

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET COMMITTEE CORPORATE PARENTING

12 OCTOBER 2022

REPORT OF THE CORPORATE DIRECTOR - EDUCATION AND FAMILY SUPPORT

EDGE OF CARE SERVICES

1. Purpose of report

- 1.1 The purpose of this report is to update Cabinet Committee Corporate Parenting on the work of Bridgend County Borough Council's Edge of Care Service.

2. Connection to corporate well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:

Supporting a successful sustainable economy – taking steps to make the county borough a great place to do business, for people to live, work, study and visit, and to ensure that our schools are focussed on raising the skills, qualifications and ambitions for all people in the county borough.

Helping people and communities to be more healthy and resilient - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.

Smarter use of resources – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 The Edge of Care Service is a multi-agency, intensive intervention team consisting of 24 staff from a range of professional backgrounds including:

- social workers;
- a mental health nurse;
- a health visitor;
- a specialist substance misuse worker; and
- family support workers.

- 3.2 The service supports families who have acute and/or highly complex needs, where children are at risk of significant harm or where children's families require specialist support to prevent their children from entering the care system. 'Edge of care' is an umbrella term to describe a portfolio of specialist teams to meet specific needs identified by the local authority. They are detailed below.

Connecting Families

- 3.3 Connecting Families is a team of:

- six family support workers;
- a specialist substance misuse worker; and
- a senior family support worker.

- 3.4 The Connecting Families Team offers intensive interventions for up to six months on a one-to-one and group basis. Referrals are received from social workers who are concerned about children and their families who often face multiple issues that are impacting on environment or their parenting capacity. Practitioners use motivational interviewing skills to move parents through the cycle of change as well as using evidence-based parenting programmes to support improved understanding of a child's different stages of development and how parents can adapt their parenting to meet their needs, whilst often facing complex difficulties themselves.

Baby in Mind

- 3.5 The Baby in Mind Team consists of:

- a specialist health visitor;
- three family support workers; and
- a senior family support worker.

- 3.6 The team provides intensive support where there is a risk of a baby becoming accommodated by the local authority. Support is provided pre- and post-birth and tailored to a family's specific needs. The team offers a robust package of support and work with safeguarding teams to make home visits up to twice a day to the most vulnerable families after the birth of their baby. Parents are supported to understand how they can become more emotionally attuned to their baby's needs and ensure healthy brain development providing the foundations for children to thrive in their care.

Integrated Family Support Service

- 3.7 The Integrated Family Support Service is delivered by:

- a senior mental health nurse; and
- a senior social worker.

3.8 This team focuses on trauma-informed intervention. The team provides long-term intervention for up to one year where parental trauma is impacting on their parenting capacity, limiting their ability to provide consistent care for their children and those families where parents have been referred for support but have historically struggled to engage with services. There is a focus on supporting parents to improve their emotional regulation and increase their ability to tolerate distress by using skills informed by cognitive behavioural therapy and dialectical behavioural therapy.

Rapid Response

3.9 The Rapid Response Team consists of:

- four family support workers; and
- a senior family support worker.

3.10 The team provides crisis intervention within 24 hours of receiving a referral when a family have experienced a traumatic event or have been thrown into crisis. Support is for a period of six to eight weeks offering practical help, advice and guidance to aid the family in problem solving and safety planning. This team is the only edge of care service that works with families that are open to early help and are facing a crisis. The aim is to prevent the family from stepping up into statutory services.

Dads' Support Team

3.11 The Dads' Support Team consists of:

- a family support worker; and
- a senior family support worker.

3.12 The team offers support specifically for fathers where they are identified as the main carer for their children, or where fathers are struggling to take an active role in their child's life and need to be supported to recognise the importance of their role in a child's life.

Rise

3.13 The Rise Team consists of:

- a lead social worker; and a
- support worker.

3.14 The team offers practical, emotional and therapeutic support for parents for up to eighteen months where their children have been removed from their care and a decision has been made that they cannot care for their children in the long term. The team uses the trauma recovery model as a framework for intervention,

keeping the child in mind throughout. This does not only mean those children that have been removed, but the parents' own childhood. They are encouraged at their own pace, to talk about growing up; the strengths they gained, the adversities they overcame and experiences that remain unresolved and interfere with life.

4. Current situation/proposal

- 4.1 Bridgend's Edge of Care Service has delivered positive outcomes for families and children over the last five years preventing over 92% of the children they support from entering the care system consistently year on year.
- 4.2 Since April 2020, edge of care services in Bridgend, with relatively small resources, have supported 827 children and their families, and over 94% have been prevented from becoming care experienced (this data excludes any data on Rise).

Table 1 Impact of the Bridgend Edge of Care Service (in relation to care-experienced children in Bridgend)

	Number becoming care experienced	Number prevented from becoming care experienced (for at least 12 months following intervention)	Total referred for support	Percentage prevented from becoming care experienced
2020-2021	31	339	370	91.6%
2021-2022	19	373	392	95.1%
2022-2023 (Q1 only)	2	115	117	98.3%
Total	52	827	879	94.1%

- 4.3 In order to support the corporate objectives (for example, supporting communities to be healthier and more resilient), edge of care services have now started to collate data (since April 2022) on whether the intervention from Bridgend's Edge of Care Service has prevented families from returning or being re-referred to services within a 12-month period. Having this data will allow for an

in-depth analysis of those families to adjust the way in which the service intervene and attempt to effect change that can be sustained over the long term.

- 4.4 The local authority recently increased its commitment to families being supported to develop their own plans and resilience by further investing in family group conferences. Historically, this has been commissioned via Tros Gynnal Plant (TGP) Cymru (a third-sector organisation) on an ad hoc basis and funded approximately 25 family group conferences per year. This service provision and investment has now quadrupled since March 2021 to over 100 family group conferences per year with social workers and support workers referring families for a family group conference which supports them in developing their own plans to manage their own difficulties when services are no longer involved.
- 4.5 This agenda is further supported by investment in staff through robust induction and training plans. Social care is currently facing a difficult recruitment climate and a number of steps have been undertaken to overcome those challenges which, in turn, provides families the ability to build working relationships with consistent and suitably trained practitioners. All teams within the Edge of Care Service are directly supporting those families who are open to statutory services and are supported to undertake their role in many ways including:
- a robust induction, following the edge-of-care-specific framework that has been developed (including when they can expect to receive formal training and accreditation on relevant evidence-based interventions);
 - monthly supervision by their team leader and monthly team meetings as a whole service;
 - individual teams have weekly briefings to manage any case-related issues;
 - monthly reflective circles/peer supervision to offer support to one another on specific case issues;
 - monthly training from other organisations during team meetings to ensure good partnership working and up to date relevant knowledge of services and specialist areas; and
 - a practice guide for each team on how the model of service should be delivered and what skills, resources and guidance is available to practitioners when developing workplans for each family to meet their needs and manage the risks identified by professionals.
- 4.6 Since August 2022, all families worked with have been asked to provide feedback on the service they have received from edge of care services. The evaluation and engagement exercise is carried out by a senior family support worker, information is collated to inform service development and fed back to the

worker to inform their practice. We endeavour to collate more accurate data on how many families engage in this process - currently it is estimated at approximately 70%.

- 4.7 The qualitative data on how many children the service supports and whether they have been prevented from becoming care experienced is collated and analysed. In addition to this, the qualitative data is also collated through auditing files and utilising distance travelled tools where the family scale, using a scoring system, areas of their life they would like support both at the start of the intervention and at the end. The Bridgend Edge of Care Service has developed a new system within Welsh Community Care Information System (WCCIS) which will now allow the service to report on this information to any relevant stakeholders.
- 4.8 In November 2020, Baby in Mind won a Social Care Wales accolade for Innovation and Inspiring Ways of Working for its work with families whose children are at risk of entering the care system.
- 4.9 The specialist health visitor in Baby in Mind has been shortlisted for a prestigious UK award, and has been selected from hundreds of entries as one of five finalists in the Community and General Practice Nursing category of the Royal College of Nursing (RCN) Nursing Awards 2022. The result will be known in October 2022.
- 4.10 Rise is a newly developed service within Bridgend and was only set up in August 2022. It was developed following a review being undertaken by the local authority to consider the impact and outcomes achieved for families with the previous service.
- 4.11 As part of the review, work was undertaken to understand the scope and the need within Bridgend County Borough of those families that become subject to repeat care proceedings. While limited data was available, a snapshot of families open to edge of care services between January 2022 and March 2022 were considered. 170 families were receiving support and 34 of them had previously been subject to care proceedings, only one of those had engaged in any service such as reflect or rise and 13, while still in proceedings, had already had their children removed from their care. Where decisions have now been made about these children and their families, the Rise Team is actively trying to engage with them.
- 4.12 Bridgend County Borough Council recognises families should have access to emotional and practical support following the removal of their children. Without this support it will inevitably have an impact on their overall well-being, their ability to engage with professionals and maintain contact with their children. In the absence of a robust support service parents are more likely to continue facing the same difficulties which become exacerbated by the removal of their children increasing the likelihood of further pregnancies that, without significant change, will likely lead to further care proceedings.

Risks identified/forward look

Understanding the needs

4.13 While there is information available to understand the needs of children, young people and their families there is still work to be done in gathering detailed information to inform and shape service provision and ensure that resources are most effectively utilised. The Bridgend Edge of Care Service has commenced a project with the Information Technology (IT) department to implement systems within WCCIS that will allow for the easy collation and analysis of information:

- the details and profile of the families and children we are working with, such as age and gender as well as outlining the issues that are faced (for example, child sexual exploitation, criminal exploitation, substance misuse, domestic violence, peer-on-peer sexual harassment, physical chastisement, mental health neglect whether it be emotional, basic care needs or otherwise);
- further information is required on those families that become subject to repeat care proceedings;
- further information is required on the impact of edge of care services reported by families using the distance travelled tools; and
- further information is required on how effective edge of care services are at preventing services from being re-referred within 12 months.

Reviewing the files of children who have become care experienced

4.14 The files of children who become care experienced are reviewed and analysed on a quarterly basis with partners in Children's Social Care to explore any lessons that could be learned or missed opportunities. This is not yet fully embedded and further work is to be done to ensure this task is routinely undertaken. Officers involved in the reviews will need to agree how information and data is collated and analysed, which stakeholders will require the information and how the local authority plan to act on the information gathered.

Increase in children whose names are place on the Child Protection Register

4.15 The Education and Family Support Directorate is working in close partnership with Children's Social Care to look at best practice across early help, social care and edge of care services with the aim of preventing children's needs escalating and requiring protection.

4.16 Children's Social Care colleagues have commissioned an independent review to undertake an evaluation of their operating models. Early help services and

edge of care services will be a part of this review and any subsequent action planning as a result.

- 4.17 The improved data edge of care services collates, along with the improvement journey and action plans that require implementation as a result of the review undertaken, will be monitored by the early help and safeguarding board.

Edge of care services parent/partners agenda

- 4.18 The voice of parents and children that edge of care services support has always been integral to service provision. The Bridgend Edge of Care Service is developing an agenda that is multi-layered to ensure their voice is central to any service delivery and development this includes:

- all families who receive a service being asked for feedback on the service provision;
- families who have received a service from the Bridgend Edge of Care Service being peer supporters for other families receiving support;
- families being involved in recruitment of staff;
- families offering training to practitioners about their experiences of working with the Bridgend Edge of Care Service; and
- there is a need for established forums for participation groups to gather information from families regularly.

Shared goals

- 4.19 Support Children's Social Care in the implementation and embedding of the 'Signs of Safety' model and support and implement any action plans following the recent inspection.

5. Effect upon policy framework and procedure rules

- 5.1 There is no impact on the policy framework or procedure rules arising from this report.

6. Equality Act 2010 implications

- 6.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales, the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report,

therefore it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

7. Well-being of Future Generations (Wales) Act 2015 implications

7.1 The well-being goals identified in the Act were considered in the preparation of this report. As the report is for information it is considered that there will be no significant or unacceptable impacts upon the achievement of well-being goals/objectives as a result of this report.

8. Financial implications

8.1 There are no financial implications arising from this report

8.2 However, it is anticipated that the continued investment identified will bring about the following benefits:

- better outcomes for children, young people and their families to make them more resilient and less reliant on services;
- fewer children will become care experienced; and
- there are convincing moral and fiscal arguments for the development of trauma-informed, relationship-based support for parents who have had a child removed, to prevent risk of recurrence (especially for young women) following the first removal of a child.

9. Recommendations

9.1 Cabinet Committee Corporate Parenting is recommended to:

- consider the contents of the report; and
- consider the continued investment identified in further developing the proven service models.

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Background documents: None