

## Cabinet (Resources) Panel

19 January 2022

<b>Report title</b>	Future funding for the Power2 Team	
<b>Decision designation</b>	AMBER	
<b>Cabinet member with lead responsibility</b>	Councillor Beverley Momenabadi Children and Young People	
<b>Key decision</b>	Yes	
<b>In forward plan</b>	Yes	
<b>Wards affected</b>	All Wards	
<b>Accountable Director</b>	Emma Bennett, Executive Director of Families	
<b>Originating service</b>	Specialist Support Service	
<b>Accountable employee</b>	Rachel King Tel Email	Head of Specialist Support 07854943254 <a href="mailto:Rachel.king@wolverhampton.gov.uk">Rachel.king@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	Directorate Leadership Team	23 December 2021
	Strategic Executive Board	6 January 2022

### Recommendations for decision:

The Cabinet (Resources) Panel is recommended to:

1. Endorse the positive evaluation and impact of the Power2 team and, based on the positive outcomes achieved to date, approve the establishment of the team on a permanent basis.
2. Approve the use of £300,000 from the Public Health reserve towards the cost of the Power 2 team in 2022-2023.
3. Approve the re-tendering of a three year contract, with an option to extend by 1 year, for the third sector Keyworkers in Power2, at a value of £969,600.
4. Agree for the Council to work with key partners over the next 12 months to establish a longer term multi-agency funding model for the team, with a view to identifying the ongoing core council budget required to support Power2 longer term.

## **1.0 Purpose**

- 1.1 The purpose of this report is to seek approval for the future funding of the Power2 team.
- 1.2 The Power2 team has been operational since December 2019, supporting young people aged 11-17 on the edge of care and at risk of exploitation. In April 2020 the team expanded to support vulnerable adults up to the age of 25.
- 1.3 Power2 is currently funded via financial and in-kind contributions from Children's Services, Adult Services, Public Health and the Clinical Commissioning Group (CCG).
- 1.4 In September 2021 a comprehensive evaluation report was produced detailing the positive impact of the team. Improved outcomes for vulnerable young people and vulnerable young adults were evidenced in a range of areas including a reduction in those not engaged in education, employment or training (NEET); reduction in school exclusions and improved attendance; reduction in involvement in high risk-taking behaviours such as exploitation; improvement in family relationships and reduction of young people going into care; reduction of criminal activity; and increased stability in mental health.
- 1.5 The evaluation of Power2 provides a clear business case for the continuation of the team.

## **2.0 Background**

- 2.1 On 6 November 2018, Cabinet (Resources) Panel approved a proposal to establish a specialist multiagency team to work with adolescent young people aged 11-17 at risk of various forms of exploitation.
- 2.2 Following a consultation with young people, the team was named 'Power2'.
- 2.3 In October 2019, a bid for £150,000 was submitted to the Police and Crime Commissioner (PCC) to seek funding to extend the remit of Power2 up to the age of 25 in order to support vulnerable young people with the transition to adulthood. To strengthen this bid, match funding was also identified collectively between Children's Services, Adult Services and Public Health (all contributing £25,000) and the CCG contributing £75,000.
- 2.4 In April 2020, the Police and Crime Commissioner confirmed the funding had been agreed and work commenced between April and September 2020 to mobilise the extension to the Power2 team.
- 2.5 In February 2021, an interim evaluation report was produced to demonstrate the impact of Power2. This evidenced progress being made with vulnerable young people. However, as the extended part of the team supporting adults up to the age of 25 had only been operational since September 2020, the available evaluation information was more limited. There was therefore a collective agreement between Children's Services, Public Health and the CCG to continue funding for the team until March 2022 to allow time for a comprehensive evaluation.

- 2.6 Power2 is a multi-disciplinary, multi-agency partnership between Children's Social Care, Adult Social Care, CCG, Public Health and the Voluntary Sector. It supports vulnerable young people aged 11-25 at risk of exploitation and family breakdown. The service provides a trauma informed approach enabling vulnerable young people and adults to develop a consistent, non-judgemental, one to one relationship with a case/key worker with the relationship being built on trust and stability. Power2 provides an intensive service up to a period of 6-12 months.
- 2.7 The uniqueness of the team is that they have internal access to clinical, welfare and safeguarding professionals alongside direct access to key workers from the voluntary sector, many of which have lived experience which enables them to build authentic relationships with young people. The team members have their own specialisms and expertise and have all been trained in specialist frameworks such as Attachment Theory; Developmental and Relational Trauma; and Attachment, Regulation and Competency.
- 2.8 Recent national reports have identified the importance of providing support like that of the Power2 team. For example, an Independent Review of Children's Social Care in England commenced in March 2021. In June 2021, a report was published outlining the need for system wide reform. In particular, it recommended that multi-agency arrangements need to take a multidisciplinary approach to working with children and families, with the need for more cohesion between school, health, housing and children's social care. Findings indicated that the system particularly fails teenagers who face harm outside of the home and safeguarding partners have failed to have an effective response to the risks that teenagers face.
- 2.9 Similarly, there is recent national research that emphasises the importance of continued support for vulnerable adults. 'Bridging the Gap: Transitional Safeguarding and the Role of Social Work with Adults' (June 2021) highlighted the importance of transitional safeguarding and children's and adults' safeguarding professionals sharing a common aim of protecting people from harm. The briefing sets out how for young people under 18, safeguarding duties are intended to protect all those at risk of harm. However, adult safeguarding focuses on people with care and support needs who might find it more difficult to protect themselves from abuse or neglect because of those care and support needs. This can sometimes be misinterpreted as limiting or restricting which local services are permitted to support and can result in some young adults experiencing significant safeguarding risks in their lives and not receiving support when they need it. Power2 provides a service to young adults who otherwise may not meet the criteria for support but who, without it, are at significant risk of requiring intensive care and support in the future.

### **3.0 Progress**

- 3.1 In September 2021 a comprehensive evaluation was produced for the Power2 team. There is clear evidence that young people and families being supported by Power2

Service are receiving prompt access to tailored support which is not always available through mainstream services.

- 3.2 Engagement with the Power2 has led to swifter access to services including access to an Educational Psychologist, Counselling Psychologist, Drama Psychotherapist and also access to a Speech and Language Therapist. There is currently a Speech and Language Therapy service for young people up to the age of 16 and up to 19 if in special school education. Currently, unless they are a priority (Dysphagia, Fluency, cleft palate or requiring an Education Health and Care Plan report), the wait is around 40 weeks.
- 3.3 The multi-disciplinary nature of the Power2 Team enables the individuals that they are working with to receive direct and timely access to a range of therapeutic and other services and in turn reduces demand on other parts of the health, social care and other systems.
- 3.4 Since the Power2 team was established it has worked with 73 young people aged 11-17 years old (including siblings); 21 young adults aged 18-25; and 62 parents/carers. Of the 11-17 year olds supported, 22 have been closed with clear, demonstrable improved outcomes; 4 disengaged from the service; 2 had a service from the Youth Offending Team instead of Power2; 6 moved out of area; and 39 are still receiving support. For the young adults working with Power2, 13 have completed their work with Power2 and been closed to the service, with 11 achieving positive outcomes.
- 3.5 Table 1 below details the profile of young people involved with Power2:

	<b>Under 18's</b>	<b>18-25's</b>
Number receiving a service who have experienced a wide range of adverse childhood experiences (ACES)*	14 have 1 to 3 Adverse Childhood Experiences (ACES) (19%) 37 have 4 to 6 ACES (51%) 22 have 7 to 10 ACES (30%)	2 have 1 to 3 ACES (10%) 11 have 4 to 6 ACES (52%) 7 have 7 to 10 ACES (33%)
Number who are known to social care	73 (100%)	15 care leavers
Number who have been excluded from school and/or had attendance issues	43 have had exclusion episodes (67.12%) 39 had attendance under 90% (53%)	Above school age
Number who have Education Health and Care Plan (EHCP)/Special Educational Needs and Disabilities (SEN) status	55 have EHCP/SEN status (75%)	11 EHCP (52%)

Number who are not in employment, education or training	16 Not in Education, Employment or Training (NEET) (22%)	12 NEET (57%)
Number who have had at least 1 missing episode	32 had missing episodes (44%)	4 had missing episodes (19%)
Number who have experienced homelessness/housing issues	8 (11%)	8 (38%)
Number who have substance misuse problems	8 (11%)	5 (24%)
Number who have been known to YOT and/or the Police	30 (41%)	5 (24%)
Those at risk/being exploited	35 (71%)	14 (67%)
Those needing support for mental health	2 (4%) with repeat A&E attendances 2 (4%) admitted to hospital 4 (8%) on the edge of CAMHS referral	6 (29%) with repeat A&E attendances 7 (33%) admitted to hospital 7 (33%) on the edge of CAMHS referral

\*Adverse childhood experiences include domestic violence, parental abandonment through separation or divorce, parental mental health, victim of abuse (physical, sexual and/ or emotional), victim of neglect, member of the household being in prison and drug and alcohol problems

- 3.6 The addition of having Keyworkers from the voluntary/ non statutory sector, some of whom have lived experience, supports engagement with those young people and families who have traditionally been 'harder to reach'. Young people and families find the keyworkers more approachable and relatable. Power2 young people and families have also been able to access other forms of support from the voluntary sector providers (Barnardo's, Gazebo and St Giles Trust), including access to grants and funding for furniture as well as access to other community support. St Giles Trust has also funded a social enterprise project with Power2 in the form of training young people in Barista coffee skills and t-shirt design and printing. The benefit this has given our young people is access to skills, qualifications, a return to training and access to employment.
- 3.7 There is clear evidence that the support offered by Power2 is having a positive impact on young people and families. For example, Power2 provided over 400 hours of support to a young person and family where there were risks around sexual exploitation, poor school attendance, and concerns around neglect within the family. The intensity and multi-disciplinary nature of the work with the family reduced demand in a variety of ways. At the point of closure with Power2, exploitation risks had reduced, school attendance had improved, speech and language training had been provided to the staff in school, the

family were closed to social care due to child protection concerns around neglect being addressed and the young person achieved GCSE and a BTEC qualifications that allowed the young person to progress to college.

- 3.8 Power2 support has also reduced demand on Adult Social Care. For example, a young adult experiencing mental health issues, substance misuse and isolation, connected with the Power2 Social Care Worker, Educational Psychologist, Speech and Language, and Drama Psychotherapist. Power2 supported the young adult into higher education resulting in the young person no longer needing supported accommodation. Power2 also supported the young adult's mental health and emotional wellbeing, reducing potential demand on Adult Mental Health services in the future. Engagement in community activities was encouraged to provide longer term support and to reduce feelings of loneliness. The young adult reported improved emotional wellbeing and reduction in substance misuse, as well as improved family relationships.
- 3.9 The complexity of the young people supported by Power2 means that positive outcomes will not always be achieved. However, the multi-disciplinary nature of the team and the links with the voluntary sector, enable Power2 staff to work closely with other professionals to ensure follow up support is identified following the completion of the Power2 intervention. In addition, there is a specific focus on supporting young people to engage in education, employment and training in order to achieve sustainable outcomes and improve life chances longer term. This supports the City's priority around reducing levels of youth unemployment.
- 3.10 As part of the evaluation, indicative costs that have potentially been avoided were examined using agreed outcome measures, for example, reduction of young people not engaged in education, employment or training; reduction in school exclusions and improved school attendance; reduction in involvement in high risk-taking behaviours such as exploitation; improvement in family relationships and reduction of young people going into care; reduction of criminal activity; increased stability in mental health with reduction in A&E attendances; and improved attendance at health appointments. The costs were taken from a range of national and local sources and should be considered with some degree of caution as they are estimates. However, the analysis estimates that there has potentially been cost avoidance in the region of £5.2 million across the public service system, by Power2 providing access to a range of support and reducing the need for other services.
- 3.11 The information gathered for the evaluation of the Power2 team demonstrates how the unique and targeted approach can really make a difference to young people and adults with a history of trauma. It is evident that the intensity of support, coupled with the multi-disciplinary approach, is effective in reducing risk and demand on other services, as well as increasing positive outcomes for young people and families.

- 3.12 More recently, in September and October 2021, Wolverhampton received its Special education Needs and Disabilities Inspection and its Youth Offending Team inspection. Both inspectorates identified the work of Power2 as an area of good practice. Similarly, Wolverhampton Children's Services were involved in the Independent Review of Social Care. This review was set up by the Government in March 2021 to investigate what needs to change to improve the lives of children and families. When the review team visited Wolverhampton in September 2021, the work of Power2 was showcased and recognised as a standout area of practice. The multi-disciplinary approach to working with teenagers facing harm outside of the home and the intensive relationship-based trauma-informed work for young people up until the age of 25 is a model the review team are keen to explore further.
- 3.13 With current funding arrangements for the Power2 team only being agreed until the end of March 2022, there is therefore a need to consider options for the future of the team.

#### **4.0 Evaluation of alternative options**

- 4.1 The positive evaluation of Power2 has resulted in a partnership discussion between the local authority, Public Health and the CCG. There is a collective commitment for the continuation of the team. However, further work is required to identify how the work of Power2 is supported longer term. For example, instead of annual financial contributions, there needs to be further exploration as to whether input in the team could be detailed within future commissioning intentions. These discussions are underway and it is anticipated that over the next 12 months there will be opportunity to consider and review relevant contracts. Once this work is completed it will identify the core financial budget that is required to fund Power2 longer term. In the interim, options for financially supporting Power2 during 2022-2023 need to be considered.
- 4.2 Table 2 below outlines the options for the Power2 team over the next 12 months

<b>Option Number</b>	<b>Outline of Option</b>	<b>Impact</b>
Option 1	Cease funding for the Power2 team	<p>A number of vulnerable young people, young adults and families without a service.</p> <p>Increase of risk taking behaviour by young people and reduced family support, leading to increased demand on a range of health, education, social care and other services</p> <p>Increased demand on social workers which may lead to lower risk cases getting less attention and in turn, risks increasing in these cases</p>

Option Number	Outline of Option	Impact
Option 2	Continue funding for parts of the service i.e., 11-17 year olds	<p>Young people and families would still have access to a targeted multi-disciplinary specialist team which would provide stability, individual and family support</p> <p>Continued support for CYP Social Workers carrying complex caseloads</p> <p>Potential increase in demand on adult social care and other police/health services due to lack of co-ordinated, targeted, multi-disciplinary support</p> <p>Increased risk and cost to other services from lack of specialist intervention for those young adults who would otherwise not be eligible for a service.</p>
Option 3	Continue funding the service for 11-25 years	<p>Continuation of cost savings as outlined within section 3.9 of this report.</p> <p>Continued targeted, specialist multi-disciplinary service to CYP, families and young adults reducing their risks, improving life chances and continued reduced demand on other police, social care and health services.</p> <p>Continuation of benefits to young people, families and young adults' emotional wellbeing, access to education employment and training, and stability.</p> <p>Continuation of access to services such as Speech and Language which would otherwise have significant waiting times.</p>
Option 4	Continue funding for the team to support 11-25-year olds with a revised team structure	<p>Continued targeted, specialist multi-disciplinary service to CYP, families and young adults reducing their risks, improving life chances and continued reduced demand on other police, social care and health services.</p> <p>Cost savings to the local authority, police, health, social care and partner agencies.</p> <p>Reduction in risk for CYP, families and young adults.</p>



Option Number	Outline of Option	Impact
		<p>Access to therapeutic services which CYP, families and young adults would otherwise have to wait a long time for.</p> <p>Increased ability to meet the demand for MH support.</p> <p>Reduced demand on social care teams as well as some partner agencies.</p> <p>Reduced service capacity and the need to prioritise referrals leading to longer waiting times for receipt of a service from Power2 for CYP, families and young adults.</p>

4.3 The recommended option is option 4.

4.4 If option 4 is supported, there will be a requirement to re-commission the Power2 keyworker support from the third sector. This will be a three year contract, with an option of a one year extension.

## 5.0 Reasons for decision(s)

5.1 The reason for recommending option 4 is that this will allow for the continuation of a specialist, multi-disciplinary team to support young people aged 11-25 years. There is a wealth of information to evidence the positive impact the team has had to date and the wider associated costs that have been avoided.

5.2 Option 4 includes the re-commissioning of the third sector keyworker support.

5.3 There is support from Public Health and the CCG to continue the team with a view to longer term including the support for Power2 within future commissioning intentions and relevant commissioned contracts.

5.4 The ongoing funding of the Power2 team will enable a continued response to key national priorities around supporting vulnerable adolescents experiencing extra-familial harm and supporting the transition to adulthood. The work of this team has been recognised nationally as innovative and an area of good practice.

5.5 The proposed new structure in option 4 will slightly reduce the annual cost of the teams whilst not impacting negatively on service delivery.

## 6.0 Financial implications

6.1 The total annual cost of staffing and related costs for the Power 2 project will be in the region of £515,000. In addition, there will be a cost of £242,000 for the external keyworker contract. This means a total annual revenue cost for the project in the region of £757,000.

6.2 In 2022-2023, £300,000 of the costs will be funded from the Public Health reserve. In addition to this the Black Country CCG have agreed to contribute £75,000 in 2022-2023. The remaining cost of £382,000 in 2022-2023 and £682,000 per annum thereafter will be funded from a combination of Supporting families grant and growth in the annual budget, this will be reflected in the Final Budget and Medium Term Financial strategy report which will be subject to approval by Cabinet in February. In the event that the budget is not approved, alternative funding will be identified.

6.3 As detailed in the body of this report, the cost benefit analysis conducted by the service indicated that the Power 2 project results in substantial cost avoidance across the local Public Services system.

[JB/23122021/A]

## **7.0 Legal implications**

7.1 There are no direct legal implications arising from the report

7.2 The positive impact of Power2 in relation to children, young people and adults is set out in the report.

7.3 The ongoing funding of the Power2 team will enable a continued response to key national priorities around supporting vulnerable adolescents experiencing extra-familial harm and supporting the transition to adulthood.

[TC/21122021C]

## **8.0 Equalities implications**

8.1 When the Power2 team was developed, an initial Equality Analysis was undertaken. There were no specific equalities issues that arose from this. The team aims to enable additional, more specialised support for vulnerable young people and adults. This report seeks approval for an extension of an existing initiative and is therefore covered by existing equalities analysis support.

8.2 At this time, it is not considered that the extension requires further equalities analysis. However, as part of the commitment in Children's Services to developing work around equalities, there will be regular analysis of the young people accessing support via Power2, in order to identify protective characteristics and any areas disproportionality.

8.3 Whilst the numbers being supported by Power2 are relatively small and therefore not representative the wider community, it is important to understand the characteristics of those being supported to help shape the provision and ensure it is accessible to all.

8.4 Wolverhampton's ethnicity breakdown is approximately 68% White, 18% Asian, 6.9% Black and 5.9% Mixed (according to the National Statistics UK website). The majority of young people (under 18 years) and young adults (18-25yrs) supported by Power2 (n=104), reported their ethnic group as White (56% of the total cohort), followed by Mixed heritage (22%) and Black (20%). The remaining ethnic groups each accounted for 2% of the total cohort.

- 8.5 Within Wolverhampton, 14% of school aged pupils requires special educational needs and disabilities support (SEND). This includes those provided with additional support in school as well as those with an Education Health and Care plan (EHCP). Analysis of the Power2 cohort shows that 73% of the under 18 year old cohort have an EHCP (26%) or SEN support (47%).
- 8.6 This equalities data demonstrates how Power2 are supporting some of the more marginalised groups within the city.
- 8.7 Continuing to develop a better understanding of the Power2 cohort being will assist in identifying areas for workforce development. For example, Power2 team members have recently requested training around the inclusion for gender and sexual diversity. This is in response to an increase in young people identifying as being unsure around their gender, identity and sexuality.

## **9.0 All other implications**

- 9.1 The socio-economic impact of COVID-19 has been felt hardest by the most marginalised children and families. Many already lived in poverty and the consequences of COVID-19 has further impacted those who were already suffering hardship. Risk factors for violence, exploitation and abuse are on the rise for children living under restricted movement and socioeconomic decline. With school closures and subsequent isolation, children suffering violence at home or online fall further from help, especially as they become cut off from teachers, social care and other key forms of support. At the same time, some children are suffering the additional stress and stigma that befall families struggling to make ends meet. It is clear that demand for health and social care services will continue to rise as we see the medium-longer term effects of COVID on the emotional and mental health of our most vulnerable young people.
- 9.2 Research across the West Midlands has found that county lines drug supply networks and exploitation activity quickly adapted to the restrictions of lockdown. Methods of delivery and payment changed during lock down, yet there was no change in the demand for young people to run drugs, perpetuating their risk of exploitation and continuing the supply of illegal substances. In addition, work to detect and effectively safeguard children and young people across the region has been impacted as frontline professionals come to terms again with working from home, unable to provide face-to-face support.
- 9.3 In relation to human resource implications, options one and two may affect the retention of skilled staff, whilst option four will reduce demand on social care which in turn should help to retain staff. Any restructure proposal will follow the councils restructure policy and procedures.

## **10.0 Schedule of background papers**

- 10.1 There are no background papers.