:10,000). Children's Social Care remains committed to ensuring that the right children are in care, are looked after in the

right placements which best meet their needs and are in care for no longer than is necessary.

- 1.2 In 2018 an analysis of a cohort of late entrants into care in Devon identified common characteristics of trauma and disrupted attachments in these young people which have gone unmet since early childhood and which manifest themselves in adolescence through a clustering of risks and vulnerabilities including abuse and neglect, self-harm, disrupted education, risk taking behaviour's, criminal activity and gang involvement, running away and child sexual exploitation leading to the young person entering care in crisis. Recent analysis confirms this, and this has been compounded by the emotional, physical and economic challenges caused by the COVID pandemic.
- 1.3 Families were commonly found to be characterised by instability in relationships, additional needs arising from parental mental health or substance misuse difficulties, high levels of violence and abuse and wider economic difficulties arising from long term worklessness, poverty and poor housing.
- 1.4 Young people entering care were frequently found to have experienced a significantly disrupted education, often throughout their lives but particularly in adolescence. Permanent exclusion from education and gaps in alternative provision to young people places strain on families which when combined with other risks and difficulties can be the trigger leading to family breakdown and care becoming an imminent risk. On entry to care, young people are frequently found to have a high level of additional educational needs. A high proportion of children in care in Devon have EHCPs. Diagnosed Autistic Spectrum Disorder or undiagnosed communication and sensory processing difficulties were found to be common characteristics in this group of young people.
- 1.5 Research suggests that adolescent entrants to care are likely to have endured longer exposure to family adversity and unmet needs. The worst outcomes are identified to be experienced by children having repeat episodes of care. Working differently to better address risk and meet the needs of the young person in their family context presents the opportunity to address the poor life outcomes frequently experienced by this group.

## **2. Introduction to the Edge of Care Service**

- 2.1 Proposals to develop an Edge of Care Service formed part of a response to concerns about the high numbers of adolescents entering care in crisis as a result of adolescent neglect or acute family stress, the high and increasing cost of services to children entering care as adolescents and the poor outcomes in some cases.
- 2.2 The proposals were informed by emerging evidence from developments around the country, which identified the need for a service which;
  - Keeps more high-risk families together safely.
  - Enables young people to safely return home from care in a timelier way.
  - Recognises the particular developmental needs and vulnerabilities of adolescents.
  - Increases the effectiveness of help provided leading to improved outcomes.
  - Provides high quality services at reduced cost.

- 2.3 The proposals were co-designed with relevant staff and key partners and engagement is now planned to be made with families and young people to seek their views about how the service will be delivered.

## **2.4 Mission and Ethos**

- 2.5 Provide a rapid response, at point of referral into Children's Social Care to young person and their family to safely avoid the need for a young person to come into Devon's care.
- 2.6 Deliver intervention that is intensive, and community based as alternative to care.
- 2.7 Interventions will include relationship focussed direct work with young people and their parents/carers in relation to a range of issues including; substance use, mental health, domestic abuse, difficulties in education, employment and training, offending behaviour, utilising a range of evidenced based practice tools.
- 2.8 Contributing to the social work assessment and responding to the developmental and environmental needs for the young person and their family.
- 2.9 Strengthening multi-agency intervention via the multi-disciplinary team approach leading to improved outcomes for young people and their families.

## **3. Edge of Care Service Progress Update:**

- 3.1 Multi-agency Project Board established in **early July 2020** to give clear direction in relation to service implementation. Board meetings have been held fortnightly with well embedded governance arrangements and good representation from across multiple teams, including Early Help, MASH, Initial Response, Police, Education, Substance Misuse Services, Inclusion and various health professions across Children and Family Health Devon (CFHD), such as CAMHS, Clinical Psychology and Family Therapy.
- 3.2 Area Manager recruited in post since 17 August 2020 and leading on project workstream activities to ensure that implementation remains on target for **'go live' from end October 2020**.
- 3.3 Area Manager working with Children's Social Care Area Managers and Initial Response Team Managers on the implementation development.
- 3.4 Consultation with Partners in Practice Cornwall Children's Service to learn from the development of their edge of care service and gather evaluation feedback **completed end September 20**.
- 3.5 TM and Practitioner recruitment underway, interviews scheduled – There were more than 200 applications received following successful media campaign, leading to the appointment of 3 Team Managers and 11 Adolescent Workers. Recruitment is continuing for Family Workers and 1 further Team Manager (North) and 1 further Adolescent Worker. 2 Team Managers to be in post by November 2020 (dates to be confirmed). Practitioners likely to be in post from **mid-October onwards**.

- 3.6 Confirmed Clinical and Educational Therapeutic and Psychology roles out to advert with support from CFHD and Virtual Schools **on 25th September 2020**.
- 3.7 Managers reviewing criteria, pathway and process guidance prior to publication **by mid October 20**.
- 3.8 Edge of Care will access the same case recording system as Children Social Care and development work is progressing bespoke requirements of the EOC service to ensure systems are in place **by mid October 20**.
- 3.9 Virtual induction and training capabilities have been developed and training matrix and materials are being collated and coordinated by the Devon Academy alongside HR and the Edge of Care Area Manager to have a suite of material available. **Completed Sept 20**.
- 3.10 Workstreams for ICT / accommodation are on target to ensure service needs are understood and provision of necessary equipment in place for go live. **On track**.
- 3.11 Scoping work underway with Commissioning and Procurement in relation to provision of Edge of Care crisis beds and possible Family Group Conferencing capacity.

### **3.12 Proposed Revisions to the 2019 Model**

- 3.13 Over the last two years, there have been significant developments and improvements in strengthening our relationship and ways of working with our police colleagues. In particular the joint work being delivered through the Adolescent Safety Framework (ASF) and co-designed Exploitation Strategy. Therefore, re-engagement with Police colleagues as to the effectiveness of the new arrangements and practicality of recruiting officers to these posts given the current pressures being felt within the wider police force. This will enable further discussions and strengthening of proposals within current frameworks. Any reduction in this will offset the increased costs for clinical support.
- 3.14 Similarly, due to the significant investments made in developing Early Help support and likewise with commissioning of various health services through Children and Family Health Devon since the original model proposals were agreed, further consideration is now being given to the appropriateness of some specific roles. This is with a view to exploring opportunities to re-align these roles or supplementing existing resources to provide further efficiencies and avoid unnecessary duplication of existing offers via both the local authority and its multi-agency partners, since this project was first envisaged.

An options appraisal is being carried out before any significant changes and a proposal paper developed for consideration by Board members prior to presentation for approval to the relevant Senior Leadership Groups.

- 3.15 An initial proposed change was adapting the specialist DV practitioner to an adolescent worker as all these specialist adolescent workers will receive in depth Domestic Violence training. This will be further complimented by existing support available through our early help services and the increased funding

already agreed during Covid for Devon's specialist DV support service (SPLITZ).

- 3.16 Whilst revised savings projections have been costed to reflect the current position, the impact of increased clinical costs from the delay. Subsequently we are working to finalise both the financial model and outcomes framework in November 2020.

#### **4. OPTIONS/ALTERNATIVES**

An options appraisal was carried out in 2018 as part of the original proposal and recommendations approved by Cabinet in April 2019. The core model and ethos of the service has remained unchanged and therefore an options appraisal has not been necessary.

However, some minor amendments to some of the specific roles outlined in the 2018 model are being reviewed as described in section 2.2 and options / recommendations being submitted to Childrens Social Work Senior Leadership Team for consideration / approval.

#### **5. CONSULTATIONS**

Staff consultations were carried out in 2018 through a number of active workshops, which included staff input to the design of the service.

However, it is intended that young people are engaged with and involved in the design of the operating model, including renaming the service, once the initial phase of implementation has concluded. This is in part due to the necessity to implement the model at pace due to the increasing demand and risk relating to family / relationship breakdowns during the current pandemic.

#### **6. FINANCIAL CONSIDERATIONS**

Edge of Care savings refresh approach (updated August 2020).

The initial modelling was based on reducing numbers of Looked After Children (LAC) from 49/10000 to 41/10000 in line with "good" authorities at the time. This represented a cumulative reduction of 90 LAC over 5 years, on average between 3 - 3.5% reduction year on year.

The refreshed model indicates the potential to save £3.2m over the period 21/22 to 24/25.

Refresh August 2020 Assumptions:

6.1 Base reductions on similar % age reductions year on year: 3% applied

6.2 Starting point: Number of LAC in Devon as at the 17<sup>th</sup> August 2020 was 802

6.3 Lead in time of around 12 months for team to establish and begin making an impact: 1.5% reduction applied in 2021; 3% thereafter.

- 6.4 This produces very similar annual reductions in number of LAC to the original model; a reduction of 63 over 3 years 2021, 2022, 2023.
- 6.5 Placement mix: Applied same formula as original modelling using updated % age placement mix from “live placement agreements” as at 28<sup>th</sup> August 2020 and forecast average unit rates as per Month 4 Cost and Volume report – so the most up to date figures available at the time.
- 6.6 Results are shown in the table below, which indicates cumulative savings of £3.2m over 5 years
- 6.7 Assuming the Edge of Care Service deals with the BAU and non-COVID demand growth it has not been included either in the MTFs on the premise that the Edge of Care Service is the mitigation to managing non- COVID demand growth which would otherwise increase the demand pressures across children’s social care and other services.

Link to detailed LAC reduction and savings  
[V01 LAC reduction and savings refresh](#)

Cost Savings

|                              | Year 1 | Year 2 | Year 3  | Year 4  | Year 5  |
|------------------------------|--------|--------|---------|---------|---------|
|                              | 20/21  | 21/22  | 22/23   | 23/24   | 24/25   |
| LAC Reduction (IH Fostering) |        | (7)    | (14)    | (15)    |         |
| Cost saving £'000            |        | (64)   | (251)   | (332)   | (179)   |
| LAC Reduction (Res)          |        | (1)    | (2)     | (2)     |         |
| Cost saving £'000            |        | (127)  | (342)   | (429)   | (273)   |
| LAC Reduction (Supp Accom)   |        | (1)    | (2)     | (2)     |         |
| Cost saving £'000            |        | (54)   | (182)   | (235)   | (118)   |
| LAC Reduction (Ext Foster)   |        | (3)    | (5)     | (6)     |         |
| Cost saving £'000            |        | (43)   | (201)   | (284)   | (160)   |
| Total Reduction to LAC       |        | (12)   | (23)    | (25)    | 0       |
| Total cost saving £'000      |        | (288)  | (975)   | (1,281) | (729)   |
| Cumulative cost saving £'000 |        |        | (1,263) | (2,544) | (3,274) |

Number of diversions have been profiled across the year

## 7. LEGAL CONSIDERATIONS

There are no specific legal considerations.

## 8. ENVIRONMENTAL IMPACT CONSIDERATIONS (INCLUDING CLIMATE CHANGE)

There are no specific environmental considerations.

## 9. EQUALITY CONSIDERATIONS

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

## **10. RISK MANAGEMENT CONSIDERATIONS**

A risk register has been developed and maintained throughout the development and implementation of the Edge of Care service. This is reviewed by Project Board Members on a twice monthly basis and issues or exceptions are escalated to CSLT through monthly project highlight reports.

Mitigating actions are currently being managed as 'Business as usual' with no significant issues to raise with members at this stage of the project. However, a priority risk which will be closely monitored and frequently reported on during year one is ensuring that financial projections and assumptions remain on target.

## **11. PUBLIC HEALTH IMPACT**

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.

## **12. CONCLUSION**

In agreeing the recommended service model revisions in this report and acknowledging the progress made to date with implementation of the Edge of Care Service, members will continue to 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 remains a wise deployment of the resource available to the Council from the Business Rates Pilot Fund, which is intended to develop more sustainable social care.

Rachel Gillott  
Acting Head of Service

Electoral Divisions: All

Cabinet Member for Children's Services: Councillor James McInnes

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## **LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS**

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