Edging away from care – how services successfully prevent young people entering care

This report analyses a small sample of local authorities and their partner agencies and looks at how services successfully support young people who are at risk of entering care to remain living at home. It draws on the experiences and views of 43 families, including those of the young people themselves, their parents or carers and the key professionals and managers who were involved in coordinating and providing support services.

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Executive summary

This report shows how services in 11 local authorities helped to change the lives of young people at risk of entering care for the better. It identifies the successful intervention services seen by inspectors during the survey and considers what young people, their families and the managers and professionals interviewed explained as the main factors that contributed to effective help.

The survey found that all the local authorities visited were taking steps to ensure that only those children and young people who needed to became looked after. They were committed to working 'safely' to reduce their numbers of looked after children and to manage the risk associated with maintaining the young people within their families and communities. In five of the local authorities a range of intervention services was available which specifically focused on this target group. In others there was one dedicated team or project; or the needs of this cohort of children were met within their broader children in need services. Each area visited demonstrated examples of good practice, although not all of the key factors identified through this survey as successfully supporting young people on the 'edge of care' were evident in any one authority.

Within this varied provision consistent themes emerged. From the young people and families interviewed the overriding message was that it was the quality of the professional involved, significantly the key professional, which was the crucial factor in helping to achieve success. These key professionals had a range of backgrounds and qualifications including social work, youth offending, nursing or psychology. They persevered with families who often did not want to engage with them. They were described as persistent, reliable, open and honest, which included being absolutely straight about what needed to change. They enabled the families to see that they had strengths and that change was possible. These were professionals who had the time to respond quickly, often outside normal working hours, and work intensively with families. They were able to understand, and work from, the families' starting point. They also recognised that, while the young person's needs were the priority, the needs of parents, including fathers, had to be addressed and they successfully achieved this balance.

In addition to the qualities of the professionals involved, the most successful services were those which incorporated explicit and clearly stated models and methods of intervention, including a repertoire of tools for professionals to use. A clear intervention model supported professionals to be more confident and informed and led to better and clearer outcomes with young people and families. It was the clarity of the model, rather than the model itself, which seemed to support this success and this in turn enabled young people and families to understand more clearly the overall direction, plan and timescales of the intervention.

While a strong and persistent key worker could overcome shortfalls in terms of the initial assessment and planning, the survey found that successful services were more

often supported by some key factors, in addition to those described above. These were:

- strong multi-agency working both operationally and strategically; this involved strategic analysis and understanding of the needs of this cohort of young people accompanied by investment in services to address these needs
- clear and consistent referral pathways to services
- clearly understood and consistent decision-making processes based on thorough assessment of risks and strengths within the family network
- a prompt, persistent, and flexible approach, which was based on listening to the views of the young person and the family and building on their strengths
- a clear plan of work based on thorough assessment and mutually agreed goals; regular review of progress and risk factors; robust and understood arrangements between agencies in respect of risk management; and clear planning for case closure and for sustainability of good outcomes.

The multi-agency case records reviewed during the survey did not always clearly demonstrate the outcomes of the intervention for the young person and their family although in some cases the assessment, planning, review and closure documentation did provide this information. The young people and families who contributed to the survey confirmed, without exception, that outcomes had improved for them even where the case records did not demonstrate this.

Young people and their families were readily able to identify the difference that these services had made to their lives; overall this was consistent with the key outcomes that professionals were able to identify during our survey discussions. In all the families spoken to, the young person had been supported to remain living at home or in the community and for the individual concerned this was a successful outcome. There was a prevailing view among the families that entering care would have resulted in worse outcomes for the individual young person. The other main outcomes that were identified by young people, family members and professionals related to:

- improved behaviour including anger control, offending or anti-social behaviour
- improved school attendance and attainment
- improved family and peer relationships
- raised confidence and self-esteem
- increased aspirations and employability
- improved physical living conditions
- improved mental and physical health
- a lessening of risk to the young person's safety and well-being.

Despite consistency in the outcomes identified both by families and professionals, there was inconsistency within and across local authorities in the methods they used to identify and capture outcome and success criteria. This meant that outcomes might be identified in different ways by individual professionals or different services. This suggests the need for greater consistency in the identification and measurement of outcome or success criteria notwithstanding the clearly challenging context of measuring 'soft' data. There is also a need for realistic timescales to achieve longer-term outcomes such as the impact on the overall numbers of children in care. The areas visited could not yet demonstrate that successful services had reduced overall care numbers and the reasons given for this are complex. However, in at least three local authorities there were early signs of a reduction in the number of children and young people (over 10s) entering care.

While many young people and families spoken to by inspectors felt that they would be able to sustain the changes they had made, this survey has not been able to explore the long-term sustainability of outcomes as, for most families, the support received was recent. The longer-term sustainability of outcomes, particularly the impact on families who had received long-term intensive intervention, is an area that deserves further investigation. Some early indications suggest that longer interventions are more suited to a more chronic type presentation of neglect, whereas the shorter models favour families with an acute need; however, further research is needed.

Key findings

- The young people and families who contributed to this survey highly valued the support they had received and could clearly identify the contribution this had made to their lives. In many cases they regretted that this type of support had not been available to them at an earlier stage.
- As a result of the support provided none of the young people who contributed to this survey had entered care. All could identify improvements in their lives in areas which included improved relationships, behaviour, emotional health including increased confidence and self-esteem, school attendance and attainment, and increased aspiration and ambition. In addition, parents believed they had become better parents.
- Evidence from those interviewed indicated that the most crucial factor in successfully preventing young people from entering care was the ability of the key workers to engage with the young person and their family to help them see that positive change was achievable.
- The successful services seen were able to engage the majority of young people and families who were referred to them, even where previously services had failed to do this.
- In those families where engagement had not been successful, despite persistent and concerted attempts by services, professionals identified that significant

factors were a lack of parental warmth or empathy with the children, or significant mental health issues which could not be successfully addressed within the timescales for intervention.

- While the model of intervention was less important to the young person and family than the qualities of the professionals working with them, explicit and clearly stated models and methods of intervention supported more confident and informed professionals and better, more clearly defined outcomes for the young person and family. However, the survey did not find evidence that any one particular model was more effective than others.
- The features of successful engagement with young people and their families that were most valued by the families were:
  - approaches which built on the strengths of the family
  - persistence, reliability and flexibility including the speed of response
  - open and honest communication, including in relation to what was and was not acceptable behaviour
  - an approach which valued family members, listening to, respecting and understanding the family's perspective
  - clarity about expectations and what needed to be done to achieve improvements and the consequences for the family of not doing so
  - identifying and addressing the needs of all family members
  - working alongside the family to achieve shared goals
  - a clear plan to sustain progress when the involvement of the service ceased.
- Services which successfully supported young people and their families were able to work flexibly and responsively to address the range of identified needs of the young person and family. They were often felt to be a lifeline for families in crisis. This often meant working at evenings and weekends and having clear arrangements for contact when lead workers were unavailable.
- Successful outcomes were supported by strong multi-agency working at both operational and strategic levels. This involved:
  - respecting the contribution that each agency had to make
  - sharing key information to support robust assessment, planning and review of young people's and families' needs
  - coordinating the contributions of different services to ensure that a family's needs could be addressed promptly while avoiding duplication of services; the role of the key or lead worker was crucial in this.
- Clearly understood and shared arrangements across agencies for managing risks to young people, including the roles and responsibilities of different agencies,

were fundamental to safely supporting children and young people on the edge of care.

- While many of the young people and families believed they could sustain the changes they had made, it was very important to know where they could obtain back-up support and advice should difficulties re-emerge. A clear plan to address the ongoing support needs of young people and their families was essential in ensuring that the benefits of intensive intervention were sustained.
- It was not always clear why and how decisions had been taken to support young people in their families rather than allow them to enter care. For some young people and their families this meant that decisions about whether and how to support them were based only on individual knowledge and information about available services, without a clear overall understanding of the needs of young people and resources available within the service area. This meant that the targeting of the services could appear somewhat ad hoc and did not always appear to be based purely on the analysis of risk and protective factors for that family. The survey found that robust and clearly understood decision-making and referral arrangements supported effective decisions and ensured that services were targeted most effectively at the cohort of young people who would benefit from them the most.
- The survey found that robust assessment of risk and protective factors led to effective planning of intervention strategies with ongoing, regular review of progress. However, in some cases assessments failed to clearly identify and address risk and protective factors, and seemed to be a separate activity rather than the foundation for decision-making and planning; although in these cases good outcomes had still been achieved due, in the main, to the persistence of the key worker and the timeliness of the intervention. While the work of individuals could overcome some of the initial shortcomings of the assessment and was able to effectively address risk and protective factors on an ongoing basis, a clearly articulated assessment and planning process assisted in addressing needs swiftly and appropriately.
- While young people, families and key professionals were in most cases clear about what outcomes had been achieved, these were often not effectively captured in case records.
- Despite working in the context of great financial pressure, the local authorities visited were generally committed to continuing and sustaining a range of preventative services. This was based on the belief that preventative rather than reactive services were more effective in terms of outcomes and costs. However the impact may not be demonstrated in the short term. All 11 local authorities were using the opportunity of more flexible funding arrangements to redesign and realign services to ensure maximum cost benefits.
- There was not as yet a consistent approach to identifying success and outcome criteria or to measuring and collating this information. Many of the outcome measures identified were found to be qualitative rather than quantitative, and

long- rather than short-term; they were therefore more challenging to measure. While some individual services had adopted different approaches and practices to identify and capture outcome criteria, as yet this good practice was not widely shared across services with an agreed approach across the local area. There was a similarly disparate approach towards calculating cost savings.

Recommendations

Local authorities and their partner agencies should ensure that:

- referral pathways and decisions about access to services are clearly defined, understood and based on thorough and clearly recorded assessment of both risk factors and strengths
- case records clearly demonstrate the impact that the service has had for the young person and family, including at the end of the period of service involvement
- when it is proposed to end the involvement of a service with a young person and their family, an assessment of ongoing support needs is undertaken with the family, including a clear plan to address those needs
- they identify and agree consistent criteria and measures to demonstrate the outcomes and cost-effectiveness of interventions at service or area-wide level as well as at an individual case level.

Introduction

1. Over several years there has been a renewed and increased focus on early intervention and prevention within the family. This was most recently reinforced by Professor Eileen Munro in her review of child protection, and by Graham Allen's recent government reports on the benefits of early intervention.[1,2] A number of factors have contributed to this increased focus and have led to revised government priorities. These include high profile cases where children have suffered death or serious injuries as a result of abuse or neglect. Research suggests that for younger children outcomes may be improved by early decision-making and resolution of difficulties rather than allowing them to remain living in family environments where their future development may be significantly harmed or impaired. Local authorities have been encouraged to

[1] *The Munro review of child protection: final report*, Department for Education, 2011; www.education.gov.uk/munroreview.
[2] *Early intervention: smart investment, massive savings*; Graham Allen report to Her Majesty's Government, Cabinet Office July 2011; www.cabinetoffice.gov.uk/resource-library/early-intervention-smart-investment-massive-savings.

take action more swiftly and to intervene in family life at an earlier stage.[3] In her report, Professor Munro recognised the importance of 'early help' for three reasons: that children have the right to early help when problems are identified; cost-effectiveness; and 'evidence of how difficult it is to reverse damage to children and young people's development'. The term 'early help' refers to 'help in the early years of a child or young person's life and early in the emergence of a problem at any stage in their lives'.[4]

2. External research suggests that the efficacy of different types of intervention in families' lives depends on the age of the child.[5,6] For younger children, securing an effective permanency plan to meet the child's needs at an early stage results in better outcomes. For older children, particularly for those where there may have been difficulties over some years without the provision of effective help, there is less likelihood that entering care at this age and stage of development will produce better outcomes for the young person.

3. A range of intervention projects and methods aimed at keeping children out of care has been introduced, some as part of national pilots. They include family intervention programmes (FIP), family group conferencing (FGC) or multisystemic therapy (MST).

4. This survey looked at how a range of intervention services, across a small sample of 11 local authorities with a variety of geographic and demographic features and population size, provided successful support to young people who were at risk of entering care. The local authority areas included large cities, a range of metropolitan areas, London boroughs and large counties with a combination of rural and urban features. These local authorities were selected from those that had been identified as undertaking some good work with children or young people at risk of entering care, through Ofsted's inspection of their safeguarding and looked after children services.

5. Local authorities were asked to identify three or four families where successful outcomes could be demonstrated for young people who were deemed to be on the 'edge of care' but had been supported to remain living at home or in the

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[3] For example: *Early intervention: the next steps; an independent report to Her Majesty's Government*, Cabinet Office, January 2011; www.dwp.gov.uk/docs/early-intervention-next-steps.pdf

[4] *The Munro review of child protection: final report*, section 5.1, Department for Education, 2011; www.education.gov.uk/munroreview.

[5] *Characteristics, outcomes and meanings of three types of permanent placement – adoption by strangers, adoption by carers and long-term foster care*, Social Policy Research Unit, University of York, 2009; www.education.gov.uk/publications/RSG/Childrenandfamilies/Page11/DCSF-RBX-09-11.

[6] *Costs and outcomes in non-infant adoptions*, University of Bristol School for Policy Studies, 2002; www.bristol.ac.uk/sps/research/projects/completed/2002/rk5822.

community. None of the children and young people taking part in the survey had ever been in the care of a local authority. Inspectors looked at multi-agency case records for the identified families and young people and met groups of key professionals, the young people and key family members.

6. Case studies are used in this survey report to illustrate aspects of good practice in a particular area and are not intended to suggest that practice was exemplary in every aspect. Case studies have been anonymised.

7. The survey aimed to identify specific examples of good practice. The areas chosen were not necessarily judged to be 'good' overall following inspection, and inclusion in this report does not indicate that the local authority as a whole was found to be an exemplar of good practice; rather, the particular services visited were improving outcomes for an identified vulnerable group. These areas provided a range of multi-disciplinary intervention services in different combinations. In some areas a number of services were available, while in others one dedicated team or project provided targeted services to these young people and their families.

8. During visits to different areas, inspectors met and spoke to 39 young people and 33 parents or carers in 43 families about their experiences of support and help from a range of services. Wherever possible, and in most cases, inspectors spoke to the young people on their own without the presence of their family members. Many of these young people were from families with large sibling groups meaning that considerably more individuals than the 39 children and young people who were the focus of the survey had benefited from the support provided. In addition, inspectors looked at multi-agency case records relating to the young people and held structured meetings with groups of key professionals involved in the provision of support. On a very few occasions, when for various reasons direct meetings were not possible, inspectors held telephone discussions with young people or members of their family.

What is meant by 'edge of care'?

9. The survey defined 'young people on the edge of care' as those young people aged 11 years and over for whom entry into care had been considered by the local authority, either on a voluntary basis or through legal proceedings, but who had not entered care. Instead the local authority had decided to support the family through alternative services. Inspectors were aware in setting up and in conducting the survey that 'edge of care' meant different things to different local authority areas. Few of the authorities visited specifically tracked and collated information on a distinct 'edge of care' cohort. There is no national requirement to collect this information and, as these young people are often also the young people who are subject to child protection plans or are being supported as 'children in need', there are challenges in identifying and tracking them.

10. Because of differences in the definition of young people on the edge of care from one authority to another, for a small number of the young people spoken to, entering care had not been a serious consideration at the stage at which they had been provided with support services. However, if early help had not been present or effective, their situations may have deteriorated and reached the stage where entering care became a serious risk. As always, while we may believe something might have been prevented, there is no sure way of knowing. In more general terms, while there appears to be agreement in many areas that it is important to provide a range of services to prevent young people from entering care, without clearer monitoring and tracking of the cohort it is difficult to determine the overall impact of these services.

Outcomes

What difference did the involvement of services make to young people and their families?

11. Local areas were asked to identify families with successful outcomes to enable inspectors to explore what had improved and the characteristics of successful services. Without exception, all the young people and parents spoken to were very clear about the difference that support had made to their lives. For some the impact had been significant and they felt that their lives had been turned around. While all the families were different, both in size and other characteristics, many were experiencing multiple and long-standing difficulties. These included domestic violence, alcohol and substance misuse, depression or other mental ill-health, self-harm, living in very poor physical home conditions and relationship and behavioural difficulties (including anti-social and criminal offending behaviour). Many of the young people were, or had been, subject to child protection plans and were or had been, therefore, deemed to be at risk of significant harm. All were at some degree of risk of family breakdown and, for many, that would have meant entering local authority care.

12. The first and most significant outcome for all was that through successful support family breakdown had been prevented and the young person had remained living within the family or in the community. All the families and young people who contributed to this survey felt that this was the right result and that entering care, or leaving the family, would have been a worse option for them individually. While it is impossible to say with any certainty what would have happened, in the opinions of the young people and their parents, leaving the family home and entering care would have made things worse in terms of harm to family relationships. The parents and young people also held a prevailing view that school attendance and achievement, and the young person's behaviour, would have deteriorated.

13. Within families, changes had taken place which enabled the young person to remain living at home with more positive outcomes. The most frequent changes

described were improved relationships between parents and young people. Successful support had enabled family members to see each other's perspectives, take different decisions and behave differently. The parents spoken to frequently reported that they were now better parents. They had been helped to explore different strategies for managing their own and the young person's behaviour and to understand the need for consistency and boundaries. One parent said, 'I've been given the boost and help that I needed…I am now a more confident and a better mother.' Another reported, '[Support] has made me a stronger person – the kids were running rings round me. The parenting courses were very helpful. [They] made me understand the boundaries needed.' Importantly many of the parents and young people felt that they had changed and become stronger people.

14. A number of the families who contributed to the survey had been living in very poor home conditions, often for long periods of time. This had considerable impact on young people in the family for a number of reasons.

- Poor home conditions were felt by professionals, and often by parents themselves, to be a risk to the health and well-being of the children and young people in the family.
- Poor home conditions were often linked to depression of the parent(s) or main carer and as such contributed to negative relationships with young people living in the family.
- Young people frequently felt they stood out as different, were bullied at school or in their local neighbourhood, and were generally excluded from taking part in social activities or having friends home.
- Home circumstances contributed to poor school attendance for many young people.

Support to improve their living conditions was very important to these young people and their families. One young person commented, 'They've done the back garden, it was like a jungle, we couldn't go out in it.' Another said, 'Life is much better… I have a new home, carpet, furniture, walls. I'm happy now and want to open the door and invite people in.' A third said, 'Instead of living miserable lives we're living happy lives.'

15. All of the young people spoken to had been at risk of harm as a result of a combination of their own or their parents' behaviour and/or home living conditions. In the majority of cases the support received had enabled both parents and children to make changes which meant that risk of harm had diminished or could be safely managed.

16. School attendance, achievement and behaviour were difficulties for the majority of the young people spoken to. Aspects of their school lives had improved as a result of the support received to overcome barriers such as bullying, feeling different because of appearance, hygiene or behaviour and lack of parental

support to get to school. For some young people worrying about leaving a parent was also a significant feature in school non-attendance. They were concerned that their parent would come to harm or not cope without them while they were away at school. One young person said, 'I used to leave school to go home and check on Mum.' As parents were supported to overcome depression or other problems, there was a positive impact on young people's school attendance. For a small number of the young people inspectors spoke to, however, there was no improvement in school attendance despite concerted attempts by different services to help the young person attend school. Nevertheless, for these young people there was some success in enabling college attendance and raising their aspirations and ambitions.

17. Many of the young people and parents reported improved confidence, self-esteem and mental and physical health related to the support they had received. This included supporting their access to appropriate health care for the diagnosis and treatment of physical or mental health conditions. Frequently, survey participants reported that for the first time they realised they had a voice and were listened to. They realised that they could achieve and make a positive contribution, for example, by volunteering, achieving qualifications or simply doing things differently. After often long periods of living in quite adverse circumstances the impact of the changes, and the family's contribution to achieving these, were well expressed by one person who said, 'We can hold our heads high.'

Case study: North Yorkshire – outcomes for young people and their families

In North Yorkshire an 'edge of care' panel had been established to take the appropriate decision for young people at risk of entering care and to coordinate support for those young people for whom care was not deemed appropriate. Based on a 'family strengths' approach, a range of services was available including family group conferencing (FGC) and family intervention programmes (FIP).

A single mother, with a history of depression, was struggling to cope and her children were subject to child protection plans. The family was provided with intensive support by the multi-disciplinary FIP. Within 12 months of receiving personalised support, the family had made significant progress and the children were no longer the subject of child protection plans.

To bring about this change, the lead worker modelled good parenting through practical assistance within the home; she visited the family on a regular basis, initially up to three times a week and provided telephone support. This regular and reliable support, combined with clear expectations and encouragement, helped the mother achieve and sustain

the motivation to change and gave her confidence to try new approaches and to do things independently.

As well as practical support in the home, the FIP worker encouraged the family to attend support meetings and to try out new activities. For the first time, the family went on an activity weekend together; they learnt new skills – including kayaking and raft building – and met new people. The mother was proud of what the family had achieved and highly valued the support she received from both the FIP and social worker. She recognised how far her family had come and did not want things to return to how they were. She told inspectors, 'I think without the support I would have had the kids taken off me. I would recommend it to anyone in the same situation. [The FIP] don't criticise you, [they] just help you to get it sorted out.'

The mother now:

- recognised the signs when she needed help and support and knew how to access it
- had increased confidence to take charge of her life and deal with daily challenges
- applied appropriate boundaries for her children when necessary. For example, when her son refused to attend school she imposed consequences.

Features of successful services and the models used

18. The 11 areas visited provided a range of services to support young people on the edge of care. In some authorities a wide variety and combination of services were on offer such as family intervention projects, multisystemic therapy, family group conferencing, parenting programmes and/or crisis support teams. In other areas there was one family intervention project or crisis support team, or support provided through children in need services. All had strengths and were doing valuable work. Inspectors did not find all of the features of successful services, identified below, in every area visited but all offered something unique in the way of good practice and there is much learning to be shared across areas.

19. A number of these services or programmes belong to the range of services which were sponsored, and in some cases, piloted by the government. Other services are based on more eclectic, locally developed models. Within the known and recognised intervention models there were local variations. For example, in one area an FGC service provided advocacy support for young people, but this was not so elsewhere. Some parenting programmes were extremely flexible in their approach, for example delivering a programme in a family's home, while others adopted a more traditional model. The length of FIP

interventions varied between a short six- to eight-week period and, more typically, a 12- to 18-month period.

20. Most professionals appeared to draw on a range of approaches or tools. They cited most commonly: the 'Think family' or whole family approach; solution-based or cognitive behavioural approaches; motivational interviewing; the key worker model; and particular parenting programmes such as 'Triple P'.[7,8,9] In the majority of cases there was a shared and agreed team repertoire of interventions but in a number of instances this was less clear and seemed to be determined more by the predilections of the individual worker. Inspectors found that explicit and clearly stated models and methods of intervention, and a repertoire of tools, supported professionals to be more confident and informed. This led to better and clearer outcomes with young people and families who in turn were clearer about the direction, plan and timescales of the support. As commented in the Policy Research Bureau's evaluation of parenting programmes, *What works well in parenting support:*

> 'Services need to know both where they want to go and how they propose to get there.'[10]

Consistent themes for success

21. For many of the young people and their families, these particular services had succeeded and made a difference where previous attempts at intervention by other services had failed. A number of common themes emerged from discussions both with the families and the professionals involved. These were:

- the worker's ability to form positive relationships and engage with the young person and their family, based on:
  - openness and honesty, including absolute clarity about the paramount needs of the young person, what needs to change and the consequences of not doing so
  - persistence and reliability

[7] *Think family toolkit: improving support for families at risk*, Department for children, schools and families, 2009; www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00685-2009.
[8] *Making sense of cognitive behaviour therapy*, www.mind.org.uk/help/medical_and_alternative_care/making_sense_of_cognitive_behaviour_therapy.
[9] Triple P positive parenting programme; www26.triplep.net/?pid=58.
[10] *What works in parenting support: a review of the international evidence*, Policy Research Bureau, 2004; www.education.gov.uk/publications/standard/publicationDetail/Page1/RR574.

- not judging or criticising the individual while providing clarity about what is and is not acceptable behaviour
- respect and empowerment
- encouraging people to have a voice
- responsiveness and flexibility

- a positive, strengths-based approach which involves the young person and family in identifying solutions
- focusing on the needs of the child while recognising the wider role and needs of family members including fathers and male carers
- being there when needed and clarity about the arrangements for future support when the service ceases involvement with the family.

22. For these young people and families, it was the ability of a particular worker (often the lead professional) to engage with and relate to them that was more significant than the model of intervention used. There were a number of aspects to this. Some families had been involved with, or referred to, a range of services over a number of years without effective or sustained change taking place. In these cases what had made the difference was often the persistence of the worker in 'going the extra mile'. One individual that inspectors spoke to said, 'he came out and looked for me'. A young person said, 'I kept telling them to f*** off, but they wouldn't.'

23. From a professional perspective successful intervention meant engaging promptly with the family when the family needed them, which was sometimes not within the usual '9 to 5' working day. It meant being reliably available and responding promptly when needed, with back-up arrangements should the worker not be available. It also meant being able to help the family see that change was possible, sometimes by identifying an important change where positive results could be seen fairly quickly, for example, in improving the physical environment of the home. This reliability and promptness was very important to families and was captured in comments such as, '...my lifeline' and, '...always there on the end of the phone if needed'. This often involved an initially intense level of support which was then tailored down according to need and the progress made. It meant 'doing with' as well as talking. One parent said of her support worker: 'She made a commitment to me and the kids and was there if I needed her. She came to see me every day at first and helped me make a plan of what to do.' As one professional put it: 'Without engagement you can't "do" therapy; engagement itself is often therapeutic but has to be purposeful.'

24. The importance of the qualities of the individual worker does not of course suggest that the methods or approaches have no value. Many clearly incorporated the key features valued by families. In some of the areas visited, the successful engagement approach of these services was contrasted by

young people with their experience of other services which they felt had failed to engage or help them. This was because the service 'wanted quick results' and expected young people to be able to talk too soon about personal and painful experiences without taking the time to engage or go at a pace more suitable to the young person.

Case study: Wirral – appointment of lead professional

Wirral children's partnership had commissioned multisystemic therapy (MST) since November 2009.[11] Their approach focused on young people and their families with serious behavioural challenges where a young person was involved in violence, chronic juvenile offending, with associated drug and substance abuse and/or where other services had failed to make substantial change.

Wirral's MST model required an MST therapist to take the lead role in clinical decision-making for each case. This meant that any decision about a case, including the provision of support services, could only be made in consultation with them. In most cases this presented no difficulties, but in cases where there was a clear local authority statutory responsibility, for example, where a child was subject to a child protection plan, this presented a professional challenge.

Wirral addressed this by agreeing a clear written protocol that defined roles and responsibilities with senior health and children's care managers. This adhered to the MST model of working but also enabled an appropriate balance of responsibility between the MST and child protection interventions. Very clear procedures and good communication were key features to ensure that appropriate safeguarding arrangements were in place and monitored effectively. The MST plan became the child protection plan with core groups being jointly chaired and organised by the MST therapist and the child protection key worker.

This clear approach, sustained by the appropriate protocols with agreed roles and responsibilities, supported a collective ownership of the intervention plan and progress against it across services. Risk management was shared through clearly identified risks which were included within the MST plan.

In one family, three children had been subject to child protection plans for some months because of numerous concerns including physical abuse. The necessary improvements had not been made, and as a result the local

[11] *What is multisystemic therapy?*, The Brandon centre, 2010; www.brandon-centre.org.uk/multisystemic/what-is-multisystemic-therapy.

authority was strongly considering the option of care proceedings to remove the children from the home environment. In order to prevent this if possible, MST was engaged to work intensively with the family. This involved significant joint risk management of a number of concerns throughout the period of intervention, which included domestic violence, alcohol abuse and poor school attendance. The effectiveness of the clearly managed interventions with the family led to a significant reduction in parental drinking, the absence of domestic abuse, improved family relationships and financial management. The children's school attendance improved to 97%. Six months later all planned outcomes had been met with clear transition planning in place to support the sustainability of progress through a children in need plan.

25. Openness and honesty included workers being very straight with parents about the situation they were in and the actions the workers would have to take should things deteriorate or not improve. Families might not have liked the messages but they appreciated the honesty. As one parent said, the worker 'never made promises she couldn't keep...but she got things done and never lied to me'. The worker was also very clear that 'if I didn't buck my ideas up I would lose the kids', which no other professional had apparently told her. As another parent put it, 'they give you a kick up the backside but don't judge you'. This ability to work constructively with difficult messages was characterised by:

- a professional, non-judgemental approach, avoiding criticising but expecting families to take responsibility
- working with families rather than doing to, or for, them
- respect and belief in the ability of family members to make the changes needed
- understanding and respecting the family norms and culture while being very clear about what changes were necessary for the children and young people to remain within the family.

Case study: Herefordshire – support to a Romany Gypsy family

In Herefordshire, an 'edge of care' service had recently been established and a Family Intervention Project commissioned from the voluntary sector to lead and coordinate intensive multi-agency support packages to identified young people and their families.

A family of Romany Gypsy origin had a long history of domestic abuse by the father, witnessed by the young person and siblings. The parents had separated and the father now lived away from the family home. This large sibling group had very complex needs and numerous and significant concerns were identified by different agencies about their health, well-being, schooling and involvement in anti-social and criminal activity. The

mother was suffering from low self-esteem and depression. Following a thorough assessment it was established that the emotional health of all family members was extremely fragile. This was a consequence of the family history and had been compounded by discrimination within the local community.

The family intervention programme (FIP) worked closely with the family to draw up an action plan based on multi-agency coordinated support. Understanding and respecting the family's Romany Gypsy culture played a key part in this, while also being very clear with the family about unacceptable behaviours and risks to the children. This understanding of the culture enabled a trusting relationship to be built with the family. This was later put to the test when a child protection referral had to be made by the key worker during his involvement with the family. The mother was able to understand and accept the reasons for this and continued to work with the service.

Following an intensive period of intervention, which included a parenting programme, health treatment and support as well as introducing the family to positive activities, the family situation improved considerably. All the family members had improved health and self-esteem and the younger children were attending school regularly, with their mother attending parents' evenings. Both she and some of the children led sessions in the school and a local children's centre about their cultural background and community relations have improved.

All the children remained within the family and there had been no further criminal behaviour. The mother felt she could now set boundaries for the children, was back in control and felt proud of herself and the family. She achieved educational qualifications and encouraged her children to do the same.

26. The survey found that the reliability of professionals was an important factor for young people and families. This often contrasted with their previous negative experiences of professionals who they felt had let them down, 'not wanted to know' or had simply not communicated or returned phone calls. One parent described seeing 14 social workers in a 12-month period. Another parent described making repeated calls to the duty and assessment team and leaving messages after her 12-year-old daughter had refused to return home, with no one calling her back for a week. While families were extremely positive about the impact of the help they had received, and for some it was clearly life-changing, it was often accompanied by a sense of sadness or disappointment that difficulties had not been picked up and effective help offered at an earlier stage. Many families had long histories of involvement with social care or other services. One parent said, 'It should have been done earlier. It's a shame we had to get to crisis point, and go through all that, before getting the help we

needed.' This is reinforced by messages from children and young people in the recently published report by the Children's Rights Director, *Children on the edge of care*.[12]

27. For many of the workers spoken to, having the time to do the job properly, with small, manageable caseloads, and spending the necessary time working with young people and families was critical. Inspectors heard that staff turnover rates were low in these intensive support services and this was believed to be linked to job satisfaction. Many workers had taken a decision to work in this type of service rather than other frontline services such as social care teams, simply because they reaped greater rewards in terms of job satisfaction and were able to do what some described as 'good, old fashioned social work'. However it should be emphasised that a range of different professionals took on the lead professional role and that this was not confined to qualified social workers. Having the time and ability to work with children and families is supported by one of the key messages in the Munro review of child protection:

> 'Helping children and families involves working with them and therefore the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given.'

28. There was general recognition among professionals that frontline social workers were under great pressure with rising referral rates and heavy caseloads. Although this was accompanied by a sense of frustration when a response had been less than helpful, it was understood in this context. For families, however, the frustrations were that the need for effective help had not been identified at an earlier stage and therefore not provided, despite some families being the subject of repeated assessments. As one parent said, 'It was really serious, but the social worker came round, told me she was doing an initial assessment. [She] asked a few questions then told me I was overreacting and they didn't need to get involved. What do you have to do to get them involved?'

Case study: Hillingdon – targeted youth support and intensive family support teams

Hillingdon was piloting the 'social work pod', a multi-disciplinary model of case management with a strong emphasis on early intervention and family support. Social workers in the pod had a shared understanding of all cases. Early indications suggested that the pilot was providing a consistent service to families and young people who had previously been hard to engage. Social workers had been able to spend more time undertaking

[12] *Children on the edge of care* (100210), Children's Rights Director for England, Ofsted, 2010; www.ofsted.gov.uk/resources/children-edge-of-care.

direct work with families to support effective change, particularly where parents had struggled to meet the needs of challenging adolescents. This had resulted in a reduction in the number of this age group of young people becoming looked after.

In Hillingdon, intensive support to vulnerable young people can be provided by the Targeted Youth Support Team and the Intensive Family Support Team. Interventions are time-limited but flexible according to individual needs. These multi-disciplinary services engage with children and young people with a range of complex needs and have proved successful in supporting families and avoiding the need for young people to enter care.

Families and professionals described the responsiveness of these services as one of the main factors in achieving successful outcomes. Also critical is a good relationship between the workers and the family so that families agree and are willing to engage with support plans to improve their lives.

A young woman aged 14 was out of control at home, consuming alcohol excessively and frequently going missing. School attendance was also a serious concern. Her mother asked for her to be taken into care. Following an initial assessment, the Targeted Youth Support Team became involved. The young woman's mother could ring the support team when there were difficulties and they would respond with a visit to mediate. For example, a worker would come to the house and together with the mother would stand outside the young woman's bedroom until she got up. They did not give up even when faced with verbal abuse. The support team persevered, listening to all sides, adopting a non-judgemental approach and always responding when needed. The support team worked alongside education and substance misuse services to offer coordinated support to the family. They were able to work with the young person in re-engaging with education, tackling her alcohol problem, addressing communication and behavioural problems, and helping her to plan for the future. They supported the mother by providing guidance on how to deal with her daughter's challenging behaviour.

This intervention was successful and resulted in significant changes for the family. The young woman took control of her alcohol consumption, re-engaged with education, took GCSEs and had aspirations for the future. Her relationship with her mother and older sister improved significantly and there was less stress at home.

The young woman's mother had felt let down by children's social care before the Targeted Youth Support Team became involved. She had requested help but this was not given and she was left to manage the situation. However, once the support team became involved, the mother had nothing but praise for the work of the social worker and support worker.

29. Many young people and parents reported that they had been listened to, respected and given a voice in a way that they had not experienced before. One young person said, 'they actually talk to you like a human being, don't talk down to you and treat you properly', while another parent identified that the lead worker had spent time with the young person, listened to them and, for the first time, represented their views. There were many examples of workers putting time and energy into making a relationship with the young people in a variety of ways: 'She used to give me lifts to CAMHS and we would talk then.' Alternatively, this might have been on the basis of doing activities together or through the young person identifying who should attend their family group conference. This was very clearly perceived by families as not being about taking sides but recognising that everyone's point of view was important and should be respected and heard while keeping the needs of the young people at the centre. Successful services kept the focus on the needs of the young person while recognising that the young person's needs were interrelated with those of key family members, including their fathers, and so these needs also had to be identified and addressed.

Case study: Rochdale – intensive support team

The team's aim was to respond within 24 hours to children and young people on the edge of care, often where parents were requesting accommodation. Families were offered a brief, intensive intervention of six to 12 weeks to try and maintain the young person in the family home, or within the extended family network. The workers in the team had small caseloads which enabled them to provide a prompt, flexible and intensive response according to the family's needs. Team members were trained in, and used, 'solution focused' approaches in their work with families.

A young man aged 14 had been living with a neighbour for some weeks following a breakdown in relationships with his parents. An initial assessment by the duty social worker concluded that it was safe for him to return home, but he refused to do so and would not explain why. He could not remain living with his neighbour and extended family or friends were unable to offer him accommodation. A referral was made to the intensive support team.

The worker responded immediately, meeting the young man and his mother the following day. Initial discussions identified a range of problems. The young man had recently begun to misuse alcohol and cannabis. He had become intimidating and threatening towards his mother and within school. His mother had been diagnosed with bipolar disorder and had recently spent time on a hospital mental health ward. She had been very upset because her son had only visited her once while in hospital and he had become very angry with her and walked off. She considered that her son needed help to control his anger and although CAMHS had been involved previously this had not helped. She had

experienced domestic violence in an earlier relationship and was beginning to feel the same fear about her son. As a result of this, the young man's father had changed his work shifts so that he was home when his son arrived back from school.

The worker prioritised spending time with the young man in the initial stages of the work. During these sessions, the young man was able to explain that he was extremely angry with his mum and the reasons for this. He did not understand her mental health difficulties and began to spend more time away from home, staying out until the early hours and drinking alcohol and smoking cannabis. Things came to a head after a major fallout within the family when the young man believed untruthful allegations were made about him by his mother so he went to live at a neighbour's house and refused to return home.

The worker used solution-focused, brief therapy to enable changes within the family so that the young man could return home. During a series of mediation sessions, each family member was able to express their thoughts, feelings and wishes, including their anxieties and anger. The most important thing for the young man was for his mum to withdraw the untruthful allegation and for his father to hear that the allegation was untrue. This proved to be a pivotal breakthrough and enabled work to accelerate. He also wanted to spend more time with his father and to be able to trust his mother. He was able to see that his health and fitness and aspirations to be a PE teacher were being compromised by his use of alcohol and cannabis. Throughout these sessions, a number of required changes were discussed and agreed in a family contract. The contract became an important feature of their family life and a number of months after the intervention was still in use by the family who review it when necessary.

The lead worker was a member of the intensive support team and took responsibility for coordinating referrals to partner agencies. However, a principle of the service was to ensure that families were not swamped with services and that support offered remained focused on assessed priorities. A referral was therefore made to an alcohol and substance misuse service and the worker supported the young man to attend initial sessions. He was also supported at school, as a deterioration in his behaviour had led to problems. Through this support, he became involved with the local youth service who offered him long-term school support and a range of positive activities outside of school. To help him gain a better understanding of his mother's mental health, the worker arranged, with his mother's agreement, for the community psychiatric nurse to speak to the young man and provide him with appropriate information. His mother was helped to attend a survivor course for women who have experienced domestic violence.

The family was positive about the service received. For the young man it was important that he was listened to and that someone understood why he was angry, rather than simply suggesting strategies to manage his anger. Within six weeks of receiving the referral, the intensive support team was able to close the case. The young man was happy living back at home with his family and universal services were in place to help him and his family maintain and enhance the changes that had been agreed within the family contract.

30. Successful services were flexible and responsive to the individual needs of the family, recognising that while the young person's needs were the priority, the needs of the parents also had to be addressed to enable them to meet the young person's needs. This led to extremely varied and creative intervention programmes which could incorporate a range of practical and immediate support alongside more therapeutic approaches. Many families referred to the 'fun and pride' they had experienced in actually doing ordinary things together or in experiencing activities which they would never have dreamed of doing. Services were experienced as 'there when needed' and as tailoring the intensity of their approach to the needs of the family rather than 'one size fits all'. In practical terms, this meant that when the lead worker was unavailable, families could contact the team and be confident that they would get a helpful response rather than being 'fobbed off'. While some service models such as MST or some FIPS offered a service 24 hours a day for seven days a week, others made sure that family members knew who to contact at weekends, out of hours or at times of crisis.

31. In families where confidence and self-esteem were low because of a range of difficulties, keeping a focus on their strengths and positive features was extremely important. This was a view shared by young people and their families as well as professionals. This was very different to the rule of optimism that Dingwall et al described as a potentially dangerous factor in child protection work,[13] in that progress against agreed targets was being continuously monitored; these were families who demonstrated that they could, with the right encouragement and support, make sustained changes which would impact positively on the lives of all family members. One manager explained, 'We can become so focused on problems we forget there are positives. [Having the] ability to identify these gives us a more positive, common position to move forward from.' For many families this was critical in enabling them to believe in themselves and sustain the changes after support services ceased involvement

[13] R Dingwall, J Eekalaar and T Murray, *The protection of children: state intervention and family life,* second edn 1995, Oxford: Blackwell; http://resourcelists.roehampton.ac.uk/items/0D7F990B-8440-8DCA-1242-F7705F030C7F.html.

in their lives. For many families, this was after lengthy periods of involvement of between 12 and 18 months.

32. In these circumstances, nurturing the strengths and resilience of families rather than creating dependence is essential. In the view of families, this was done by not telling them what to do but offering options and suggestions. It meant working with them and supporting them but also, crucially, putting the responsibility on the families, agreeing a clear plan and goals and regularly reviewing and acknowledging progress. One parent appreciated regular letters from the worker reinforcing the discussions and agreed actions and noting the achievements. This was found to be a useful reminder, when things became tough, about what strategies had previously helped. Mechanisms and plans for tapering down support were essential as family capacity increased.

33. Being realistic about the time it would take for real change to take place, negotiation with the family about the timing of the withdrawal of support and listening throughout to the views of family members supported sustainable change. Most families felt fully involved in the discussions and decisions about when the service would withdraw support and most felt that this had been done at the right time. One mother had felt that this was suggested too early on for her family but that her views had been listened to, resulting in a renegotiation of the plan for closure. It was very important that families were not just 'cut adrift' in the words of one parent, but that there was a clear plan in place as to who they could contact for advice or support or what alternative services might be needed. In discussing less successful cases with staff, it became clear that if this was not in place there was a significant risk that the good outcomes achieved would not be sustained. In many cases young people and parents valued the option of being able to contact the worker if problems recurred and in all cases it was extremely important to be able to contact someone for reinforcement or advice. The Common Assessment Framework (CAF) was used well in many areas to coordinate and provide ongoing support for young people and families when levels of need had decreased. This meant that multi-agency meetings were still held regularly and that a key worker was still involved so families had a named contact; however, the support was less intensive, less frequent and families were expected to maintain improvements, only seeking help when appropriate.

Decision-making and referral pathways

34. As part of this survey, inspectors aimed to understand the variations in local decision-making practices about whether a young person was supported at home or not when the threshold for entering care had been met. In many of the local authority areas visited, the number of looked after children, and the number of referrals to social care services, were rising. This has been a noted feature nationally and widely attributed to a reaction to high profile cases. While local authorities wanted to reduce their numbers of looked after children

so that only the children who really needed to become looked after did so, their aim was to do this 'safely'. This requires robust processes to ensure that the right decision is taken for each individual child based on a sound assessment of the risks and strengths.

35. In some areas there were very clear, tight processes in place regarding decisions about whether a young person would become looked after. Some areas had established panels, sometimes with multi-agency representatives, to look at all requests for accommodation with a senior manager who then made the final decision about the accommodation of a young person. In other areas, decisions were based on discussions between social worker, team manager and service manager. Consistency was a key feature of sound decision-making and was necessary to ensure that young people and their families did not receive a different response dependent on where they lived, or different standards being applied by managers or staff. Managers confirmed that the key factor in deciding whether or not a young person should enter care was the risk of significant harm, and whether this could be safely managed if the young person remained at home. However, the rationale for decision-making in individual cases was rarely evident in the case or panel records that inspectors looked at. In many cases, the professionals involved were not able to explain easily why a particular decision had been taken. In some areas review panels had been established. These acted as a useful forum to challenge and provide quality assurance for assessments where, for example, the views of the young person and family were not clear.

36. Where there is a lack of clarity about decision-making and referral pathways to services, young people who may benefit from this type of support may miss out on receiving it. If, within the limited sample of this survey, based on young people where there were 'successful' outcomes, there was some lack of clarity about decision-making, then it is likely that there are many more young people who meet the criteria but have not been provided with the help they need.

37. In areas where a range of services was on offer, inspectors wanted to understand which type of service was best matched to which type of need in families and young people. While it is not possible to determine this with any certainty from the limited sample visited, it appeared that for families with chronic, long-standing difficulties such as parental depression or neglect, longer periods of intervention were most helpful. The shorter, sharper interventions appeared most successful with families where there was no long-standing history of concern and/or where the issues were more acute. The survey found that families who had received short-term help were on the whole less confident about being able to sustain positive changes, making the ongoing sustainability plan crucial to success.

Assessment, planning and review

38. The survey confirmed that the quality of assessment, planning and review of needs was a foundation of good practice. Good assessments were holistic. They addressed not just the presenting problem, or individual family member, but wider strengths and the needs of key family members. These included, importantly, the role of fathers or male carers. Good assessments were undertaken in partnership with young people, their families and the key agencies or services with which they were involved such as schools and health services. Partnership meant working openly and honestly with young people and families. It ensured that their wishes, views and needs informed the assessment while also being very clear about what was not negotiable or where change was needed. Good assessments clearly identified risks and weaknesses but also, equally importantly, strengths and positives with clear weighting and analysis of both to inform future planning and the direction and type of support needed. Good assessments were clear, succinct and understandable to young people and their families.

Case study: Stockton-on-Tees – assessment and planning

In Stockton-on-Tees, young people at risk of becoming looked after were supported by children's social care services, and in many cases were referred to social care as a result of child protection concerns. The lead professional was appointed from within the social care team. Family support workers played a key role in providing intensive, practical and emotional support to the family. Thorough assessment, planning and review, based on sound assessment of risk and the views of young people, were critical to sound decision-making and planning to ensure good outcomes for the young person.

A 15-year-old young woman was referred to children's social care along with her siblings because of concerns about her mother's alcohol misuse and continued engagement in a violent relationship. She cared for her younger sibling, made sure she was fed and attended school while her own school attendance was suffering. Her relationship with her mother was poor and she had little self-confidence.

This led to a thorough assessment by the social worker, in conjunction with the relevant agencies, of the needs of the young person, her mother and extended family members. All were asked their opinion and careful attention was paid to listening to and documenting the young woman's views. She was not made subject to a child protection plan as by this time she was living with her extended family and her views on this were also taken into account and clearly recorded. The assessment led to a comprehensive 'child in need' plan which clearly detailed what needed to be done and by whom.

The young woman felt that she was fully involved in the decisions taken and the planning. She felt able to talk to her family support worker and knew that her views would be listened to and taken seriously. She had wanted to return to the care of her mother and a considerable amount of work was undertaken in order to achieve this. Over time, however, it became apparent that this would not be possible and work was undertaken with the young woman to enable her to settle more permanently with extended family, while still maintaining a safe relationship with her mother. She and her siblings were made the subjects of a residence order in favour of the extended family. Counselling was offered and accepted to help her and her new carers to deal with their situation and to cope with discipline, boundaries and teenage behaviour.

The young woman was very clear about the difference that services had made to her life and although she had initially wanted to return to live with her mother, she clearly understood that the right choice had been made for her and her siblings. She felt that her wishes and feelings had been taken into account throughout and she had, therefore, engaged with the support services. She felt that without this support she would have continued with poor school attendance and a lack of aspiration. She appreciated the discipline and boundaries which were now in place along with no longer having to be a 'mother' to her younger sibling and being allowed the freedom from responsibility that this gave her.

While acknowledging that there had been difficulties along the way, the young woman felt that 'everything is going uphill from now on' and attributed the success of the intervention to the consistency of worker, the clarity of intervention and the fact that her views had been sought throughout.

39. Good planning involved identifying clear and simple goals and objectives and resulted from a thorough assessment which had addressed risk and protective factors within the family. For planning to be effective:

- goals and objectives should relate clearly to the issues identified through the assessment process
- young people and family members need to understand the plans and own them
- plans need to support effective outcomes rather than being viewed as a tick-box exercise that gets in the way of working with the family
- plans should be proportionate to the complexity and extent of the areas that need to be addressed.

In some instances clear, simple plans about a particular aspect or need were drawn up as the need was identified, such as 'This is what we will do when and if X goes missing from home or school', with everybody clear about what their

responsibilities and actions were in such situations. As one parent said, 'It seems really obvious that that's what you should do, but sometimes you get so swept up in the constant problems and battles and feel so down that you're not thinking straight.'

40. Clear arrangements for young people and their families to be offered the appropriate level of support were critical. These were predicated on robust and regular multi-agency reviews of needs, risks and progress. In some instances families where young people had been subject to child protection plans were supported at the end of a period of intensive support through multi-agency CAF arrangements following a thorough review of their ongoing support needs. In some areas this was viewed as an indicator of successful intervention. In other cases where young people were not subject to child protection processes but risks had escalated, it was essential for clearly understood arrangements to be in place for the re-assessment of risk and further investigation. Where this worked well there was a clear, shared understanding across agencies that families' situations were not static but fluid. They recognised that robust risk management was an integral part of this work and that professionals had to be alert to changing their views and their initial assessments of families.

Case study: Sheffield – continuum of need

Sheffield had six multi-agency support teams bringing together representatives from children's centres; family support; the voluntary sector; health services; schools; youth and youth offending services; and social care. The teams worked across the whole city, meeting together every six weeks to ensure consistent practice and review the level of support for individual families. There was a shared understanding that agencies had to work together to provide services to meet the different levels of need in families as they varied over time. A range of intervention services had been developed to address different levels of need including MST, FCG, FIPs, Families Together and parenting programmes.

The represented agencies had agreed to use the term 'continuum of need' rather than the commonly used term, 'threshold of need', to convey the idea that there should be no barriers to children and families accessing the support and services they needed from a range of agencies; for them, the term 'threshold' implied a barrier or hurdle to be crossed before moving to the next or lower level.

Their aim was to ensure that children and families received the right services at the right time based on use of the CAF. The families' needs were discussed and an action plan agreed with an assigned lead professional to coordinate the required services.

A 13-year-old young person's behaviour was causing concern at school, and with other agencies. Her parents were separated and there were

episodes of violent outbursts between her and the parent she lived with. She would go missing from home, be involved in offending behaviour, and was at risk of sexual exploitation. There were also concerns about parental alcohol misuse and mental health, the lack of behavioural boundaries within the home, and a poor relationship between her parents. The risks to the young woman within the home situation were such that there was a high likelihood she would become looked after.

Following a number of referrals to social care, a core assessment was completed. This led to an agreement that the young woman should live with another family member while an MST therapist worked intensively with the family for a five-month period. Her parents were relieved to finally receive the help and support that the family needed. As a result of MST involvement, both the girl and her parents reported significant improvements in her behaviour and in their parenting skills. She was no longer engaging in offending behaviour or at risk of sexual exploitation. Family relationships had also significantly improved.

The young woman's previously undiagnosed health needs, together with the mental health needs of her parent, were also identified and support and treatment provided. She did not become looked after but was now settled and living with a different parent from before, while experiencing a good relationship with both parents whom she sees regularly. Her parents have learned to communicate and work together rather than undermine each other.

At the end of MST support, the young woman and her family were provided with a less intensive level of support by the multi-agency team as part of a clear, written sustainability plan agreed with the family. After a further three months of less intensive support, there were no continuing concerns from the school or other agencies; the young woman was doing well in school, was about to take examinations and had ambitions for a professional career. She and her family no longer required support from any additional services and felt able to manage independently.

Case study: Manchester – Child in Need Coordinator Service (CiNCO Service)

Manchester had established an innovative approach to address the needs of a high number of looked after children, children subject to child protection plans and children in need, through the development of a team of child in need coordinator posts known as the CiNCO service.

Coordinators, along with multi-agency partners, worked specifically to identify, assess and support those children and young people who were on the edge of care, and those ceasing child protection plans. The aim

was to ensure that children and young people, who were identified as being in need and assessed as being on the edge of care, received effective multi-disciplinary case planning to ensure that their needs were met and to secure better outcomes for them.

The multi-agency team was made up of six full-time equivalent coordinators (CiNCOs) who had specialist expertise in areas such as domestic abuse, health and disability, young carers, teenage pregnancy, guns and gangs issues, private fostering and substance misuse. The CiNCO chaired and coordinated multi-agency case planning meetings and ensured that plans were clear, specific and measurable and regularly reviewed and updated. Meetings were held locally to encourage the family's involvement. While the young person was deemed to be at risk of entering care the social worker acted as lead professional. As and when progress was made and risks lessened, a new lead professional would be identified to coordinate any ongoing support needed. Child and family meetings were then held which were coordinated by the new lead professional. This enabled safe transition to universal provision and ensured that families were not left without the support they needed.

Clear service standards and quality assurance arrangements were built into the CiNCO provision with robust arrangements for senior management oversight and evaluation to ensure that learning from practice informed service development. Early local indications were that the number of looked after children in Manchester was beginning to reduce as a result of both the CiNCO service and other initiatives. Evaluation of the service suggested positive outcomes in successfully supporting young people at risk of entering care to remain safely within their family or community. A clear escalation process was in place that ensured that where families did not engage with the support offered and the necessary change did not take place, children and young people were appropriately safeguarded through an accountable and transparent process.

41. While families were clear about what had changed for them as a result of the intervention of a particular service or services, this information was not always easy to identify from the case records. Nor was assessment, planning or review of consistent quality in every area visited. Sometimes plans were not committed to paper but were 'in workers' heads'. They could talk about and describe the work they were doing, or had done, often with good results and outcomes. However, from the recorded information, it was not always apparent how this had been based on a thorough assessment or how progress and needs were being reviewed against a clear plan. Consequently, in some cases young people and families were less clear about the purpose and nature of the involvement of different services in their lives. In some instances the local version of the electronic children's recording system was felt by workers to drive rather than

support their work. This had led to a tendency among some workers to see assessment, planning and review as a tick-box exercise rather than an essential tool to establish the foundations of effective practice. In other cases, plans were cumbersome and hard to understand. They identified broad objectives without clarifying how these were to be achieved or used jargon or professional language that was not easily understood by young people and families.

42. To demonstrate an improvement in outcomes, records need to clearly document what the issues are for families, what the intended outcomes are and how these are going to be achieved. Progress in relation to intended outcomes needs to be explicitly stated throughout the term of the intervention and fully articulated at closure. This improved record keeping will assist in ensuring that families and professionals are clear about the issues, what needs to be done and what progress they are making.

Multi-agency partnership working

> 'Safeguarding and promoting the welfare of children…depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of suffering harm and social exclusion, will need coordinated help from health, education, early years, children's social care, the voluntary sector and other agencies, including youth justice services.'[14]

43. The importance of effective joint working between agencies to support children and families is well established, although on occasions it can be difficult to separate the rhetoric of partnership working from the impact.

44. During visits, inspectors found that good partnership working was underpinned by effective coordination of the contribution of different agencies. The appointment and role of the lead professional were critical as were the understanding and acceptance of this role by the other professionals and agencies involved with the family. This had to be accompanied by a shared acceptance by other agencies of their own responsibilities and contribution. Where multi-agency support lacks coordination this can lead to duplication of effort and wasted time and resources. A number of the families spoken to by inspectors felt that it was important for professionals to be seen to be working together and 'sing from the same hymn sheet'. Where this did not happen, good efforts to support families could be seriously undermined with different professional agendas or beliefs that one agency's role was more important than that of another. Some family members found planning and review meetings

[14] *Working together to safeguard children 2010*, Department for Children, Schools and Families, 2010; www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010.

extremely difficult because of the number of professionals present whose role they did not understand, or who were sometimes unknown to them. When care and attention were paid to preparation and planning with the family, including agreement of key attendees, meetings led to positive benefits for the family.

45. Where partnership working was successful:

- key information about a family was shared so that a full picture of the family's strengths and weaknesses was pulled together to inform assessment, planning and reviews
- assessments were completed by the appropriate professional but informed by the views and perspectives of the other agencies involved
- partners were clear about their responsibilities and contribution at all stages of the work with the family and that this meant more than simply turning up at meetings
- agreed joint priorities and resource commitments supported 'on the ground' operational multi-agency work
- there was a shared understanding of the needs of young people at risk of entering care supported by a clear strategy for working with them
- the policies and priorities of key agencies were linked to multi-agency strategy and plans.

46. It was also critical that under the auspices of a properly supervised and supported lead professional, agencies had a shared understanding of, and responsibility for, managing risk. This was based on thorough assessment and understanding of the risks involved as well as regular managerial oversight and decision-making. Without this shared approach agencies resorted to what one manager deemed as the 'dump and go' approach, resulting in inappropriate referrals to other agencies and dangerous assumptions being made that responsibility was held elsewhere.

47. While many examples of effective partnership working were observed, inspectors were also made very aware of the barriers and obstacles to this by the managers and staff involved and could see the impact in a small number of cases. Most commonly these included:

- disagreement or lack of clarity about the lead professional role and which agency should undertake this
- no shared agreement or understanding across agencies of levels or thresholds of risk and need
- lack of trust or understanding between professionals resulting in isolated assessment, planning or decision-making
- a belief that one perspective is more important or valuable than another or that it is just too difficult to bring other agencies on board.

48. In some areas it was also reported to be very difficult to get the key agencies to contribute because of conflicting pressures on their time and resources. In a small number of cases seen, for families where adult mental ill health was a feature, ineffective partnership working with adult mental health services, both operationally and strategically, could prove a significant barrier to achieving good outcomes.

Case study: Blackpool multi-agency working

The Blackpool Springboard FIP was based on a strategic, multi-agency approach with funding from police, the adult mental health service, the adult services commissioning budget and children's social care. Team members came from a range of professional backgrounds and included police, social workers, mental health and substance misuse professionals. The key social worker played an essential role in coordinating the team.

Springboard team members were expected to contribute and work to their specific skills and expertise with clearly agreed and understood roles. This coordinated support to families avoided duplication and enabled families to benefit from a range of specific professional experience and expertise. The core multi-agency team had clearly defined and well-established links to wider support networks including community health, domestic violence and employment support. These links enabled fast access to these services and an agreed, speedy, flexible and, if necessary, persistent response.

Springboard offered a 365 days a year service from 7 am to 9 pm daily with all work undertaken in the community or in families' homes. The composition of the multi-agency team facilitated easier and more responsive access to identified services for families, timely information sharing and best use of different professional skills, knowledge and expertise. A 'step down' to CAF was viewed as a success indicator and was the usual exit route for most families, indicating an ongoing multi-agency approach tailored to a lower level of need.

A young man of 16 was one of several siblings. Their mother was the sole carer. The family was referred to Springboard from children's social care because a number of significant concerns had developed over a number of years and had now reached crisis point. These included the son's behaviour, which included criminal offending and non-school attendance. His difficult and volatile relationship with his mother and siblings was felt to be a risk for all, including for himself. He was at risk of entering care. The family had financial difficulties and was under threat of eviction. The mother was suffering from depression and had made several suicide attempts.

Springboard responded promptly to engage the family although initial attempts were not successful as the mother was avoiding contact. This arose from her depression, feelings of hopelessness about the family situation and previous experiences of social care services which had not been helpful. The Springboard key social worker and mental health professional worked closely together, making repeated attempts to engage the mother in appropriate treatment and support which were eventually successful. It was similarly difficult to engage with her son. However, through persistence and using a solution-focused approach, the family saw that change was possible and agreed to work with the project.

An intensive multi-agency approach, which supported the family for 18 months, enabled the family to make significant progress. This involved housing services, police, adult and children's mental health teams, educational and parenting support, and youth and social care services.

The family was now settled in suitable accommodation. The young man remained within the family and enjoyed a positive relationship with his mother and siblings. He had learnt strategies to control his anger and could talk things through rather than express them through his behaviour. He had committed no further offences. However, despite considerable improvement in his siblings' school attendance, he resolutely refused to attend school despite concerted and creative attempts to support him with this. He had since left school and had employment. The mother had made no further suicide attempts and no longer suffered from depression. She was able to manage finances and felt she was a better parent who could now manage her children's behaviour, making use of the strategies and techniques she had learned through professional support.

She was currently studying for a Bachelor of Arts degree and had been a parent volunteer for the Springboard project. She felt that the support she received was outstanding and was a lifeline to her and the family at a time of real crisis.

Identification and measurement of outcomes within local areas

49. The survey found a range of approaches to the identification, measurement and collation of outcomes or success criteria. In general, while individual projects or services, in particular those working to a clear model or 'evidence based' approach, were attempting to identify and capture the outcomes of the particular intervention, there was rarely an agreed area-wide approach to this challenge. Many areas expressed a growing recognition of the need to develop this and some were at the early stages of such developments.

50. A number of programmes were involved in national government-sponsored pilots and were, therefore, contributing to nationally commissioned evaluations, such as that of the FIP, of which some were still in progress. In other areas where no national evaluation programme was taking place, a local approach had been designed and commissioned or undertaken 'in house,' perhaps through an annual evaluation report. This resulted in significant variation in the information being captured, even within the same local authority area. Rather than measuring impact, in some cases the focus was on customer satisfaction, for example, 'how would you rate the meeting?'; in others it was on quantity, 'how many families have been worked with?'

51. Demonstrating impact is undoubtedly difficult and challenging and in this field of work it will never be an exact science. Quite apart from not being able to prove what might have been prevented, it will always be a best attempt based on a combination of 'hard' and 'soft' information. There will always be a number of variable factors which can never be strictly controlled. However, this is not an argument for doing nothing. This issue was identified in the recent Department for Education research report, *Intervening to improve outcomes for vulnerable young people*, which states:

> 'While most pilots are committed to some form of evaluation, the level of effort required beyond simply asking a professional whether the intended outcomes of the intervention had been achieved is substantial, and the importance of avoiding subjective assessments of whether something works may not be appreciated.'[15]

52. These different approaches were evident in the case records looked at during the survey. In some cases there were agreed criteria for establishing a baseline at the start of the intervention, with regular reviews of progress and a re-evaluation of these at the end. This was often in the form of a closing summary which referred to, and summarised, the progress against the agreed goals. In other cases it was very difficult to establish what the outcomes were from the records. In some cases, this would have been additionally difficult had not the key professional produced a summary specifically for the survey visit. Nevertheless, as is evident from the outcomes described by the families spoken to, many of the desired outcomes are common across services and some agreement as to how these should be captured would be a valuable step forward. While individual outcomes could be demonstrated in one form or another the overall impact of different interventions was rarely collated or understood.

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[15] *Intervening to improve outcomes for vulnerable young people: a review of the evidence*, Department for Education, 2011; www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR078.

53. Some areas were at the early stages of developing a more consistent approach towards this, starting with the inclusion of agreed outcome and evaluation criteria in commissioning requirements. In other areas there was an expectation that all services would utilise validated tools such as the 'strengths and difficulties' questionnaire as an indication of emotional health, combined with more easily measurable data such as school attendance, offending behaviour, employment or re-referral rates.[16] This was based on recognition that an agreed and consistent approach across partner agencies was a prerequisite to progress on this issue.

54. The key outcome was whether the young person had been safely supported to remain living in their family or community rather than entering care. While this was the successful result in all the cases identified for this survey due to the criteria for selection of families, few local authorities were able to report an overall reduction in their numbers of looked after children. Some, however, were able to identify an early reduction in the numbers of young people (approximately 10 years and over) entering care. Two main explanations have been proposed for the lack of overall reduction in numbers. First, in some areas this is believed to relate to increased identification of previously undiscovered need as a result of a growth in awareness among the public and professionals, together with an increasing tendency to refer families for support where there is increased service availability. Second, there has been a growing awareness among professionals of the need to intervene early and decisively with younger children, resulting in increased care numbers particularly among the younger age group.

Cost savings

55. In all areas visited, the potential cost benefits of these interventions were significant. All were undertaking some form of cost–benefit analysis although the approach varied from area to area. The challenges in calculating costs which have been avoided, rather than directly saved, are known and understood. Nevertheless all areas were able to demonstrate, in some measure, savings arising from young people not entering care and were using this information to support the case for allocation of funding locally or nationally. The estimated cost savings in different areas ranged from multi-agency savings of £93,000 for one family alone, to £688,000 in total for a children's services budget.

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[16] R Goodman, 'The strengths and difficulties questionnaire: a research note', *Journal of Child Psychology and Psychiatry,* 38, pp 581– 586; http://onlinelibrary.wiley.com/doi/10.1111/j.1469-7610.1997.tb01545.x/abstract.

56. Some authorities were using savings-calculations models, for example the Office for Public Management savings-calculation model,[17] to compare the cost of multi-agency intervention against the potential costs of responding to further incidents or issues, such as criminal and anti-social behaviour, health care costs and the costs of residential placements. Others based cost savings on individual case studies which calculated the projected costs of a residential care placement as between £1,500 and £6,000 per week, given the additional challenges of finding suitable placements for the older group of young people.

57. In many areas a clearly reasoned and calculated approach to demonstrate cost-effectiveness was successful in reaching agreement for continued funding, in the context of increasing and competing priorities and with a limited and potentially reducing funding pot. The most successful arguments for securing ongoing funding combined clearly identified outcomes for families with projected or actual cost savings.

Barriers to success

58. From wider discussions between inspectors and staff at all levels, it was apparent that if the key factors described above were not in place, the provision of successful support was hindered. In addition, the survey found that young people and their families as well as the services provided, needed mutual goals for successful intervention to take place; they needed to be able to recognise that there was a problem and want to address it. For families who were not at that stage it was often the persistent, positive and flexible approach of the key worker that helped them to move to the stage of recognising that they wanted to change and that change was possible. For some families, although not those who participated in this survey, intervention is likely to be too late for effective change to take place.

59. This type of intensive intervention involves a lot of professional time, often because problems have become deep-seated and effective help has not been provided or available at an earlier stage. The current policy focus on increasing the capacity of social workers and other professionals to spend the time needed with children, young people and families will hopefully begin to impact on families' difficulties before they reach this stage. Many of the families that inspectors spoke to felt that they had been lucky to receive the help they had and knew of other families with similar difficulties who had not received the same type of help. They expressed concern that there were not enough of these services to address the extent of need in their communities and feared that existing services would be reduced as budgets were reduced. In the words of one mother:

[17] *Work in progress: OPM's economic assessment toolkit and social return on investment (SROI)*, Office for Public Management, 2011; www.opm.co.uk/e-newsletter1.html.

'There should be a lot more [of these services], too many families are in crisis with not enough people to help them out…I really appreciate what they did. This is where money should be invested.'

Notes

Ofsted will have inspected all safeguarding and looked after children services in local authorities across England by the end of July 2012. During these inspections inspectors consider the extent to which the following contribute to the overall judgements:

- preventive services are effective in safeguarding children and appropriately diverting them away from statutory provision
- there are clear and agreed processes for assessing risk and decision-making as to whether a child needs to be looked after.

The survey selected a small sample of 11 local authorities from those that had received safeguarding and looked after children inspections and were judged to demonstrate good practice in effectively supporting children who would otherwise be at risk of entering care. The chosen local authorities varied in size and geographical context, including large cities, metropolitan areas, London boroughs and large counties with a combination of rural and urban features. Inspectors undertook the visits to these local authority areas between April and June 2011.

The survey aimed to identify specific examples of good practice, and the areas chosen were not necessarily judged to be 'good' overall. Therefore their inclusion in this report does not indicate that the local authority as a whole is an exemplar of good practice, rather that the particular services visited were improving outcomes for an identified vulnerable group. The survey focused on young people aged 11 and over as research suggests that the later in life children and young people enter the care system the harder it becomes to improve their life outcomes, notwithstanding that, for some young people, entering care will be the best and only viable outcome.

Local authorities were asked to identify three or four families where successful outcomes could be demonstrated for young people who were deemed to be on the 'edge of care' but had been supported to remain living at home or in the community. None of the children and young people taking part in the survey had ever been in the care of a local authority. Inspectors looked at multi-agency case records for the identified families and young people and met groups of key professionals, the young people and key family members.

Case studies are used in this survey report to illustrate aspects of good practice in a particular area and are not intended to suggest that practice was exemplary in every aspect. Case studies have been anonymised.

Ofsted publications

Children on the edge of care (100210), Children's Rights Director for England; Ofsted; www.ofsted.gov.uk/resources/100210.

Relevant articles

The Munro review of child protection: final report, Department for Education, 2011; www.education.gov.uk/munroreview.

Early intervention: smart investment, massive savings; Graham Allen report to Her Majesty's Government, Cabinet Office July 2011; www.cabinetoffice.gov.uk/resource-library/early-intervention-smart-investment-massive-savings.

What works in parenting support? A review of the international evidence, Policy Research Bureau, 2004; www.education.gov.uk/publications/standard/publicationDetail/Page1/RR574.

Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children, Department for Children, Schools and Families, 2010; www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010.

Intervening to improve outcomes for vulnerable young people: a review of the evidence, Department for Education 2011; www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR078.

R Goodman, 'The strengths and difficulties questionnaire: a research note', *Journal of Child Psychology and Psychiatry*, 38, 1997, pp 581–586; www.chimat.org.uk/resource/item.aspx?RID=108402.

Think family pathfinders – research update, DCSF publications, 2010; www.education.gov.uk/publications/eOrderingDownload/00140-2010BKT-EN.pdf.

Grasping the nettle: early intervention for children, families and communities, Centre for Excellence and Outcomes in Children and Young People's Services, 2010*;* www.c4eo.org.uk/themes/earlyintervention/default.aspx?themeid=12&accesstypeid=1.

Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches, Department for Education, 2010*;* www.education.gov.uk/publications/RSG/Childrenandfamilies/Page5/DFE-RR046.

Monitoring and evaluation of family interventions (information on families supported to March 2010), Department for Education 2010*;* www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RR044.

The use of whole family assessment to identify the needs of families with multiple problems, Department for Education, 2010; www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR045.

Infants suffering, or likely to suffer, significant harm: a prospective longitudinal study, Department for Education, 2010; www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RB053**.**

Supporting families – children on the edge of care, Action for Children, 2008; www.actionforchildren.org.uk/policy-research/publications-and-briefings.

J O Prochaska and C C DiClemente*,* 'Transtheoretical therapy: toward a more integrative model of change'*, Psychotherapy: Theory, Research and Practice*, 19 (3), 1982, pp 276–288. http://psycnet.apa.org/?&fa=main.doiLanding&doi=10.1037/h0088437.

Annex: Providers visited

Local authority

Blackpool

East Sussex

Enfield

Herefordshire

Hillingdon

Manchester

North Yorkshire

Rochdale

Sheffield

Stockton-on-Tees

Wirral