CHILDREN LOOKED AFTER

NEEDS ASSESSMENT

PART 2: FOCUS ON PREVENTION

Warwickshire Joint Strategic Needs Assessment 2016

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1. INTRODUCTION

1.1 BACKGROUND

Every three years, the Joint Strategic Needs Assessment (JSNA) reviews its priorities to ensure it is focused on key local health and wellbeing issues facing the Warwickshire population. This involves analysing and reviewing the latest data and evidence to highlight the most significant health and wellbeing issues in Warwickshire, both now and in the future.

One of the 11 priority themes identified for the JSNA's current programme of work is children looked after (CLA). These are children and young people for whom Warwickshire County Council is responsible, either by assuming parental responsibility under a legal order or planning care and support through a voluntary agreement with parents. Although some will make distinctions between terms, being 'looked after' in this document is also referred to as being 'in care' or 'accommodated'. For a full definition of children looked after, please see **Part 1** of the needs assessment, which will be available on the Warwickshire Health and Wellbeing Board website.

Part 1 of the CLA needs assessment focused on the current CLA population, changing trends over time, comparisons with other authorities, outcomes for CLA and care leavers, and predictions of future needs. It also began to look at the factors determining whether or not children come into care, by examining the relationship between deprivation and CLA numbers, and the education, health, and crime outcomes of children in care. Part 1 of the CLA needs assessment is available on the JSNA website using the following link: http://hwb.warwickshire.gov.uk/2016/06/13/children-looked-after-cla-jsna-published/

1.2 STRATEGIC OUTCOMES AND PRIORITIES

Warwickshire's Health and Wellbeing Board outlines three priorities:

- Promoting independence
- Community resilience
- Integration and working together

Complementing the Health and Wellbeing Board, Warwickshire's One Organisational Plan (OOP) sets out the council's five key outcomes for those who live and work in the area. Two of these outcomes are particularly relevant to children looked after and those in need of additional support:

- Our communities and individuals are safe and protected from harm and are able to remain independent for longer.
- The health and wellbeing of all in Warwickshire is protected.

The themes of independence and resilience will be particularly pertinent to this needs assessment.

However, the OOP1 is being delivered in a time of financial challenge. The County Council needs to make a saving of at least **£92m** between 2014 and 2018. It is currently consulting on making **£67m** worth of savings between 2017 and 2020 (including Year 4 OOP 2014-18 savings) as part of the OOP2020. The contribution by the Children & Families Business Unit to the delivery of the County Council's overall savings target and its own recurrent over-spend is **£10m**.

In 2014, an OOP1 savings target was set so that costs would be reduced by over **£2.6m** over four years. This would be met by **(a)** reducing the CLA population by **50** by 2018 and **(b)** reducing the amount spent on high-cost placements. However, CLA numbers and spend had already risen during the first year of the plan, and these savings were no longer seen as realistic or indeed safe. It was proposed that this **£2.6m** savings target is reduced to **£585,000** through the reduction of **40** CLA by 2018/19, a review of high-cost placements, and focusing on children's safe return home from care.

During 2015, the CLA Review Board was set up to manage work towards the CLA savings targets. The board has now evolved into the Children's Transformation Board & Families Projects Senior Leadership Team (SLT). Part of its delivery plan is to oversee this needs assessment.

1.3 FINANCIAL COST OF THE CARE SYSTEM

The Early Intervention Foundation claims that young people's mental health problems, going into care, unemployment and youth crime cost the Government almost **£17bn** a year. **£5bn** of this is spent on looking after children in care; **£4bn** is spent on benefits for young people aged 18–24 who are not in education, employment or training; and **£900m** is spent on supporting young people suffering from mental health problems, or drug and alcohol misuse.

Research published by the Association for the Directors of Children's Services (ADCS) East Midlands reported that, in 2012/13 across nine authorities, approximately **£387m** was spent on children looked after and safeguarding services, and **£223m** was spent on early help services. In 2015/16, the gap has widened to **£405m** on CLA and safeguarding and **£200m** on early help. During that time, demand for child protection services rose, as did the spend per head for high-end services across seven of the nine authorities.

For the financial year 2015/16, Warwickshire's Children's Social Care & Safeguarding Business Unit reported an overspend of **£3,806,000** (including the Dedicated Schools Grant). The fostercare and residential care (aka placements) element of the budget was overspent by nearly **£4.096m**, some of which was supported by significant underspends in leaving care and care management services due to realigned budgets. The County Council invested permanent funding for placements of £3m when setting the 2016/17 budget. Forecasts at quarter 2, 2016/17, are showing the budget for placements to be adequate but with an overall forecasted over-spend of £0.529m for the business unit.

The type of placements being used has an impact on costs. Historically, Warwickshire has always placed a higher proportion than average of CLA in internal foster care, which is cheaper than other placement types. Although still higher than the national average, over the last three years we have seen this ratio decrease against an increase in the use of residential care and external foster care. This increase can be seen in terms of overall numbers of CLA in those placements, weeks purchased (i.e. length of time in those placements) and in unit costs for residential care. The unit costs of external foster care have been kept down following the introduction of a framework contract. The average weekly unit cost of external foster care for Warwickshire in 2015/16 was **£847** and for residential care it was **£2,795** The latest outturn forecasts for 2016/17 show that while only **28%** of CLA in foster care are in external placements, they account for **39%** of the foster care costs.

These figures, both local and national, show the huge pressure on local authority budgets to satisfy the increasing demand for social care intervention and specialist placements.

1.4 EARLY INTERVENTION AND PREVENTION

There have been many attempts to define 'early intervention' and 'prevention'. However, they are not tangible concepts and they can relate to a multitude of needs, services and outcomes. For the purposes of this needs assessment, Warwickshire will use the broad definition of early intervention published in C4EO's *Grasping the Nettle* report (2010):

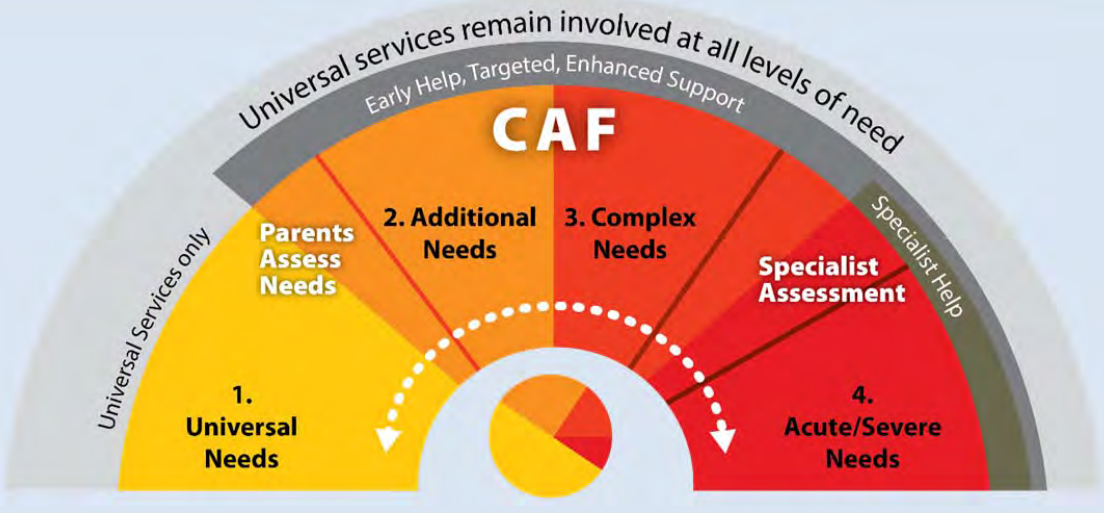
Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life.

It is about identifying problems and risks at an early stage, assessing each child's needs within the context of their family, and providing them with the support and tools they need to stop the problems from escalating further. Sometimes the early intervention stage is referred to as 'early help' or 'targeted support'.

In general, prevention is considered to be an earlier stage of the continuum: it is about preventing these problems from arising in the first place. For example, family cooking classes may be offered (either universally or in a targeted way) to help prevent child and parent obesity and as a measure towards preventing family breakdown (through the promotion of family time and bonding). It is important to note that effective engagement at this stage can sometimes lead to more risks and problems being identified. Inevitably, this could lead to an increase in numbers of children looked after or those needing child protection plans. This is not a bad thing, as long as assessment and decision making has been appropriate to the needs and circumstances of each child.

For this needs assessment, however, 'prevention' will generally refer to preventing children from coming into care; that is, at a much later stage of need. We are talking about those children and young people who are at greatest risk of coming into care or are considered to be 'on the edge of care' (although the use of this term is under review as it may imply that care is inevitable). For these children, assessment and decision making must be quick and effective so that the need for care is avoided.

Warwickshire Safeguarding Children Board (WSCB) illustrates this continuum of need in its *Thresholds for Services* document (2014) as follows:



Source: Thresholds for Services (Warwickshire Safeguarding Children Board)

While inevitably touching on all elements of this spectrum, this needs assessment will focus on what can be done at levels 2 and 3 to prevent children and young people from reaching the need for care at level 4. This includes specialist help at the approach to level 4 so they can be diverted from care. It also includes targeted support where risk factors are identified at levels 2 and 3.

1.5 PURPOSE OF THIS NEEDS ASSESSMENT

This needs assessment will inform our strategic planning, commissioning and service development aimed at reducing the need for children and young people to come into care.

Specifically, it will inform:

- The Sufficiency Commissioning Strategy
- The Early Help Strategy
- CLA Service Development Plan
- Children & Families Business Unit Plan
- The Commissioning Framework for Early Intervention Services

To reduce the numbers of children coming into care, we need to:

1. Prevent children from entering care in the first place
2. Have effective care plans for those who do come into care so that their time in care is either short or progressing towards the best possible outcome
3. Have effective pathway plans for those leaving care, so that they continue to thrive when they leave the system and do not need to re-enter care ('step down')

The main focus of this needs assessment will be stage 1 – preventing entry into care in the first place. The needs of these children will overlap with those that have previously been in care and need support to stay out of care. The needs of children and young people currently in care and leaving care are addressed by **Part 1** of the CLA needs assessment and will go on to inform the development of the relevant services.

A brief note on unaccompanied asylum seeking children: Any unaccompanied child under the age of 18 entering the UK must be taken into care under Section 20 of the Children Act 1989. Therefore, we need to ensure their needs are taken into account when planning services for children in care and leaving care. However, as local authorities do not have any control over preventing these young people from becoming looked after, this report will not include them in some parts of the analysis. This will be made clear in each case.

2. NATIONAL PERSPECTIVE

2.1 THE NATIONAL PICTURE OF CHILDREN LOOKED AFTER

Part 1 of the needs assessment details the national trends in CLA numbers. In summary:

- The number of CLA has increased steadily over the past seven years and it is now higher than at any point since 1985.
- The rate of CLA per 10,000 child population is also increasing, and stands at **68** as of 31 March 2016.
- The rate of CLA per 10,000 varies significantly across local authorities, from a high of **164** in Blackpool to a low of **22** in Wokingham.
- Nationally, the age profile of CLA has been changing over recent years. There has been an increase in the proportion of CLA who are aged 10 and above, reflecting a larger increase in the number of care entrants than in the number of care leavers. There has been a decrease in the proportion of CLA who are aged 1 to 4, reflecting a larger number of children ceasing to be looked after than starting.

High profile safeguarding cases such as the death of Victoria Climbié in 2000 and 'Baby P' in 2007 have changed the national landscape of safeguarding. Lord Laming's report (2003) paved the way for the Children Act 2004, introducing systems for better early identification and tracking, and more effective cross-agency working through the establishment of local safeguarding children boards. Lessons from serious case reviews have led to a greater focus on early support to avoid those 'missed chances' that are so often reported by the media. However, these high profile cases have also influenced practice, in that social workers may sometimes assess that it is inappropriate to take risks. Although the direct cause is hard to evidence, it may be that this has affected the rise in numbers of children becoming looked after, with care being seen as a 'safer' option than alternative support. The death of Daniel Pelka in Coventry in 2012 is thought to have had a similar impact locally, creating a 'kneejerk' reaction in child protection practice. The Munro Review (2011) called for a more 'child centred system', to 'help professionals make the best judgements they can to protect a vulnerable child'. It led to the adoption of a single assessment process and flexible timescales for the completion of assessments. Its impact has fostered a culture where meeting timescales and length of assessment are not proxies for quality and the implementation of Multi-Agency Safeguarding Hubs (MASH) allows organisations to deploy limited resources in a more targeted and effective way.

The Children and Families Act 2014 included new reforms that affect children looked after. The Act introduced a 26-week time limit for care proceedings and changed the adoption process so that children can be placed sooner. It also allowed children in stable foster placements to remain with their carers until the age of 21. The aims of these reforms were to avoid unnecessary delays for those coming into statutory care and to promote stability for those who have been in care for some time.

For many children who do come into care, the plan will be to reunite them with their families as quickly and as safely as possible. A lot of research has been conducted into this stage of the child's pathway. In 2015, the NSPCC published a Reunification Practice Framework, based on previous research and their own evidence from partner authorities. The report cites DfE figures that of the children who returned home from care in England in 2006/7, **30%** had re-entered care during the five years to March 2012. This is put down to inadequate assessments about whether the child should be returning home, passive case management, lack of appropriate support and services, inadequate preparation for returning home, and lack of monitoring post return. If problems are not addressed, particularly those relating to children's behavioural and emotional difficulties or parental drug and alcohol misuse, the stability of these reunifications is compromised. The report goes on to recommend better assessment and planning before the child returns home, and better support once they have done so. The focus should be on a planned and coordinated return home, rather than merely a quick one.

2.2 RESEARCH INTO EARLY INTERVENTION AND PREVENTION

It can be difficult to get clear evidence from studies into early intervention and prevention because the benefits are often long term. This can create tension when organisations are having to manage short-term priorities and reducing funds. Commissioning and budgetary decisions need to be made within the course of three- or four-year plans and outcomes are reported as often as quarterly. However, in recent years, several high profile reports have outlined the importance of intervening at the earliest opportunity to prevent problems from escalating to crisis point. Few would now deny the evidence that has been presented.

C4EO's *Grasping the Nettle* (2010) and Frank Field's report into the prevention of child poverty (2010) make the case for investment in early help and targeted support for those who need it. Graham Allen's review into early intervention (2011) describes how effective early support can have a long-term impact on our society as a whole, by reducing persistent problems that are passed from one generation to the next, and by reducing avoidable public expenditure on high-end services. Allen

recommends that a culture change is needed so that 'late reaction' to social problems becomes 'early intervention'. Children, young people and families need to be empowered with an 'emotional bedrock' so they can achieve their potential and pre-empt any problems that may arise through vulnerability.

Much of the research into early intervention logically concludes that investment in pre-birth and early years services is key to improving outcomes for children, young people and families in the future. However, as Professor Eileen Munro describes in her review of child protection (2011), the opportunity for early intervention can arise at any point along 'the child's journey'. She emphasises the need for effective assessment and early identification of emerging problems, so that support can be put in place before things escalate.

In 2013, Nottingham City Council published a children looked after needs assessment as part of its JSNA programme. In considering children's journeys into care, it found a strong correlation between child protection and children looked after: of children admitted to care during 2010/11, **nearly half** had previously been subject to child protection measures at some point in their lives. However, a much smaller proportion of these had a child protection plan as an immediate precursor to care, implying that there is a 'window' of time in which other options were being, or could have been, considered.

Bellis *et al.* (2013) conducted a retrospective study into 'adverse childhood experiences' (ACEs) and their impact on adult outcomes and behaviour. They found that ACES contribute to poor life chances in terms of health, educational and social outcomes in a UK population. In particular, ACEs were linked to involvement in violence, early unplanned pregnancy, incarceration and unemployment, and suggested a cyclical effect where those with higher ACE counts have higher risks of exposing their own children to ACEs. This research further strengthens the case for early intervention rather than leaving young people unsupported until they reach crisis point.

Similar to Bellis's research, Nottingham's children looked after needs assessment found a significant inter-generational factor in children coming into care: **21.2%** of CLA (where parents were young enough to have been recorded on their client management system) had parents who had previously been looked after by the authority. The needs assessment recommends further work to understand this, and further investment in educating young people (e.g. about sexual health) at the point of leaving care. This could be viewed as a true form of 'prevention': having looked at the risks it would be about planning ahead to support the needs of the next generation in order to break the cycle.

One of the underpinning themes of early intervention is promoting resilience in children, young people and families. It is not merely about putting a service in place to 'fix' a problem. It is about

building upon people's strengths and giving them the tools they need to keep them away from the 'red' end of that continuum. It is Allen's 'emotional bedrock'. Gilligan (2009) developed a resource guide for promoting resilience in children looked after. He identified that children in care are likely to be more resilient to adverse circumstances or vulnerabilities if they have good relationships with adults and peers.

Based on this growing bank of research into early intervention and resilience, recent Governments have put in place a number of initiatives aimed at supporting families to help themselves through problems. The Think Family approach, introduced by the former Labour Government, stated that children needing additional help cannot be considered in isolation from their wider family, networks and circumstances. The Troubled Families programme was brought in under the Coalition, aiming to 'turn around' the lives of 120,000 families between 2012 and 2015. The programme is based on intensive targeted support for families experiencing an average of nine different problems including youth crime, truancy and unemployment. The programme has been hailed a success and the Government has extended its funding to support families with a wider range of problems over the coming years.

Locally, Warwickshire County Council has an existing accredited Family Group Conferencing (FGC) service which works with families and takes referrals from CAF to CPP, for children of all ages. It is an International Evidenced Based model which originated in New Zealand. When the Local Authority has concerns about a child's safety and well-being, and there is evidence that the child cannot remain safely in their current situation, the offer of a Family Group Conference (FGC) provides the family with an opportunity to take the lead in making safe plans for the child which addresses the identified concerns. It also:

- Helps build a working partnership between the family and the local authority;
- Engages with both parents, the wider family and community, including non-resident fathers, paternal and maternal relatives;
- Addresses concerns, by sharing information and harnessing the resources of the wider family, agencies and the community;
- Provides information and support to parents and wider family members so they understand their rights and options;
- Ensures the child's views are heard;

- Explores alternative care arrangements within the family, if the child cannot live with their parents, thus enabling a child to remain within their family network, where possible, provided it is safe and in the child's interests to do so.

There is a significant current evidence base, indicating Family Group Conferencing being part of the solution to addressing the needs of the Children Looked After population[1]. This includes:

- The Department of Education report (p36-37) 'a means of engaging the extended family to understand their perspective on potential return home from care; to gauge the level of attachment between parents and children; to identify family strengths; and to understand how the family needed to be supported...these conferences should be used more often where reunification was being considered.'
- The Children Act 1989 Regulations and Guidance (para 3.8) identifies FGC as being 'an important opportunity to engage friends and members of the wider family at an early stage of concerns about a child, either to support the parents or to provide care for the child, whether in the short or longer term'

FGC are currently involved in a Smart Start 1 year funded project (ends July 2017) that is looking at using FGC to help reduce the CLA population aged 0-5 in Nuneaton and Bedworth. There is a target of 30 families. Coventry University are completing the evaluation and project is analysing data and outcomes. Work continues across the country and internationally to find out what effective early intervention means.

2.3 WHAT IS WORKING ELSEWHERE?

Several evidence-based programmes are being used across the country to support families at the early intervention stage. They are yielding positive results for local authorities, as well as for children and families themselves.

Non-Violent Resistance (NVR) is a 'train the trainer' programme where professionals from mental health services, social care, education and youth justice are trained to deliver local sessions. It offers support to families experiencing child-to-parent violence within the home or children looked after

[1] Department for Education, Impact of the Family Justice Reforms on Front Line Practice Phase 2 Special Guardianship Order, Research Report August 2015 (p15-17)

who are demonstrating aggressive, violent or destructive behaviour. The intervention takes place over approximately three months and consists of a series of therapy sessions for young people, separate parent therapy sessions, support telephone calls and a follow-up review. The programme is widely known and has been implemented in London, Brighton, East Sussex, West Sussex and Birmingham. The Partnership Projects website cites a growing evidence base for NVR, with three randomised control trials demonstrating its effectiveness (Weinblatt & Omer, 2008; Ollefs *et al.*, 2009; Lavi-Levavi, 2010).

Functional Family Therapy (FFT) supports families with 'at-risk' children and young people aged 10–18 years. These children are engaged in persistent antisocial behaviour, substance misuse and/or offending. The young person and their parents attend up to 30 weekly sessions (depending on need) to learn strategies for overcoming their problems. The model has received international recognition of its outcomes in helping troubled young people and their families to overcome delinquency, substance misuse and violence. The US-based FFT training organisation cites that the accredited model is currently being used in ten countries. The Early Intervention Foundation website states that there is evidence of FFT's effectiveness from multiple evaluations, including eight randomised control trials, e.g. Hansson (1998), Waldron *et al.* (2001) and Barnoski (2002).

Multisystemic Therapy (MST) is an intensive intervention for children and young people aged 11–17 who are at risk of being taken into care or custody due to their behaviour. It is based around the young person's family and community, with visits from MST therapists taking place in the home and school. Sessions with the young person, their family and other significant people in their lives happen several times a week. Therapists use approaches such as behavioural therapy, cognitive behavioural therapy and structured family therapy to work with those in need of support. The MST-UK website describes a growing evidence base in the UK demonstrating the positive impact of MST on improving family relationships and reducing the need for separation, e.g. the Brandon Centre study (2011) and the START research trial.

Triple P (Positive Parenting Program) is an evidence-based approach to help parents develop positive strategies for managing their children's behaviour. By changing parental behaviour and responses, it aims to improve child behaviour. In turn, it is intended to reduce antisocial behaviour which requires more specialist intervention or crisis services later down the line. Sessions are delivered by a therapist either one-to-one over ten weeks or are offered to a group over eight weeks. The Early Intervention Foundation website cites an established bank of evidence that Triple P improves child behaviour, parenting practices and parental confidence, and reduces parental stress, child behaviour problems

and family conflict, e.g. Nicholson *et al.* (1999), Sanders *et al.* (2007), Bodenmann *et al.* (2008) and Eichelberger *et al.* (2010). Warwickshire is considered an exemplar of best practice for Triple P.

Many of these programmes require fidelity to a prescribed model and team structure. However, their underlying principles and evidence can be used as a basis for more flexible support as needed. Warwickshire is currently piloting the approach with a systemic practitioner post in the Priority Families service. Through this role, **22** frontline workers have already been trained in NVR and a further cohort is planned. Priority Families will evaluate the impact of this investment as part of their programme.

Case study: the Essex model

The problem

In 2008, Ofsted judged Essex children's services to have 'inadequate' arrangements in place for safeguarding children. In 2012, Essex had the second highest rate of CLA when compared with similar authorities (including Warwickshire) at **64** per 10,000 of the child population.

The intervention

In 2012, Essex began a 'social impact bond' contract whereby local investors pooled money to deliver outcome-driven early intervention programmes. Through this funding, they developed multisystemic therapy as a key part of their approach. Essex has two MST teams working across different localities. Referrals are made to the MST teams by social workers. Trained MST therapists support young people and their families for several hours a week in their homes for between three and five months. The programme takes a systemic, multidimensional approach that addresses strengths and difficulties in child and family functioning. This helps families to improve their relationships and helps young people to make the most of educational and vocational opportunities. The goal is to empower parents and carers with skills to make positive changes which will be maintained and built upon once the MST intervention finishes. Essex has worked with a total of 211 young people between May 2013 and 31st March 2016 using MST. In 2013/14 it worked with 50 young people, 2014/15 it worked with 82 young people and 2015/16 it worked with 79 young people.

The results

From this point, CLA rates began to fall to **60** per 10,000 at the end of 2012, **42** in 2013, **38** in 2014, **34** in 2015 and **33** in 2016. In 2014, Ofsted rated Essex children's services as 'good'.

Warwickshire's approach to intervention is considered in the next section.

3. WHAT IS HAPPENING IN WARWICKSHIRE?

3.1 PREVIOUS RESEARCH AND RECOMMENDATIONS

3.1.1 DARTINGTON SOCIAL RESEARCH UNIT (2006, 2011)

Dartington 2006

In 2006, Dartington Social Research Unit reviewed Warwickshire's data and documents in relation to children looked after. They recommended that we improve our use of data in a number of ways:

- Better data and knowledge management to drive decisions
- Use of data to commission and decommission provision
- More research into what works
- Using data to inform the balance between prevention, early intervention and treatment

Over the next few years, the JSNA in Warwickshire began to build its profile, and several structural changes were made which affected the role of data and intelligence teams. In 2011, children's services and adult services merged to form the People Group and a single commissioning unit was developed.

Dartington 2011

In 2011, Dartington re-visited Warwickshire to undertake a more in-depth research project using their 'Matching Needs and Services' methodology. They sampled **99** children entering care during 2010 and analysed their needs and circumstances, including risk and protective factors in five key dimensions:

- Living situation
- Family and social relationships
- Social and antisocial behaviour
- Physical and mental health
- Education and employment

The project was aimed at reducing the numbers of children coming into Warwickshire's care, in order to make financial savings and improve the life chances of our children and families.

Using cluster analysis, Dartington identified three broad groups of CLA:

- Families in crisis due to a breakdown in parent–child relationships and significant child behaviour problems
- Risks related to parents' lifestyles, maturity and mental health, creating doubts about their ability to meet the basic needs of their children
- Multiple complex needs relating to parents' violent relationship and neglectful parenting

Appendix 1 shows Dartington's findings from the case sample. They found that dysfunctional family relationships were a key characteristic of children becoming looked after in Warwickshire:

- **60%** had a poor relationship or no relationship with their father
- **51%** had a poor relationship or no relationship with their mother
- **35%** had some form of domestic violence in the household between parents
- **48%** had adults in the home who were aggressive
- **51%** were from single parent families
- **67%** had parents who could be described as being overburdened by parenting
- **69%** had parents who could be described as being stressed and unable to cope

These children clearly had a lot to cope with at home before coming into care. However, the children themselves were described as being pleasant to spend time with (**66%**) and as having social skills with people outside of the family (**41%**).

The steering group reviewed **71** of the cases and concluded that, while most were in care appropriately, as many as **28** (**39%**) potentially could have been diverted from care.

Dartington's 'Going Home' research has been used at a national level to identify factors that influence how quickly and smoothly children return home from a period in care. They used a screening tool at the point of going into care and a second one at the point of first review one month later. Using the first tool, they found that where **(a)** being taken into care was under a voluntary agreement and **(b)** relationships in the family were reasonably good, **90%** of children returned home within two years, compared with **42%** of children where neither factor applied. Using the second tool, they found that where children **(a)** retained a space within the family home and **(b)** kept their 'role' in the family network, **85%** returned home within six months, compared with **23%** where neither factor applied.

This methodology was repeated during Warwickshire's project. Using the first tool, they found that **61%** of children returned home within two years where both factors applied, compared with **none** of

the children where neither factor applied. Using the second tool, they found that **41%** of children returned home within six months where both factors applied, compared with **26%** where neither factor applied.

Dartington recommendations and actions

From their extensive research over the years, Dartington believe that the number of children coming into care at the time was largely influenced by local choice and culture, and therefore there are things authorities can do to change it. Dartington recommended that Warwickshire should invest in evidence-based interventions as an alternative route for those on the edge of care – in particular, Triple P and Functional Family Therapy. This was based on the findings that many of those being taken into care, potentially avoidably, were teenagers living in families where relationships were fraught.

Triple P was being used as a parenting programme in Warwickshire prior to the Dartington project, and was yielding positive results for families. Following Dartington, further investment was made to train social care staff in the 'standard teen' element of the programme. The Parenting Development Team's database shows that **33** new social care staff were trained, at a cost of about **£1,000** per person. However, the delivery of Triple P was then not applied consistently across the county by these workers, due to capacity and having to prioritise other work such as parenting assessments, so the investment was not able to demonstrate the desired results in preventing and reducing CLA.

With this in mind, the decision was made to employ a family support worker specifically focused on diversion from care (DFC). The post has been in place since May 2014 and is currently funded until September 2016. This worker delivers a range of Triple P sessions to parents and carers of children and young people who are classified as being on the edge of care or at risk of accommodation should the situation continue to escalate. This part of the programme was particularly aimed at families with teenagers, following Dartington's findings that these were a key target group, although the worker can deliver a range of programmes based on specific needs.

A recent report to the Head of Children & Families (who funds the post) states that **11** families, including **15** children, have fully completed the DFC programme. **11** of these children were kept with the families they were living with before the programme. **One** teenager was already in care at the time of the intervention and remained so. **Three** children (from the same family) were taken into care while the parents completed the programme but, despite full engagement and improvements being made, improvements were not significant enough for the children to return home as the mother's mental health needs were too great. Overall, this demonstrates a high rate of diversion from care (almost three quarters of children included in the programme), which would amount to more

financial saving than the cost of the post (which is approximately **£35,000** per year including 'on costs' and travel). However, there have been problems with families not engaging or withdrawing from the programme, so further training has been put in place to enhance the service.

The Commissioning Team investigated FFT and found it to be an unviable investment for Warwickshire at the time. FFT has a prescribed team structure based on the number of young people and families needing support. At that point, Warwickshire did not meet that threshold of demand. Some providers expressed an interest following market testing; however, this was largely based on Warwickshire being able to fund a minimum FFT team of three therapists, with a team leader and administrative support. This would have cost **£197,500** as opposed to the **£70,000** that had been planned. We tried to commission FFT in partnership with other authorities but, because they already met the threshold or combined it with other services such as Priority Families, they were able to commission a team fully themselves. We also considered options for buying more than we needed, and selling it back to others. However, it was decided that it would not viable to invest in the full FFT model, so no further action was taken.

Dartington also introduced a number of tools which are still used in Warwickshire:

- Edge of care meetings – focusing on options for support and prevention in a more coordinated way
- Outcome-focused care plans to encourage quick and safe returns home
- A range of exemplar care plans, incorporating the 'Going Home' indicators

Since the 2011 Dartington project, the rise in CLA has generally slowed, but rates are still high. Anecdotally, the picture has changed over the last few years so we need to re-assess. We also need to evaluate the impact of the changes put in place since 2011 to see whether things are working. This will be addressed in the Needs and Services sections to follow.

3.1.2 OFSTED INSPECTION OF SERVICES FOR SAFEGUARDING AND LOOKED AFTER CHILDREN (2011)

At the end of 2011, Ofsted visited Warwickshire to conduct an inspection of services for safeguarding and looked after children. We were rated 'good' overall for both safeguarding and CLA services. Ofsted were generally positive about our approach to early intervention and praised the progress we had made with Dartington.

Some of the key messages from the inspection included:

- Strong investment in early intervention services, underpinned by good planning and research evidence
- Effective early intervention services – notably Family Intervention Project, Triple P, Family Group Conferencing and Common Assessment Framework (CAF)
- Effective systems in place for families leaving early intervention services
- CAF well embedded and well coordinated – good interface between CAF and social care
- Safeguarding Board thresholds for intervention and escalation protocol widely used but not applied consistently across all social care teams
- CLA numbers rising but starting to stabilise – greatest increase in 16–17 year olds, which was due to homeless young people and unaccompanied asylum seeking children (UASC)
- Safe decision making for children on the cusp of care
- Good planning, challenge at reviews and multiagency support enabling higher than average numbers of CLA to return home to parents
- Variable quality of assessments and record keeping

Warwickshire was considered to be in a positive position going forward, not least because of our ongoing work with Dartington at the time. There were no particular issues raised during the inspection that need to be addressed by this needs assessment. Therefore, it is about assessing the impact of the changes we have made since then, and ensuring we are still on the right trajectory.

3.1.3 CHILD WELFARE INEQUALITIES PROJECT (2014); JOSEPH ROWNTREE FOUNDATION (2016)

Professor Paul Bywaters and colleagues have been undertaking in-depth research into the effects of deprivation on children becoming looked after or in need of protection. They state that poverty is often cited as a correlating factor, but this is often thought of as just 'variation' rather than 'inequality'.

Their Coventry Study sampled 13 local authorities in the West Midlands, including Warwickshire. They used 2012 CLA and child protection data alongside 2010 Index of Multiple Deprivation (IMD) scores. Authorities and neighbourhoods were ranked according to their IMD score and divided into deciles (ten equal groups) or quintiles (five equal groups).

Some of the study's key findings were:

- Across Warwickshire and across the Midlands as a whole, neighbourhoods in decile 10 (the 10% least deprived) had the lowest rates of CLA and those in decile 1 (the 10% most deprived) had the highest – largely following a curve in between.
- The trend is the same for children subject to child protection plans, but the effect is greater for CLA.
- There is a 'gradient of inequality', with every step increase in deprivation bringing a step increase in intervention rates. Reducing the steepness of the gradient – that is, reducing the impact of deprivation on family life – would reduce the demands on children's services.
- The gradient of inequality is steepest for children of mixed heritage and lowest for those of Asian background.
- There is an 'inverse intervention law'. Overall, a child's chances of becoming looked after or subject to a child protection plan are much greater in areas of high deprivation. However, for a given level of deprivation in a more affluent local authority, a child is more likely to become subject to these high-end interventions.
- The deprivation–intervention gradient is much steeper for the most affluent third of local authorities than for the least affluent third. For example, the decile 1 and 2 CLA rates for Warwickshire (a relatively affluent authority) rise much more steeply than for the Midlands overall. Bywaters and colleagues also demonstrate this by comparing Nuneaton & Bedworth (a relatively deprived area in a relatively affluent authority) figures and patterns with those of Walsall (a relatively deprived authority). The gradient for Nuneaton & Bedworth is much steeper.

The research concludes that authorities need more policy goals around reducing inequalities and family deprivation, implying the need for more neighbourhood prevention. It may be that more affluent areas such as Warwickshire are taking more children into care than necessary because there are, overall, more resources relative to demand. However, there is a need to turn this investment into effective early intervention to reduce the need for high-end services, particularly in deprived areas.

Bywaters and colleagues have continued their research at a wider level across four UK countries (Four Nations Study) and have recently published a review of international evidence through the Joseph Rowntree Foundation. This latest study highlights the limitations of UK data and evidence, but is still able to draw the conclusion that there is a strong relationship between family poverty and child abuse or neglect. The greater the economic hardship, the greater the likelihood or severity of abuse or

neglect. However, this is an overall finding and there are many families for whom this trend does not apply. There are therefore several interlocking factors that work together to determine whether a child is likely to experience abuse or neglect, such as parenting capacity, parental behaviour, and external neighbourhood factors. Some of these interactions are circular; for example, poverty increases the likelihood of mental ill health and mental ill health increases the likelihood of poverty.

The report recommends that policy makers should focus more attention on reducing poverty and limiting its impact, as a means to reducing child abuse and neglect.

3.1.4 VULNERABLE CHILDREN'S NEEDS ASSESSMENT (2015)

As part of the JSNA programme, Warwickshire undertook the Vulnerable Children's Needs Assessment in 2015. Using the research of Bellis *et al.* (2013) as a basis, the research identified 26 vulnerability factors fitting into nine categories:

- Mental health
- Substance misuse
- Crime
- Education
- Physical health, disability and caring responsibilities
- Safeguarding
- Domestic violence
- Work and housing
- Parenting

Ten of these factors were identified as 'ACEs' as defined in Bellis's research. These are the key risks to a child or young person needing intensive support or intervention at a later stage. The nine dimensions are comparable to the five 'risk and protective factors' used in Dartington's research.

Some of the key findings from the Vulnerable Children's Needs Assessment (2015) are shown below:

- In 2014, there were an estimated **118,800** children and young people aged under 18 years in Warwickshire. This is expected to increase overall by **6%** over the next ten years, and by nearly 10% in the 5–13 age range.
- It is estimated that approximately **7,717** children are living in areas of Warwickshire which fall into the 20% most deprived nationally.
- The rate of hospital admissions for self-harm among young people in Warwickshire has doubled between 2007/8 and 2012/13.
- There is a clear gap between the development and educational attainment of the majority of children and that of children from vulnerable groups. This gap can be detectable from as young as 22 months and widens throughout the education system.
- The proportion of 16–18 year olds who are not in education, employment or training in Warwickshire rose again in 2013/14 after a steady decrease in previous years. It fell again slightly in 2014/15 but is still above the national average.
- To gain a picture of the potential cohort of vulnerable children in Warwickshire, each of the key groups considered in the needs assessment have been aggregated. It is worth emphasising that there is likely to be both overlap in these groups as well as a hidden population of vulnerable children in Warwickshire, potentially on the periphery of contact with public sector agencies. Warwickshire's population of vulnerable children is somewhere between **12,760** children (if every vulnerable child was living in out of work benefit claimants households) and **41,496** children (if every child in each group was unique).

The needs assessment provides a wealth of recommendations to inform service development. One of the recommendations states the need to analyse the reasons children are coming into care, so that early interventions can become better targeted and more effective. Other recommendations echo those of Bywaters *et al.* in that we need to reduce the impact of poverty and social isolation on children's development and life chances, particularly in the early years.

3.1.5 EARLY INTERVENTION COMMISSIONING BUSINESS CASE (2015)

Timing of interventions

To inform the business case for the early intervention services commissioning framework, the Commissioning Team drew on data gathered from children becoming looked after during the third quarter of 2014/15. Over **two thirds** of these children had their primary need code recorded (at the point of referral or initial assessment) over a month before they became accommodated. For over **a quarter** of children, this time period was over a year. This means that, in the majority of cases, there is time in which support packages can be put in place: care is not always immediate and inevitable. The data does not go on to investigate whether these children did receive support or 'care alternative' interventions before they were accommodated. However, it is helpful to know that this time gap is often available.

The team also undertook various consultation exercises, the findings of which are summarised below:

Consultation with children and young people (the Children in Care Council)

- Interventions generally work well when children meet with social workers in a setting they feel comfortable in, like a coffee shop.
- The most successful sessions are with workers who have developed a strong bond with the child, fully understand their issues and problems, and are not judgemental.
- Having too many interventions is overwhelming and having to re-tell their story is tedious.
- Peer mentoring works well, as the mentors can empathise with the child and their needs more than practitioners can.

Consultation with parents

- Parents were reluctant to engage in consultation and there were only two responses.
- They thought that interventions were often too late.
- Their children hadn't developed a strong enough bond with their social workers and this could have made a difference.

Consultation with external providers of early intervention services

- One provider suggested an out-of-hours phone service for those who have 'stepped down' from services but still need support in a time of stress to stop problems from re-escalating.

Consultation with social care operations managers

- Most early intervention services work well but many lack the capacity to react at the right time. Child and Adolescent Mental Health Services (CAMHS) waiting lists were named by five out of ten of the managers.
- Where family relationships have broken down, having to go on a waiting list can often result in emergency or voluntary accommodation that could have been prevented.
- There is a rising issue around domestic violence.
- There are varying thresholds in use across the county.
- Lack of co-location with different teams means it is often difficult to share information with others working with the same families.
- It is sometimes difficult to understand referral pathways for other services and options for families.

3.1.6 LEARNING FROM SERIOUS CASE REVIEWS

Serious case reviews (SCRs) are held when a child has died or has been seriously harmed, when abuse or neglect is known or suspected. They are undertaken by the Safeguarding Children Board, led by a reviewer who is independent of the involved agencies. SCRs ask questions about the ways professionals acted and made decisions leading up to the serious incident, and make recommendations to reduce the likelihood of a similar event happening in the future.

In October 2015, WSCB published a report into the death of baby 'John' two years earlier. The review found that agencies working with the family had not fully understood the issues at the heart of the case, and could have done more. It also found that there was confusion about the extent of the lead professional's role during the child's assessment period. Several measures have been put in place as a result of this review, including additional training for particular groups of professionals, and new systems and referral interfaces between agencies. Not least, the new multiagency safeguarding hub (MASH), which is being developed, will support comprehensive information sharing at the point of referral.

Lessons from ongoing cases cannot be published in this report so as not to jeopardise the careful and sensitive work that is still being undertaken. However, it is crucial that messages from these reviews continue to be taken on board in our planning of early help and prevention services.

3.1.7 KEY FINDINGS: PREVIOUS RESEARCH AND RECOMMENDATIONS

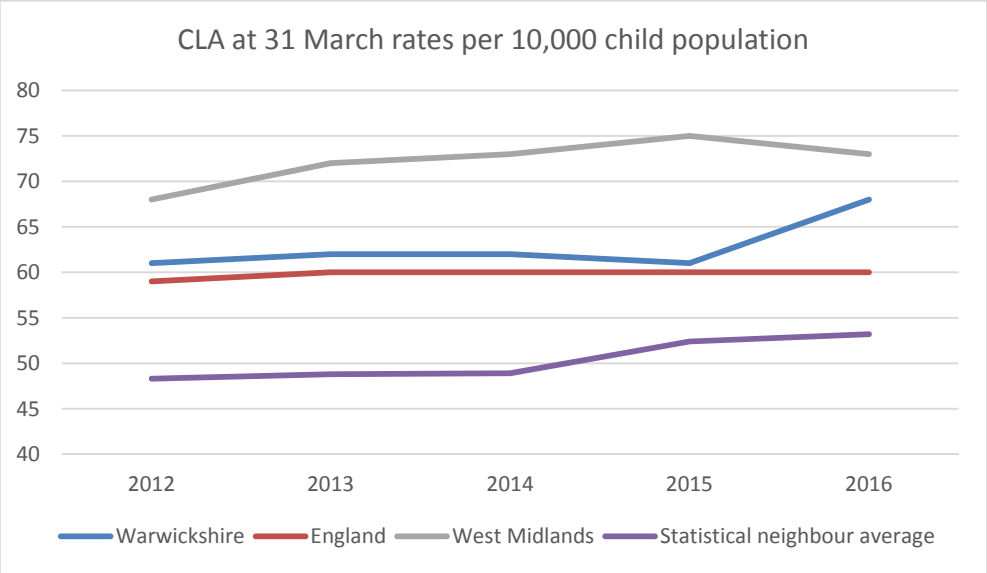
- Dysfunctional family relationships have historically been a key characteristic of children becoming looked after in Warwickshire.
- Historically, teenagers have been the most frequent age group coming into care. Interventions such as Triple P have focused on diverting teenagers from care, on the basis of this information.
- When looking at cases in more detail, it is apparent that care could potentially have been avoided for more children.
- Non-engagement is a problem for some services offering evidence-based alternatives to care, if they have not been prescribed as part of a statutory plan.
- A lot of resource was put into the Dartington project, and some changes were made as a result. However, the mechanisms put in place to evaluate the impact of these changes were not actively maintained and monitored. As personnel moved on, the weight of this research lost momentum and some of the key findings and reasoning have unfortunately faded.
- Local and national research shows that poverty is a key factor in predicting the incidence of abuse and neglect. This is exacerbated in areas that are, overall, more affluent. The impact of economic hardship, therefore, is thought to be much greater in Warwickshire's pockets of deprivation than in other areas with a more even spread of affluence.
- In the majority of cases, even after referral to social care, there is a period of time where being taken into care is avoidable. For some children, there is over a year during which significant intervention can take place.
- Families and professionals talk about service repetition, unclear lines of communication, and confusing referral pathways. This is reflected in the learning from serious case reviews.

3.2 NEEDS

3.2.1 THE STORY SINCE DARTINGTON: 2011–2016

Children looked after

There were **765** children looked after in Warwickshire on 31 March 2016[2], equating to **68** per 10,000 of the 0–17 population. This has risen by nearly **20%** since 2011, and has risen steeply despite a number of years of relative stability. The chart below shows Warwickshire's CLA rate at 31 March over the last five years, compared with national, regional and statistical neighbour[3] averages. It shows that until 2015, Warwickshire remained slightly above, but largely in line with, the national average. However, 2016 saw a considerable increase in Warwickshire where only a small increase was seen for its statistical neighbours and slight decrease for the West Midlands.



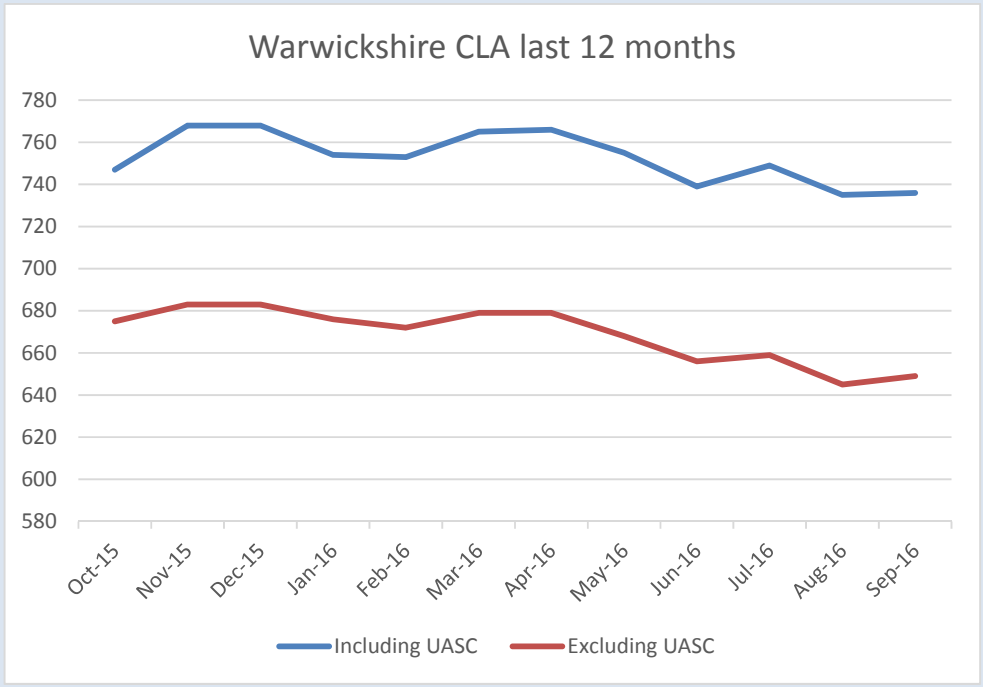
Source: Department for Education and local data

[2] Validated data is submitted to the Department for Education (DfE) for each year ending 31 March. Local data is available up to the time of writing but is less accurate than the published data due to recording delays and errors.

[3] Statistical neighbours are authorities deemed to be similar in makeup and therefore appropriate to benchmark against. Warwickshire's current statistical neighbours are: Central Bedfordshire, Cheshire East, Cheshire West & Chester, Essex, Hampshire, Leicestershire, North Somerset, Staffordshire, Warrington, and Worcestershire. Where statistical neighbour averages are given in this report, they refer to the sum of data for the above ten authorities divided by ten. For more information on statistical neighbours, see https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

Unaccompanied asylum seeking children

UASC have an impact on CLA numbers in some authorities more than others. Nationally, around **3–4%** of CLA are UASC, and the proportion is even lower in the West Midlands region. However, for Warwickshire it was **11%** at 31 March 2015, which is considerably more than the proportion in 2015 (6.5%) has been as much as twice that proportion during the last five years. The following chart is based on local data, showing the picture in Warwickshire during 2015.



Source: Warwickshire Safeguarding Child Social Care Monthly Data & Trends (September 2016)

The chart shows that Warwickshire's CLA population peaked at the end of 2015, but began to decrease in 2016. The locally-reported figure for 30 September was **736**. The widening gap between the two trend lines indicates the growing impact of UASC on Warwickshire's CLA numbers. In October 2015 there were **72** UASC looked after which had risen to **87** UASC looked after at 30 September, **12%** of all CLA. As previously noted, local authorities cannot do anything to prevent these children from entering care. However, their needs must be understood and met while they are under our protection.

Children starting to be looked after

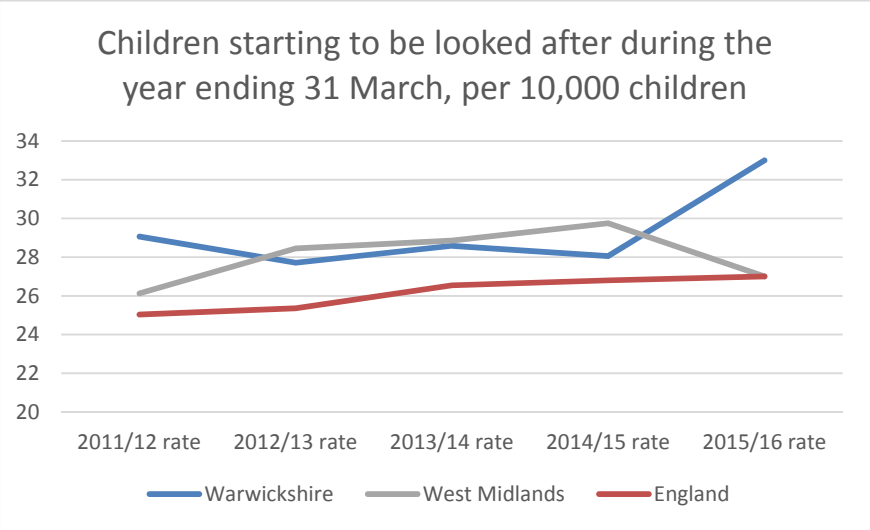
During the year ending 31 March 2016, **375** children started to be looked after in Warwickshire. This figure includes children who had had a previous looked after episode, as well as those starting to be looked after for the first time. Numbers of children starting to be looked after had been relatively stable over the last five years, fluctuating between a low of **310** in 2012/13 until the high of **375** in 2015/16. Regionally, the numbers of children starting to be looked after has fallen this year which is contrary to Warwickshire's trend as the table below illustrates.

Numbers of children starting to be looked after and percentage change, 2012-2016

	2012	2013	2014	2015	2016	% change 2012 to 2016
Warwickshire	325	310	320	320	375	+15.4%
West Midlands	3,240	3,540	3,620	3,760	3,400	+4.9%
England	28,390	28,970	30,730	31,340	32,050	+12.9%

Source: Department for Education (N.B. Published data is rounded to the nearest 5 or 10)

The below chart considers the rates per 10,000 and how this has changed over time. For a number of years Warwickshire sat between the national and regional averages. However, 2015/16 saw a considerable increase in Warwickshire, at the same time as there was a decrease in the West Midlands, as shown in the chart below.

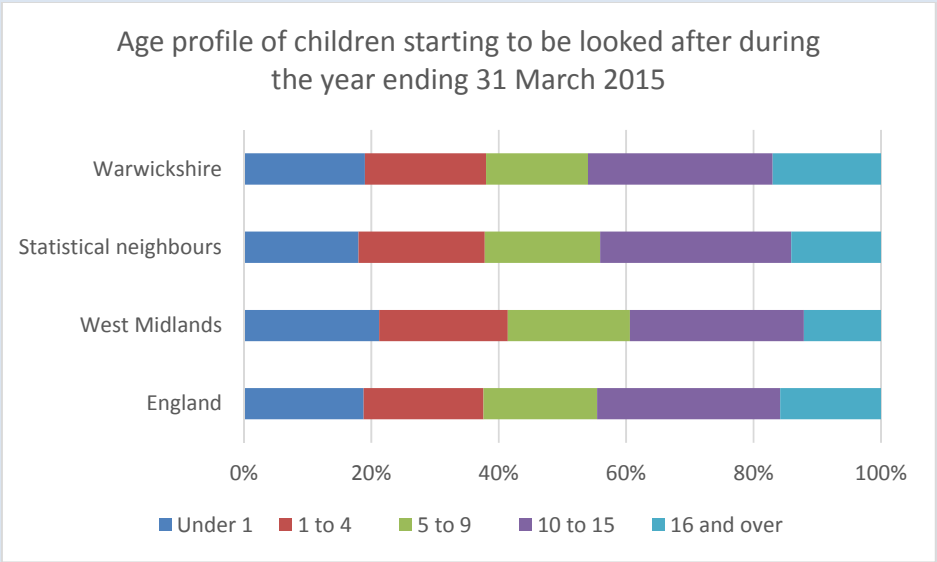


Source: Published CLA data from the Department for Education and mid-year population estimates from the Office for National Statistics

Profile of children starting to be looked after[4]

Of the **320** children starting to be looked after in Warwickshire during 2014/15, **52%** were male and **48%** were female. This is in line with the West Midlands and statistical neighbour averages, and differs only a little from the national picture.

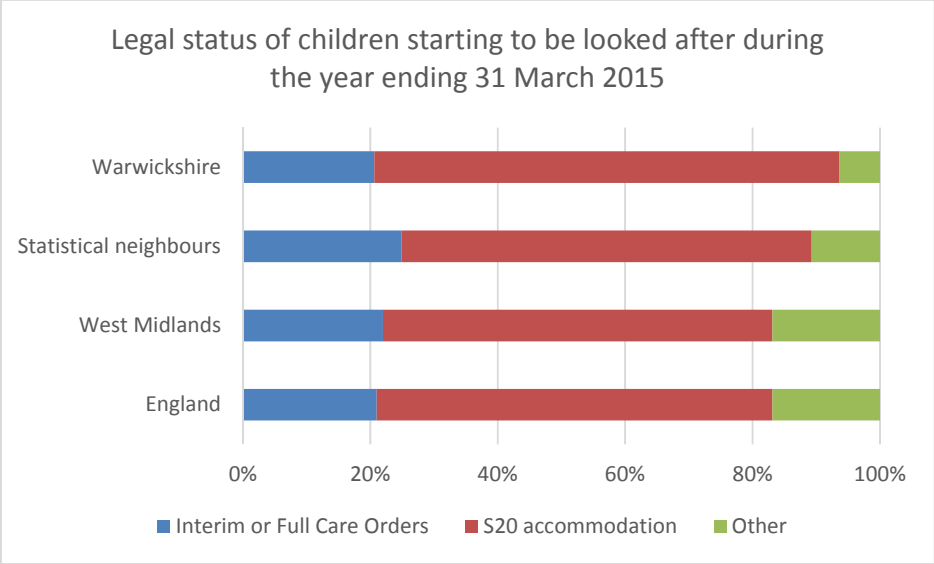
The chart below looks at the age distribution of children starting to be looked after during the year ending 31 March 2015. Each bar represents all starting episodes during the year. Warwickshire's age profile of children coming into care is broadly similar to the national one, but differs slightly from that of the West Midlands. Most notably, Warwickshire admits a larger proportion of older children into care (**46%** are over the age of ten).



Source: Department for Education

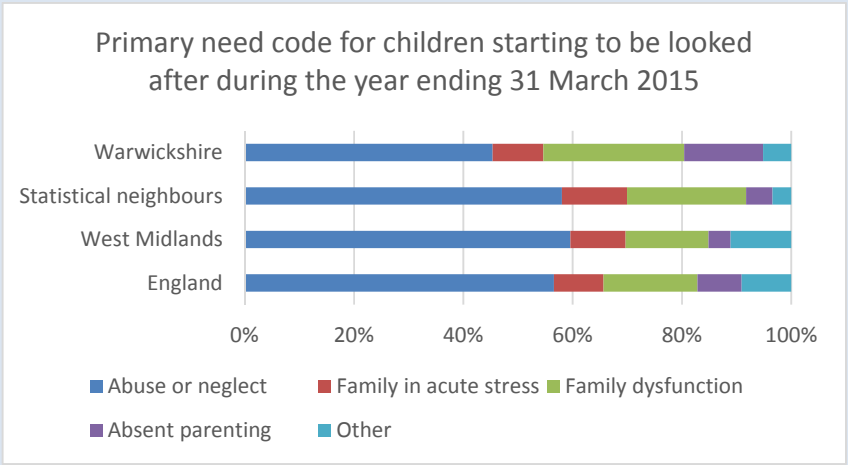
The next chart shows the legal status of children starting to be looked after during the year ending 31 March 2015. It counts the legal status at the point of a child's first entry into care during the year. The distribution shows that Warwickshire takes more children into care by voluntary agreement (accommodated under Section 20 of the Children Act 1989) than other authorities on average. However, higher than average numbers of UASC and young people may skew this figure for Warwickshire, as they will all be accommodated under this legal status.

[4] Only available as at 31st March 2015 at 18th October 2016 (date of report publication) as the Department for Education has not yet published the local authority breakdown



Source: Department for Education

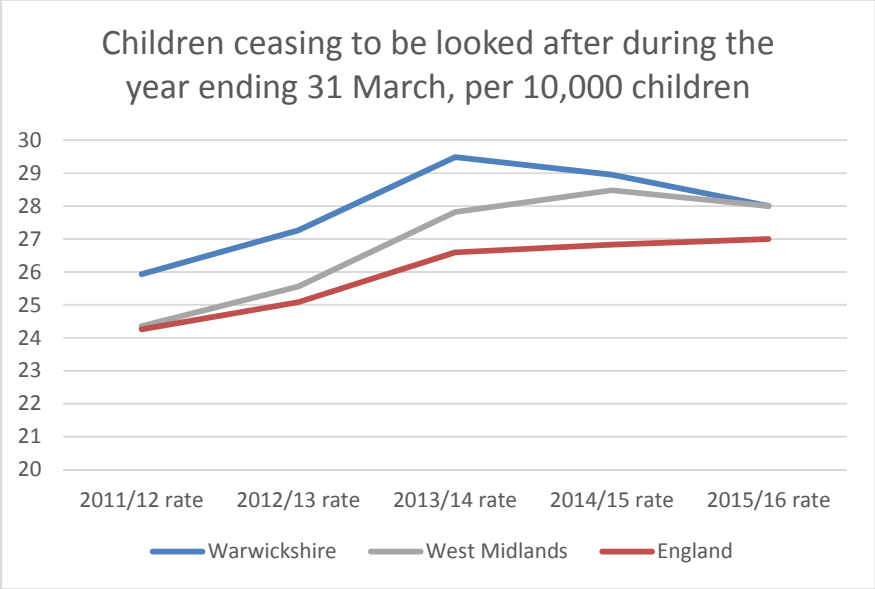
The chart below shows the primary need code recorded for children starting to be looked after during the year ending 31 March 2015. While 'abuse and neglect' remains the largest single category, the proportion with this primary need in Warwickshire is notably less than it is elsewhere (**44%** compared with a national average of **56%**). A higher proportion of children in Warwickshire entered care due to 'family dysfunction' (**25%** compared with a national average of **17%**). The higher than average proportion of children entering care because of 'absent parenting' correlates with the higher than average numbers of asylum seeking children in Warwickshire.



Source: Department for Education

Children ceasing to be looked after

To understand why Warwickshire has relatively high numbers of children looked after, it is important to look at those ceasing to be looked after, as well as those starting. **315** children ceased to be looked after in Warwickshire during the year ending 31 March 2015, equating to **28** children per 10,000. The following chart shows that cease rates have increased across the country over the last five years, but where Warwickshire was consistently higher than the comparators, it is now in line with the West Midlands.



Source: Published CLA data from the Department for Education and mid-year population estimates from the Office for National Statistics

Why the numbers don't add up

Working out the number of CLA at a given snapshot date is not as simple as taking the previous year's figure, adding on the number of starts and taking away the number of ceases. This is largely because some children will start and/or cease more than once in a year. Another reason the numbers don't appear to add up is that the published DfE data is rounded to the nearest five or ten. This data can therefore only take us so far in understanding why children are coming into care in Warwickshire.

What we know so far

The data so far tells us that Warwickshire's CLA population rose steadily over the five years to March 2015, at a rate similar to the national average. During the same period, the number of starts and

ceases rose as well. We also know that Warwickshire uses voluntary accommodation more than other authorities, which ties in with this fluidity of starts and ceases. We can begin to build a picture of families with low level problems which, without support, escalate to the point of 'dysfunction' when the children are older, leaving little choice but to accommodate on a short-term basis while problems are addressed. This seems to reflect the story told by Dartington five years ago.

However, with local data telling us that numbers have risen steeply over the last year, we need to delve a little deeper to understand what is now happening. The Children & Families SLT (and previously the CLA Service Board) monitors a range of data items each month. The group receives area and age breakdowns of starts and ceases (excluding UASC) so they can understand where the increases and decreases are happening. These figures show monthly fluctuations across each area, with most months over the last year seeing a net gain in CLA numbers countywide.

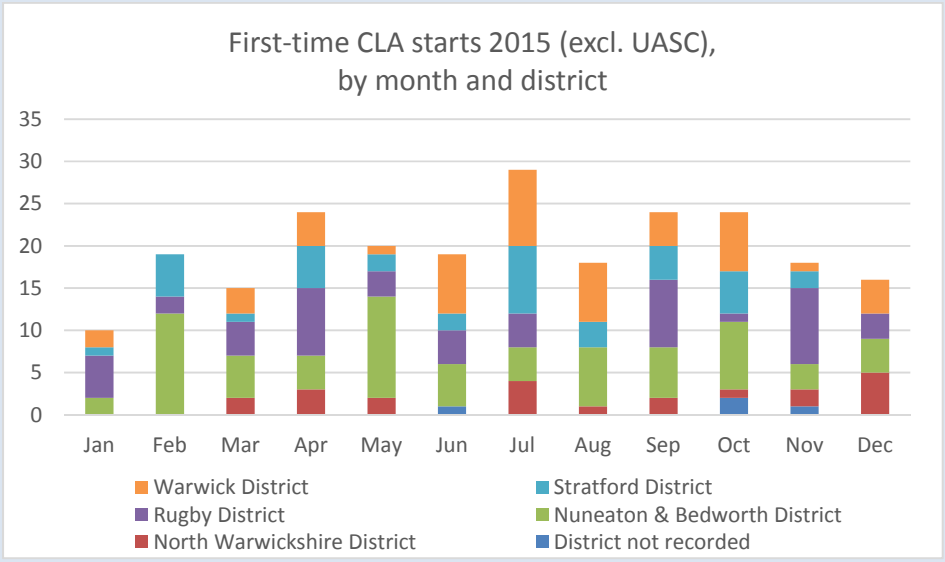
3.2.2 CHILDREN ENTERING CARE DURING 2015[5]

There were **412** starting to be looked after episodes recorded on CareFirst during the calendar year 2015, relating to **367** individual children (i.e. some of them entered care more than once during the year). Of these **367**, **318** started to be looked after for the first time. Of the **318** first-time entrants into care, **82**[6] (**26%**) were UASC. The following analysis is based on the remaining **236** new entrants who were not UASC.

The following chart shows the number of first-time entrants into care for each month and for each district. Where districts have not been recorded on CareFirst, wherever possible one has been derived from the allocated team for the purposes of this analysis. The chart shows month-on-month fluctuations, with a notable increase in starts in the south of the county over the summer months. Slightly more of the first-time entrants were concentrated in the second half of the year, with **55%** of the total coming into care between July and December. This may signal that CLA numbers will continue to rise.

[5] This section has not been updated as it refers to the 2015 calendar year and at the time of publication the 2016 calendar year has not been completed.

[6] One child was not flagged as UASC but their other data indicates that they are, so they have been considered as such for this analysis.

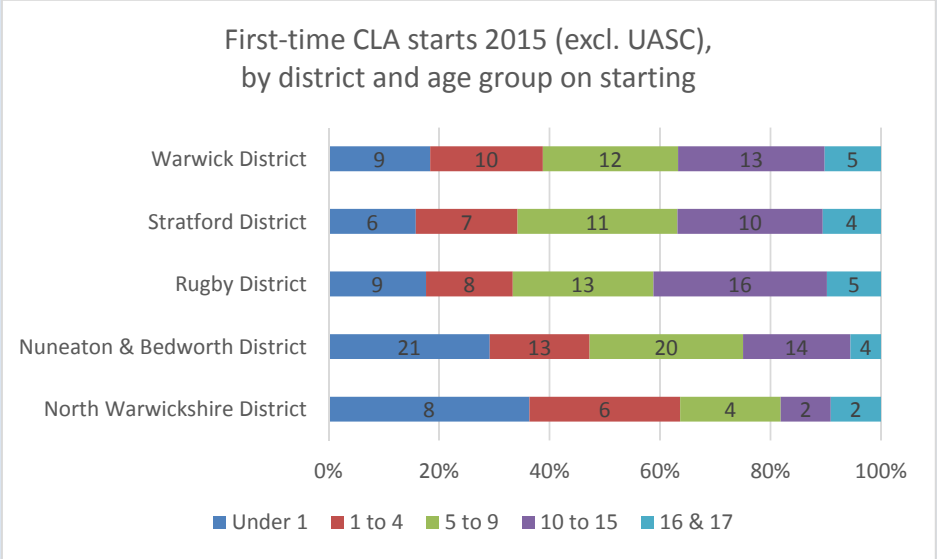


Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

The gender split of the **236** new starters was relatively even, with **122** (**52%**) boys and **114** (**48%**) girls. At district level, this varied: in North Warwickshire, Nuneaton & Bedworth and Stratford, girls made up around **55%** of this group; whereas in Warwick and Rugby, the proportion of boys was higher (**63%** and **57%** respectively).

The largest age group among this cohort (based on age at the point of starting to be looked after) was 5–9, making up **25%** of new entrants. This paints a slightly different picture to the one found by Dartington, when 10–15 was the largest age group. Of the 2015 new starters, **23%** were aged 10–15, **22%** were under 1, **19%** were aged 1–4 and **10%** were 16–17. Please remember these figures exclude UASC: **all** of the **82** UASC were aged over 10.

The following chart shows the district variations in age of those starting to be looked after for the first time during 2015. It shows a higher proportion of under 1s entering care in the north of the county, although in terms of absolute numbers, this is only significant in Nuneaton & Bedworth. Warwick, Stratford and Rugby are showing similar age profiles, both in terms of numbers and proportions. This chart excludes the four young people with no allocated district, who were all aged 16–17.



Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

The high number of under 1s entering care in Nuneaton & Bedworth begs the question of whether this is related to a recent increase in teenage pregnancy rates in the area. Under-18 conception rates have always been high in the area; however, they have been falling steadily since 2009. The most recent figures (2014) show that, while the national and countywide rates have continued to fall (to **22.8** and **22.9** per 1,000, respectively), Nuneaton & Bedworth's rate has increased again. In 2013, there were **29.7** under-18 conceptions per 1,000 girls; this rose to **43.0** per 1,000 in 2014. Current reporting mechanisms cannot easily determine whether under 1s entering care in Nuneaton & Bedworth are the result of an increase in unplanned teenage pregnancies. However, case analysis could be useful to investigate this further. This could tie in with the 'Delaying Pregnancy in Children Looked After' work that is in its initial stages.

The table below shows the legal status breakdown of the **236** children starting to be looked after for the first time during 2015.

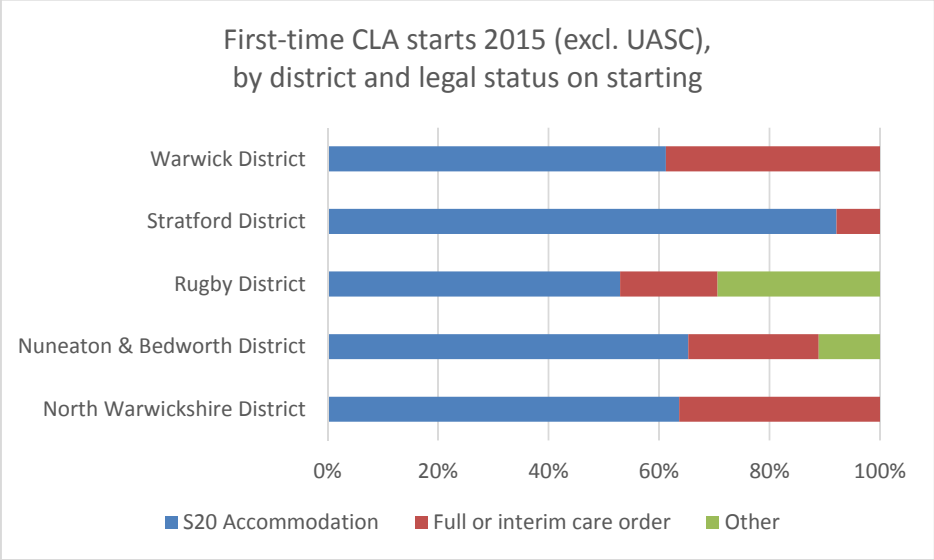
Legal status on starting to be looked after	Count	Percentage
S20 accommodation	157	67%
Interim care order	51	22%
Police protection order	18	8%
Full care order	5	2%
Emergency protection order	3	1%
Placement order	2	1%
Total	**236**	**101%** (due to rounding)

Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

It shows that, even excluding UASC, Warwickshire is still using a lot of voluntary accommodation (**67%**) as opposed to statutory orders (**24%**), as was shown against national comparators earlier in this report. This could indicate several different things and more in-depth case analysis would be needed in order to understand which of these has the biggest influence in Warwickshire:

- Voluntary accommodation could be being used as a temporary intervention to avoid the need for care proceedings later down the line.
- Early intervention might not be happening or is not working, and families are reaching crisis point more often.
- Voluntary accommodation might be being used as a 'safe' (risk averse) option while decisions are being made.
- Voluntary accommodation is right and appropriate for that situation.

The following chart breaks this down to district level. It shows that Stratford has a particularly high proportion of CLA starts using voluntary accommodation (**35** of its **38** children in this cohort). Rugby also deviates from the average, with only **53%** of its CLA entrants being accommodated under Section 20 and **29%** being accommodated under police protection or emergency protection orders.



Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

The following table shows the primary needs of first-time entrants, according to their CareFirst records. Once again this excludes UASC, who **all** have a primary need of 'absent parenting' (N8).

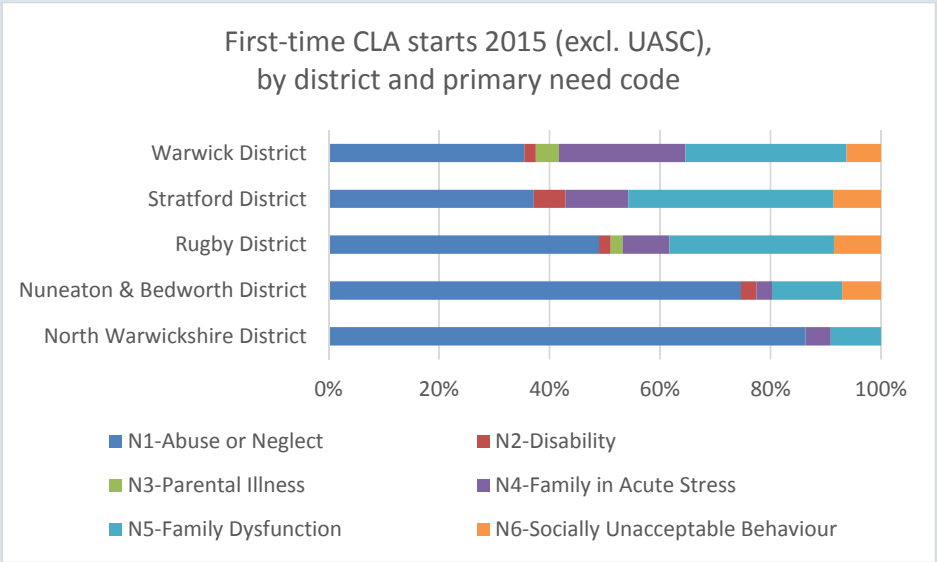
Primary need (code)	Count	Percentage
Abuse or neglect (N1)	125	56%
Family dysfunction (N5)	52	23%
Family in acute stress (N4)	22	10%
Socially unacceptable behaviour (N6)	15	7%
Disability (N2)	8	4%
Parental illness (N3)	3	1%
Absent parenting (N8)	0	0%
Low income (N7)	0	0%
Total	**225**[7]	**101%** (due to rounding)

Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

[7] There were **six** children with a recorded need of 'not stated' (N0) and **five** with 'other than children in need' (N9). These are invalid codes for looked after children and should be treated as recording errors. These **11** children have therefore been excluded from this part of the analysis.

The national analysis in the previous section showed Warwickshire's CLA population at 31 March 2015 to have a lower recorded level of 'abuse or neglect' (**44%** compared with a national average of **56%**) and a higher level of 'family dysfunction' (**25%** compared with a national average of **17%**). This latest data on 2015 starts therefore shows a slightly different picture. Adjusting for the fact that the national figures include UASC and this local data does not, Warwickshire's level of 'family dysfunction' now looks more like the national average. However, the level of 'abuse or neglect' is still lower than average at around **41%** of all CLA starts, with the increasing numbers of UASC accounting for nearly **27%** having a primary need of 'absent parenting'.

The chart below breaks this down by area, once again showing district variation. The figures show that, in the north of the county, 'abuse or neglect' is a much more prevalent recorded need than in the south, accounting for **77%** of new CLA starts in North Warwickshire and Nuneaton & Bedworth. This reflects the Coventry University research, which looked at the incidence of abuse and neglect in the most deprived areas of our relatively affluent county. Stratford, Rugby and Warwick record higher levels of 'family dysfunction', and in Warwick there is higher than average recorded need of 'family in acute stress' (**23%**, compared with **10%** countywide). Unfortunately, data alone cannot tell us whether these variations are real, perceived or merely down to recording.



Source: Business & Commissioning Intelligence, local data from CareFirst 22/02/16

194 of the new CLA entrants were recorded as having a secondary need. Most common was the secondary need of 'neglect' (**50**), followed by 'domestic violence' (**45**). Other secondary needs included 'physical injury' (**23**), 'sexual abuse' (**14**), 'parent misusing drugs' (**13**) and 'child with mental health issues' (**11**). We know that recording of secondary needs can be sporadic as it is not essential data for the Department for Education. A more detailed case analysis to update the picture of needs captured by Dartington (as in **Appendix 1**) could therefore be undertaken to get underneath the data reported in this section.

3.2.3 RE-ENTRY INTO CARE

To recap from the previous section, there were **412** starting to be looked after episodes recorded on CareFirst during the calendar year 2015, relating to **367** individual children. Most children (**345**) had just one care episode recorded during the year, **13** had two episodes during the year and **9**[8] had more than two episodes during the year.

64 children were recorded as having at least one care episode prior to the one(s) recorded for 2015. This includes those whose first episode was also during the year, so there will be some overlap with the first-time entrants in the previous section.

Looking at these **64** children, we can begin to develop a picture of the children who enter care more than once:

- **Most are older children. 30%** are aged 16–17 and **27%** are aged 10–15. This would be expected, as younger children will have had less time to enter care multiple times. However, it could also reflect the chronic problems experienced by these young people throughout their lives, which have been ineffectively supported by early intervention.
- **Slightly more are girls.** The ratio is **53%** to **47%**, which is opposite to the split of first-time entrants.
- **Most are accommodated voluntarily.** The proportion is similar to that for first-time CLA (**66%**). Again, this would be expected.

[8] One of these is recorded as having **15** CLA starts during the year, at regular intervals. It is likely this is a recording error that should have been recorded as respite.

- **'Family in acute stress' is more commonly recorded than for first-time entrants.** 'Abuse or neglect' is still the most commonly recorded need for this group (**47%**), followed by 'family dysfunction' (**22%**). However, 'family in acute stress' is more prevalent among these repeat entrants than for first-time entrants and the CLA population as a whole (**19%**). This is likely to reflect the crises that are bringing these children back into care.

Once again, a case file audit would be needed to get underneath this data.

From 1 April 2013, the DfE has required local authorities to return data on previous permanence arrangements for all children starting to be looked after. In Warwickshire, this amounts to **six** children to date.[9] Of these, **three** were previously subject to special guardianship orders, **two** were previously adopted (one through Warwickshire and one through another local authority) and **one** was subject to a residence order or child arrangements order. Nationally, of all children starting to be looked after during 2014/15, **2%** had returned to care following the breakdown of a permanency arrangement. This had increased from **1%** during the previous year when data was collected for the first time. These figures, both nationally and locally, are low, and there is likely to be some under-reporting of this new data requirement. However, they cannot be ignored when planning support services. These 'new' families will be especially fragile as they start out and may have additional needs as they step down from social care support to prevent them from re-entering the system.

3.2.4 PATHWAYS INTO CARE

A typical journey

Warwickshire Safeguarding Children Board's *Thresholds for Services* document (2014) describes a typical pathway through the four levels (or tiers) of support and intervention. It begins with identifying a child as 'in need' under Section 17 of the Children Act 1989 because they are 'unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child with a disability'.

A child may be identified as 'in need' via any service they are in contact with, including schools and universal health services. This might be done through the CAF, with a lead professional coordinating an assessment in partnership with the family and other involved parties. During a CAF assessment, a family support plan will be drawn up, identifying any enhanced and targeted services that should be

[9] Source: Business and Commissioning Intelligence Team. Data run from CareFirst 10 February 2016.

put in place to improve outcomes for the child. At this stage, the child and their family may also be eligible for support under the Priority Families programme so may be receiving additional intensive support.

If parents or a young person do not consent to a CAF assessment or do not use the services offered, then the lead professional makes a judgement as to whether, without help, the needs of the child will escalate. If so, they will make a referral to children's social care. This may also happen following a CAF if the child's needs become more complex or are not being met by the Family Support Plan.

Social care assessments will determine whether the child continues along the 'child in need' route with targeted support, or needs to become looked after. Accommodation under Section 20 of the Children Act may be needed if the child has been abandoned or because the person who has been caring for them is unable to do so. This is by voluntary agreement and parental responsibility remains with the parent or existing legal guardian. It may apply in cases where the family needs temporary separation while problems are addressed.

Where the risk to the child means that it is unsafe for them to return home, the child may become subject to a care order under Section 31 of the Children Act 1989. This is a court process, resulting in the local authority assuming the role of 'corporate parent' with shared parental responsibility.

If a professional at any point on the pathway believes the child has suffered or is at risk of suffering significant harm, they must enter child protection procedures under Section 47 of the Children Act 1989. If there is a need for emergency protection, a child may be taken into care under a police protection order (72 hours) or an emergency protection order (eight days).

The thresholds document then goes on to describe some of the needs that are typical to each level of intervention. **Appendix 2** lists these in more detail:

- **Level 1**. These children have no additional needs identified. All children require universal services at this level and parents/carers are able to make choices, e.g. schools and GP surgeries.
- **Level 2**. These children have some additional needs. As well as needing universal services they need some extra 'early help' support. This support may be provided in a universal setting or accessed directly by the parent or young person. Where two or more additional services are needed, a CAF is recommended at this stage so that support can be coordinated through a lead professional.

- **Level 3**. These children have complex needs. In addition to universal and early help, they need targeted support. At this stage, a child will have undergone a CAF and/or social work assessment.
- **Level 4**. These children have acute or severe needs. They need specialist services as well as the universal and coordinated support already in place. Specialist services include social care, which could lead to a 'child in need', child protection or child looked after plan being put in place.

Individual journeys

Of course, not every child will follow the mapped-out route described above. Some problems go unidentified at the early stages and therefore require more specialist and immediate intervention when they reach crisis point. Where needs are identified early on, it may be that the wrong services are put in place or plans are ineffective for whatever reason. We cannot understand if, how and why this happens, without looking at individual cases in more depth.

Dartington (2011) found that care could potentially have been avoided for **39%** of children in their sample. A more recent audit undertaken by a Safeguarding Service Manager (on behalf of the CLA Service Board) considered the electronic records of **144** children entering care between April and July 2015. She suggested that **20** of those children (**14%**) could have been safely diverted from care. Further research needs to be done to understand why other routes were not taken for these children, and whether our procedures are allowing time for adequate assessment in the early stages.

The Family and Parenting Service (FPS) undertook some analysis of edge of care (EOC) meetings attended by their service during 2014/15. Data recorded on CareFirst by social care teams showed that **62** EOC meetings were held during the year. However, figures for attendance by FPS managers in the south were higher than the number of meetings recorded on CareFirst, indicating that there was a data quality problem, at least in that area. Bearing this caveat in mind, **around half** of EOC meetings in the north and east involved a previous CAF, compared with **29%** of those in the south. Triple P was the most commonly recommended service following an EOC meeting, followed by the diversion from care programme, followed by Family Group Conferencing. However, the conversion rate to actual referrals and take-up was much higher for Family Group Conferencing than for the other services. Further work needs to be done to improve the recording of EOC meetings, as they should be able to give us valuable information about this crucial stage in the child's journey through our systems.

Current work: The journey of the child

In January 2016, proposals were presented to Warwickshire Health and Wellbeing Board Executive Team about the creation of local early help panels. The project behind this has been called 'The journey of the child' to reflect the seamless approach we are aiming for. The report recognises that early help services are provided across several areas of the council and via partner agencies, and that there is no clear route through the upper tiers of service. There is particular concern over the de-escalation process, leading to disruption or delay for families. Seven local coordinating groups are already in place across the county; however, these are currently aligned to the Priority Families programme rather than being part of a council-wide strategy. It is now proposed that these are developed into local early help panels designed to coordinate multiagency support and resources, focusing on the pathway between upper tier 2 and tier 4 (and back). Work is ongoing to support this project, including analysis of what happens to families after they have had a CAF.

Work is also underway at the Children & Families Projects SLT to simplify children's pathways into care, or care alternatives. The board is proposing to replace edge of care meetings (which imply that care is inevitable) with a more proactive professionals' planning meeting. The aim of this work is to join up the assessment and planning process at an early stage, and to make clearer processes for decision making.

Recommendations for further analysis

The following work would enable the service to gain a better understanding of children entering care:

- **Looking at the 20 cases from the more recent audit in more detail.** In what ways could care have been avoided? What were the determining factors that led them into care? What could/should have been done differently?
- **Auditing five high-cost CLA cases.** Could earlier interventions have prevented or delayed the need for high-cost interventions? Were other routes tried first?
- **Auditing ten CAF cases – five of whom subsequently became looked after and five who were successfully diverted from care.** What was different about these cases? What could have been done differently?
- **Evaluating EOC meetings.** Undertaking an updated and deeper evaluation of EOC meetings and their effectiveness. This should include data analysis, feedback from families and professionals involved, and recommendations for improving data quality.
- **Pathway analysis.** Considering the typical pathway as described in the thresholds document, analysing which points on the pathway are key to identifying and addressing needs? Which

points on the child's journey are the most vulnerable? At which points can support be most effective?

- **Case studies.** Using the above audits, develop some case studies of where, on reflection, practice was good and decision making was sound.

3.2.5 KEY FINDINGS: NEEDS

- Following the Dartington project in 2011, Warwickshire CLA numbers continued to rise and are now at their highest rate since current recording systems began in 2005, and considerably higher than our statistical neighbours and England average.
- According to 2015 published data, Warwickshire has a fluid CLA population with a high number of children both entering and leaving care under voluntary agreements. Warwickshire admits a higher proportion of teenagers into care than our regional neighbours, and has a higher incidence of 'family dysfunction' as a primary need.
- UASC have a significant impact on Warwickshire's growing CLA numbers so there is increasing pressure on our resources to meet their needs. However, our prevention and early intervention services cannot change the need for these young people to be taken into care.
- During the 2015 calendar year, the picture has changed a little, and varies at district level. Excluding UASC, first-time entrants into the care system were younger than previous cohorts, particularly in the north of the county. Voluntary accommodation is still frequently used as opposed to statutory care. 'Abuse and neglect' is much more common in the north, but at county level it is still below the national average. 'Family dysfunction' is still the next most commonly recorded need.
- Recording of secondary needs on CareFirst is not reliable enough to give a comprehensive picture of need.
- Re-entrants into care are likely to be older, reflecting the chronic problems they may have been experiencing throughout their lives. 'Family in acute stress' is a more prevalent need recorded for repeat entrants than for first-time entrants. This is likely to reflect the crises that are bringing these children back into care.
- Warwickshire Safeguarding Children's Board's *Thresholds for Services* document (2014) is key in describing referral pathways through different levels of service. Further work is underway to better map children's journeys through our services and make them more seamless.

3.3 SERVICES

As part of this needs assessment, we have undertaken an exercise to map existing services that contribute to the prevention or reduction of CLA in Warwickshire. Services included in this exercise (ordered alphabetically) were:

- Attendance, Compliance and Enforcement (ACE) Team
- Common Assessment Framework (CAF)
- CAF Family Support Workers (FSWs)
- Children's Centres
- Domestic Abuse Refuge Service
- Domestic Abuse Support Service
- Drug and Alcohol Misuse Service (Addaction)
- Drug and Alcohol Misuse Service (Compass)
- Drug and Alcohol Misuse Service (ESH Works)
- Family Group Conferencing (FGC)
- Family Information Service (FIS)
- Family Matters
- Family Nurse Partnership (FNP)
- Health Visiting
- Mental Health Interventions for School Children (MHISC)
- Multiagency Safeguarding Hub (MASH)
- Priority Families Family Support Workers
- School Nursing
- Systemic Family Work
- Targeted Support for Young People (TS4YP)
- Triple P (Diversion from Care)
- Triple P (Parenting Development Team)
- Warwickshire Youth Justice Service (WYJS)

This is not an exhaustive list of all prevention, early intervention and targeted services; it is meant to focus on the CLA element only. However, it is difficult to unpick this due to the complexity of people's lives and the services they receive.

3.3.1 SERVICE PROFILES

The following pages show full service profiles, drawn from the information provided by services during the exercise. Please note that the annual budgets reported cover each service as a whole, and that only a proportion of this will impact on families with children at risk of coming into care.

Attendance, Compliance and Enforcement (ACE) Team

Annual budget

Information not provided – this service is partly traded.

Age group

5–16

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

This is an internal local authority service, which is partly traded to schools.

Service information

This service meets the local authority's duty in relation to prosecution for non-attendance under Section 444 of the Education Act 1996. Schools refer persistently absent pupils to this service in order to improve their attendance. The service supports children and their parents/carers through assessment, planning and intervention, signposting to other services, direct family work and pupil motivational work. Cases may be escalated if attendance does not improve. The service will challenge these families, set attendance targets and, if appropriate, issue penalty notices or prosecute parents for the non-attendance of their child.

Demand and activity

Information not provided.

Performance, outcomes and feedback

Performance is measured by the proportion of cases with reduced unauthorised absence and the proportion meeting formal attendance targets. Data was not provided for this exercise. Due to the enforcement function of the service, feedback from parents and children can be difficult to obtain.

Common Assessment Framework (CAF)

Annual budget

£684,906

Age group

0–18 (24 if special educational need or disability)

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Arrangements for provision

Commissioned and provided by WCC; CAF is currently subject to a review of services across early help, as part of the One Organisational Plan savings.

Service information

The CAF is a holistic assessment, which allows any trained practitioner to initiate a package of targeted multiagency support, in line with the *Working Together to Safeguard Children (2015)* national guidance. The CAF provides timely and integrated support for children and young people who do not meet the statutory threshold for social care, to prevent their problems from escalating to a higher level of need.

Demand and activity

Between April and December 2015, **615** CAFs were opened and **359** were closed. As at March 2015, **1,258** CAFs were open. Between **1,000** and **2,000** CAFs were open at any time in 2014/15. For 2015/16, demand has increased, with **978** CAFs being initiated between 1 April 2015 and 18 March 2016, compared with **923** during the whole year 2014/15. All areas have seen significant reductions in the proportion of more straightforward 'green' cases (**37%** in 2012/13 down to just **8%** in 2014/15). The proportion of 'red' cases has increased during the same period from **21%** to **32%**. This coincides with the introduction of the *WSCB Thresholds for Services* document.

Performance, outcomes and feedback

Quality audits are consistently showing that the majority (**77%**) of CAFs in Warwickshire are of good quality. 'Return on investment' calculations have been consistent. In 2014/15, the service reported a prevention spend of **£4,565,474**, based on a reduction in CAMHS intervention, improvements in attendance and exclusion, and avoidance of social care involvement. Of those cases returning an evaluation, the positive outcome rate was **91%**.

CAF Family Support Workers (FSWs)

Annual budget

£487,000 (including funding from Priority Families Programme)

Age group

5–18

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Arrangements for provision

Commissioned and provided by WCC

Service information

The aim of this team is to build capacity and resilience in family members in order for them to manage their challenges. Referrals are taken through the CAF process. The CAF FSWs offer one-to-one support with individual or all family members in their home, exploring and encouraging positive parenting strategies using the Triple P programme. Sessions are often about behaviour management, establishing routines, and improving family communication and understanding. FSWs are trained in Triple P, NVR, family transitions and HOME (the Home Observation for the Measurement of the Environment inventory). Workers also offer signposting to other services where specific needs have been identified.

Activity and demand

During 2014/15, **159** families received a service from the CAF FSW team. Between April and December 2015, **109** families received a service. Triple P was delivered in **57%** of cases. There was a waiting list of **107** families as at 15 March 2016. There has been a significant increase in referrals to the CAF FSW team over the past two years and the service is currently working on how to reduce the waiting list.

Performance, outcomes and feedback

Successful outcomes have been demonstrated, including reduction in conflict within the home, improved school attendance, improved health and wellbeing and improved family relationships. For service users giving feedback between October and December 2015, **92%** of adults and **100%** of young people felt that the service had made a positive difference to their family.

Children's Centres

Annual budget

£4,882,080 (delivery budget)

£5,163,480 including WCC central management and admin budget

Age group

Pre-birth to 5

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Arrangements for provision

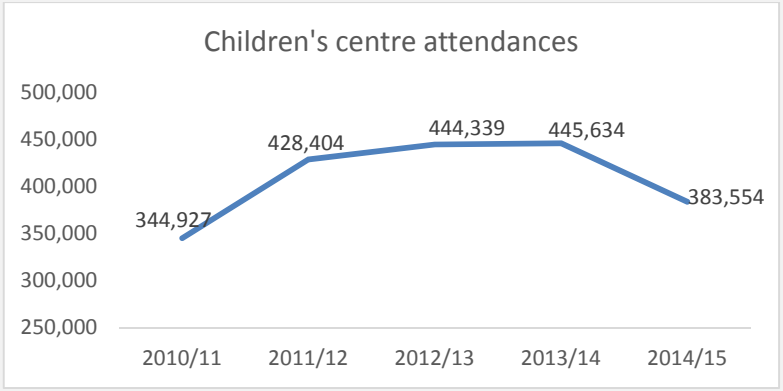
Commissioned by WCC People Group; provided by Barnardo's, The Parenting Project, Stockingford Early Years Centre and St Michael's Children's Centre.

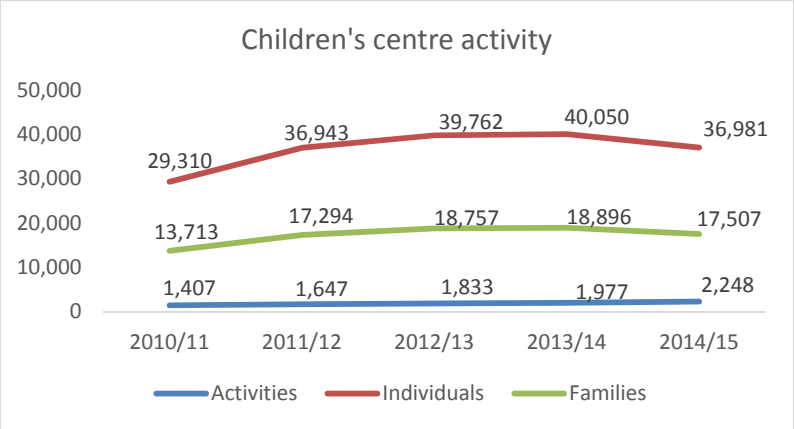
Service information

Warwickshire has **39** designated children's centres working in ten geographical groups and collaborations across the county. They provide a range of universal services to under 5s and their families, including stay-and-play and baby clinics. They also provide targeted support to those who need it, and some specific support sessions run by other services operate out of the children's centres. The centres have five key outcomes: (1) Children are ready for school at age 5 (2) Parents and carers of under 5s are equipped to give their children the best start in life (3) Children under 5 and their families experience good health and wellbeing (4) Parents and carers of under 5s achieve economic wellbeing (5) Children under 5 and their families achieve good outcomes regardless of their circumstances or location.

Demand and activity

In 2014/15, there were **383,554** children's centre attendances at **2,248** activities by **36,981** individuals from **17,507** families. The following charts show how this has changed over time.





Performance, outcomes and feedback

80.4% of under 5s living in Warwickshire are registered with a Warwickshire children's centre, with **53.5%** engaging with children's centre services. **84.2%** of identified priority target groups are registered with a Warwickshire children's centre, with **72.6%** engaging with children's centre services. Each children's centre group maintains its own local systems for collecting and assessing service user feedback.

Domestic Abuse Refuge Service

Annual budget

£187,000

Age group

16+

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned by WCC Community Safety & Substance Misuse; provided by Refuge; this service is being recommissioned in 2016/17 and a needs assessment is underway.

Service information

This is an accommodation-based support and resettlement service for female victims of domestic violence and abuse and their children. Refuge provision is accepted as a national resource in most areas and so is not limited to Warwickshire residents only. This service aims to enable victims and their families to live safely and independently, and for children to be cared for effectively by their parent(s).

Demand and activity

During 2014/15, there were **105** intakes into the service. Between April and December 2015, there were **58** intakes to the service. Demand is led by the number of bed spaces available in Warwickshire. We know that there is a shortfall, considering our population size.

Performance, outcomes and feedback

Information not provided.

Domestic Abuse Support Service

Annual budget

£342,000

Age group: 16+

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned by WCC Community Safety & Substance Misuse; provided by Home Group (Stonham); this service will be recommissioned in 2016/17.

Service information

This service provides a range of community-based support for people affected by domestic abuse and violence. Services include a helpline, outreach support, drop-in sessions, the Freedom Programme, independent advisers, support for specific groups (males; those from black and minority ethnic backgrounds; and lesbian, gay, bisexual and transgender victims), liaison with GPs, the Sanctuary Scheme and coordination of MARAC (multiagency risk assessment conference). This service aims to enable victims and their families to live safely and independently. While this is a wide-reaching adult service, it plays an important part in improving family relationships and reducing aggression in the home, which may in turn determine whether or not a child can remain at home safely.

Demand and activity

During 2014/15, there were **3,843** referrals to the service, **636** calls to the helpline, **96** people accessing drop-in sessions, **154** sanctuaries completed, and **582** cases discussed at MARACs. Demand for the service has been relatively stable over the life of the contract with the exception of MARAC cases, which have seen a steady increase.

Performance, outcomes and feedback

Information not provided.

Drug and Alcohol Misuse Service (Addaction)

Annual budget

£3,750,000

Age group

18+

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned by WCC Community Safety & Substance Misuse; funded by Public Health, WCC and the Office for the Police and Crime Commissioner (OPCC); provided by Addaction; contract in place until November 2017, with exemption from Contract Standing Orders until April 2018.

Service information

This service works with adults who are experiencing problems with their drug and/or alcohol use. It includes all elements of treatment, from identification and brief advice, to one-to-one counselling, group work, prescribing and detoxification. Engagement is voluntary unless directed by the court as part of criminal justice proceedings. Other referrals may come from health professionals or the individual themselves. The main aims are to reduce substance use, and improve voluntary sustained control over use. In turn, this maximises people's health and wellbeing and enables them to participate in society. While this is a wide-reaching adult service, it plays an important part in improving family relationships, reducing aggression in the home, and improving the capacity to be an effective and caring parent.

Demand and activity

As at December 2015, there were **970** opiate users in treatment, **198** non-opiate users and **853** alcohol-only clients. There is no waiting list. The demand from opiate users is falling due to changes in drug taking habits. Services will need to respond to these changing patterns and the change in legislation to criminalise 'legal highs'.

Performance, outcomes and feedback

Successful completion rates are increasing and the number of representations is decreasing. A variety of health and wellbeing, housing, employment and relationship questions are monitored and assessed throughout an individual's treatment. Data was not provided for this exercise.

Drug and Alcohol Misuse Service (Compass)

Annual budget

£340,000

Age group

Under 18 (and vulnerable young people up to 25)

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Arrangements for provision

Commissioned by WCC Community Safety & Substance Misuse; funded by Public Health, WCC and the Office for the Police and Crime Commissioner (OPCC); provided by Compass.

Service information

This service works with young people who are experiencing problems with their drug and/or alcohol use, so that their use is reduced and ultimately they become drug and alcohol free. It aims to delay the age at which young people start drinking alcohol; to reduce the number and frequency of young people getting drunk; to reduce the number of young people using illegal drugs, volatile substances and legal highs; and to reduce the number of young people being admitted to hospital or attending A&E for alcohol or drug related reasons. Young people may be referred from a variety of sources, including the youth justice system, health professionals or by self-referral. Engagement is voluntary unless directed by the court.

Demand and activity

Quarter 3 reporting for 2015/16 shows that **87** young people were in structured treatment, with **92%** leaving in a planned way. **190** were receiving targeted interventions and **5,014** were receiving identification and brief advice. Cannabis and alcohol remain the drugs of choice. Services are responding to the changing context of drug taking.

Performance, outcomes and feedback

Full year numbers in treatment are expected to be down, but successful completions are being maintained at over **90%**.

Drug and Alcohol Misuse Service (ESH Works)

Annual budget

£180,000

Age group

18+

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Arrangements for provision

Commissioned by WCC Community Safety & Substance Misuse; funded by Public Health, WCC and the Office for the Police and Crime Commissioner (OPCC); provided externally by ESH Works; a capital grant of £545,000 was received from Public Health England to set up the residential rehab provision in Warwickshire.

Service information

This service works with adults who are experiencing problems with their drug and/or alcohol use, or that of someone close to them. It provides a range of support for people with drug and alcohol issues and their families, friends and carers, including information and advice, telephone and one-to-one counselling, group work, peer mentoring and volunteering opportunities. The service supports families to reduce substance use, so that they can participate in society. While this is a wide-reaching adult service, it plays an important part in improving family relationships, reducing aggression in the home, and improving the capacity to be an effective and caring parent.

Demand and activity

Information not provided.

Performance, outcomes and feedback

Due to the nature of this service, there are no hard targets. Softer measures are monitored on a quarterly basis at review. Data was not provided for this exercise.

Family Group Conferencing (FGC)

Annual budget

£187,160

Age group

0–18

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided by WCC.

Service information

Family Group Conferencing is an international evidence-based planning process, during which the family takes charge of the decision making. Referrals are made through the CAF process and via social care. Families spend time working out solutions to the problems identified by referrers. They make a plan that ensures the safety of the child or young person, improving and strengthening family relationships along the way. The aims are to increase family capacity and resilience, to explore alternative arrangements for kinship care if needed, and ultimately to reduce CLA numbers. FGC has recently been awarded **£94K** funding for a pilot project aimed at reducing the 0–5 CLA population in Nuneaton and Bedworth.

Demand and activity

During 2014/15, **49** families received a service from FGC. Between April and December 2015, **46** families received a service. There has been an increase in referrals from social care. The proportion of FGC cases who were children in need or subject to child protection procedures rose from **56%** in 2014/15 to **70%** in the first three quarters of 2015/16.

Performance, outcomes and feedback

Between April and December 2015, **17** children receiving a service (**94%**) were diverted from care. **93%** of families reported that FGC had helped to resolve all or some of their issues.

Family Information Service (FIS)

Annual budget

£148,742

Age group

0–25

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Arrangements for provision

Commissioned and provided by WCC.

Service information

FIS provides free and impartial advice and signposting to parents and carers on a wide range of topics, including childcare, debt, employment rights, anti-bullying and legal rights. The helpline is a universal service. FIS also provides a brokerage service for those needing individual support; these will be families who have been referred by the helpline or other professionals. The service was launched in 2007 as a response to the increasing diversity of information being provided by the former Children's Information Service. Driven by the requirements of Section 12 of the Childcare Act 2006, Warwickshire FIS grew out of these roots to become a 'one stop shop' for families.

Demand and activity

During 2014/15, FIS took **1,395** enquiries on the helpline; there were **3,021** people at outreach events where the team was represented; and **11,252** hits on the website homepage. The senior outreach and brokerage officer worked with **78** families, supporting them to access specialist services and childcare. There were **83** brokerage cases opened during the first three quarters of 2015/16, of which **40** have now been closed.

Performance, outcomes and feedback

Between October and December 2015, **100%** of service users rated the service as at least 'good'. Outcome recording for brokerage cases is currently under review.

Family Matters

Annual budget

£9,000

Age group

10–17

Tier 3 complex needs ✓

Arrangements for provision

Commissioned by WCC; provided by Coventry & Warwickshire RELATE; the contract will end when 100 units of intervention have been used.

Service information

This service provides a direct family intervention for young people who are looked after or on the edge of care. The aim is to reduce the need for care by helping young people and their parents to resolve relationship and communication difficulties. Families are referred through edge of care meetings, children's panels and CLA reviews. Ten sessions are offered, subject to need and review. The service is currently funded for one year through Priority Families.

Demand and activity

This service started as a pilot and has been funded from various sources on an ad hoc basis. Demand has fluctuated. An annual report is due in April 2016.

Performance, outcomes and feedback.

An annual report is due in April 2016. Historically, there was clear evidence that young people were returning home to parental care.

Family Nurse Partnership (FNP)

Annual budget

£800,000

Age group

Young parents aged 13–19 and their babies (although new flexibilities will allow this age range to increase).

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned by WCC Public Health; provided by South Warwickshire Foundation Trust; contract in place until October 2017.

Service information

FNP is a national, evidence-based programme which supports young parents to give their children the best start in life. A specially trained nurse visits the young mum in her home regularly from the early stages of pregnancy until her child is two. The service helps young women make healthy choices during pregnancy; helps them provide responsible and competent care for their young children; and helps them plan for the future both personally and as a family. The benefits are wide-ranging for both the young mother and the baby. For mothers, the service aims for improved parenting behaviour, reduced reliance on benefits, and improved mental health. For babies, the service expects to see improved development and health, and reduced abuse and neglect.

Demand and activity

Approximately **180** families were being supported by this service as at January 2016. This has increased from **150** families as at June 2015. Over time, the service has expanded from one core team of six family nurses to two teams with 12 nurses.

Performance, outcomes and feedback

Information not provided.

Health Visiting

Annual budget

£5,900,000

Age group

Pre-birth to 5

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Arrangements for provision

Commissioned by WCC Public Health; provided by South Warwickshire Foundation Trust; contract in place until October 2017.

Service information

This service delivers the national Healthy Child Programme for under 5s. It is a holistic service, focused on improving health and reducing inequalities for individuals, families and communities. The service includes support for the transition to parenthood and the early weeks; maternal mental health; breastfeeding; healthy weight and nutrition; managing minor illness and reducing accidents; and around the general health, wellbeing and development of the child. The service monitors developmental milestones to ensure children are 'ready for school' at age 5, which includes coordinating the integrated review for children at age 2.

Demand and activity

30,000 families across Warwickshire are eligible for this service.

Performance, outcomes and feedback

Information not provided.

Mental Health Interventions for School Children (MHISC)

Annual budget

£150,000

Age group

5–16

Tier 2 additional needs ✓

Arrangements for provision

Commissioned by WCC; delivered through a framework of 11 approved providers.

Service information

This service offers short-term and timely interventions for school-aged children and young people who have had emotional and wellbeing issues identified as part of a CAF.

Demand and activity

There was a considerable increase in referral numbers between 2012/13 (**194**) and 2013/14 (**614**) and children and young people were recorded as requiring more sessions. More recent referral numbers were not available for this exercise. However, **204** children were recorded as having completed a mental health intervention during 2014/15 and **150** during 2015/16.

Performance, outcomes and feedback

Over **70%** of children report an improvement in their emotional wellbeing as measured by the Strength and Difficulties Questionnaire (SDQ). MHISC is reported to be successful because it is a systemic intervention delivered as part of the CAF process.

Multiagency Safeguarding Hub (MASH)

Annual budget

£300,000

Age group

Unborn–18

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided jointly through WCC People Group, the police and health.

Service information

This is a new service, which will be the new front door for all children's referrals from May 2016. From September 2019 it will also cover adult safeguarding referrals. The MASH vision is that '*People in Warwickshire are safeguarded from harm, receiving the services they need, at the right time, effectively and efficiently*.' They will do this through a joined-up approach which speeds up safeguarding decision making; ensures people are quickly directed to the right services; reduces the number of inappropriate safeguarding referrals; ensures a coordinated approach to the identification and assessment of need and risk; focuses on early intervention at the right time; and ensures a person centred and family approach to assessment.

Demand and activity

This is a new service starting in May 2016. Previous social care/safeguarding referrals data would give some context.

Performance, outcomes and feedback

N/A – service not in place yet.

Priority Families Family Support Workers

Annual budget

£424,000

Age group

0–18

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided by WCC

Service information

This service works with families meeting the national and local Priority Families criteria. Workers complete a detailed assessment to address issues causing them to meet the criteria, and establish a robust action plan to address them. All workers are trained in Triple P. The aim is to empower these families, promote resilience, and ultimately reduce CLA numbers.

Demand and activity

The Priority Families FSW team was established during 2013/14 and has expanded with further funding. During 2014/15, the team supported **108** families. For 2015/16, it is expected that the team will have worked with a minimum of **88** families by the end of the year.

Performance, outcomes and feedback

Information was not provided for this exercise. However, Warwickshire is seen as one of the highest performing Priority Families services both regionally and nationally. This is reflected in payment by results.

School Nursing

Annual budget

£1,900,000

Age group

5–19

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Arrangements for provision

Commissioned by WCC Public Health; provided by Compass; contract in place until October 2017, with the option to extend for a further two years.

Service information

This service delivers the national Healthy Child Programme for school-aged children. The aim is to help children be as healthy (mentally and physically) as possible. This is done at a universal level by conducting statutory height and weight checks, and by educating children to make positive lifestyle choices. However, targeted work is also undertaken with families who are most at risk. The service will also contribute to partnership work with specialist services where children have complex health needs or are in care.

Demand and activity

78,000 families across Warwickshire are eligible for this service.

Performance, outcomes and feedback

Information not provided.

Systemic Family Work

Annual budget

£55,000

Age group

Families of 0–18s

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided by WCC; the worker's salary is funded 50/50 by social care and Priority Families.

Service information

A full-time worker supports families who have been referred through the Priority Families programme, social care or CAF FSWs. Although not exclusively an edge of care service, children may already been looked after or on the edge of care, and need support to help them rehabilitate happily and safely back to the family home. The worker also shares systemic practice with other professionals, and delivers NVR training.

Demand and activity

This is a pilot service that started in October 2014. For the period up to March 2015, **11** families were engaged in systemic family work, covering **57** family members including **27** children. Between April and December 2015, **11** family interventions had been completed, with a further **nine** in progress. **23** consultations had been held. Demand for this service has been increasing and the one worker is at full capacity at all times.

Performance, outcomes and feedback

The latest dashboard information shows that of **nine** families completing interventions, **four** closed positively, **three** closed due to escalation and **two** closed due to non-engagement. Before the interventions, **74%** of words used to describe other family members were negative, e.g. 'chaotic', 'easily dysfunctional' and 'argumentative'. After the interventions, **63%** of words used were positive. **100%** of professionals found the input given by the systemic practitioner useful for them and for further work with the families. Service user feedback is also very positive.

Targeted Support for Young People (TS4YP)

Annual budget

£666,159

Age group

13–19 (up to 25 if special educational need or disability); prevention work in priority areas also focuses on 11–13s.

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided by WCC

Service information

This service seeks to increase young people's skills, knowledge, abilities and attitudes, so that they are able to contribute positively to society. The aim is to reduce the numbers of young people coming into care, being on the edge of care, being out of education or employment, and being at risk of this. This is a wide-ranging service, encompassing universal work via youth centres; targeted work with those identified through CAF, social care or Priority Families as vulnerable; and specialist work in partnership with other services for those who need more intensive support. The service also ensures young people's voices are heard, by running the Warwickshire Youth Parliament, Area Youth Forums, and the Young Inspector Programme. TS4YP began as a youth and community service, providing information, education and youth work to communities. This has evolved over the last ten years in line with national initiatives and the needs of local young people. It now carries out an increasingly specialist and targeted service, supporting the most vulnerable young people in Warwickshire.

Demand and activity

TS4YP received **448** referrals during 2014/15 and had received **300** between April and December 2015. The service works at full capacity, with a waiting list of 8–10 young people at any time.

Performance, outcomes and feedback

Quality assurance and customer feedback is encouraged through comprehensive evaluation, using the Youth Parliament and Young Inspectors to support this process. Users of the service report that they value the work done and the outcomes that are achieved. An outcomes measurement tool, based on a national model, is used with young people to measure the progress in individual young people's journeys. Data was not provided for this exercise.

Triple P (Diversion from Care)

Annual budget

£32,000

Age group

0–18

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided by WCC; the post is funded by social care under a fixed-term contract until September 2016.

Service information

One worker has the specific aim of reducing CLA through the delivery of the one-to-one Triple P parenting programme. Young people are referred via edge of care meetings and children's panels, because they are deemed to be at risk of coming into care or are already in care. There is more detail about Triple P in Warwickshire in the section relating to the Dartington Project.

Demand and activity

The service began in June 2014. From then until December 2015, the service successfully delivered parenting programmes to **12** families. A further **eight** families are currently being worked with.

Performance, outcomes and feedback

For completed cases, care has been avoided for two thirds of children. Estimated savings have been made of **£887,081** by avoiding care. Parents complete pre- and post-course questionnaires to assess the impact of the programme, assessing a range of individual and family factors.

Triple P (Parenting Development Team)

Annual budget

£272,000

Age group

0–18

Tier 1 universal needs ✓

Tier 2 additional needs ✓

Tier 3 complex needs ✓

Arrangements for provision

Commissioned and provided by WCC

Service information

The Triple P programme trains workers and parents in positive parenting approaches. At a universal level, attendees can self-refer; the programme is also used to support families in a more targeted way. The Parenting Development Team has invested in training practitioners across a variety of services in the various elements of Triple P to enable both one-to-one and group work delivery. The programme aims to improve the emotional health and wellbeing of families, reduce the number of young entrants to the criminal justice system, reduce CLA and the need for child protection plans, and improve parental confidence and empowerment. There is more detail about Triple P in Warwickshire in the section relating to the Dartington Project.

Demand and activity

During 2014/15, there were **88** practitioners trained in Triple P and **81** practitioners received additional skills training. **235** parents attended group programmes in 2014/15 and **77%** completed the courses (although this figure has subsequently increased). Between April and December 2015, **152** programmes had been delivered or were in the process of being delivered.

Performance, outcomes and feedback

For quarter 1 of 2015/16, parents attending and completing group sessions were up on the same period of 2014/15. Of parents completing courses between October and December 2015, **100%** felt that the programme had met their child's needs and that their child's behaviour had improved as a result.

Warwickshire Youth Justice Service (WYJS)

Annual budget

Information not provided for this exercise – no specific budget set for prevention.

Age group

10–18, although some custodial sentences are not transferable to the National Probation Service until the young person is 25; prevention work starts from age 5.

Tier 3 complex needs ✓

Tier 4 specialist needs ✓

Arrangements for provision

Commissioned and provided on a multiagency basis; service is managed through WCC Communities Group.

Service information

WYJS is a multiagency youth offending team as defined by the Crime and Disorder Act 1998. It has responsibility for all young people receiving a police or court disposal, including those sentenced to custody. WYJS works with parents and families of young people who offend, including the application and management of parenting orders. The service also identifies those at risk of antisocial behaviour and offending and manages these cases in order to reduce this risk. The overall aims of the service are to prevent offending and re-offending by young people, and to reduce the need for young people to be detained in custody. The service is also required to safeguard the young person and protect the public from further offending by a young person under their supervision. As such, WYJS has a duty to accommodate young people who are at risk of custody in order to minimise the restriction of their liberty.

Demand and activity

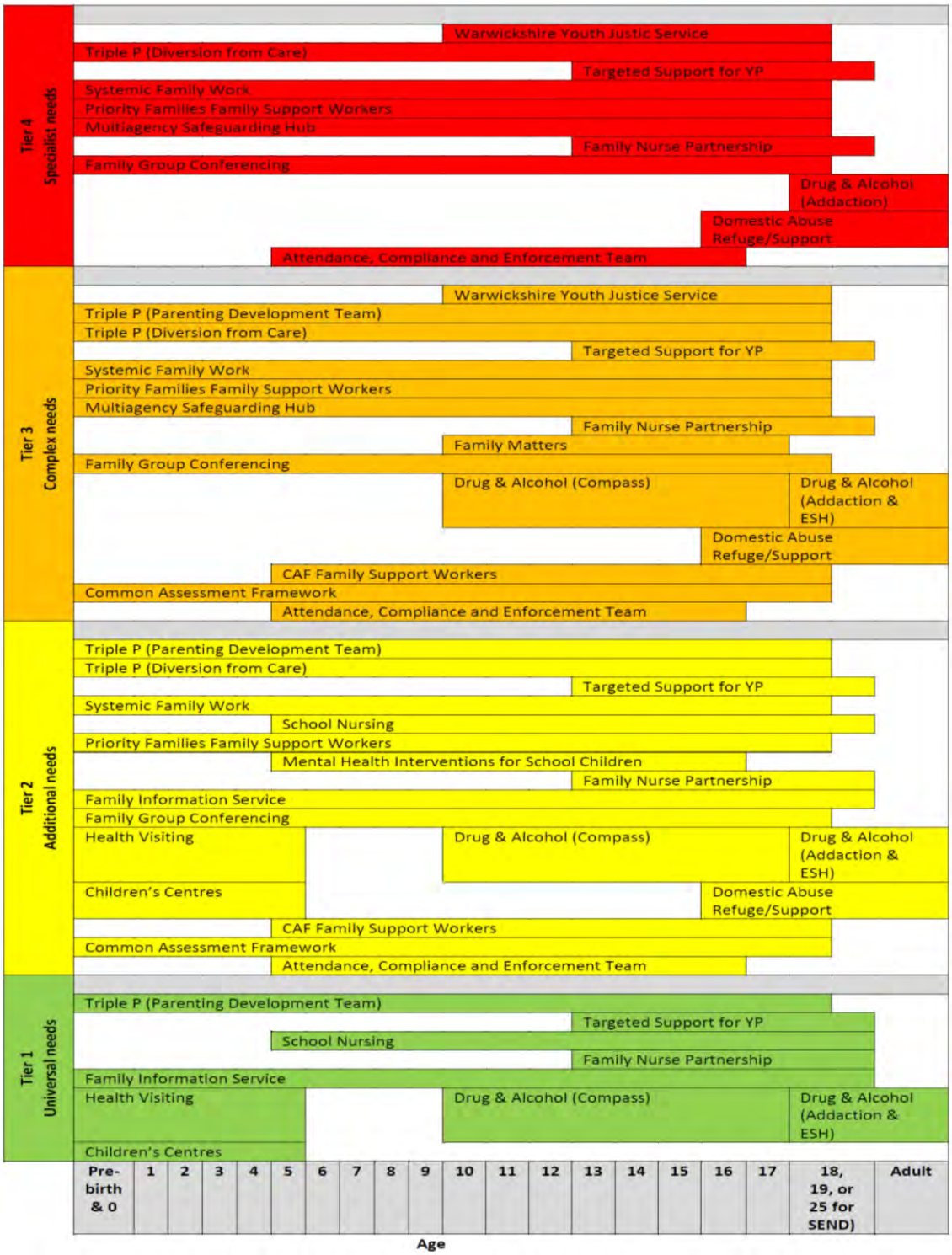
Information not provided.

Performance, outcomes and feedback

Information not provided.

3.3.2 SERVICE MAPPING – BY AGE AND TIER

The diagram below maps the services by age and tier, as reported within this exercise:



3.3.3 OBSERVATIONS, GAPS AND OVERLAPS

Range of interventions

The profiles show a range of interventions being commissioned by the local authority, and provided either internally, externally or in partnership. Some services are in place purely for the child; others are in place for parents in order to improve their ability to care for their children. However, most of these interventions focus on the family as a whole, recognising the research evidence that shows we cannot consider children in isolation from their circumstances.

Pathways and thresholds

Referral pathways and escalation/de-escalation routes between services are clear for some interventions but not all. The exercise has also revealed that services interpret the tiers in different ways and there is therefore a lack of common language and understanding. The WSCB thresholds document should hold the key to making this work more effectively across agencies and services.

Many services support needs at more than one tier so are repeated at each level within the service map. Because of this, and the fact that many services span families with children of all ages, it is hard to see from the map whether there are any particular gaps or overlaps.

We can see from the map that there are more CLA prevention services operating at tiers 2 and 3 than at tiers 1 and 4, which is to be expected. Tier 2, in particular, shows a range of services across all age groups, working to identify and support children before their needs escalate to a higher level. Anecdotally, however, some services report that an increasing proportion of their early intervention work is at tier 3, rather than tier 2.

It is worth remembering that this exercise did not include universal education and health services. Particularly with schools becoming increasingly independent from the local authority, it is crucial that the council continues to plan services in conjunction with this universal provision. Schools see children on a daily basis and are often that first point of contact when an emerging need is identified.

Activity and demand

Most services report that they are working at full capacity and that demand is increasing in some areas. In reality, service demand and activity is capacity led rather than needs led. There is therefore likely to be unmet need that is not accounted for by these services.

Although we can see the numbers of children and families being supported by these services, it is not clear how many we are double-counting. Services such as CAF and Priority Families allow a

coordinated plan of intervention to be put in place. However, if families bypass these services and are referred via alternative routes they could end up with a disjointed or duplicated package of support.

Performance and outcomes

Although this was not an exercise in service performance and evaluation, it was helpful to see how services captured this information. Where data was provided, each service was unique in what information was collected and reported. It is therefore hard to ascertain an overall picture of how effective our current services are at preventing and reducing the need for children to become looked after. Services also varied in their reporting of user feedback.

3.3.4 KEY FINDINGS: SERVICES

- Numerous interventions are in place to support families and help keep children out of local authority care. Many of these operate at tiers 2 and 3.
- Referral pathways and communication channels are not always clear between services, meaning they are not always clear for families. Work has begun to identify and map referral pathways under the remit of the children's journeys work and there is a key role for Warwickshire's Multi Agency Safeguarding Hub (MASH) and Early Help Panels to play in this.
- There is a lack of common interpretation around the tiers of service and tiers of need.
- Most services are working at full capacity, and demand is capacity led rather than needs led. There is therefore likely to be unmet need that is not accounted for by any service.
- CAF and Priority Families offer a coordinated plan of support. However, if families bypass these services and are referred via alternative routes they could end up with a disjointed or duplicated package of support. Further investigation to understand how families are able to bypass these established referral pathways may be required.
- Services report a variety of performance and activity information, and service user feedback.

4. RECOMMENDATIONS AND FURTHER WORK

Commissioning recommendations

1. An outcomes-based commissioning model should be developed, which focuses on preventing and reducing the need for children to be looked after. Services should be commissioned or provided based on the outcomes required, rather than around specific models of provision. Particular attention should be paid to the transition point between tiers 3 and 4 where services should be available with the specific aim of diverting children and young people from care.
2. Develop and refine an agreed performance framework which is used by all relevant services (commissioned or provided internally) in order to measure performance in line with agreed outcomes, and be held accountable for their success in diverting children and young people from care. Service user feedback should be part of this performance framework.
3. Interventions should be planned in line with the Child Poverty strategy, to help reduce the impact of poverty and social isolation on abuse and neglect. Particular focus should be on the areas of greatest deprivation (deciles 1 and 2), which can sometimes be hidden in our relatively affluent county. The north of the county is particularly vulnerable to this, with higher deprivation and higher recorded incidence of abuse and neglect.
4. The council should plan early intervention services in conjunction with schools and universal health services. These services will often be the first point on the child's journey, and we must ensure there are no gaps between these and any higher tier provision commissioned by the local authority.
5. Outcomes and services should be grounded in evidence. Research consistently shows that early intervention and promoting resilience in children and families can help them manage their vulnerabilities and avoid the need for high-end intervention. Family dysfunction is still an issue for children entering care in Warwickshire. Interventions should therefore be aimed at improving and maintaining family relationships wherever possible.
6. Where decisions are made about redesigning early intervention services, measures should always be put in place so that the impact of these decisions can later be evaluated.

Operational recommendations

1. All services need to understand and use the same language when referring to tiers of service and need (as seen on the windscreen graphic on page 9). The WSCB thresholds document

already has multiagency buy-in so this should be the starting point for an agreed model. Further work needs to be undertaken to promote this model so that all services provided or commissioned by the council are aware of how they fit in. The examples and definitions could be developed to take account of the model's wider use.

2. Following initial work on the commissioning framework, a menu of early intervention services should be created. This should be supplemented by a simple map of referral pathways for early intervention services. This exercise may reveal that work needs to be done to simplify or clarify existing pathways.
3. Build on existing work to identifying gateways to tiers within the pathways map. For example, CAF and Priority Families could be seen as the gateway to early intervention at tiers 2 and 3, and the MASH could be the gateway to tier 4. These entry points should allow coordinated assessments and a joined-up package of support to be put in place, to minimise disruption and duplication.
4. The thresholds document, menu of services, and map of referral pathways and the windscreen graphic should be presented and promoted together as a suite of complementary documents. These should be communicated across all relevant services and, in simplified form, to the public.

Data recommendations

1. Social care teams should continue to scrutinise their data to ensure that any reported variation between areas is real, rather than down to differences in recording practice. They should also continue to peer review practice decisions to minimise inconsistencies across the county.
2. Further work to understand any data developments required to further understand the effectiveness of early help data, specifically to improve the recording of decisions around care (case decision making panels meetings, previously EOC meetings), as they should be able to give us valuable insight about this crucial stage in the child's journey through our systems.
3. Further work needs to be done to improve the recording of secondary needs, for the same reasons as above.

Recommendations for further investigation

1. Further work should be done to understand why voluntary accommodation is so frequently used in Warwickshire as opposed to statutory care. Is early intervention effective or are families reaching crisis point more often?

2. An updated and deeper evaluation of case decision meetings (previously EOC meetings) and their effectiveness should be undertaken to inform the new model being proposed by the Children & Families Projects SLT. This should include data analysis, feedback from families and professionals, and recommendations for improving data quality. Work is progressing on this and will feed into the Task and Finish Group.
3. Pathway analysis should be undertaken, using the typical pathway as described in the thresholds document as part of the Children's Customer Journey work. Which points on the pathway are key to identifying and addressing needs? Which points on the child's journey are the most vulnerable? At which points can support be most effective?
4. An updated case file audit could be undertaken using the Dartington framework and methodology in 2011 (as in **Appendix 1**). This may help to understand the changing needs of children entering care today and inform current case file audits.
5. A short piece of work should be undertaken to investigate whether there is a relationship between rising teenage pregnancies in Nuneaton & Bedworth and the high number of babies entering care. This could tie in with the 'Delaying Pregnancy in Children Looked After' project.
6. A case file audit carried out in Autumn 2015 found that care could potentially have been avoided for **20** out of **144** children in the sample. Further work to identify and understand why other routes were not taken for these children, and whether our procedures are allowing time for adequate assessment in the early stages of engagement would be useful. In what ways could care have been avoided? What were the determining factors that led these children into care? What could/should have been done differently?
7. Further targeted audits could be considered to understand the journey of the child better including:
    - An audit of five high-cost CLA cases could be undertaken to understand whether earlier interventions could have prevented or delayed the need for high-cost interventions. Were other routes tried first?
    - An audit of CAF cases could be undertaken – five of whom subsequently became looked after and five who were successfully diverted from care. What was different about these cases? What could have been done differently?
8. Using the above audits, case studies should be developed of where, on reflection, practice was good and decision making was sound. The findings and lessons learnt from any audit should be reflected in a change to practice/processes where appropriate.

5. REFERENCES

5.1 BOOK AND JOURNAL REFERENCES

Barnoski, R. (2002). Washington State's Implementation of Functional Family Therapy for Juvenile Offenders: Preliminary Findings, Olympia: WA: Washington State Institute for Public Policy.

Bellis, M.A., Lowey, H., Leckenby, N., Hughes, K. & Harrison, D. (2013) Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Journal of Public Health. Vol. 36, No. 1, pp. 81–91

Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M.R. (2008). The efficacy of the Triple P – Positive Parenting Program in improving parenting and child behavior: A comparison with two other treatment conditions. *Behavior Research and Therapy, 46*, 411-427.

Butler, S., Baruch, G., Hickey, N. & Fonagy, P. (2011) A randomized controlled trial of multisystemic therapy and a statutory therapeutic intervention for young offenders. Journal of the American Academy of Child & Adolescent Psychiatry. Vol. 50, Issue 12, pp.1220–1235.e2

Bywaters, P., Brady, G., Sparks, T. and Bos, E. (2014) 'Child Welfare Inequalities: new evidence, further questions', Child and Family Social Work, online access.

Bywaters, P., Brady, G., Sparks, T. and Bos, E. (2014) 'Inequalities in Child Welfare Intervention Rates: the intersection of deprivation and identity', Child and Family Social Work, online access.

Bywaters, P., Brady, G., Sparks, T., Bos, E., Bunting, L., Daniel, B., Featherstone, B., Morris, K., and Scourfield, J. (2015). 'Exploring inequities in child welfare and child protection services: Explaining the "inverse intervention law"'. Children and Youth Services Review 57, 98–105

Eichelberger, I., Plück, J., Hanisch, C., Hautmann, C., Jänen, N., & Döpfner, M. (2010). Effects of the universat parent training program Triple P on child behavior problems, parenting strategies, and psychological distress. *Zeitschrift für Klinische Psychologie und Psychotherapie, 39*, 24-32.

Gilligan, R. (2009) Promoting Resilience: A Resource Guide on Working with Children in the Care System, British Agencies for Adoption and Fostering.

Hansson, K. 1998. Functional family therapy replication in Sweden: Treatment outcome with juvenile delinquents. Paper presented to the Eighth Conference on Treating Addictive behaviours, Santa Fe, NM.

Lavi-Levavi, I., (2010). Improvement in systemic intra- familial variables by “Non- Violent Resistance” treatment for parents of children and adolescents with behavioral problems, PhD dissertation, Tel-Aviv University, Tel Aviv.

Nicholson, J.M., & Sanders, M.R. (1999). Randomized controlled trial of behavioral family intervention for the treatment of child behavior problems in stepfamilies. *Journal of Divorce & Remarriage, 30*, 1-23.

Ollefs, B., Von Schlippe, A., Omer, H., and Kriz, J. (2009) Adolescents showing externalising problem behaviour. Effects of parent coaching (German). *Familiendynamik*, 3: 256-265.

Sanders, M. R., Bor, W., & Morawska, A. (2007). Maintenance of Treatment Gains: A Comparison of Enhanced, Standard, and Self-directed Triple P-Positive Parenting Program. Journal of Abnormal Child Psychology, 35, 983 – 998.

Waldron, H., Slesnick, N., Brody, J., Turners, C.W. & Peterson, T.R. (2001). Treatment outcomes for adolescent substance abuse at 4 and 7-month assessments. *Journal of Consulting and Clinical Psychology, 69*, 802 – 813.

Weinblatt, U. and Omer, H. (2008) Non-violent resistance: a treatment for parents of children with acute behavior problems. Journal of Marital and Family Therapy, 34: 75-92.

5.2 WEB REFERENCES

These are hyperlinked within the text but are given in full here. All links last accessed on completion of V1. of this document on 30 August 2016.

Allen (2011) *Early intervention: the next steps*

https://www.gov.uk/government/publications/early-intervention-the-next-steps--2

Association for the Directors of Children's Services (2016) *What evidence is there within the East Midlands that investment in early help/intervention is worthwhile? In making budget decisions, what parts of early help/intervention are having a good impact and mustn't be cut, and what parts could we lose without damaging outcomes/impact?*

http://adcs.org.uk/assets/documentation/EM_EarlyHelp_DCS_Session_Jan16_3anon.pdf

Bellis *et al.* (2013) *Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population*

http://jpubhealth.oxfordjournals.org/content/early/2013/04/14/pubmed.fdt038.full.pdf+html

Brandon Centre Study (2010)

http://www.jaacap.com/article/S0890-8567(11)00880-X/abstract

Bywaters *et al.* (2016) *The relationship between poverty, child abuse and neglect: an evidence review*

https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

C4EO (2010) *Grasping the nettle: early intervention for children, families and communities*

http://archive.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf

Child and Family Training: The HOME Inventory

http://www.childandfamilytraining.org.uk/24/The-HOME-Inventory

Children Act (1989)

http://www.legislation.gov.uk/ukpga/1989/41/contents

Children Act (1989) Regulations and Guidance, Volume 1 Court Orders (revised 2008)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274179/Children_Act_1989_court_orders.pdf

Children Act (2004)

http://www.legislation.gov.uk/ukpga/2004/31/contents

Children and Families Act (2014)

http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Coventry University: Identifying and understanding inequalities in child welfare intervention rates

http://www.coventry.ac.uk/research/research-directories/current-projects/2014/child-welfare-inequality-uk/

Dartington Social Research Unit

http://www.dartington.org.uk/about/

Department for Education (August 2015) *Impact of the Family Justice Reforms on Front Line Practice Phase 2 Special Guardianship Order*. Research Report

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/450252/RR478B_-_Family_justice_review_special_guardianship_orders.pdf.pdf

Department for Education (December 2015). *Improving practice in respect of children who return home from care*. Research Report.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486821/Improving_practice_for_children_who_return_from_care.pdf

Early Intervention Foundation: Functional Family Therapy

http://guidebook.eif.org.uk/programmes-library/functional-family-therapy-fft

Early Intervention Foundation (2015) *Spending on Late Intervention: How we can do better for less*

http://www.eif.org.uk/publication/spending-on-late-intervention-how-we-can-do-better-for-less/

Early Intervention Foundation: Triple P

http://guidebook.eif.org.uk/programmes-library/standard-and-group-triple-p-level-4

Field (2010) *The Foundation Years: preventing poor children becoming poor adults*

http://webarchive.nationalarchives.gov.uk/20110120090128/http:/povertyreview.independent.gov.uk/media/20254/poverty-report.pdf

Functional Family Therapy

http://www.fftllc.com/

Gilligan (2009) *Promoting Resilience: A Resource Guide on Working with Children in the Care System*

http://corambaaf.org.uk/bookshop/promoting-resilience-2009-edition

HM Government (2015) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Laming (2003) *The Victoria Climbié Inquiry*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf

Local authority interactive tool (including statistical neighbour benchmarking)

https://www.gov.uk/government/publications/local-authority-interactive-tool-lait

Munro (2011) Munro review of child protection: final report – a child-centred system

https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system

MST-UK: Multisystemic therapy

http://www.mstuk.org/

MST-UK: Research

http://www.mstuk.org/mst-outcomes/uk-research

Nottingham City Council (2013) *Joint Strategic Needs Assessment: Children in care*

https://nottinghaminsight.org.uk/insight/jsna/children/jsna-children-in-care.aspx

NSPCC (2015) *Reunification: an evidence-informed framework for return home practice – Helping social workers make decisions about reunification*

https://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/reunification-framework-return-home-

practice/?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3d%3d&_t_q=reunification&_t_tags=language%3aen%2csiteid%3a7f1b9313-bf5e-4415-abf6-aaf87298c667&_t_ip=217.155.150.222&_t_hit.id=Nspcc_Web_Models_Pages_ResearchReportsPage/_760d2f46-eb47-47bf-b468-ad34dabc4c83_en-GB&_t_hit.pos=2

Partnership Projects: Non-violent Resistance (NVR)

http://www.partnershipprojectsuk.com/nvr/information-for-professionals

Public Health England: Sexual and Reproductive Health Profiles for Nuneaton & Bedworth

http://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/102/par/E10000031/ati/101/are/E07000219/iid/20401/age/173/sex/2

Systemic Therapy for At Risk Teens (START)

http://www.ucl.ac.uk/start/index.php

Think Family

http://webarchive.nationalarchives.gov.uk/20100113205508/dcsf.gov.uk/everychildmatters/strategy/parents/id91askclient/thinkfamily/tf/

Troubled Families

https://www.gov.uk/government/policies/support-for-families?page=1

Warwickshire County Council One Organisational Plan

https://www.warwickshire.gov.uk/businessplan

Warwickshire Health and Wellbeing Board

http://hwb.warwickshire.gov.uk/

Warwickshire Joint Strategic Needs Assessment: Helping vulnerable children needs assessment

http://hwb.warwickshire.gov.uk/2016/01/04/helping-vulnerable-children-jsna-needs-assessment/

Warwickshire Priority Families

https://www.warwickshire.gov.uk/priorityfamilies

Warwickshire Safeguarding Children Board

https://www.warwickshire.gov.uk/wscb

Warwickshire Safeguarding Children Board: Serious case review

https://www.warwickshire.gov.uk/wscb-seriouscasereview

Warwickshire Safeguarding Children Board (2014) *Thresholds for Services: Meeting the needs of children and young people in Warwickshire*

http://apps.warwickshire.gov.uk/api/documents/WCCC-850-240

5.3 ABBREVIATIONS AND ACRONYMS

ACE	Attendance, Compliance and Enforcement
ACEs	Adverse childhood experiences
ADCS	Association for the Directors of Children's Services
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CLA	Children looked after
CP	Child protection
DFC	Diversion from care
DfE	Department for Education
EOC	Edge of care
FFT	Functional Family Therapy
FGC	Family Group Conferencing
FIS	Family Information Service
FPS	Family and Parenting Service
FSWs	Family Support Workers
HOME	Home Observation for the Measurement of the Environment
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
MARAC	Multiagency risk assessment conference
MASH	Multiagency Safeguarding Hub
MST	Multisystemic Therapy
NVR	Non-Violent Resistance

OOP	One Organisational Plan
OPCC	Office for the Police and Crime Commissioner
SCR	Serious case reviews
SDQ	Strength and Difficulties Questionnaire
SLT	Senior Leadership Team
START	Systemic Therapy for At Risk Teens
UASC	Unaccompanied asylum seeking children
WCC	Warwickshire County Council
WSCB	Warwickshire Safeguarding Children Board
WYJS	Warwickshire Youth Justice Service

6. APPENDICES

APPENDIX 1: SUMMARY OF WARWICKSHIRE CLA NEEDS AND CIRCUMSTANCES FOUND BY DARTINGTON SOCIAL RESEARCH UNIT (2011)

BACKGROUND	% in total sample
Males	53
Females	47
Ethnicity (% white UK)	85
Age 0 years (newborn)	24
1 to 5	18
6 to 11	15
12 to 15	29
16 +	14
Section 20	72
Police Protection Order	5
Interim Care Order	22
Full Care Order	1
Child ever in state care	17
Child subject to a CP plan	54

LIVING SITUATION	% in total sample
Child lived with both parents	13
Child lived with single parent	51
Accommodation in need of improvement	22
Frequent movement of area	15
Family socially isolated	19
Money problems	28
Benefit dependent	44
Lack socially perceived necessities	22

FAMILY RELATIONSHIPS	% in total sample
Poor relationship/no contact with mother	51
Poor relationship/no contact with father	60
Child recently ill treated	49
Physical harm	17
Neglect	40
Family discord	67
Family breakdown	46
Carer overburdened by parenting	67
Domestic violence	35

SOCIAL BEHAVIOUR	% in total sample
Poor relations with peers	15
Behaviour problems at home	40
Behaviour problems at school	29
Behaviour problems in the community	20
Evidence of ASB	20
Convicted/cautioned of a minor offence	12
Poor social network	24
Adult aggressive behaviour at home	48
Adult aggressive in the community	25
Adult previously in trouble with Police	29
Adult inappropriate sexual behaviour	25
Child pleasant to spend time with	66
Child has social skills with people outside of the family	41

HEALTH	% in total sample
Chronic physical ill health	3
Specified disorder of emotion/conduct	8
Child stressed	27
Child unhappy	37
Child bedwetting/soiling	6
Child developmental delay	15
Child alcohol misuse	6
Child drug misuse	11
Adult alcohol misuse	31
Adult drug misuse	19
Adult stressed	69
Adult learning disability	11
Adult isolated	33
Adult depressed	28
Adult chronic physical ill health	3

EDUCATION	% in total sample
Child below school age not in pre-school	27
Child in full-time education (mainstream)	38
Special educational needs	15
Regularly misses school	30
Not achieving potential	33
Child previously excluded	15
Child likes school	19
Parents involved in child's education	22
Child described as intelligent	5
Poor relations with teacher	18
Child described as hard working	17

APPENDIX 2: EXAMPLES OF NEEDS AND LEVELS OF INTERVENTION (WARWICKSHIRE SAFEGUARDING CHILDREN BOARD THRESHOLDS FOR INTERVENTION, 2014)

<table>
<tr><th colspan="2">Level 1 Development Needs of Baby, Child or Young Person with no identified additional needs</th></tr>
<tr><td>

Health
• Physically well
• Adequate diet/hygiene/clothing/exercise
• Developmental assessment/immunisations up to date
• Regular dental and optical care
• Health appointments are kept
• Developmental milestones met
• Speech and language development met

Education and Learning
• Skills/interests
• Success/achievement
• Cognitive development
• Access to toys and play/stimulation

Emotional and Behavioural development
• Feelings and actions demonstrate appropriate responses
• Good quality early attachments
• Able to adapt to change
• Able to demonstrate empathy

</td><td>

Identity
• Development of self-esteem/positive sense of self and abilities
• Demonstrate feelings of belonging and acceptance
• A sense of self
• An ability to express needs

Family and Social Relationships
• Stable and affectionate relationships with caregivers
• Good relationships with siblings
• Positive relationships with peers

Social Presentation
• Appropriate dress for different settings
• Good level of personal hygiene

Self-care Skills
• Growing level of competencies in practical and emotional skills such as feeding, dressing and independent living skills

</td></tr>
<tr><th>2. Parents and Carers</th><th>3. Family and Environmental Factors</th></tr>
<tr><td>

Basic Care
• Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care

Ensure Safety
• Protect from danger or significant harm, in the home and elsewhere

Ensure Warmth
• Show warm regard, praise and encouragement

Stimulation
• Facilitate cognitive development through interaction & play
• Enable child to experience success

Guidance and Boundaries
• Provide guidance so that the child can develop an appropriate internal model of values and conscience

Stability
• Ensure that secure attachments are not disrupted
• Parent support and guidance when needed

</td><td>

Family History and Functioning
• Good relationships within family including when parents are separated
• Few significant changes in family circumstances

Wider Family
• Sense of larger familial network and good friendships outside of the family unit

Housing
• Accommodation has basic amenities and appropriate facilities

Employment
• Parents are able to manage the working unemployment arrangements and do not perceive them as unduly stressful.

Income
• Reasonable income over time with resources used appropriately to meet individual needs

Family's Social Integration
• Family feels integrated within the community
• Good social and friendship networks exist

Community Resources
• Good universal services in neighbourhood

</td></tr>
</table>

Level 2 Development Needs of Baby, Child or Young Person with additional needs

Health
- Developmental delay/neuro-developmental disorders
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Emerging concerns re diet/hygiene/clothing
- Starting to default on health appointments
- Smoking likely to affect child's health and/or development
- Emerging concerns around emotional well-being

Education and Learning
- Have identified learning needs that place them on 'school action' or 'school action plus'
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning e.g. poor concentration, low motivation and interest, underachievement
- Not thought to be reaching educational potential
- Limited access to books/toys/stimulation/peers

Self-care Skills
- Not always adequate self-care
- Slow to develop age-appropriate self-care skills

Emotional and Behavioural development
- Some difficulties with peer group relationships and with adults
- Some evidence of inappropriate responses and behaviours, possibly including anti-social behaviour
- Can find managing change difficult Finds it difficult to cope with anger, frustration and upset
- Starting to show difficulties expressing sympathy
- Not experiencing social peer activities out of school

Identity
- Poor sense of self and abilities/low self-esteem
- Lack of belonging and acceptance
- An inability to express needs

Family and Social Relationships
- Limited support from family and friends
- Has some difficulties sustaining relationships
- Has lack of positive role models
- Involved in conflicts with peers/siblings
- Lack of or ineffective boundaries/routines
- Experienced loss of significant adult

Social Presentation
- Inappropriate dress for different settings
- Poor level of personal hygiene
- Some difficulty with social skills

Parents and Carers

Basic Care
- Parent requires advice on parenting issues
- Defaulting on immunisations/health checks
- Professionals are beginning to have some concerns about parent not meeting child's physical needs
- Parent is struggling to provide basic care

Ensure Safety
- Some exposure to risky situations in the home and community
- Parental stresses starting to affect ability to ensure child's safety

Ensure Warmth
- Inconsistent responses to child by parent(s)
- Parent struggles to support child in developing other positive relationships
- Parent perceives child to be a problem
- Parent struggles to empathise with child

Stimulation
- Child spends considerable time alone e.g. watching TV
- Child is not often exposed to new experiences

Guidance and Boundaries
- Parent/s can behave in an anti-social way in the neighbourhood
- Parent/carer offers inconsistent boundaries

Stability
- Key relationships with family members not always kept up
- May have different carers
- Starting to demonstrate difficulties in attachments

Family and Environmental Factors

Family History and Functioning
- Parents have some conflict or difficulties that can involve the children
- Parent experienced loss of significant adult and/or poor/inconsistent parenting
- Child acts as carer for other family members
- Parent has some health difficulties
- Family needs additional help and encouragement to access universal services for children
- Child/young person is disabled and family would benefit from respite subject to meeting criteria for standard short breaks – non overnight (qualifying criteria yet to be agreed)

Wider Family
- Family has poor relationship with extended family or little communication
- Family is socially isolated

Housing
- Some aspects of poor housing
- Family seeking asylum or refugees

Employment
- Periods of unemployment of the wage earning parent(s)
- Parents have limited formal education
- Parents starting to feel stressed around unemployment/work

Income
- Low income and debt

Family's Social Integration
- Family may be new to area
- Family experiencing social exclusion
- Some experiences of discrimination/harassment
- Family have limited access to universal resources

Level 3 Development Needs of Baby, Child or Young Person with complex needs

Health
- Has severe/chronic health problems
- Chronic disability requiring a number of different services
- Substance misuse by young person
- Developmental milestones unlikely to be met without additional help
- Early teenage pregnancy
- Mental health issues

Education and Learning
- Permanently excluded from school or at risk of permanent Exclusion.
- Is out of school for other reason
- Has no access to leisure activities

Emotional and Behavioural development
- Regularly involved in anti-social/criminal activities
- Puts self or others in danger e.g. missing, absconding
- Suffers from periods of depression
- Self-harming
- Children exhibiting attachment difficulties

Identity
- Experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability
- Is socially isolated and lacks appropriate role models, very low self-esteem

Family and Social Relationships
- Short break care for children with disabilities(daytime)
- Children where there is a risk of breakdown of relationship with parent/carer
- Parent(s) carer(s) struggling to cope , young carers
- Child is the young carer for a family member

Social Presentation
- Poor and inappropriate self-presentation
- Poor social skills

Self-care Skills
- Neglects to use self-care skills

Parents and Carers

Basic Care
- Parental engagement with services including school is poor
- Failure to take child to health appointments
- Parents struggling to provide 'good enough' parenting
- Parent's mental ill health, learning disability or substance misuse affects care of child
- Parents unable to care for previous children due to child protection concerns

Ensure Safety
- Some instability and/or violence in the home
- Parent fails to ensure home is safe/hygienic
- Victim of crime
- Young person difficult to keep safe due to being involved with Gangs
- Young person difficult to keep safe due to grooming by Sexually Exploitive person(s)

Young person difficult to keep safe due to going missing from home

Ensure Warmth
- Parents are at times inconsistent or apathetic towards the child
- Child has witnessed domestic abuse

Stimulation
- No constructive leisure time or guided play

Guidance and Boundaries
- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood
- Parents involved in crime

Stability
- Child's care arrangements are inconsistent
- Parent/carer is in prison

Family and Environmental Factors

Family History and Functioning
- Parental discord and domestic violence
- Poor relationships between siblings
- Child/young person is disabled and family require additional respite subject to assessment (short breaks – non overnight)

Wider Family
- No effective support from extended family
- Destructive/unhelpful involvement from extended family

Housing
- Accommodation is inappropriate

Employment
- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse

Income
- NEET
- Debt causing significant stress in family

Family's Social Integration
- Family chronically socially excluded
- No supportive network
- Recent immigration causing isolation and difficulty accessing services
- The child/family requires support because of racial harassment or other form of discrimination

Community Resources
- Family do not make use of available resources to meet child's needs

Level 4 Development Needs of Baby, Child or Young Person with acute/severe needs	
Health • Serious mental health issues • Severe learning disabilities • Severe and chronic disability requiring specialist health services • Severe disability requiring Social Work assessment and support to prevent family breakdown. • Children involved in serious substance misuse • Children who seriously self-harm including suicide attempts and eating disorders •Suspected fabricated or induced illness ***Education and Learning*** • Requires an assessment for a Statement of SEN Requires specialist residential educational provision ***Emotional and Behavioural development*** • Has been found guilty of a criminal offence(s) and received a court sentence requiring involvement of Youth Justice Service • Suffers from periods of serious depression • Child's behaviour is beyond parental control• • Child is witnessing domestic abuse • Child is suffering from emotional abuse or emotional neglect	***Identity*** • Is in need of Post Adoption Support ***Family and Social Relationships*** • Children where there has been a breakdown of relationship with parent/carer • Episodes of Accommodation by the Local Authority required • • Serious and harmful family dysfunction • Short break care for children with disabilities(overnight) ***Social Presentation*** • Poor and inappropriate self-presentation • Significant difficulties with social skills •Young person frequently missing from home where multi-agency CAF plan has not been effective ***Self-care skills*** • Young person is suffering harm emotionally, socially or in terms of their health as a result
. Parents and Carers	**Family and Environmental Factors**
Basic Care • Parents unable to provide 'good enough' parenting • Parent's mental ill health, learning disability or substance misuse significantly affects care of the child • Parents unable to care for previous children • Home environment or hygiene places a child at immediate risk of harm • Persistent failure to take children to health appointments ***Ensure Safety*** • Children at risk of or suffering significant harm including physical/ emotional/sexual abuse or severe neglect •There is persistent or serious violence in the home • Parent exposes child to other adults who present a risk • Parents unable to keep the child safe • Parent recently separated from a very violent partner •Young person is victim of Sexual Exploitation • Young Person is victim of trafficking ***Ensure Warmth*** • Parents are inconsistent, highly critical, rejecting or apathetic towards the child ***Stimulation*** • Parent persistently restricts child's experiences so that child's development is impaired • Chronic non-attendance at school or other educational provision attributable to lack of parental support ***Guidance and Boundaries*** • Parent's habitual involvement in crime directly impacts child • Absence of appropriate boundaries which places child at risk	***Stability*** • Absence of parent or carer ***Family History and Functioning*** • Significant parental discord and persistent domestic violence • Parent's misuse of alcohol or other substances places child at risk • Adult with a history of involvement in child sexual abuse • Private fostering arrangements • Pre-birth safe care concerns • Child/young person is disabled and family require overnight respite (short breaks) ***Wider Family*** • Wider family members present a risk and are in contact with child ***Employment*** • Changes in employment/ onset of sickness/related stress impacting on family relationships and risk to children ***Housing*** • Repeated periods of family homelessness as a result of negligence • Parents fail to address aspects of physical accommodation that places the child in danger •Young people of 16-18 who are homeless ***Family's Social Integration*** •Parent severely depressed, family isolated. •Family fleeing serious violence inside or outside family • Extreme poverty/debt impacting on ability to care for the child