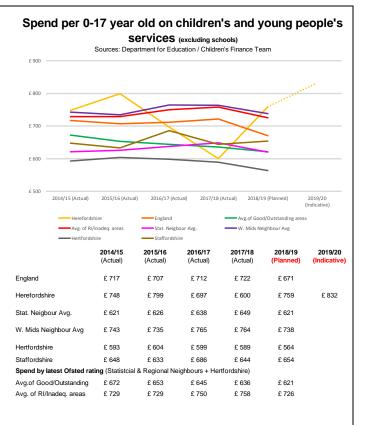
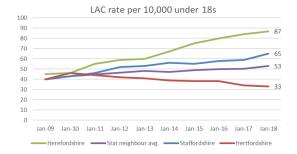


Project Description	Edge of Care: Edge of Care	/ Home (ECHo)	
Sponsor	Chris Baird	Project Lead	Liz Elgar
Bid application against criteria	 Invest to save/avoid full Invest to improve ⊠ Transformation costs □ 		
Why is the project needed? (the business problem)	taken into safeguarding or challenges they face with s Herefordshire's multiagend prevention through univer safely and permanently re	care services. The support from their cy safeguarding sys sal, early help and turn home if they c	
	this year (excluding school	s), will be in the re d after children (LA	es for children and families in Herefordshire egion of £30m. Almost two thirds of this spend AC), with the main cost arising from their
	On the face of it, Hereford Children and Families since capita (0-17 population) th period of reductions in Ear Herefordshire's earlier dec same period, spend on loo ongoing increases in numb	Source: Children 2014-15 2015-16 2016- Shire has been male 2017-18 (chart be an its comparators ly Help and Child in the line in per capita sked after children and the line in children and the l	children in Need — LAC Sking significant investment in services for elow), and now looks to be spending more per es. However, the growth in spend came after a in Need services (chart above) that influenced spending compared to other areas. Over the significantly increased, mainly as a result of d placement costs, and also because of ing to slow, and begin to reverse, the historic

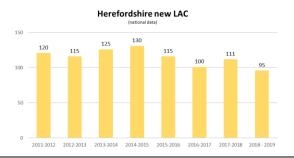
Where areas have services that are rated as Good or Outstanding by Ofsted, spend per capita is significantly lower than Herefordshire's current position (chart opposite). Such areas are likely to have invested in effective Early Help and Edge of Care arrangements that prevent the need for children to become looked after and avoid high spend on placement costs. With appropriate leadership, time and investment, it would be possible for Herefordshire to achieve a similar position. Assuming that, in time, Herefordshire did achieve the average per capita spend of comparator Good and Outstanding areas, overall spend could be expected to reduce by £6-8m per year.

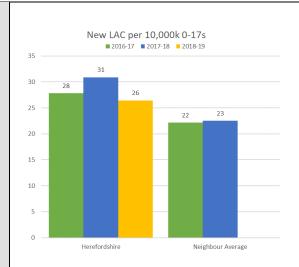


The number of children looked after in Herefordshire continues to be above both the national and statistical neighbour average (chart below). Among the underlying issues will be the need to further improve the local rates of either children entering or leaving the care system.



Since a high point in 2014-15, there has been a gradual improvement in the number new LAC (chart below). During the three years 2016-2019, there were an average of 102 new LAC per year.





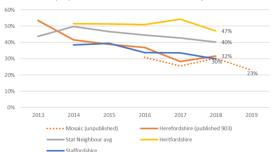
Herefordshire's annual rate of children that cease to be looked after has been lower than statistical neighbours since 2014 (chart opposite). In the three years 2016-2019, an average of 83 Herefordshire children ceased to be LAC each year. Based on year-to-date performance in September 2019, it has been projected that 85 children could cease to be LAC during 2019/20 (chart below opposite).

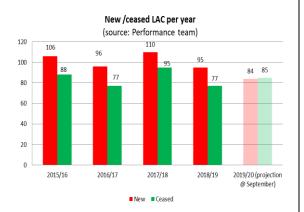
In 2018/19 the local ceased LAC rate deteriorated to 77 children/23% of the LAC population (chart opposite). Whereas, based on the current number of LAC (347 on 21 October 2019), an additional 50-60 children could be expected to cease being looked after if Herefordshire were in line with the neighbour average. Work is already underway to improve the rates of reunification and special guardianship orders, and cabinet approved measures to overcome barriers which had been identified in the work in 2018/19. This is expected to contribute to more children ceasing to be looked after each year.

Despite the improving local trend, the new entrant rate remains higher than the statistical neighbour average (chart opposite). Around 20 fewer new entrants could be expected per year if Herefordshire were in-line with the average.

There are also children now within the looked after system that could be appropriately returned to the care of their families after adequate preparation and a period of continued support to sustain their successful return home. There is a need to work more effectively to return current and future LAC home as appropriate.

Ceased LAC during the year as % of LAC population on 31 March each year





The factors that can lead to a child being looked after can include:

- Behavioural problems
- Substance/alcohol misuse of the child and or parents/carers
- Reduced attendance at education (part time timetables, exclusions, SEN/PRU)
- Emotional/mental health issues of the child and or parents/carers
- Risks of child exploitation
- Domestic abuse
- Housing issues
- Social Isolation
- Financial hardship
- Risk of abuse: neglect, physical abuse, sexual abuse, emotional abuse



Many children that are either on the edge of coming into care or have the potential to return home will have experienced the 'toxic trio' of domestic abuse, substance misuse and mental health issues. At the end of September 2019, there were over 1500 open child records on Mosaic where a toxic trio risk had been identified for the child's parent/s. Within this cohort, there were 983 family groups (charts opposite). At the lower end of the assessment and safeguarding system, most families had one risk identified, but the likelihood that a family is exposed to multiple risks increases as they escalate through the system. Within the LAC population, just over two thirds of children (c.240) have experienced at one of the toxic trio, almost a third of which have experienced the full trio. Additional support around the toxic trio within the Early Help and Safeguarding systems could have a positive impact on preventing individual needs escalating further.

Learning from other areas has shown that:

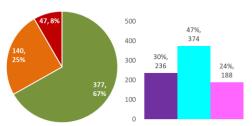
- With the right support, at the right time and in the right place families can live independently and achieve their goals
- There is a widely held misconception that reunification is more successful if it happens within the first six months of a child entering care or accommodation. This is inaccurate. Children are more likely to return to their families in this time period, but research shows that when reunification happens without enough time to support parents to change, the child is more likely to reexperience abuse and neglect, and to come back into care or accommodation.(NSPCC 2015)
- Multiagency/multidisciplinary group supervision can be effective

Parental Toxic Trio Concerns 983 FAMILY GROUPS

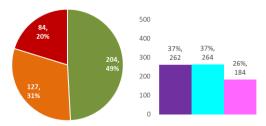
Open Mosaic child records 30 Sept 2019



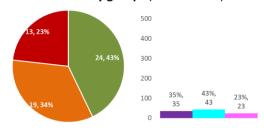
Have risks but did not meet threshold 564 family groups (845 children)



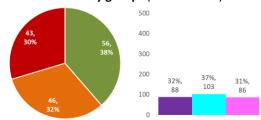
Child in Need
415 family groups (679 children)



Child Protection 56 family groups (117 children)



Looked After Children 145 family groups (240 children)



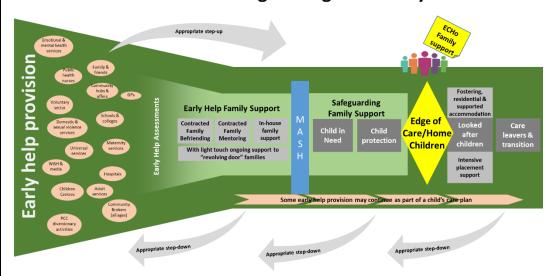
- Effective leadership is necessary to drive forward the system-wide change effectively
- Embedding the new practice with all relevant practitioners, with significant investment in training and support in the new ways of working, is critical
- Developing new skills and models takes time



- Sound working relationships and persistence with partners are central to success
- Key performance indicator evidence is critical to evidence impact and support the sustainability of the new ways of working in the longer term

Within the local safeguarding system (below), the council and its partners operate a suite of services that can provide Early Help to families with the aim of preventing them from entering care or other statutory systems. When a child's needs do escalate further through the MASH, the council provides a range of statutory and non-statutory services with the aim of stabilising the issues and, where possible, reducing the need so that they can step down to less intensive support. This includes a level of family support to children in need or in child protection arrangements. However, consideration of good practice in Staffordshire and Hertfordshire, in particular, has highlighted the potential for additional approaches that could support children that are on the edge of care / returning home (ECHo):

Herefordshire's safeguarding children system



It is proposed to invest in a new Edge of Care/Home (ECHo) model, as illustrated above. Initially, this will be a distinct service to establish the approach, but there may be some benefit to integrating a range of approaches and functions in future.

In order to help mobilise the new approach, it is proposed that a corporate project manager is aligned to the ECHo project and that progress and impact is reported within the corporate framework.

The new service will provide evidence based intensive family support through two main approaches with some shared features:

PREVENTION (Edge of Care)

For children on the approaching or on the edge of entering care

- An intensive solution-focused, flexible 6-12 week programme offering a rapid response
- Likely to initially involve 7-day support
- Support will initially be planned and provided for a 4-week period before reviewing the progress being made and planning the next steps

REUNIFICATION (Return Home)

For children that could step-down from long-term care to return to live with their immediate or extended family

- Follows a reunification framework, e.g.
 NSPCC five stage framework:
 - 1. Assessment of risk and protective factors and parental capacity to change
 - 2. Risk classification and decision on potential for return home
 - Parental agreements, goal setting, support and services and continued assessment of parental capacity to change



A typical support package may involve:

Month	Visit/ contact days per week	Visit/ contact hours per day	Case management hours per day
1	7	4	1.5
2	5	3	1.5
3	4	2	1.5

- Anticipate 25 cases per year, identified by MASH assessment and referred with the appropriate consents
- Once referral is accepted, it will be initially allocated to the ECHo duty worker for a quick response and joint visit with the allocated social worker to understand needs, develop goals and begin to agree support plans
- Ongoing progress will be reviewed at least every 4-weeks during ECHo support
- May include a short period where the child is accommodated on an emergency basis to give the family a break and space to plan a way forwards while remaining within the prevention model
- If it becomes inappropriate for the child to remain in the family home, then safeguarding protocols would take precedence and a transfer to a LAC placement would be organised

- 4. Reclassification of risk, decision-making and planning for return home 5. Return home
- Anticipate c.20 cases per year
- Normally 4-6 months programme, including planning and return home phases
- Intensity increases at beginning of return home phase, before scaling down
- A typical support package may involve:

Phase	Month	Visit/ contact days per week	Visit/ contact hours per day	Case management hours per day
	1	2	3	1.5
Planning	2	2	3	1.5
	3	2	3	1.5
Detum	4	3	3	1.5
Return home	5	2	3	1.5
Home	6	1	3	1.5

- Referrals made from the LAC service. Once accepted, an ECHo worker will be allocated and undertake initial visits with the allocated social worker to agree the support plan with the child and family.
- Input from the Virtual School for LAC to ease
- Progress will be reviewed at least every 6weeks during ECHo support
- Some children may step-down to live with family through a care order and remain looked after for several months until the order can be rescinded

Shared approaches:

- Following consideration of the referral criteria by the child's allocated social worker and their team manager, a child and their family may be referred to ECHo service, with the appropriate consents
- The families of children aged 9-16, and their families can be considered/accepted for support
- Referrals received 9-5pm Monday-Friday will be considered (urgent out of hours concerns will be referred to EDT as normal, and potentially picked-up by the ECHo service on the following Monday)
- The ECHo team manager will review the referral against the service objectives and notify the referrer of the response and any action to be taken. Any disputes about referral acceptance/refusal decisions can be escalated to the ECHo head of service and then, if necessary to the assistant director
- Children will continue to have an allocated social worker who will remain actively responsible for the case. Statutory responsibilities will not be delegated to ECHo workers.
- Case supervision will be led by social care, involving the allocated social worker, social care team manager and ECHo worker, with input from other disciplines as appropriate
- Family progress will continue to be reviewed dynamically throughout the support period, in addition to the minimum required formal review
- Worker visit time includes travel and initial case recording in the field using Otter voice recognition system
- Additional 1.5 hours of worker time for case management, usually office based, to coordinate with other disciplines, complete case recordings, and seek guidance and supervision as required



 After completing the Prevention/Reunification programme, cases will step-down to early help support to help ensure that successful outcomes are sustained and to prevent re-escalation through a 'revolving door'

The ECHo team will:

- Employ a team manager and 6xFTE support workers. The team manager will also be able to provide cover to other family support teams on a reciprocal basis. Once the ECHo approach has been established, there may be scope to integrate the team with other teams across the early help and safeguarding services
- Ensure that each child and adult has a set of SMART personal outcomes to be achieved by the support, and their progress and outcomes achieved so far is reviewed and measured at each 4/6week review
- Be responsive to changing needs and able to dedicate more time to support individual families than other types family support or social care roles normally can
- Work with the whole family, mainly in the home environment but also in other community settings, to deliver evidence-based interventions and promote effective co-ordination between agencies with a clear and common focus on improving outcomes, particularly in 'toxic trio' cases with domestic abuse, substance misuse and mental health professionals
- Be able to provide Family Group Conferencing to support the child's immediate or extended family to take the lead in planning how they will respond to concerns and enable a child to remain at home or return from care
- Be able to use Motivational Interviewing, a client-centred, directive therapeutic style to enhance readiness for change
- Reinforce positive parenting techniques and support routines (such as bedtimes or morning to improve school attendance)
- Offer practical support, e.g. with healthy eating or household management
- Include a clinical psychologist resource that will help to identify the best therapeutic approaches that could meet each family's needs, support ECHo workers and other professionals to embed the approaches through reflective practice groups and thematic case discussion groups, and may undertake direct work with families. The ECHo psychologist would also be able offer some advice and support to other early help, child protection and family support teams, alongside existing input from Child and Mental Health Services (CAMHS), Herefordshire Intensive Placement Support Service (HIPSS) and educational psychology. To further help Herefordshire grow its own workforce, it is intended to offer a professional placement within the ECHo team for a Batchelor of Science (BSC) psychology student, which could be supervised by the ECHo psychologist
- Include specialist support around domestic abuse and substance misuse issues, potentially as enhancement to existing commissioned services with specialist staff being embedded with the in-house ECHo service. The specialist support will be provided as part of a wider ECHo package that will support both children and parents, including within their home, as appropriate
- Coordinate multi-agency input and group supervision where appropriate, to deliver a whole-family response that allows parent and child issues to be addressed effectively
- Work closely with the council's Safeguarding and Looked After services, with ongoing dialogue between to ensure that those children supported by ECHo are clearly sighted by all services that may be needed to support the family
- Work particularly closely with schools and the Virtual Head to help fulfil the statutory duty to promote school attendance

Sources:



	 Family Safeguarding Hertfordsh Pioneering changes to child pro May 2018 Edge of Care: prevention is bett 2018 Safe & Strong Communities Sele County Council, August 2018 A guide to multi-agency roles an Board Reunification: an evidence-infor January 2019 	tection server than cure ect Committed	e - Staffordshire Cou e e Inquiry on Edge pilities, Staffordshire	County Council / LGA unty Council /LGA May of Care, Staffordshire e Safeguarding Children
Consequence of not undertaking the project	There is clear scope to further the who become looked after each year which children are supported to exundertaken, Herefordshire will confer after children and ongoing financial will be taken into care when there with or return to their family after	ar, and signicit the looke stinue to have all pressure a is a reasona	ficant opportunity t d after system. If th ve higher than expe rising from placeme able likelihood that t	o improve the rate at e project were not cted numbers of looked ent costs. Some children they could safely remain
What will the investment money be spent on? (specific details)	 1xFTE 09HC ECHo Team manage 6xFTE 06HC ECHo Family Suppor Staff mileage Staff training Family resources budget -to pur Translation costs Clinical Psychologist (FTE to be composed or professional placement of BSC possibles) Specialist support for Substance 	t Workers chase essen onfirmed, b sychology s	ut expect minimum tudent	1.0FTE)
Investment required	f (internal) See return on investment section below.	£ (external)	Total 19/20 £130k 20/21 £545k	Guess factor in estimate 0 – 10 = (where 0 = actual costs 10 = guess)
Expected Benefits	There are several variables that co of individual children and the pote ECHo service overall, which make a expected benefits more complex. It is expected that by year four/five c.20 fewer children should be lot the end of year five and the pote ECHo service overall, which make a expected benefits more complex. It is expected that by year four/five c.20 fewer children should be lot the end of year five and c.188 by	ntial success accurate mo However, th cautious pla a fully estal illies, 25 pre unification (1 dentified each least 50% of	e the outcomes of proposed delling the e proposed anning blished service: vention cases and this being 20 ch year) cases	Confidence factor in ROI 0-10 = (where 0 = low 10 = high)

Investment Bid for Transformation



	those that cease to be LAC as a and/or ageing-out at 18 as care resulting in potential costs asso residential care being avoided f of c.£.250k per year (cumulative year five and £1.6m by year ten	leavers ciated with foste or those supporto ely c. £590k by th	ring or ed by ECHo	
Expected return on investment & Spend profile	See Appendix 1			
High level timeline (scope/deliv ery/end)	Team Manager appointed Team roles appointed Establish team procedures, processe Social care identifies first target case First planned interventions undertak	S	Dec 2019 - Jan Feb-Apr 2020 Jan-Mar 2020 Jan-Feb 2020 Feb 2020 onwa	
How we will know it's been successful (performanc e indicators)	Key outcomes to be achieved for coin need, improved family resilience and community. Key performance " % of cases supported where chill and 24+ months " ECHo case impact and process a " Further improvement in new LAC " Improved ceased LAC rates, clos " Placement spend decreases as point improvements and increased in- " Freeing-up social worker capacity	e, and safely return measures will incommend with the control of the control of the control of the control of a strategic house placement	rn to/remain welude: h or return to reflective learning statistical neighbor approach that a sufficiency	their family, school their family for 6, 12, 18, ng hbours also includes workforce
Resources required to deliver the project	 Internal Head of Service line management of the service Project management support Performance team monitoring, analysis and reporting 		tner for potentia	sychologist al BSC professional ent from September 2020



Appendix 1: Expected return on investment and Spend profile – ECHo (Edge of Care / Return Home) Service

Activity	Year 1 Dec19/Mar20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24	5-year total
Cases on immediate EOC	15	25	35	35	35	145
Toxic Trio cases at risk of escalating to EOC	0	10	10	10	10	40
Total Proposed EOC annual caseload	15	35	45	45	45	185
Assumed closed case success rate	0	40%	45%	50%	50%	
Expected succesfully closed cases	0	14	19	22	22	77
In-house fostering avoided	0	8.3	12.8	15.3	16.2	53
IFA placements avoided	0	2.9	2.6	2.1	1.4	9
Residential placements avoided	0	2.8	4.1	4.5	4.5	16

Year 6	Year 7	Year 8	Year 9	Year 10	10-year total
2024/25	2025/26	2026/27	2027/28	2028/29	10-year total
35	35	35	35	35	320
10	10	10	10	10	90
45	45	45	45	45	410
50%	50%	50%	50%	50%	
22	22	22	22	22	188
16.2	16.2	16.2	16.2	16.2	134
1.4	1.4	1.4	1.4	1.4	16
4.5	4.5	4.5	4.5	4.5	38

Indicative costs avoided per annum (based on avg. placement costs and lengths of stay)	Year 1 Dec19/Mar20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24	5-year total
	£s	£s	£s	£s	£s	£s
In-house Fostering	-	128,286	201,066	243,980	262,207	835,540
Independent Fostering Agencies	-	68,020	62,734	50,536	34,196	215,485
Independent Residential	-	341,280	501,042	565,064	573,540	1,980,925
Total	-	537,587	764,842	859,579	869,942	3,031,950

Year 6 2024/25	Year 7 2025/26	Year 8 2026/27	Year 9 2027/28	Year 10 2028/29	10-year total
£s	£s	£s	£s	£s	£s
266,140	270,132	274,184	278,297	282,471	2,206,764
34,709	35,229	35,758	36,294	36,839	394,314
582,143	590,875	608,734	608,734	617,865	4,989,276
882.991	896.236	918.676	923.325	937.175	7.590.353

Service costs	Year 1 Dec19/Mar20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24	5-year total
	£s	£s	£s	£s	£s	£s
Team Manager	14,571	44,807	45,927	47,075	48,252	200,632
Support workers	56,778	174,594	178,958	183,432	188,018	781,781
Running costs (Mileage, translation, training)	10,000	30,750	31,519	32,307	33,114	137,690
ICT equipment	18,000	-	-	-	-	18,000
Clinical Psychology	25,000	102,500	105,063	107,689	110,381	450,633
Clinical Supervision	3,333	10,250	10,506	10,769	11,038	45,897
Pyscology placement expenses	-	6,000	10,000	10,000	10,000	36,000
Domestic abuse support	25,000	102,500	105,063	107,689	110,381	450,633
Substance misuse support	25,000	102,500	105,063	107,689	110,381	450,633
Project Management	6,000	12,000	12,000	-	-	30,000
Total	183,683	585,900	604,098	606,650	621,567	2,601,898
Estimated Cost Avoidance	- 183,683 -	48,314	160,744	252,929	248,376	430,052

192,719 197,537 202 33,942 34,791 35 20,000 - 113,141 115,969 118	£s ,962 53,261 2,475 207,537 5,661 36,552	£s 54,593 212,725 37,466	£s 460,601 1,794,773 316,101 38,000
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113,141 115,969 118	3,869 121,840	124,886	1,045,338
		-	30,000
656,857 652,529 668	3,593 685,059	701,936	5,966,873

238,266

235,238 1,623,481

250,083

226,135

243,707