

CHILDREN AND YOUNG PEOPLE'S SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Children and Young People's Social Care and Services Scrutiny Panel was held on 16 October 2018.

PRESENT: Councillor Storey (Vice Chair in the Chair); Councillors Coupe, Hellaoui, Lewis, McGee, McGloin, Uddin and Walters.

OFFICERS: R Brown, E Carter, J Dixon and J Scadden.

PRESENT AS AN OBSERVER: J Cain - BBC local democracy reporter.

An APOLOGY FOR ABSENCE was submitted on behalf of Councillor Higgins.

**** DECLARATIONS OF MEMBERS' INTERESTS**

There were no Declarations of Interest made by Members at this point in the meeting.

**** MINUTES**

The minutes of the previous meeting of the Children and Young People's Social Care and Services Scrutiny Panel held on 11 September 2018 were submitted and approved as a correct record.

EARLY HELP AND PREVENTION SERVICES – FURTHER INFORMATION – FAMILY PARTNERSHIP TEAM

R Brown, Director of Prevention and Partnerships and J Scadden, Family Partnership Team Manager, were in attendance at the meeting to provide the Panel with further information in relation to the work of the Family Partnership Team in Middlesbrough.

The Family Partnership Team Manager had circulated a report, prior to the meeting, which provided details in relation to the team's structure, remit and work. It was explained that the Family Partnership Team was created in January 2018 following the cessation of the Early Help Hub as part of the Transformation Programme.

The Family Partnership Team, based at West Middlesbrough Children's Centre, provided information, advice and guidance to partner agencies to help them offer appropriate Early Help to families identified as requiring 'level two' support.

It was explained that when a referral was made to First Contact ("the front door" of Children's Services), where it did not meet the threshold for Children's Social Care (level four) or the Family Casework Team (level three), it would be passed to the Family Partnership Team (level two) in conjunction with the case being allocated to the appropriate partner agency. An Assistant Team Manager from the Family Partnership Team was situated within First Contact and engaged in multi-agency discussions to decide which of the partners needed to offer help to families. The role was also part of the triage team in First Contact to examine referrals coming in to Children's Social Care and Stronger Families. Once it had been determined which partner agency would be best placed to offer the help required by the family, they would be named Lead Practitioner and the Family Partnership Team would offer information, advice, guidance and mentoring on any cases that partners felt they needed help with. This might include help with signposting to relevant available services in order to help families and young people.

Family Practitioners and Support Workers within the Team tracked cases open to partners by asking for a 'My Family Plan' to be completed and the outcomes of cases once they were closed by the partners. A copy of the My Family Plan was attached to the report for the Panel's information.

It was highlighted that the Family Partnership Team had a further three Assistant Team Managers. One was a Senior Adult Social Worker who completed adult assessments for adults wishing to go into residential placements for detoxification from drugs or alcohol; one was an Adult Mental Health Worker who was a children and young people's counsellor, offering therapeutic sessions as well as managing the Family Practitioners; and the other was a Domestic Abuse Family Solutions Worker who supported partners to identify and understand domestic abuse as well as tracking

cases open to Harbour to ensure a whole family approach was undertaken. This role also delivered training to the Council, and partners, in domestic abuse.

The Panel was informed that the Team had recently recruited four School Family Practitioners who were due to commence their roles during October and November 2018. This would assist in addressing the challenges around schools being Lead Practitioners for families at risk of escalating to the Family Casework Team. The School Family Practitioners would hold cases for schools by becoming the Lead Practitioners offering early help to families. This would include completing My Family Plans and facilitating My Family Plan reviews, carrying out bespoke interventions with families or alternatively referring them to other appropriate services depending on the families' needs. The School Family Practitioners would use a whole family approach and would link with the voluntary sector to provide support for families in the community.

All of the cases referred through the Family Partnership Team were mapped and monitored so that the outcomes for those families were known, for example, some cases would be stepped up to the Family Casework Team and some cases would be stepped down to universal services.

In terms of impact data, the Panel was informed that in December 2017, there were 60 cases allocated to partners via the Partnership Team. The current number of cases open to partners was 325, involving more than 500 children. This was a significant increase. A table included within the report showed a month on month increase in the number of cases allocated to partners – from 178 cases in April 2018 to 325 cases in August 2018.

An Early Help Forum, consisting of representatives from partners, voluntary sector, police, health, children's social care and stronger families, had been established. It met on a fortnightly basis and was chaired by the Family Partnership Team Manager. The Forum provided an opportunity for the Family Casework Team Manager or partners with cases open to them, to discuss any concerns around supporting families or engaging with families and to discuss whether cases needed to be escalated or stepped down. Discussions were also held around strengthening the early help offer to families whilst ensuring that children and young people were safe.

During the ensuing discussion, the following issues were raised:-

- A Panel Member acknowledged that the number of families receiving early help had significantly increased and it was queried how the Team would know when all the people requiring early help had been assessed. The Director responded that 'level two' intervention had always been in place, such as support from schools, Police, etc, however, the Family Partnership Team had the expertise to provide guidance and a level of quality assurance to ensure that the correct issues were focussed upon. National research showed that there was generally a lack of co-ordination with early help and part of the Family Partnership Team's role was to ensure there was a single assessment, telling a single story, with a single plan of action. The assessment that was used was the My Family Plan in all cases unless it was a Social Worker assessment which would be undertaken when level four intervention was required.
- It was queried whether the Team had sufficient resources given the increasing demand. The Panel was advised that the new way of working was much improved because the Team had capacity to support the various partners as they took the lead on cases rather than the Team itself.
- A Panel Member queried whether, once a family had received some form of early help, it was easier to identify them and offer them help in the future. The Director responded that this was the case as the Family Partnership Team monitored cases but it was also easier for families to seek help as the Team could offer guidance and signposting to appropriate support.
- It was acknowledged that the Family Partnership Team was still in its infancy but it was queried whether there was yet any impact data that showed whether the early help offered was effective and how many families that had been helped went on to require support at a higher level. The Family Partnership Team Manager stated that the Early Help Forum looked at all cases to see whether they were receiving the correct level of support. In some cases, they would be stepped down to universal or stepped up to level three or four. The nature of early help work meant that the impact of the support provided was not evident until much later.

However, from July to October 2018, only 28 cases were escalated to level four. The Director added that, on average, 84% of cases that had received early help did not progress to Children's Social Care (level four) in the following 12 months. 5.3% of children went on to become Looked After Children.

The Chair thanked the Officers for the information provided.

AGREED That the content of the submitted report, and information provided at the meeting, be noted and considered in the context of the Panel's current scrutiny investigation into Early Help and Prevention Services.

EARLY HELP AND PREVENTION SERVICES – FURTHER INFORMATION – FAMILY CASEWORK TEAM

R Brown, Director of Prevention and Partnerships and E Carter, Family Casework Team Manager, were in attendance at the meeting to provide the Panel with further information in relation to the work of the Family Casework Team in Middlesbrough.

The Family Casework Team Manager had circulated a report, prior to the meeting, which provided details in relation to the team's structure, remit and work.

The Family Casework Team was created in November 2016 following a restructure of Stronger Families. The Team was made up of Practitioners that carried complex cases, providing 'level three' support for a range of issues such as domestic violence, parental mental health and substance misuse. The overall aim of the Team was to support every child in Middlesbrough to achieve their full potential and to 'narrow the gap' by improving outcomes for those who achieved less well.

This was done by using a common strength-based approach to family support and early help, and to recognise family goals and priorities, with partners in the Middlesbrough Children's Trust and Middlesbrough's Safeguarding Children's Board.

The Team aimed to:-

- Understand families where children might be at risk of not reaching their full potential and to share concerns (early identification).
- Build a relationship with families as early as possible, to work with them to create a positive family environment to provide children with the best life chances and to prevent problems from arising and escalating (early help).
- Reduce the number of families requiring support from specialist services, eg improving support for children on the edge of care (edge of social care).

By working together with families, the Family Casework Team's target was to help families be healthier, to achieve, to be safe and to enjoy family life together. Effective early help could reduce the demand for statutory interventions within Children's Social Care.

The Panel heard that the Team structure was as follows:-

- Six (FTE) Assistant Team Managers - The role of the ATMs included managing and supporting staff to deliver early help services and to supervise and manage completed My Family Plans. The ATMs risk assessed the My Family Plans to ensure they were appropriate to family situations and provided effective leadership of practitioners and other staff, providing professional guidance, reflective practice and appraisals and contributing to performance monitoring and quality assurance to ensure required service outcomes and relevant inspection frameworks were met.
- 16.1 Senior Practitioners - The role of the Senior Practitioners was to develop and deliver early help support to identified complex cases to increase family resilience and improve outcomes.
- 9.2 Family Practitioners – Assessments and planning to provide early help services to improve outcomes and provide direct impact on the welfare of vulnerable families.

- Both Senior and Family Practitioners acted as lead practitioners to organise and facilitate multi-agency meetings.
- Staff also worked with colleagues across the Council, from partner agencies and individuals to create bespoke programmes to engage children, young people and families using a variety of methods in order to meet their identified needs using a whole family approach with the voice of the child being the focus of the My Family Plan.

The Panel was provided with detailed information in relation to the referral process. It was explained that when a referral was made into First Contact (“the front door” of Children’s Services), where it did not meet the threshold for social care, early help was considered. A multi-agency decision was made within First Contact and identified families were forwarded to the Family Casework Team where a lead practitioner would be allocated. It was highlighted that families in Middlesbrough were also able to refer themselves for additional help via First Contact.

It was emphasised that receiving support from the Family Casework Team was voluntary and not statutory and families could not be required to engage. When the Team was initially established in November 2016, there was high decline rate, however, within the last quarter only two families had declined help/support from the Team.

Once a case was received into the Team, restorative allocations took place each morning with the staff team and Assistant Team Manager. This provided staff with the opportunity to highlight any particular skills that they had that might be particularly suited to helping particular families. This promoted motivation and effective use of skills within the Team. Upon allocation of a case, the allocated officer would have three days in which to contact and introduce themselves to the family and to arrange a home visit. The My Family Plan was discussed during the initial home visit enabling the Practitioner to determine the level of support required. The Lead Practitioner then worked with the family, and other agencies if appropriate, to assess the family’s needs and agree a plan. Consent was sought from the families to share information with appropriate services and a genogram was produced which could help to identify support networks within the extended family.

The Lead Practitioner held a review meeting with the family, and any other professionals involved with the case, every four to six weeks. The meetings were used to discuss progress and actions to address/resolve issues.

A family’s case closed to the Casework Team once the work with them was complete and their needs had been met. Prior to the final family review meeting, the Lead Practitioner would offer to complete a Crisis Card with the family. The card was kept by the family to help them identify when issues may be arising and to help them manage the situation before it escalated into a crisis. Some families remained within the Team in ‘Maintenance’. In such cases, a maintenance plan was completed with the family which included contact details of available support for specific issues without necessarily resulting in the case being referred back to the Family Casework Team. A family in maintenance would have review meetings at one, three, six and 12 months. Not all families would require maintenance for a full 12 months and the case would be closed sooner if appropriate. When a case was ‘closed’ by the Family Casework Team, the family would either have been stepped up to level four Children’s Social Care for support or stepped down to the Family Partnership Team – depending on the needs of the family.

The report provided details of the timescale framework for the intervention process. Staff within the team had a maximum of 30 working days to complete the My Family Plan. Staff used various tools to gain the Voice of the Child, one of which was called ‘three houses’ which was completed with children and young people as part of the My Family Plan which embedded the Signs of Safety within the assessment. Three houses was based on artwork with a ‘house of worries’, ‘house of dreams’ and ‘house of good things’. This focussed on the voice of the child and enable them to work with the practitioner using words or drawings to communicate the things that worried them, things that they liked in their lives and how they would like things to be in their lives without any worries. It was highlighted that workers always sent a letter to the child with their completed work as they found this to be positive and enjoyed receiving feedback.

In terms of impact data, the Panel was informed that the number of new cases allocated to the Casework Team increased month on month, with referrals received from various agencies including

Education, Police, Health and families that self-referred. It was noted that the number of new cases significantly increased during July and August (school holidays) and patterns could be identified. In April 2018 the number of new cases opened by the Family Casework Team was 23. This had increased to 71 new cases in August 2018.

The average length of time that cases were open to the Casework Team was six months, however some cases were open for longer. From November 2016 to September 2017 86% of cases closed to the Family Casework Team did not re-enter Children's Social Care, however, it was pointed out that some families would go straight to Children's Social Care without having been referred through early help first.

There were currently 693 cases open to the Family Casework Team. Of those cases, 542 (78.2%) had previously been open to Children's Social Care; 15% of cases had been stepped down from Children's Social Care and 151 (21.7%) of cases had no previous involvement with Children's Social Care. There were currently 25.3 FTE members of staff within the Casework Team and the average caseload of each team member was 35 which had implications in the longer term regarding the quality of outcomes being potentially reduced if the number of caseloads per member of staff remained high or increased further.

The Panel was informed that one of the strategic priorities of the Children's Trust was to reduce the number of Looked After Children. Middlesbrough had the second highest LAC costs in the country and Early Help played a crucial role in the prevention of higher cost interventions. For every £1 spent in early help, £14 was spent in Children's Social Care.

A discussion ensued and the following issues were raised:-

- In response to a query as to whether families were reluctant to engage with the team or resisted particular interventions/strategies, the Casework Team Manager advised that when the team was initially established there was a lot of resistance from families to engage, however, staff would not give up on families and tried different ways in which to engage them. This included meeting parents outside of the home wherever they felt most comfortable in order to speak freely.
- A Member of the Panel asked whether the My Family Plan was available in languages other than English. It was explained to the Panel that the Team was able to access interpreters to translate the plan for families whose first language was not English. Both the Casework and Partnership Teams were diverse and were able to understand differing cultural and religious beliefs when supporting families.
- It was queried how the caseloads of the Casework Team compared with other Local Authorities. The Panel was advised that there were no target guidelines within early help in relation to caseload numbers, unlike statutory social care. However, as the team used an intensive intervention model it would not be acceptable to have a consistently high number of cases per worker.
- It was queried whether the Casework Team remained involved with the family if they were escalated to children's social care. The Casework Manager advised that they would work through the 'Signs of Safety' with the Social Work Manager and keep the case open until the handover had taken place. The Casework team would attend a joint visit to the family with the Social Worker. Any escalation of cases would first be discussed at the Early Help Forum.
- A Member of the Panel welcomed the introduction of the School Family Practitioners within the Family Partnership Team and considered that this would assist in freeing up teaching staff to provide additional educational support where needed and commented that it would be interesting to receive an update report in the future to see what kind of impact the posts had and how their support was evaluated. The Director highlighted that work was currently being developed in relation to Adverse Childhood Experiences (ACE) and that this was initially being piloted in two schools. ACEs were traumatic events that affected a child whilst growing up such as abuse, mental illness, substance misuse within the home, parental loss or separation, etc. Research showed that children affected by ACEs were more likely to experience negative outcomes in later life. A multi-agency approach would be used to address the issues identified.

- The Family Partnership Team Manager highlighted that ACE training had been taking place and explored how best to work with families around trauma. Work had been undertaken with Abingdon Primary School and a poster had been designed by the children which aimed to encourage children to ask for help. The posters would be placed in doctors' surgeries, community centres and other appropriate public places. The Team Manager would provide the Panel Members with a copy of the poster for information.
- The Family Casework Team Manager added that a piece of work had been undertaken, based on Middlesbrough's ACE model using 10 indicators to assess children/young people aged 0-19 within their family cases, and all of the young people had four or more indicators in their lives.
- The Family Casework Team Manager invited Panel Members to accompany members of her team, individually, on family home visits, if they so wished, to provide them with the opportunity of experiencing how the practitioners and families worked together.

The Chair thanked the Officers for attending and for the very useful information provided.

AGREED as follows:-

1. That the content of the submitted report, and information provided at the meeting, be noted and considered in the context of the Panel's current scrutiny investigation into Early Help and Prevention Services.
2. That the Democratic Services Officer liaise with the Family Casework Team Manager to arrange for interested Panel Members to accompany Practitioners on family casework home visits.
3. That the Work Readiness Team Manager be invited to the next meeting of the Panel to provide more detailed information in relation to the work of the team in the context of the Panel's current investigation.
4. That appropriate representatives of Early Help partner organisations be invited to a future meeting of the Panel.

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided a verbal update to the Panel in relation to the business conducted at the Overview and Scrutiny Board meeting held on 2 October 2018, namely:-

- Budget and Balanced Scorecards - Position at Quarter One - 2018/19.
- Final Report of the Economic Development, Environment and Infrastructure Scrutiny Panel - Housing Delivery Vehicle.
- Executive Forward Work Programme.
- Scrutiny Panel Progress Updates.

AGREED that the information provided be noted.

DATE AND TIME OF NEXT MEETING

The next meeting of the Children and Young People's Social Care and Services Scrutiny Panel was scheduled for 13 November 2018 at 1.30pm.