Leicester City Council

Family Therapies Service (including Q3)

Family Therapies: CYPE Scrutiny Committee

Date of meeting: 08/04/2025

Lead director/officer: Damian Elcock

Head of Service: Karen Manville

Useful information

- Ward(s) affected: All
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- Report version number: V4

1. Summary

1.1 The purpose of this report is to provide a progress on the delivery of Family Therapies; Multisystemic Therapy (MST), MST: Building Stronger Families (MST BSF), Functional Family Therapy for Child Welfare (FFT-CW), and Family Group Decision Making, for the period of Quarter 3.

1.2 To briefly update on the development of the Family Functional Therapy reunification pilot.

2 Recommendation(s) to scrutiny:

2.1 To note the content of the report and the significant impact all the programmes are having on keeping children at home, where safe to do so.

2.2 To note that the Edge of Care Strategy will be launched over the coming months.

2.3 To note that the FFT reunification pilot will conclude shortly, and a report Is being prepared for submission on impact and outcomes and further opportunities to sustain the offer.

2.4 To note the need to recruit to the vacant Family Decision Making posts.

2.5 To request that an annual report is presented through to Scrutiny.

3. Detailed report

3.1 Within Leicester City there are now five teams within the Family Therapies service area which work intensively with children at very high risk of entering care, (MST, MST-BSF, FDC and FFT). The teams were set up under the invest to save model, which is a coherent, planned approach to investing in the development of appropriate interventions to divert children from coming into placements to ensure that unnecessary expenditure is avoided and that available resources are used most efficiently for the long-term benefit of children, young people and their families.

3.2 Apart from the undoubted benefits for children, the main benefit for the strategy is the comparison to alternative future cost scenarios. In the previous financial year, the teams successfully diverted 199 from entering the care system. We have calculated that the gross costs avoided from this is £7.5m which was well above our target of £3.083m. Without this investment, Leicester would be faced with significant additional expenditure on placements for looked after children in this year alone – as well as searching to place nearly 200 more children into already scarse looked after provisions.

3.3 **MST** delivers a range of therapies aimed at young people aged 11-17yrs where there is a risk of care because of criminal and / or sexual exploitation, offending, substance misuse, missing, aggression, anti-social behaviours, problems at school etc.

3.4 MST BSF delivers a range of therapies aimed at children aged 6-17yrs who are subject to physical abuse or neglect. MST BSF has two p/t Psychiatrist positions attached to the teams.

3.5 FFT- CW delivers family therapy where there are children from pre-birth to 17 with any child welfare concern (except active sexual abuse).

3.6 FDM – Family Decision Making (Formerly Family Group Conference) is a process led by family members to plan and make decisions for a child who is identified as being at risk.

3.7 Locally, BSF (previously MST BSF) and FFT-CW provide support for families identified from Legal Planning Meetings (LPMs), Edge of Care panels or directly from Court proceedings. MST BSF take referrals for families from outside of legal proceedings, and like MST use an assessment based on the probability of coming into care.

3.8 MST works with adolescents in crisis, targeting those deemed at the highest risk of care. This is typically when other services have tried to offer an earlier intervention and where care proceedings or a Section 20 placement are being given careful consideration. These children are usually known to multiple services (Social Care, Children and Young Peoples Justice Service, SEND etc). At the point of referral to MST, an assessment must be made as to the probability that the young person would have gone into care with no intervention. This probability measure, also known as the targeting deflator, measures the extent to which financial savings will be deflated because of not being able to target interventions with 100% accuracy, to those children that would have gone into care. This compares with MST BSF and FFT-CW where referrals are made in general, when legal proceedings to take the child into care would otherwise commence, hence the probability of care is near certain.

3.9 Since July 2024, Family Therapies has become home to FGC which is appropriate and will hopefully enable it to grow and stabilise. The aim of the FGC is recognition that often a child's best, most loving and consistent support comes from within their own family. We recognise that families can be transitory, they may not have spoken in some time or may have had disagreements and fall outs, but that when it comes for the best interests of the child, most families will put aside these differences. FGC is now known as Family Decision Making (FDM)

3.10 Combined Impact

3.1 In this quarter 3, across all teams, there have been 29 families and 45 children commencing treatment. The teams have worked with 93 families and 183 children in the quarter; this includes families commencing engagement in earlier quarters who are still in treatment. 29 families and 64 children have closed in the quarter.

3.12 Each child is allocated a projected placement (avoided) based on several factors: the risks the child/ren poses or are posed, their behaviours and needs, and placement availability on the day the child/ren is referred. This data is frequently cross checked with social workers and the placement team for accuracy. The average annual placement cost avoided is £81k.

3.13 The average time between referral and treatment starting for this quarter was 13 days, which is above target of <10. The 13 days average between referral and start includes a 'sign up and consent' visit before treatment start, so families are contacted and meet the team at least once between referral and start.

3.14 Business support complete Therapist Adherence (TAM) questionnaires' with all clients whereby families are asked to effectively score their progress and relationship with their allocated therapist. In the period, 130 TAM-R interviews have been conducted in quarter. The average adherence score (client satisfaction) across the therapists is .84 in quarter. This is above target (.61).

3.15 Crucially the TAM-R collection rate demonstrates that 95% of all families open have been interviewed in this quarter.

3.16 In respect of auditing and quality assurance (QA) activity. There were 15 direct observations of practice. In addition, 76 cases had additional 'deep dive' analysis exploring practice successes and difficulties, these have taken place outside of the usual QA activity as part of monthly QA completely by managed to ensure consistency in practice across teams.

3.17 Finally, the teams completed 5 audits against the OFSTED framework, with 4 scoring good and 1 scoring RI. This is a tested and robust process, with every case file being independently moderated by a different manager before concluding on a grade. All QAs are graded before and after the 'loop is closed' with actions for completion checked and signed off as achieved before the QA is completed. A moderation process is in place and the Head of Service completes an additional moderation and views all inadequate and RI audits.

3.18 All children and parents are encouraged to provide input into what they want from the treatment from the outset. This is then reviewed as treatment progresses. The treatments specifically target the desired outcomes of the child, parents, wider family, and professionals working with the family. Some examples of children's goals are listed below:

Children's views:

- We just want to be a proper family.
- I want to have all my stuff at mums and for that to be my home. I don't mind packing a bag to go and visit my aunt but don't want to have to do that again to see mum.
- We're just pleased that finally we are being listened to, we both wanted to live 50/50 between mum and dad and eventually it's sorted.
- For mum to be less sad.
- I want to be listened to.
- To keep myself safe when I am out and not speak to people that are asking me for sexual images.
- To not have sex with current boyfriend who is 16.
- I would like to find a course I really like to do; the options aren't clear to me at the moment so I don't know what I can do.
- I want to be in school full time like all the other children.
- I want the shouting to stop between mummy and daddy and I want to see mummy and daddy equally.
- I feel really stressed about being stuck in the middle- I want Mum and Dad to sort it out away from us.
- I want to have a garden so I can have a trampoline to jump really high on.
- R to be nicer – he says things and doesn't wait for me to do it. – Give me a bit of time. (Mum will ask J to pick his coat up, and then R will not give J a chance to do it on his own accord, he will quickly follow up on mum's request).
- Play more football & FIFA stuff together.
- Give space to each other.
- I want to the arguing and shouting to stop.
- I want K to stop annoying me.
- I want to go back Winstanley – mainstream school.

3 Parent and Carer views:

- F to attend school every day and not be unhappy.

- F to receive the right level of support by school who understand her needs rather than button pushing her.
- School to respect F and work towards her returning to main provision site.
- For people not to tell me how to raise my kids.
- I want some stability for T around staying out. He has been doing what he wants when he wants and he needs some boundaries around this.
- Our relationship has broken down. I want this to be better but I do not know how this will look. I just want to be able to talk to T and for him not to talk to me the way he does.
- To get on better with mum.
- To feel happy.
- I would like to work on my anger so I can walk away from arguments.
- I would like me and Mum to be able to take responsibility for not hearing / listening to what the children want from us.

3.19 In the quarter, 86% of children in treatment have concluded treatment and remained safely at home. Counting only families (n=29) closed in the quarter 39% (n=11) have closed to the department entirely, 17% (n=5) stepped down to a lower plan, 24% (n=7) stayed on the same plan, 3% (n=1) have stepped up and 17% (n=5) became CLA.

3.20 Sustainability is an ongoing area of focus for the teams. All cases opened to the teams are tracked for 18 months after closure to monitor their CLA status. Families are tracked in quarterly and annual cohorts:

- Families closing in the same quarter, 18 months ago: 92% remain at home.
- Families closing in the same quarter, 12 months ago: 84% remain at home.
- Families closing in the same quarter, 6 months ago: 85% remain at home.
- Families closing in this quarter: 86% remain at home.

3.21 Since the start of the financial year, the teams are at 70% target of the target for children diverted from care which is on track. The number of children diverted from care however is 262 which is 56% of the annual target which is just below target for the period which should be closer to 75%. Looking at teams, MST BSF (previously MST BSF) which is fully staffed are on target with 77% but the number over all is reduced by MST and FFT allocations whom have had some staffing difficulties impacting on target rates being achieved to date.

3.22 MST are functioning with staffing of only 50% capacity owing to people leaving post and delays in recruitment. FFT's targets are also lower than expected at 52%, however this can be explained as the pilot for reunification has resulted in a much higher investment of time and resource than usual on 'edge of care' cases. All teams are working at capacity and the trajectory is that the case load target can be met by the end of the financial year. This will be closely monitored.

3.23 It is pleasing to note however that across the team's savings are currently forecast at 194% above target of £3.083m, equalling £6.044m in expected savings which is set to continue across quarter 4.

3.24 All teams have clear action plans to meet expected targets, and set back are understood well as smaller caseloads enable us to complete analysis. Ultimately, the complexity of case work has meant that treatment times with several families has had to be extended beyond typical treatment time for reason including the late identification of trauma and the need for on-going treatment, requests for extensions both from CiN and the Courts and as detailed above the additional challenges associated with FFT reunification.

3.25 The FFT reunification pilot is now running, commencing in October 2024. Ultimately the project is proving to be highly successful and at the time of writing 83% of the children signed up have returned home safely. We know from detailed NSPCC research that previous projects in other authorities have struggled to sustain reunification and flagged risks of causing further harm. However, it is the additional and on-going support from FFT which enables emerging problems to be responded to therapeutically which is believed to be making the difference. Though there are areas to resolve prior to the pilot ending, and the project is hopefully agreed as a sustainable approach, we are deeply proud of the impact as 8 children were identified to be offered the FFT programme as part of the initial pilot programme. Several factors were taken into consideration in selecting these children, including being at risk of placement breakdown and readiness for leaving care. 5 of the children were overseen by the LAC teams and 3 by the CIN teams. Unfortunately, updated assessments made 2 children no longer suitable. Alternative cases were identified, resulting in 6 active referrals all actively engaging and working with FFT, with a seventh being added in January 2025.

3.26 At the time of writing, 5 of the 6 initial cohort where work commenced in October (83%) are home, resulting in significant cost savings for the local authority while also freeing up 4 beds in local authority children's homes. The total annual savings, due to the reduction in high-cost care placements, would over a year would exceed **£1,351,480**. This demonstrates the potential for both financial efficiency and positive outcomes for children, offering a model for further investment in reunification programmes as well as contribute towards savings in other areas.

YP Name	LL ID	LAC Entry Date	Annual placement costs
RL	596837	12/02/2021	£207,480
SL	567585	03/02/2022	£286,000
CL	855090	25/11/2021	£286,000
TA	858877	01/01/2022	£286,000
RD	546233	25/04/2018	£286,000
KH	709229	23/06/2022	£207,480

3.27 Adding 2 therapists to the team will increase capacity for further work to take place supporting reunification, while continuing to meet FFT-CW's core offer of working to avoid children coming into care. In consideration, therapists would have a waiting of Edge of Care cases as well as reunification cases, in recognition of the significant additional work that is required.

3.28 Should the project be approved, we aim to quickly recruit additional staff within the team to further increase the reunification offer, providing greater resilience within the team and improved outcomes. This will be covered in more depth in a detailed report when the pilot is near completion.

3.29 Family Therapies are now live on Liquid Logic, enabling seamless and transparent referrals from social care, CYJPS and Early Help to access services. This measure, while primarily born of need will also address the long overdue issue of delays in sign up as referrals and Family Therapies managers can better track progress as well as potential barriers. Should these arise (such as issues with consent), the issue will be visible and hopefully address any frustrations.

3.30 Family Therapies is now home for Family Decision Making (previously known as FGC) and there are imminent plans to recruit to vacant posts to address the long-standing need in the area. To meet stakeholder expectations, and its now anticipated growth to offer an FGC to every family under PLO as well as existing referrals, there is a business case being written for 2 additional FTE posts as well as 1 FTE supervisor post.

3.31 The Edge of Care strategy has now been completed and presented to our Lead Member, detailing the progress made by the service as well as plans for development, including the better utilisation of services. The strategy is scheduled to be presented at the Executive and will be launched through a range of boards and published on the LCC website in due course.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

This is an update report setting out the work of Family Therapy Service. The avoidance of gross costs has been calculated within the service using data from Liquid Logic. This is to illustrate the level of additional budget that would have been required without the interventions outlined in this report.

Funding will have to be identified by senior managers for the additional posts referred to in this report in paragraph 3.30 before they can be recruited to.

Signed: Mohammed Irfan, Head of Finance

Dated: 28 March 2025

4.2 Legal Implications

The Children Act s17(1((b) places a duty upon local authorities to safeguard and promote the welfare of children and, so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs. The Family Services Therapy is a key provision in this regard.

Signed: *Susan Holmes*

Dated:27th March 2025

4.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty 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.

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 at very high risk of entering care with a view to reducing care placements, the financial cost of these and improving outcomes for children, young people and their families.

However, the report does not explore in any detail the protected characteristics of those children at very high risk of entering care, any potential issues in terms of over representation and how this compares to local demographics and the national picture or any work being done locally to address any specific issues related to this. To make further progress in meeting our public-sector equality

duties, in particular that we are advancing equality of opportunity and eliminating discrimination, the service should ensure that the monitoring of disproportionality, trends and issues include the protected characteristics of children at very high risk of entering care not least sex, race, disability, religion and belief.
Signed: Sukhi Biring, Equalities Officer
Dated: 27th March 2025

4.4 Climate Emergency Implications
There are no climate emergency implications arising directly from this report. However, by reducing the need for children and young people to be placed into care, the services discussed in the report will be reducing the need for additional accommodation, with the associated extra carbon emissions caused by providing heating, hot water and power for that accommodation.
Signed: Duncan Bell, Change Manager (Climate Emergency). Ext. 37 2249
Dated:27th March 2025

5. Background information and other papers:
N/A

6. Summary of appendices:

A-Glossary of terms

Appendix A:

Glossary of terms:
The teams within the Family Therapies area are: Multisystemic Therapy (MST), MST: Building Stronger Families (MST BSF), Functional Family Therapy for Child Welfare (FFT-CW), and Family Group Decision Making (FDM)

- CAMHS: Children and Adolescent Mental Health Services
- CIN: Refers to Child in Need, or within context the service social care provides to support children who are experiencing safeguarding concerns
- CLA: Child Looked after. A child whose parental responsibility is shared with the local authority
- CYJPS: Children's and Young Peoples Justice Service. The local authority's diversionary and statutory offer to support children at risk of, or involved in offending
- Edge of Care: Children who live in homes where risk is escalated and have been assessed as at risk of needing placement
- Liquid Logic: The shared social care database used to store data and assessments on children
- LL ID: This is the reference number used by social care services to identify children on a case recording system
- Q3 refers to the third financial quarter of the year (October-December).
- Therapist Adherence (TAM): This is a score provided by family members based on therapist performance