

Leeds Children's Trust Board



Date of meeting:	17 th January 2014
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Report title:	Developing our responses for vulnerable children under 5

Summary:

This report considers support for vulnerable children aged under 5 that live in the most vulnerable families in Leeds. The report builds on the partnership's Outcomes Based Accountability 'Turn the Curve' workshop in October. The report highlights the issues for these children and families and sets out the proposals developed from the workshop.

Recommendations:

The Board is recommended to:

- Consider the issues raised in the report
- Agree priority areas for action

1. Purpose of report

Improving outcomes for the most vulnerable babies and infants is an important shared priority for Leeds. Safely reducing the need for children and young people to be in care is one of the three 'obsessions' in the Children and Young People's Plan and providing children with the 'Best Start' is one of the top four priorities in the Health and Wellbeing Strategy.

Whilst improved social work, better joint work and effective early help have contributed to reducing the overall numbers of children and young people in care over the past two years, the proportion of children entering care at birth or before the age of 5 has increased significantly, and now these children form the majority of care entrants. The rate of infants entering care is now well above the national average and is particularly high in the most deprived areas of the city. The reasons for this change are complex, and factors include both better early help for older children and a rise in numbers of young children due to the rising birth rate in Leeds, but it also reflects a better understanding of the impact parental issues such as domestic violence, substance misuse, mental health and learning difficulties can have on very young children.

There has been significant partnership activity across the city to address this increase in infants entering care, including the commissioning and development of new services such as Early Start and investment in Family Nurse Partnership.

The Children's Trust Board and Health and Well-being Board recognise the need for a coordinated multi-agency response to tackling the challenge that such a high rate of babies and infants entering care presents to the city. To support the development of these approaches the Children's Trust Board and Health and Well-being Board held a joint 'Turning the Curve' Outcomes Based Accountability (OBA) workshop in October 2013.

This paper presents an analysis of outputs from this conference and provides members of the Children Trust Board with proposals for the further development of coordinated multi-agency responses to reduce the number of babies and infants becoming looked after.

2. Background

Needs analysis – rising demand and parental factors

Improved joint working, early help and social work have helped 'Turn the Curve', and reduced the overall number of children and young people in care in Leeds over the past two years. However, despite this welcome improvement, the proportion of children that are in care in Leeds is still above national and

benchmark averages. A key component of this continuing high demand is the proportion of children that enter care aged under 5, as shown in the table below:

Starting care	2011/12				2012/13			
	Leeds		National	Leeds dif to national	Leeds		National	Leeds dif to national
Under 1	160	38.1%	21%	17.1	136	36.3%	21%	15.3
1 to 4	97	23.1%	20%	3.1	94	25.1%	20%	5.1
0-4	257	61.2%	41%	20.2	230	61.4%	41%	20.4
10 to 15	74	17.6%	30%	-12.4	73	19.5%	29%	-9.5
16 and over	18	4.3%	12%	-7.7	13	3.5%	13%	-9.5

(Source: DfE Statistical First Release)

As the table shows, in Leeds six out of ten children starting care are under 5, compared to four out of ten nationally. The proportion entering care aged under 1 is even more markedly different from the national average, with nearly twice as many babies as the national average (36.3% compared to 21%).

This pattern of entry to care is a marked change from previous years, as the table below shows. The proportion entering care aged under 5 changed from a third in 2007 to nearly two thirds by mid-2012. This change is particularly clear for those children entering care at birth:

Year	Children Entering Care By Age & Year (%)					
	0	1-4	5-9	10-14	15+	Grand Total
2007	14%	20%	17%	27%	22%	100%
2008	22%	21%	16%	21%	20%	100%
2009	26%	23%	17%	20%	14%	100%
2010	25%	27%	16%	21%	11%	100%
2011	33%	24%	18%	16%	10%	100%
2012 (Jan -June)	44%	21%	15%	14%	7%	100%

(Source: Turn the Curve Strategy Group Data Analysis)

As in nearly all other aspects of children's lives, there are marked differences in outcomes in different parts of the city. As one would expect, children born in areas of high deprivation are much more likely to enter care. Analysis completed in 2012 suggested that in some clusters of the city such as Inner East and JESS, nearly one in fifty babies born were taken into care at birth, or in the first few

months of their lives. A map of entrants to care aged 0-4 is included in the data pack in Appendix 1.

Further research has been undertaken in Leeds on the needs and circumstances of these young children and their families. Analyses of babies entering care were undertaken in both 2012 and 2013. The findings of these studies are important and are consistent with wider national and international research. The key findings are summarised below:

- Parental substance misuse, domestic violence, parental mental illness and parental learning disability were identified as key factors leading to care proceedings.
- There was a high level of co-occurrence of these parental factors; in 80% of cases where one of the factors was present, at least one other was also present.
- 55% of mothers had already been through one or more set of care proceedings, and 77% of known elder siblings were in care or adopted.
- 39% of the children in the cohort came from just two of the 25 clusters in the city – JESS and Inner East
- 87% of the cases assessed had one or more of these factors identified, with many have a combination of contributory parental factors.
- 44% families had issues with parental substance misuse,
- 50% parental mental health problems,
- 68% had domestic violence present or suspected to be present and
- 33% of mothers had a confirmed diagnosis of learning difficulties, and a further 20% suspected to have learning difficulties but with no formal diagnosis

The executive summary of this report is attached as Appendix 2. This research is supported by wider data and analysis in the city, which show the impact of these parental factors on demand for social work and safeguarding services. Key facts include:

- Domestic violence is the most common reason for referral to Social Care, in 2012 there were 3,628 referrals to Children's Social Work Services relating to domestic violence, which represents 31% of the total number of referrals. In 2012 there were 142 referrals with substance misuse as the reason; there were 195 in 2013 (up to September).
- Parental factors are also identified by the Independent Reviewing Officer (IRO) at Reviews. Between September and mid November 2013, 81% of first reviews for looked after children identified one or more of; parental substance/alcohol misuse, parental mental health, domestic violence or parental learning disability as contributing factors to the child coming into care. Parental substance misuse was identified in 57% of cases, parental mental health in 31%, domestic violence in 46% and parental learning

- disability in 11%. Over half of reviews identified a combination of parental factors.
- There were 2,154 new referrals for unborn children or those aged under 1 in 2011/12 and 3,581 for children aged one to four. The number of referrals for under 1s decreased by 28% to 1,556 in 2012/13 and by 18% to 2,946 for one to fours.
 - In 2011/12 47% of referrals for under 1s and 38% for 1-4s were from the police. The next most frequent source of referrals was health, with 21% of the total.
 - Over a third of referrals for the 0-4 age group were for domestic violence, with the proportion higher for under 1s than for 1-4s. The reasons making up the majority of other referrals were; parenting support, suspected neglect and suspected physical abuse.
 - In 2011/12 66% (62% in 2012/13) of referrals for 0-4s went on to initial assessments. This is in-line with the conversion of referrals to initial assessments for all age groups.

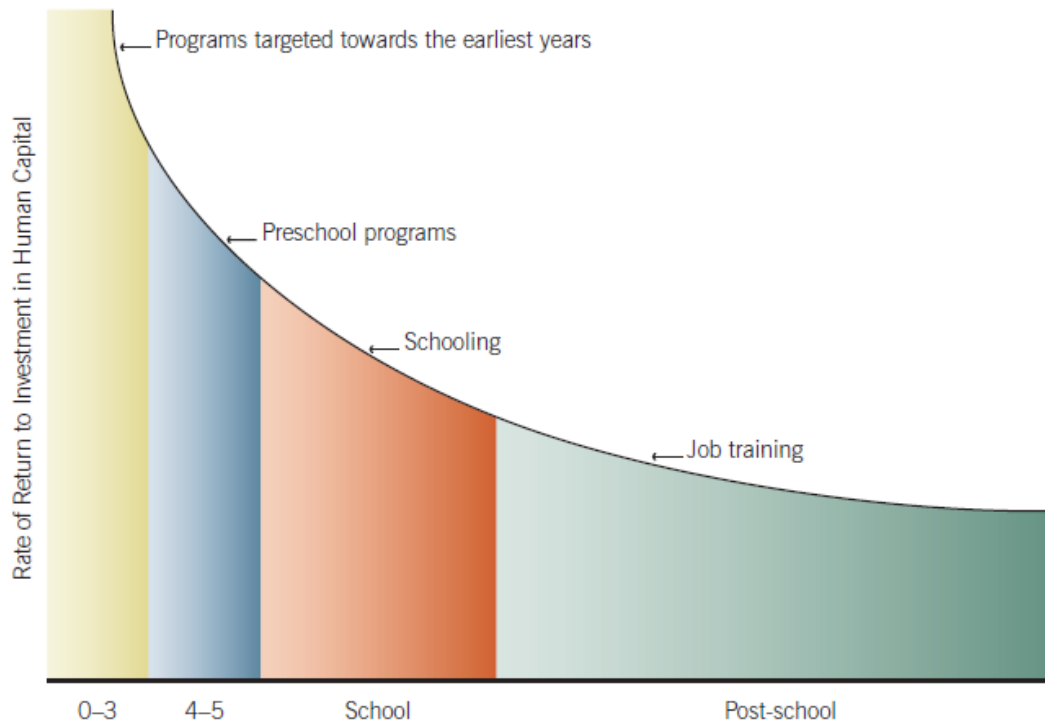
The rationale for change

The data above make clear the continuing high levels of need for these children and families. A new approach is needed to better meet the particular needs of these very young children and their families. Better services and support should help improve outcomes both in the short term and the long term, and also provide significant long term savings to the city and public services.

Due to their age, younger children are particularly at risk as they are so much more dependent and hence more vulnerable to parental dysfunction. This poses not just an immediate risk to their wellbeing, but a longer term risk as research suggests that the early years are crucial to development, attachment and long term life chances.

*Early recognition is necessary if long-term damage is to be avoided, because the effects of emotional abuse and neglect appear to be cumulative and pervasive. Both these types of child abuse have serious adverse long-term consequences across all aspects of development, including children's social and emotional wellbeing, cognitive development, physical health, mental health and behaviour. Failure to recognize and address these forms of maltreatment may result in lifelong damage to the child and high costs to society through burdens on health and other services.
(Ward et al, DfE, 2012.)*

Proactive intervention in the early years is in children's interests, but should also be more cost effective, as research shows that interventions early in the life course are more likely to succeed and will have a positive lifelong impact. This has been illustrated by the widely used graph below.



(Source: Heckman, 2008)

Research has repeatedly shown that early family support programmes can make significant savings. Recent reports such as those by Graham Allen MP on Early Intervention or the report of the Chief Medical Officer cite a wide range of examples including:

- £4 trillion: the approximate cost of a range of preventable health and social outcomes faced by children and young people over a 20 year period, according to research by Action for Children and the New Economics Foundation.
- The annual short term costs of emotional, conduct and hyperkinetic disorders among children aged 5-15 to be £1.58 billion and the long term costs £2.35 billion
- Evaluation by the RAND Corporation of the Nurse Family Partnership (a programme targeted to support 'at-risk' families by supporting parental behaviour to foster emotional attunement and confident, nonviolent parenting) estimated that the programme provided savings for high-risk families by the time children were aged 15. These savings (over five times greater than the cost of the programme) came in the form of reduced welfare and criminal justice expenditures and higher tax revenues, and improved physical and mental health
- Research from the London School of Economics found that by the age of 28 the cumulative costs of public services were 10 times higher for individuals with conduct disorder compared with those with no problems.

The past six months have seen some intensive partnership work to begin to develop a better, joined up response to the needs of young children in these most vulnerable families. Already some new services and approaches are being trialled. These include the expansion of Family Nurse Partnership Service, the Child Minder pilot and the Baby Steps project.

However, the Children Trust Board and the Health and Well-Being Board recognise that these initiatives will not be enough to 'Turn the Curve' of the number of babies and infants becoming looked after. To do this there will need to be a coordinated approach across a range of services for children and adults.

The joint OBA workshop in late October was designed to start the process of identifying and developing a coordinated response.

Outputs from the October Turning the Curve Event and Proposals for further development

The event provided a wide range of suggestions. Analyses of these have identified a number of common themes and proposals for the development of a coordinated response to the challenge presented to the city by the high numbers of babies and infants becoming looked after.

- *Theme: Improve leadership and governance:*
 - Proposals: a senior strategic group, linked to the Children's Trust Board and Health and Wellbeing Board, is established to provide direction and drive service redesign and resources; and secondly the current 0-4 Multi-Agency Looked After Partnership (MALAP) is developed as the operational group.

- *Theme: Refocus resources:*
 - Proposals: engage all significant partners in redirecting resources to the small number of Clusters with the highest level of need and demand for care. This could be through establishing specialist multi-agency teams to work with families where domestic violence and/or issues of parental, substance misuse, mental health or learning disability mean that there is a high risk that very young children could become looked after or establishing arrangements to ensure that existing resources are targeted to these families.

- *Theme: Prioritise parents.*
 - Proposals: review existing arrangements for the provision of services to adults affected by domestic violence, parental, substance misuse, mental health or learning disability to ensure that services such as addiction support and mental health services prioritise parents where the child is at risk or on 'the edge of care'.

- *Theme: Strengthen Joint Working:*
 - Conclude development of renewed Think Family Protocol, and support this with extensive communication and engagement work
 - Use re-commissioning of Substance Misuse services as opportunity to ensure that renewed service models and processes are properly linked to children's services and better promote 'Team Around the Family' working for these parents and children

- *Theme: Developing new services*
 - Proposal - Improve access to psychological therapies: propose new joint commissioning between CCG and Early Start to improve access to counselling and/or CBT for parents with poor mental health
 - Proposal - Neighbourhood support for parents with learning disabilities: develop and commission new service model of neighbourhood community support for parents with learning disabilities, supported through Children's Centres. Initial proposal is to redirect part of existing Homestart service towards these parents as it fits this model.
 - Proposal - Improve 'post removal support': develop, pilot and roll out citywide model of post removal support service for parents whose children have entered care.
 - Develop a Pre-Birth Intensive Support Service: complete development of a pilot multi-agency approach to intensive intervention and support for vulnerable parents at an early stage of pregnancy, based on best practice in Durham and Gloucester.
 - Extend Domestic Violence programmes– consideration of expansion of perpetrator programmes.

- *Theme – Improving access to support and advice for front line teams:*
 - Proposal - Improve communication and training: new approaches and redesigned services will need to be known and supported by front line managers and staff if they are to succeed, therefore there is a need to support staff and services through change.
 - Proposal - Improve specialist advice: In addition to communication and training, front line staff need access to better specialist advice for working with these families, e.g. for those with poor mental health. It is proposed that a team of specialists could be linked to the Front Door service to provide this advice.

3. Implications for governance, policy, resources, CYPP outcomes

The main implications for governance are the recommendation to create a new Board, linked to the Health and Wellbeing Board, to provide a lead on work with these most vulnerable families, and the strategic commissioning of new services for vulnerable children under 5.

4. Details of any consultation undertaken with stakeholders (including children & young people)

The main engagement of stakeholders was through the well-attended and evaluated OBA workshop in October.

5. Relationship to other partnership activity

This paper is linked to the Commissioning Priorities report.

6. What can Children's Trust Board do to help?

The Board is recommended to:

- Consider the issues raised in the report
- Agree priority areas for action

Background documents:

Appendix 1 – OBA Data Pack

Appendix 2 – Executive Summary of 2013 LAC Research Paper