

## Cabinet (Resources) Panel

6 November 2018

<b>Report title</b>	Supporting adolescents who are at risk	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Children and Young People	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All	
<b>Accountable Director</b>	Emma Bennett, Children's Services	
<b>Originating service</b>	Children and Young People	
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<b>Report to be/has been considered by</b>	Children's Leadership Team	11 October 2018
	Strategic Executive Board	23 October 2018

### Recommendation for decision:

The Cabinet (Resources) Panel is recommended to:

1. Approve the proposal to establish a specialist multiagency team to work with adolescents who are at risk.

## **1.0 Purpose**

- 1.1 The purpose of this report is to outline a proposal to establish a specialist multiagency team to work with at-risk adolescents to be funded using the Troubled Families Grant.

## **2.0 Background**

- 2.1 In August 2017, the Council began a pilot of a “Young Person’s Team” within its Child Protection Service. The team comprised two social workers, who worked exclusively with young people aged 13 to 16, and are subject to Child in Need (CIN) or Child Protection (CP) planning. The aim of the pilot was to minimise and manage the risks posed by young people engaging in activities related to drugs, alcohol, child sexual exploitation, criminal behaviour, gangs, and radicalisation, and to keep young people from coming into care by supporting them to live safely with their families.

- 2.2 The pilot of the Young Person’s Team was evaluated in March 2018. At this stage the team were working with 31 young people (16 female; 15 male). 28 of these young people remained with their families, with the other three having become looked after (two having been remanded). This evaluation of the pilot identified that working with this specific age group enable social workers to build effective relationships with young people and their parents through frequency of visits and the ability to respond to crises. Close working relationships have been developed with agencies such as the Police. While the pilot identified significant benefits to the intervention in terms of relationships and outcomes, it also identified some areas for improvement and further development, specifically:

- the need to protect caseloads, as when these rise it makes it harder to ensure the consistency and flexibility that is crucial to building effective relationships;
- the need for increased skills and expertise in relation to gangs and child sexual exploitation;
- opportunities to implement planned group-work activities, as opposed to “fire-fighting”/ crisis intervention;
- mediation skills to respond to risks of placement breakdown;
- improving staff knowledge and skills in relation to self-harm, sexual health, legal rights and consent, and social media.

- 2.3 While the pilot was successful, it has not been possible to maintain it without additional resources, as the social workers who worked in the Young Persons Team were taken from the existing establishment, creating a reduction of capacity elsewhere, and increasing demand meant that it was not possible to maintain low enough caseloads to facilitate the relationship-based approach.

## **3.0 Evidence of need**

- 3.1 The table below shows the number of young people, aged 13-16, who are subject to child in need (CIN) or child protection (CP) planning, and the numbers of young people who were taken into care during each year.

	Number of Wolverhampton young people (aged 13-16)...	
	With a CIN or CP plan	Taken into care (cumulative for year from April)
April 2016	279	36
April 2017	332	38
April 2018	333	33
Sept 2018	316	15

- 3.2 There are currently (September 2018) 316 young people aged 13-16 in Wolverhampton who are subject to child in need (CIN) or child protection (CP) planning. This figure has remained relatively stable.
- 3.3 For the previous three years the number of young people aged 13-16 who have been taken into care has been between 33 and 38 per year. Over the first half of this year 15 young people have come into care.
- 3.4 The pilot Young Person's Team started in September 2017, and the evaluation of that team noted that there was a significant reduction in the number of young people coming into care in the second half of that year. In the five months before the pilot began (April to August 2017) 37 young people (aged 13 to 15) were taken into care, whereas during the five months when the pilot was evaluated (September 2017 to January 2018) the number of young people entering care was eight – a reduction of 29.
- 3.5 The number of Wolverhampton children and young people in residential care settings has increased steadily from 30 in April 2017, to 41 in April 2018, and 46 at the end of September 2018. The vast majority of these are young people aged 13 or over, and we know that older children are likely to spend a longer time in residential placements. At September 2018, the average placement duration for 15 to 17 year-olds was 385 days, compared to 257 days for 0 to 14 year-olds.
- 3.6 We have analysed the costs of residential care provision for young people aged 13+ (see Financial Implications, below). At September 2018, the average weekly cost of a young person in a residential care setting was £3,402. The total cost of residential provision for young people aged 13 or over was £5.23 million for the financial year 2017/2018.
- 3.7 Our Urban Street Gangs (USGs) profile in Wolverhampton is currently being updated but the 2015 profile highlighted increasing offences of violence, identified a wide range of urban street gangs and escalating concerns over the carrying and use of weapons. Tensions are currently high between young people in USGs in different parts of the city and despite good partnership working arrangement, existing expertise and good working relationships there is little capacity to support young people at risk. This includes an increasing problem with County Lines and links to Child Sexual Exploitation.

- 3.8 Between September 2017 and August 2018 there were between 20 and 45 missing episodes involving 15 - 27 young people per month - 20% with three or more missing episodes. The city averages four new Multi-Agency Sexual Exploitation referrals each month.
- 3.9 The majority of missing episodes involve children and young people who are being supported by Children's Services. In August 2018, there were 40 missing episodes involving 24 children or young people. Of these, ten were children in need and 12 were children or young people in care.
- 3.10 Social worker practitioners usually refer to a set of behaviours and patterns of behaviour for children and young people who we worry most about as: children from families involved in gangs; children involved in gun crime; children involved in drug running; children exposed to Child Sexual Exploitation; children at risk of secure accommodation; fire setting; and children missing from home or missing from care homes, for days and/or weeks at a time often in other parts of the country.
- 3.11 Local practice experience describes this group as falling into two broad groups. Firstly, there are those that are 'late entrants' into the service or new to the care system - although not all - but typically 14 years of age and upwards. Secondly, there are those young people who may have been in the care system or known to the service, who become connected with - by various family and or community networks - the first group, typically by contact in residential care or by virtue of being a younger sibling. Almost all have a number of complex problems aggravated by loss, neglect, abuse and trauma - features which make work in this area particularly challenging.
- 3.12 We have recently undertaken in depth case studies of six 17-18-year-old young people who have entered either care or custody after the age of 13, and have often had multiple placements as well as being victims of exploitation. In each case there had been significant historical involvement from children's social care and other services. The young people's lives were characterised by high numbers of adverse childhood experiences (ACEs), such as experiences of abuse or neglect, domestic violence, bereavement, having adult responsibilities, or household adversity - many had experienced up to eight of these. Exclusion from school and inconsistent attendance were common features, as were referrals to Child and Mental Health Services that seldom led to meaningful engagement.
- 3.13 These case studies highlighted a number of features that were very similar to those identified by Tower Hamlets Safeguarding Children Board (*Troubled Lives, Tragic Consequences: 2015*) in its thematic review of six young people involved in incidents of serious peer to peer violence:

*"A distinct pattern that can be seen for most of these children is a very troubled home environment, early behavioural issues, followed by associating outside of the home with delinquent peers, which in turn leads to them being victims of serious assaults and violence. They were also all excluded from school losing that key protective factor."*

3.14 Research evidence suggests that people who have experienced four or more ACEs are:

- Eleven times more likely to have used illicit drugs
- Five times more likely to have had underage sex
- Eleven times more likely to have been incarcerated
- Seven time more likely to have been involved in violence
- Four times more likely to have low levels of mental wellbeing

#### **4.0 Research evidence into effective interventions for adolescent young people**

4.1 There is growing understanding of adolescence as a distinct stage of neurological development, which is like neither childhood nor adulthood, and calls for different approaches and interventions to achieve successful outcomes. Moreover there is evidence (e.g. Dishion, 1999: *When Interventions Harm*) that some interventions intended to reduce risks of poor outcomes for “at-risk youth” can actually have the opposite effect and can predict increased delinquency, substance misuse, violence, and adult maladjustment.

4.2 Research suggests that “traditional” behaviour change interventions that may be effective with either children or adults, often have poor evidence of effectiveness for adolescent young people (Yeager et al. 2017). This is based on a meta-analysis of 28 research studies involving 19,301 young people in total aged 12 to 16. Traditional interventions that have appeared in meta-analyses have not yet been effective on average for middle adolescents across multiple domains—including obesity prevention, depression prevention, bullying, recidivism, and socioemotional skill-building in general—even though evaluations of these programmes found benefits for younger individuals. Their research argues that:

- Compared to younger individuals, middle adolescents show a greater sensitivity to status and respect, resulting from pubertal maturation (e.g. changes in hormones), changes in social context (e.g. school transitions), and social-cognitive developments;
- Traditional interventions do not sufficiently honour this greater sensitivity to status and respect, making the interventions less effective;
- Improved interventions could honour the sensitivity to status and respect and thereby capture adolescent attention and motivation to create behaviour change.

4.3 No Wrong Door (NWD) is a project developed in North Yorkshire which aimed to support young people (aged 12-25), who are either in care, edging to or on the edge of care, or have recently moved to supported or independent accommodation. NWD operates out of two hubs offering both residential and outreach services, each with a team consisting: a manager; two deputy managers; NWD hub workers who undertake residential and outreach work, and have the role of key workers; a communication support worker (speech and language therapist); a life coach (clinical psychologist); and a police liaison officer. All staff in the team are training in Signs of Safety, restorative approaches and solution-focused approaches. The integrated team supports the young person throughout their journey to ensure that they are not passed from service to service but instead are

supported by a dedicated team. Some young people are placed in the hubs, and others are supported by outreach while either in foster care, or living with their families.

4.4 Over two years (2015/2017) 355 young people were supported by NWD at varying levels of intensity. The evaluation of the programme found that:

- more NWD young people had ceased to be looked after children, compared to a matched cohort, and the majority (86%) of those referred to NWD remained out of the care system;
- there was improved accommodation stability for those supported by NWD;
- NWD helped to maintain and improve engagement in education, employment or training;
- there was a reduction of arrests for young people supported by NWD;
- there has been a reduction of substance misuse among some of the NWD cohort;
- missing incidents reduced by a half
- there was improved social and emotional wellbeing as measured by the Strengths and Difficulties Questionnaire (SDQ)

4.5 The evaluation of NWD identified ten distinguishing core components, which were seen as central to the effectiveness of the programme, namely:

1. Always progressing to permanence within a family or community
2. High stickability of the key worker
3. Fewer referrals, less stigma
4. Robust training strategy same/or similar to restorative practice and therapeutic support
5. No “heads on beds” culture
6. No appointment assessments
7. A core offer to all young people
8. Multi-agency, intelligence-led approach to reduce risk
9. Close partnership working
10. Young people’s aspirations drive practice

## **5.0 Proposal**

5.1 The proposal is to establish a specialist multiagency and multidisciplinary team to work with at-risk adolescents, based on learning from the pilot of the young person’s team and research evidence outlined above. The team will work with young people across the different levels of need/support from early help to young people in care.

5.2 The team will comprise staff from different agencies (children’s services, health, voluntary and community sector) and would comprise the following roles: manager, social worker, key workers, psychologist, speech and language therapist, as set out below.



- 5.3 The team will be located within the Specialist Support Service. Operationally, it will be managed by a Social Work Team Manager, reporting to the Operations Manager (Youth Offending).
- 5.4 Staff will be able to access clinical/professional supervision from staff from their own profession/organisation where necessary.
- 5.5 There will be five key workers within the team. These will have a generic job description, but we will select staff from differing background, so that the team has a balance of skills and expertise, including youth work, emotional wellbeing, and family support.
- 5.6 We will work with voluntary sector organisations to explore the possibilities of key workers being provided by existing voluntary sector organisations, through either secondment or commissioning arrangements.
- 5.7 We will explore options with the relevant Trust for either seconding or commissioning a speech and language therapist as part of the team.
- 5.8 The social workers and psychologist within the team will be employed directly by the Council.
- 5.9 While the team will comprise a number of different professionals, it is vital that there is “fuzziness” about role boundaries and all staff are sufficiently skilled, adaptable and motivated to provide support to young people that feels consistent in its approach. We would consult with young people about an appropriate name for both the team and the roles within it, to try to make it accessible and understandable and to reduce stigma.

- 5.10 The team will be co-located in a building that is accessible to young people, and where activities or interventions can take place, although it is envisaged that the majority of the work of the team will be working with young people in their communities. Co-location will be crucial to establishing effective working relationships, a joined-up approach and information sharing. The social work team manager will co-ordinate the team, and directly supervise the social workers and the family support worker, with matrix management arrangements in place for supervision of staff from other disciplines. There will be weekly joint reflective supervision sessions to embed a culture of reflection and learning, and to help the team to develop a shared understanding of the young people, their situations, aspirations and their needs.
- 5.11 The team will work with young people, aged 11 to 16 (at point of referral – once referred, support will not stop simply because of age), who are identified through existing safeguarding pathways and processes, where the primary concerns relate to the young person's behaviour and risks arising from this. This may include the following:
- missing episodes
  - risk of child sexual exploitation
  - risk of gang exploitation
  - substance misuse
  - exclusion from school
  - violence towards other people within the home
  - criminal or antisocial behaviour
- 5.12 The team will be able to link with existing in-house residential provision (Merridale Street West, Upper Pendeford Farm) to provide support to young people accessing those provisions (who meet referral criteria). The team will develop close links with pupil referral units to identify young people who have been excluded from school and are in need of support.
- 5.13 It is expected that the majority of referrals will be for children and young people supported with a child in need or child protection plan. However, referrals will also be accepted for young people with an early help plan, if specific criteria are met, or for children who are looked after if they are accessing the residential assessment unit, experiencing placement instability, or it is part of a planned step down process towards independence.
- 5.14 The primary aims of the team are to work with young people to help them to exert more positive control over their lives and to live safely as they progress towards adulthood. This will involve:
- building a trusting relationship with a worker who can offer the support that they need, when they need it, in the way that they need it;
  - providing consistency of support to the young person, even if their situation changes (e.g. by moving into/ out of care; changing accommodation), until stability or permanence is achieved;

- work to build resilience, self-esteem and an understanding of their strengths and needs;
  - evidence-based intervention approaches, such as solution-focused approaches and motivational interviewing;
  - an over-arching approach informed by restorative practice;
  - work to identify previously unmet needs in young people who may have previously “slipped through the net” or who we have previously failed to reach;
  - work structured and underpinned by a trauma-informed practice (The Trauma Recovery Model)
  - interventions to promote positive engagement, positive peer relationships, and development of life skills.
- 5.15 Each young person allocated to the team will have a key worker. The key worker will be assigned based on the needs of the young person, the skills of staff, and the likelihood of engagement and building positive relationships. Wherever possible the key worker will remain linked to the young person throughout their involvement with the team. This may mean, for instance, that a child who is looked after or on a child protection plan has a key worker who is not a social worker. They would have a social worker too, who would have responsibility for their plan, but a change in threshold would not be reason for a change in key worker.
- 5.16 Where possible the key worker will be the main person for engaging with and supporting the young person. Part of the purpose of having a multi-disciplinary team is so that skills and expertise can be shared across it. So where, for example, a young person is identified as having a communication difficulty or a mental health need, one of the specialists within the team can work with the key worker to help them to understand and address this, rather than seeing different “problems” as needing different professionals to address them. Where a child has more complex needs that do require more specialist intervention and skills, the key worker can help the young person to build a relationship with the relevant member of the team.
- 5.17 In some cases, parents or carers may be allocated a key worker who is different to the young person’s. This will be based upon assessed need. For example, where there is a need as part of the plan for work with parents to help to understand how to manage and respond to risky behaviour, or the impact of a young person’s mental health, or to repair and rebuild relationships within a family, a specific parent/carer key worker may be best placed to do this.
- 5.18 We expect that each keyworker and social worker will have a caseload of approximately 10 young people, and that the typical length of involvement will be between 6 and 12 months. This means that we expect that the team will be able to support between 70 and 140 per year.
- 5.19 Based on evidence of the prevalence of childhood trauma and adverse childhood experiences among at-risk young people, the team will be trained in and adopt a trauma-informed approach to their work.

5.20 It is proposed that the team be funded for two years using the Troubled Families Grant. During this time there will be an ongoing evaluation of the impact of the team and cost-benefit analysis, in order to make a decision about its sustainability as an approach to intervening effectively to reduce and manage risks and to reduce demand.

## **6.0 Evaluation of alternative options**

6.1 Two alternative options have been considered:

- Provide support for at-risk adolescents within the current service structure; or
- Continue the young person's team as constituted within the pilot phase.

6.2 Option A is essentially maintaining the status quo that existed prior to the pilot of the young person's team. As stated above, before the pilot started there were high and increasing numbers of young people coming into care within the target age group, and the costs of these placements was high. Selecting this option would risk increased numbers of young people entering care and increased costs.

6.3 Option B would involve having a team of two social workers working specifically with young people. While the pilot showed this to have various benefits, and significantly there was a reduction in the number of 13 to 16 year olds becoming young people in care, the evaluation of the pilot also identified ways that this model could be improved, specifically, a need for increased capacity to enable low enough caseloads to facilitate forming of strong relationships with young people, and the need for a multidisciplinary skill mix to ensure that support can be tailored to young people's needs.

## **7.0 Reasons for decision**

7.1 The proposal outlined in this report is preferred to alternative options as this would address the issues outlined in section six, and build on the evidence base about what works when working with vulnerable and at-risk adolescents.

7.2 The evidence of need and research evidence outlined above indicate that there is a need to develop more focused, integrated and flexible services to work with at-risk adolescents, in order to prevent negative outcomes such as engagement in risky behaviours, exposure to exploitation, and to help young people to remain safe with their families.

7.3 Not only do we expect that the team can improve outcomes for at-risk young people and help to keep them safe, we also expect that this model can be cost-effective by achieving savings by reducing the need for care placements for young people, as outlined in section eight, below.

## 8.0 Financial implications

8.1 The funding required to support the delivery of the proposal as referred to throughout the report is £495,000 per annum.

8.2 The Council has an uncommitted grant balance from Department for Communities and Local Government (DCLG) for Troubled Families grant received from previous years of £3.1 million, along with £721,000 received to date during 2018/2019, giving a total balance of £3.8 million. Commitments of £1.6 million for 2018/2019 have been identified to date to be funded from within this balance, leaving a balance £2.2 million of which further commitments have been earmarked for 2019/2020. It is proposed that this funding will be used to fund the costs referred to above in paragraph 8.1 for a period of up to two years.

8.3 The indicative costs for the new team are shown below:

Description	Cost £000	Number of Staff	Total Cost per Annum £000
Social work team manager – grade 9	69	1	69
Social worker – grade 7	58	2	116
Young person’s team key worker	35	5	175
Speech and language therapist	48	1	48
Psychologist - main grade	62	1	62
Training			5
Facilities, resources and commissioned activities			20
<b>Total Cost</b>			<b>495</b>

8.4 The grant from DCLG is one off non-recurrent funding.

8.5 There are potential long-term savings to be achieved by reducing the number of young people in care and demand on other services.

8.6 The average annual cost of a child being in foster care is approximately £40,000 per year.

8.7 The table below sets out costs of residential care for young people aged 13 or over for the current and past two financial years:

	Financial year		
	2016/2017	2017/2018	2018/2019 (to 30/09/18)
Total number of young people (aged 13+ at start of year) in residential	45	51	45
Total days in residential	10933	11031	7282

Total cost of residential	£4,927,402	£5,260,022	£3,538,934
Average cost of residential per week	£3,155	£3,319	£3,402

- 8.8 Based on these figures, the average annual cost of a child being in residential care is approximately £170,000. The vast majority of those in residential care are aged 13 or over.
- 8.9 At 30 September 2018, 23 of the young people in residential care are funded entirely from the social care budget, while 22 are funded through a pooled budget, between social care (35%), education (25.5%) and health (39.5%).
- 8.10 The service can demonstrate cost-effectiveness by preventing expenditure on the cost of care. The table below outlines scenarios required for the team to demonstrate cost-effectiveness.

		Estimated annual saving £000	Number required to demonstrate cost-effectiveness
	Supporting a young person to remain with their family, and preventing them becoming looked after	40	12.4
or	Supporting a young person to remain with their family, and preventing the need for residential provision	170	2.9
or	Supporting a young person to remain in a foster care placement, and preventing the need for residential provision	130	3.8
or	a combination of the above.		

- 8.11 It is reasonable to predict that the team will be able to achieve cost-effectiveness as described above. During the pilot of the young person's team, only three of the 31 young people that they worked with became looked after, and there was a net reduction of 29 young people becoming looked after compared to the five-month period before the team was established.
- 8.12 The potential savings that this proposal could achieve by reducing the costs of care are the easiest to quantify. Other potential benefits and reductions in cost pressures can be achieved through reducing demand on other services, including health, criminal justice and specialist educational provision, as well as reducing the impact of problematic behaviours and negative outcomes, such as crime and anti-social behaviour, educational

non-engagement, or substance misuse. It is not possible at this stage to quantify those costs.

- 8.13 An evaluation and cost-benefit analysis will be undertaken in order to inform decisions about future funding of the team after 2021.

[NM/24102018/M]

## **9.0 Legal implications**

- 9.1 There are no direct legal implications of this proposal.

[TC/25102018/S]

## **10.0 Equalities implications**

- 10.1 An initial Equality Analysis has been undertaken. There are no specific equalities issues arising from this proposal. The proposal aims to enable additional, more specialised support to be available to vulnerable young people.

## **11.0 Environmental implications**

- 11.1 There are no environmental implications of this proposal.

## **12.0 Human resources implications**

- 12.1 There are no specific human resources implications of this proposal.

## **13.0 Corporate landlord implications**

- 13.1 There are no specific corporate landlord implications of this proposal.

## **14.0 Schedule of background documents**

- 14.1 None