Oxfordshire County Council
Children, Education & Families
Health and Wellbeing Board

Family Safeguarding Plus Model

26th September 2019
What is driving demand?

Figure 6
Incidence of risk factors in local authority safeguarding assessments between 2014-15 and 2017-18

In 2017, domestic violence was the most common risk factor identified at the end of an assessment for children in need

Percentage of factors during assessment (%)
## 2017/18 Oxfordshire safeguarding activity – Risk Factors

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>How often a child went on to a plan where this risk factor was recorded</th>
<th>Number of assessments identifying this risk</th>
<th>% of times it went to a plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Domestic Violence</td>
<td>455 58.9%</td>
<td>1829</td>
<td>24.9%</td>
</tr>
<tr>
<td>Child Emotional Abuse</td>
<td>433 56.0%</td>
<td>1232</td>
<td>35.1%</td>
</tr>
<tr>
<td>Child Neglect</td>
<td>410 53.0%</td>
<td>859</td>
<td>47.7%</td>
</tr>
<tr>
<td>Parent Mental Health</td>
<td>374 48.4%</td>
<td>1500</td>
<td>24.9%</td>
</tr>
<tr>
<td>Child Physical Abuse</td>
<td>251 32.5%</td>
<td>1052</td>
<td>23.9%</td>
</tr>
<tr>
<td>Parent Alcohol Misuse</td>
<td>247 32.0%</td>
<td>840</td>
<td>29.4%</td>
</tr>
<tr>
<td>Parent Drugs Misuse</td>
<td>233 30.1%</td>
<td>680</td>
<td>34.3%</td>
</tr>
<tr>
<td>Child Domestic Violence</td>
<td>193 25.0%</td>
<td>620</td>
<td>31.1%</td>
</tr>
<tr>
<td>Child Unacceptable Behaviour</td>
<td>173 22.4%</td>
<td>714</td>
<td>24.2%</td>
</tr>
<tr>
<td>Child Sexual Abuse</td>
<td>54 7.0%</td>
<td>396</td>
<td>13.6%</td>
</tr>
</tbody>
</table>
Ambitions of Family Safeguarding Plus

- Work more effectively with parents
- Increase engagement with families by increasing the help they receive (specifically domestic abuse, mental health & substance/alcohol abuse)
- Keep more high risk families together safely
- Improve health and educational outcomes for children
- Reduce physical and emotional harm in families
- Strengthen information-sharing and shared decision-making to better protect children and reduce harm to their parents
- Reduce the amount of time children spend in care
Family Safeguarding Model

The **Four Key** elements are:

1. Partnership working through multi-disciplinary Family Safeguarding Teams – Group supervision
2. A core skill set with Motivational Interviewing at its heart - shared unified model of practice
3. A structured ‘workbook’ approach to assessing parent’s ‘capacity for change’ - reducing bureaucracy
4. Tracking impact - an outcomes based performance framework
Family Safeguarding Model

Proposed Team Structure

Team Manager

- Team Administrator
- District services:
  - Housing
  - Well-being and Leisure
  - Community Safety

Social Worker

Family Support Worker

Family Support Worker

Mental Health Nurse (shared post)

Domestic Abuse Specialist (shared post)

Substance Misuse Worker (shared post)
Family Safeguarding Model
Indicative benefits (Herts after 18mths)

For families
• 66% reduction in repeat police call outs to domestic abuse incidents
• 53% reductions in emergency hospital admissions for adults
• 50% reduction in use of ‘care’ by the County Council - 200 fewer under 12s in care
• 38% improvement in school attendance
• 50% reduction in children subject to CP plans
• 38% reduction in care proceedings

For the service
• Reductions in A&E and Police expenditure
• Staff across all disciplines feel more confident and less stressed
• Improved recruitment and retention of staff with 7% vacancies in hard to recruit posts (December 2017)
• £2.6m reduction in expenditure for the Local Authority in first year including placements, legal and staffing costs
Progress to date

• Secured £4.8 million investment and commitment from OCC to roll out FSP
• Engaged project lead and project manager
• Set up project governance
• Extensive analysis of needs and potential impact
• Engagement with key stakeholders
• Agreed to develop local name and brand (co-produced with service users)
SYSTEM CHANGE POSTS
System Change Posts

- Alcohol & Substance misuse workers (10 posts) - A pilot has also taken place with Public Health funded drug/alcohol workers working closely with children’s services (this is being evaluated and is due to report shortly)
- Domestic Abuse Workers (10 posts – to work with perpetrators and complement social care work with victims)
- Mental Health Workers (10 posts)

- Also developing a pilot with housing and leisure staff from CDC
System Change Posts

• The specialist adult workers are important for improving outcomes providing not just specialist input but a move towards a more multidisciplinary way of thinking about families. They will work with families with the most severe difficulties (in Herts - Families’ use of other services reduced after allocation to FSP)
Funding Adult Focused Posts

• OCC has agreed to fund the 30 new posts for up to 18 months
• This funding is to create a catalyst for change and focus on helping whole families
• This approach has been successful in Herts and other areas, delivering real improvements for both children and parents
WORK FORCE DEVELOPMENT
Five General Principles of MI

• Express Empathy
• Explore Ambivalence
• Develop Discrepancy
• Roll with Resistance
• Support Self-Efficacy

Throughout – emphasise the desirable
## Partnership Outcomes Based Performance Framework

<table>
<thead>
<tr>
<th>Children &amp; Young People Factors</th>
<th>Parental Factors</th>
<th>Partnership Factors</th>
<th>Process Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Learner engagement School attendance Elective Home Education - School attainment - Child emotional health &amp; wellbeing</td>
<td>- Home environment scores - Family relationship scores - Domestic abuse incidents - Substance misuse rates</td>
<td>- Parental police arrests and cautions - Parental prosecutions - Parental attendance at A&amp;E</td>
<td>- Repeat referrals - Repeat child protection plans - Rate of child protection plans - Rate of children entering care</td>
</tr>
</tbody>
</table>

What would we like to see in an Oxfordshire partnership framework?
Mapping & Understanding System Need

1. Why whole family working?

2. The trigger trio – need; provision; gap

3. Moving into the gap
### Adults in Wales exposed to ACEs

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>53%</td>
</tr>
<tr>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>2-3</td>
<td>13%</td>
</tr>
<tr>
<td>4+</td>
<td>14%</td>
</tr>
</tbody>
</table>

Compared to people with no ACEs, those with 4 or more were the following times more likely to be:

- High risk drinker: 4
- Involved in teenage pregnancy: 6
- Smoker: 6
- Underage sex: 6
- Smoked cannabis: 11
- Victim of violence: 14
- Committed violence: 15
- Used crack cocaine or heroin: 16
- Been incarcerated: 20

**Tackling these can turn many lives around.**
“Its art not science ... & more surreal than expressionism”

So it would suggest the potential for ...

- > 1000 fewer heroin/crack cocaine users
- 250 fewer people jailed a year
- 3,000 fewer violent crimes a year
- 4,000 fewer DV call outs
- 11,000 fewer binge drinkers
- 6,000 fewer smokers
- 350 fewer Looked After Children
- 350 fewer Child Protection Plans
## Estimates of the Trigger Trio

<table>
<thead>
<tr>
<th></th>
<th>Common Mental Disorder</th>
<th>Borderline personality disorder</th>
<th>Antisocial personality disorder</th>
<th>Psychotic disorder</th>
<th>Psychiatric disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>16,706</td>
<td>2,122</td>
<td>2,973</td>
<td>620</td>
<td>6,371</td>
</tr>
<tr>
<td>Oxford</td>
<td>19,761</td>
<td>2,511</td>
<td>3,631</td>
<td>741</td>
<td>7,601</td>
</tr>
<tr>
<td>South Oxon</td>
<td>15,294</td>
<td>1,942</td>
<td>2,709</td>
<td>566</td>
<td>5,825</td>
</tr>
<tr>
<td>Vale</td>
<td>14,408</td>
<td>1,830</td>
<td>2,561</td>
<td>534</td>
<td>5,493</td>
</tr>
<tr>
<td>West</td>
<td>11,892</td>
<td>1,510</td>
<td>2,106</td>
<td>440</td>
<td>4,529</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>78,099</td>
<td>9,919</td>
<td>13,985</td>
<td>2,902</td>
<td>29,833</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Alcohol dependency (mild, mod &amp; severe)</th>
<th>Drug Dependency (mild, mod &amp; severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>5,323</td>
<td>3,014</td>
</tr>
<tr>
<td>Oxford</td>
<td>6,499</td>
<td>3,659</td>
</tr>
<tr>
<td>South Oxon</td>
<td>4,851</td>
<td>2,749</td>
</tr>
<tr>
<td>Vale</td>
<td>4,586</td>
<td>2,597</td>
</tr>
<tr>
<td>West</td>
<td>3,771</td>
<td>2,137</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>25,043</td>
<td>14,165</td>
</tr>
</tbody>
</table>

Data taken from [www.pansi.org.uk](http://www.pansi.org.uk): run by Institute Public Care; Estimates are based on the report Adult psychiatric morbidity in England, 2007: Results of a household survey, published by the Health and Social Care Information Centre in 2009.

## Domestic Violence Notifications (17/18)

<table>
<thead>
<tr>
<th></th>
<th>Domestic Violence notifications (17/18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>1,904</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,550</td>
</tr>
<tr>
<td>South Oxon</td>
<td>1,076</td>
</tr>
<tr>
<td>Vale</td>
<td>1,046</td>
</tr>
<tr>
<td>West</td>
<td>1,045</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>6,621</td>
</tr>
</tbody>
</table>

Data taken from Thames Valley Police: Domestic Violence Notifications 2017/19.
In 2017/18: 12,804 referrals of adults of a working age to Oxford Health Mental Health Services.

A third were from Oxford City; a fifth from Cherwell, and the lowest rate number was from West Oxfordshire.

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>2,623</td>
<td>20%</td>
</tr>
<tr>
<td>Oxford</td>
<td>4,082</td>
<td>32%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>2,107</td>
<td>16%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>2,266</td>
<td>18%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>1,726</td>
<td>13%</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>12,804</td>
<td>100%</td>
</tr>
</tbody>
</table>
78,000
Common mental health disorder

13,000
Referrals (AWA)

1,570
social care cases (39%) with adult mental health risk factor

Wider distribution of cases where risk factors identified than service use

78,000 Adults estimated to have a common mental health disorder

1,570 children with parents presenting a mental health risk

12,804 Adults referred to Adult MH services
In 2017/18 there were 4,583 people attended Drug and Alcohol services commissioned through public health.

A third were in Oxford City and a quarter in Cherwell

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>1,159</td>
<td>25%</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,580</td>
<td>34%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>585</td>
<td>13%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>652</td>
<td>14%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>607</td>
<td>13%</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>4,583</td>
<td>100%</td>
</tr>
</tbody>
</table>
Est 25,000
Adults mild to severe alcohol dependence

Est 14,000
Adults mild to severe drug dependence

4,583
People receiving treatment

1,197
Social care cases (30%) with adult drug / alcohol risk factor

Slightly wider distribution of cases in the risk factors but similar distribution
In 2017/18 there were 6,621 domestic violence notification. Over a half occurred in Cherwell and Oxford City – with Cherwell at 29%
6,621
Domestic Violence Notifications

1,437
social care cases (37%) with domestic violence risk factor

6621 Domestic Violence Notifications

1437 children with parents presenting a DV risk
Some thoughts

Benefits of whole family working: today and tomorrow

Known Gap - Some sits with vulnerable families

FSM as means to

- Improve lives today
- Reduce demand tomorrow