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

Lead Director: Caroline Tote

Useful information

- Ward(s) affected: All
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- Report version number plus Code No from Report Tracking Database:

1. Purpose of the Report

1.1 The purpose of this report is to provide a progress update to SMT 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.

Recommendations

1.2 SMT 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 3 Dec. 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 – 17at 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 and early help practitioners. The primary aim of the EOCI 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.

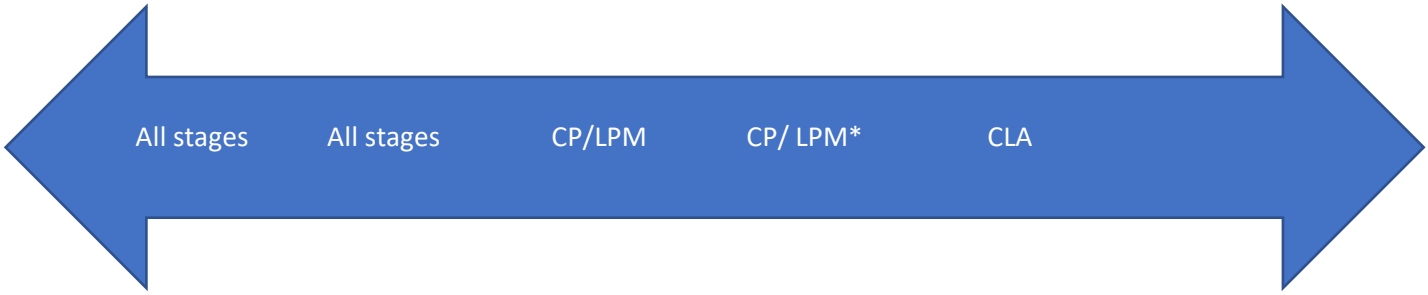
2.4 Local authorities use a combination of different interventions and bespoke programmes as part of their early help offer and to divert children from care. There isn't a one size fits all, with recognition that the

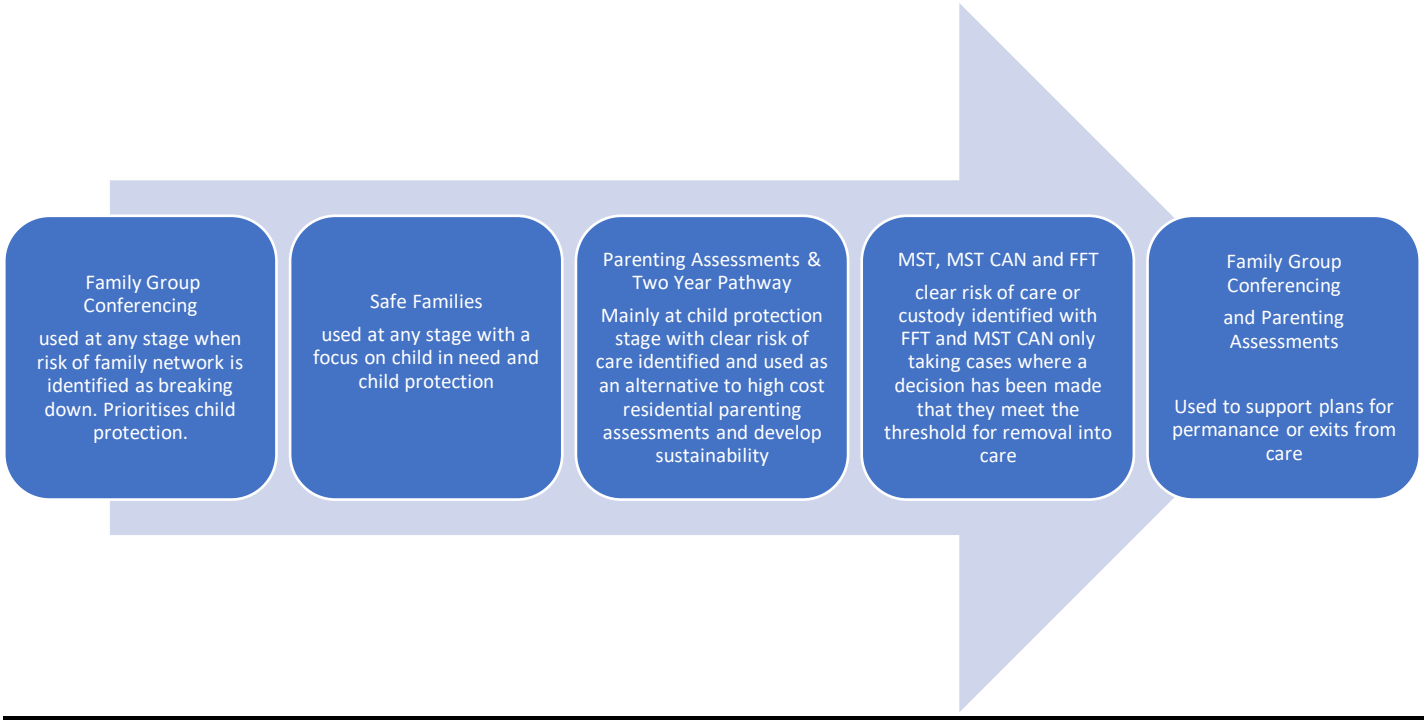
risk of children and young people entering care can be identified much earlier. This suite of edge of care intervention programmes within Early Help and Prevention is based on national good practice that delivers better outcomes based on proven approaches. They are positioned at different stages, with the intention of working alongside the social worker and early help practitioner as part of the overall plan creating better outcomes for children and families to remain at home with their families whilst also reducing costs of care.

Glossary:
CLA – Child Looked After 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 EOCI 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	Cost	Comments
MST-FFT	£2m	
Family Group Conferencing	£160k	£100k funded by Troubled Families reserves until Mar 21
Parenting Assessments	£145k	
Safe Families	£100k	Funded by Troubled Families reserves until 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 and established as good practice nationally.

3. Key Headlines: Outcomes and Cost Avoidance Savings

3.1 Through the quarter, edge of care services continues 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. During quarter two, service delivery resumed as normal. Within quarter two, 183 children from 108 families 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 **49 children where edge of care intervention concluded in the quarter, 92% (45 children) remained at home.**

Glossary:
CLA – Child Looked After 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 Q2 2020-2021

	EOC Outcome	MST CAN	FFT	MST	FGC	PA	Total	%
1	Exited from care							
2	Closed to social care and early help		3		1	4	8	16%
3	Stayed open to the same plan	1	1	1	3		6	12%
4	Remained in care							
5	Came into care (LAC)		2		2		4	8%
6	Risk to child decreased (stepped down)*	4	11	10	1		26	54%
7	Risk to child increased (stepped up)		1	4			5	10%
	Total	**5**	**18**	**15**	**7**	**4**	**49**	**100%**

*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 (April – Jun 2020), there has been a 24% increase in the number of interventions concluded for children. This is comparable with quarter four, (2019-20) with 49 children this quarter compared with 37 children for the last quarter. There is also a 11% increase in children remaining at home or exiting from care compared with the previous quarter. This is attributed mainly to the impact of Covid 19 within quarter one and disruption to the normal service delivery model which has become more stable.

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 that concluded within quarter two, 18 children/ 9 families that had EOC interventions as outlined below stepped down from these.

Table 3: Cases stepped down from pre proceedings within Q2 2020-21

EOC intervention	No of families	No of children
MST CAN	2	8
FFT	5	8
MST	0	0
Safe Families	0	0
Family Group Conferencing	0	0
Parenting Assessments	2	2

3.6 Safe Families do not provide the data per quarter in the same way as internal EOC services, however outcomes are described within their section.

3.7 Whilst Parenting Assessments and Family Group Conferencing can evidence positive impact on preventing placements breaking down, children remaining at home with exits from care, cost avoidance for placement costs to the authority are currently only evidenced for MST, MST CAN and FFT.

3.8 In the first six months of the year, MST/CAN and FFT have successfully diverted 80 children from care with a forecast placement cost saving of £1.6m net compared to a budget of £1.1m net for the year.

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. For this year to date, whilst most other local authorities report increased commissioning of residential parenting assessments, Leicester continues to reduce this which is attributed to robust social work practice and the internal parenting assessment model provided by early help and prevention services.

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 Q2	5	320	£154k

3.10 Heads of Service have met to review the impact of edge of care interventions where temporary funding ends in Mar 21, namely Family Group Conferencing and Safe Families. Looking at uptake, professional's confidence in using these and impact, proposals are being developed to continue these

using Troubled Families payments by results funding for a further 12 months. This may not be at the same levels due to PBR funding available. If the full amount is not available, children who are subject to child protection plans and already in care will be prioritised.

4. Demographics by residence and ethnicity

4.1 Building on the work from the Q1 report exploring disproportionality, data has been produced by ethnicity and residence of children being supported by EOC interventions. Data analysis to date highlights disproportionality in particular in relation to an under representation of mixed heritage young being supported by edge of care interventions when compared with the population of children who are in care and care leavers. Edge of care interventions support higher numbers of white british children compared with the CLA, Care Leaver and youth population in Leicester. In addition, the majority of children supported by edge of care interventions live in areas with the most deprivation and need compared with the local population.

Table 5: Ethnicity of children supported by EOC Interventions Q2 2020-21

Ethnicity	MST- FFT	FGC	Parenting Assessments	Safe Families	Total
White British	34	25	22	45	126
White Irish	0	0	0	0	0
White other	0	0	0	7	7
Black Caribbean	0	0	4	5	9
Black African	0	0	0	3	3
Black other	0	0	1	0	1
Asian Indian	7	0	1	3	11
Asian Pakistani	2	0	0	0	2
Asian other	3	0	3	0	6
Dual Heritage	4	1	5	0	10
Not known	1	2	5	0	8
Other					
Total	**51**	**28**	**41**	**63**	**183**

Table 6: Residence by ward of children/families supported by EOC Interventions Q2 2020-21

Postcode	Number of children (Q2)	Areas covered
LE1	2.1% (4)	Wycliffe (1), Castle (3)
LE2	22.1% (41)	Knighton (3), Aylestone (6), Stoneygate (1), Spinney Hills (3), Saffron (10), Eyres Monsell (18)
LE3	31.1% (57)	Braunstone & Rowley Fields (25), Westcotes (6), Western (15), Fosse (11)
LE4	30.6% (56)	Beaumont Leys (16) Rushey Mead (14), Abbey (15), Belgrave (11)
LE5	12.5% (23)	North Evington (8), Troon (2), Thurncourt (4), Humberstone & Hamilton (5) (Evington) (4)
Out of city	1.09% (2)	Coventry (1) and Mablethorpe (1) (LAC)

Table 7: Comparator data by ethnicity for families supported by edge of care interventions

Ethnicity Category	Edge of care intervention	Children Looked After	Care Leavers	Combined CLA and Care Leavers	Leicester population
White British	68.8% (126)	57.2% (346)	50.7% (137)	55.2% 483	45.1%
White Irish	0	0.16% (1)	1.85% (5)	0.6% 6	0.8%
White other	3.8% (7)	4.13% (25)	5.18% (14)	4.46% 39	4.6%
Black Caribbean	4.9% (9)	1.15% (7)	2.2% (6)	1.48% 13	1.5%
Black African	1.6% (3)	3.47% (21)	9.6% (26)	5.37% 47	3.8%
Black other	0.54% (1)	2.15% (13)	1.48% (4)	1.94% 17	1%
Asian Indian	6.01% (11)	4.47% (27)	2.96% (8)	4% 35	28.3%
Asian Pakistani	1.09% (2)	1.82% (11)	2.59% (7)	2.05% 18	2.4%
Asian other	3.27% (6)	3.14% (19)	4.81% (12)	3.54% 31	4%
Mixed Heritage	5.46% (10)	19.37% (117)	14.4% (39)	17.84% 156	3.5%
Not known* Unclassified	4.37% (8)	1.65% (10)	0% (0)	1.14% 10	3.4%
Other ethnic group	0	1.15% (7)	4.44% (12)	2.17% 19	1.6

*Unborn babies or declaration of ethnicity refused.

4.2 Within quarter two, two thirds of children supported by EOC interventions are white british (68.8%) with just over a quarter of children supported from black and ethnic minority groups (BAME). Whilst there are slight variances between some of the ethnic groups, compared with the population of children in care (CLA,) the most notable variance shows an over representation of White British and under representation of Mixed Heritage being supported by edge of care interventions. This is also replicated when compared with the population of care leavers and youth population of Leicester with the exception of an under representation of Asian Indian groups.

4.3 When examining ward data, whilst there are families from each ward being supported by EOC interventions, almost two thirds are from LE3 and LE2 which in line with most referrals being made for families who live in areas with links to deprivation and most need.

4.4 Whilst findings to date have been shared with senior managers to inform discussion and planning, analysis by ethnicity is in its infancy and evolving as part of this report. Work is ongoing regarding referral status, outcomes and matching. Additional scrutiny and support will be provided from the Assistant City Mayor for Equalities and Special Projects, a meeting is planned mid-December to review data to inform key lines of enquiry to progress. Refer to Appendix One: Ethnicity by population and children social care and early help for the full breakdown.

5. MST, MST CAN and FFT

5.1 There have been cases involving 51 children across 35 families opened in the quarter. Within the quarter, MST, MST CAN and FFT have worked with 109 families, 38 families' cases have closed in the quarter with 100% of children starting treatment this year remaining at home. Refer to Appendix Two: MST, MST CAN and FFT Feedback, Case Data and Financial Savings

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

Table 8 Ethnicity of referrals of families to MST, MST CAN and FFT Q2

Ethnicity Category	MST	MST CAN	FFT	Total
• White British	14	4	5	23
• White Irish	0	0	0	0
• White other	0	0	0	0
• Black Caribbean	0	0	0	0
• Black African	0	0	0	0
• Black other	0	0	0	0
• Asian Indian	2	1	2	5
• Asian Pakistani	0	0	1	1
• Asian other	0	2	0	2
• Dual Heritage	2	2	0	4
• Not known	0	0	0	0

5.3 Sixty-six per cent of referred children starting the programme were White British; 23% were Asian (Asian Indian and Asian other); 11% dual heritage. This fits with the local and national picture of over representation in White British and Dual Heritage groups and under representation in Asian groups. There is a body of evidence demonstrating ethnic matching (which is not always possible in small teams or highly diverse areas) can be mediated by high model adherence, skill levels and confidence in holding meaningful conversations around culture. Highly skilled staff who are focussed on strength-based teaching, giving reinforcing statements, problem solving, and dealing with practical family needs within the cultural context, are correlated to high engagement and positive outcomes, regardless of race, racial match, or financial hardship.

5.4 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

5.5 There have been 21 new children starting across both MST Standard team in the quarter. In the year the teams have started 37 families and children. MST counts differently to MST CAN and FFT and whilst working with whole family, only counts one child per family as a start. The two teams have worked with 45 families across the quarter and 78 in the year. The teams have started 37% of their target caseload for the year. The MST service has achieved 37% of the 'new starts' annual target of 120 which is slightly lower than anticipated target (47%) and impacted by staff absence. The average caseload per FTE therapist has been 5 which is in line with the budget. The teams are operating at full capacity as of the end of September.

Table 9: Status of cases at referral to MST Q2

21 Children		
No of children	**Case status**	**Comments**
10 (47%)	Single Assessment/Duty and Advice	
2 (10%)	Child Protection	
5 (24%)	Child in Need	

4 (19 %)	Early Help & Prevention	MST standard only
0	Looked After Children	Plan to exit from care within 28 days

5.6 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 10: Status of cases closed within the quarter (Q2)

15 children closed, 100% remaining at home.	
No of children	**Case status**
4 (27%)	Child Protection
11 (73%)	Child in Need

5.7 Of cases opened this year, 92% remain at home. The targeting deflator is averaging 56% compared to 73% in 2019/20, which is a result of 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.

5.8 The placement costs avoided in MST (std) are significantly higher than last year. As the team have only started 37% of the target caseload, this may still change as the year progresses. That said, the teams are taking an increasing number of children and young people who are at significantly at risk from criminal and sexual exploitation. Additionally, the teams are taking children with eating disorders, significant self-harm and serious violence. A number of these children would require high cost placements, were the intervention to fail.

5.9 In year cumulative gross savings from the 37 cases taken in the first half total £1,420k compared to an annual budget of £734k. Whilst cases taken on is lower than the target budget the average placement cost avoided is significantly higher than that assumed in the budget, as noted above.

MST CAN

5.10 There have been 6 new families (starts) in the quarter with 15 children. The two teams have worked with 22 families in the quarter and 42 families to date in the year. The two programmes have remained consistently full, with one therapist vacancy which will not be filled due to it being maternity cover and advertised twice. 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 11: Summary of overview of cases starting and closing - MST CAN Q2

6 families/ 15 children opened all subject to child protection etc - 100% from legal planning meetings.
5 families closed (13 children), 100% remained at home: - 2 (40%) remained at home on a CIN plan - 3 (60%) remained at home on a CP plan

5.11 A second Psychiatrist has been secured for MST CAN 2 and will be trained to start working with families in the next quarter.

5.12 In year cumulative gross savings from the 31 children referred in the first half total £784k compared to an annual budget of £653k. The number of families started is line with the budget but the number of children per family is higher and coupled with the zero-failure rate means that savings are ahead of budget despite the one therapist vacancy.

FFT-CW

5.13 There have been 8 new families opening in the quarter with 15 children. The team has worked with 42 families during the period and 56 families in the year. In the quarter, this equates to 14 cases per therapist demonstrating that the team has been oversubscribed based on staffing capacity impacted two therapist vacancies and carrying forward 36 families from the previous year.

5.14 The average length of treatment of cases closing in a planned way this year is 224 days, or just over 7 months per case. Most cases have closed within the 6-month target; however, a small number of cases have exceeded it. This is due to a change in treatment plan (e.g. family break ups), treatment interruptions (e.g. time in hospital), new safeguarding concerns (e.g. children with non-accidental injuries), and an increase in cases requiring translation services. There is a management focus on case pacing going forward to develop capacity.

5.15 The average placement cost avoided has increased from £31k last year to £62k this year. As the team have had reduced starts this year, the average placement avoided across this team is skewed and should be read with some caution. The figure has been significantly impacted by three teenage children starting the programme with significant and highly complex health needs. These children were assessed as otherwise requiring specialist care in therapeutic provision. The team is taking an increasing number of children with highly complex health needs including complex learning and developmental delays, suicidal ideation, anorexia, and children requiring specialist peg feeding.

Table 12: Summary of overview of cases starting and closing – FFT

8 families/15 children opened, 62.5% were child protection, 37.5% child in need
100% came from legal planning meetings and all remain home to date
18 families (31 children) closed (89% remain at home): - 2 (11%) became looked after (LAC), placed away from home - 1 (5.5%) was LAC; placed with parents with a plan to get a supervision order - 1 (5.5%) remained in PLO subject to a child protection plan - 9 (50%) had stepped down to Child Protection - 2 (11%) had stepped down to Child in Need - 3 (17%) were closed to the division.

5.16 In year cumulative gross savings from the 32 children referred in the first half total £1,421k compared to an annual budget of £1,696k. Number of cases taken on is significantly lower than the target, although financial savings are ahead of the budget because the average placement cost avoided has been double the budget and what was seen in 2019/20.

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

6. Safe Families

6.1 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

6.2 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).

6.3 For this quarter Safe Families have received referrals for 22 families and 63 children (3 of these were care leavers). There has been a 23% increase in referrals for quarter 2 compared to quarter 1, and in September, 14 referrals were made, this is the highest number of referrals made in a calendar month since the contract began. The rise in referrals is attributed to teams re-establishing working practices in light of COVID-19 pandemic and families requiring support as children return to school.

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

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

6.5 The origin of referral for quarter 2 is Social Care 10 (46%), and Early Help 12 (54%). For this quarter, 55% of referrals for families received are identified as Category 2 on a trajectory into care. This is continually monitored to ensure contract objectives are being met and category 2 referrals do not drop below 50%. Of the referrals, 41% from Early Help and 85% from social care were identified as category 2, which is consistent with thresholds.

6.6 To improve the accuracy of the Category 1 or Category 2 choice, in consultation with LCC, Safe Families have expanded the question to include more detail about what the referrer hopes support from Safe Families will prevent/enable. This change has only been live from May to July, it is hoped that this will improve the accuracy with which Safe Families can report back social care change. The following table illustrates the breakdown of incoming referrals by what support is expected to prevent/enable in Leicester:

Expectation	# Children	%
Escalation to Social Care CIN	16	19%
Escalation to Social Care PLO	7	8%
At risk of becoming looked after by the LA	8	9%
Escalation to Social Care CP	10	12%
Enable de-escalation to Social Care CIN	16	19%
Enable de-escalation to Early Help	16	19%
Enable closure to Childrens Services	30	35%
Enable de-escalation to Early Help	16	19%
Enable closure to Childrens Services	30	35%
Enable de-escalation to Social Care CIN	16	19%

*The same child may appear with multiple expectations within the same trajectory.

6.7 For this quarter 63 children and young people have been referred within the whole family referral to Safe Families. At this stage of contract delivery, we can see that:

a) 44% of children are aged 0-5
b) 36% of children are aged 6-11
c) 20% of young people are aged 12-17.

6.8 The following tables illustrate residence and outcome for all the referrals that have been made to Safe Families this year Jul 20 – Sept 20

Table 13: Residence of ward for families and children referred

Postcode	Number of families and children (Q2)	Areas covered
LE1	1 (2 children)	Wycliffe, Castle
LE2	7 (18)	Knighton, Aylestone, Stoney Gate, Spinney Hills, Saffron, Eyers Monsell
LE3	3 (8)	Braunstone, Westcotes, Western Fosse
LE4	9 (31)	Beaumont Leys, Belgrave, Rushy Mead, Abbey Belgrave
LE5	2 (4)	Evington, Troon, Thurncourt, Humberstone

6.9 The table below illustrates the lead ethnicity of incoming referrals for Q2 and for the duration of the commission, the table also details the ethnicity of referrals nationally and locally. Ethnicity data for Leicester is included from the 2011 census (Population 324,224) to provide a means to compare engagement. Data provided specific to the referral is broken down into 11 ethnicity categories, Safe Families will categorise in this way moving forward.

Table 14: Ethnicity of children/families referred

Ethnicity Category	Population (%)	Quarter 2 (Number)	Duration of Contract (%)	Volunteers Nationally (%)	Leicester Volunteers (%)
White British	51	13 (45 children)	70	74	92
White Irish					
White Other		2 (7)	4		
Black Caribbean	6	2 (5)	6	11	0
Black African		1 (3)	2		
Black Other					
Asian Indian	37	1 (3)	6	3	0
Asian Pakistani					
Dual Heritage	4	2 (2)	5	9	2
Not Known			2	8	6
Other	3	1 (1)	5	0	0

6.10 Overall, incoming referrals to Safe Families are less ethnically diverse than the overall population, White British families are overrepresented, and Asian families are underrepresented, whilst referrals from Black and Dual heritage families are proportionate compared to the population.

6.11 Analysis of outcomes for families from different ethnic backgrounds has begun, moving forward Safe Families will be providing data specific to the familial ethnicity. However, for the purpose of the following reference is made to White British Families and families from BAME communities. Engagement for White British families is 66% whereas engagement for BAME is 74%, White British Families are successfully volunteer matched 61% of the time, and for BAME 67%. Of the 41 families closed, 6 families were from a BAME background.

6.12 In relation to the volunteer base, Safe Families has a less diverse volunteer base than the incoming referrals. 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, Safe Families are planning to engage faith groups in the city in order to achieve this, due to Covid-19 this work is yet to start. Safe Families will seek to do this in collaboration with the Fostering Service who are also trying to recruit Asian foster carers.

Table 15: Summary overview of referrals from Safe Families April 20 – June 20

No	Summary
22	Referrals made this quarter.
34	Referrals made this year (71 children)
37	Families have been supported or are receiving support
8	Families are pending support
1	Referral declined by Safe Families due to it being below threshold.
0	Bed nights have been provided, however there is a hosting planned for 1 child imminently.
3	Referrals for care leavers
0	Families have closed to Safe Families after being matched to and supported by a volunteer

6.13 Safe Families use a soft measures outcome tool to measure the impact that support as had upon outcomes. All families record their scores against a number of outcomes and these scores are tracked throughout 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.

6.14 Safe Families reports on social care change on families who have been open for 6 months or more. For this quarter, families have not been open to Safe Families long enough for us to have data on their social care change. However, refer to Appendix Three: Safe Families Case Studies evidencing impact.

6.15 Volunteer recruitment continues to be steady and is meeting the demands of the contract. Safe Families currently have a total of 117 volunteers with 7 in the training process.

6.16 Care Leaver Learning and Development the incoming flow of Care Leaver referrals is positive, referrals have now been received from the majority of the PAs in the 16+ Team (13 out of 15 PAs). Safe Families are developing practices and have learned that a greater degree of persistence is required to engage young people and have adjusted their projected timescales in order to better engage care leavers with their volunteers.

6.17 Disengagement Research, research across Safe Families nationally showed that during the initial period of lockdown, when all initial conversations with families were taking place over the phone, disengagement was at its lowest ever rate. As a learning from this moving forward, families will be offered the choice of an initial conversation over the phone prior to a Family Support Manager meeting them in person. It's hoped that this change will maintain higher levels of engagement.

Specific recommendations for Safe Families

6.18 Explore opportunities for continuation funding beyond April 21.

7. Family Group Conference Service (FGC)

New referrals and number of children involved

7.1 Over the last quarter, the FGC Service has received 10 new referrals with 28 children. There have also been 6 enquiries with advice given.

7.2 The continued impact of Covid-19 on the FGC service has resulted in less referrals being received and held. However, this appears to be levelling out and we are focusing on trying to gain more referrals to the service. We have started to have some face to face FGC's, making sure they comply with government guidelines and LCC policy. 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 CIN – Child in need CP – Child Protection

PWP – Placement with parents EH – Early Help PF – Private fostering arrangement

Table 16: Source and status of children at referral to FGC

Quarter 2	***July***		***August***		***September***		***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	1	2	3	5	1	2	**5**	**9**
EH	2	9					**2**	**9**
LAC			2	9	1	1	**3**	**10**
Grand Total	**3**	**11**	**4**	**14**	**2**	**3**	**10**	**28**
Previous Quarter	*5*	*14*	*4*	*9*	*4*	*3*	*12*	*27*

7.3 During quarter two, 7 FGCs were held, they will be reviewed after 3 months.

Table 17: FGC Activity Q1 2020-21

Month	Completed	Change of Circumstances FGC stopped	Family Withdrew	Lead Professional Withdrew	Withdrawn as MST/FFT	Grand Total
July	3	0	1	0	0	4
August	2	0	1	0	0	3
September	2	0	1	0	2	5
Grand Total	7	0	3	0	2	12
Previous Quarter	*7*	*2*	*2*	*2*	*0*	*13*

Ethnicity trends for the Family Group Conference service

7.4 Breakdown of referrals by ethnicity to FGC in the quarter were: 25 children are white british, 1 child is dual heritage and 2 children's ethnicities were unknown. For quarter two White British is the dominant with 80% of referrals. Due to the limited number of referrals, we have included quarter two data within this to inform analysis.

7.5 For quarter one and two 2020-21, 65% of referrals were for white british children, this is comparable with the same period last year where 61% of referrals were for white british children. This is an over representation of white british children compared with the population of Leicester (45%) Looking at the status of children when referred across quarter one and two, there is an over representation of white british children (72%) where a decision has been made that the threshold for removal into care has been met. This is also higher than the percentage of referrals made to FGC.

Table 18: Ethnicity of families referred Q1 and Q2

Ethnicity	EH	CIN	CP	LPM	Pre-Proceedings	Court request	LAC	Grand Total
Asian Indian	2							2
Dual Heritage							1	1
Not known			1					1
Other	1		1				2	4
White British	4	1	2	2	1	1	4	15
Grand Total	7	1	4	2	1	1	7	23

Table 19: Ward of residence for families referred Q1 and Q2

Ethnicity	Q 1 & 2	Wards of residence
Asian Indian	2	Fosse, Rushey Mead
Dual Heritage	1	Braunstone Park and Rowley Fields
Not Known	1	Beaumont Leys
Other	4	Braunstone Park and Rowley Fields, North Evington, Aylestone, Out of City – Coventry (LAC)
White British	15	Abbey, Aylestone, Beaumont Leys, Evington, 2 Eyres Monsell, Fosse, 2 Humberstone and Hamilton, Knighton, North Evington, Saffron, 2 Western, Out of City - Mablethorpe
Total	**23**	

7.6 Looking at the 3-month follow up stage, where the families that have had FGC's in quarter one & two this year.

Status at 3-month Follow up stage

Ethnicity	Improved	Same	Escalated	Grand Total
Asian Indian	3			3
Asian Pakistani	1			1
Other		1		1
White British	3	3	5	11
White other	2	1		3
Grand Total	**9**	**5**	**5**	**19**

7.7 Further analysis shows that on average white british families are referred to FGC at a later stage and that the status of the case and issues for white british families have escalated and become worse, more so than families with other ethnicities. Due to the size of the cohort, over representation of referrals and individual circumstances for families, it is not possible to state if referring white british families at an earlier stage would improve their outcomes. However, this will be highlighted to managers and practitioners to raise awareness and inform planning and consideration of use of FGC.

7.8 If a FGC does not go ahead, we may have still worked with the family. Over the quarter, we spoke to **15** family members for the referrals that did not result in an FGC going ahead.

7.9 Intensive work with all cases involving meeting with other professionals, 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, prevented children going into care e.g. by supporting kinship applications, finding other family members that can help and/or share the care.

7.10 We record the immediate effect of the FGC (where 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. **100%** of the FGCs that took place during the quarter had an immediate positive outcome. All of them produced a plan made by the family that the Lead Professional was happy with and the family were invested in.

7.11 The average number of days from allocation to FGC taking place is **66** days, last quarter this was **75** days. The longest case during this period lasted **126** days. Last Quarter the longest case held was **183** days. The shortest time from allocation to the FGC taking place was **20** days. These figures include weekends, bank holidays and doesn't take into account that 3 of the 5-person team are part time.

7.12 For the **7** FGCs that took place a total of **49** family members were contacted with **33** attending the actual FGCs. Per FGC this is an average of **7** contacted and **4.7** attended.

<u>Feedback 3-month follow up, including Signs of Safety scaling</u>

7.13 All FGCs are followed up 3 months post closure with questionnaires completed over the phone. We contact the referrer first and then the family.

7.14 7.14 7 FGCs took place during the previous quarter July-September 2020. We gather the signs of safety scale (0 – 10) at the point of referral and at the 3-month follow up stage. The average SofS scale at the point of referral was **4.5**, 3-month post FGC this raised to **7.1**. This is an average improvement of **2.6**+. Only 1 of the SofS scales went down, 1 stayed the same, the remaining 5 had improved SofS scales scores.

<u>Families pathway through SCS and EH post FGC</u>.

7.15 We also capture a snapshot of where the family are within the SCS and EH pathway at the point of referral and at the 3-month follow up stage, so we can see if the FGC has had an impact of the family's journey. Feedback from the referrers captured that 100% of them felt they felt confident in referring to the FGC service in the future and that they were given enough information about timescales and content.

7.16 We also captured feedback from families. All of them said they feel having a FGC made their situation better or mentioned a positive outcome due to the FGC. All of them found the process easy. All of them said that they are confident they could ask their network for help in the future. For quarter 2, the summary is as follows:

Table 20: Summary overview for Family Group Conferencing

19 children, 68% of which are SC (42% CP, 26% LAC) – 32% are EH
7 FGC's held - where **49** family members contact, **33** at meetings, most **8** 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 2, April-June)
A total of 7 FGCs in the previous quarter, 5 at children's social care level and 2 EH. - 5 x CP – 1 Closed to all services, 2 LAC, 1 CIN and 1 remains CP. - 2 x EH – 2 remain EH
29% of the FGCs moved down, 1 CP to CIN, 1 CP Closed
42% of the FGCs stayed at the same level. 2 EH, 1 CP
29% of the FGCs moved up, from 2, CP to LAC
Signs of Safety scale average at point of referral **4.5**, after 3 months this has moved up to **7.1**.

7.17 For the FGC service, interpreters are used to help ensure there is clear communication for the family and professionals, a core part of FGC is private family time, during which the interpreter is not involved. Over the course of 2020 Jan-Sept there have been 5 referrals that used an interpreter with three FGC's that took place with the FGC Co-ordinator as the interpreter. One family that did not make it to the FGC stage (an interpreter was used at the exploration stage, but no FGC took place) and one referral that is still ongoing.

7.18 The three families that had the FGC Co-ordinator as the interpreter are Asian Indian families who all reported improved scoring when followed up 3 months post closure. Of these, one case closed completely to social care and early help, one case stepped down from a child protection plan to a child in need plan and for the remaining case, children remained in care. With only three families having interpreters to date this year, it would be beneficial to review their impact over the course of a year, if the numbers remain low.

7.19 Feedback from the service report positive impact of using interpreters where requires and the difference this makes. One of our Co-ordinators wrote this about the use of interpreters for FGC *"I used interpreters for 4 families – Polish, Slovak, Tigrinya (Eritrean) and Sylheti. I mentioned at the time how pleased the mum from the last family was to have the correct Bangladeshi dialect as she had previously had Bengali interpretation, and this was not clear for her. It is good to have an interpreter even where some English is spoken and family members are interpreting, to ensure neutrality and clear message, and to ensure children are not interpreting for parents. Communication is key to our role so anything that helps must be a better experience for the family."*

7.20 Refer to Appendix Four: Pre and Post FGC Intervention which demonstrates impact using scaling pre and post FGC intervention with relevant commentary regarding the family situation

Specific recommendations for Family Group Conferencing

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

8. Parenting Assessments (including Two Year Pathway)

8.1 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.

Impact of Covid-19 restrictions

8.2 Adaptations to assessment practice continue to be made due to the impact of the Covid 19 outbreak. At the beginning of this quarter, the service was established, working within Covid 19 restrictions. To enable safe completion of parenting assessment work, communication continued to be made with every social worker to discuss the level of concern for each case, and to see if work could continue to be carried out over the phone, with safe home visits also being reintroduced.

8.3 Both St Andrews and Belvoir Drive contact centres are used to facilitate face to face contact between parents and their children who are placed in Local Authority care. Ordinarily they would facilitate direct contact up to 3 times a week in addition to undertaking parenting assessments during this time. Due to Covid 19, St Andrews contact service were not able to facilitate face to face contacts or parenting assessments between the 24th March 2020 and the 28th September 2020 and all contact sessions went virtual using Microsoft Teams.

8.4 The three parenting assessments that were already taking place continued to take place virtually with the parents undertaking work sessions, however, due to the risks from the parents, the practical sessions where parent/s are seen practically caring for their child/ren were paused as there was no Covid secure venue that would be able to facilitate the sessions and equally the risk assessments meant it was not safe to undertake these sessions in the community. Consideration was given to whether the child could be taken to parent's home in order to observe their care but again, this was not deemed safe or in the children's interests as it may cause confusion.

8.5 Those parenting assessments that had started are now being completed as the contact centres have re-opened and the worker can observe the practical childcare. There have also been a further three referrals for parenting assessments which will now be progressed. The difference between Early Help being able to progress their assessments is due to that cohort of children either being unborn or are still in the care of parents whereas, the children who have contact at St Andrews are in care, living at a different address, considered high risk and require supervised contact.

8.6 In terms of care proceedings, we have continued to progress cases to final hearings and social workers have given evidence virtually and we were still able to move children onto adoptive placements by being able to use the garden at St Andrews despite the building not being open. This happened on five cases and has prevented any delay in those children achieving permanence. There has been some delay in court proceedings, however due to experts undertaking assessments having to delay direct sessions with parents. Again, now that the centres are open, Guardians and other experts have been able to come and see parents with their children.

Activity for Quarter Two 2020-21

8.7 Since July to September 2020, there have been 45 requests for parenting assessments from Early Help with 34 of those pre-birth.

Table 21: Request for Parenting Assessments Jul - Sept 2020

Service Area	Children Centres & Family Support
No of PA's requested	45
How many children	41*
Of these, pre birth	34
Completed	9
Part completed Cancelled	2
Cancelled	3 (social worker withdrew 2 and 1 moved to a mother and baby placement)
Ongoing	31

Note: * Two parenting assessments completed for four children.

8.8 Of the 41 children, the table below provided a breakdown of ethnicities and residence by ward:

Table 22: Ethnicities of children supported through a parenting assessment

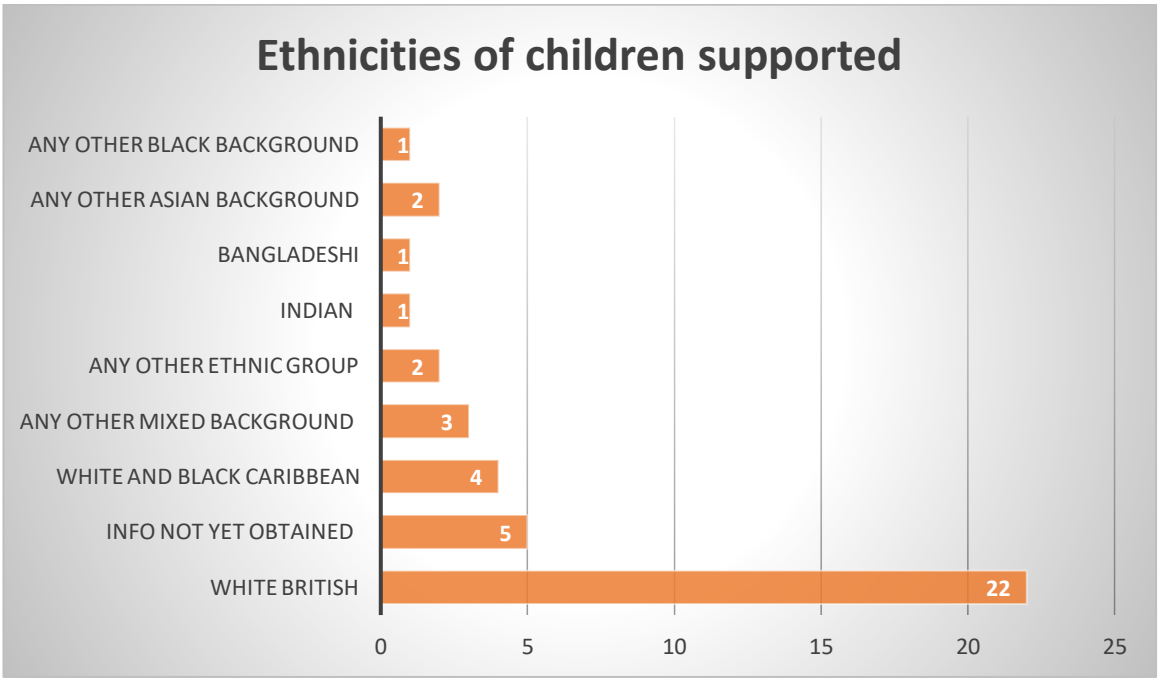


Table 23: Wards of residence and ethnicity of children supported

Ethnicity	No of children	Wards of residence
White British	22	Beaumont Leys, Abbey, Aylestone, Western, Castle, Rushey Mead, Troon, Braunstone Park and Rowley Fields, Westcotes, Thurncourt, North Evington, Eyres Monsell, Stoneygate, Belgrave
Info Not Yet Obtained	5	Westcotes, Braunstone Park and Rowley Fields, Beaumont Leys, Abbey, Aylestone
White/Black Caribbean	4	Western, Braunstone Park and Rowley Fields
Any Other Mixed Background	3	Eyres Monsell, Evington, Aylestone
Any Other Ethnic Group	2	Braunstone Park and Rowley Fields,
Asian Indian	1	Rushey Mead

Asian Bangladeshi	1	Eyres Monsell
Any Other Asian Background	2	Eyres Monsell
Any Other Black Background	1	Fosse
Total	41	

8.9 For Quarter Two 2020-21, 54% (22) of the referrals were for white british children which is an over representation of white british children compared with the population of Leicester (45%). Thirty four percent (14) of referrals are for children from black, asian and minority ethnicities. Twelve per cent (5) of referrals have no information gathered in relation to the birth father, therefore no evidence of the child's actual ethnicity has been recorded at this time. Further analysis by ethnicity for the quarter shows that out of the nine completed PA's, six (67%) of children were 'white british', one (11%) was 'any other mixed background', one (11%) was 'white/black caribbean' and one (11%) with 'information not yet obtained'.

8.10 Of the nine parenting assessments completed, the outcome destination for children was as follows:

Table 24: Outcome destination for children following completion of parenting assessment and intervention

Service Area	Children Centres & Family Support	St Andrews
Remaining at home	67% (6)	n/a
Removal into foster care		
Removal into kinship care	22% (2)	n/a
Remain in foster care		n/a
Returned home		n/a
Placed in mother and baby placement	11% (1)	

Table 25: Summary overview of status of case pre and post parenting assessment and intervention from Children Centres and Family Support

9 children, of which: 34% CP, 22% CIN, 22% SA, 11% LAC, 11% ICPC

No	Case status at start of PBA within Q2	Case status at end of Q2	Comments
1	CP	Closed	Case stepped down from CP to CIN due to positive steps being made and then was closed to Social care completely as the positive changes were being sustained
2	CIN	CP	Case was stepped up from CIN to CP due to ongoing concerns, which is where it remained at the end of this quarter period.
3	CP	CIN	Case stepped down from CP to CIN due to positive steps being made.
4	SA	CP	Case started as a Single Assessment (SA) but was stepped up to CP due to ongoing concerns, which is where it remained at the end of this quarter period.
5	CP	Closed	Case stepped down from CP to CIN due to positive steps being made, and then was closed to Social care completely as the positive changes were being sustained.

6	ICPC	LAC	Case started at the initial child protection conference stage but became LAC as child was placed into kinship care, which is where the child remains.
7	SA	LAC	Case started as a SA but became LAC as child was placed into kinship care, which is where the child remains.
8	CIN	Closed	Case remained on a CIN plan at completion of the parenting assessment, however 2 weeks later the case was closed completely to Social Care.
9	LAC	LAC	Case remained at LAC level as mother and baby were placed in a mother and baby unit.

8.11 Out of the 9 completed PA's, 2 of the referrals were made at the Single Assessment stage (1 – White British and 1 – Information Not Yet Obtained) were the ethnicities for these, and 1 referral was an action from an ICPC with the ethnicity of this child being White British. These are early intervention referrals from social care for a parenting assessment request, whereas the remaining 6 referrals/child were either on a CIN (2 – 1, Any Other Mixed Background and 1, White British), CP (3 – White British) plan or were LAC (1 – White British).

Case status 3 months post closure

8.12 Cases are now tracked 3 months post closure to assess and evidence impact and sustainability. Within Q1 2020-21 (July – Spt 2020), there were 4 parenting assessments completed for 4 children. Three of the children were subject to child protection plans with one child subject to a child in need plan, all four cases are now completely closed to children's social care and early help.

8.13 On closure, two children that had made positive progress in their case within Social Care were both White British children, with the 4 cases/ethnicity of the child that had seen an escalation at Early Help closure was (2 – White British, 1 – Any Other Mixed Background and 1 – Information Not Yet Obtained.

8.14 All of the CDW's (6) that complete the Early Help Parenting Assessments are White British and when completing assessments where interpreters are required for those families whose first language is not English or their understanding of English is deemed not sufficient enough. Interpreters are used for all communication with these families, whether this be over the phone or when completing assessment visits. We do not currently have a diverse workforce within this team as when the team was put together, the personnel were put forward by cluster management. If in the future, the team is expanded in numbers, an opportunity could arise to create a diverse workforce which could assist with allocating relevant referrals if the preferred families' language can be met by a member of staff with the PA team.

8.15 With our final assessment reports, we ask for feedback from parents in regard to their experience of having the assessment completed and how they found this process. Generally, feedback is positive despite the circumstances. For future reports, we could explore if there are any differences in experience as a result of using interpreters.

8.16 It is clear from the data that the PA's completed by Child Development Workers (CDW) within the Children Centre and Family Support service, continue to play an integral role alongside social care to ensure that the parent(s) of the unborn/born child are given the opportunity to be supported to investigate a wide range of issues that cover relevant and appropriate parenting of their child/or unborn child.

8.17 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 Five: Parenting Assessment Case Studies evidencing impact of PAs completed in quarter one.

Specific recommendations for the Parenting Assessment Model are:

8.18 St Andrews Contact Centre to undertake Parenting Assessments from quarter three.

8.19 Submit a proposal to develop a permanent Parenting Assessment Team within existing resources.

7 Financial implications

7.1 In the first half of 2020/21 80 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 £3.6m compared to a budget of £3.1m for the year. New cases diverted to date are 43% of the annual target at the half year. Financial savings are higher than budget despite the below target new cases because the placement costs avoided in MST have on average been assessed as higher than assumed in the budget because of the complex needs of the child.
Martin Judson, Head of Finance.

8 Legal implications

There are no legal implications arising from this report.
Pretty Patel, Head of Law, Ext 37, 1457

9 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

10 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 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. 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 across 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. The second quarter has identified the over representation of White British groups across a number of intervention programmes and under representation of other ethnic groups, such as Indian Asian groups.
Sukhi Biring, Corporate Equalities Officer, 454 4175

11 **Background information, other papers and appendices**

Appendix One: Ethnicity by population and children social care and early help

Breakdown of families' ethnicities supported by edge of care interventions compared with allocated cases, local and national population.

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

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

Appendix Three: Safe Families Case Studies

Evidence of impact for families supported between Jul – Sept 2020

Appendix Four: Pre and Post FGC Intervention Scaling

Scaling of progress made for families supported by FGC between Jul – Sept 2020

Appendix Five Parenting Assessment Case Studies

Evidence of impact for families supported between Jul – Sept 2020, includes feedback from families and professionals

12 **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.

13 **Is this a "key decision"?**
No

Appendix One: Ethnicity by population and children social care and early help

All Age Groups

	Asian/Asian British				Black/Black British			Mixed				White/White British			Other			Unknown				
Category	Bangladeshi	Indian	Pakistani	Any other Asian background	African	Caribbean	Any other Black background	White and Asian	White and Black African	White and Black Caribbean	Any other mixed background	Gypsy / Roma	White Irish	Traveller of Irish Heritage	White British	Any other White background	Any other ethnic group	Information not yet obtained	Refused	(blank)	Grand Total	
LAC-CL	10	35	18	21	47	13	17	30	10	49	67	4	5	1	483	35	19	10			**874**	26%
EHA-STW-AP	5	113	14	36	38	12	9	18	9	37	19	8	1	1	533	36	13	18		504	**1424**	42%
CIN	10	69	12	16	36	7	4	13	11	37	26	2	4	4	308	43	22	41	1	1	**667**	20%
CP	1	36	12	15	12	1	4	11	7	21	33				208	18	1	21			**401**	12%
Total	**26**	**253**	**56**	**88**	**133**	**33**	**34**	**72**	**37**	**144**	**145**	**14**	**10**	**6**	**1532**	**132**	**55**	**90**	**1**	**505**	**3366**	
Percentage	**0.8**	**7.5**	**1.7**	**2.6**	**4**	**1**	**1**	**2.2**	**1.1**	**4.3**	**4.3**	**0.4**	**0.3**	**0.2**	**45.5**	**3.9**	**1.6**	**2.6**	**0.02**	**15**	**100%**	
Leicester	**1.1**	**28.3**	**2.4**	**4.0**	**3.8**	**1.5**	**1**	**1**	**0.4**	**1.4**	**0.7**	**0.1**	**0.8**	**N/A**	**45.1**	**4.6**	**0.7**					
England	**0.8**	**2.6**	**2.1**	**1.5**	**1.8**	**1**	**0.5**	**0.6**	**0.3**	**0.8**	**0.5**	**0.1**	**1**	**N/A**	**79.8**	**4.6**	**0.5**					

*England and Leicester population taken from Census 2011

From families:

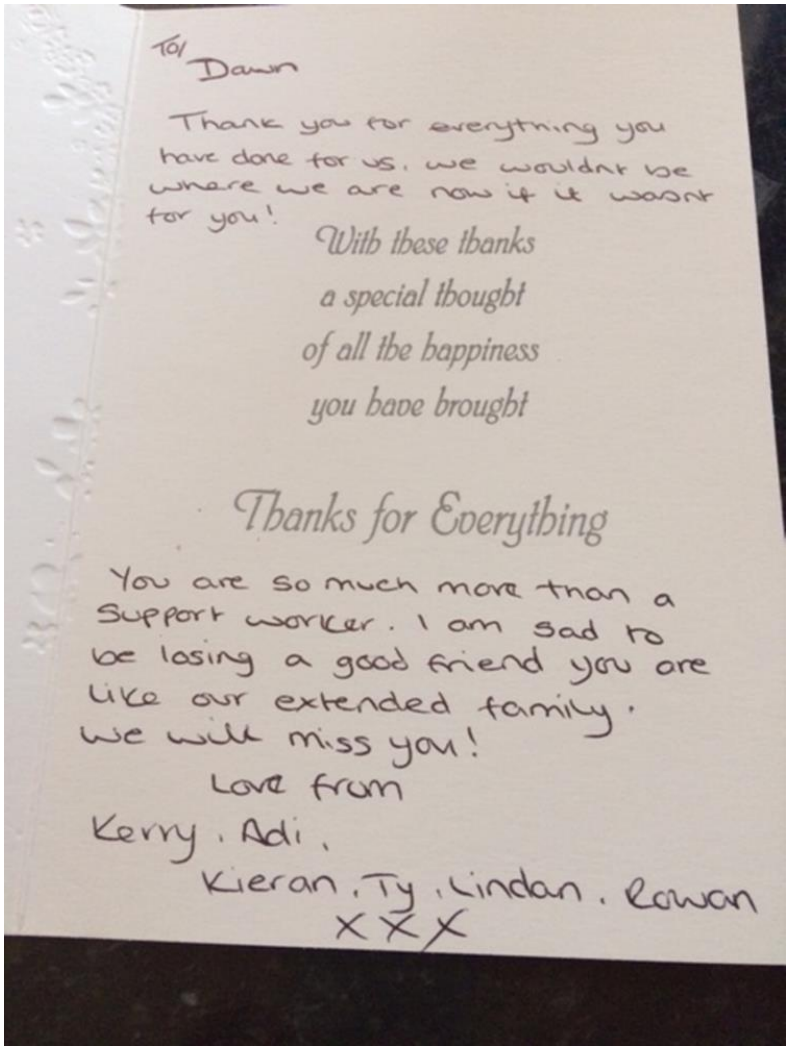
- *My therapist has been marvellous. I was not expecting any of this, certainly nothing so positive and helpful. We have such a positive relationship. She is so different to the other professionals I have worked with. She works with an open mind. She weighs things up and makes her own mind up. She always listens. She has done everything that she can, despite the difficulties with covid and accessibility to services. She sees things from my perspective and sees my point of view. She understands my past. I really appreciate that she has asked other professionals to step back with support I don't need. She didn't judge me like everyone else has.*

- *My therapist checks in with me, remembers things, is so understanding, drops me a text – checking that I am ok, nice to know that she is thinking about me, she always talks about the children, is supportive with them. It doesn't feel like work and feels comfortable.. she is always always there.. will always call me back if I call her.. I wouldn't have got this far without her, she reminds me about things; she can reign me in when I'm having a bad day. Even when I am ranting and raving, and I'm swearing – she puts up with me, and is just so nice, feel like I can talk to her.*

- *From a parent: Your staff have been amazing; they are there every opportunity trying to support us. The Therapist is totally amazing- I can't fault your team. I've never felt judged by them. Without them we wouldn't have got this far- we can talk about everything- having someone to do checks with for meds/knives- just wanted to say thank you.*

- *Text from Parent: First of all I'd like to say a huge thank you to my therapist XXX for all the work she had put into my family. It wasn't easy for her as she had to gain my trust due to other agencies that have been involved in the past. I didn't make it easy for her if I'm honest. She stuck by me through the hard times and the good times and was always a phone call away when times was difficult. Not only was she here for me, she was here for my family and engaged really well with my son who has ADHD and it's difficult for him when change is involved. She worked with us both to make the small changes happen to make my family work. She always praised us when things improved, Although I mentioned to her, it was through her expertise and hard work the changes wouldn't have taken place with out her, which I'm truly great full for. Secondly, When she was on annual leave she always ensured another MST worker was there to carry on the support for my family. I can honestly put my hand on my heart and say what a good team MST are".*

- *Text from parent: Hi would like to give some feedback. I would like to say a big thank you to XXX for all the support and hard work she put in to my family and especially my son, MST have taught me a lot that I didn't know of! My therapist encouraged me and showed my positives and taught me how to work with my negative there was a point where I wanted to give up and thought I couldn't do it but she encouraged me and didn't let me break down... if it wouldn't be for MST I would have never be where I am thank you so much".*



To Dawn

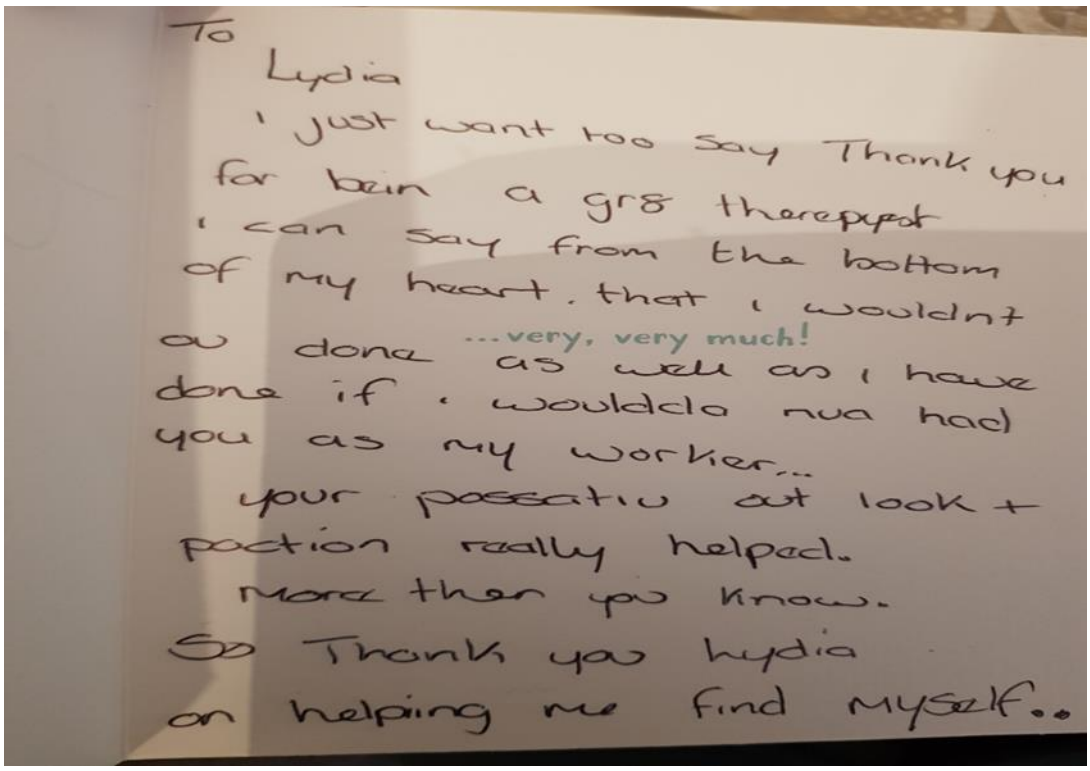
Thank you for everything you have done for us. we wouldnt be where we are now if it wasnt for you!

With these thanks
a special thought
of all the happiness
you have brought

Thanks for Everything

You are so much more than a support worker. I am sad to be losing a good friend you are like our extended family. We will miss you!

Love from
Kerry. Adi.
Kieran. Ty. Lindan. Rowan
XXX



To
Lydia
' just want too say Thank you for bein a grt therepyst ' can say from the bottom of my heart. that ' wouldnt av done as well as ' have done if ' wouldda nva had you as my worker...
...very, very much!
your passatiu att look + paction really helped.
more then you know.
So Thank you lydia
on helping me find MySelf..

From other professionals:

- *From a Social Worker: The aforementioned case has concluded today with a supervision order for 6 months, with a plan that FFT will work with the family for the duration of that order, or as necessary. During the course of the hearing, Judge XXX was extremely complimentary of the FFT service and commented that FFT have a very good plan and model of working and that she has observed positive changes in families that the team have worked with the service. She encouraged the mother to work with the service in order to sustain long term changes for the future of the children*

- *Email from a police officer to their Sargent forwarded back to MST: "Whilst dealing with XXX this morning, I had cause to call their allocated MST worker. She was already aware that XXX was missing having made contact with his mother. She was very helpful and forthcoming with all the information that I needed and had already made an appointment to visit the family tomorrow. Useful to have them 24/7"*

- From an ETE provider*: Good morning. XX (child) consented to me making contact to advise you, that following a successful meeting, he has been enrolled onto his chosen course- Media and Games. He spoke very highly of you throughout the meting stating "if it wasn't for XX (therapist)u, he wouldn't be here today*

- From a National Consultant / Lead*: I reviewed your action plan and to be honest it looks great. I have reviewed many plans and I am not one to hold back on feedback — but I think this one is just fine as is. It is clear, concise, and to the point. You have clear explanations of data points. You have a solid identification of priority areas and plans to address them. I think it is very well done. Thank you for your time on it.*

Table Showing Performance Summary All Programmes

PERFORMANCE SUMMARY						
ALL PROGRAMMES	**Period 6 2020/21**					
	2018/19 cases	2019/20 Cases	2020/21 YTD	Annual Target		
Number of families started	133	158	69	204	34%	
Success rate to date	77%	80%	95%	80%		
Number of children started	225	258	100	292	34%	
Savings in year 1	£4,012k	£3,483k	£4,763k			
Savings in year 2	£8,667k	£8,419k	£6,627k			
Savings in year 3	£4,670k	£4,936k	£1,864k			
Cumulative gross savings*	£17,349k	£16,838k	£13,254k	£15,922k		
Cumulative savings post targeting deflator	£12,771k	£14,615k	£10,045k	£12,331k	81%	
Intervention cost	£1,775k	£1,845k	£1,976k	£1,972k		
Net savings over a 2 year placement	£10,996k	£12,770k	£8,069k	£10,359k		
In year only figures:						
In year successful LAC diversion	139	191	80	187	43%	
In year gross LAC savings from successful diversion	£2,769k	£3,012k	£3,626k	£3,083k	118%	
In year net LAC savings	£994k	£1,167k	£1,650k	£1,111k	149%	
Average placement cost	£49k	£41k	£71k	£34k		
Children per family						
Overall success rate	77%	80%	95%	80%		

Table Showing Performance Summary STD 1 & 2

PERFORMANCE SUMMARY						
STD 1 AND 2	**STD 1/2 Period 6 2020/21**					
	2018/19 cases	2019/20 Cases	2020/21 YTD	Annual Target		
Number of families started	77	67	37	100	37%	Of target
Success rate to date	87%	84%	92%	85%		
Number of children started	77	67	37	100		
Savings in year 1	£2,390k	£1,744k	£2,558k			
Savings in year 2	£4,402k	£4,116k	£3,609k			
Savings in year 3	£2,012k	£2,371k	£1,051k			
Cumulative gross savings*	£8,804k	£8,232k	£7,218k	£6,529k		
Cumulative savings post targeting deflator	£4,226k	£6,009k	£4,009k	£2,938k	56%	Current average
Intervention cost	£708k	£650k	£724k	£724k		
Net savings over placement period avoided	£3,518k	£5,359k	£3,285k	£2,214k		
In Year only figures:						
Number of children successfully diverted	32	41	19	38	50%	Of target
In Year only gross savings post deflator	£1,147k	£1,273k	£1,420k	£734k	194%	Of target
In Year only net savings post deflator	£439k	£623k	£696k	£10k		
Average annual placement cost avoided	£72k	£77k	£109k	£38k		

Table Showing Performance Summary CAN 1 & 2

PERFORMANCE SUMMARY					
CAN1&2	**CAN 1/2 Period 6 2020/21**				
	2018/19 cases	2019/20 Cases	2020/21 YTD	Annual Target	
Number of families started	28	21	12	24	50%
Success rate to date	68%	90%	100%	85%	
Number of children started	86	65	31	48	65%
Savings in year 1	£929k	£703k	£784k		
Savings in year 2	£2,577k	£1,309k	£1,063k		
Savings in year 3	£1,663k	£606k	£279k		
Cumulative savings*	£5,169k	£2,618k	£2,126k	£2,611k	
Intervention cost	£582k	£749k	£764k	£764k	
Net savings over placement period avoided	£4,587k	£1,869k	£1,362k	£1,847k	
In year only figures:					
In Year children successfully diverted	58	59	31	41	76%
In year only gross savings	£929k	£703k	£784k	£653k	120%
In year only net savings	£347k	(£46k)	£20k	(£111k)	
Average placement cost	£47k	£24k	£34k	£32k	
Children per family	3.1	3.1	2.6	2.0	
PERFORMANCE SUMMARY					
FFT	**FFT Period 6 2020/21**				
	2018/19 cases	2019/20 cases	2020/21 YTD	Annual Target*	
Number of families started	28	70	20	80	25%
Success rate to date	79%	73%	95%	75%	
Number of children started	62	126	32	144	22%
Savings in year 1	£693k	£1,036k	£1,421k		
Savings in year 2	£1,688k	£2,994k	£1,955k		
Savings in year 3	£995k	£1,958k	£534k		
Cumulative savings*	£3,376k	£5,988k	£3,910k	£6,782k	
Intervention cost	£485k	£446k	£488k	£484k	
Net savings over placement period avoided	£2,891k	£5,542k	£3,422k	£6,298k	
In year only figures:					
In year successful LAC diversion	49	92	30	108	28%
In year gross LAC savings	£693k	£1,036k	£1,421k	£1,696k	93%
In year net LAC savings	£208k	£590k	£933k	£1,212k	
Average placement cost	£25k	£31k	£62k	£31k	
Children per family	2.2	1.8	1.6	1.8	

Appendix Three: Safe Families Case Studies

Case A

Background: Single mum N has one daughter H (14). H struggles a lot with her mental health and has periods where she significantly self-harms and has taken an overdose in the past. H was living between both her parents but has recently had a fall out with her step-mum and N is struggling to look after H full-time and feels very low and isolated. The family are open at CP.

Support requested: A family friend for mum to give her emotional support and to increase her confidence in parenting H. Also a host family for H to give mum a break and for H to have some positive time outside the family home.

Support provided: Mum was linked with a volunteer L who has been regularly taking her out for coffee. They have also started to work together to plan a cleaning routine for N so she feels like she is more on top of the house as this has been a big concern for social care. H has been linked to a host family who have had H over several times to meet their family. H has really enjoyed it especially as they have 6 dogs!

Outcomes: Mum narrates that the volunteer support has helped her to feel a lot more positive and she feels able to start tackling the home conditions. She has worked with the volunteer to start sorting and organising. H also narrates she is very happy seeing her volunteer and feels positive having the time away from the family home.

Referrer Feedback: The social worker is really pleased with the progress mum is making and is considering stepping down to CiN.

Case B

Background: Z is a care leaver who was removed from his birth family when he was 10 due to chronic neglect and abuse. He went from foster carer to foster carer and now lives independently. He is very lonely with nothing to do.

Support requested: A family friend for Z to give him emotional support and to help him gain life skills he has missed out on learning. He says he wants to learn how to talk to people.

Support provided: Z has been linked with a family friend who has been out with him on walks, been round to play X Box with him and has offered him emotional and practical support. The volunteer has helped Z sort through his finances and helped him know what to do when he had earache. The volunteer has also been helping him and supporting him to keep going to his football training and has helped him to better understand how to communicate with his coach.

Outcomes: Z narrates that although he was initially very anxious to meet the volunteer, he is really glad that he has and has been opening up to him more and more. Z says that he wants to learn ‘to speak to other people as easily as I speak to you [the volunteer]’.

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

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

At point of FGC referral	3-Month follow-up	Pre-FGC SoS Scaling	3-month follow-up SoS Scaling	Case summary and comments
EH	⟺ EH	7	8	16-year-old moved into live with friend's family home. Plan made to support him, family and friend's family and to plan if current living situation changes. FGC plan is working, still living with friend. EH remains open as working with younger children.
CP	⇩ CIN	4	9	Concerns around DA, substance misuse and poor home conditions. Positive changes made stepped down to CIN. SW - There is a sense of moving forward with positive change. Both parents have demonstrated good physical care of the children. Basic care is being consistently met.
CP	⇩ Closed	4	10	Closed - Plan made to support mum and 2 young children if there are further DA incidents and support for dad to help him stay calm. No further DA instances, support working, closed to all services.
CP	⟺ CP	5	6	Plan made to support parents once baby is born, mum has mental health issues and dad misuse substances. They have enough support for baby to go home with mum and dad. Review FGC has been held to strengthen family plan as small changes were needed after the birth of the child.
CP	⇧ LAC (PWP)	4	3	Placed with parents - Mum. Fragile home placement, mum was not managing things, child's behaviour was deteriorating, mum does not access help that has been offered. Plan made to ensure help is being taken up. There is a review FGC being planned at the minute, to make sure is having the support she needs, as there has been further complication as dad was released from prison and has been recalled (DA against mum)
CP	⇧ LAC	6	6	Young parents - with substantial substance misuses. Mum has learning disability and is very vulnerable. Child was 12 weeks premature & has significant health issues. Family plan made to support mum and dad to see if the child could go home and to identify who in the family could care for child if high risks could not be managed. It is still being decided if the parents are able to appropriately care for their child.
EH	⟺ EH	2	8	14-year-old has girlfriend 4 years older, self-harm and suicide attempts, CAMHS involved. Family are about to be closed to EHA, review FGC held in Sept, to review plan, as it has been working well. Review FGC plan to help family keep up the good work when closed to services.

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 Five : Parenting Assessment Case Study - Early Help and Prevention Service

Family Composition – A (unborn), AB (Mother – 35 years old), AC (Father – 51 years old – AB's partner)

Danger Statement from Social Worker

The Social Worker and the other professionals are worried that AB has had a really difficult childhood and has experienced a lot of abuse at the hands of adults who were supposed to protect her. This has had an impact on AB's ability to parent her own children. As a result of this AB has put her children at risk of harm, where they have experienced physical and emotional abuse, and they are no longer in her care. AB had a psychological assessment which identified because of the significance of AB's early life experiences, she needs a high level of therapeutic input in order to develop healthy and safe coping strategies. We are also worried that this is a very new relationship, and untested, especially because caring for babies can be very stressful.

Background - at time of referral

This referral has been received from a midwife advising that AB is pregnant and in a new relationship.
has 5 previous children removed from her care due to her lifestyles and AB's youngest child now 7 was placed in the care of her father at 5 months old, she was removed from her mother's care from birth and placed into foster care on an Interim care order.
AB had 4 previous children who are now living permanently elsewhere (two of these children are as a result of an incestuous relationship with her father.
Contact has been made with AB, she confirmed that she is pregnant and in a new relationship and this is going ok.
Discussed with AB about previous concerns which led to her children removed from her care, she said she has moved on, has reflected on her past, realises her mistakes, has regular contact with her 7 year old child, AB feels she is now mature and wants to put things right with the unborn baby and she has given consent for Single Assessment.
Due to previous history with AB, AB is pregnant, in a new relationship with partner who is not assessed and it is not known if AB is able to meet unborn baby's need and baby's needs when born, the current level of need as highlighted by the LLR threshold for intervention suggests that case progress for a Pre-birth assessment to be completed.
The assessment to assess risk, AB's parental ability, AB's ability to protect and safeguard and ensure that unborn baby is not put at risk when born.

Current situation at time of referral

A parenting assessment was requested just before the birth of A, to be completed due to this being AB's sixth pregnancy and none of her older children being in her care. Historical concerns surrounding AB's capacity to parent safely involved concerns relating to neglect and poor home conditions, failure to seek and respond appropriately to medication and medical issues, and 2 of her children being born of an incestuous relationship with Maternal Grandfather. There is a pattern of concerns with regards to AB's relationships and these involving Domestic Violence and high levels of manipulation and coercion which have historically impacted on how AB has engaged with CSC. AB is vulnerable in her own right, and has not had meaningful therapeutic intervention, and feels that she does not need this. However there are significant concerns that previously AB has put her children at risk by exposing them to risky persons, whom she has been in relationships with and therefore I am worried about AB's ability to maintain this observed changes without work completed regarding her own history of trauma and subsequent emotional needs.
AB is engaged to A's father, AC. Checks that have been made have so far been reassuring but it is noted that this is a relatively new and untested relationship, and AB and AC have not yet lived together, although this is in part due to restrictions surrounding AC's contact with AB's 7 year old child due to previous written agreements surrounding AB and her contact with this child.
AB has the 7 year old in her care unsupervised and frequently, and at this time, no concerns have been raised

with respect to the care offered by AB and her ability to safeguard her.- in fact the 7 year old's social worker describes AB as a 'protective factor'.
AB's lifestyle in the absence of any further concerning information from partner agencies appears somewhat more balanced compared to chaotic as it has been described in the past.
AB appears to be engaging openly and honestly with the LA, and shows a willingness to work together with the LA to achieve her aim of bringing unborn baby home.
Although AB and AC's relationship appears to be one which is mutually beneficial and safe, it is a relatively new relationship which is untested. However, the checks that have returned regarding AC are reassuring, and AC also expresses a willingness to work closely with the LA and support B.

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 have engaged very well with the PA. AB in particular due to her hazardous past has demonstrated that she has A's safety and well-being at the forefront of her mind in working towards developing and maintaining a safe and positive relationship with A. AC has engaged well and has continued to show his support for both AB and A when born, with his relationship with both flourishing.

AB has been able to self-reflect on her past and although a lot of this is due to the early trauma that she suffered, she has also been able to acknowledge that she has also made some negative choices both with previous partner's but also when the children that she had removed were in her care. AB has remained positive throughout the PA and speaks with enthusiasm and hope in regards to her future relationships with both A and AC. To think that the full duration of this PA was carried out in the middle of the Covid 19 pandemic too, shows just how hard AB and AC to a lesser extent have worked at engaging with all services on board and with the PA being carried out.

AC has continued to show a sustained level of support for both A and AB and this needs acknowledging and praising too. He has abided by the written agreement that AB had in place for her 7 year old child which restricted him from living with AB, which could have tested their relationship, but this has remained positive throughout the PA. The PA obviously concentrated on AB, and her knowledge of what historical changes needed to be made, and to reflect on past mistakes/decisions and assessing the ability of these changes being put into practice and not just being discussed.

This was a positive assessment that was engaged with well. The final PA report was completed in early August 2020 with the outcome for A (just under 4 months old at this time), being that he was able to stay in the care of AB. During the PA, positive progress had been maintained that saw the case be stepped down from a CP plan to a CIN plan when A was around 7 weeks old.

This positive movement by all parties then saw the case close completely to social care 3 weeks after the PA was closed as it was deemed that A was safe and having all of his needs met by AB and AC, who continued to be in a positive relationship.

Please see below the feedback from the social worker in this case study in regards to work completed by Early Help on the PA mentioned:

Feedback from Social Worker

“The assessment is very well written and structured and addresses all areas expected.

In terms of constructive feedback, there is a lot of emphasis on the practicalities like home safety, feeding, bathing etc which is brilliant and very detailed”.

“I had a post birth assessment completed for baby A earlier this year. We had a lot of worries about this family due to the history and were monitoring it very closely.

Emma (the Early Help worker) was fantastic. She completed an assessment of baby with the whole family, and developed a great understanding of the history, concerns and what needed to happen. Emma developed a fantastic relationship with the family and maintained great contact with AB and other professionals. The parent in question has had some difficult experiences with CSC, but Emma was able to develop a positive and professional relationship with her. The assessment enabled the LA to support the family to stay safe and stay together and we were able to complete the work needed and close on a very positive note.

Without this assessment, I expect we will have been open on a cp plan for considerably longer, possibly under pre/ proceedings. The assessment enabled me to provide a holistic social work assessment to demonstrate the positive changes sustained by this family.

Many thanks again to Emma and You (the Lead), re this piece of work. It was an absolute pleasure working with you. Having this service available has been so helpful at a time where managing and progressing cases is even more challenging than usual”!

Feedback from AB

“Thank you for everything, I've really enjoyed working with you, and I will hope to continue in the right direction”.

Feedback from Social Worker on a separate PA

“The assessment is very well written and structured and addresses all areas expected.

In terms of constructive feedback, there is a lot of emphasis on the practicalities like home safety, feeding, bathing etc which is brilliant and very detailed”.

Feedback from Parent/s on a separate PA

> “I totally agree with the findings of the report and realise that I require further support in the future to enable me to continue on this positive journey.