

## **Divisions Affected - All**

# **PEOPLE OVERVIEW AND SCRUTINY COMMITTEE 11 November 2021**

## **FAMILY SOLUTIONS PLUS**

### **Report by Corporate Director of Children's Services**

#### **RECOMMENDATION**

1. The Committee is RECOMMENDED to:
  - a) consider the contents of the report and put relevant questions to the Cabinet Lead member, Director of Children Services and supporting Officers.
  - b) decide if any further action is required.
  - c) consider recommending to the Oxfordshire Place Board consideration of the Family Solutions Plus (FSP) business case to agree the future funding approach.

#### **Executive Summary**

2. The purpose of this report is to provide the People Overview and Scrutiny Committee with requested background information to inform the review and discussion of the Family Solutions Plus service.
3. The report discusses the progress to date and what has been achieved, both quantitatively and qualitatively, a year into the implementation.
4. The report also highlights the challenges of sustainability, particularly the long-term funding of the Substance Misuse, Domestic Abuse and Mental Health Workers after 2023.

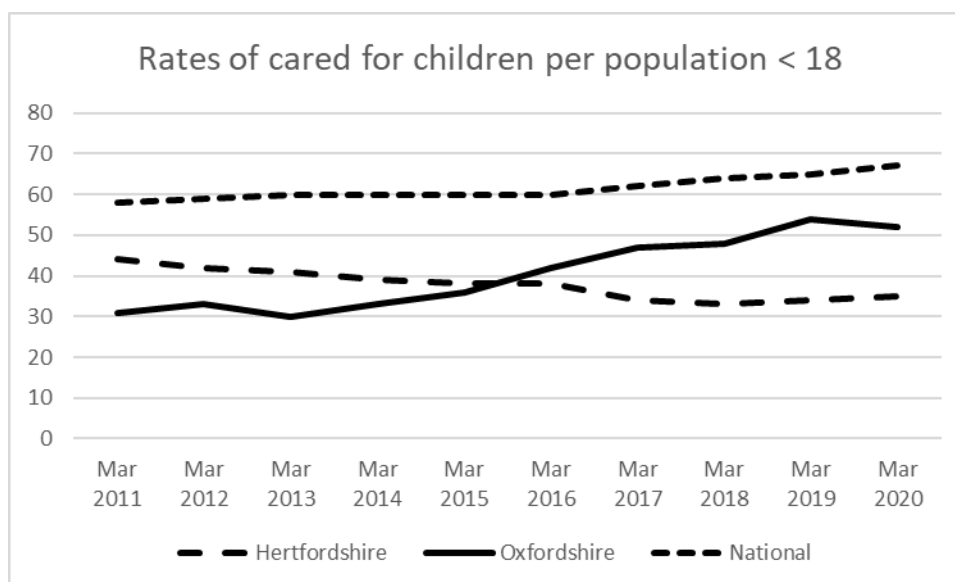
#### **Scrutiny Guidance**

5. In order to assist the People Overview and Scrutiny Committee, a briefing on Family Solutions Plus was provided to Committee Members on 20 October 2021, followed by drop-in information sessions on 8 and 9 November 2021.
6. This agenda is intended to operate as follows at the People Overview and Scrutiny Committee meeting:
  - a) Short presentation from Officers on the key themes.
  - b) View from the independent external review of FSP undertaken by Oxford University, followed by question and answer session
  - c) Two live case examples covering Domestic Abuse, Mental Health and Alcohol and Substance Abuse.

- d) Committee questions and answers with Cabinet Portfolio Holder and key Officers.

## Family Solutions Plus

- 7. Family Solutions Plus (FSP) is the title of the Children’s Social Care Service in Oxfordshire in which the Family Safeguarding Model has been implemented within a local context. FSP is designed to provide rapid, proactive support to children and their families. It is delivered by small multi-agency teams who are trained in a range of highly effective interventions.
- 8. Hertfordshire County Council developed the Family Safeguarding Model in 2015 and it has helped them to deliver more preventative social care services to children, notably significantly reducing the number of children who become subject to child protection plans and the number who enter care. The project has been independently evaluated by the Department for Education and is one of three proven national social care models attracting government funding for local authorities judged by Ofsted to ‘require improvement’. Oxfordshire was unable to access this fund due to being judged as ‘good’. There is a growing number of councils adopting the model across the country.
- 9. For a number of years, both locally and nationally, the number of children cared for by local authorities has been growing. In Oxfordshire, the number has risen from 413 in 2013 to 776 at the end of March 2021. However, in Hertfordshire, the implementation of the Family Safeguarding model (FSM) has seen numbers fall. The model is seen as a key means of safely reducing the numbers of children that a local authority needs to care for and positively impacting on spending levels.



- 10. Oxfordshire agreed its approach to a Family Safeguarding model in July 2019, investing £4.8m on the basis that, as in Hertfordshire, over time, children’s social care savings would be made on placements and reduced demand for casework. Also partner agencies would be successfully approached to contribute financially as improved adult health and community safety

outcomes were realised. Arguably FSP represents the most significant opportunity to stabilise increased service demand and meet MTFs targets. A link to the Cabinet Paper from July 2019 is below:

[https://mycouncil.oxfordshire.gov.uk/documents/s47880/CA\\_JUL1619R19%20FSP%20-%20TJ%20Finance%20Section%20002.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s47880/CA_JUL1619R19%20FSP%20-%20TJ%20Finance%20Section%20002.pdf)

## Key Interventions

11. In 2019/20, over 7000 children in Oxfordshire received a children's social care assessment. In 31% of these assessments, issues with a parent's mental health led to risks for the child; 28% of assessments identified parental violence as a risk factor and 28% identified parental drug and alcohol abuse as a risk factor. 707 children in the year became the subject of a child protection plan; in over 60% of these, parental mental health and domestic violence was a risk factor.

	No. assessments identifying risk factor (7022 assessments)		No. children starting child protection plans where this risk factor was identified (747 plans)	
Child neglect	879	13%	437	59%
Child emotional abuse	1010	14%	429	57%
Child physical abuse	813	12%	229	31%
Parental drug misuse	837	12%	250	33%
Parental alcohol misuse	1121	16%	286	38%
Parental domestic abuse	1992	28%	467	63%
Parental mental health	2170	31%	464	62%
Child sexual abuse	282	4%	51	7%
Child socially unacceptable behaviour	760	11%	129	17%

12. The Family Solutions Plus Model was developed to address the issues outlined in the table. The service went live on 2 November 2020 after a five month delay due to the initial impact of the first Covid lockdown, and has been implemented over the last year, whilst the service has been severely impacted by the on-going pandemic. Although that has been challenging, it is arguable that children and families would have suffered more, and the service would be under greater stress, if no changes had been made and new interventions had not been introduced.
13. Prior to 'go live', teams and service structures were completely remodelled. With all social care front line teams impacted (apart from the Multi-Agency Safeguarding Hub (MASH), Disabled Children's Teams and Children We Care For Teams). There are now 17 multi-disciplinary Family Solutions Plus Teams, based in localities throughout the county, co-located with our 8 Early Help Teams.

14. Each team has 7 or 8 social workers, an assistant team manager and a team manager. 30 FTE adult-facing practitioners employed by Turning Point, Oxfordshire MIND and Elmore Community Services are based within the 17 teams. The teams work with children and families who meet the social care threshold for help and protection, including those on the edge of, and entering, care.
  
15. All components of the original Hertfordshire Family Safeguarding model were implemented. In addition, the Oxfordshire model has added continuity of worker undertaking both assessment and intervention; and a joint approach with local housing workers from the District Councils targeted at preventing homelessness.
  
16. The key elements outlined in the original business case have been implemented:
  - FSP teams take a ‘relationship-based’ approach, prioritising a consistent worker for the family and driving down changes of worker.
  - All practitioners have a core skill set with Motivational Interviewing (MI) at its heart. Training and a MI app to support practice have been embedded.
  - Evidence-based interventions are provided by specialist adult mental health, substance misuse and domestic abuse practitioners.
  - A single structured electronic ‘workbook’ to assess parents’/carers’ capacity for change and their progress, in which the different disciplines record.
  - Family group supervision: adult and children-facing practitioners are supervised together by the social care team manager.
  - A partnership outcomes-based performance framework. Children’s Social Care and adult organisations’ measures are in place. Performance is managed monthly and reports to the multi-agency FSP Steering Group (comprised managers of all constituent organisations and chaired by the Deputy Director).
  - The FSP Board is attended by senior representatives of the wider children’s system (Health, Police, Probation, Voluntary Sector, Children’s Social Care, District Councils) in order to support the sustainability of FSP and align other organisations with its objectives.

## Targets

17. Modelling undertaken in 2019 as part of the FSP business case identified a bleak trajectory, with increased volume and associated costs. The table below highlights the likely demand if no changes were made. This would result in a significant requirement to invest in additional social work staff and uplift of other associated costs (e.g. children’s placements).

	<b>March 2020</b>	<b>March 2021</b>	<b>March 2023</b>	<b>March 2025</b>	<b>March 2030</b>
Children in care	810	846	919	990	1143
Child protection plans	658	723	854	1008	1459

18. Oxfordshire's FSP adopted targets of a 5% reduction, year on year, capped at the top of the lowest quartile of statistical neighbours, in both children in care and child protection. The table shows the target reductions over time:

	<b>March 2020</b>	<b>March 2021</b>	<b>March 2023</b>	<b>March 2025</b>	<b>March 2030</b>
Children in care	756	736	697	682	727
Child protection plans	587	585	581	606	654

## Performance and Outcomes

### Activity

19. At any time, FSP teams are undertaking approximately 700 assessments; working with 1200 children in need; 500+ children subject to child protection plans and 200 children who have entered care.
20. The adult-facing interventions have become established. The table below shows a month's snapshot of their activity in June 2021:

<b>Organisation</b>	<b>Open Cases</b>	<b>Completed Programmes</b>	<b>Comments</b>
Turning Point: drugs and alcohol	188	22	1178 interventions, including 326 drug tests, 214 breathalysers, 229 1:1 sessions.
Elmore Community Service: domestic abuse (victims and perpetrators)	105	7	76% of all requests have received interventions. Three perpetrator groups running.
Oxfordshire MIND: adult mental health	96	15	42 mental wellbeing tests completed: 90.24% meaningful improvement.

### Covid impact

21. The targets assumed that the service would go live in June 2020. However, due to Covid 19, the actual 'go live' was November 2020 and, therefore, has just completed its first year of full operations.
22. In 2019, the projected overall target caseload for FSP in 2021/22 was 1905. There are currently 2628 open cases to FSP. This is 38% above target; and 13% increase on last year. This is accounted for by higher than anticipated social care assessments, children in need plans and care proceedings.
23. In the five years to March 2020, on average, 46% of the children cared for at the start of the year left the cared for system. In 2020/21, during Covid, just 35% of children left the system. 82 more children would need to have left to

reach the normal rate (46%). If the proportion of children leaving had reduced to 42% (the national average), 52 more children would have left the system.

24. The factors causing children to remain in care longer are:
  - Increased complexity of need: children in/edge of care are presenting with high levels of emotional and mental health needs.
  - Excessive delays in court timescales (the 26 week target is frequently extended to >40 weeks) leading to a 65% increase in the number of children in proceedings between March 2020 and March 2021.
  - A national shortage of placements that are able to meet children's needs and prepare them for permanence/return home.
25. The combination of high casework demand (linked to Covid) and the increasing problems presented by a national shortage of experienced social workers has led to recruitment, retention and sickness absence problems, which in turn has increased workloads to very high levels.
26. Across FSP, social workers are supporting 38% higher numbers of children than planned. Over one-third of staff are agency workers and, in a small proportion of teams, there is 50+% agency staffing. This trend is common to authorities across the country, where the teams working in children's acute safeguarding are the hardest to recruit to. It is emotionally demanding work that does not fit neatly into office hours. In Oxfordshire, as in many local authorities, we are seeing staff leaving the profession, or seeking posts in teams that are perceived as less stressful, after two to three years post-qualification.
27. The Council has responded positively with additional Covid-funding for extra temporary staff; however, sourcing suitably qualified staff is as much a problem for agencies as it is for local authorities. As a consequence, staff vacancies are not fully covered and workloads remain stubbornly high.
28. FSP has invested in a special internal NQSW professional development unit which provides bespoke induction and support to social workers, with a view to 'growing our own' resilient and experienced staff who have benefitted from tailored professional development programmes. We currently have an enthusiastic group of 15 NQSWs in the unit, and 15 more starting in January 2022, who are being gradually introduced into teams to fill vacancies and reduce agency staff. This is not an immediate 'fix', but will impact positively in the medium and long-term.
29. The pressures experienced by staff are reflected in the staff feedback below. The workload has undoubtedly made FSP more challenging to implement, as quality work with families requires staff with time to think, plan and deliver face-to-face interventions. However, the managers report high levels of staff commitment to delivering the new model and achieving good outcomes for children and families, which is reflected in the performance and the qualitative feedback from parents.

### Current Performance

30. A Covid-adjusted target for children in care, to take account of the bottlenecks in the pandemic, has been created by adding 50 children per annum to the target. The service is meeting the Covid-adjusted target. See below:

	<b>March 2020</b>	<b>March 2021</b>	<b>June 2021</b>
2019 projection of cared for numbers	810	846	855
Projection based on FSP reducing the numbers by 5% per year	756	736	729
Actual cared for figure	<b>767</b>	<b>784</b>	<b>786</b>
Variation from the target	1%	7%	8%
Covid adjusted FSP target	756	788	797
Variation from adjusted target	<b>1%</b>	<b>-1%</b>	<b>-1%</b>

31. In 2020/21, 288 children entered care. This was 14% lower than the average across the previous five years and the lowest annual figure for over six years. Since the implementation of FSP there has been 12% reduction in children entering care. This indicates promising preventative impact of the new model.
32. The impact of FSP on child protection plans is also promising: much good family safeguarding practice development and management oversight was introduced during the run-up to and since go-live. The impact of Covid is harder to determine, but many local authorities saw an increase in child protection in 2020/21 that Oxfordshire did not, in spite of a 35% increase in the number of contacts coming into the MASH.
33. The 5% reduction in child protection has been achieved and exceeded. The number of children starting a child protection plan in 2020/21 was 8% lower than the average of the previous 5 years (60 fewer children). The time that children spend on a plan has also reduced, so that now 85% are on a plan for less than 12 months, due to families achieving their plans more quickly. Both reductions have had a good impact on bringing down the size of the child protection cohort.

	<b>March 2020</b>	<b>March 2021</b>	<b>June 2021</b>
2019 projection of child protection numbers	658	723	763
Projection based on FSP reducing the numbers by 5% per year	587	585	585
Actual child protection	<b>541</b>	<b>451</b>	<b>510</b>
Variation from target	<b>-8%</b>	<b>-23%</b>	<b>-13%</b>

### Service User Experience

34. The following examples have been received in recent weeks:

*“ \*\*\*\* is like no other social worker I have had, instead of demanding things are done to their standard, with the expectations that are, when you have kids,*

*near impossible. \*\*\*\* works with you in a way that is not patronising, also she is willing to help out instead of just dictating that certain things are done. My impression of \*\*\*\* is that she is a kind but firm social worker that if needed will do the job that is required. \*\*\*\* has an empathy for the position that the parent is facing and for the best possible solution. If necessary, she will get tough if she feels you are not pulling your weight in a situation. I would like to take this opportunity to thank \*\*\*\* for all the work she has done with me and the boys to get us to a position that will hopefully sort things out in the long term."*

*"Hi (mental health practitioner), it's \*\*\*\*\* just wanted to check in and let you know how things are going. First off we miss you and I hope you are well. \*\*\*\*\* will be 8 this month and is loving year 3. \*\*\*\*\* has started nursery and loves it, and we are potty training. We saw the health visitor last week and he is way above average height. The child protection plan has been reduced to a child in need plan. I am 77 days clean from cocaine, 50 days clean of alcohol and cannabis and 35 days since I gave up cigarettes."*

*"We had a dad that came to Family Links (parenting programme) for the first time yesterday. He was voicing his upset about why he had to attend, and that he only had contact with his child for a couple of hours a week. He felt he was doing his best. Another parent who only had weekly contact with her child reassured him that he is not alone and explained that the group was not about saying he is a bad parent, it's about learning new ideas that might help. This was quite touching. The dad listened, accepted and respected what she said. He was more relaxed thereafter and apologised. We told him there was no need to apologise and thanked him for his input."*

*"From myself and \*\*\*\*, thank you for helping our family to become the best version of itself, for supporting us through a tricky time and giving us advice on how to help our children reach their best!"*

*"Thank you again for always being so kind and supportive towards me. You've helped me massively over the last few months, I really can't thank you enough. You've been amazing. I've also been thinking that if the worst does happen, I will still stick to my plan to complete detox and rehab, for myself. All I can do is not give up."*

*"I would like to say thank you so much for helping me during my difficult time. I really appreciate of what you do. Now I and my child are in the safe place (women's refuge) and relieved finally. Also, I would like to thank \*\*\*\* and \*\*\*\* for supporting me as well. I hope you all have a good rest of the day."*

### Staff Feedback

35. All the feedback below was derived from six staff focus groups hosted between May and August 2021 by Ruta, the independent research assistant from the University of Oxford:
36. "The new Family Safeguarding model in Oxfordshire County Children Services has been broadly welcomed by staff. All staff interviewed broadly supported



the increased emphasis on strengthening relationships within families and between families and professionals. There was also strong support for the move to one consistent staff member working with families in both the assessment and longer-term support, even though many found it challenging to acquire the new skills they needed to work throughout the intervention period. Staff especially valued motivational interviewing as providing skills and underpinning for a more therapeutic and supportive relationship with families. The introduction of adult-facing practitioners to address domestic abuse, substance misuse and mental health problems, was seen in a very positive light as a potential support to social workers rather than a diminution of their role. They also valued the support of management that helped them deal with the challenges.”

37. “Senior staff in OCC had devoted considerable time to explaining the model and preparing staff for the new roles. The importance of having time to introduce the model and get buy-in from the staff made them believe in the model. In addition, substantial training allowed them to learn different parts of the model and prepare for the implementation of the services. However, some things could have been improved. For example, more time was required for transition between teams as well as adjusting to new roles.”
38. “The staff interviewed were also clear that the implementation of the model had posed considerable challenges and that current pressures had delayed full implementation. Implementation was, of course, considerably affected by the Covid-19 pandemic, the shift to home working, increased workload and the pressures on both staff and the families they were supporting. At the time of the interviews, the new service was not fully staffed, which increased pressures on the remaining staff. Adjusting to managing assessments within each team, although thought desirable, led to large short-term fluctuations in workload.”
39. Staff comments:

*“The most rewarding thing is seeing the changes parents/carers make so that their child/children have a loving and positive life. Knowing I have had a role in helping this happen is a privilege, especially when parents thank you.”*

*“I think for families and for children, having the same social worker right from the start is much better for them. I think they feel they can build a relationship.”*

*“I feel we are really able to offer a better, more holistic service to families, and that certainly makes my job satisfaction higher.”*

*“The work that I’m doing feels more meaningful than it has been.”*

*On Motivational Interviewing: “It’s not just based on gut or doing something, but actually ... working within like a system, and the framework, and the theory. For me that makes me feel a bit more grounded in what I’m doing, and as a worker I like having that basis, and knowing that, that sort of being pulled from.”*

*“There is a lovely thread through where you can see how you know, from the initially coming into the team that workers gonna be the one worker for that family consistently supporting them going forward, and that, and plans are more focused because of that definitely.”*

*“I’ve noticed that because of the support of our adult-facing practitioners, our social workers and children’s practitioners have more time and more capacity to just focus on the direct work with our young people.”*

*“I’d also say in terms of the group supervision everyone, all these practitioners contributing during the group supervision has helped to create better outcomes for the children....When we come up with actions, as to what needs to be done, at least everyone is coming from different perspectives, depending on their area of specialisation. Then we come up with good plans, I would say.”*

### Challenges for Staff

40. As described above, the most challenging aspects of the implementation have been the high workload and turnover of staff:

*“But reality of the workload is overwhelming, when have low staff... there are a lot of tears now- I feel like I am not doing anything meaningful, so it is very difficult...but if we have the full staff this would be better.”*

*“I believe in the model and think it could be good... I have seen where it has worked with families and think collaboration is great but not having the staff has been hard... in a couple of weeks, all staff gone again - don’t know who I’m working with on a weekly basis...”*

41. It has also been challenging for staff to adjust to the aspects of the work they had not experienced in their careers, prior to the restructuring, or for some time; and to balance the competing demands of short and long-term work.

*“Managing court work alongside fast paced parts of the assessment is hard.”*

42. To address this, managers continue to offer regular training and development workshops to staff and keep close communication with teams to improve systems and support mechanisms. Skills and confidence are improving.

### **External Independent Review**

43. An independent evaluation by the University of Oxford, has been funded by the National Institute for Health Research through the Thames Valley Applied Research Collaboration. It is sponsored by Professor Charles Vincent and Professor Ray Fitzpatrick. Ruta Buivydaite, the research assistant, is supported by an evaluation sub-group of FSP staff and managers.
44. The first report is based on staff feedback, see above.

45. Interviews with families to assess their experiences of the model; and interrogation of data to evaluate the impact on services, are also part of the first year studies, to come.

## **Developing Family Solution Plus**

46. The priorities for the service are:
- Continue to embed the model, grow the motivational skills of all practitioners and realise the preventative and therapeutic impact on families.
  - Continue to deliver the reductions in new entrants to the care system.
  - Continue to deliver the reductions in children subject to a child protection plan.
  - To manage demand so that workloads are lower and the practitioners can further increase face to face time with families.
  - For the service to be financially sustainable post-2023.

## **Cabinet Perspective**

47. Councillor Brighthouse, Cabinet member for Children & Families, would like to highlight the commitment and effort of all the children and adult practitioners and managers in delivering FSP throughout its first year. She also draws attention to the significance of the 'whole family' approach embodied by this way of working, seeing it as a major step forward in the Council's delivery of children's social care.

## **Financial Implications**

48. Due to the overall size of the caseload being 38% higher than the target, the original social care savings schedule approved in 2019 is being revised and addressed through the budget-setting process.
49. FSP is a partnership endeavour and the original business case included a laudable aspiration to align partner service priorities and secure funding for the adult-facing practitioner roles. Significant engagement has taken place with partner agencies and they are active members of the Board. However, experiences from other Family Safeguarding implementors across the country indicate challenges in obtaining continued investment funding from partners.
50. The investment made by the council in 2019 included funding for the adult-facing organisations of £1.5m per annum for the first 1.5 years of the service. The contracts were due to expire on 31st March 2022. In order to extend for a further year, Public Health and Children's Services have built into their budget-planning for 2022/23 £1.0m (£0.5m from each directorate). The remaining £0.5m will be funded from Supporting Families grant funding from central government.
51. The permanent funding for the adult-facing practitioners beyond 2023 will be part of the future strategy for FSP. Discussions will continue with partners

about the impact FSP has in reducing cost pressures across the wider system. This business case for continued investment will sit alongside any savings that are realised by the avoidance of the costs of children coming into the care system.

## **Legal Implications**

52. There are no legal implications in the report.

Annexes: Annex 1 – Family Solution Plus Guide

Kevin Gordon  
Corporate Director of Children's Services

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1 November 2021