
Family Therapies Annual Report

Scrutiny Commission

Date of meeting: 27th October

Lead Director/Officer: Damian Elcock
Karen Manville
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Useful information

- Ward(s) affected: all
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- Report version number: V5

1. Summary

- The purpose of this report is to provide a progress on the delivery of Family Therapies; Multisystemic Therapy (MST), MST for Child Abuse and Neglect (MST CAN), Functional Family Therapy for Child Welfare (FFT-CW), Safe Steps Home, and Family Group Decision Making (FGDM), for the period January-March 2026 (Quarter 4).
- To provide an updated annual report that will now routinely be presented through to scrutiny on a yearly cycle at the end of Quarter 4.
- To briefly introduce the new names for some of the teams, within family therapies, from 1st September 2026. (*The old names are still referenced throughout this report due to it predating the new names*).

2. Recommended actions/decision

- Note the need to strengthen targeted support both pre-closure and 6-month post-closure stage to improve long-term sustainability.
- Note the need to refine evaluation measures to better capture Safe Steps Home (reunification) outcomes alongside CLA status.
- Note the need to expand capacity now that the vacant posts are recruited to.
- To support services to improve early identification of risk to enable earlier intervention and prevent escalation.
- To continue to focus on reducing high-cost placements by targeting highest-risk cases.
- To continue strengthening multi-agency working to enhance coordinated and timely interventions.
- To note the new team names for future reference which are highlighted in this report for ease. (*The original names are cited throughout this report due to the time period being covered*).

3. Scrutiny / stakeholder engagement

3.1 The report has been received by

- Senior Management team 27/04/26
- Director Management team 07/05/26
- Lead Members Briefing 12/05/26
- CMB 25th June 2026

- Delivered at the Family Therapies Partnership Board

3.2 The teams maintaining model fidelity (Adherence) is key to successful outcomes. Adherence to the evidenced-based programmes measures a range of factors, including the therapist's ability to work across the whole of the child's ecology, the ability to collaborate in a strength-based manner and the ability to create sustainable change for our families. Adherence is captured across all 5 teams via a monthly anonymous interview with family members, generating an adherence score for each therapist. MST and MST CAN teams use a Therapist Adherence Measure (TAM-R) to measure adherence, and FFT-CW use a Family Self-Report (FSR). Leicester continues to be highlighted nationally as a highly adherent service, with a strong reputation for keeping children safely at home.

- Questions in the TAM-R include:
 - My family knew exactly which problems we were working on.
 - The therapist understood what is good about our family.
 - My family and the therapist were honest and straightforward with each other.
 - Family members and the therapist agreed upon the goals of the session.
 - My therapist helped me figure out the reasons leading up to problems between me and my child.
- Questions on the FSR include:
 - Please help us understand how you felt your family was doing before your first session between 1 (very bad) to 7 (very good)
 - Overall, how confident or hopeful are you that your family will get better? 1 (Not confident) to 7 (I'm very confident)
 - Overall, how much do you approve or disapprove of the way your therapist is treating your family? 1 (I strongly disapprove) to 7 (I strongly approve)

3.3 All the teams regularly receive feedback from family members and professionals. This feedback is neither sought or requested and is separate to adherence measures above. Feedback received in the quarter is presented in Appendix A.

4. Detailed report

Background Information

4.1 Within Leicester City there are now six teams within the Family Therapies service area which work intensively with children at very high risk of entering care, at the time of writing they were still referred to as (MST, MST-CAN, FGDM, and FFT, incorporating Safe Steps Home). 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 in order 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.

- 4.2 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 171 children from entering the care system. The gross savings of this to the Local Authority are £5.5m 198% of the £3,083k full year target. Without this investment, Leicester would be faced with estimated 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 scarce looked after provisions.
- 4.3 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. **This service is now called the Integrated Family Therapy (IFT) from the 1st of September 2026 with some additional eligibility criteria which will be cited in future reports.**
- 4.4 MST CAN** delivers a range of therapies aimed at children aged 6-17yrs who are subject to physical abuse or neglect. MST CAN has two p/t Psychiatrist positions attached to the teams. This service is now called the **Integrated Family Therapy – Complex Child Protection (IFT-CCP) from the 1st September with some additional eligibility criteria which will be cited in future reports.**
- 4.5 **FFT- CW** delivers family therapy where there are children from pre-birth to 17 with any child welfare concern (except active sexual abuse). They also offer the Safe Steps Home programme.
- 4.6 **FGDM** - Family Group Decision Making (FGDM) is a process led by family members to plan and make decisions for a child who is identified as being at risk.
- 4.7 Locally, MST CAN and FFT-CW take families from Legal Planning Meetings, Edge of Care panels or directly from Court. MST CAN take families outside of legal proceedings, and similar to MST use an assessment on the probability of care. Currently, those families open via other routes to LPMs, have escalated to LPMs in the early stages of MST CAN. Thus, a targeting deflator not needed and will continue to be monitored.
- 4.8 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 CAN 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.
- 4.9 As of July 2024, Family Therapies became home to FGDM. The aim of the FGDM is recognition that often a child's best, most loving and consistent support comes from within their own family network. 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.

Combined Impact

4.10 In the quarter, across all teams, there have been 48 families and 70 children commencing treatment. The teams have worked with 111 families and 198 children in the quarter; this includes families commencing engagement in earlier quarters who are still in treatment. 45 families and 79 children have closed in the quarter.

4.11 Across the full year teams have worked with 440 families and 809 children within these families.

4.12 Of all 162 families starting in the year, 95% are still together. (See appendix B for case data).

4.13 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 £76k.

4.14 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

4.15 124 TAM-R interviews have been conducted in quarter. The average adherence score across the therapists is .92 in quarter. This is above target (.61).

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

4.17 7 FSR interviews have been conducted, with an average of +2.14 across the quarter. This is above the target of +1 range.

4.18 In respect of auditing and quality assurance (QA) activity, 599 file audits took place in quarter 4. There were 26 direct observations of practice. In addition, 114 cases had additional 'deep dive' analysis exploring practice successes and difficulties, these have taken place outside of the usual QA activity.

4.19 Finally, the teams completed 5 audits against the OFSTED framework, with 4 scoring good and one scoring Requiring Improvement. 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.

4.20 Over the year, 25 OFSTED framework audits were completed across the service with 6 graded as Requiring Improvement and 19 were good.

4.21 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 in appendix A.

- 4.22 In the quarter, 84% of children in treatment have concluded treatment and remained safely at home. Counting only families (n=45) closed in the quarter 24% (n=11) have closed to the department entirely, 18% (n=8) stepped down to a lower plan, 20% (n=9) stayed on the same plan, 9% (n=4) have stepped up, 9% (n=4) exited from the care, 7% (n=3) remained in care and 13% (n=6) became CLA.
- 4.23 Annually, 440 families or 809 children were served representing with an overall success rate of 95% meaning children were able to stay safely at home.
- 4.24 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: 89% remain at home.
 - Families closing in the same quarter, 12 months ago: 80% remain at home.
 - Families closing in the same quarter, 6 months ago: 75% remain at home.
 - Families closing in this quarter: 84% remain at home.
- 4.25 Since the start of the financial year, the teams are at 188% target for children diverted from care which is above the target. The number of children diverted from care however is 351 (target-187) which reflects the percentage above. Looking at teams, MST CAN which was not fully staffed for part of the year, are on 88% of the target, MST (75%) and on FFT (84%).
- 4.26 It is pleasing to note however that across the teams, gross savings are at £6.6m (gross LAC savings from successful diversions), 215% at the end of the financial year, which is above the target of £3,083K, equalling £4.2m (net LAC savings) above the target amount of £756k.
- 4.27 We are proud that the recommendations from last year which focused on concluding the FFT Safe Steps Home pilot and embedding Family Decision Making are complete.
- 4.28 All teams are now fully staffed, including the increased FFT reunification offer increasing staffing to 7 therapists in total.
- 4.29 The FGDM service has expanded to facilitate the mandated Family Decision Making Offer. This has been completed ahead of schedule and had its official launch on 15th April 2026 meaning that a core component of Leicester's Family First journey is complete. With Family Decision Making being offered across the spectrum of need, capacity is something which will need to be monitored closely to ensure that the demand can be met without delay. As such, we have already set up a system for monitoring and data collection so need can be responded to quickly.
- 4.30 All Family Therapies services are now fully embedded and available through Liquid Logic, enabling an easy referral process and increased visibility and accountability for data and tracking.
- 4.31 MST continue to have excellent working relations with the Police, attending daily risk meetings and contributing to the top 10 most at-risk monthly list. This ensures that the most vulnerable to exploitation are targeted.
- 4.32 A Family Therapies Strategic report named the Edge of Care Strategy is available. This a vital framework for social care services, designed to safely support families where children are at risk of entering care. It ensures that decisions about care are consistent,

evidence-based, and child-centred. By focusing on prevention and early intervention, the strategy helps reduce the need for care placements, while ensuring that when care is necessary, it's the right decision for the child.

MST Standard

- 4.33 There have been 22 new children starting across both MST teams in Quarter 4 and 75 children started annually. MST counts differently to MST CAN and FFT and whilst working with the whole family, the programme only counts one child per family as a start.
- 4.34 The teams have achieved 75% of target family and children starting treatment since April 2025 which is below target for this year. This is owing to acute staffing issues with 3 vacancies in therapist posts and a manager covering both teams. To mitigate this and ensure service delivery could be maintained both managers have been holding cases as well as meeting their managerial responsibilities. Ultimately, the average caseload per FTE therapist has been 4 this quarter, below the target of 5. This is owing to a staff member being unable to take cases as they were leaving the role. The target annually is met.
- 4.35 Of the 22 new case starts in the quarter:
- 0 (0%) was already LAC
 - 11 (50%) came from DAS or SAT
 - 0 (0%) were on a Child Protection Plan
 - 3 (14%) were on a CiN Plan
 - 1 (4%) were on a referral order with CYPJS
 - 7 (32%) were open to EH
- 4.36 The teams have closed 19 children in the quarter with 84% (n=16) still at home at closure. Annually, the team closed 62 cases successfully of 67 closures (92%).
- 4.37 Of the 19 children closed to treatment in the quarter 16% (n=3) have stepped up due to increased risk, 26% (n=5) have stayed on the same plan and 0% (n=0) have stepped down at least one level. Of all closures, 42% (n=8) have closed to the department entirely and 16% (n=3) became looked after.
- 4.38 Annually, of the 67 cases closed to the team, 49% (n=33) were closed to the department entirely, 22% (n=14) ended on CiN plans, 6% (n=4) on SGO, 16% (n=11) remained on child protection plans and 7% (n=5) were looked after.
- 4.39 The placement costs avoided in MST are significantly higher than budget at an average of £122k, with an annual target of £38k. This is due to the level of risk linked to the young person and placement availability in the city.
- 4.40 The targeting deflator is averaging 58%, on target of 51%. The targeting deflator is a tool which calculates the likelihood of risk of care within the MST team. To be out of range would suggest inappropriate referrals. See appendix.
- 4.41 In year gross savings from the 75 families started this year, total £2,007k compared to the annual target of £734k. The overall savings are 273% of the full year budget.

MST CAN

4.42 There have been 8 new families and 20 children started in quarter four and 21 families and 58 children started annually. With a target of 24 families the teams have achieved 88% of target starts since April 2025 and 121% of target for children opened. This is owing to unassessed complexities within the teams requiring additional work. Despite this, the therapists have maintained an average caseload of 4 this quarter, which is precisely on target.

4.43 Of the 8 new family starts in the quarter:

- 2 (25%) were on CP plan & came from LPM
- 1 (12%) were on CIN plan
- 5 (63%) were on CP and PLO & came from LPM

4.44 The teams have closed 6 families, and 16 children in the quarter with 83% (n=5) still at home at closure.

4.45 Of the 6 families closed this quarter

- 17% (n=1) became CLA
- 33% (n=2) stepped down at least one level
- 17% (n=1) stayed opened to the same plan
- 17% (n=1) stepped up a plan and 17% (n=1) closed to the department entirely.

4.46 Of the 20 families closed this year

- 20% (n=4) became CLA
- 25% (n=5) have stayed on the same plan
- 0% (n=0) exited from care
- 30% (n=6) stepped down at least one level
- 25% (n=5) closed to the department entirely.

4.47 In year gross savings from the 21 families and 58 children started, this year total £1.5m compared to an annual target of £653k. The overall gross savings are 239% of the full year budget. This is because the number of children per family is slightly higher than budgeted (2.4 compared to 2), and the age range and placement availability in the city.

FFT-CW

4.48 There have been 18 new families opening in the quarter with 28 children.

4.49 The teams have achieved 84% target start since April 2025 with 67 families opened or 91% of target with children (n=131). The average caseload per FTE therapist is 7 this quarter, below the target of 8.

4.50 The spaces are almost always reserved for new families where initial conversations with referrer's are taking place and so seen as an allocation start. All financial targets have been met, along with the success rate target. However, the target for number of families started and number of children started has remained unmet.

4.51 Of the 18 families starting in the quarter:

- 56% (n=10) were in PLO subject to child protection plan,
- 11% (n=2) were on child protection plan,
- 22% (n=4) were LAC, and

- 5.5% (n=1) were on SO and CiN plan
- 5.5% (n=1) were on PWP (S-38)

4.52 Out of 18 families

- 14 were referred via Legal Planning meetings
- 1 EoC Panel
- 3 were direct referrals.

4.53 The team has closed 20 families and 44 children in the quarter with 85% still at home at time of closure.

4.55 Of the 20 families closed this quarter

- 10% (n=2) closed to the department entirely
- 30% (n=6) stepped down
- 15% (n=3) stayed open on the same plan
- 15%(n=3) remained in care
- 20% (n=4), exited from care
- 10% (n=2) became CLA.

4.56 Annually, of the 62 families closed

- 14% (n=9) closed to the department entirely
- 36% (n=22) stepped down
- 11% (n=7) stepped up due to increased risk
- 23% (n=14) stayed open on the same plan
- 16% (n=10) became CLA.

4.57 In year gross savings from the 67 families and 131 children started, this year total £3,055K 180% of the annual target of £1,696k. This reflects the lower than budget case numbers and the lower placement cost avoided.

6. Summary of appendices:

Appendix A

Feedback received Jan-Mar 2026.

NB: This is unsolicited feedback.

Families:

- "Meghan is brilliant at her job, she should be highly recommended for the quality of the work she does for me. I will be lost without her."
- "My therapist is brilliant; she is the best"
- I don't know what I would have done without Jacquie and Martina. Their help has been great.

- I have had quite a few issues with my daughter and her behaviour since Hema has been involved, and I can't thank Hema enough for everything she has done. She has been amazing from the start. I could not have asked for a better therapist to be given to us to help us through it all. She has been fantastic, we will really miss her when it comes to the end of treatment, I wish I could keep her forever.
- I also would like to give a bit of praise to one of the other therapists on-call, I think her name was Yulander. She really did amazing helping us with some tough situations when it was out of hours and late at night. She really was fantastic with all her help even when it was just over the phone, so I really think she deserves some praise in all the work that has been done so far too!
- Thank you for all your support and advise that you and MST have given with mine and Y's parenting of X. Thank you for the sustainability plan which is super helpful and the lovely comments.

The positives I have found is in your helping to change my sometimes rigid mindset into what parenting is. I have learnt to adapt through your advice and valuable insight. Your calm demeanour and practical and kind advise has been really beneficial. The plan and identifying different areas of focus has been really structured and helpful. The regular meetings and support with the school have been really useful and supportive.

Overall the support you have given has been invaluable and we really appreciate the time given by you especially and your team. You have a very kind, fun and easy going nature as well as serious and practical and I think your skills have especially complimented by our family so thank you so much!

If there was one thing I would give to maybe help support more is perhaps just more focus on the child adapting their behaviour not just through parenting, but I understand it's more about parenting skills. Thank you again. We will miss you. X

- Shetal has been absolutely fantastic. She has really made a bond with us. It was difficult at the beginning with everything that we had going on but she has really helped us. Shetal really has had a positive impact on us all, especially on my daughter. I think what she has been doing has had a huge impact and we wouldn't be here in the position that we are now without her help.
- Meghan is absolutely brilliant, I couldn't fault her. She is trying so hard for us and I can't thank her enough for the effort that she is putting in. She is amazing and so on it with the school too. I couldn't fault her for trying!
- I've enjoyed our FFT sessions, its lovely having Lucy come to the house. She has really showed me how I can look at things differently with Megan, from different points of view to understand what's going on in her head which then changes the way I react.

Professionals:

- Just want to bring to your attention the fantastic work completed by Sonal Patel with Z – mother to X and Y. Ms Z has presented hostile, chaotic and verbally abusive to professionals during conferences and visits. This was mainly due to her own mental health and historic experience with social services. But, FFTs consistent engagement and continuous working with mum and building the healthy relationship with her. There was massive difference witnessed with mum's presentation and engagement in yesterdays conference.

Intense work with mum in regulating her emotions, reflective discussions with mum of her own behaviour. This benefited mum in engaging well in conference. Mum was composed and listening to difficult and challenging conversations. This was observed and witnessed during conference not only by me but also by other professionals.

Well done, Sonal

Keep up the good work.

- Mum was beaming with pride for herself and her family. Mum wanted me to pass on a message to Hema that you are wonderful and patient and really helped X think through her actions and helped her in so many ways. So, thank you Hema.
- Dad reported the first session with X went really well and it has eased his anxiety working with MST CAN.
- Hi Avanti, Shamnaz, Nicola, Emily and Daniel,
It is so brilliant to read this fantastic commendation about how your hard work and commitment has had such positive outcomes for this family. It is clear that working with this family has required significant input from you all to create change, engage family support and keep these children safe and supported.
Thank you for working in collaboration to achieve this. It is much appreciated.
Thank you
- Thank you so much for your kind words! It has been an absolute pleasure and a positive experience to work alongside you and your team to support X, Y, Z and Mum. I too am so happy that the family now have the security they need going forward.
Best Wishes
Natasha
- Hi Mandica, just want to say a big thank you for your support and patience regarding X. You have been a great help, thank u.
- I have been screening X and had a phone call with X's mum Y yesterday. Mum expressed gratitude for the support Vicky has been providing to both X and herself and described her as a joy to work with. She stated that Vicky has been able to build a brilliant relationship with X which is making a tremendous difference for X as he is at risk of CCE. It was just refreshing to hear all the job work Vicky is doing and I did say to mum that I will pass this on to Vicky's managers which she was happy for me to do.
Mum does acknowledge that there is still a lot that needs to happen with X which I will discuss with Vicky but Vicky seems to be making a real difference given she was only allocated a few weeks ago. Keep the good working going Vicky. You make us proud!!!
Many thanks.
- We really need Nicola to take this case as she has such a lovely way with families and can help them to calm down and we need that here!

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

5.1 Financial implications

The 2026/27 budget for the service is £2.15m. Up to 2024/25 171 children were avoided from going into care, had they gone into care the cost based on allocation of care to homes and providers is estimated to be £5.5m.

Signed: Paresh Radia

Dated: 06.06.26

5.2 Legal implications

There are no direct legal implications arising from this report from a social care and safeguarding perspective.

The update sits within the existing statutory framework for children's social care. It will be important to ensure that the delivery of these services continues to support the Local Authority in meeting its duties under the Children Act 1989. In particular, decisions around reunification, step down and case closure must remain clearly evidenced and welfare led with appropriate oversight where children remain looked after.

The focus on earlier intervention and strengthened support pre and post closure is consistent with statutory duties to safeguard and promote welfare, to avoid premature closure or drift, particularly in higher risk cases.

The intention to reduce high cost placements must remain secondary to the child's welfare. Placement and care planning decisions must not be influenced by financial considerations alone, as this would be open to legal challenge.

Signed: Sonali Unka, Principal Solicitor

Dated:23.04.26

5.3 Equalities implications

The Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not. We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact. Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The purpose of this report is to provide a progress on the delivery of work in the Family Therapies service area. The Family Therapies services detailed in this report directly support highly vulnerable children, young people, and their families across Leicester. Service users are likely to represent a broad cross-section of the community, intersecting with multiple protected characteristics, particularly concerning 'Age' and 'Disability' (given the high prevalence of complex mental health needs, emotional regulation difficulties, and SEND among the cohort).

By providing targeted, intensive, and individualised support designed to divert children from the care system, these interventions actively advance equality of opportunity. They address systemic disadvantages by working to keep families safely together, improving long-term life chances, educational engagement, and health outcomes for at-risk youths.

The therapies utilise a whole-ecology approach, meaning interventions are explicitly tailored to respect and incorporate the cultural, social, and personal context of each family, thereby mitigating existing inequalities and fostering inclusive support.

Signed: Surinder Singh, Equalities Officer

Dated:22.04.22

5.4 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 and therefore reducing the associated extra carbon emissions caused by providing heating, hot water and power for that accommodation.

Signed: Phil Ball, sustainability officer
Dated: 18 th March 2026

5.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

6. Background information and other papers:

7. Summary of appendices:

Appendix a: Views of parents and children

Appendix b: Performance Summary and data

Appendix c: PowerPoint summary of the report

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

No

9. Is this a “key decision”? If so, why? No

Appendix a:

5 Children’s views:

5.56 For there to be less shouting in my house and my parents get on with each other, and I don't have to ring the police.

5.57 I want to be back with mum full time.

5.58 To always stay with dad.

5.59 For mum and dad to stop shouting at them and smacking them.

5.60 I want to get into a basketball team.

5.61 To stop being blamed for everything bad that happens at home.

5.62 For teachers to understand me at school.

5.63 To be still enrolled at Castle mead but to complete work from home, then go into complete exams in school. Then to do an apprenticeship in electrician. (consider unique minds).

5.64 Not to be in care. To live at home with my mum, my brother and sister and to be able to stay with my nan and dad when I want.

5.65 To not make my mum upset all the time when I go missing. This looks like not going missing and coming home, not staying out when my mates stay out or running off when they do.

5.66 Not to get arrested.

5.67 Not to get in trouble in the community with Mum.

5.68 Support with social anxiety and attending school only.

5.69 Mum not to shout when we are out.

- 5.70 Be able to go out with friends.
- 5.71 I want shouting and arguing to stop.
- 5.72 I want to be listened to by mum.
- 5.73 I would like some support for my anxiety and panic attacks
- 5.74 I would like a big bed, everything else is good
- 5.75 I want my mum to understand my point and where I'm coming from.
- 5.76 Mum to be fair when there is an argument between me and my brother; mum to not always say 'he is young'.
- 5.77 Dad to not punch the wall or use violence when angry.
- 5.78 For dad to no longer use cocaine.
- 5.79 For dad and C (foster daughter) to return home.
- 5.80 For there to be less shouting in my house and my parents get on with each other and I don't have to ring the police.
- 5.81 For mum not to drink alcohol every day.
- 5.82 For adults to not be aggressive to each other or children.
- 5.83 I want a bigger house with a garden.
- 5.84 I want to spend more time with my dad.
- 5.85 I want there to be less arguments at home.
- 5.86 I want to move house to a different area.
- 5.87 I would like to pass my exams and do well but I want school to listen and understand my anxiety and adapt for that.
- 5.88 I would like to make my bedroom nice with some new furniture so I can organise my things.
- 5.89 To go after school club – something like basketball.
- 5.90 My room to be clean.
- 5.91 To stop wetting the bed as it makes me sad.

6 Parent and Carer views:

- 6.56 For my son to not go missing and for his self-esteem to improve. This looks like seeing and believing in a future for himself, pulling away from negative peers and focusing on getting qualified in something that will support him in the future.
- 6.57 To have a nice, quiet, easy life. This looks like not having the police come to my door, no calls from school or people in the community about my son misbehaving and for us all to just chill and get along. Not have massive blow out arguments or for my son to be physically aggressive or damage property.
- 6.58 I want zero physical harm; everyone keeps their hands to themselves including me. I do not want to hit the children.
- 6.59 I want to get to a place where I am not losing my s**t or retaliating. I want to learn how to approach situations with the children where I am putting in appropriate rules/boundaries and I can support the children to manage their reactions and manage mine.
- 6.60 For my daughter to not be spending time with unknown people and adult males.
- 6.61 Be able to know where my daughter is and safely retrieve her when she is missing.
- 6.62 I want social care to be happy with our progress so that I can return to work knowing things are ok at home. I want my wife to understand me.
- 6.63 To be able to raise my grandson in my own home like a normal family.
- 6.64 For the children to listen, not swear, not fight with each other.
- 6.65 Keep home conditions nice, clean and sustained.
- 6.66 For social care to leave so we can start rebuilding our lives.
- 6.67 To have a new house which is clean, children to have their own bedrooms and a back garden when I can hang washing.
- 6.68 I would like to stop using amphetamines.
- 6.69 I would like O to get the support he needs for his mental health.

- 6.70 I would like E to get some support so that she can live independently- she is not ready yet.
- 6.71 For there to be a good routine at home for K.
- 6.72 For mum to be abstinent from alcohol.
- 6.73 For L to be safe online by mum supervising regularly.
- 6.74 For the children to not have injuries which can't be explained.
- 6.75 I would like to see a happy child- smiling, singing.
- 6.76 I want to see a massive reduction in verbal aggression and the direct swearing to stop.
- 6.77 I want my daughter to stop hitting, punching, slapping me and younger brother.
- 6.78 I want my son to follow school rules and teachers' instructions.
- 6.79 Better communication with the girls – sit down and have a conversation/ have coffee together/ shopping together.
- 6.80 For YP to not be physically aggressive towards brother.
- 6.81 Attend Dad's coffee shop and help out there.
- 6.82 Dad and YP to go to Sunday Markets together.
- 6.83 More interactions/interest together with J – talking/playing football/eat together.
- 6.84 I would like to be able to take my children out without them squabbling, fighting and kicking off.
- 6.85 For my son to not get into trouble in the community.
- 6.86 For my son's school attendance and behaviour to improve.
- 6.87 For my son to follow curfew rules.
- 6.88 Mum wants to be able to emotionally regulate better and wants to be better at deescalating incidents rather than escalation.
- 6.89 For my son to have a new school that can meet his needs and for there to be an element of alternative provision. For his EHCP to be accepted and fund transport to and from his school and provision.
- 6.90 To learn how to emotionally regulate myself better, as I don't always manage situations the best. I'd also like to learn different and better ways to manage my son's behaviour so things don't escalate as much.
- 6.91 Him to have the 'normal' teen experience. This looks like seeing friends, going on holidays and speaking to girls. It also looks like my son getting the right support he needs for his mental health to enable him these opportunities.
- 6.92 For my son to get an education and have post 16 options for college. This looks like having access to home learning to complete his GCSE's, there being a plan in place to help him sit the exams and him having access to careers advisors or connexions.

Appendix b: Performance Summary and data

Appendix B: Case data

	Q1				Q2				Q3				Q4				All Q's
2025-26	MST	MST CAN	FFT	Total	MST	MST CAN	FFT	Total: qtr-2	MST	MST CAN	FFT	Total	MST	MST CAN	FFT	Total	Total
Children started	10	19	24	53	19	15	50	84	23	4	47	74	22	20	28	70	281
Number of starts	10	6	12	28	19	5	25	49	23	2	12	37	22	8	18	48	162
• LAC	0	0	5	5	0	0	4	4	0	0	3	3	0	0	4	4	16
• LAC PWP	0	0	1	1	0	0	2	2	0	0	2	2	0	0	1	1	6
• CP & PLO (LPM route)	0	3	4	7	0	3	17	20	0	0	5	5	0	5	10	15	47
• CP	1	2	2	5	2	2	0	4	3	2	1	6	0	2	2	4	19
• CiN and SO	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1
• CiN	3	0	0	3	7	0	1	8	5	0	1	6	3	0	1	4	21
• Front door – DAS, CSE & SAT	6	0	0	6	4	0	0	4	6	0	0	6	11	0	0	11	27
• YOS	0	0	0	0	1	0	0	2	1	0	0	1	1	0	0	1	4
• Other EH with HoS approval	0	1	0	1	5	0	1	5	8	0	0	8	7	0	0	7	21
Referral route																	
• EOC	1	0	0	1	1	0	1	2	1	0	1	2	2	0	1	3	4
• PLO (LPM)	0	3	12	15	0	3	20	23	0	0	7	7	0	7	14	21	66
• Other (LL)	9	3	0	12	18	2	4	24	22	2	4	28	20	1	3	24	88
Cases served in the quarter	32	23	41	96	38	24	54	116	46	21	50	117	49	24	38	111	440
Children served in the quarter	32	56	89	177	38	61	111	210	46	54	124	224	49	62	87	198	809
Number cases / exits in quarter	14	4	8	26	15	5	20	40	19	5	14	38	19	6	20	45	149
Number children / exits in quarter	14	10	17	31	15	11	39	65	19	12	28	59	19	16	44	79	234
• LAC	0	0	1	1	1	2	4	7	1	0	4	5	3	1	3	7	20
• LAC PWP	0	0	0	0	0	0	1	1	0	0	1	1	0	0	2	2	4
• CP & PLO	0	0	0	0	0	0	2	2	0	0	2	2	0	1	2	3	7
• CP	1	2	3	6	4	0	3	7	3	2	2	7	3	1	4	8	28
• CiN/SO	2	0	3	5	4	2	7	13	4	2	4	10	4	2	7	13	41
• SGO	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	1	4
• None	10	2	1	13	5	1	3	9	10	1	1	12	8	1	2	11	45
% of exits in the qtr/still at home				96%				82.5%				84%				84%	

Step up and step-down data

Exits between 1 st January 2026 and 31st March 2026	EOC Outcome (No. of Cases)	MST CAN	FFT	MST	Total
1	Exited from care	0	4	0	4
2	Closed to social care and early help	1	2	8	11
3	Risk to child decreased (stepped down a level)	2	6	0	8
4	Stayed open to the same plan	1	3	5	9
5	Remained in care	0	3	0	3
6	Risk to child increased (stepped up a level)	1	0	3	4
7	Came into care (LAC)	1	2	3	6
Total		6	20	19	45

<u>PERFORMANCE SUMMARY</u>								
<u>STD 1 AND 2</u>	STD 1/2 Period 12 2025/26							
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	Annual	
	Cases	Cases	YTD	YTD	YTD	YTD	Target	
Number of families started	71	71	71	64	69	75	100	75% Of target
Success rate to date	82%	86%	85%	92%	87%	91%	85%	
Number of children started	71	71	71	64	69	75	100	
Savings in year 1	£2,592k	£1,765k	£3,369k	£4,800k	£3,300k	£3,461k		
Savings in year 2	£4,310k	£3,738k	£6,884k	£8,420k	£6,331k	£8,493k		
Savings in year 3	£1,718k	£1,973k	£3,515k	£3,620k	£3,031k	£5,032k		
						£8,493k		
						£8,493k		
Cumulative gross savings*	£8,620k	£7,476k	£13,768k	£16,839k	£12,662k	£16,985k	£6,529k	
Cumulative savings post targeting def	£4,182k	£3,813k	£7,985k	£9,767k	£7,344k	£9,851k	£2,938k	58% Current average
Intervention cost	£701k	£697k	£704k	£779k	£667k	£855k	£855k	
Net savings over placement period av	£3,481k	£3,116k	£7,281k	£8,987k	£6,677k	£8,996k	£2,083k	
Number of children successfully diver	28	31	31	34	35	39	38	104% Of target
In Year only gross savings post deflato	£1,258k	£900k	£1,752k	£2,640k	£1,914k	£2,007k	£734k	273% Of target
In Year only net savings post deflator	£557k	£203k	£1,048k	£1,861k	£1,247k	£1,152k	(£121k)	
Average annual placement cost avoid	£73k	£66k	£126k	£150k	£105k	£122k	£38k	
<u>PERFORMANCE SUMMARY</u>								
<u>CAN1&2</u>	CAN 1/2 Period 12 2025/26							
	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	Annual	
	Cases	Cases	YTD	YTD	YTD	YTD	Target	
Number of families started	19	18	24	26	22	21	24	88%
Success rate to date	53%	67%	88%	85%	64%	95%	85%	
Number of children started	60	61	85	88	50	58	48	121%
Savings in year 1	£508k	£465k	£1,833k	£2,052k	£963k	£1,564k		
Savings in year 2	£1,207k	£1,617k	£3,258k	£4,653k	£3,649k	£2,768k		
Savings in year 3	£699k	£1,152k	£1,425k	£2,601k	£3,890k	£1,204k		
Savings in year 4				£0k	£3,289k	£2,768k		
Savings in year 5				£0k	£4,853k	£2,768k		
Cumulative savings*	£2,414k	£3,234k	£6,516k	£9,306k	£16,644k	£11,072k	£2,611k	
Intervention cost	£745k	£734k	£806k	£759k	£805k	£895k	£895k	
Net savings over placement period av	£1,669k	£2,500k	£5,710k	£8,547k	£15,839k	£10,177k	£1,716k	
In Year children successfully diverted	32	41	74	74	32	55	41	135%
In year only gross savings	£508k	£465k	£1,833k	£2,052k	£963k	£1,564k	£653k	239%
In year only net savings	(£237k)	(£269k)	£1,027k	£1,293k	£159k	£668k	(£242k)	
Average placement cost	£32k	£30k	£41k	£71k	£68k	£57k	£32k	
Children per family	3.2	3.4	3.5	3.4	0.8	0.5	0.8	

<u>PERFORMANCE SUMMARY</u>								
<u>FFT</u>	FFT Period 12 2025/26							
	2020/21 Cases	2021/22 Cases	2022/23 YTD	2023/24 YTD	2024/25 YTD	2025/26 YTD	Annual Target*	
Number of families started	43	52	39	46	53	67	80	84%
Success rate to date	74%	83%	69%	67%	87%	196%	75%	
Number of children started	73	90	70	98	120	131	144	91%
Savings in year 1	£1,613k	£746k	£1,037k	£1,347k	£2,626k	£3,055k		
Savings in year 2	£2,651k	£1,417k	£2,400k	£2,661k	£7,264k	£6,950k		
Savings in year 3	£1,038k	£671k	£1,363k	£1,314k	£4,638k	£3,895k		
						£10,502k		
						£5,251k		
Cumulative savings*	£5,302k	£2,834k	£4,800k	£5,322k	£14,528k	£29,653k	£6,782k	
Intervention cost	£422k	£430k	£423k	£503k	£534k	£576k	£576k	
Net savings over placement period av	£4,880k	£2,404k	£4,377k	£4,819k	£13,994k	£29,077k	£6,206k	
In year successful LAC diversion	54	74	48	66	104	256	108	237%
In year gross LAC savings	£1,613k	£746k	£1,037k	£1,347k	£2,626k	£3,055k	£1,696k	180%
In year net LAC savings	£1,191k	£316k	£615k	£843k	£2,092k	£2,478k	£1,120k	
Average placement cost	£43k	£24k	£47k	£55k	£62k	£60k	£31k	
Children per family	1.7	1.7	0.6	0.5	0.1	0.4	1.8	
<u>PERFORMANCE SUMMARY</u>								
<u>ALL PROGRAMMES</u>	Period 12 2025/26							
	2020/21 Cases	2021/22 Cases	2022/23 YTD	2023/24 YTD	2024/25 YTD	2025/26 YTD	Annual Target	
Number of families started	133	141	134	136	144	163	204	80%
Success rate to date	66%	76%	78%	80%	82%	144%	80%	
Number of children started	204	222	226	250	239	264	292	90%
Savings in year 1	£4,712k	£2,975k	£6,239k	£8,198k	£6,890k	£8,079k		
Savings in year 2	£8,168k	£6,772k	£12,542k	£15,734k	£17,244k	£18,211k		
Savings in year 3	£3,455k	£3,797k	£6,303k	£7,535k	£11,558k	£10,131k		
						£49,218k		
						£9,964k		
Cumulative gross savings*	£16,336k	£13,544k	£25,084k	£31,467k	£35,692k	£36,421k	£15,922k	
Cumulative savings post targeting def	£11,898k	£9,881k	£19,301k	£24,395k	£38,516k	£50,576k	£12,331k	410%
Intervention cost	£1,868k	£1,861k	£1,933k	£2,042k	£2,006k	£2,327k	£2,327k	
Net savings over a 2 year placement	£10,030k	£8,020k	£17,369k	£22,353k	£36,510k	£48,250k	£10,004k	
In year only figures:								
In year successful LAC diversion	114	146	154	175	171	351	187	188%
In year gross LAC savings from succes	£3,378k	£2,111k	£4,622k	£6,038k	£5,504k	£6,625k	£3,083k	215%
In year net LAC savings	£1,510k	£250k	£2,690k	£3,996k	£3,498k	£4,299k	£756k	568%
Average placement cost	£50k	£39k	£69k	£85k	£76k	£77k	£34k	
Children per family								
Overall success rate	71%	79%	81%	80%	82%	144%	80%	