



Edge of Care Interventions Summary Report Quarter One: 2020-21

Lead Director: Caroline Tote

Useful information

- Ward(s) affected: All
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1. Purpose of the Report

- 1.1 The purpose of this report is to provide a progress update to Scrutiny on the delivery of interventions that are part of the edge of care offer within the Early Help and Prevention Service. Due to the range of complex interventions referred to, this report is supported by a presentation.
- 1.2 As requested from City Mayor's Executive, this report now reflects the ethnicity of children and families supported, some areas have provided analysis, however this is still in development.

Recommendations

- 1.3 Members of Children, Young People and Schools Scrutiny Commission are asked to note the contents of the report and provide any observations or comments to the Head of Service for Early Help and Prevention. Each intervention programme has specific recommendations at the end of its section which are reviewed within the operational Edge of Care Interventions Board.

2. Background Information

- 2.1 This report pulls together a summary of all edge of care interventions with separate detailed reports presented at the Edge of Care Interventions Board (EOCI) on 17 Sept. The key aims of this board are to ensure the programmes operate within the purpose and structure for which they were designed and to ensure a collaborative approach towards reducing our looked after children. The aim of these programmes is to provide a targeted response to those children most at risk of coming into care with a view to reducing looked after episodes, the financial cost of these and improving outcomes for children, young people and their families.
- 2.2 The edge of care (EOC) services referred to within this report are:
 - a) Multi Systemic Therapy (MST), a 3 – 5-month programme targeting children aged 11 -17 at risk of custody or care due to behavioural issues.
 - b) MST Child Abuse and Neglect (MST CAN), a 6 – 9-month programme targeting families with at least one child aged 6 – 17 at risk of care following one or more episodes of physical abuse and/or neglect.
 - c) Functional Family Therapy for Child Welfare (FFT-CW), a programme of approx 6 months duration for any child aged 0 – 7 where there is a risk of care due to ongoing child welfare needs (except active sexual abuse) where the family isn't eligible for an MST intervention.
 - d) Safe Families, a commissioned service where local volunteers provide short term respite, befriending and resources to families where children are identified as at risk of care
 - e) Family Group Conferencing (FGC) specialist independent service co-ordinating a personalised community response to prevent family breakdown
 - f) Parenting Assessments and Two-Year Pathway, a response to engaging families with young children where a risk of care is identified.
- 2.3 The list above is not exhaustive but reflects the main programmes targeting EOC intervention supporting social work practice. The primary aim of the EOIC board is to provide scrutiny, oversight and challenge of the effectiveness of the programmes in reducing the numbers of children who are becoming looked after.

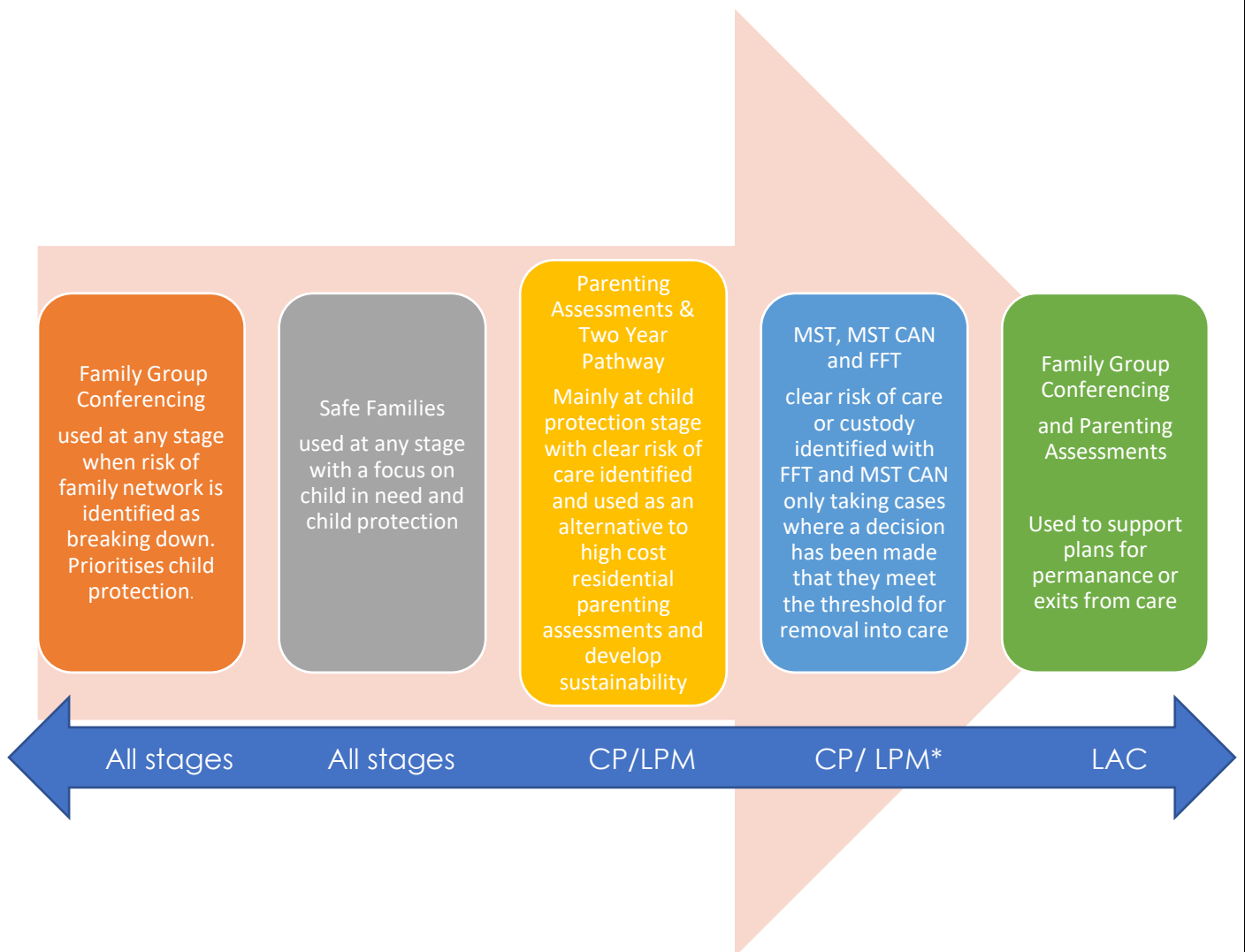
2.4 Local authorities use a combination of different interventions and bespoke programmes as part of their early help offer and to divert children from care. There isn't a one size fits all, with recognition that the risk of children and young people entering care can be identified much earlier. This suite of edge of care intervention programmes within Early Help and Prevention is based on national good practice that delivers better outcomes based on proven approaches. They are positioned at different stages, with the intention of creating better outcomes for children and families to remain at home with their families whilst also reducing costs of care.

Glossary:

LAC – Looked after child CIN – Child in need CP – Child Protection EH – Early Help

LPM – Legal Planning meeting

Approach to using edge of care services



*Will take cases from early help where a risk of imminent breakdown is identified or open to the youth justice service and risk of custody identified.

2.5 The cost of EOCl interventions varies significantly and should not be compared to one another as they are different approaches for children at different stages. With the exception of parenting assessments, if MST-FFT is identified as needed, due to the evidence base and ecology of the model, this becomes priority and all other edge of care interventions supporting the family cease.

Table 1: Cost of Edge of Care Interventions

Edge of Care Intervention	Annual Cost	Comments
MST-FFT	£2m	
Family Group Conferencing	£160k	£100k funded by Troubled Families reserves, ends Mar 21
Parenting Assessments	£145k	
Safe Families	£100k	Funded by Troubled Families reserves, ends Mar 21.

2.6 Whilst the cost of MST-FFT is significantly higher than other edge of care interventions, this service is subject to rigorous adherence and evaluation, evidencing that placement costs avoided are in excess of the cost of the service. For other programmes such as FGC, these approaches are encouraged by the Department for Education, with the national consensus that programmes such as these reduce the number of children who come into care. Financial evaluation of FGC and Parenting Assessments would be possible but would require significant input from Finance, which is felt to be of limited benefit given that the cost of these approaches is minimal and the approaches are established as good practice nationally.

3. Key Headlines: Outcomes and Cost Avoidance Savings

3.1 Through the quarter, edge of care services continue to be delivered despite the covid-19 pandemic with teams operating a flexible approach using a combination of face to face, video and phone sessions. However, as expected there has been a notable decrease in EOC interventions within the quarter. Within quarter one, 163 children have been supported by EOC interventions.

3.2 A summary of key outcomes from internal edge of care interventions for children in this quarter demonstrates that of the **37 children where edge of care intervention concluded in the quarter, 81% remained at home or left care.**

Glossary:

LAC – Looked after child CIN – Child in need CP – Child Protection EH – Early Help
MST – Multi Systemic Therapy FGC – Family Group Conference
MST CAN – MST Child Abuse & Neglect FFT – Functional Family Therapy
PA – Parenting Assessments

Table 2: Edge of Care Outcomes concluded within Q1 2020-2021

	EOC Outcome	MST CAN	FFT	MST	FGC	PA	Total	%
1	Exited from care				2*		2	6%
2	Closed to social care and early help		1		2	4	7	19%
3	Stayed open to the same plan		1	2	3		6	16%
4	Remained in care		1	1	1		3	8%
5	Came into care (LAC)		3		1		4	11%
6	Risk to child decreased (stepped down)**	3	8		1		12	32%
7	Risk to child increased (stepped up)				3		3	8%
	Total	3	14	3	13	4	37	100%

*Children who are in a kinship placement therefore still have a cost but there are better outcomes for children placed with family.

** Where a child's risk was assessed to have decreased, children's social care and /or early help remained involved to provide the family with support. Where that risk was assessed to have increased, children became subject to CIN/CP.

3.3 Compared with the previous quarter (Jan – Mar 2020), there has been an 42% decrease in interventions concluded (34 children) with a 5% decrease in children remaining at home or exiting from care. This is attributed mainly to the impact of Covid 19 and interventions lasting longer. The main

difference between outcomes for this period compared with the previous quarter is that there were significantly less interventions concluded from MST (31 last quarter as opposed to 3 in this quarter)

- 3.4 It is an expectation (of the judiciary) for all Local Authorities to have ensured that any case that goes before the court has been subject to a robust process of assessment, this is known as pre-proceedings and identifies our children most at risk of coming into care. If it is robust this process should provide assessment and support and should ideally divert cases away from the court arena. If used appropriately, the timescales for care proceedings should be reduced and permanency for children is achieved quicker whether coming into care or remaining with their families.
- 3.5 Of the pre proceedings and proceedings that concluded within quarter one, 16 children (11 families) that had EOC interventions stepped down from these. Some of these may be duplicated in the figures above but evidence the numbers of children considered to be at highest risk of care.

Table 3: Cases stepped down from proceedings within Q1 2020-21

EOC intervention	No of families	No of children
MST CAN	1	4
FFT	7	9
MST	0	0
Safe Families	1	1
Family Group Conferencing	0	0
Parenting Assessments	2	2

- 3.6 In the first quarter, 41 children have been diverted from care as a result of new in-year referrals to MST/CAN and FFT with a forecast placement cost saving of £2.2m compared to a budget of £3.7m for the year. Whilst the number of children diverted has been lower than budgeted (because the number of children per family for FFT was 1.4 not 2 as in the budget), the average placement avoided has been significantly more expensive because of the complexity of the children's cases, for both FFT and MST.
- 3.7 Safe Families do not provide the data per quarter in the same way as internal EOC services, however outcomes are described within their section.
- 3.8 Cost avoidance for placement costs to the authority can be evidenced for MST, MST CAN and FFT. Whilst Parenting Assessments and Family Group Conferencing can evidence robust impact on preventing placements breaking down, children remaining at home with exits from care. Within Q1, FGC supported 2 children to exit from care to a kinship placement, with family members receiving our fostering allowance.
- 3.9 Commissioning of external residential parent and baby assessments has stabilised with a reduction of £800k expenditure per year since the introduction of the parenting assessment model and two-year pathway in 2018.

Table 4: Residential Parenting Assessment cost

Year	No of residential parenting assessments	Bed nights	Cost
2017-18	55	3,261	£1.2m
2018-19	23	1,116	£470k
2019-20	21	670	£447k
2020-21 Q1	2	89	£43k

- 3.10 Data has been produced by ethnicity in using EOC interventions with some analysis drawn. Within Q1, of open cases, slightly more white british children (55%) have been supported than children from black and ethnic minority groups (BAME) (45%)

Table 5: Ethnicity of children/families supported by EOC Interventions Q1 2020-21

Ethnicity Category	MST- FFT	FGC	Parenting Assessments	Total	Safe Families (to date totals)
• White British	21	7	21	49	106
• White Irish	0	0	0	0	
• White other	1	2	5	7	
• Black Caribbean	1	0	0	1	
• Black African	1	0	0	1	
• Black other	0	0	0	0	13
• Asian Indian	2	2	2	6	11
• Asian Pakistani	1	1	2	4	
• Dual Heritage	5	1	1	7	8
• Not known	2	0	2	4	4
• Other			3	3	9

- a) Safe Families have identified that there is a deficit of volunteers from asian communities compared with the numbers of asian families they have supported. This is a key action to increase volunteers from the asian community. Overall, incoming referrals to Safe Families are less ethnically diverse than the overall population (19% less) with an over-representation of white children (70%) compared with the white population of Leicester.
- b) Whilst FGC noted that outcomes for children from different ethnic groups were no better or worse, work is underway to assess if a family's experience is more positive when supported by staff within FGC who speak different languages rather than using an interpreter.

3.11 More work is required to explore whether there are any trends to inform conclusions and actions, particularly in relation to at what stage children are referred to EOC interventions, comparison against the population of children open to social care and early help and outcomes. This will be in place from quarter two.

4. **MST, MST CAN and FFT**

4.1 There have been cases involving 49 children across 34 families opened in the quarter. Within the quarter, MST, MST CAN and FFT have worked with 110 families, 20 families' cases have closed in the quarter with 79% remaining at home. **Refer to Appendix One: MST, MST CAN and FFT Feedback, Case Data and Financial Savings**

4.2 Ethnicity of families receiving support from MST, MST CAN and FFT are outlined below.

Table 6 Ethnicity of referrals of families to MST, MST CAN and FFT

Ethnicity Category	MST	MST CAN	FFT	Total
• White British	11	4	6	21
• White Irish	0	0	0	0
• White other	1	0	0	1
• Black Caribbean	1	0	0	1
• Black African	1	0	0	1
• Black other	0	0	0	0
• Asian Indian	0	0	2	2
• Asian Pakistani	0	0	1	1
• Dual Heritage	2	2	1	5
• Not known	0	0	2	2

4.3 Overall, feedback from families and professionals continues to be positive, with 100% of 'failed' cases resulting in children coming into care, suggesting that referrals are appropriate and that teams are targeting those with the highest risk of care.

MST

4.4 There have been 16 new children starting and 33 open cases in the quarter. the MST service has achieved 20% of the 'new starts' annual target of 120. The vacant Team Manager post has been filled with a start date of mid July 2020. All 8 therapists have remained stable in post, although one has been shielded due to Covid-19 and one has taken on some of the vacant management duties. This has impacted caseload with these two staff having reduced caseloads across the period. Across the remaining staff, the average caseload per FTE therapist has been 5; this in line with the budget.

Table 7: Status of cases at referral to MST Q1

16 children, 6% of referrals came via Edge of Care Panel		
No of children	Case status	Comments
5 (31%)	Single Assessment/Duty and Advice	
1 (6%)	Child Protection	
2 (13%)	Child in Need	
7 (44%)	Early Help & Prevention	MST standard only
1 (6%)	Looked After Children	Plan to exit from care within 28 days

4.5 Due to the length of intervention, cases do not generally open and close within the quarter, however of those cases that closed within the quarter:

Table 8: Status of cases closed within the quarter (Q1)

3 cases closed, 67% remaining at home.	
No of children	Case status
1 (33%)	Looked After Children (was LAC at start of intervention)
1 (33%)	Child Protection
1 (33%)	Child in Need

4.6 Of cases opened this year, 94% remain at home. The targeting deflator is averaging 50% compared to 73% in 2019/20, which is a result of an increase in referrals from Early Help and Prevention, including the Children and Young Peoples Justice Service. The average placement cost of the cases taken has increased significantly from 2019/20 with more children with greater needs being referred.

MST CAN

4.7 There have been 6 new families (starts) in the quarter with 6 children.

4.8 The two teams have worked with 20 families in the quarter. The two programmes have remained consistently full, with one therapist vacancy. The two MST CAN teams are targeted to start 32 new cases per year on average over a 3-year cycle. The length of the programme is 9 months and hence the theoretical number of new starts in any one of the three years can vary between 24 and 48.

Table 9: Summary of overview of cases starting and closing - MST CAN Q1

6 cases opened
5 (83%) came from legal planning meetings and 1 (17%) from edge of care panel
3 cases closed, 100% remained at home:
- 1 (33%) remained at home on a CIN plan
- 2 (67%) remained at home on a CP plan

FFT-CW

4.9 There have been 12 new families opening in the quarter with 17 children. The team has worked with 48 families during the period. This equates to 12 cases per therapist demonstrating that the team has been oversubscribed throughout. Recruitment has taken place to fill the vacant therapist post and FFT training will be delivered in September 2020 with a phased caseload for the new staff member thereafter.

Table 10: Summary of overview of cases starting and closing - FFT

12 cases opened, 100% remain at home to date
9 (75%) came from legal planning meetings and 3 (25%) from edge of care panel.
14 cases closed: <ul style="list-style-type: none">- 4 (29%) remained at home on a CIN plan- 4 (29%) remained at home on a CP plan but stepped out of PLO processes- 3 (21%) came into care (LAC)- 1 (7%) became LAC but placement with parents so no cost to the authority- 1 (7%) remained in PLO processes (progression with plan for care)- 1 (7%) closed to children's social care

4.10 It should be highlighted that FFT works with the youngest cohort, thus the highest risk of removal, yet they still achieve a high overall reduction in risk. New cases to date are 13% of target, partly impacted by the team holding one therapist vacancy. Average numbers of children per family is 1.4, lower than last year and the 2.0 assumed in the budget.

4.11 There are no specific recommendations for MST, MST CAN and FFT in this quarter.

5. Safe Families

5.1 The primary aims within the Safe Families contract are to;

- a) Connect isolated families into their communities through high quality volunteer support
- b) De-escalate cases to a lower level of support required from Childrens' Services by improving the resilience of families to cope with life situations.
- c) Reduce the flow of children coming into Care
- d) Achieve cost avoidance savings for Leicester City Council

5.2 A contract extension up until the 31st March 2021 is in place, during that period Safe Families are contracted to work with 60 families, a target of 100 referrals is set (66% engagement rate).

5.3 Safe families have been commissioned to engage 160 families over a two-year period to provide community-based family support to reduce the number of children who are at risk of coming into care. This will be done through supporting and developing the skills of the family, increasing their positive support networks and as a result strengthens families' long-term resilience. The 160 places are split with 80 allocated to Early Help and 80 to social care although there is flexibility to respond to demand. The current contract runs from July 31st, 2018 – July 30th 2020, therefore although this is a quarter 1 report, when reporting for the last year is made reference to that is from the 31st July 2019 to the 30th June 2020.

5.4 Safe Families operate a category system to determine trajectory and support required. This is determined by the referrer.

- Category 1 is *Families that require support to thrive within their community, children within the family are not at risk of being accommodated.*
- Category 2 is *Without Safe Families support, are one or more of the children in the family on a downwards trajectory towards needing accommodating*

5.5 For this quarter we have received 17 referrals which is a reduction of 42% from quarter 4. This is expected as a result of the COVID-19 pandemic, however Safe Families could have been used as a support programme for families at this time.

5.5 The origin of referral for quarter 1 is Social Care (6) 35% and Early Help 11 (65%); this is a significant change in the usual trend, since referral from both services is usually around 50%. In discussion with Safe Families, they illustrated that other local authorities in the region, have experienced a reduction in referral made from Social Care. Safe Families have attributed this to not been able to provide the constant communication with Social Care teams required to maintain the referral flow. Through discussion with Safe Families, it is felt that the emphasis needs to be put upon refreshing referral pathways from chils in need (CiN) teams, specifically targeting teams to remove referral barriers. Increased referral from CiN teams should also help to increase referral of families most at risk of coming into care.

5.6 For this quarter 57% of referrals for families received are identified as Category 2 on a trajectory into care. A sample of referrals has been reviewed to validate referrer assessment, and, on the whole categorisation is appropriate. Further supporting the fact that Leicester City decision making is that the results are comparable with Nottingham and Derby, where 65% and 68% cases are assessed as being category 2.

5.7 For this quarter 51 children and young people have been referred within the whole family referral to Safe Families, for the year to date the numbers of children are 199. At this stage of contract delivery, we can see that:

- 41 % of children are aged 0-5
- 38% of children are aged 6-11
- 21% of young people are aged 12-17.

5.8 The following tables illustrate residence and outcome for all the referrals that have been made to Safe Families this year April 20 – June 20

Table 11: Families referred residence

Postcode	Number of referrals (Q1)	Areas covered
LE1		Wycliffe, Castle
LE2	2	Knighton, Aylestone, Stoneygate, Spinney Hills, Saffron, Eyres Monsell
LE3	7	Braunstone, Westcotes, Western, Fosse
LE4	5	Beaumont Leys, Belgrave, Rushey Mead, Abbey, Belgrave
LE5	3	Evington, Troon, Thurncourt, Humberstone

Table 12: Summary overview of referrals from Safe Families April 20 – June 20

No	Summary
17	Referrals made this quarter.
17	Referrals made this year.
49	Families have been supported or are receiving support
2	Families are pending support
16	Families are being assessed for support

34	Families have not engaged or were to high risk to receive support (this is comparable with Derby and Nottingham city where approximately 50% of cases do not go on to receive volunteer support)
14	Bed nights have been provided to a total of 7 children in 5 different families (2 CP/ 2 CIN/1 PLO) over 7 instances of hosting.
7	Referrals for care leavers in total
9	Families have closed to Safe Families after being matched to and supported by a volunteer

5.9 Outcome Scores, all families supported by Safe Families record their scores against a number of outcomes and these scores are tracked throughout Safe Families involvement. These outcomes are:

- Positive Parenting
- Social Networks and Support
- Wellbeing, happiness and emotional health
- Confidence and self-esteem
- Home and physical needs of the child
- Family Relationships.

5.10 Of the referrals that have been closed with support complete, the improvements in relation to the scores are illustrated in the table below. Safe Families report that plus scores in all domains are an exception and are not recorded in any other authority and should be viewed extremely positively.

Table 13: Outcome scores

Stage	Social Networks	Wellbeing	Confidence	Physical Needs	Family Relationships	Positive Parenting
Maintained/Increased	100%	83%	93%	83%	97%	93%
Decreased	0%	17%	7%	17%	3%	7%
Average Change	+1.2	+0.9	+1.3	+0.5	+0.8	+0.7

5.11 Families also set goals relating to these outcomes and currently **68%** of families have either met their goals or are actively making progress towards them. This is **up 5%** from the last quarter.

Table 14: Summary of outcomes for families supported by Safe Families

5.12 Of the referrals that have been supported for over 3 months by Safe Families within this contract period (since July 2019) the Social Care Level change is as follows:

Remained stable at CP	8
Remained stable at CiN	8
Remained stable at EH	17
Closed to EH throughout Safe Families involvement	8
Closed to CiN throughout Safe Families involvement	4
Remained LAC	1
Unknown	3

- **63%** of the families who remained at CP were identified as being on a trajectory to escalate at the point of referral.
- **63%** of the families who remained at CiN were identified as being on a trajectory to escalate at the point of referral.
- **59%** of the families who remained at EH were identified as being on a trajectory to escalate at the point of referral.

5.12 Volunteer recruitment continues to be steady and is meeting the demands of the contract. Safe Families currently have a total of 112 volunteers with 5 in the training process. Volunteer demographics, In June 2020, Safe Families researched the ethnic diversity within all their operating areas, looking at incoming referrals and our volunteer base in comparison to their local area.

	Popn total	Asian	Black	Mixed	Other	White	Not supplied	% BAME
Area*	354,224	37%	6%	4%	3%	51%	0%	49%
Referrals	151	6%	8%	5%	5%	70%	2%	30%
Volunteers	61	3%	11%	3%	0%	74%	8%	17%
Leicestershire Volunteers	52	0%	0%	2%	0%	92%	6%	2%

*Data from 2011 Census

5.13 Overall, incoming referrals in Leicester are less ethnically diverse than the overall population (19% less). We intend to work to understand if there may be some difference arising from the area locations where CiN teams and children's centres deliver. It would be a helpful next step to understand what percentage of CSC and Early Helps cases are BAME and any reasons which may account for the discrepancies we see.

5.14 In relation to the volunteer base, Safe Families has a less diverse volunteer base than the incoming referrals (13% less). There are some nuances in this though; as the data shows, Safe Families have a higher than average number of volunteers of a black ethnicity compared to Asian. Recruiting more Asian volunteers has now been identified as an area for development. Additionally, Safe Families have only been able to extract data on the ethnicity of the lead parent/carer which means that the overall ethnic diversity of families as a whole may well be higher.

Specific recommendations for Safe Families

5.15 Safe Families to target recruitment of volunteers who are of Asian ethnicity.

5.16 Explore opportunities for continuation funding beyond April 21.

6. Family Group Conference Service (FGC)

New referrals and number of children involved

6.1 Over the last quarter, the FGC Service has received 12 new referrals with 27 children. There have also been 6 enquiries with advice given. Before the covid-19 lockdown came into place on March 17th, March's referrals were higher than the previous quarter's referrals.

6.2 The impact of Covid-19 on the FGC has been felt within the FGC service, compared to the previous quarter, it has resulted in a **56%** drop in referrals received (62 to 27) and caused a drop of **53%** in the number of FGCs held (15 to 7). Covid-19 has lengthened the time a family remains open to the FGC service. Several families were on hold (where there is regular weekly contact but not moving towards an FGC until lock down has ended) due to family dynamics.

6.3 On a case by case basis, the inability to see families in their homes has made it harder to connect to them and it is taking longer to progress to a FGC and there has been more contact with families by the

co-ordinators to get the families to the point they're ready to have a FGC, this is reflected in the length of time the referral have been open.

LAC – Looked after child
PWP – Placement with parents

CIN – Child in need
EH – Early Help

CP – Child Protection
PF – Private fostering arrangement

Table 15: Source and status of children at referral to FGC

Quarter 1	April		May		June		Total	
Sources of Referrals	No. of referrals	No. of children	No. of referrals	No. of children	No. of referrals	No. of children	Total No. of referrals	Total No. of children
CIN								
CP	2	7	1	1			3	8
EH	3	7			2	2	5	15
LAC			3	3	1	1	4	4
Grand Total	5	14	4	4	3	3	12	27
Previous Quarter	14	29	5	9	6	24	25	62

6.4 During quarter 1, 6 FGCs were held, they will be reviewed after 3 months.

Table 16: FGC Activity Q1 2020-21

Month	Completed - FGC took place	Change of Circumstances FGC stopped	Family Withdraw	Lead Professional Withdraw	Withdrawn as MST/FFT	Grand Total
April	1	1	0	1	0	3
May	3	1	2	1	0	7
June	3	0	0	0	0	3
Grand Total	7	2	2	2	0	13
Previous Quarter	15	5	8	1	1	30

6.5 If an FGC does not go ahead, there may still have been work undertaken. Over the quarter, we spoke to 19 family members for the referrals that did not result in an FGC going ahead.

6.6 Intensive work completed, with all cases involving meeting with other professionals and home visits to individual family members, often more than once. In most cases, the FGC worker has grown the 'family and friends' network. The Family Plans have resulted in cases being closed to Children's Social Care and being stepped down to Early Help and prevented children going into care e.g. by supporting kinship applications, finding other family members that can help and/or share the care.

6.7 We record the immediate effect of the FGC (whether a plan was made that addresses the issues/concerns of the Lead Professional) and follow up after 3 months with the Lead Professional to capture the impact of having a FGC. Of the FGCs that took place during the quarter, 100% had an immediate positive outcome. All of them produced a family plan that the Lead Professional was happy with and the family were invested in.

- 6.8 The average number of days from allocation to FGC taking place is 75 days which is almost a 100% increase from quarter four. The longest case during this period lasted 183 days compared with 84 days last quarter. The shortest time from allocation to the FGC taking place was 7 days.
- 6.9 For the 7FGCs that took place, a total of 39 family members were contacted with 35 attending the actual FGCs. Per FGC this is an average of 5.5 family members contacted and 4.7 attended.
- 6.10 All FGCs are followed up 3 months post closure with questionnaires completed over the phone using a signs of safety approach. We contact the referrer first and then the family.
- 6.11 Thirteen FGCs took place during the previous quarter Jan – March. We gather the Signs of Safety scale at the point of referral and at the 3 month follow up stage. The average SoS score at the point of referral was **4**, 3 month post FGC this raised to **5.9**. This is an average improvement of **1.9+**. Only one of the scores went down, 1 score remained the same, with 11 scores improving.
- 6.12 A snapshot is captured of where the family are within the CSC and EH pathway at the point of referral and at the 3-month follow up stage to assess if the FGC has had an impact of the family's journey. Feedback from the referrers found that 100% felt confident in the process, would refer to the service in the future and that they were given enough information about timescales and content.
- 6.13 Feedback captured from families stated that all felt having an FGC made their situation better or mentioned a positive outcome due to the FGC. All of them found the process easy and stated that they are confident they could ask their network for help in the future
- 6.14 For quarter 1, the summary is as follows:

Table 17: Summary overview for Family Group Conferencing

27 children referred, 55% of which are SC (35% CP, 20% LAC) – 45% are EH
7 FGC's held - where 39 family members contact, 33 at meetings, most 6 attending an FGC
100% produced a plan, in 3 month follow up majority evidencing successful outcomes due to FGC
Gathering data 3 months post-FGC we catch up on where the families are. We group this into quarters (in this case quarter 4 Jan - Dec)
A total of 13 FGCs in the previous quarter, 7 at children's social care level and 6 EH. <ul style="list-style-type: none"> - 1 x CIN – Remains at CIN - 3 x CP – 1 LAC, 1, CIN, 1 CP. - 3 x LAC – 2 Kinship care, 1 remains LAC. - 6 x EH – 1 CP, 1 EH contact, 1 SAT, 2 Closed, 1 remains EH.
46% of the FGCs stepped down
31% of the FGCs stayed at the same level
23% of the FGCs stepped up
Signs of Safety scale average at point of referral 4.0 , after 3 months this has moved up to 5.9 .

- 6.15 Refer to **Appendix Two: Pre and Post FGC Intervention** which demonstrates impact using scaling pre and post FGC intervention with relevant commentary regarding the family situation.

Table 18: Ethnicity trends for the Family Group Conference service

6.16 Breakdown of referrals to FGC in the quarter.

Ethnicity as per Liquid Logic	Referrals received			Total
	April	May	June	
A1 - White British	2	2	3	7
B1 - White and Black Caribbean	1			1
B2 - White and Black African		1		1
B4 - Any Other Mixed Background		1		1
C1 – Indian	1		1	2
C4 - Any other Asian Background	1			1
Grand Total	5	4	4	13

6.17 The number of referrals for this quarter are unable to give enough data for analysis. The figures for 2019-2020 referrals by ethnicity.

Ethnicity as per Liquid Logic	Number of referrals	Percentage or referrals to FGCs %
A1 - White British	52	61.2
A3 - Any Other White Background	2	2.4
A4 - Traveller or Irish Heritage	1	1.2
A5 - Gypsy / Roma	1	1.2
B2 - White and Black African	2	2.4
B3 - White and Asian	3	3.5
B4 - Any Other Mixed Background	6	7.1
C1 - Indian	8	9.4
C2 - Pakistani	1	1.2
C3 - Bangladeshi	1	1.2
C4 - Any other Asian Background	1	1.2
D1 - Caribbean	1	1.2
D2 - African	3	3.5
D3 - Any Other Black Background	2	2.4
E1 - Chinese	1	1.2

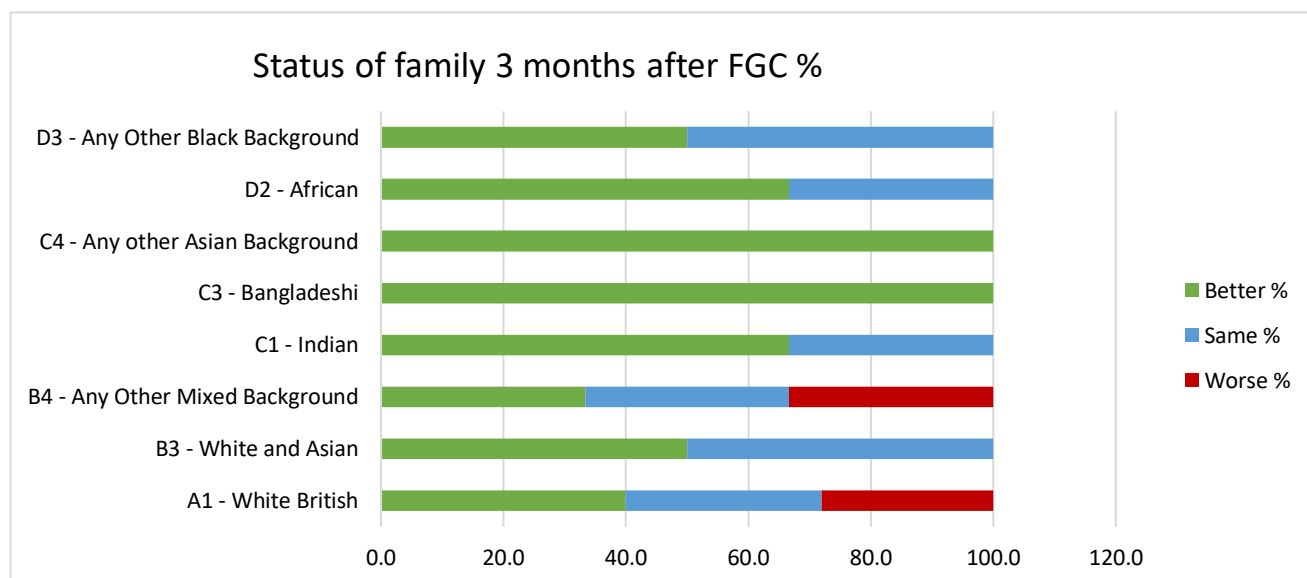
6.18 The data below is from <https://www.ukpopulation.org/leicester-population/>. The ethnic groups in the Leicester are many. Whites are the largest ethnic group in the city with 50.6 % of the total population. There are various groups of white people in the city varies depending on their origin; there are 45.1 percent British whites, 0.8% Irish whites and 4.6 % white people from other places. Other ethnic groups include Blacks (6.3%), Asians (37.1%), Arabs (1.6%) and other groups (1.6%). We can see by comparing the above information that the referrals by ethnicity are similar to the breakdown of the city by ethnic group.

6.19 The numbers below represent the status of the family 3 months after the FGC has taken place. It shows the majority of families are in a better position after having a FGC regardless of their ethnicity. Unfortunately, we do not have the information on how many families and from which background needed an interpreter, this would be interesting to know as clear and precise communication is needed between professionals and families if the families are to make a successful plan. However, the most important part of an FGC is the private family time in which there are no professionals present and during this time the family network would be able to speak to each other in their native language and the interpreter would only be needed for this part if some of the family network did not speak the language.

6.20 Overall, there are families from BAME groups that are worse off after having an FGC. Comparing the above and below table also indicates that just over 50% of referrals are for A1 – White British.

Ethnicity	Status of Family 3 Months after FGC			Total
	Better	Same	Worse	
A1 - White British	10	8	7	25
B3 - White and Asian	1	1	0	2
B4 - Any Other Mixed Background	1	1	1	3
C1 – Indian	2	1	0	3
C3 – Bangladeshi	1	0	0	1
C4 - Any other Asian Background	1	0	0	1
D2 – African	2	1	0	3
D3 - Any Other Black Background	1	1	0	2
Total	19	13	8	40

The table below is the above information as percentage.



Specific recommendations for Family Group Conferencing

6.21 Explore opportunities for continuation funding for the expanded team beyond April 21.

7. Parenting Assessments (including Two Year Pathway)

7.1 To mitigate against the need to use external residential parenting assessments and support families to develop local support networks, the Children Centre and Family Support service within Early Help and Prevention have developed a 0 – 2 pathway of universal and targeted services to support families with young children. Part of the pathway also includes the completion of parenting assessments for children to prevent family breakdown, access to childhood services and extending their support the network within their own community.

7.2 Within quarter one there were no parenting assessments completed by St Andrews as parenting assessments have been suspended due to Covid 19 restrictions.

7.3 Since April – June 2020, there have been 37 requests for parenting assessments from Early Help with 25 of those pre-birth:

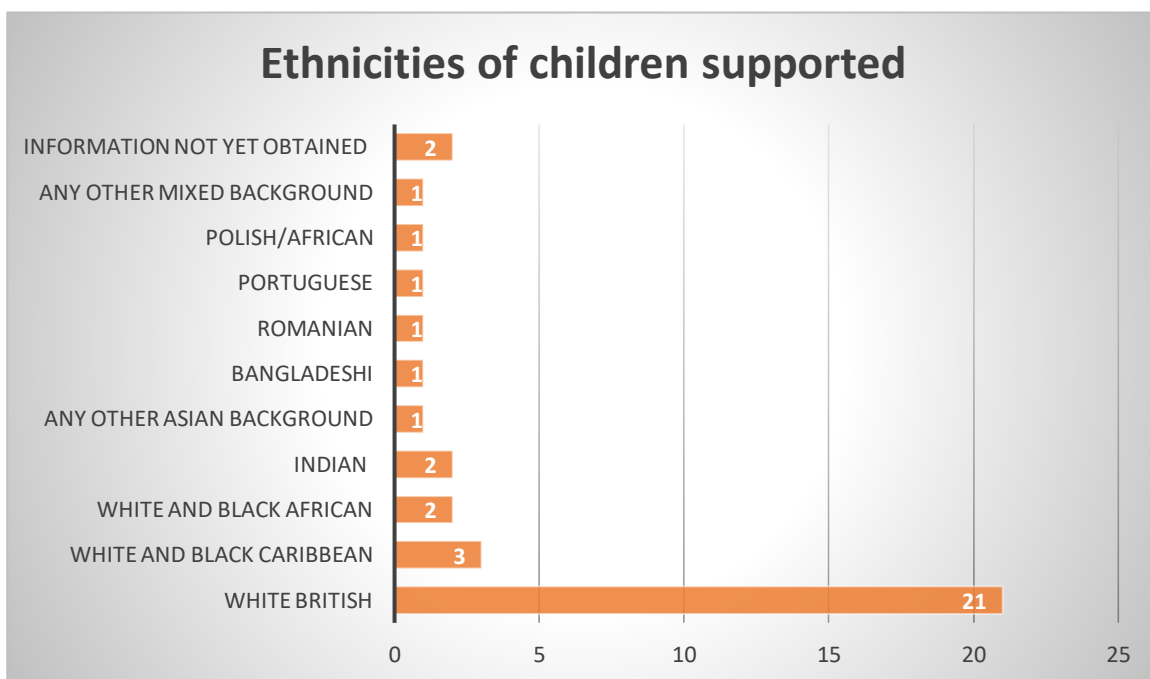
Table 18: Request for Parenting Assessments April – June 2020

Service Area	Children Centres & Family Support
No of PA's requested	37
How many children	36*
Of these, pre birth	25
Completed	4
Part completed/Cancelled	4
Ongoing	29

Note: * Two parenting assessments completed for one child.

7.4 Of the 37 parenting assessments a total of 36 children were involved with requests for a separate PA to be carried out on both parents. Of the 36 children, please find below a breakdown of ethnicities:

Table 19: Ethnicities of children supported through a parenting assessment



7.5 Of the 4 that were completed, the outcome destination for children was 100% remaining at home:

Table 20: Outcome destination for children following completion of parenting assessment and intervention

Service Area	Children Centres & Family Support	St Andrews
Remaining at home	100% (4)	n/a
Removal into foster care		
Removal into kinship care		n/a
Remain in foster care		n/a
Returned home		n/a

Table 20: Summary overview of status of case pre and post parenting assessment and intervention from Children Centres and Family Support

4 children, of which: 75% CP and 25% CIN			
No	Case status at start of PBA within Q1	Case status at end of Q1	Comments
1	CP	Closed	Case closed to social care completely due to positive steps being maintained
2	CP	Closed	Case closed to social care completely due to positive steps being maintained
3	CP	Closed	Case closed to social care completely due to positive steps being maintained
4	CIN	Closed	Case closed to social care completely due to positive steps being maintained
100% of the parenting assessments decreased and improved the child's outcome legal status and all 4 of the families have closed to social care intervention and remained at home.			

Case status 3 months post closure

7.6 Cases are now tracked 3 months post closure to assess and evidence impact and sustainability. Within Q4 2019-20 (Jan – Mar 2020), there were 18 parenting assessments completed for 32 children. Refer to the table below for key headlines:

Status prior to parenting assessment	Children Centres & Family Support	St Andrews
CIN	0	0
CP	6	6
LAC	1	19

	EOC Outcome	Children Centres & Family Support	St Andrews	Total	%
1	Exited from care			0	0
2	Closed to social care	4		4	13%
3	Stayed open to the same plan	1	1	2	6%
4	Remained in care	2	19	21	66%
5	Came into care (LAC)			0	0
6	Risk to child decreased (stepped down)		5	5	15%
7	Risk to child increased (stepped up)			0	0
	Total	7	25	32	100%

7.7 It is clear from the data that the PAs completed by Child Development Workers (CDW) within the Children Centre and Family Support (CCFS) service continue to play an integral part alongside social care in looking to ensure that the parent(s) of the unborn/born child are given the opportunity to be supported in looking at a wide range of areas that covers relevant and appropriate parenting of their child/or when born. Concentrating on the PA remains a pivotal factor that allows the CDWs to provide the parents with guidance/advice and intervention that covers areas such as Past History, Ensuring Safety, Emotional Warmth, Stability, Stimulation, Basic Care and Guidance & Boundaries in looking to aim for a safe upbringing and environment children.

7.8 An overview shows that there was very positive movement with 100% of the cases where a PA was completed by Early Help. We cannot attribute this solely to the CDW intervention as part of the PA, however what we are able to state is that the work carried out during the PA was a contributing factor alongside other services in allowing the 4 families to not only make but also sustain the positive progress they had made with all 4 cases closed completely to children's social care shortly after the PA was completed.

7.9 The completed PAs continue to have a quality assurance process that is both robust and thorough, which allows for appropriate checks to be made to ensure that the documents are ready for court if required. This process has been well received by the frontline staff completing the PAs, their direct managers as well as representatives from social work teams. Refer to **Appendix Three: Parenting Assessment Case Studies** evidencing impact of PAs completed in quarter one.

Specific recommendations for the Parenting Assessment Model are:

- 7.10 St Andrews Contact Centre to undertake Parenting Assessments from quarter three.
- 7.11 Explore growth of this approach within existing resources.

8. Financial implications

8.1 In the first quarter 41 children have been diverted from care as a result of new in-year referrals to MST/CAN and FFT with a forecast placement cost saving of £2.2m compared to a budget of £3.7m for the year. Whilst the number of children diverted has been lower than budgeted (because the number of children per family for FFT was 1.4 not 2 as in the budget), the average placement avoided has been significantly more expensive because of the complexity of the children, for both FFT and MST.

8.2 The cost of parent and baby residential assessments in the first 3 months was £43k compared to the annual budget of £670k.

8.3 There has been no progress on reviewing the value for money of FGCs and Safer Families due to competing demands.

Martin Judson, Head of Finance.

9. Legal implications

There are no legal implications arising from this report.

Pretty Patel, Head of Law, Ext 37, 1457

10. Climate Change and Carbon Reduction implications

There are no significant climate change implications directly associated with this report. However, carbon emissions from staff travel required to deliver these services should be managed through a policy of asking staff to consider options for using sustainable travel such as electric pool cars, buses or walking and cycling where this is feasible and will not negatively affect the effectiveness and efficiency of service delivery.

Aidan Davis, Sustainability Officer, Ext 37 2284

11. Equalities Implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't. In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The aim of these programmes is to provide a targeted response to those children highest at risk of becoming looked after with a view to reducing looked after episodes and improving outcomes for children, young people and their families. It is important to note that during COVID 19 and its impact across services, the Public Sector Equality Duty remains in force. Whilst there are no direct equality implications arising from this report as it is for noting, each of the intervention programmes have specific recommendations at the end of their section which are reviewed within the Edge of Care Interventions Board, these need to ensure equality considerations are embedded throughout and addressed appropriately, also equality monitoring should be carried out to identify if any protected groups are adversely impacted upon. Ethnicity data is now available for a number of intervention programmes and going forward should be developed across the other programmes, which should be able to identify any issues that need addressing as appropriate.

Sukhi Biring, Corporate Equalities Officer, 454 4175

12. Background information, other papers and appendices

Appendix One : MST, MST CAN and FFT Feedback, Casework and Financial information

Evidence of impact for families supported between Jan – Mar 2020, includes feedback from families and professionals.

Appendix Two: Pre and Post FGC Intervention Scaling

Scaling of progress made for families supported by FGC between Jan – March 2020

Appendix Three Parenting Assessment Case Studies

Evidence of impact for families supported between Jan – Mar 2020, includes feedback from families and professionals

13. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No, however appendices will need to be exempt from publication due to sensitive and confidential information which may be identifiable.

14. Is this a “key decision”?

No

Appendix One: MST, MST CAN Feedback, Case Data and Financial savings

- *MST CAN come across as really genuine and easy to talk to. I have found them really useful and supportive to work with us.*
- *You both was very helpful u helped me to manage my drinking and how to deal with stressful situations I can say I don't rely on alcohol to deal with stressful things thank u so much.*
- *I feel that I have been supported very well by the professionals that have worked with me... I have worked really hard with my therapist and her team. We stay in contact at least two to three times a week and this involves them visiting me and the children as well as telephone calls. We talk about strategies to help me to remain drug free. I deeply regret the actions of my past.*
- *My Therapist has always been there for me throughout the treatment and she's been amazing.*
- *The court hearing was moving, the change unimaginable in terms of the children's presentation and Mum's care of the children'. The judge shared real praise in his summary.*
- *Amazing!!! You have worked absolute wonders with the family in such short time. Thank you! 😊.*
- *I just want to say that you have been amazing on this case and have put in a high level of effort to support XX. It is often difficult to advocate for parents especially those who have a language barrier and disabilities. You have set a great example and worked amazingly with all the different professionals to ensure that the best outcomes are reached for them.*
- *Many thanks for the update and your prompt response. My colleague and I were just extolling the virtues of your support for the family and how amenable, organised and effective you have been. We appreciate all that you are doing.*
- *Professionals were positive about the progress that mum had made, and the way MST CAN have supported this case, well done you 😊 Mum has been abstinent from cocaine and heroin for 21 weeks prior to lockdown and self-reports to have maintained abstinence since. Both children have been successfully rehabbed back home and we are looking to secure a 6-month supervision order. Legal have requested a final court report by the 3rd of June, please progress and submit.*
- *Thank you for all the hard work! Brilliant. You've been a star therapist!*
- *I just tried calling but think you're offline. I just wanted to say a big thank you really for all the work you've been doing with the family. Its been great to work with you even if it has just been for a brief time. I've contacted all the professionals to let them know children are being stepped down from CIN and also spoke with mum and XXs Dad yesterday to inform them too. XX's dad has been in regular contact with me and is keen to support in the best way possible to encourage XX to go to school and help address this issue – I just wanted to let you know in case you ever needed to talk to him as he's very proactive at addressing this. His contact details are all on LL if you need them. When speaking with mum I had lovely long chat with her and it sounds like she's using everything you teach her and puts it into place if the boys have a wobble. I reminded her in the conversation about the importance of not sharing negative thoughts about the school or teachings in front of the boys just so this doesn't encourage some of their behaviours when at school and she agreed with this and would take it on board. I'll get the children closed on the system from the CIN perspective. Anyway, thanks again for all your hard work. Take care and stay safe in these most uncertain times. I look forward to our paths crossing again soon (hopefully).*

Case data April – June 2020

Q1 Data/ 2020-21	MST	MST CAN	FFT
Number of starts in the quarter	16	6	12
• LAC	1 (from EOC)	0	1 (from EOC)
• LAC PWP	0	0	0
• CP & PLO (LPM route)	0	5	9
• CP	1	0	1 (EOC)
• CiN and SO	0	1 (EOC)	0
• CiN	2	0	1 (EOC)
• Front door – DAS & SAT	5	0	0
• YOS	3	0	0
• Other EH with HoS approval	4	0	0
Referral route	16	6	12
• EOC	1 (LAC)	1	3
• PLO	0	5	9
• Other	15	0	0
Cases served in the quarter	33	20	48
Number exits in quarter	3	3	14
• LAC	1	0	3
• LAC PWP	0	0	1
• CP & PLO	0	0	1
• CP	1	2	4
• CiN	1	1	4
• None	0	0	1
Starts by ethnicity			
• White British	11	4	6
• White Irish	0	0	0
• White other	1	0	0
• Black Caribbean	1	0	0
• Black African	1	0	0
• Black other	0	0	0
• Asian Indian	0	0	2
• Asian Pakistani	0	0	1
• Dual Heritage	2	2	1
• Not known	0	0	2
% of exits in the qtr / still at home	67% (2:3)	100%	71% (5:7)
% of starts still at home in the qtr	94%	100%	100%

Exits between 1 st April 20 and 30 th June 2020	EOC Outcome	MST CAN	FFT	MST	Total
1	Exited from care	1	2	0	3
2	Closed to social care and early help	0	1	0	1
3	Stayed open to the same plan	0	1 gone to CAN	1	2
4	Remained in care	0	0	1	1
5	Came into care (LAC)	0	4	0	4
6	Risk to child decreased	2	6	0	8
7	Risk to child increased	0	0	1 (gone to CAN)	1
Total		3	14	3	20










Savings overview

<u>PERFORMANCE SUMMARY</u>					
<u>STD 1 AND 2</u>					
	STD 1/2 Period 3 2020/21				
	2018/19 cases	2019/20 Cases	2020/21 YTD	Annual Target	
Number of families started	77	67	16	100	16%
Success rate to date	87%	84%	94%	85%	
Number of children started	77	67	16	100	
Savings in year 1	£2,390k	£1,744k	£1,274k		
Savings in year 2	£4,402k	£4,116k	£1,506k		
Savings in year 3	£2,012k	£2,371k	£232k		
Cumulative gross savings*	£8,804k	£8,232k	£3,012k	£6,529k	
Cumulative savings post targeting deflator	£4,226k	£6,009k	£1,515k	£2,938k	50%
Intervention cost	£708k	£650k	£708k	£708k	
Net savings over placement period avoided	£3,518k	£5,359k	£807k	£2,230k	
In Year only figures:					
Number of children successfully diverted	32	41	8	38	20%
In Year only gross savings post deflator	£1,147k	£1,273k	£641k	£734k	87%
In Year only net savings post deflator	£439k	£623k	(£67k)	£26k	
Average annual placement cost avoided	£72k	£77k	£107k	£38k	
<u>PERFORMANCE SUMMARY</u>					
<u>CAN1&2</u>					
	CAN 1/2 Period 3 2020/21				
	2018/19 cases	2019/20 Cases	2020/21 YTD	Annual Target	
Number of families started	28	21	6	32	19%
Success rate to date	71%	90%	100%	85%	
Number of children started	86	65	16	64	25%
Savings in year 1	£929k	£703k	£469k		
Savings in year 2	£2,592k	£1,309k	£562k		
Savings in year 3	£1,678k	£606k	£93k		
Cumulative savings*	£5,199k	£2,618k	£1,124k	£3,457k	
Intervention cost	£582k	£749k	£772k	£772k	
Net savings over placement period avoided	£4,617k	£1,869k	£352k	£2,685k	
In year only figures:					
In Year children successfully diverted	61	59	16	54	29%
In year only gross savings	£929k	£703k	£469k	£865k	54%
In year only net savings	£347k	(£46k)	(£303k)	£93k	
Average placement cost	£47k	£24k	£34k	£32k	
Children per family	3.1	3.1	2.7	2.0	

Appendix Two: Pre and Post FGC Intervention Quarter One 2020-21

The table below demonstrates scaling pre and post FGC intervention with relevant commentary regarding the family situation.

Pre and Post Q4 2019-20 FGC Intervention

At point of FGC referral	3 Month follow-up	Pre-FGC SoS Scaling	3-month follow-up SoS Scaling	Case summary and comments
EH	CP 	6	4	Dad passed away suddenly 5 years ago, mum has turned to drink to cope, her mental health has declined. Plan made (SAT at point of FGC). Every time a crisis arises, the support network has come to help. Due to a decline in mums mental health this has stepped up to CP and all now are living with mat gran.
EH	EH 	4	8	Separated parents, when arguing with each other contact would breakdown. Plan made with support network so that the children's visits are not affected by parents arguing. Closed to EH, then open to contact due to other issues.
LAC	LAC but kinship placement 	2	6	17-year-old in LA placement, spends most of his time away from placement. Plan for him to move into aunts' house, with support for her from wider network. Placement is stable and aunt feels supported.
CIN	CIN 	4	7	Mum using cocaine during pregnancy, has mental health struggles, has no identified support network for 2 children, limited engagement with professionals, mum does not always act on things that need doing. Plan for support for mum and dad help them parent and with their substance misuse. Mum and children live with mat gran. mum does not see concerns with her drug use. FFT are now involved.
CP Pre-proceedings	No access			
CP (LPM stage)	CIN 	5	8	Request at LPM for FGC. Significant DV in the home, but mum is reluctant to admit it has been happening but is pressing charges against dad. The wider family supporting dad. Good plan of support made, dad has been sentenced and released. Due to step down to CIN at next CP conference in July.
EH	Closed 	4	10	Mum drinking self-referred to EH, poor mental health. Solid plan made, mum has support and children know who to contact for help. Closed to EH.
EH	EH 	5	5	Mum unable to instil boundaries at home, separated dad undermine and spoils children. Plan made for family support, but they behaviours persist. Family have requested another FGC (referral is currently open).
EH	SAT 	3	4	Family are unable to care for 13-year-old son. Plan to help them look after him and support each other. However, the family continue to assert that they cannot and are not willing to care for A due to their own commitments.
LAC - ICO	LAC 	5	7	Unexplained injury to baby. Investigation ongoing to ascertain the perpetrator. Plan made to support Aunt looking after baby and support family when visiting. LA plan to progress ICO to Kinship care order delayed by Covid-19

CP Pre- proceedings	LAC -foster care	↓	3	5	Long-standing domestic abuse, conflict and neglectful care, causing him emotional harm. Parents using disguised compliance. Plan made by grandmother and mum but mum not adhering to. Aunt did not have a positive assessment and 3-year-old child is currently in placement with a foster carer.
EH	closed	↑	5	8	Strained relationship between Mum and 15-year-old; mum feels unable to cope with his escalating aggressive behaviour and has involved police. Risk of family breakdown. With guidance family made plan by themselves (due to C19 restrictions) to support child and mum. Closed to EH
LAC	SGO	↑	5	6	Mum suffers from substance misuse, alcohol and drugs, and had a breakdown, she was taken to hospital after being found in the street. Suspected drug dealing from home. Both parents' substance misuse. Plan made to support mum so children can return home. Since FGC, the children are living with a family friend under SGO.

At the point of referral, we ask the lead professional for a copy of their most recent scale score. 3 months after the FGC is held, we ask for their new current scaling, this is so we can track the movement and impact having an FGC has had on the family.

Appendix Three : Case Study - Early Help and Prevention Service

Family Composition – A (unborn), AB (Mother – 41 years old), AC (Father – 44 years old)

Danger Statement from Social Worker

Children's Services were worried that in the past, AB's parenting of her older children led to them all being removed from her care because she was not able to ensure they were kept safe or well cared for. We were worried that AB did not acknowledge the previous concerns for her children and continued to minimise the allegations of sexual abuse. We were worried that AB had significant difficulties in her own childhood which has impacted on her as an adult in terms of her mental health and psychological profile and has impacted her ability to safely and consistently parent her children previously.

Background - at time of referral

A referral was received from the Community Midwife in June 2019 after AB attended her booking appointment and disclosed that she has had four children previously removed from her care. A is AB's 5th child and AC's first child. A single assessment was completed, the case progressed to ICPC and A became subject to a CP pre-birth plan under the category of at risk of neglect. The Local Authority also entered a period of pre-proceedings.

AB is well known to the Local Authority in respect of her older four children. These children have been known to the Local Authority since 2003, they were subject to child protection plans and were subsequently removed from AB and their father's care in 2010. There were significant concerns for the safety and wellbeing of the children who were exposed to significant neglect, physical and emotional abuse, inconsistent parenting, violence and aggression, domestic abuse between parents, poor parental mental health, and experienced significant trauma in their childhoods during the time they were in their parents care. The children's emotional and physical wellbeing became a significant concern. In addition, there were also allegations of sexual abuse made by AB's daughters against their brother. Parents did not act appropriately to safeguard their children at this time and minimised the concerns. Whilst there was not enough evidence for the police to bring charges, these allegations have been maintained. AB's oldest four children have now all reached adulthood; however, they were never returned to AB's care and remained in the care of the Local Authority for the remainder of their childhoods.

Within the care proceedings for the older children, a psychological assessment was completed which identified significant concerns in relation to AB's mental health, stability and psychological profile which meant that she was not emotionally available for her children and all four of them have attachment issues and have gone on to have significant difficulties within their adult lives.

Current situation at time of referral

The parenting assessment of A was requested at the ICPC Conference when AB was 27 weeks pregnant with the view for an Early Help parenting assessment to be completed alongside both parents to assess their ability to take care of A. Both AB and AC had been engaging well with the social worker and other services involved. The parenting assessment was requested to provide further support in carrying out work with the aim of establishing the safety and well-being of A.

Parenting assessment

All sessions of the PA were completed and fully engaged with by AB and AC with A also in attendance once born. Areas of intervention provided in the PA covered the following:

- Past History – 'What is different now?'
- Ensuring Safety
- Emotional Warmth
- Stability
- Stimulation
- Basic Care
- Guidance and Boundaries

Both AB and AC engaged very well with the PA. They both demonstrated that they had A's safety and well-being at the forefront of their minds. From A's birth, it became very clear that they both loved A and that in supporting each other, they were able to make positive progress working alongside a number of agencies involved, making their life as a family unit become stable and see A thrive. AC is a good source of support for AB and they work well together.

AC has shown that he was willing to engage with the assessment and support both AB and A upon arrival. He is a good source of support for AB especially around her managing her mental health issues. The housing situation has been far from ideal with the family remaining in a bedsit which is really small due to the housing support (Covid 19 pandemic restrictions) being in place. This could have had a detrimental effect on the family, but they have supported each other in making this work and once restrictions lift further, then hopefully the family will be able to obtain a much more convenient family home. AB in particular needs a mention in the fact that she has had 4 previous children removed from her care and has grasped this opportunity (at the moment) to make what is substantial changes to her life which will hopefully allow and see A and the 3 of them flourish over the coming months/years.

This was a positive assessment with parents engaging well. The final PBA report was completed in June 2020 with the outcome for A being able to stay in the care of her parents and one where the family have a chance of living a bright future together. Just 2 weeks after this the CP review meeting on 22/06/20 outlined that due to the progress made and being sustained, and with no agencies having any concerns for A, it was agreed that A would close to Social Care completely. This is the result of a fantastic multi agency team effort but one also where both AB and AC need to take a lot of credit for their sustained efforts, care and persistence in making this work.

Feedback from Social Worker

The Child Development Worker has been able to build up trust with the parent which supported the engagement of the parenting assessment being positive. This has enabled the assessment to flow, and with the engagement being sustained, the outcome of the assessment was positive and one where we too closed our intervention shortly after due to the positive progress being maintained.

Feedback from Parent

(Mum) commented that, '*All was positive with the report*', and made a point that they had struggled previously to trust professionals. (Dad) commented that, '*Everything was good with the work completed and report*'.

Parents shared that they are confident on how their child is developing daily and noticing these changes within her. They report that they are relaxed and happy to take her out and still meet her needs. Both parents shared that they are happy with the outcome of the support, guidance and encouragement that they have received.

Parents shared: "*With the knowledge from sessions weekly I felt better prepared to be a father. I thought this was something that would come natural but I can reflect and understand that I wouldn't of been so good if I hadn't of had all of the support. Being a parent has felt very different this time and no matter how much I didn't want to or like the idea of Social Care being involved I have learnt so much and this has felt very different to the service I received years ago with my previous children*".