



Edge of Care Strategy 2025-2027

Family Therapy Service

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Introduction

This strategy sets out our understanding of current needs, the availability of provision and our plans for the development of our Edge of Care offer over the next three years. The strategy provides information on the range of approaches and the impact achieved from the services and interventions provided. It outlines how new innovations being developed in Leicester will support a cohort of children and young people as well as covering and addressing the challenges, evidence of impact and value for money.



Rationale and context

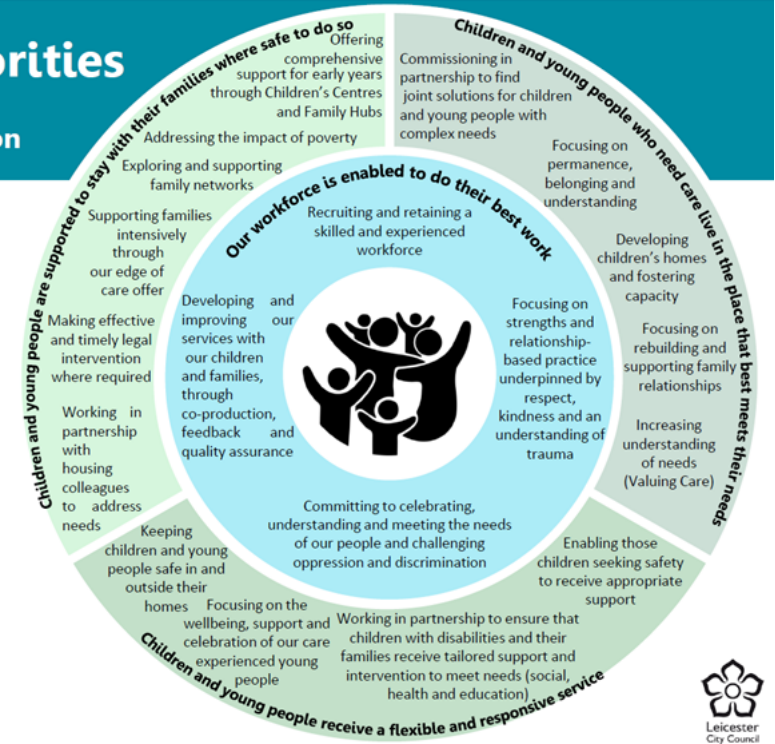
As well as impacting on children's outcomes, looked after children placements put huge financial pressure on local authorities. The cost of these placements can reach £2,125 per day, with an average cost of £230.07 per day, per child. 19% of children in care in Leicester are in the highest cost placements (based on cost \geq £1,000 per day).

Leicester City Council is fully committed to supporting a child's right to family life and to support children and young on the edge of care and protect them from harm, a range of services and interventions are provided in Leicester. This reduces the likelihood of someone becoming looked after.

Divisional Priorities Children's Social Care, Early Help and Prevention

We are committed to supporting children, young people, adults, and families to live their best life, so they can be safe, be independent and be ambitious for themselves

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The strategy covers:

Where children are living in an environment where their safety is compromised to an extent that the child protection plan is no longer sufficient, it is incumbent upon the social worker and team manager to request a legal planning meeting. At this meeting there are various options, including referrals to the following edge of care services:

- Family Group Conferencing
- Multi-Systemic Therapy (MST)
- Multi Systemic Therapy for Building Stronger Families (BSF)
- Functional Family Therapy (including reunification)
- Other prevention services within the Youth Support Offer Partnership

- The edge of care services specifically referenced within this strategy 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: Building Stronger Families (BSF)** a 6 – 9-month programme targeting families with at least one child aged 6 – 17 at risk of care following one or more episodes of physical abuse and/or neglect.
- c) **Functional Family Therapy for Child Welfare (FFT-CW)**, a programme of approximately six 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.
-) **Family Decision Making (FDC)** specialist independent service coordinating a personalised community response to prevent family breakdown.

Governance

All family therapy interventions are governed by the Family Therapies Board. The key aims of the 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 the number of children who are looked after. The Board, which is independently chaired and made up of senior members of key stakeholders, serves to hold all interventions and their management to account. It meets four times annually, with briefing papers presented quarterly. The board is chaired by the Head of Service for the Prevention Service and is well represented by a range of partners including Social Care, Health, Police and Education.



Value for money

- Evidence increasingly demonstrates that interventions at an early stage are more likely to lead to improved outcomes for children and their families and reduce demand across the whole “children’s system”. This is essential for cost effectiveness but also recognises the inherent difficulties in repairing trauma in later years.
- The cost of Edge of Care interventions varies significantly and should not be compared to one another as they are different approaches for children at different stages. If MST-FFT-FGC 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. Family Decision making used at any stage when risk of family network is identified as breaking down. It can be used at any stage as an alternative to MST, MST BSF. FFT and MST BSF should only take cases where a decision has been made that they meet the threshold for removal into care.

Year	Success to date	Gross Savings from success
2020/21	67%	£3,380k
2020/22	76%	£2,071k
2020/23	80%	£4,642k
2020/24	90%	£7,515k





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Impact

- Each child is allocated a projected placement cost avoided figure 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 £84k
- In the past financial year (2023/4), 393 families or 734 children were served with an overall success rate of 90% meaning children were able to stay safely at home.
- Since the start of the financial year 2024, the number of children diverted from care is 199 which is 106% of the annual target. This represents annualised gross savings (from new families opened in the year) of £7.5m, 245% of the full year saving target of £3.1m.

Joint working

Family therapies have clear protocols which underpin strong working relationships with identified partners. This ensures that the therapeutic offer can be met without compromise or difficulty.

Good practice expects that multi agency decision making provides best outcomes for children and families and as such, it is expected that therapeutic staff are involved in all relevant decision making that could have impact on the long-term outcomes. It means ensuring that the various stakeholders involved with any given family are coordinating care, as needed.

Polices are in place with: Social care, police, education, education welfare, Turning Point, CYPJS



Growth and reunification

- The decisions to place any children in care are made following significant assessments or events so worrying that there will have been no other choice. For many children in these circumstances, care is the safest place for them to grow up and achieve their life goals. For others however, whilst this may have been the right decision at that time, it needs to be acknowledged that people and their circumstances can change. For these cases it is appropriate to consider reunifying children into the care of their family. In addition to improving outcomes for children and families, the process of reunification would free up desperately needed care placements.
- Based on analysis of cases to identify potential for reunification, a proposal has been made to utilise FFT as a Reunification Programme, working with an initial cohort of eight children. Based on analysis of cases to identify potential for reunification, a proposal was made to utilise FFT as a Reunification Programme named **Safe Steps Home**, working with an initial cohort of eight children. The pilot concluded successfully with recruitment in place for further staff to accommodate demand.





Outcomes

Outcomes are monitored not just at the end of treatment, but on-going at both 6, 12 and 18 months to ensure that our interventions 'hold'. We are proud of these results, with our sustainability holding at a 90% longitudinal success rate post treatment.

We will expand our edge of care offer with the development of innovations and ensure children and their families are appropriately supported in their communities. There remains volatility in relation to admissions into care and our edge of care offer needs to be flexible and responsive to achieve good outcomes for children and young people, there is some recent evidence to suggest increasing minimisation of this volatility.

Our investments in a good edge of care offer is a moral and financial imperative and current edge of care services are demonstrating value for money and supporting the achievement of safe, happy, healthy and successful outcomes.



Thank you

