

Developing the Family Safeguarding Plus Model in Oxfordshire – Report to the Health and Wellbeing Board

Introduction

1. The Family Safeguarding Plus model is designed to improve the main statutory children's social work services from the assessment of vulnerable children through to children that are the subject of children in need or child protection plans and those children who first come into care.
2. Family Safeguarding was developed by Hertfordshire County Council in 2015, where it has delivered a radical impact in improving outcomes for children and their families whilst also significantly reducing demands and costs for the county. The model has been independently evaluated as being very effective (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625400/Family_Safeguarding_Hertfordshire.pdf), complimented by Ofsted and is being replicated by at least 8 other English local authorities (some with financial investment from the DfE). Key to its success is the initial intensive support provided to both children and the adults in their families.
3. FSP will implement changes to the Children and Families Assessment Teams (CAFAT) and statutory Family Solutions Services (FSS) teams within the Children, Education and Families Directorate. FSP will not change the current early help and targeted support services within CEF but it will consider the interdependencies with these services and others such as the Looked After Children/Leaving Care teams and the Children with Disabilities service.
4. These changes are being made to address the significant rise in service demand for statutory children's social work services. The National Audit Office (NAO) report published in January 2019 outlined the national picture as one of increasing demand over the last five years.
5. The Oxfordshire position is similar to the national one where we have seen an increase in referrals and interventions. The NAO report points to the characteristics of domestic abuse, parental mental health and drug/alcohol abuse as the key drivers of increasing demand. We have seen a similar pattern in Oxfordshire and it is acknowledged that, although the current service model is good at managing the demand, it does not address the root causes.
6. The FSP model is being developed as one of the main workstreams within the CEF transformation programme over the next five years. It is envisaged that the FSP model will go-live in June 2020.

About the Family Safeguarding Plus Model

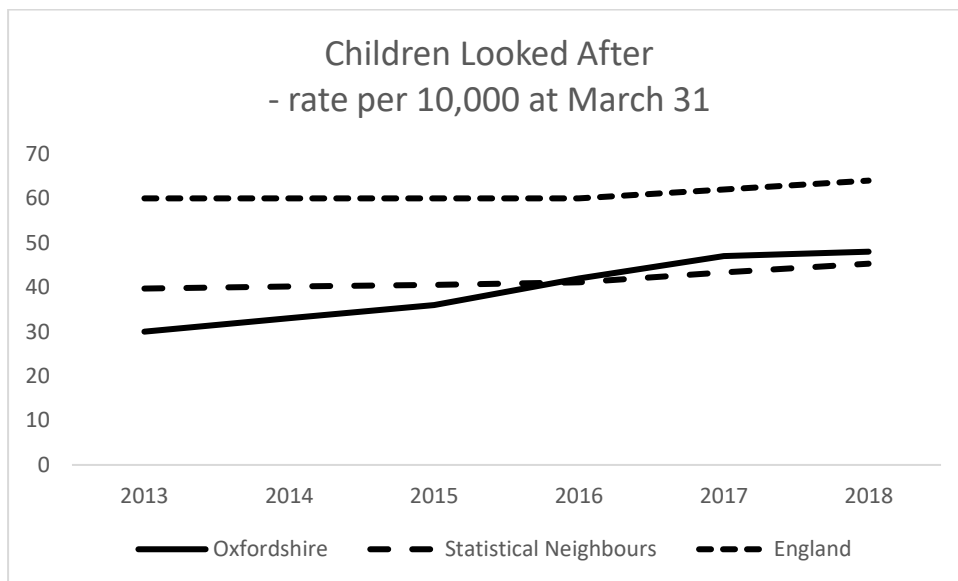
7. The four Key elements of the FSP model are:

- Introduction of multi-disciplinary Family Safeguarding Teams using evidence-based interventions delivering 'whole family' plans
 - Having a core skill set with Motivational Interviewing at its heart
 - Using a single structured 'Workbook' approach to assess parents' capacity for change
 - Agreeing a partnership outcomes-based performance framework
8. The Family Safeguarding Model is predicated on multi-disciplinary joint children and adult teams. The model will therefore be implemented by building on the skills mix of our current Children's Social Work teams by adding community-based mental health staff, domestic abuse specialists and substance misuse workers. In addition to this we will enhance the offer by co-locating the teams with our targeted Early Help teams and by providing dedicated working arrangements with other key services (Housing Support and Leisure and Youth Services) through our partnership with Cherwell District Council.
9. The model uses evidence-based interventions that contribute to improved levels of engagement and safeguarding with parents and children. The key intervention models will be:
- A structured parenting assessment
 - Parenting programmes tailored to different age groups of children
 - Treatment programme for male perpetrators of Domestic Abuse (including impact on children)
 - Treatment and Recovery programmes for women victims of Domestic Abuse (including impact on children)
 - Programmes to promote children's resilience
 - Drug and Alcohol Recovery Programme
 - 'Foundations of Change' Programme
 - Mental Health interventions
10. We know from the Hertfordshire evaluation that these interventions will also improve parental and child engagement with practitioners, leading to swifter more sustained outcomes.
11. The *plus* element of the FSP model refers to our plans to work more closely with Cherwell and other district councils. This is an addition to the model developed by Hertfordshire. The first element of the project is developing in advance of implementation of FSP. The focus of this will be closer working together on the prevention of homelessness for families and vulnerable young people; an improved offer of discounted leisure services and targeting of Cherwell's '*sports activators*' towards children in receipt of social care and early help services. With immediate effect we are starting a pilot which will include the co-location of housing staff with FS teams, increasing expertise across disciplines and improving access for families to housing support. We aim to build on this development and roll out to other district councils.

- 12. We plan to learn from our experience of working with Cherwell District Council and use this as an evidence base to encourage our other district colleague partners to develop and replicated similar services across the County.
- 13. We are intending to develop an Oxfordshire name for our version of the Family Safeguarding model that better reflects the way we are developing it. This will be identified through working with other stakeholders and people who use our services. We are committing to undertake a consultation/co-production process to arrive at a name and description our services that makes sense to the people who will use it.

The Local and National Context

- 14. Doing nothing is not an option for Oxfordshire. Nationally in 2017/18 children’s services were responsible for £872m of local authority overspend and finance directors identified it as the area facing greatest pressures in future years. A significant element of this pressure relates to demand, between 2007 and 2018 when the number of children looked after nationally increased from 61,000 to 75,000 (with the rate per 10,000 moving from 54 to 64). There were similar increases in the number of children subject to child protection plans, children in need and open cases to children’s services.
- 15. Oxfordshire has experienced similar increases across children’s services. The graph below shows how in 2013 we had 30 children per 10,000 looked after. By 2018 this had risen to 48 children per 10,000 looked after. This equates to a total of 415 children in 2013 rising to 780 in 2019, an increase of 365 children. Very few local authorities have managed to avoid the national trend and prevent this increase.

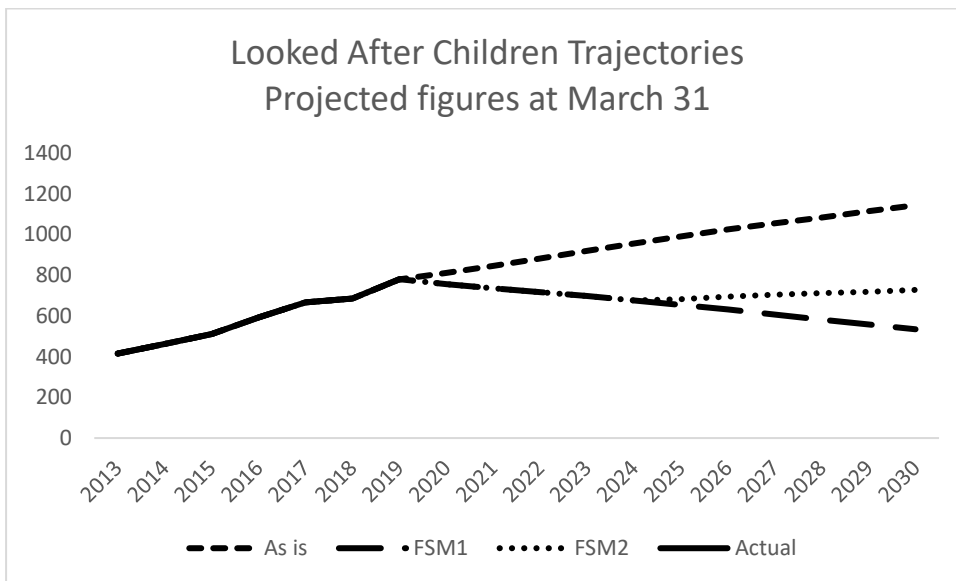


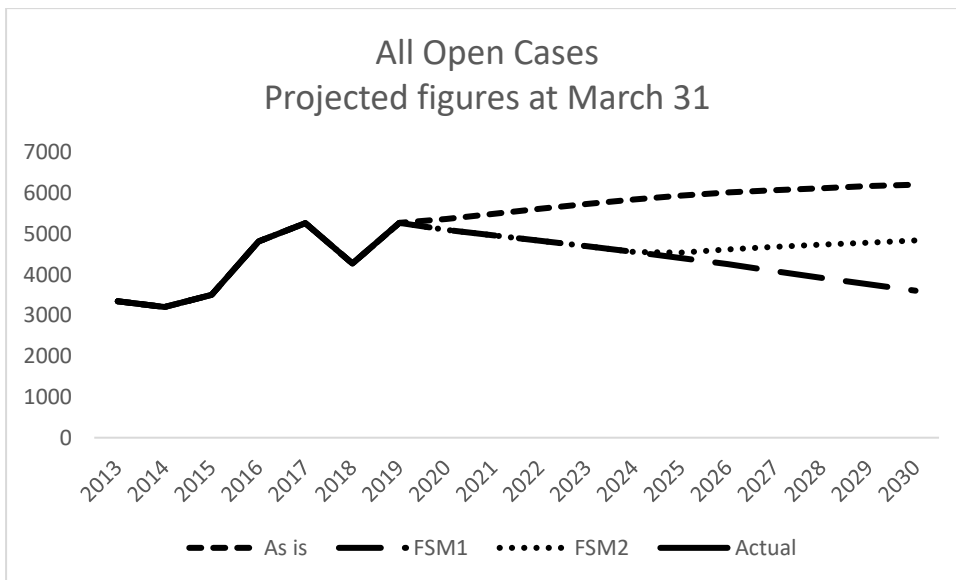
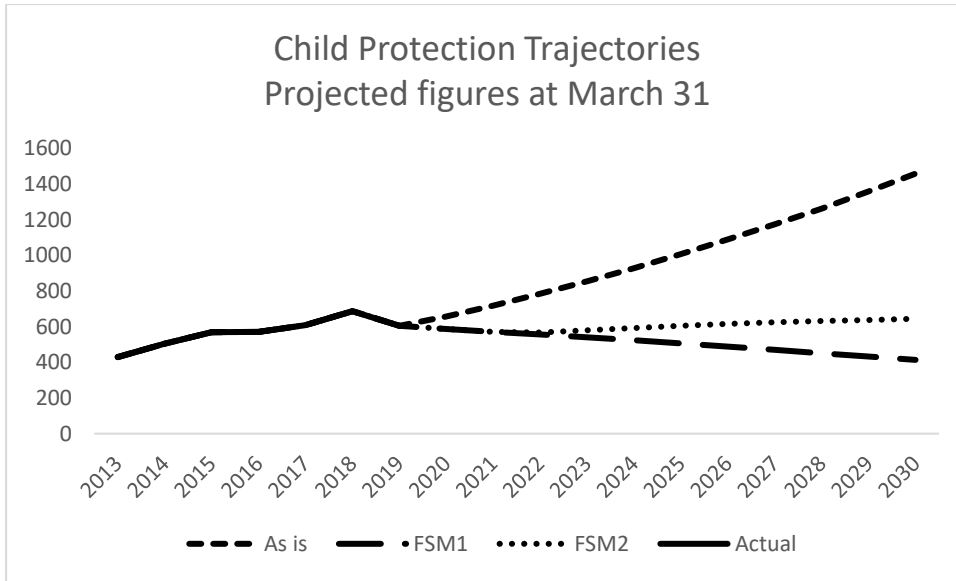
- 16. Hertfordshire is an exception to the increasing number of looked after children and child protection cases. Using the FS model has helped them to safely keep children at home and reduce the need for child protection interventions.

This has been achieved through a careful and diligent approach that provides families high quality help and support when they need it. It has also enabled them to create a virtuous circle where resources can be recycled into their children’s services.

Reasons for Implementing Family Safeguarding Plus

17. OCC is investing almost £5 million to develop and roll out FSP. FSP represents a strategic approach to managing the ever-increasing demands facing children services.
18. The graphs below show the predicted future demand for children’s services across a range of measures (looked after children, children subject child protection plans and total number of open cases). All the projections include anticipated growth in demand due to demographic factors (e.g. house building).
19. The ‘as is’ line replicates recent historic trends and anticipates likely demand levels if no changes are made. FSM 1 (Family Safeguarding Model 1) assumes a decrease of 5% year on year (this is more modest than the decrease achieved by Hertfordshire). FSM 2 (Family Safeguarding Model 2) also assumes a decrease of 5% year on year but caps it at the rate of the top of the lowest quartile of statistical neighbours (again Hertfordshire have gone below this since the roll out of FS).





20. The key factor to consider is the potential difference between the as is line and the FSM lines. The table below highlights the likely size of the differences of demand if no changes are made and if the FSP model is implemented.

	2020	2023	2025	2030
As Is LAC	810	919	990	1143
FSM 2 LAC	756	697	682	727
FSM Reduction in LAC	54	222	308	416
As Is CP	658	854	1008	1459
FSM 2	587	581	606	654
FSM Reduction in CP	71	273	402	805
As is Total Cases	5372	5737	5940	6210
FSM 2 Total Case	5103	4560	4543	4841
FSM Reduction in Total Open Cases	269	1177	1397	1369

21. The table highlights that if no changes are made by 2023 we are likely to have 919 looked after children, 854 children subject to CP plans and 5737 open cases. These projections are based on a combination of likely need and demographic changes. This would result in a significant requirement to invest in additional social work staff and uplift of other associated costs (e.g. looked after children placements). The alternative FSP version identifies significant reductions with 222 fewer looked after children, 273 fewer children subject to CP plans and 1177 fewer open cases delivering better outcomes and significant savings.
22. The costs associated with implementing FSP can be broken down into three key areas, they are:
- **Project Costs** - These are one off costs associated with making the planned changes (e.g. the project team, training and development for staff, ICT changes etc). The project costs will be focused on service improvement with minimal spend on buildings and relocation of staff.
 - **Children's Service Investment** – An investment of £0.8m is being made from 2020/21 in children's services to create the additional teams required to bring case loads down to enable intensive support to be provided quickly to children and their families. As the model starts to impact the number of teams will be reduced, delivering savings addressed below. The success of the model is based on social workers having reasonable case loads that enable them to provide rapid and intense help. This is supported by developing a culture and ethos that enables workers to spend a much greater proportion of their time directly supporting families (rather than servicing bureaucratic demands).
 - **System-change Posts** – A single investment of £2.2 million (over 2 years) has been funded by OCC to pump-prime 30 new posts (Mental Health, Domestic Abuse and Substance Misuse) for the first 18 months (£1.5m in year one and a further £0.7m in year 2) whilst work is undertaken with partners to secure longer term sustainability. These are specialist posts focused on supporting parents. The post-holders will be co-located in the FSP teams but will retain their professional identity and clinical supervision by being employed in the relevant partner organisations. The aim is for these posts to be self-sustaining after the initial 18 months. There are different strands of working taking place in relation to each group of posts:
 - (a) Alcohol & Substance misuse workers (10 posts) - Discussions have already started with Public Health (and other partners) including briefing the new Director of Public Health. A pilot has also taken place with Public Health funded drug/alcohol workers working closely with children's services (this has been evaluated and has reported to both directorates in September)
 - (b) Domestic Abuse Workers (10 posts) We are in discussions with various community safety and criminal justice partners with a view to longer term funding of these posts.

- (c) Mental Health Workers (10 posts) Talks are taking place with various elements of the local health economy (e.g. Clinical commissioning Group, mental health providers)

We are working with partners to develop these roles together. As part of this process, we aim to align them to partners' service priorities and develop a process that builds sustainability into the future of these key posts. This issue will be subject to further cabinet report in late 2019 or early 2020.

Project governance

23. **Partnership Board** – Chaired by the Director for Children, Education & Families. Each of the key stakeholder agencies has identified a senior representative to sit on the Partnership Board which meets monthly and has the following tasks:
- Steer the creation of FSP in Oxfordshire (including system leadership and creative problem-solving)
 - Identify shared goals and a performance framework for the new service
 - Find ways to make system-change posts sustainable within 12 months
 - Develop collaborative solutions to develop the local workforce in accordance with the aspirations of FSP
 - Report to the H&WB and link with other governance structures (Children's Trust Board, OSCB, Community Safety partnership)
 - Commission the evaluation and analysis of benefits for FSP
24. **Project Team** – The County Council has appointed project support and developed an internal team of workstream leaders led by the Deputy Director for Children's Social Care to oversee the implementation of the new service.
25. Progress towards implementing FSP is monitored through OCC's Transformation Programme.

Conclusion

26. FSP is a Children's Service project, but its aims and aspirations are system-wide. It is designed to improve families' lives through closer working together. It is based on the principle that the root causes of many children's issues are linked to parental issues. The new teams will improve outcomes for parents across a range of measures linked to health, public health, policing and other societal benefits.
27. The project will impact on multiple generations as the work with mental health, substance/alcohol misuse and domestic abuse will help to reduce the number of adverse childhood experiences (ACEs) experienced by the Oxfordshire population. Research ¹ highlight adults who experience 4 ACEs or more

¹ <http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20Chronic%20Disease%20report%20%289%29%20%282%29.pdf>

likelihood of experiencing the negative outcomes below as multiplied by the factor shown.

- (a) High risk drinker x4
- (b) Smoker x6
- (c) Cannabis smoker x11
- (d) Crack or heroin user x16
- (e) Victim of violence x14
- (f) Committed violence x15
- (g) Being imprisoned x20

28. They are also strong links to a range of poor health outcomes (e.g. mental illness, diabetes, heart disease and respiratory illnesses) and 4+ ACEs.

Recommendations

29. We see a vital role for the Health and Wellbeing board in supporting this landmark project. The specific areas where we would value help and support are:
- The Health and Wellbeing Board to endorse and support the Family Safeguarding Plus project
 - The Health and Wellbeing Board to note the governance structure and accept regular update reports on the progress toward implementation and go-live.
 - Support the creation of the system-wide (adult-focused) posts; secure agreements with suitable employing organisations and identify the long-term funding of the posts.
 - Support the creation of a partnership performance framework to measure and monitor the impact of the new services across a range of outcomes (that cut across traditional service boundaries).